

Evaluation of the Child Grants Programme (CGP) in Lesotho (2014–2022)

Mixed-methods evaluation report

Authors: Michele Binci, Jana
Bischler, Stephanie Brockerhoff,
Arnaud Galinié, Marta Marzi,
Anita Ntale, Aaron Templeton,
and Pontso Tsoeunyane

December 2022





Photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021

Acknowledgements

The authors would like to thank all individuals who have contributed to the undertaking of the evaluation to date, and to producing this report. These include the Ministry of Social Development, UNICEF Lesotho, the EU, and Sechaba Consultants for their support and cooperation throughout the inception and design phase as well as the implementation of the evaluation. We would also like to thank all respondents who generously gave their time and opinions during interviews for this evaluation.

Finally, the authors would like to acknowledge the significant contributions during the design, analysis and review stages made by various colleagues, namely Juliet Odindo, Elayn Sammon, Jeanette Bloem Lehasa and Marta Moratti.

All opinions expressed, and any mistakes, remain the responsibility of the authors: Michele Binci (Principal Investigator), Jana Bischler (Project Manager and Qualitative Research Lead), Stephanie Bockerhoff (Process Review Lead), Aaron Templeton (Quantitative Analyst), Arnaud Galinié (Quantitative Analyst), Marta Marzi (Poverty Expert), Anita Ntale (Qualitative Analyst) and Pontso Tsoeunyane (National Social Protection Expert).

Executive summary

Oxford Policy Management (OPM) and Sechaba Consultants have been contracted by UNICEF on behalf of Lesotho's Ministry of Social Development (MoSD) to conduct an evaluation of the Child Grants Programme (CGP). **The CGP is an unconditional cash transfer programme implemented by MoSD and targets poor and vulnerable households that have at least one child between the age of zero and 17 years.** The programme provides regular quarterly cash transfers of between Lesotho Loti (LSL) 360 and LSL 750, indexed by the number of children in the household. The primary objective of the CGP is to improve the living standards of Orphans and Vulnerable Children (OVCs) to reduce malnutrition, improve health status and increase school enrolment by supplementing household income.

The CGP started in 2009 as a donor-financed pilot programme, reaching about 2,000 households. **In the last 13 years the programme has expanded its coverage significantly, benefitting nearly 50,000 households in 2022.** The last evaluation of the programme was conducted between 2011 and 2013 but since then the CGP has not been evaluated, highlighting the need for a follow-up evaluation to take stock of the programme's evolution over the past nine years.

Evaluation approach and methodology

The evaluation of the CGP is designed as a mixed-methods evaluation around two workstreams: **(i) an impact evaluation; and (ii) a process review.**

The impact evaluation aims to assess the CGP's impact on its beneficiaries, its relevance for beneficiary households and the sustainability of its impact over time. It comprises a quasi-experimental quantitative counterfactual-based design measuring the impact attributable to the CGP, and a qualitative research component aiming to further explain the findings of the quantitative impact evaluation and provide a voice to the beneficiaries by representing their views and perceptions on the programme.

The process review assesses the key design features and operational processes of the CGP with the aim of evaluating their relevance, coherence, effectiveness, efficiency and sustainability. The process review also assesses the partnership between UNICEF and MoSD that helped build and maintain the CGP. To achieve these objectives, research activities under this workstream are divided into two categories: operational research and research on programme design.

The evaluation draws on both primary quantitative and qualitative data that was collected by OPM and Sechaba between August and October of 2022. The methodology was developed in consultation with UNICEF and MoSD and was validated by the evaluation steering committee.

Main findings

Impact of the CGP

The overall effectiveness of social assistance programmes such as the CGP depends on the value of the transfer and on whether the beneficiaries use the transfer as intended.

The value of the CGP has not been adjusted since 2012 and as a result, its real value has severely eroded over time. In fact, the adequacy of the CGP transfer value is very limited with respect to CGP consumption and the poverty gap. In 2022, the CGP transfer value constitutes merely 8% of average monthly household consumption expenditure, compared to 21% in 2013. International research shows that the lower the transfer value as a share of monthly household expenditure, the smaller the impact that one can expect from a cash transfer programme. In addition, due to ineffective case management, 41% of beneficiaries receive a lower transfer value than they are entitled to given the number of children in their households. This issue is more severe for households with more than two children.

Beneficiaries spend the CGP transfer as intended, mostly on food and children's education, especially school uniforms and 92% of beneficiaries report having received messaging about the CGP's objective. However, given the severe depreciation of the transfer value they can now only buy smaller quantities of food, and are forced to decide which child to prioritize when buying school uniforms.

Food security and nutrition



The CGP reduced the incidence of extreme food shortage and increased the proportion of household expenditure on food. CGP beneficiary households are found to experience, on average, 18 days (0.6 months) less of extreme food shortage over the year, when compared to non-beneficiary households. The CGP also increased the proportion of household expenditure on food by 2.4%.

In qualitative research, beneficiaries highlighted the importance of the CGP in providing greater food security, but report that the size of the transfer is insufficient to address their food needs. This often results in food being available only for a few weeks after pay day, with windows of extreme shortage between payment cycles.

Poverty and well-being



Qualitative research with beneficiaries, community leaders and social workers indicates that the CGP transfer plays an **important role in improving the perceived psychological wellbeing of CGP beneficiaries** by reducing social stigma and stress attached to poverty.

However, there is **no significant¹ impact on a range of monetary poverty indicators**, including proportion of households in monetary poverty and poverty gap. These findings are expected given the erosion of CGP value over time and the fact that the CGP was designed to support the needs of children of poor households but not lift households above the poverty line.

¹ A significant impact generally refers to a statistically meaningful or noteworthy difference or relationship between variables. This can be determined by using statistical tests, such as p-values, to determine the likelihood that any observed differences or relationships are due to chance rather than a true effect. A p-value less than 0.10 is considered to indicate a statistically significant impact, meaning that there is less than a 10% chance that the results are due to chance.

Health



The CGP has an significant impact on the prevalence of illness among young children, with an attributable reduction of 7.3% in sickness in the 30 days prior to the survey for children aged 0 to 5 years in CGP beneficiary households, when compared to non-beneficiary households. Additional findings on health indicators seem to suggest that this improvement in child health is not related to increases in either expenditure on, or access to health services for which we find no significant impact. Rather, it seems reasonable to argue that the already discussed improved access to food (i.e. less time experiencing extreme food shortage and a higher share of expenditure allocated to food) could have led to better health outcomes for children.

Education



In the qualitative research the OVC bursary was often mentioned as the most important factor in supporting CGP children to stay in school. However, while eligibility for the bursary is automatic for CGP beneficiaries, enrolment is not and a range of barriers to enrolling children in the OVC bursary were identified. As a result of these barriers and a lack of fiscal space, coverage rates are much lower than they ought to be, with only 23% of CGP households with children aged 14 to 19 having at least one child on the OVC bursary.

Contrary to results found by the last impact evaluation (OPM, 2013), in 2022 the CGP does not appear to be effective at addressing poor households' constraints to children's enrolment. There is no significant impact attributable to the CGP on a range of child education indicators, including primary and secondary school enrolment or attendance.

While **over 90% of young children between 6 and 13 years are enrolled in formal education**, many start dropping out later, when the secondary school cycle starts. Only 50% of boys and 65% of girls between the ages of 14 to 18 are enrolled in school and secondary school completion rates are extremely low among children from CGP beneficiary households.

There are **several factors that may explain the lack of significant impact on education**. Firstly, the OVC bursary is an integral part of the CGP's Theory of Change that is supposed to facilitate the impact pathway on education, but coverage rates are relatively low. In addition, over a quarter of CGP children are found to still lack school clothes or shoes, even though purchasing school uniforms and shoes is the second most common use of the CGP transfer. The erosion of the transfer means that it is not sufficient anymore to make sure all CGP households can buy school uniforms and shoes for their children. Finally, other factors (besides access to school uniforms and shoes) may also play a role in explaining poor enrolment rates, especially for older children (e.g. cultural factors such as initiation schools, school accessibility, etc.).

Time use and economic activities

There is no significant impact of the CGP on the way in which children spend their time. Children's time use is driven by whether they are enrolled in school, with those enrolled in school spending the majority of their day either in school, travelling to and from school or doing homework. Boys who are not enrolled in school spend more time on farming, herding or the family business, while girls who do not go to school spend more time helping with household tasks. As there is no attributable impact of the CGP on children's enrolment or attendance, it is also not surprising that there is also no significant impact on children's time use.

It was not possible to estimate the impact of the CGP on child labour given the low incidence and resulting small number of households that could be matched. In other words, PSM estimates would

lack precision and power. Child labour was defined as children aged 15 or older engaging in economic activities for more than 28 hours in the last seven days. According to this definition only 16% of boys and 1% of girls aged 15 to 17 were found to engage in child labour. Among the communities of the study, qualitative findings suggest there is a general sense that child labour is not acceptable and should not be happening. At the same time, local leaders point out that financial vulnerability plays a role in children engaging in paid labour, and that the CGP transfer is not sufficient to prevent this in cases where this is happening.

Coping strategies

There is no significant impact attributable to the CGP on the number of coping strategies employed by households in the past 12 months. Most beneficiary households report that they are unable to do anything in response to severe economic shocks. For those that can respond to shocks, the most common coping strategy is asset-depletion.

While **qualitative evidence shows that the CGP may enable some coping strategies – especially borrowing – and help households alleviate their food needs to some extent during difficult times**, the low value and irregularity of grant payments limits its impact on consumption smoothing.

The extent to which the CGP has been used as part of the response to shocks has increased over time, but the CGP expansions still only reached a relatively small proportion of existing beneficiaries with top ups.

Community impacts



While a full Local Economy-Wide Impact Evaluation (LEWIE) was not part of this evaluation, **qualitative evidence indicates that the CGP is widely perceived to have a positive impact on the local economy** in communities with CGP beneficiaries as those are mostly spending the transfer with local businesses and therefore stimulating local demand.

The CGP is also found to strengthen social cohesion and community solidarity. On the other hand, there is evidence that in some locations social cohesion may have been affected negatively due to the CGP targeting and recertification decisions and the way in which these were communicated.

Programme design research

Shock-responsiveness

The extent to which the CGP has been used for shock-response has increased over time. However, when the CGP was used to respond to shocks several design features and delivery constraints affected the timeliness and effectiveness of the response.

No social assistance programme in Lesotho, including the CGP, was explicitly designed to be shock-responsive. However, the consensus amongst stakeholders is that compared to other social assistance programmes in Lesotho the relative strength of its delivery systems and its use of NISSA data for targeting make the CGP more easily suited for shock-response compared to other existing programmes. However, the delivery systems of the CGP and the currency of NISSA data need to be further improved to enable better shock-response.

Complementary services and linkages

The number of complimentary programmes that actually reach CGP beneficiaries and provide meaningful support are limited. It is important to distinguish between programmes that are available within a district and their actual reach and coverage.

Whilst some programmes are available for CGP beneficiaries to access and they do access both NGO and Government run programmes, there seems to be no automatic process for deliberately targeting CGP beneficiaries or effectively layering of interventions. Access is found to depend on knowing about a programme, the individual's agency, and their level of access to the auxiliary social worker or social worker. There is no agreed process for informing CGP households about programmes or how they could access them

The OVC bursary is viewed as the most important complimentary programme, but the number of CGP beneficiary children currently accessing the programme is lower than what ought to be achieved given that beneficiaries are automatically eligible for the bursary. Only 23% of households with children aged 14 to 19 have at least one child on the OVC bursary.

Disability sensitivity

While **the CGP is found to reach children with disabilities** (10% of households have at least one child with a disability), data included in the NISSA on adult and child disability in CGP households is not used for disability identification. As a result, social workers are found to have very limited awareness of the presence of children with disabilities in CGP households.

CGP households with children with disabilities face greater needs compared with other CGP households, particularly in terms of the additional expenses and services they require to address their children's educational, and (health) care needs. However, **the CGP transfer value is not adjusted for disability-related extra costs** and the extent to which the CGP helps households with children with disabilities access complementary services to meet their additional needs is very limited. The proportion of CGP households with children with disabilities who receive in-kind support from the government, PA or psychosocial support is only marginally higher than for CGP households without children with a disability.

While the CGP has not been designed as a disability-sensitive programme, it provides valuable support to households with children with disabilities who would struggle even more without it. **Qualitative evidence indicates that the CGP's impact on perceived well-being of beneficiaries may be particularly pronounced for households with disabled children.**

Operational research

Case management, grievances, and communications

Many case management issues are not brought to the attention of social workers and the ones that are raised, get addressed with varying degrees of effectiveness. Only 8% of beneficiaries report ever having requested to update their information and only 15% of those households who had more children since their enrolment managed to have their transfer value adjusted accordingly. A clear lack of awareness of case management processes and entitlements among beneficiaries was identified and across all study locations, beneficiaries reported a lack of access to and availability of auxiliary social workers.

The complaints and appeals system is generally effective when it comes to denouncements regarding the misuse of funds but inadequate when it comes to reporting quality concerns. Despite several reports of rude behaviour, inaccessibility, or lack of communication from some programme implementers, no one reported ever having officially complained about such issues. The current system for addressing complaints and appeals is not designed to guarantee anonymity and impartiality and this affects the extent to which beneficiaries can be expected to complain about the quality of service received.

Both case management and grievances systems are highly centralised and manual leading to inefficiencies. Case management forms and letters that need to travel manually between community councils and the central office in Maseru often remain undelivered. Given the cumbersome process and the unavailability of some auxiliary social workers, some beneficiaries give up attempting to have their records updated or complain as the costs of doing so became too high.

CGP communications are found to be very effective with regards to messaging about the intended transfer use but not effective with regards to informing beneficiaries of the CGP's transfer value ranges that they are entitled to, nor about how to lodge a complaint or update their records. There is no CGP-specific strategy for communications and outreach, nor Standard Operating Procedures (SOP), making communications highly sensitive to the level of proactivity and engagement demonstrated by individual social workers and local leaders.

Targeting, recertification and NISSA updating and management

The CGP targeting process is relevant, considering the high levels of poverty in the target population and the budgetary pressure that the CGP faces, which require it to target its limited resources. However, the extent to which beneficiaries, but also community leaders, auxiliary social workers and social workers across the research sites understand the targeting process differs which leads to inconsistent communication around the process and outcomes.

The recertification process encountered a number of challenges and buy-in to the process and its outcomes is mixed. Challenges with the implementation of the recertification process, a lack of understanding of why households might become ineligible for the programme, and the lack of an effective communication strategy, have caused confusion and in some cases undermined buy-in to the recertification process. It is important to ensure that the recertification process is well implemented and underpinned by an effective communication strategy and appeals process in order for it to be considered appropriate.

The NISSA database, what it can be used for, how the processes that underpin it work, and how it interacts with MISSA are poorly understood within the MoSD. This leads to technical problems when processes are started too early or are incorrectly implemented, as well as causing confusion amongst stakeholders who struggle to diagnose problems and develop solutions.

Both the managing and updating of NISSA and the revisions required to MISSA continue to rely on technical and financial support and it is highly unlikely that the sustainability of the systems can be guaranteed without ongoing support.

While it is too early to tell what the outcome of the NISSA updating pilot will be in terms of cost-effectiveness and capacity required, it seems highly unlikely that the MoSD will be able to update NISSA without further technical and financial support by donors or by other government entities. Discussions have already started to identify government-based solutions to update the NISSA database, which could reduce costs and insure sustainability in the future, while preserving the core role of social workers.

Payments

Preferences for payment modalities among current CGP beneficiaries are mixed with a slight overall preference for mobile payments, indicating that a further expansion of mobile payments could make payments more appropriate.

Over two thirds of CGP beneficiaries live in places with good network coverage and in all but one district, the average distance to mobile money agents is shorter than to CIT pay points. While this evidence is supportive of a further expansion of mobile payments, strong geographical variations in mobile

network availability and agent coverage also mean that it may not be possible to transition all areas to mobile payments immediately and that a mixed approach of mobile and CIT will continue to be necessary in the short- to medium-term.

CGP payments are mostly predictable in terms of amount but unpredictable in terms of timing, with delayed and infrequent payments continuing to be a problem. Despite some initial challenges, mobile payments appear as effective, if not more effective, than CIT in the areas where they have been piloted so far. While beneficiaries mostly received the amount they expected, our findings show that 41 % of beneficiaries actually do not receive the amount they are entitled to due to ineffective case management that in many cases fails to update the number of children per household and the associated amount.

Mobile payments are found to be significantly more cost-efficient than CIT and have already led to workload reductions for central-level officers. CIT is also more expensive for beneficiaries to access compared with mobile payments, both in terms of money and time spent. The average CGP beneficiary could save up to 3.2 hours in accessing the CGP transfer via mobile payments compared with CIT.

Capacity-building and partnership

The partnership between UNICEF and the MoSD has been highly relevant for the CGP, as it provided the foundation for its implementation and expansion. The partnership between UNICEF and MoSD was found to be effective in terms of achieving its agreed activities, outputs, and outcomes as per the annual workplans.

At the same time, the process review found that the extent to which these activities, outputs and outcomes have translated into effective, efficient, and sustainable programme design and operational processes is more mixed. **While significant progress has been made, important bottlenecks remain in putting some frameworks and manuals into practice, particularly in relation to the CGP's shock-responsiveness, community development and integration of the delivery of social assistance programmes.** In addition, the effectiveness and efficiency of the CGP's case management, grievance redress and communications need to be strengthened further. On the other hand, important innovations, such as the mobile payment pilots, that have the potential to improve the efficiency of the administration of the CGP may not have been possible without the partnership.

Regular coordination meetings between MoSD and UNICEF are found to be key for the effectiveness of the partnership and the recent entry of additional partners providing technical assistance to MoSD (i.e. the World Bank) will also require close coordination among the partners and concerted leadership from MoSD.

Recommendations

A range of recommendations emerge from the findings of this evaluations that are intended to improve the delivery of the CGP and its impact.

Key Recommendation 1: Increase the size of the CGP transfer

The current real-term value of the CGP cash transfer is too low to achieve wide-ranging transformative impacts as intended by the programme's ToC. In the short term, we recommend that the CGP transfer value is at least adjusted to account for inflation as soon as possible. In the longer term, a protocol should be established so that the transfer value is revised regularly, including inflation adjustments, with the indicative objective of ensuring that it maintains a value of around 20% of households' average monthly expenditure.

Key Recommendation 2: Strengthen the effectiveness and efficiency of the case management system and develop pilot models that decouple case management from physical pay point interactions

While the decentralization of the case management system should continue to be a long-term goal, there are several improvements that could be implemented in the meantime. These should include adjustments to make case management less reliant on physical interactions at pay points to facilitate a seamless expansion of mobile payments. Concrete actions could include the implementation of 'one-off' case management events, the development of case management pilots that involve auxiliary social workers regularly visiting villages, the creation of communication materials to inform beneficiaries about the case management process and their entitlements, the development of protocols that would allow social workers to send digital rather than physical case management forms and the provision of viewing rights of the MISSA to auxiliary social workers and social workers.

Key Recommendation 3: Develop an independent complaints and appeal mechanism

There is ample evidence of complaints about the service provided as part of the CGP, but there is no functioning and confidential channel to raise these. It is, therefore, crucial to develop an independent and confidential complaints and appeals mechanism for addressing quality concerns and appeals. In the context of the mobile payments expansion, the complaints and appeal mechanism should distinguish between payment complaints that can be resolved by MoSD versus those that may need to be resolved by the MNOs. Offering multiple channels (e.g. complaints hotlines and complaints boxes) would increase the accessibility of the mechanism. The role of MNOs in the resolution of payment complaints needs to be defined and communications protocols and materials must be developed to raise the awareness among beneficiaries and non-beneficiaries about their right and process to complain.

Key Recommendation 4: Develop a comprehensive communication plan and strategy, including communications materials and training plans

Ineffective communications and resulting low levels of awareness among beneficiaries of the CGP's operational processes and their rights and entitlements were identified as a cross-cutting challenge. A communications plan should be developed which should standardize the messages delivered by auxiliary social workers and chiefs/councilors and define clear roles and responsibilities. This should also include communications materials such as posters and flyers to be distributed regularly in the villages that include information about the CGP with a focus on how to access case management, complaints, and complementary services (especially the OVC bursary), in addition to general information about the programme. Information booklets for community councilors and village chiefs should be distributed that contain essential information and messages about the programme.

Key Recommendation 5: Develop a feasible and inclusive mobile payments expansion plan

Mobile payments should continue to be scaled-up, guided by a detailed mobile payments expansion plan which ensures that the expansion's timing and coverage are both feasible and realistic. The plan should be informed by relevant indicators and thresholds, including network coverage and presence of mobile money agents. This plan must take into account possible exclusion issues and suggest alternative payment mechanisms to address these.

Key Recommendation 6: Increase the financial and technical support for NISSA

Despite important investments, the evaluation identified severe capacity constraints and various software and IT issues which hinder the use, analysis and updating of the NISSA data. A continuation of – and indeed increase in – financial and technical support should be part of any solution moving forward.

Key Recommendation 7: Improve linkages between the CGP and the OVC bursary

The OVC bursary is key for the CGP's impact on education outcomes but significant bottlenecks in access were identified that are linked to low levels of awareness and access to auxiliary social workers. An agreed process should be established to systematically inform beneficiaries about the OVC bursary and supported them in applying for it.

Key Recommendation 8: Conduct further research on the local economy effects of the CGP

Our qualitative findings suggest that there continue to be positive effects of the CGP on the local economy. An update of the CGP LEWIE analysis from 2012 could provide valuable insights and evidence, providing a more complete picture of the CGP's impact.

Key Recommendation 9: Expand the Disability Grant's coverage and transition CGP households caring for children with disabilities to the Disability Grant

To better support households with children with disabilities, the new Disability Grant should be expanded and current CGP households with children with a disability should be transitioned to the programme to provide them with better support.

Table of contents

Acknowledgements	i
Executive summary	ii
List of tables, figures, and boxes	xii
List of abbreviations	xiii
1 Introduction	1
2 Evaluation approach and methodology	3
2.1 Mixed-methods evaluation framework and design	4
2.2 CGPToC	6
2.3 Impact evaluation design	7
2.4 Process review design	14
2.5 Stakeholder participation	15
2.6 Ethical principles	15
3 Context	17
3.1 CGP coverage	19
3.2 Value and use of transfer	20
3.3 Overview of study communities	24
3.4 Characteristics of sampled population	25
4 The impact of the CGP cash transfer	33
4.1 Poverty and wellbeing	34
4.2 Health	38
4.3 Food security and nutrition	42
4.4 Education	44
4.5 Child economic activities and time allocation	49
4.6 Coping strategies	53
4.7 Sustainability of impact	55
4.8 Community-level impacts	59
5 Programme design research findings	61
5.1 Shock responsiveness	62
5.2 Complementary services and linkages	67
5.3 Disability-sensitivity	73
6 Operational research findings	79
6.1 Case management, grievances, and communication	80
6.2 Targeting, recertification, and updating and management of NISSA	92
6.3 Payments	97
6.4 Capacity strengthening and partnership	106
7 Conclusions and lessons learned	110
7.1 Relevance	111
7.2 Effectiveness and efficiency	112
7.3 Impact	113
7.4 Sustainability	114
7.5 Coherence and partnership	116
8 Recommendations	117
Bibliography	124

List of tables, figures, and boxes

Table 1:	The final overall quantitative sample	9
Table 2:	Overview of CGP payment options	98
Figure 1:	Evolution of CGP coverage (2009–22)	19
Figure 2:	Buying power of quarterly CGP transfer by household size	20
Figure 3:	Transfer value as a share of consumption expenditure across various cash transfer programmes	22
Figure 4:	Beneficiaries' most common uses of the CGP transfer	23
Figure 5:	Condition of roads and seasonal accessibility as regards accessing communities (% of villages)	24
Figure 6:	Return journey time to amenities and health services via motor vehicle	25
Figure 7:	Household composition (% of households)	26
Figure 8:	Functional disability in at least one domain (% of children zero to 17)	29
Figure 9:	Multidimensional deprivation indices for children aged zero to 17 years	30
Figure 10:	First and second most relevant cash income sources in the last 12 months (% of households)	31
Figure 11:	Distribution of economic shocks in the last 12 months (% of households)	35
Figure 12:	Household situation and income now compared to before the pandemic (% of households) ...	37
Figure 13:	Composition of household expenditure	37
Figure 14:	Children poverty headcount in households with one or more children with a disability (% of children)	39
Figure 15:	CGP transfer value with respect to food poverty line, food consumption expenditure, and food poverty gap	41
Figure 16:	Common child illnesses	43
Figure 17:	Healthcare providers used by children	45
Figure 18:	Household food status	47
Figure 19:	Average time use of children aged four to 17 years, by enrolment at school status and gender	48
Figure 20:	Proportion of children engaged in child work, by age group and gender	50
Figure 21:	Proportion of children enrolled in school, by age group and gender	52
Figure 22:	Proportion of children enrolled in school who lack a uniform, shoes, or both, by gender	54
Figure 23:	Proportion of children who had completed primary or secondary school at the time of the survey, by gender	57
Figure 24:	Common coping strategies	63
Figure 25:	Education in 2013 and 2022	68
Figure 26:	CGP beneficiary households with children of secondary schooling age that receive the OVC bursary by district	72
Figure 27:	Children with disability and education	76
Figure 28:	Access to complementary services by households with and without children with disabilities	78
Figure 29:	Demand-side-initiated case management process	82
Figure 30:	Supply-side-initiated case management process	83
Figure 31:	Proportion of CGP beneficiaries who have ever asked to update their information or lodge a complaint	83

Figure 32:	CGP households that received the correct transfer value in the last payment, by number of children in the household	84
Figure 33:	Beneficiaries' level of understanding of key aspects of the programme	90
Figure 34:	Beneficiaries' payment preferences by district	99
Figure 35:	Reported mobile network availability by district	101
Figure 36:	Reported travel time to and from mobile money agents, by district	102
Figure 37:	Mobile phone and mobile money account ownership among CGP households and recipients	103
Figure 38:	Predictability of CIT and mobile payments	104
Box 1:	Data collection on persons with functional disabilities	27
Box 2:	Poverty measurement	36
Box 3:	Definition of child labour in Lesotho	51
Box 4:	Disability-sensitive child grants programmes	74
Box 5:	List of CGP case management forms	81

List of abbreviations

ATT	Average treatment effect on the treated
CBC	Community-based categorisation
CGP	Child Grant Programme
CIT	Cash-in-transit
DAC	Development Assistance Committee
EU	European Union
FAO	United Nations Food and Agriculture Organization
FGD	Focus group discussion
GoL	Government of Lesotho
IDI	In-depth interview
KII	Key informant interview
LEWIE	Local Economy-Wide Impact Evaluation
MISSA	Management Information System for Social Assistance
MoSD	Ministry of Social Development
NGO	Non-governmental organisation
NISSA	National Information System for Social Assistance
OECD	Organisation for Economic Co-operation and Development
OPM	Oxford Policy Management
OVC	Orphans and vulnerable children
PA	Public Assistance
PMT	Proxy means test
PSM	Propensity score matching
SOPs	Standard operating procedures
SPRINGS	Sustainable Poverty Reduction through Income, Nutrition and Access to Government Services
ToC	Theory of change
UNICEF	United Nations Children's Fund

01

CHAPTER

Introduction

Evaluation of the Child Grants Programme (CGP) in Lesotho (2014–2022)



Photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021

Oxford Policy Management (OPM) and Sechaba Consultants have been contracted by the United Nations Children's Fund (UNICEF), on behalf of Lesotho's Ministry of Social Development (MoSD), to conduct an evaluation of the Child Grants Programme (CGP) for the period of 2014 to 2022. The CGP is an unconditional cash transfer programme implemented by MoSD that targets poor and vulnerable households that have at least one child between the age of zero and 17 years. The programme provides regular quarterly cash transfers of between M (Maloti) 360 and M 750, indexed by the number of children in the household. The primary objective of the CGP is to improve the living standards of orphans and vulnerable children by reducing malnutrition, improving their health status, and increasing their school enrolment by supplementing households' income.

The CGP started in 2009 as a donor-financed pilot programme, reaching about 2,000 households. In the last 13 years the programme has expanded its coverage significantly, benefitting nearly 50,000 households in 2022. The CGP is now fully funded and implemented by the Government of Lesotho (GoL), with the European Commission and UNICEF Lesotho providing financial and technical support for capacity-building, respectively.

The last evaluation of the programme was conducted between 2011 and 2013 and assessed the CGP's impact, effectiveness, efficiency, and sustainability. Since then, the CGP, Lesotho's social protection sector and socioeconomic environment have changed significantly. While an impact evaluation of the cash-plus intervention titled Sustainable Poverty Reduction through Income, Nutrition and Access to Government Services (SPRINGS) was conducted in 2017, which was linked to the CGP, this focused on evaluating the impact of a complementary livelihood component, SPRINGS, rather than the CGP. Thus, the CGP has not been evaluated since 2013, highlighting the need for a follow-up evaluation to take stock of the programme's progress over the past nine years.

This report presents the results of the 2022 CGP evaluation, which is structured around two mixed-methods workstreams: (i) an impact evaluation; and (ii) a process review. While the impact evaluation assesses the CGP's impact on its beneficiaries, the process review assesses the key design features and operational processes of the CGP. The evaluation draws on both primary quantitative and qualitative data that were collected by OPM and Sechaba between August and October 2022. A comprehensive evaluation methodology was developed in consultation with UNICEF and MoSD and validated by the evaluation steering committee. This is presented in the inception report (OPM, 2022).

This report is presented in two volumes. Volume 1 presents the evaluation findings and discussion, and Volume 2 contains the technical annexes to the evaluation report. The remainder of Volume 1 is structured as follows: Chapter 2 provides an overview of the evaluation approach and methodology. Chapter 3 presents contextual findings related to the CGP programme and the characteristics of the study communities and population that help interpret the evaluation results. Chapter 4 presents the results of the CGP impact evaluation. Chapter 5 presents the findings from the programme design research, while Chapter 6 presents the operational research findings. Chapter 7 presents the conclusions and lessons learnt, and, finally, Chapter 8 provides recommendations.

The last evaluation of the CGP was conducted in 2013 and since then the programme expanded its coverage to nearly 50,000 households.

02

CHAPTER

Evaluation approach and methodology

Evaluation of the Child Grants Programme (CGP) in Lesotho (2014–2022)



Photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021

2.1 Mixed-methods evaluation framework and design

The scope, purpose, and objectives of the evaluation were discussed in detail in the CGP inception report (OPM. 2022). This chapter provides a succinct overview of the key features of the evaluation approach and methodology, including a section on limitations to data collection and analysis as they unfolded after the inception phase of the evaluation. More technical details on the evaluation methodology are also included in Volume 2 of the report.

2.1.1 Scope and purpose of the evaluation

The evaluation of the CGP is designed as a mixed-methods evaluation in line with the 2016 United Nations Evaluation Group Norms and Standards and has been conducted following the principles of utilisation-focused evaluations, which place a focus on the intended evaluation users and their evidence needs. The overall evaluation approach is based on a mix of evaluation workstreams that attempt to address the key evaluation questions of interest, across all Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) evaluation criteria, including relevance, effectiveness, efficiency, impact, sustainability, coherence, and partnership.

During the inception phase of the evaluation, the scope of the evaluation was crystallised, with the aim of designing an evaluation that is as useful as possible to its primary users. For this evaluation, the intended primary users are MoSD (and, more specifically, the Department of Planning and the Department of Social Assistance), UNICEF Lesotho, and the representatives of the European Union (EU) Commission in Lesotho. Bilateral discussions and a dedicated session during the inception workshop allowed stakeholders from MoSD and UNICEF to share their views and discuss (i) how the primary users are intending to use the evaluation findings, and (ii) their resulting priority evidence needs (scope).

The findings on the intended use of the evaluation results, the objectives of the stakeholders, and evidence needs helped develop the evaluation matrix, which includes evaluation questions, sub-questions, and indicators. The evaluation matrix guided the final design of the impact evaluation and process review. The evaluation matrix was presented in the CGP inception report and is included in Annex A of Volume 2 of this evaluation report.

In terms of geographic scope, this evaluation draws on both primary and secondary data and literature. While secondary data and literature covers the CGP implementation across the whole of Lesotho, primary quantitative data was collected in eight out of ten districts and qualitative data was collected in three out of ten districts. The quantitative and qualitative sampling strategy and achievement is described in sections 2.3.1 and 2.3.2, respectively.

2.1.2 Objectives of the evaluation

The two key components of our evaluation approach are: 1) a mixed-methods impact evaluation workstream; and 2) a process review workstream.

The main objectives of these two evaluation workstreams are as follows:

- ➔ **The mixed-methods impact evaluation:** The main objectives of the mixed-methods impact evaluation are to measure the impact of the CGP on its target population of beneficiary households, as well as to assess the programme's relevance for beneficiary households and to investigate the sustainability of its impact over time. To achieve these objectives, the impact evaluation comprises



a quantitative counterfactual-based design measuring the impact attributable to the CGP, and a qualitative component that aims to further explain the findings of the quantitative impact evaluation and provide a voice to the beneficiaries by representing their views on, and perceptions of, the programme.

- **The process review:** The main objectives of the process review are to assess the operational effectiveness, efficiency and sustainability of the CGP. The process review also includes qualitative assessments linked to further strengthening the design of the programme. To achieve these objectives, research activities under this workstream are divided into two categories: operational research and research on the programme design.

2.1.3 The mixed-methods framework

A mixed-methods research framework is applied to analyse the evidence gathered from the quantitative and qualitative research strands informing the two evaluation components described above. This is based on a theory-based approach that is informed by the CGP's theory of change (ToC) described in Section 2.2. The mixing occurred at each stage of the evaluation: At the design stage, methods and sector specialists provided inputs into the combined development of the evaluation tools that were then administered to gather quantitative and qualitative data. At the analysis stage, a series of internal workshops were held to discuss and agree on the interpretation of the findings emerging from both quantitative and qualitative evidence. At the reporting stage, a writing protocol was followed so that findings from each component and research strand were drafted by each specialist team and shared with the wider evaluation team for feedback.

The quantitative and qualitative research teams met several times to both keep abreast of the evidence as it developed, and ultimately build a shared evaluative narrative. In order to write this report, the research teams worked together to share findings and then proceeded to write up answers against each evaluation criterion. Specifically, each of the findings sections has a lead author and a supporting author, based on the relevant methods used to answer the evaluation questions, but the findings are mixed in each section and overall conclusions have been drawn based on this mixed-methods analysis. This process applies to both the impact evaluation and the process review, as in both cases quantitative and qualitative data and insights were used to build the respective narratives.

Section 2.2 summarises the key components of the CGP's ToC which inform the evaluation design. The impact evaluation, including quantitative and qualitative designs and limitations, is presented in Section 2.3 and the process review design is described in Section 2.4. Section 2.5 presents our approach to stakeholder participation, while 2.6 describes the ethics protocols followed by this evaluation.

2.2 CGP ToC

During inception, the CGP's ToC was revised considering the changes in the understanding of the programme's expected impacts and impact pathways over time. The revision process is described in detail in the CGP inception report. The ToC revision was informed by both the experiences of programme implementers, as well as the evidence produced by the 2013 follow-up evaluation on the impact (or lack thereof) of the CGP. The new ToC is visually represented in Annex 2 of Volume 2 of this report.

The two evaluation workstreams introduced in Section 2.1 above attempt to investigate the constitutive elements of the revised ToC, with more focus on activities and outputs for the process review and a focus on outcomes and impacts for the impact evaluation. Both workstreams explore the mechanisms underpinning the ToC's assumptions and causal links.

2.2.1 Activities and outputs

The CGP activities and outputs in its ToC include, among others, targeting, payments, and the way in which the cash transfer is delivered, either manually (cash-in-transit (CIT)) or digitally (mobile payments). The evaluation explores differences in the experiences of beneficiaries receiving mobile or manual payments, although it cannot separate the two modes in terms of overall programme impact estimate. The process review investigates to what extent mobile payments are more efficient than manual payments, as well as to what extent they are also effective and appropriate. Complementary support activities delivered to beneficiary households in conjunction with the CGP cash transfer, such as emergency cash top-ups when extreme shocks occur or the OVC bursaries, are also included in the ToC as important activities to account for.

2.2.2 Outcomes and impacts

As part of the CGP's ToC revision at inception, it was agreed that the programme is not expected to have an impact on livelihoods, income, or assets, mainly due to the small amount of cash that is disbursed through the CGP (which has not changed and has been eroded in real terms due to inflation over time), and the lack of systematic delivery of other targeted interventions aimed at enhancing beneficiary households' livelihoods. The ToC expects that the CGP transfer can increase expenditure on children and the household, and in turn improve health, food security, and schooling indicators. There is also a potential impact on child labour, as higher expected school attendance may reduce the time children spend working. The impact evaluation investigates all of these impact pathways.

2.2.3 Assumptions

Finally, the ToC includes a set of assumptions underpinning the CGP implementation, as well as the relationships between activities, outputs, and outcomes. In the ToC visualised in Annex 2 of Volume 2 of this report, key assumptions are reported on the left-hand side of the diagram. Crucially, the expected boost in household expenditure leading to improvements in consumption, health, education, and food security, can only materialise if the CGP transfer is received reliably and its value is adequate to meet the beneficiaries' needs. Thus, a real-term erosion of the CGP transfer value directly affects this central assumption.

2.3 Impact evaluation design

The impact evaluation design is based on a mixed-methods approach featuring both a quantitative and a qualitative component, drawing on the strengths of the respective research methods. This section briefly presents the overall design, as well as the quantitative and qualitative approaches, and the ways in which they are integrated. The section concludes with an overview of the key limitations affecting the impact evaluation.

The impact evaluation focuses on questions related to the relevance and impact of the CGP, while also attempting to investigate the sustainability of the programme within the limits of the evaluation sample and data. All impact evaluation questions are reported and articulated as sub-questions in the evaluation matrix in Annex 1 of Volume 2 of the CGP evaluation report. The DAC criteria covered by the impact evaluation are:

- **Relevance:** The impact evaluation aims to determine whether the CGP is addressing the priorities and the most stringent needs of its target population. This involves assessing whether and to what extent CGP beneficiary households and their children are facing conditions of poverty and vulnerability.
- **Impact:** The core aim of the impact evaluation is to estimate the impact on CGP beneficiaries that can be attributed to the programme. This includes the impact on key outcomes related to poverty, education, health, and food security. The impact evaluation also analyses the reasons why these impacts do or do not materialise and investigates any unintended effects of the programme.
- **Sustainability:** The impact evaluation also attempts to at least partially assess whether and to what extent the effects of the programme change and/or are sustained over time. This investigation of sustainability relies on qualitative case studies and quantitative descriptive trends, with no estimates of attributable impact over time.

This impact evaluation approach adds new evaluative evidence on the current impact of the CGP, which is a mature programme that has now been implemented for several years. Our qualitative design also includes interviews presenting the life stories of long-term beneficiaries and explores how the CGP may or may not have contributed to changing the life trajectories of their children. Together with our quantitative analysis of over-time trends in key outcome indicators of interest, this qualitative research generates some interesting insights into the long-term impact of the CGP on its beneficiaries.

The present section proceeds with a description of the quantitative impact evaluation approach in Section 2.3.1, followed by a description of the qualitative research design in Section 2.3.2. The section then concludes with an indication of some key limitations of the impact evaluation design in Section 2.3.3.



2.3.1 Quantitative impact evaluation design

The main objective of the quantitative impact design is to determine whether the CGP has had an impact on its beneficiaries, and to quantify the scale of any impact detected. As discussed in the CGP inception report, although a randomised controlled trial (RCT) is generally considered the most rigorous way of achieving this objective, it was not possible to implement an RCT design, given that the allocation of the programme to beneficiary households (the evaluation treatment group) cannot be randomised. As an alternative, we designed and implemented a quasi-experimental impact evaluation design. This type of design is termed quasi-experimental since it attempts to approximate an experimental approach by building a comparison group through econometric techniques. Together with descriptive statistics, this represents the core of the quantitative component of the evaluation. In summary, the quantitative analysis has the following three objectives:

1. To provide a **descriptive overview** of indicators of interest, which are used as part of the mixed-methods evaluative narrative.
2. To provide a **descriptive trend analysis** for outcome indicators of interest between the 2013 and our CGP evaluation samples.
3. To provide a **measure of impact** on outcome indicators of interest at the beneficiary level that is directly attributable to the CGP.

In this section, we present the quasi-experimental approach that enables us to provide a robust estimate of the impact on programme beneficiaries that is directly attributable to the CGP. Additionally, the section presents the approach used for the descriptive trend analysis of the sustainability of impact, as well as the quantitative sample achieved, which is used for the impact estimation, the descriptive analysis, and the trend analysis over time.

The quantitative sample

The quantitative survey respondents are household members of both the evaluation's treatment and control groups:

- **The treatment group:** This group consists of a representative sample of the current CGP target population, including both beneficiary households and communities that were part of the treatment sample in the OPM 2013 CGP follow-up evaluation, and beneficiary households and communities that were added to CGP more recently.
- **The control group:** This group consists of households that are not currently covered by the CGP's implementation, which can be considered as a valid counterfactual for the overall treatment group. Control households consist of households that can be considered similar to treatment households in terms of poverty status (based on their poverty score), but that are not enrolled in the CGP.

The main quantitative data collection tools for the evaluation are a household-level survey that is complemented by a community-level survey. More details on the surveys' core modules and indicators are included in Annex 3 of Volume 2 of this evaluation report.

Sampling strategy

The quantitative sample is drawn using a multi-stage random sampling strategy, which includes four sequenced steps: 1) selection of eight districts from each ecological zone in Lesotho; 2) selection of two community councils per district; 3) selection of 50 villages (25 treatment and 25 control) within each community council using probability proportionate to size; and 4) selection of 10 households per village using systematic random sampling.

The original sampling strategy defined above is integrated with a replacement strategy that aims to identify replacement households for sampled households that cannot be reached and/or interviewed. A number of challenges were faced during data collection related to a low degree of accuracy in the Management Information System for Social Assistance (MISSA) and National Information System for Social Assistance (NISSA) databases used as sampling frame. Thus the replacement protocol was relaxed to maximise survey coverage.

In line with the sampling strategy described above, sampling weights were constructed and used in the quantitative analysis to ensure that sample estimates are representative of their reference population. Details on the sampling weights construction are included in Annex 5 of Volume 2 of this evaluation report.

Sample achievement

The final quantitative survey sample achievement was 1,569 households. Despite the fact that the data collection team attempted to interview 1,846 households, the number of completed interviews falls below the original target, with 1,569 representing 87.2% of the intended 1,800 target. This attrition of approximately 13% is not much higher than the 10% level that was deemed acceptable from a power calculation perspective. While potential issues related to power are discussed in the limitations section, the sample achievement can be considered sufficient for running the impact estimation analysis. Attrition is mainly due to the difficulties involved in identifying households and replacements given the inaccuracies of the NISSA/MISSA datasets. The final quantitative survey sample achievement is shown in Table 1 below.

Table 1: The final overall quantitative sample

Sample units	Treatment	Control	Total
Total districts ²	8	8	8
Community councils	17	17	17
Villages	169	167	336
Households	890	679	1,569

More information on the sampling and replacement strategies, on the issues encountered during data collection, as well as on the data quality protocols followed, can be found in Annex 3 of Volume 2 of this evaluation report.

² The sampled districts included Berea, Butha-Buthe, Leribe, Mafeteng, Maseru, Qacha's Nek, Quthing and Thaba-Tseka.

Quantitative impact estimation approach

Propensity score matching

As discussed in the CGP inception report, the most suitable quasi-experimental design for measuring the impact of the CGP is a matching approach. Specifically, we make use of propensity score matching (PSM). PSM tackles the problem of selection bias by using data from the control group to construct appropriate comparisons to the beneficiary households in the treatment group, thus building a valid counterfactual. This is achieved by matching and comparing outcomes for units in the treatment group (i.e. CGP beneficiary households) with control units (i.e. non-beneficiary households) that are as similar as possible to each other according to a set of relevant³ observable characteristics (variables).

PSM is a two-stage analytical approach that employs a propensity score as a ‘comparator metric’. The propensity score summarises information on the set of relevant characteristics that describe why treatment and control households are different and that therefore drive selection bias. The first stage of any PSM is to compute a valid propensity score for each unit of observation. The second stage is to compare outcome indicators of interest across treatment and control households with similar propensity scores.

The propensity score is the comparator metric constructed in the first stage that summarises the information contained by these relevant characteristics. For the propensity score to be valid it needs to be calculated using relevant variables that are, crucially, not influenced by the CGP. This represents a challenge in the case of this evaluation of the CGP, as we do not have information on all sampled households from before they started receiving payments from the CGP. In other words, we do not have a ‘pure baseline’. Hence, to meet this important condition, our model constructs propensity scores only using ‘static variables’ that are not influenced by the programme.

To illustrate, examples of static variables include the education level of household head and the quality of materials used to construct the respondent’s house. It should be noted, however, that the full set of variables used was specific to the indicator for which each model was built (see Section 6.1.1 of Volume 2). Variable selection is determined using both a substantive and data-driven approach, with the first-stage model employing a covariate selection procedure on both relevant outcome variables and treatment status. This ensures that correlation to both outcomes and prediction of treatment status is acceptable.

This lack of a pure baseline represents a limitation of using PSM for the evaluation of the CGP, as it would have been preferable to match on a larger range of characteristics that are known to influence the outcomes of interest. For example, it would have been preferable to also include baseline levels of household poverty and food security in the first-stage construction of the propensity score. However, OPM has experience of constructing and applying PSM models with a limited range of static variables for the purpose of estimating programme impact (Binci et al., 2018). Building on this experience we construct the optimal matching model within the constraints of the evaluation context by also using a data-driven algorithmic approach that aims to reduce researcher discretion in the choice of variables.

The technical matching approach, as well as the matching models, including the characteristics (covariates) used for matching and the performance of the balance diagnostic tests, are presented in Annex 6 of Volume 2 of the CGP evaluation report. The outcome indicators for which impact estimates are presented are all underpinned by well-performing matching models. This gives us confidence in the reliability of the impact results.

³ Relevant characteristics are those that are thought to be driving the selection bias. These are characteristics that are systematically different across the treatment and control groups and that are related to outcome measures of interest: for example, differences in household education levels may confound the impact on child education outcomes.

Impact estimates

The PSM impact estimates represent the average treatment effect on the treated (ATT). This means that impact is measured only for those households that were actually enrolled in the CGP and that received the cash transfer. In more technical terms, the ATT is indicative of the expected causal effect of the programme when its constituent parts reach its intended beneficiaries. The ATT impact estimates are thus potentially biased towards a sub-set of the population that may have been better placed to receive the intervention.

For impact indicators based on proportions (e.g. proportion of children enrolled in school), the ATT estimates of treatment effects are given as percentage point changes. For impact indicators that are not proportions, the estimates of treatment effects are given in units, as per the unit in relation to which the indicator is defined (e.g. number of months in which households had extreme shortage of food).

Further details on ATT results of the PSM impact estimation are presented in Annex 6 of Volume 2 of the CGP evaluation report, together with the PSM balance diagnostic tests.

Sustainability analysis

The number of treatment households that could be traced and re-interviewed from the 2013 CGP follow-up evaluation fell short of the target sample size for running a counterfactual-based evaluation on the sustainability of the CGP's impact.⁴ The number of households that could be traced from the 2013 CGP follow-up evaluation was 97. The quantitative analysis of sustainability is thus not based on a counterfactual design and it is not amenable to additional econometric estimations, such as panel regression analysis. Rather, it only consists of a descriptive trend analysis. The latter is based on a descriptive analysis of trends which compares the levels of indicators of interest in the 2013 data with indicator levels in the 2022 CGP evaluation data. This descriptive trend analysis helps us determine whether there have been any observable changes over time in indicator levels that can be considered of interest to the narrative.

The lack of a counterfactual means that any trends in indicator levels between the 2013 and 2022 evaluation data, obtained using quantitative estimates with the descriptive analysis adopted, cannot be either directly or fully attributed to the CGP. Rather, they represent an indication of changes in indicator levels over time, and are only relevant for the small sub-set of the overall evaluation sample used in the analysis. This thus represents a simple descriptive analysis, rather than a statistically significant quantitative estimation of changes, and it is treated as such in the narrative.

How to read the quantitative results in this report

Descriptive statistics are presented in this report for a range of indicators of interest pertaining to the outcome and impact areas identified using the programme's ToC. This descriptive analysis looks at the pattern of key outcomes for treatment households.

Throughout the report, descriptive findings are presented for the treatment sample as a whole and also disaggregated across categories of interest, such as the location of the household (i.e. district), or gender of the child. This disaggregation analysis is informed by both research interest and the way in which the sample is structured. The quantitative descriptive findings are presented graphically. The sample size for different indicators varies depending on the analysis target sub-sample (base population), which is specified in the subtitle of each graph. The size of the sample in relation to which the analysis is conducted is reported in the notes at the bottom of each graph.

⁴ 650 households, as per the original sample size calculations included in a technical note shared with UNICEF as part of the pre-inception phase of the evaluation. See OPM (2022) 'Evaluation of the Child Grant Programme in Lesotho: Revised Technical Proposal', Oxford, UK.



The findings of the quantitative impact analysis are discussed directly in the text, while the more detailed results of the PSM impact estimates and balance diagnostics are reported and visually represented in Volume 2 of the report. When in the text we refer to impact that is attributable to the CGP, these are impact estimates that are statistically significant at the 10% level or lower. It is also important to bear in mind that the ability to detect statistically significant impact is influenced by the power associated with the sample size specific to each indicator. As discussed in Section 2.3.3 on limitations as well as in Annex 4 of Volume 2 of the report, a smaller than anticipated sample size constitutes a potential limitation to our impact analysis. The impact evaluation detected (or did not detect) significant impact for a given ATT (see explanation above) on the basis of the power achieved by the sample for each indicator on which the ATT was estimated.

Detailed statistical tables for the treatment group are presented in Volume 2 of the report.

2.3.2 Qualitative research design

The objectives of the qualitative research component are to help explain the findings of the quantitative impact evaluation by examining why and how a certain impact pathway has unfolded (or not) and to answer questions that cannot be explained quantitatively. In addition, the qualitative research component aims to provide a voice to beneficiaries by representing their views on, and perceptions of, the programme, its outputs, and how this responds to their needs.

The qualitative research also contributes to the process review to help answer evaluation questions linked to the relevance, effectiveness, efficiency, coherence, and sustainability of the CGP's programme design and operational processes. These questions are assessed on the central, district, and community levels by triangulating data from policymakers, programme implementers, social workers, local community leaders, and beneficiaries.

For further details on the focus of the qualitative research component, including the specific evaluation questions answered by this component, please see Volume 2, Annex 1.

Qualitative sampling and tools

The qualitative research was conducted in September 2022 and included visits to six village clusters, one remote and one less remote, in three districts- Leribe, Mafeteng, and Qacha's Nek. The sampling strategy was guided by a range of criteria, including overlap with villages sampled by the quantitative survey, length of CGP exposure and participation, agroecological zones, remoteness, presence of former beneficiaries who 'exited' after recertification, and payment modality.

The main qualitative tools included key informant interviews (KIIs) with policymakers, programme implementers, and community leaders, and focus group discussions (FGDs) and in-depth interviews (IDIs) with current and former beneficiaries. The FGDs included a participatory bean exercise that was used to map the way in which beneficiaries spend the CGP transfer they receive. The in-depth interviews were conducted with unique types of beneficiaries who were selected because their experiences and characteristics were judged to be helpful to collect targeted information to answer evaluation questions related to relevance and sustainability. In-depth interviews were conducted with current CGP beneficiaries caring for a child with a disability, former CGP beneficiaries with adult children, former beneficiaries who were recertified, and CGP beneficiaries with multiple children who all joined the CGP at different points in time in their childhood and had different lengths of exposure to the programme. In total we conducted 51 KIIs, 12 FGDs, and 39 IDIs.

Details on the qualitative data collection, including the villages visited and a breakdown of the number and types of respondents interviewed, can be found in Volume 2, Annex 3.



2.3.3 Limitations

The impact evaluation design has a number of limitations that need to be acknowledged:

- A counterfactual could not be constructed for the quantitative estimation of the sustainability of impact as the sample achieved for the sustainability analysis fell short of the required sample size. The lack of a counterfactual means that the quantitative estimates of impact sustainability are limited to a descriptive analysis of trends over time, between the 2013 CGP impact evaluation data and the current impact evaluation. This also includes a panel regression analysis that integrates the descriptive analysis and includes time-invariant fixed individual and cluster effects models, as well as time-variant covariates. Crucially, this means that the resulting quantitative findings cannot be directly attributed to the CGP. Rather, they represent descriptive indications of the difference between CGP recipients in 2013 and 2022 on a range of indicators – but they do not amount to attributable impact.
- A smaller than anticipated sample size available for the estimation of programme impact constitutes a limitation in terms of power of the sample to detect impact. Issues related to the completeness and recentness of the MISSA and NISSA data reduced our ability to conduct sampling across all community councils in Lesotho and negatively affected the data collection process. As also discussed in the section on sample achievement, this means that the sample size available for the analysis is smaller than the sample target set at inception. In turn, this means that 1) the sustainability analysis cannot be based on a counterfactual design, as per the limitation discussed above; and 2) the power of the overall sample is less extensive than planned. Therefore, we performed an additional investigation on the power of our sample, applying the original power calculation parameters to the evaluation actual sample size and data, by comparing estimates of impact on an outcome indicator at both the household and individual levels. This investigation showed that for similar ATTs, statistical significance was maintained and a similar Minimum Detectable Effect (MDE) achieved as compared to the original pre-analysis power calculation results. Together with the absorption of an acceptable level of attrition (10%), already discussed in the section on sample achievement, this further investigation gives us confidence that the impact estimates presented in this report are not systematically underpowered. It is also worth noting that the sample size achieved for the current evaluation is larger than the sample achieved in the 2013 CGP impact evaluation. However, the smaller-than-intended sample size should still be considered a limitation, especially as it prevents any further disaggregation of the impact estimation analysis across relevant sub-groups of interest. In addition, the MDEs achieved in the original power calculations and confirmed in the additional power calculations are relatively large when compared to some of the ATTs produced by the impact analysis. Although power calculations are only indicative of the precision of any impact estimation, and statistically significant impact can be detected with treatment effects smaller than the calculated MDEs (this is in fact the case also in this evaluation), it is worth reiterating that when the estimation cannot detect any impact of practical and/or statistical significance, this may also be due to the level of power of the sample. More details on power calculations can be found in Annex 4 of Volume 2 of the report.
- Another limitation concerns the PSM model. While PSM is capable of delivering an unbiased estimate of programme impact, its ability to do so is contingent on the quality of the matching model. As discussed above, the objective in defining a matching model is to identify a set of covariates that, once they are conditioned on, deliver a sample in which there are no systematic differences between the treatment and control groups (known as achieving 'balance'). As there was no opportunity to collect baseline data for this impact evaluation, the set of possible matching variables was limited to those from the survey data that were plausibly not directly affected by the CGP (static variables). This is a limitation as it restricts the range of suitable variables that can be used for the matching model. Nonetheless, our balancing tests provide reassurance that even within these constraints the model



was well balanced along the available observable variables. See Annex 6 of Volume 2 for details on both static variables and balance results.

- Efforts were made to maintain a high degree of comparability between the questionnaires used for the CGP impact evaluation in 2013 and those used for the current evaluation, as this affects the descriptive sustainability analysis of trends. However, due to changes in the evidence requirements of the current evaluation, several questionnaire sections were reduced or removed, while others were added to capture information on priority interest areas. Differences also occurred due to changes in technology relating to data capture, as the 2013 survey was conducted using pen-and-paper personal interviewing, whereas the 2022 survey was conducted using computer-assisted personal interviewing.
- As part of the qualitative research design, we proposed to explore the possibility of employing a life stories approach (OPM, 2022) to uncover how the life trajectories of the adult children of former CGP beneficiary households have been affected by their participation in the programme. These data were collected through 13 in-depth interviews with former beneficiaries, including their adult children. While these interviews yielded interesting insights about the way in which they have been able to use the grant to support the children's development and welfare over the years, it is important to indicate that these constitute a small number of anecdotal cases, rather than robust life stories. A full life stories approach was not possible as this would require regular collection of data over a longer period of time to help trace the lives of the research subjects. As a second best option we had to rely on one-off interviews during which caregivers and adult children shared their recollections about the way in which the programme impacted them since they joined the programme.

2.4 Process review design

The overall objective of the process review was to answer evaluation questions across the following five DAC criteria: relevance, coherence, effectiveness, efficiency, and sustainability. In addition, the process review assesses whether the partnership between UNICEF and MoSD has been effective, and what the future focus of the partnership should be.

The focus of the process review was decided during the inception phase (OPM, 2022) and, given the breadth of topics to cover, a range of methodologies and approaches were used. While some evaluation questions are addressed in a light-touch manner based on the review of other existing studies, other questions, especially those linked to the CGP operational aspects, are assessed through a process-mapping exercise, including an assessment of where and why certain bottlenecks exist and what could be done to overcome them.

The process review research is divided into the following two categories:

- **Research on programme design:** The research on the programme design focused on answering questions related to the relevance, coherence, and sustainability of the CGP by assessing the programme's shock responsiveness, linkages to other complementary programmes and services, and its disability-sensitivity.
- **Operational research:** The operational research focused on identifying key bottlenecks that constrain an effective, efficient, and sustainable delivery of the programme, and on pinpointing areas for capacity strengthening. This includes an in-depth assessment of core CGP processes, such as case management, grievances and complaints, communications, payments, and targeting, including recertification.

Further details on the evaluation questions answered by the process review, can be found in Volume 2, Annex 1.



Data sources and approach

The process review draws on both primary and secondary data. The quantitative and qualitative data collection tools used for the impact evaluation (see Sections 2.3.1 and 2.3.2) were designed also with the process review evaluation questions in mind and included modules covering questions related to the CGP's design and operational processes. The qualitative KIs with central-level policymakers and programme implementers centred almost exclusively around programme design and operational questions. The primary data were complemented by a review of programme documentation, including design documents, operational manuals, and other relevant reports and studies.

For those questions that were answered through process-mapping (i.e. mostly those related to the CGP's operational processes), the following analytical steps were followed:

- gaining an understanding of how the processes were designed to be implemented;
- gaining an understanding of how the processes are being implemented in practice;
- documenting key challenges and lessons learned; and
- assessing and discussing whether cross-cutting issues have emerged across the different processes examined.

2.5 Stakeholder participation

A large range of CGP stakeholders were engaged at each stage of the evaluation. At inception, UNICEF Lesotho and government stakeholders participated in the revision of the CGP ToC, and in the design of the survey questionnaire and related indicators. In-depth consultations between the evaluation team and UNICEF took place at the onset of the evaluation, with the aim of agreeing on a design and timeframe that respond to UNICEF's needs, which required the submission of a final evaluation report by early December 2022.

To make sure that these tight timelines could be adhered to, a more streamlined process for the validation of key evaluation outputs by stakeholders was implemented. However, this did not imply a lack of stakeholder participation. An in-person participatory workshop was held in Maseru, Lesotho, during the inception phase of the evaluation, in June 2022 which included the key CGP stakeholders at the institutional level, such as the UNICEF Social Policy team in Lesotho and GoL's MoSD. The inception report was disseminated to the relevant stakeholders and the evaluation results will similarly be disseminated through a number of audience-specific evaluation outputs, including reports, conference calls, and policy briefs.

2.6 Ethical principles

Conducting quantitative and qualitative fieldwork requires high ethical standards to ensure that expectations are not unduly raised, confidentiality is maintained, respondents are never forced to participate or encouraged to speak about subjects that may be traumatising, and that activities are sensitive to participants' age, disability, and gender, among other factors.

This evaluation has been conducted in accordance with the United Nations Evaluation Group's Ethical

Guidelines for Evaluation and their 2016 Norms and Standards. Ethical considerations guided the evaluation design, implementation, and data storage and use.

The following principles were applied in our approach to data collection and analysis:

- **Seeking the informed consent of all participants in the data collection:** This entailed providing survey respondents with information about the objective of the study, as well as seeking to make them feel comfortable to refuse to participation. The importance of seeking informed consent was emphasised during enumerator training.
- **Maintaining confidentiality and anonymity:** This meant ensuring that participants' personal information is not shared, and that participants are not at risk of being individually identified. Interviews were conducted in private locations and households' identifying information was not shared with anyone beyond the analysis team.
- **Ensuring the safety of research participants** and respecting cultural sensitivities throughout all interactions with participants. As part of fieldwork training, all fieldworkers and enumerators received safeguarding training, including on the processes to follow should a safeguarding issue arise.

The methodology and plan for this evaluation was submitted to OPM's Ethical Review Committee for review and the research team received approval prior to the commencement of field work, in August 2022. More details on the ethics protocol that was followed in this evaluation can be found in Annex 10 of Volume 2 of this report. This includes the ethical approval letter and consent forms.



Photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021

03

CHAPTER

Context





Key findings

- **The coverage of the CGP expanded significantly from 25,000 households in 2014 to about 47,000 households in 2022.** However, the value of the CGP has not been adjusted since 2012 and, as a result, its real value has been severely eroded over time. **In 2022, the CGP transfer value constitutes merely 8% of average monthly household consumption expenditure, compared to 21% in 2013.** International research shows that the lower the transfer value as a share of monthly household expenditure, the smaller the impact that one can expect from a cash transfer programme.
- **Beneficiaries spend the CGP transfer as intended**, mostly on food and children's education (especially school uniforms), and 92% of beneficiaries reported having received messaging about the CGP's objective. However, given the severe depreciation of the transfer value **they can only buy smaller quantities of food**, and are forced to decide which child to prioritise when buying school uniforms.
- Over a third of CGP households are headed by an elderly person, and a substantial share of households care for members with a disability. Around 10% of CGP households are caring for one or more children with a functional disability.
- **CGP households are severely vulnerable to shocks**, with 100% of households saying they have suffered the consequences of at least one severe shock in the past 12 months. 85% of households have suffered from multiple shocks. Food inflation was reported as the most severe shocks experienced in the last 12 months.

This chapter presents contextual findings related to the CGP programme and the characteristics of the study communities and population. The main objective of this chapter is to investigate the relevance of the CGP for its intended beneficiaries, and to help contextualise, and at least partially explain, the results of the CGP impact evaluation presented in the following chapter. This chapter starts with Section 3.1, where we present findings regarding the evolution of the CGP's coverage, which has been a main area of focus and achievement since 2014. In Section 3.2, we present findings regarding the evolution of the transfer value and the use of the transfer, which are important factors to determine the extent to which the CGP can be expected to be effective in achieving its intended outcomes. Section 3.3 presents the profile of CGP communities, including their distance to key services, to highlight some of the supply-side constraints that may affect the CGP's impact on children's health and education outcomes. Finally, Section 3.4 highlights key characteristics of CGP beneficiaries and beneficiary households, to confirm whether the CGP's interventions are relevant considering the needs of its target population. More specifically, the section shows to what extent the CGP reaches children who are multidimensionally poor or have a disability, and to what extent CGP households are vulnerable to shocks.

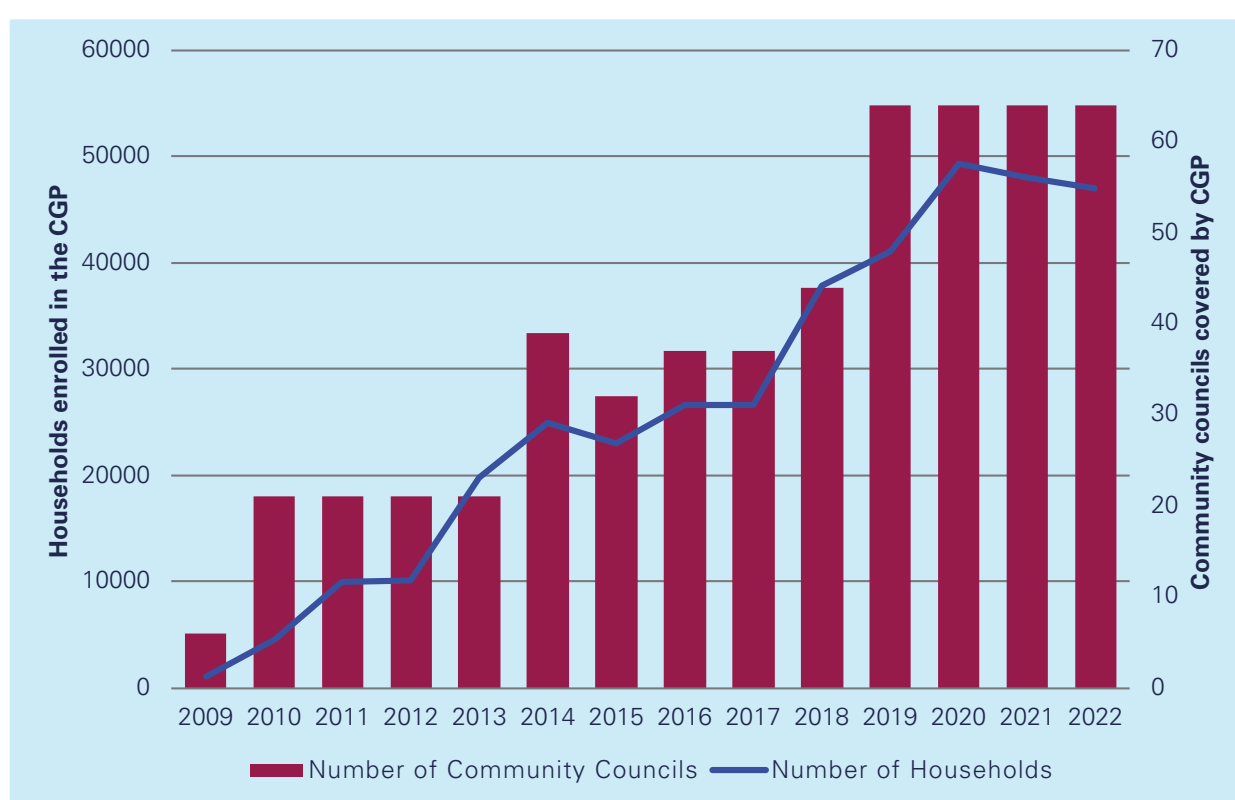
20%

It is estimated that the CGP reached 20% of poor children in Lesotho by 2018.

3.1 CGP coverage

The coverage of the CGP has expanded significantly since the programme first started in 2009 and since the last evaluation of the CGP in 2014. The CGP pilot started with 1,000 households, covering 2,500 children, in six community councils. By 2020, the CGP was covering 49,300 households, reaching 123,250 children, across all 64 rural community councils of Lesotho (Figure 1). Between 2020 and 2022 the number of beneficiary households stagnated and even slightly decreased due to a combination of recertification, regular programme exit, and delays in targeting and enrolment. According to data provided by MoSD, in 2022, the CGP reached about 47,000 households. While stakeholders reported that, at the time of writing, the NISSA data collection in urban community councils had been completed, urban households have not yet been enrolled in the CGP.

Figure 1: Evolution of CGP coverage (2009–22)



Source: MoSD data on number of CGP beneficiary households.

As a result of the expansion of coverage, the proportion of children in Lesotho covered by the CGP has also increased over time: in 2018 the CGP reached around 20% of all poor children in Lesotho.

Combining data from the last population census and estimated population growth rates, we find that the CGP's coverage, being the number of beneficiary children as a proportion of all children in Lesotho doubled between 2014 and 2020, from 8% to 16%. Using monetary poverty statistics that show that in 2018 45% of all children were poor (UNICEF, 2021) we find that in 2018, the CGP covered about 20% of all poor children in Lesotho, assuming that targeting effectiveness stayed constant at about 74% (OPM, 2011).



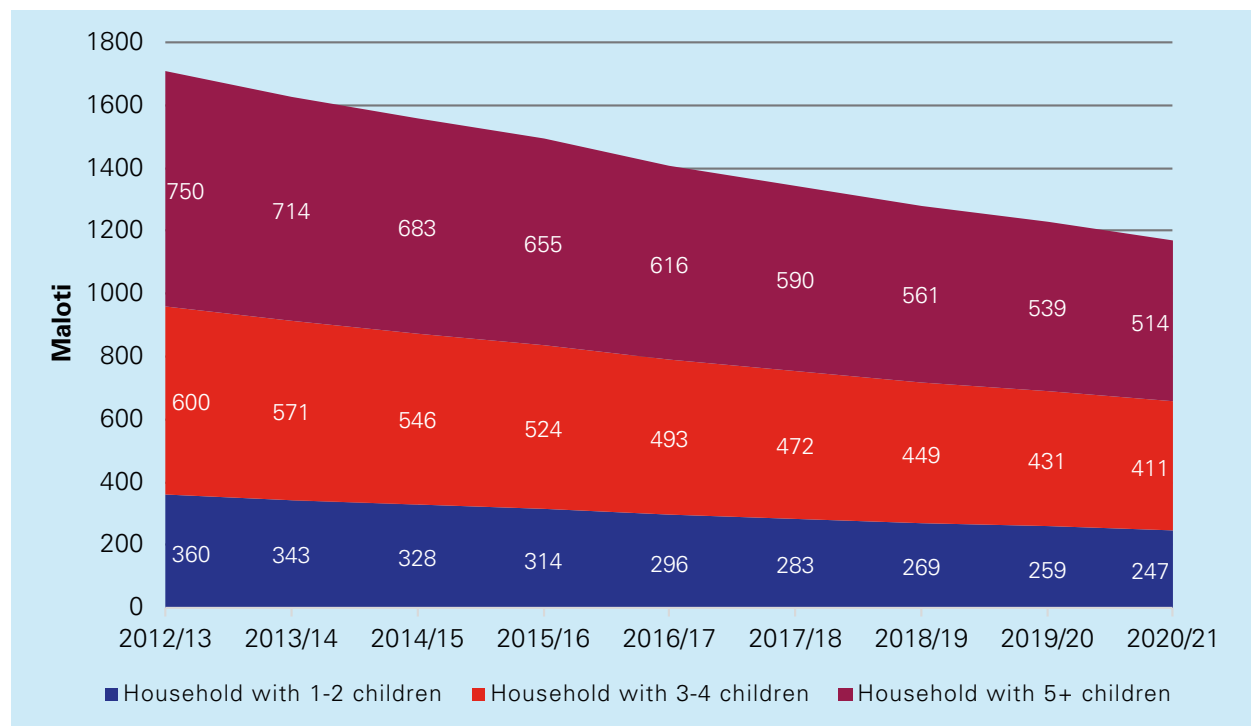
3.2 Value and use of transfer

3.2.1 CGP transfer value

The quarterly CGP transfer values have not been updated since 2012. When the CGP was first piloted in 2009 all households received a transfer of M360 per quarter, irrespective of the number of children they had. In 2012, the transfer value was indexed to the number of children per household, ranging from quarterly payments of M360 for one to two children, M600 for three to four children, and M750 for five or more children. Since then, the transfer value of the CGP has not changed. The CGP benefit value is the lowest among the cash transfer programmes in Lesotho. Public Assistance (PA) beneficiaries receive M750 per quarter, while Disability Grant beneficiaries receive M450–550 per quarter, and old-age pension beneficiaries receive M800 per month (GoL, 2021a).

Without inflation adjustments, the real transfer value of the CGP, and thus its protective effect, has been severely eroded over time. A recent report finds that between 2015 and 2021 the real value of the CGP had declined by about a third (World Bank, 2021). Estimates from the UNICEF Lesotho 2020/21 social protection budget brief confirm that using updated prices, a transfer of M360 in 2012/13 would be worth only M247 in 2020/21 prices, a decline of 31 % (Figure 2). In other words, in 2021 households could buy only two-thirds of the goods with the CGP transfer that they were able to buy in 2013.

Figure 2: Buying power of quarterly CGP transfer by household size



Source: adapted from UNICEF (2021) based on estimations using Bureau of Statistics data on consumer price index.



Our findings also show that the CGP's value as a share of households' total monthly consumption expenditure has decreased severely. While in 2014 the CGP transfer constituted 21% of the average monthly consumption expenditure of CGP households (OPM, 2014), in 2022 we estimate that the transfer only covers 8% of the average monthly consumption expenditure of CGP households. Section 4.1 discusses in further detail the adequacy of the CGP transfer value in the context of households' expenditure and poverty.

The depreciation of the transfer value was also a prominent and recurring topic raised by all beneficiaries and programme implementers during the qualitative research. Beneficiaries across all study sites reported that they can now only buy smaller quantities of food, and that they are forced to decide which child to prioritise when buying school uniforms. Whereas the transfer value used to allow them to buy a mix of foods, household items, and education-related items, as well as more diverse types of food, they now mostly prioritise staples such as maize. Some beneficiaries also explained that they resort to buying school uniforms one piece at a time, whereas some years ago they were able to buy a whole uniform with one payment. Respondents illustrated their experience of the depreciation of the transfer value in various ways, as shown in the following quotations:

When I first got the CGP money in 2011, I was able to buy a bigger bag of maize and remain with change to buy other food stuff. I was also able to buy uniform for my boy. Towards the end everything was more expensive and therefore I had to buy a smaller bag of maize meal. (Former beneficiary, remote, Leribe)

I used to buy oil, salt, washing powder, and many other things but now I only buy a 50kg bag of maize meal with that M360. I also have to top it up because that maize meal is around M450. (Current beneficiary, remote, Mafeteng)

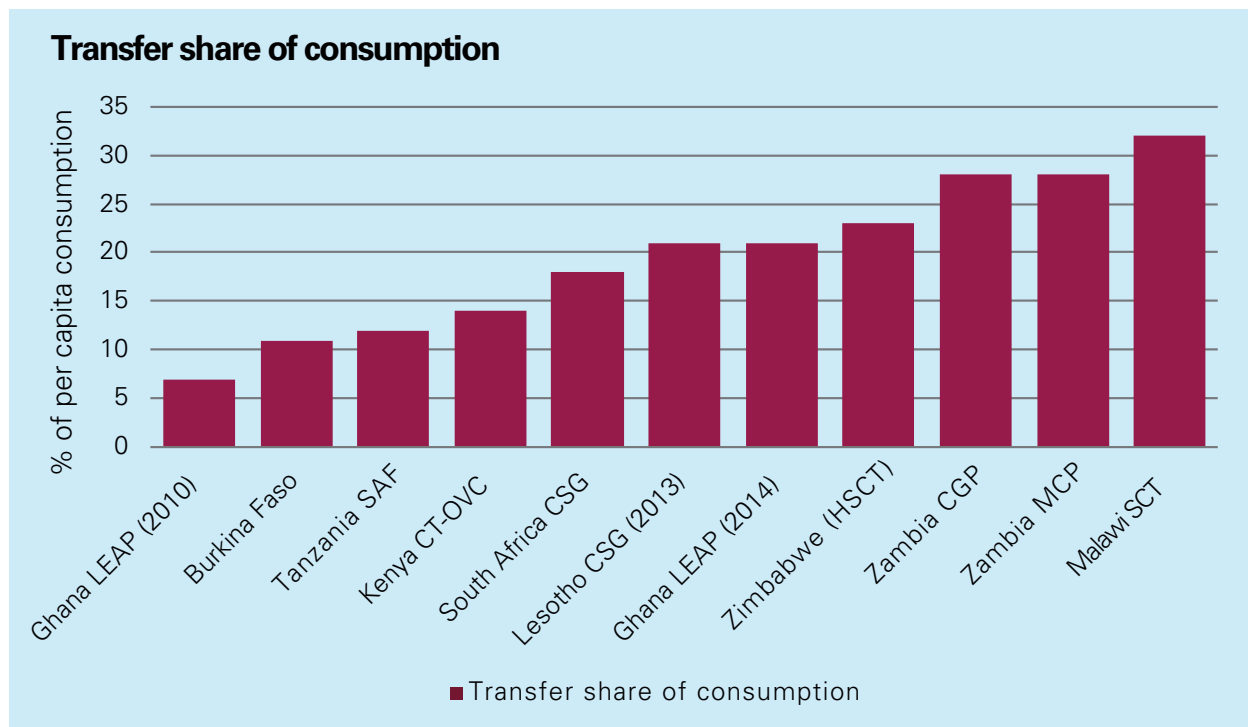
These findings help contextualise, and at least partially explain, the results of the CGP impact evaluation presented in the following sections.

The lower the transfer value as a share of monthly household expenditure, the smaller the impact that one can expect from a cash transfer programme. In fact, studies have shown that the critical threshold for transfer values to have an impact appears to be a share of around 20% of monthly consumption expenditure (Davis and Handa, 2015). While the CGP transfer value as a share of monthly consumption expenditure was close to this threshold in 2014, and led to associated small but significant impacts, it is well below this threshold in 2022 (Figure 3).

The real value of the CGP transfer declined by one third since 2015.

In 2022 the CGP transfer value as a share of monthly consumption expenditure was significantly below the impact threshold.

Figure 3: Transfer value as a share of consumption expenditure across various cash transfer programmes



Source: adapted from Davis and Handa (2015).

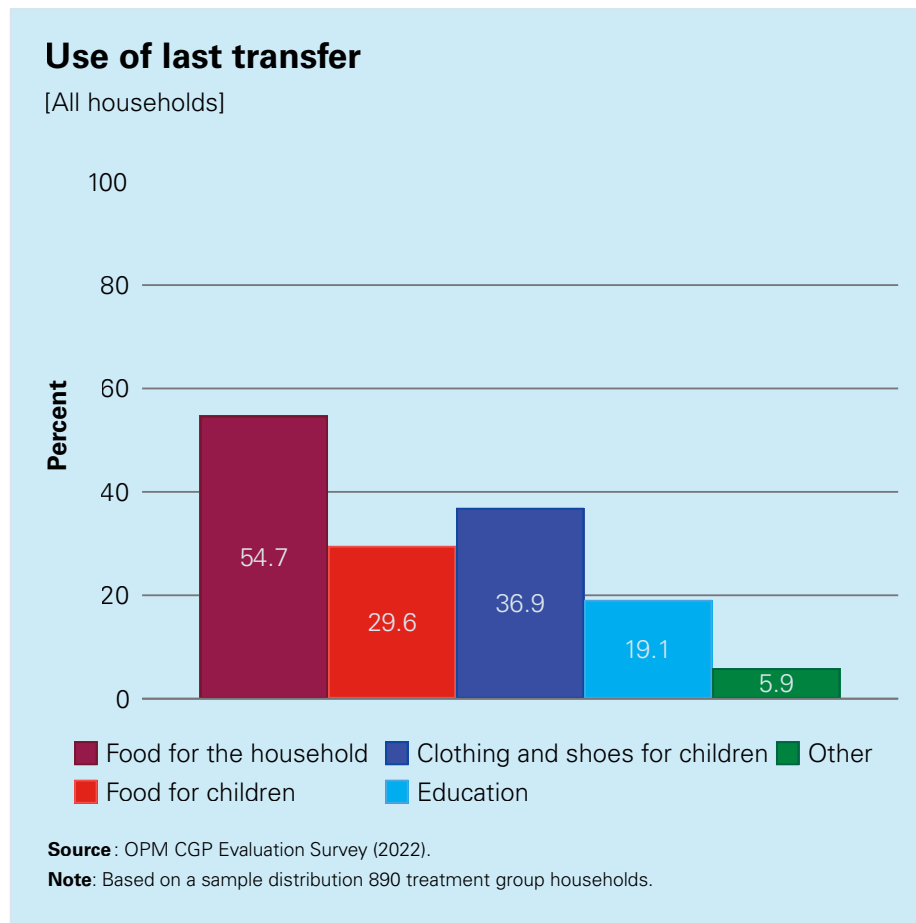
3.2.2 CGP transfer use

Our findings show that beneficiaries' spending of the CGP transfer is aligned with its intended use as most beneficiaries reported using the transfer for food and their children's education (Figure 4). 37% of beneficiaries reported spending the grant on shoes and clothing for children and qualitative findings suggest that this expenditure category mostly includes children's school uniforms and shoes. In addition to school uniforms, other common education-related expenditures are stationary, school trips, and, in remoter villages, transport to school. A few beneficiaries also reported spending some of the transfer on school fees, especially when they do not qualify for the orphans and vulnerable children (OVC) bursary. However, in such cases, most beneficiaries reported that the grant was not sufficient to cover school fees fully:

My mother bought food and uniform with the money. She also paid for my fees when I repeated Form C, though I did not go far as she was struggling to make ends meet already. (Adult child of former CGP household, Leribe)



Figure 4: Beneficiaries' most common uses of the CGP transfer



The findings on the most common uses of the transfer, as reported by beneficiaries, were also confirmed in qualitative interviews with village chiefs and social workers, many of whom closely monitor what beneficiaries spend the money on, as in the case of this village chief from Leribe:

They buy food, maize meal usually. [...] I monitor what they bring home after getting the payment. Luckily my office is nearer the road, so I recognise what they do, so yes they do buy food.

In addition, almost all beneficiaries (92%) reported having received messaging about the intended transfer use, and many confirmed that their spending choices were influenced heavily by the messaging received.

Only very small proportions of households reported saving the transfer or using it to repay loans, buy assets, or cover health expenses for household members, including children. The qualitative findings also reveal that some beneficiaries reported having used the transfer to cover transport expenses to reach health services when children or other household members were ill. Finally, while some village chiefs and community councillors reported that CGP beneficiaries spend the transfer on alcohol, when questioned how common this was, all admitted that they had only heard about a small number of cases.



3.3 Overview of study communities

CGP beneficiaries live in remote areas and are forced to travel considerable distances to reach the closest town centre. Access to CGP beneficiaries' villages by road is poor and unreliable, with 89% of the villages in the study area only accessible by roads in poor conditions and 7% with no access road at all (Figure 5). Moreover, 99% of the villages in the research area can be accessed only via mud or gravel roads; as a result, on average, villages become inaccessible via motor vehicles for close to five months a year. The quantitative research finds that the nearest town centre and food market can only be reached by motorised vehicle from 95% and 85% of the villages where CGP beneficiaries are located, respectively. Even when using a motorised vehicle, the average CGP beneficiary must travel for close to four hours to reach the closest town or food market and return home (Figure 6).

Health services are often located far away, leaving CGP beneficiaries exposed to potentially high transportation costs. Similarly, CGP children have to travel considerable distances to attend schools. Access to health facilities is limited, and in the case of public hospitals requires the use of motorised vehicles from all villages (Figure 6). Respondents to the qualitative interviews confirmed that access to health services often requires the use of public transportation or taxis, with significant cost implications. When it comes to reaching schools, the journey time is reportedly very long, with pupils having to travel for close to one and a half hours each day to go to and return from primary school, and between three and four hours to access secondary school. The qualitative findings confirm that schools are scarce in the study areas, forcing many households to pay for transportation to reach them. The issue is particularly acute for secondary schools: so much so that some students relocate closer to the school to be able to attend.

Figure 5: Condition of roads and seasonal accessibility (% of villages)

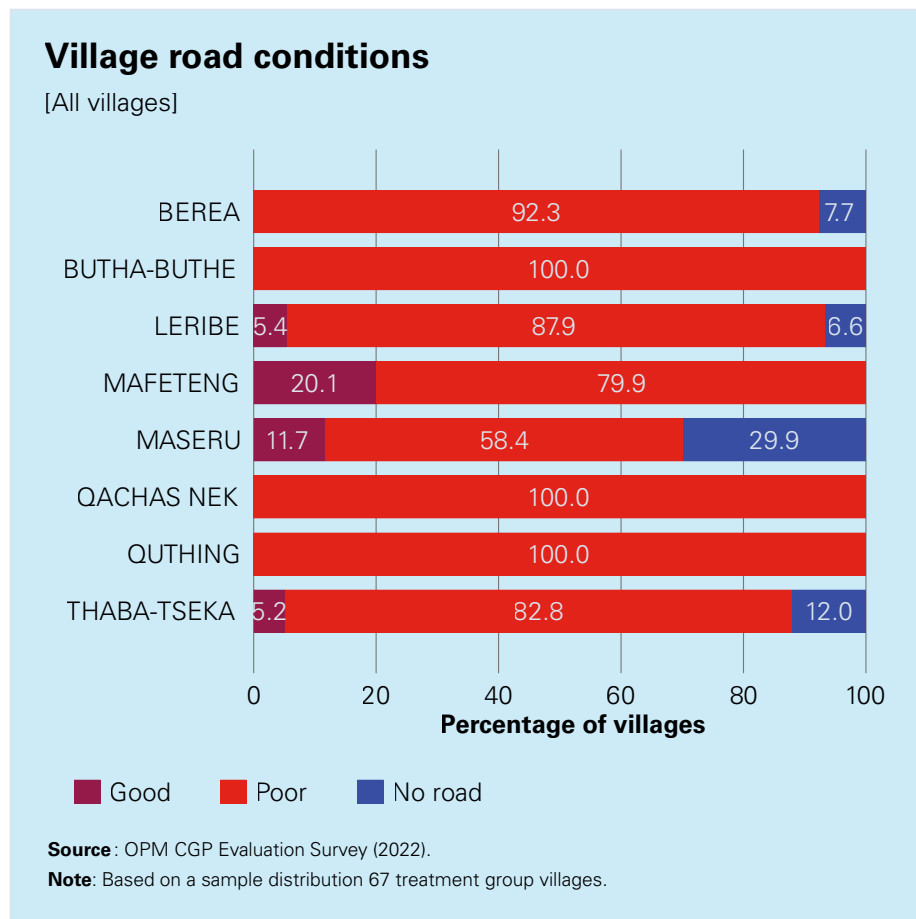
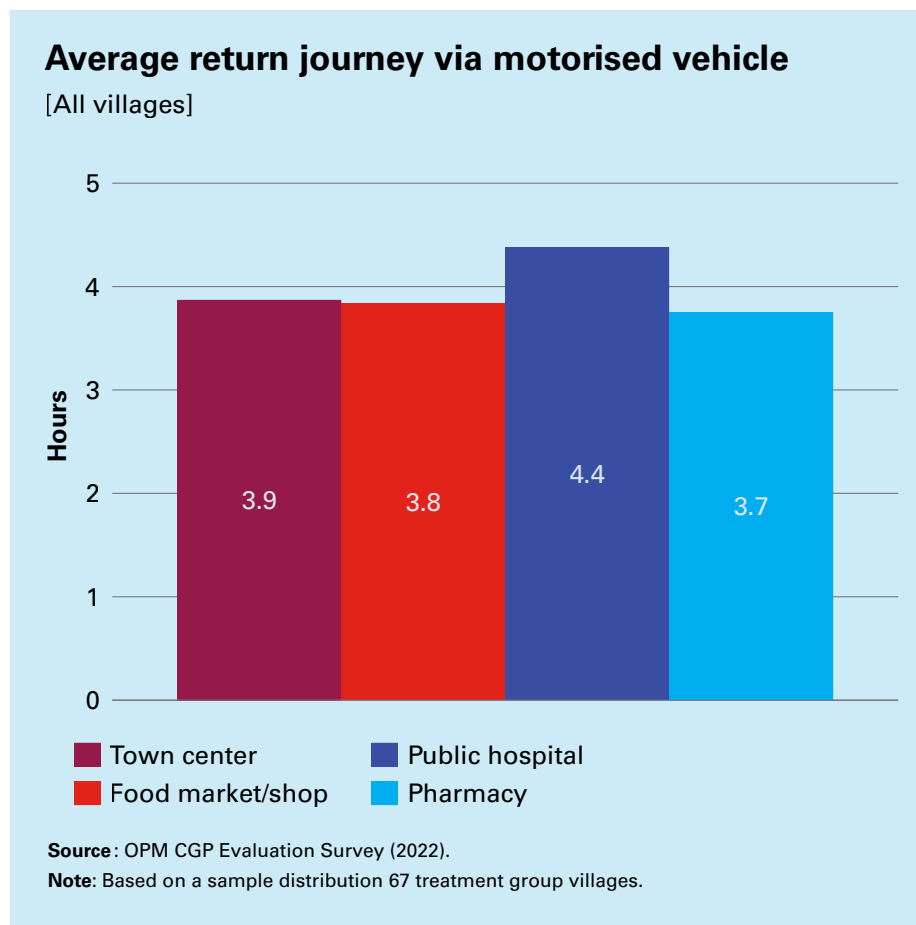


Figure 6: Return journey time to amenities and health services via motor vehicle



3.4 Characteristics of sampled population

This section starts by presenting a demographic profile of CGP households to show how the composition of CGP households might influence their income-generating capacity. Next, results on the prevalence of functional disability among CGP children illustrate the extent to which the CGP is reaching households with children with disabilities. The rate of multidimensional poverty among CGP children is presented to confirm the relevance of the CGP, as it reaches some of the most vulnerable children in Lesotho. The section also presents the typical livelihood and income composition profile of CGP households, which highlights their limited income security and the importance of the CGP transfer as a complementary income source. Finally, the section highlights the severe level of vulnerability to shocks among CGP households, including the potentially long-term impacts of the COVID-19 shock.

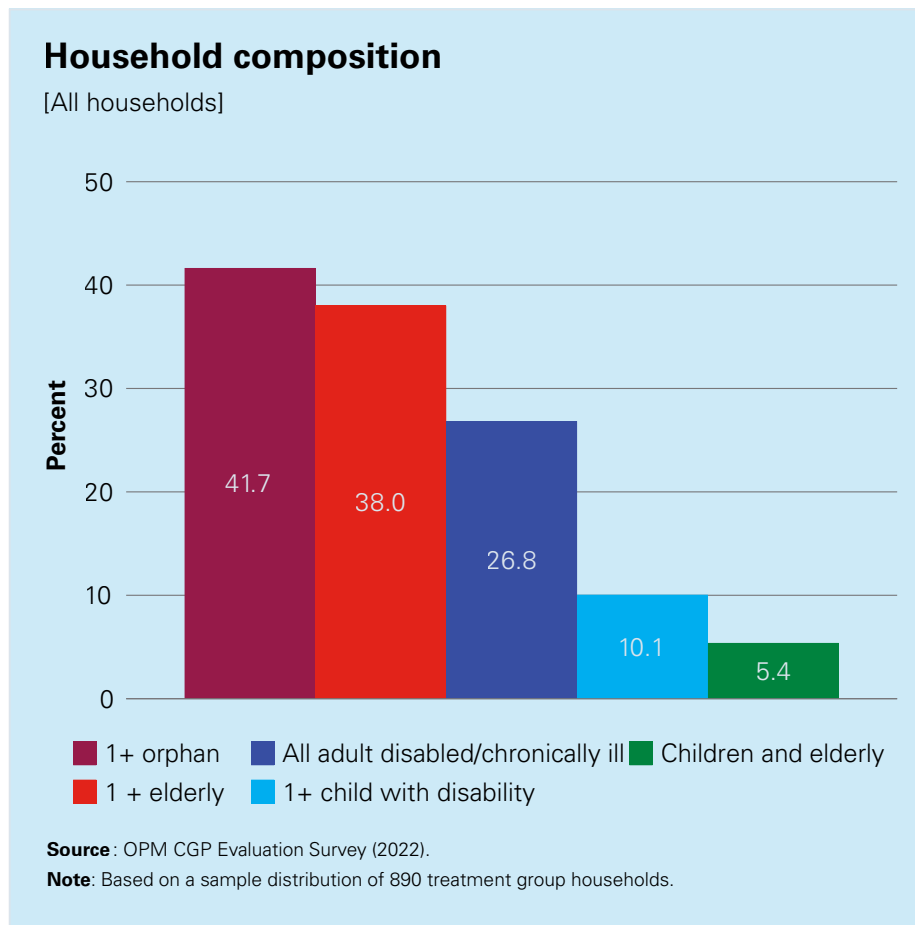
3.4.1 Demographics

A large share of CGP households is partly or fully labour constrained as they include and/or are headed by vulnerable members, such as the elderly, people with a chronic illness or a disability.

Only 46% of CGP household heads are adults with the ability to work, while 37% are 60 years or older and 18% are chronically ill or have a disability. Around 27% of CGP households do not have any adult member who is able to work and over 5% are composed only of elderly people and children (Figure 7). The limited supply of adult members who are able to work within CGP households highlights their vulnerability.



Figure 7: Household composition (% of households)



Over a quarter of the children in CGP households are orphans and 3% are double orphans. As a result, over 40% of CGP households are caring for one or more orphaned children (Figure 7). Many beneficiaries interviewed as part of the qualitative research confirmed that they have lost family members or have members who are away in South Africa looking for work. As a result, grandparents are often left to care for grandchildren, as shown by the high prevalence of households composed only of children and elderly.

The quantitative research finds that around 10% of CGP households care for one or more children with a functional disability. Data on functional disability prevalence among adults and children were collected as part of the quantitative survey (see Box 1). The research shows that close to 30% of CGP households have one or more member with a functional disability, with 23% of households with one or more adult and 10% of them with one or more children with a functional disability. The most commonly reported functional disability among CGP children was communication and behavioural control for children two to four years old and remembering and seeing for older children.

10%

of CGP households
have at least
one child with a
disability

Box 1: Data collection on persons with functional disabilities

The household survey included a single question that aimed to collect information on adults with disabilities and specific modules to collect information on children with functional disabilities. The household respondent provided information on all household members aged two and above.

Adult members are classified as having a functional disability based on the answer to the question 'Do you have any physical or mental disability ("difficulties walking, seeing, hearing, concentrating, remembering of difficulties with self-care")?'

For children aged five to 17, data were collected using a module based on the Washington Group Short Set on Functioning.⁵ The Short Set consists of six questions that seek to assess difficulties in core domains of functioning: seeing, hearing, communicating, remembering and concentrating, walking, and washing all over and dressing.

For children aged two to four, data were collected using the Washington Group/UNICEF Child Functioning Module.⁶ This module comprises 16 questions that are used to determine whether a child has a difficulty across eight domains: vision, hearing, mobility, communication/comprehension, behaviour, learning, dexterity (measured as an ability to pick up small objects), and playing.

Each child's level of difficulty in each domain is recorded as one of the following: no difficulty, some difficulty, a lot of difficulty, or cannot do at all. A child is reported as having a functional disability on a specific domain when the answer for the domain is 'has a lot of difficulty' or 'cannot do at all'.

3.4.2 Multidimensional child poverty

Children from CGP households are more likely to be multi-dimensionally poor than other children in Lesotho, with 61% of boys and 63% of girls in CGP beneficiary households lacking access to goods and services that are essential for their survival. UNICEF's 2021 Multidimensional Child Poverty Report finds that 53% of children in rural Lesotho are multidimensionally poor (UNICEF, 2021). Multidimensional poverty and monetary poverty (see Section 4.1) are highly correlated⁷ among CGP children, indicating that CGP children not only lack access to essential services but are also likely to be living in monetary poverty.

Almost all CGP children are subject to poor housing conditions and over half of them do not have access to improved sanitation, with potential health implications. The highest incidence of deprivation is in the housing dimension across all age groups, and it is mostly driven by the fact that most CGP households use unimproved cooking fuels. The second highest deprivation is health for infants, and sanitation for all other children. When compared to the results from the 2021 Lesotho Multidimensional Child Poverty Report (UNICEF, 2021), the deprivation headcounts suggest that CGP beneficiary children are poorer than the average rural children in the water, housing, and information dimensions, irrespective of the age group. Children aged five to 12 in CGP households are also poorer than the average rural child in the education dimension.

⁵ <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

⁶ <https://data.unicef.org/topic/child-disability/data-collection-tools/module-on-child-functioning/>

⁷ Overall, 61% of the children who are deprived in three or more dimensions are also food poor.



3.4.3 Livelihood activities and income sources

The most common livelihood activities among CGP households are subsistence farming and livestock rearing. The qualitative research finds that many beneficiaries grow food for their own consumption and, when possible, sell some of the produce. The survey data find that 81 % of CGP households engage in agriculture and around seven out of 10 of them cultivate only a kitchen garden, confirming the prevalence of subsistence farming.

Some CGP beneficiaries also work as temporary or occasional workers. 39% of CGP household members aged 18 to 59 are employed outside the household. Of these, only 5% have permanent employment while 25% have temporary employment and 70% are occasional workers.

CGP households rely on multiple cash income sources, including livelihood activities that are market-oriented and that generate an income flow, social assistance cash transfers, and cash support from their social network. For half of CGP beneficiary households government transfers⁸ were the most important cash income source in the last 12 months (Figure 8). Given that CGP households are mostly reliant on activities that generate low cash flow, such as subsistence farming, it is not surprising that government transfers are perceived as an essential cash income source.

Non-agricultural casual work is the other main cash income source for CGP households (Figure 8). Remittances and informal network support are also important supplements for CGP beneficiaries' income, with 14% of CGP households reporting that private transfers are the second most important source of cash income. Some respondents to the qualitative interviews highlighted the importance of remittances to access cash, and in some cases to support members who are still in school:

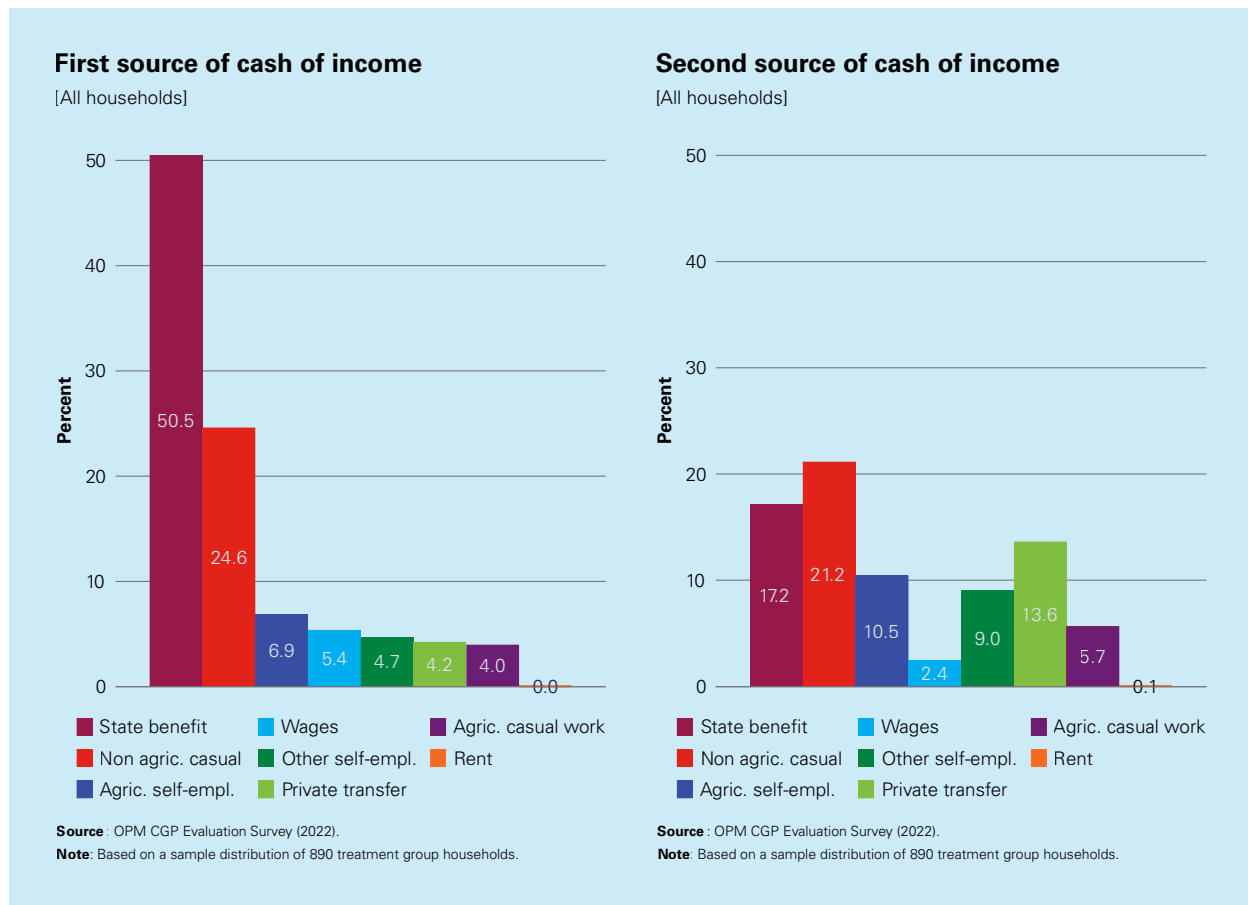
My mother went to work in South Africa to pay for me to complete high school after losing the bursary. (Adult child, less remote, Leribe)

Mpolokeng went to South Africa to work as a domestic worker. ... she used to work, and she sent money home. (Beneficiary, less remote, Qacha's Nek)

CGP households are mostly reliant on subsistence farming and have very limited cash income.

⁸ Although quantitative data are not able to indicate which transfers were the most important for households, the findings show that all of them received the CGP grant, 24% of them were beneficiaries of the Old Age Pension, 3% of the PA grant, 4% of the seasonal public works programme, and 1% received the Disability Grant.

Figure 8: First and second most relevant cash income sources in the last 12 months (% of households)



3.4.4 Vulnerability to shocks

CGP households are extremely vulnerable to both covariate and idiosyncratic shocks. All CGP households reported having suffered from at least one shock in the past 12 months and 85% reported having suffered from multiple shocks. Covariate shocks were more commonly reported than idiosyncratic shocks, with all CGP households reporting having suffered a covariate shock in the past 12 months and 60% reporting also having experienced an idiosyncratic shock. While this section outlines the occurrence of shocks, Section 4.6 analyses the strategies adopted to cope with the consequences of shocks.

Food price increases and drought or floods are the most common covariate shocks experienced by CGP beneficiaries. 93% of CGP households reported food price inflation as one of the three most serious shocks affecting their wellbeing (Figure 9), and for close to half of them the rise in food prices was the most serious shock experienced in the last 12 months. Two-thirds of beneficiary households have also been affected by serious droughts or floods (Figure 9), which 21% of beneficiaries consider as the most serious shock. Qualitative findings confirm that climatic shocks, such as droughts, heavy rainfall, or floods, negatively impact the livelihoods of many

100%

of CGP households experienced at least one major shock in the past 12 months

respondents. Frequently, respondents reported suffering food insecurity because of failed harvests, fields that were too dry to be ploughed, or crops that were destroyed in the rain.

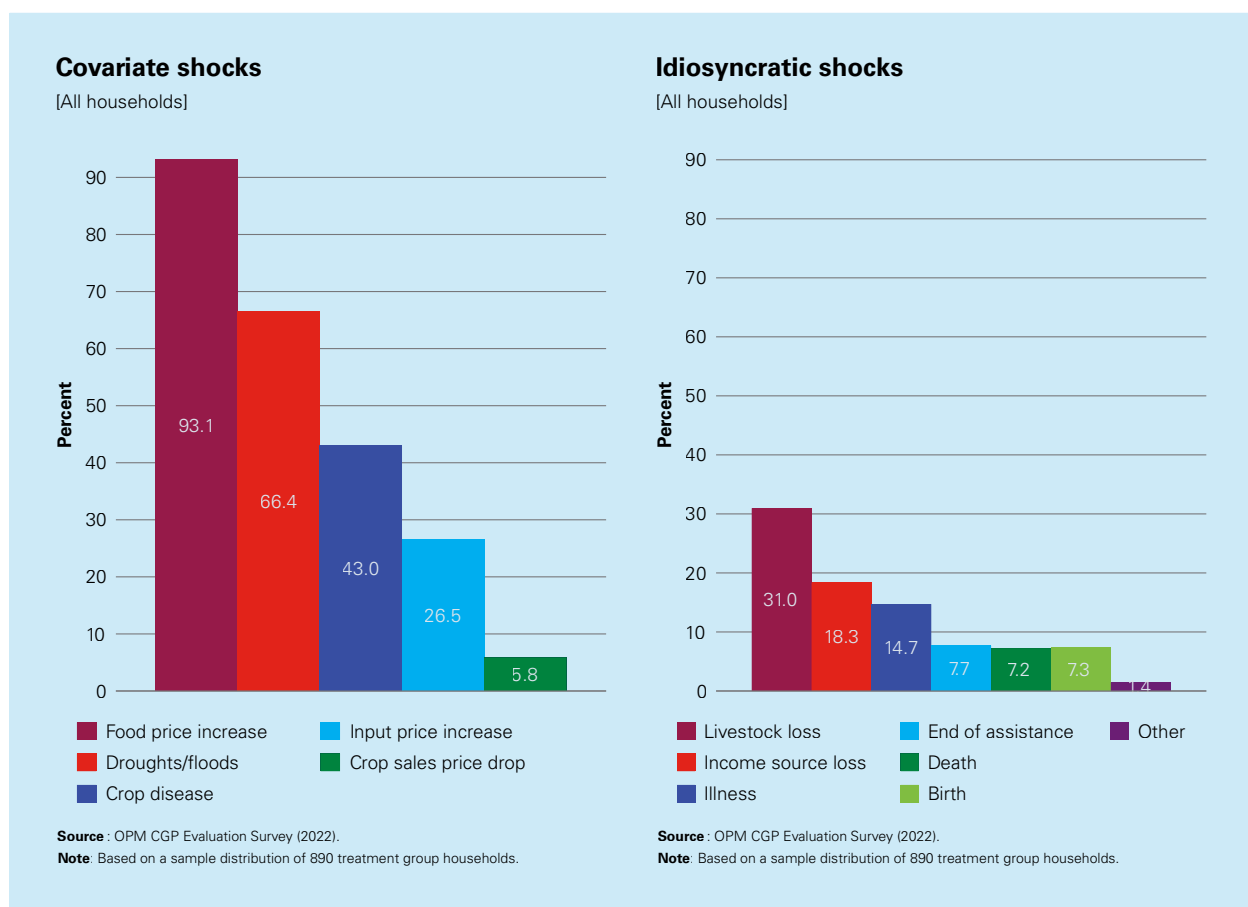
The drought left us with no food, I couldn't even have grass to make the brooms so my business had to stop. COVID-19 was a challenge because everything had to stop then after food was very expensive. (Former beneficiary, less remote, Qacha's Nek)

The most frequently reported idiosyncratic shocks relate to the loss of livestock and income sources.

Figure 9 shows that 31% of CGP households lost livestock in the last 12 months, which may be partly related to extreme weather conditions reported previously. In addition, 18% of CGP households report having been affected by either the failure of their family business or the loss of employment wages in the past 12 months.

While only 15% of CGP households reported the death or illness of a family member as an economic shock they had experienced in the last 12 months, the deaths of younger and older family members were a recurring theme in qualitative interviews. This may be because the impact of the death or illness of a family member is likely to be felt economically and psychologically many years after it has occurred and findings also suggest that death and illness are so common that they are underreported, as illustrated by an explanation offered by a community councillor in Leribe: 'Death we are used to, so I don't consider them as shocks'.

Figure 9: Distribution of economic shocks in the last 12 months (% of households)



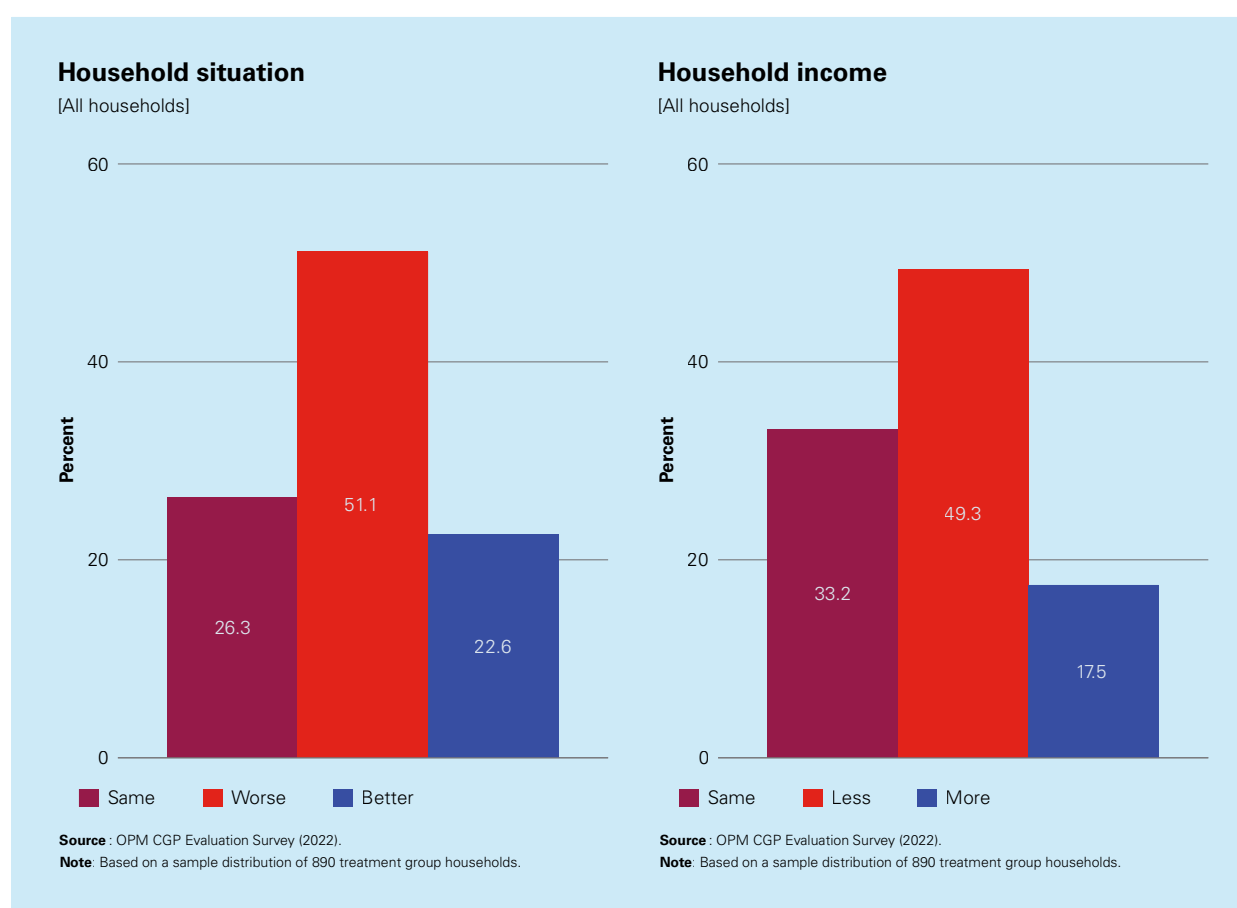
3.4.5 Impact of COVID-19 on wellbeing

The COVID-19 pandemic negatively affected CGP beneficiaries, mostly by reducing their employment opportunities and income sources. 60% of CGP households' employment was impacted by the pandemic (Figure 10). The majority of qualitative respondents reported that they or other people in their communities lost their jobs during COVID-19 and some respondents remarked that the pandemic forced people working in South Africa to return home, depriving them of essential income sources:

I experienced death in the family, my daughter passed away in 2021, it was a difficult time in our family. There was also COVID-19, which made life even more difficult. Since COVID-19, many households lost their source of income, the families that used to hire us/me no longer did. The breadwinners mostly worked in South Africa, and came home because they lost their jobs. (Former beneficiary, remote, Leribe)

The negative effects of COVID-19 on livelihoods appear to have lasted beyond the end of most of the COVID-related restrictions. 51% of households consider their situation today worse than it was before the pandemic and 49% of households reported an income in the previous month that was lower than that gained in the period before COVID-19.

Figure 10: Household situation/income before and after COVID-19 (% of households)



The majority of CGP beneficiary children lost school days due to the pandemic, although only in a few instances did children drop out of school entirely. Based on community interviews, most educational facilities from pre-school to secondary school were closed for a period between six and 12 months. It is therefore expected that CGP beneficiaries' education was negatively impacted by the pandemic, with 84% of beneficiary households reporting an impact on school enrolment and/or attendance. The quantitative evidence suggests that the impact on attendance was mostly temporary, with a comparatively small 4% of households reporting having children who dropped out of school entirely due to COVID-19.



Photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021

04

CHAPTER

The impact of the
CGP cash transfer

4.1 Poverty and wellbeing



Key findings

- **Children in CGP households are among the poorest in the country**, with 92 % of them below the national poverty line and 60 % below the food poverty line. Poverty levels are significantly higher for children living in households with one or more child with a disability and for children living in households headed by an elderly person.
- **The adequacy of the CGP transfer value is very limited** with respect to household consumption and the poverty gap. The research shows that the average CGP household would need a transfer four times the size of the CGP transfer to escape food poverty.
- Hence, **there is no significant impact attributable to the CGP on a range of monetary poverty indicators**, including the proportion of households in monetary poverty and the poverty gap (but there is a small positive impact on food security- see section 4.3). This finding is expected given the erosion of the CGP's transfer value over time and the fact that the CGP was designed to support the needs of children in poor households and not to lift households above the poverty line.
- Qualitative findings indicate that **the CGP transfer plays an important role in improving the perceived psychological wellbeing of CGP beneficiaries** by reducing social stigma and stress attached to poverty.

This section starts by presenting the consumption expenditure patterns within CGP households. Next, impact results and descriptive statistics of monetary poverty are presented. In addition, the section assesses the CGP transfer's adequacy in terms of CGP households' expenditure and poverty levels. Finally, qualitative evidence on the CGP's impact on the psychosocial wellbeing of beneficiaries is discussed.

4.1.1 Consumption expenditure patterns

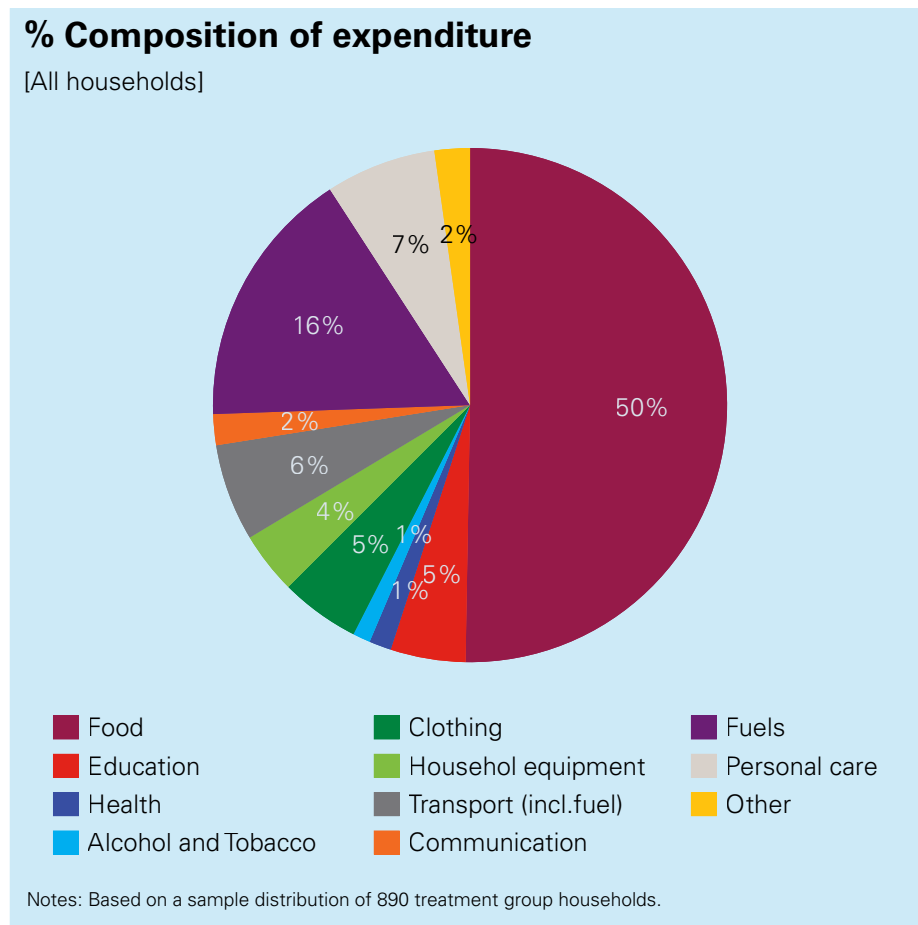
CGP beneficiaries spend a considerable percentage of their budget on fuel and transport, potentially limiting the budget available for food consumption. CGP beneficiary households spend on average M2,279 (at 2022 prices)⁹ per month, and allocate half of their resources (50%) to buying food, followed by fuel for heating and cooking (16.3%), personal care items (6.9%), and transport (6.1 %) (Figure 11). Health expenditure accounts for 1.2% of total household expenditure and a fourth of this is allocated to health expenditure for children specifically. When compared to the average consumption patterns of rural household in Lesotho¹⁰, food consumption among CGP beneficiaries seems to be potentially compressed by the large share of expenditure going to fuel, which might be explained by the fact that the survey took place during some of the coldest months of the year.

The adequacy of the CGP transfer value is very limited.

⁹ Total consumption expenditure is corrected for inter-district price differences.

¹⁰ Findings from the 2017/2018 Lesotho Household Budget Survey show that for the average household in rural Lesotho food accounts for 70% of their consumption expenditure.

Figure 11: Composition of household expenditure



4.1.2 Monetary poverty

Almost all children in CGP households (92%) live below the national poverty line and 60% of them live below the food poverty line. By comparison, the 2018 official food poverty and national poverty headcounts for rural population in Lesotho were 31% and 61%, respectively (Lesotho Bureau of Statistics, 2021), which suggests that CGP beneficiary households are among the poorest in the country. Moreover, children in CGP households are not only poor but deeply poor, as shown by the poverty gap estimates.

Children living in households with one or more children with a disability are more likely to live in poverty and food poverty (Figure 12). 70% of children living in households with children with a disability are food poor and 97% of them have a consumption that falls below the national poverty line. The higher poverty prevalence can be explained by the fact that households caring for children with disabilities are likely to have higher expenditures and are more labour constrained due to their caring responsibilities.

The CGP transfer constitutes today only a small proportion of CGP households' total monthly consumption expenditure which is not sufficient to bring households above the poverty line. As discussed in Section 3.2.1, the CGP transfer value has been eroded severely since 2014 and accounts now for only 16% of the average monthly food consumption of CGP households, and 8% of the Lesotho food poverty line (Figure 13). These estimates fall far short of the estimated size of the poverty gap among CGP households. The average CGP household would need a transfer four times the size of the current CGP transfer to escape food poverty, which means the lack of attributable impact on monetary poverty rates or poverty gaps is to be expected.



Households benefitting from the CGP would require a large cash transfer to escape poverty. On average, CGP households would require a transfer of 32% of the food poverty line value to escape food poverty, and of almost 50% of the national poverty line to escape poverty all together. The CGP transfer is considerably smaller than this, representing only 8% and 5% of the average poverty gap from the food poverty and national poverty line, respectively.

Hence, there is no significant impact attributable to the CGP on monetary poverty measures.

Impact estimates on a range of poverty indicators detect no attributable impact, including on monetary poverty headcounts and poverty gaps. Detailed results of the PSM impact estimation are reported in Annex 6 of Volume 2.

Box 2: Poverty measurement

Income is difficult to measure and is subject to short-term volatility relating to the availability of work and to seasonality. As a result, it is standard for national surveys in Lesotho, such as the Lesotho Household Budget Survey, to estimate consumption expenditure instead. This produces what is known as the monthly consumption expenditure per adult equivalent, which is the standard proxy for household welfare. CGP household consumption expenditure is compared to the Lesotho official food poverty line and national poverty line to compute population- and child-relevant monetary poverty measures.

The two measures of poverty presented are as follows:

Food poverty headcount: The percentage of individuals living in households with monthly adult equivalent total consumption expenditure lower than the food poverty line, i.e. of individuals living in households that can afford a minimum food basket.

National poverty headcount: The percentage of individuals living in households with adult equivalent total consumption expenditure lower than the national poverty line, i.e. of individuals living in households that can afford a minimum food and non-food basket.

The methodology used to compute the poverty measures follows as closely as possible the one used to compute most updated Lesotho official poverty rates using the 2017/18 Continuous Multipurpose Monitoring Survey/Household Budget Survey.¹¹

The nominal food component of consumption expenditure is constructed by adding up all consumption per food item, previously normalised to a uniform reference period, and then aggregating all food items per household. Next, the nominal aggregate is deflated to correct for differences in time and space across locations. Finally, the aggregate is adjusted for household composition using the adult equivalent scale used by the Lesotho Bureau of Statistics.

The computed monthly per adult equivalent consumption aggregates are then compared to the 2017/18 Lesotho food and national poverty lines, adjusted for inflation. A comprehensive description of the methodology followed to compute poverty estimates, and of its limitations, can be found in Annex 8 in Volume 2.

¹¹ The Continuous Multipurpose Monitoring Survey/Household Budget Survey is a multi-indicator survey that focuses on monitoring household consumption patterns in all counties. The survey is conducted by the Lesotho Bureau of Statistics, in collaboration with the World Bank.



Figure 12: Children poverty headcount in households with one or more children with a disability (% of children)

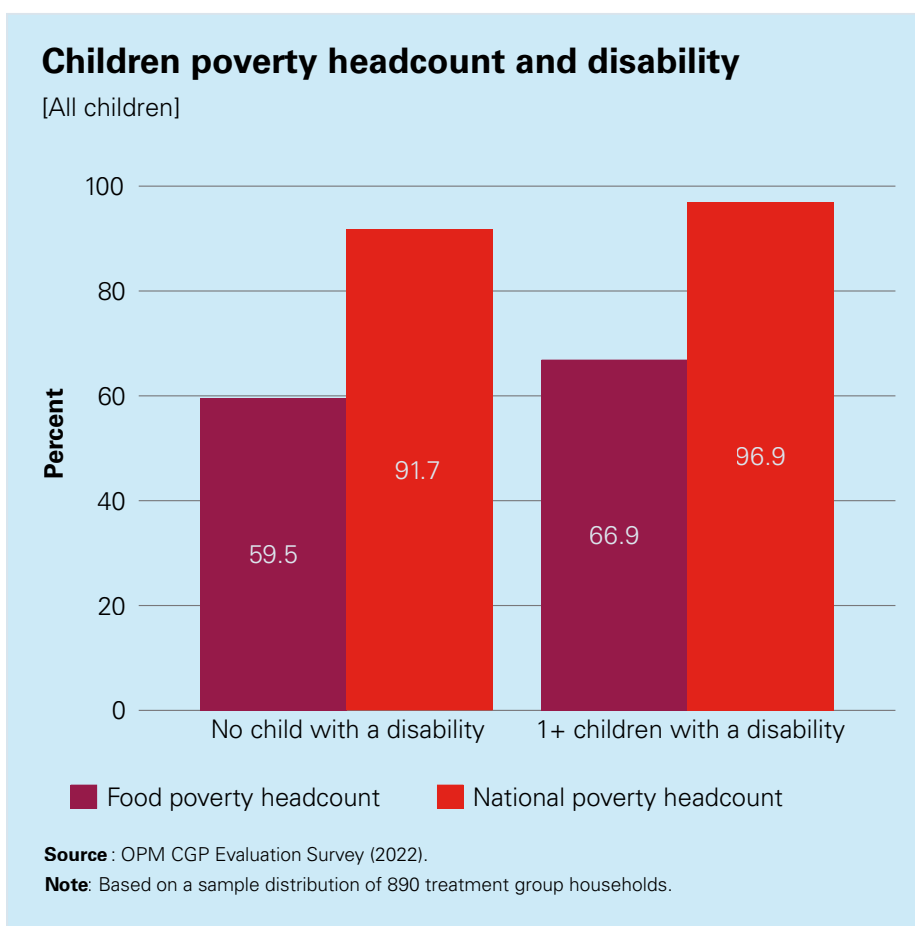
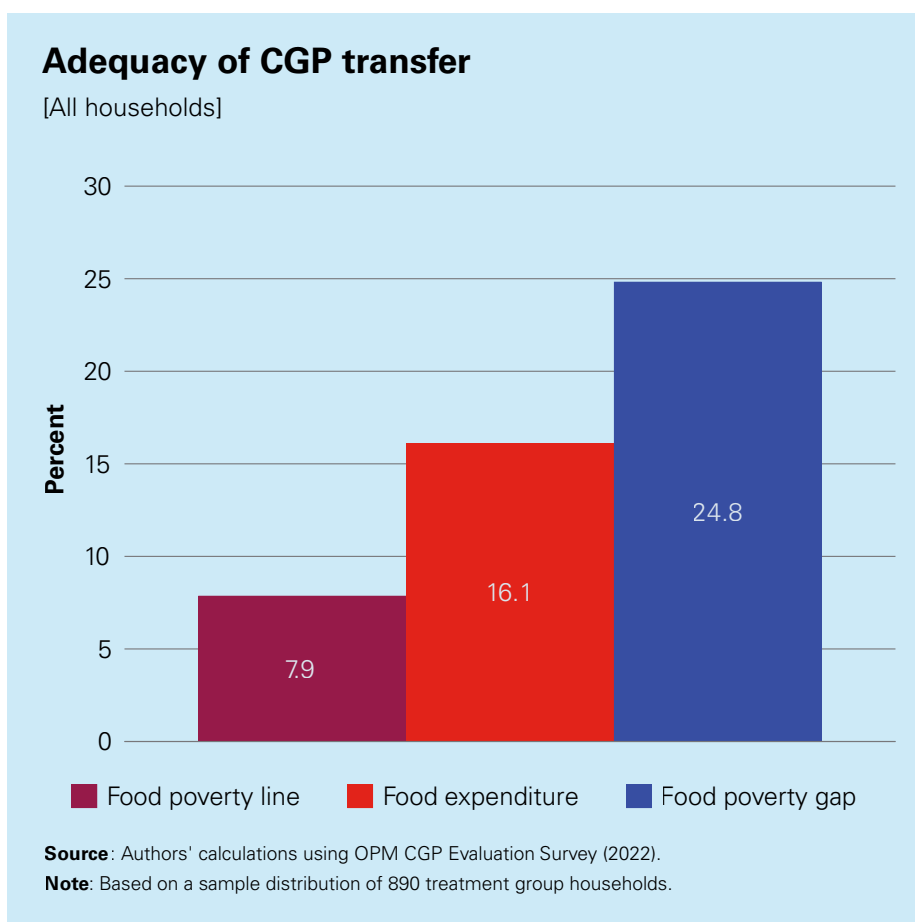


Figure 13: CGP transfer value with respect to food poverty line, food consumption expenditure, and food poverty gap



4.1.3 Psychological wellbeing

While no quantitative measure of impact on poverty levels attributable to the CGP is detected, the qualitative research respondents reported that the CGP transfer reduces both the stigma and stress associated with poverty. Varied reports by both community leaders and beneficiaries themselves emerged about positive impacts on beneficiaries' psychological wellbeing and sense of dignity, especially for households who are caring for vulnerable children, such as children with disabilities:

The money has reduced my load of suffering because every expense for the family was on me.
(Beneficiary with a child with a disability, Qacha's Nek)

Community leaders noted improvements in the perceived wellbeing and 'motivation' of beneficiaries as a result of having their basic needs met. This is illustrated by one village chief from Leribe: 'Families have improved; they now bathe and glow because they are now able to buy personal hygiene products. They are motivated and happy because everyone has eaten.' Finally, several beneficiaries highlighted that their children no longer stand out as the 'poor ones' in school since the CGP transfer allows them to buy school uniforms:

We are trying to make our children look like other children so that they don't feel stigmatised due to poverty. They should feel welcomed. (Current beneficiary, Mafeteng)

These findings are aligned with previous research on the effects of social protection on psychological wellbeing, including as a result of the CGP in Lesotho (Attah *et al.*, 2016). Findings from the field of social psychology also show that the stress and mental burden associated with poverty can further negatively affect productivity, confidence, and aspirations, leading to a vicious cycle (Mani *et al.*, 2013; Shah *et al.*, 2012). Thus, the CGP's positive effects on subjective wellbeing are also important outcomes to consider.

4.2 Health



Key findings

- **There is a significant impact attributable to the CGP on health:** receiving the CGP transfer is found to reduce the prevalence of illness among young children (aged zero to five) by **7.3%** as compared to the counterfactual of no CGP transfer.
- **There is no significant impact attributable to the CGP on any other health indicators**, health expenditure, or healthcare access. This is not surprising as most respondents are able to access healthcare services for free.
- Nevertheless, anecdotal evidence shows that **in some cases, the CGP can facilitate access to health services as it is sometimes used to cover transport costs.** This is especially relevant for those living in very remote areas, the severely sick, or those with functional disabilities.

This section presents findings on the impact of the CGP on child health and child healthcare access. It provides an overview of the current status of child health and healthcare access, the type of impact that would be expected as a consequence of the CGP, as well as a discussion of the potential reasons why impacts have or have not materialised.

4.2.1 Child health

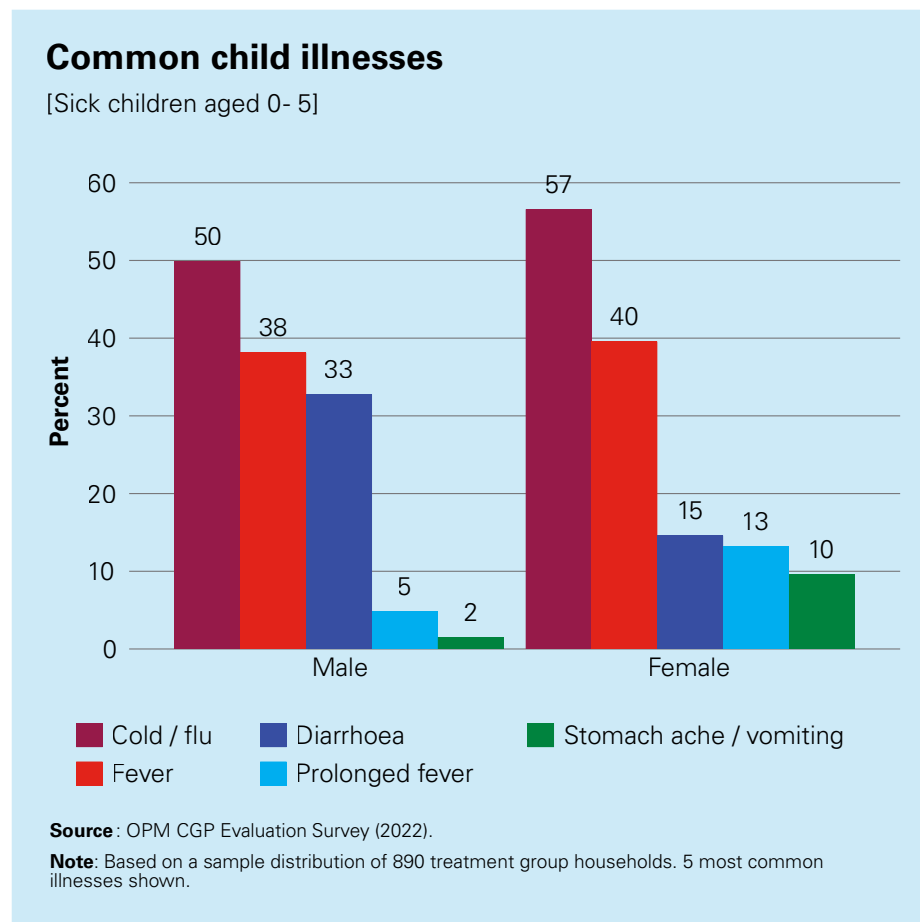
The quantitative impact estimates show that the CGP had a positive and attributable impact on health by reducing the number of children reporting any type of sickness within the 30 days prior to survey.

Specifically, the impact estimates show that the effect of the programme is a 7.3% average reduction in sickness in the 30 days prior to the survey for children aged zero to five. The result is statistically significant at the 10% level, but only narrowly above the threshold for the 5% significance level.

Despite the positive impact of the CGP on child health, around one-third of beneficiary children aged between zero and five were found to be suffering from illness in the 30 days prior to survey. The average duration of sickness reported by young children was five days, while the most common illnesses reported were flu/cold, fever, and diarrhoea. There are notable differences in the most common illnesses suffered by girls and boys, with girls more commonly reported suffering from stomach ache/vomiting and prolonged fever, while boys more commonly reported suffering from diarrhoea (Figure 14).

The CGP has a positive impact on child health

Figure 14: Common child illnesses



4.2.2 Healthcare access and expenses

The improvement in child health does not appear to be a result of increased access to, or expenditure on, health services as there is no significant impact on these indicators. Despite improvements in young children's sickness that can be attributed to the programme, there is no significant impact attributable to the CGP on the proportion of households consulting healthcare providers for children, and there is only weak evidence of a small reduction in the proportion of household expenditure spent on health.

Rather, the improvement in health may be driven by improved access to food. As discussed in Section 4.3, there is evidence that the CGP decreases the number of months during which households experience extreme food shortages, and positively impacts the proportion of household expenditure which is spent on food. Thus, the increase in food availability may be linked to improved health outcomes.

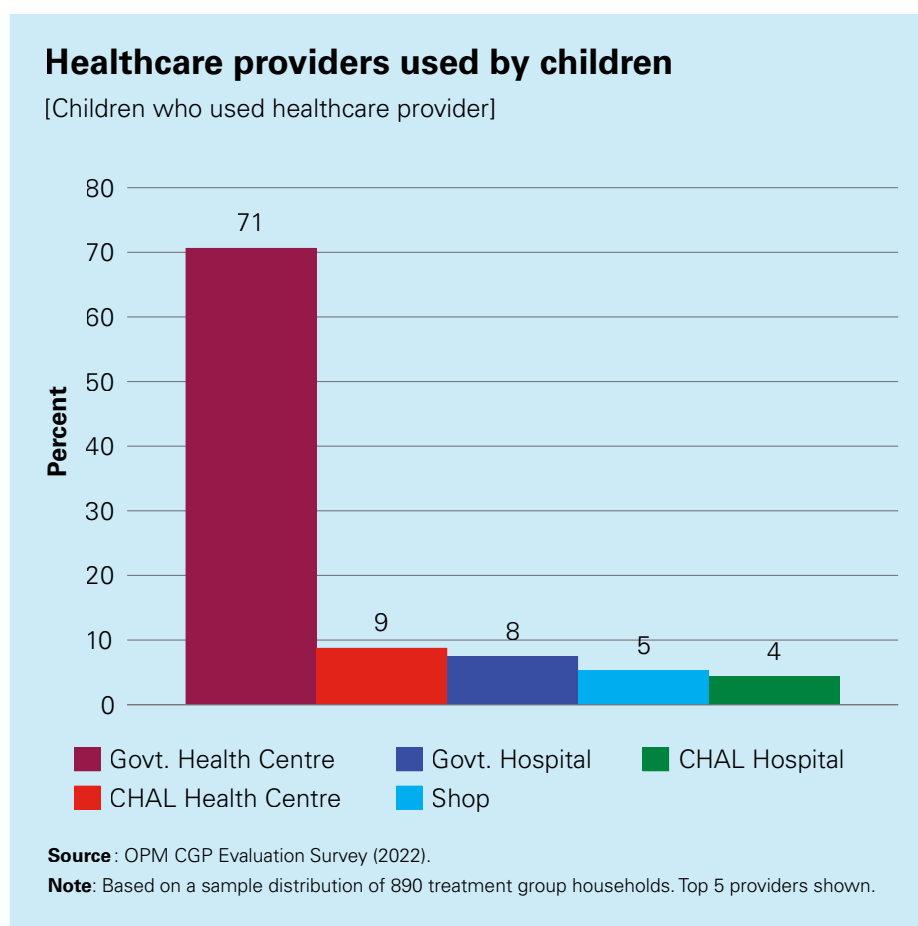
Qualitative and quantitative evidence shows that most recipients have access to healthcare services at local health centres for free, including prescriptions for basic medicines. These facilities are those that are used most commonly by beneficiaries. Government health centres were by far the most commonly utilised healthcare provider by children aged zero to 17 who consulted a healthcare provider in the three months prior to the survey (Figure 15).

While no attributable impact of the CGP on healthcare access is found, the transfer may still have an important enabling role for a small number of recipients. Qualitative results show that some beneficiaries use the transfer for transport to help them travel to health facilities when the affected child or adult is too sick to walk. A community councillor in Leribe described this as follows:

Nothing prevents households from accessing health services because they are free, and the community can walk to those health services. But in a case where there is someone very sick and can barely walk then a taxi will be used, that's where the grant will come in handy. (Community councillor, Leribe)

The CGP's impact on child health is likely driven by improved access to food

Figure 15: Healthcare providers used by children



Long walking distances may be particularly problematic for those living in remote locations, or for those with functional disabilities. At the community level, survey respondents noted that the majority of communities travel to government health centres on foot, with an average return travel time of three hours. For those with functional disabilities or those living in villages that are more remote than the sample average, travel time may constitute a significant barrier to access. One beneficiary from Leribe with a child with a disability reported having to carry her nine-year-old son on her back whenever they go to the clinic because he cannot walk long distances.

The CGP might also be particularly valuable for those few people needing specialised care, as distances to hospitals are generally longer than distances to government health centres (see Section 3.3). The majority of respondents have to travel to hospitals by motorised vehicle and the average return travel time to a government hospital with a motorised vehicle is almost 4.5 hours.

Most CGP beneficiaries access local government health services for free.



4.3 Food security and nutrition



Key findings

- **There is impact attributable to the CGP on food availability:** receiving the CGP transfer is found to reduce the number of months during which households experience food shortages by 0.6. It is also found to increase the proportion of expenditure on food.
- While beneficiaries clearly identify a role for the CGP transfer in providing greater food security, they reported that **the size of the grant is insufficient to fully address household food needs** between payment cycles.
- This often results in food availability being improved only temporarily, with windows of extreme shortage commonly reported.

This section presents findings on the impact of the CGP on household food security and child nutrition and discusses the factors that may enable and inhibit impact.

Quantitative impact estimates show that the CGP has a positive and attributable impact on food security by reducing the number of months during which households experience extreme food shortages. Specifically, the impact estimates produced by the PSM model show that the effect of the programme is a 0.6% reduction in the average number of months in which households face extreme food shortages. This finding is statistically significant at the 10% level.

There is also evidence for an increase in the share of food expenditure in total household expenditure attributable to the CGP. Specifically, the impact estimates produced by the PSM model show that the effect of the programme is a 2.4% increase in the share of food expenditure in overall household expenditure. This result is statistically significant at the 5% level.

These positive impact results are sensitive to model specification.

While the sign of the coefficient remains consistent across different model specifications, the significance and magnitude of the result varies. As such, it is only possible to conclude that there is weak evidence that the CGP increases the share of food expenditure and reduces the time during which households experience extreme food shortage.

The qualitative findings confirm that one of the most important perceived impacts of the CGP is that it improves the food security of adults and children in the household. As mentioned in Section 3.3, the most commonly reported use of the CGP transfer is to buy food and many respondents of qualitative interviews noted that, due to the improved food security, their children could eat before going to school. A former beneficiary in Mafeteng stated:

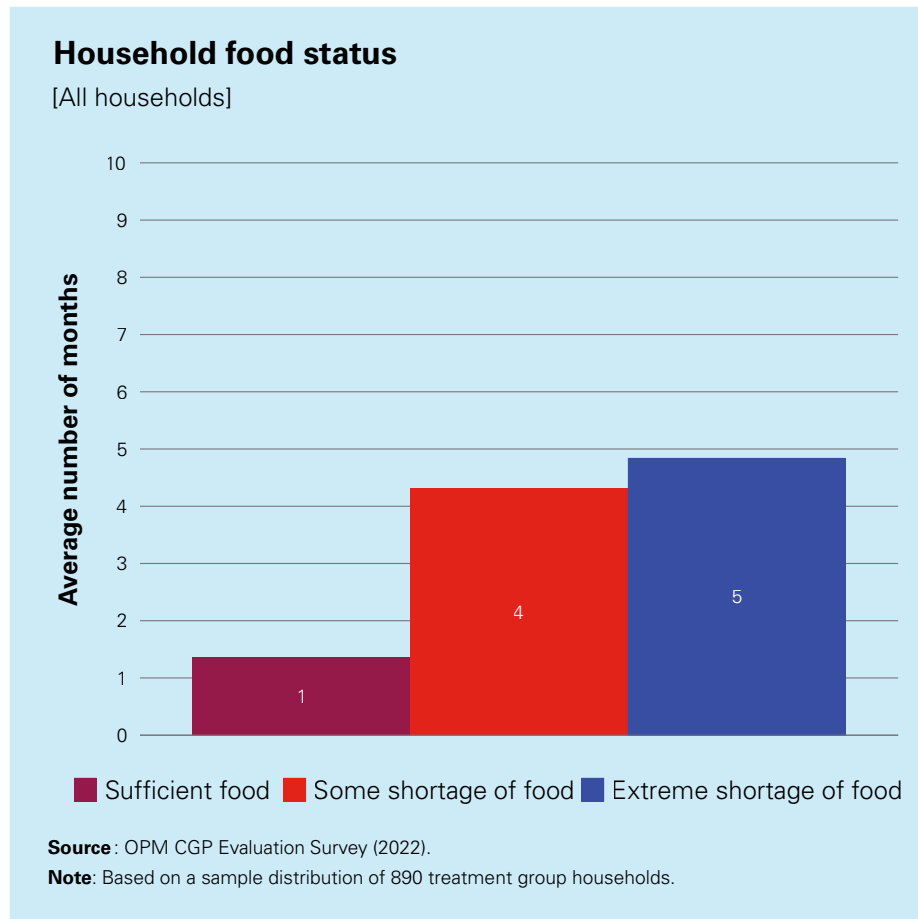
"The CGP reduces extreme food security among beneficiary households"

The CGP helped a lot and my child never went to bed without food. (Former beneficiary with adult children, remote, Mafeteng)

Despite some improvements in food security as a consequence of the CGP, the vast majority of households (88%) had periods during the last year in which they did not have enough to eat.

Households reported having sufficient food to meet their needs for an average of just one month in the last 12 and CGP households reported an average of five months in which they had an extreme shortage of food (Figure 16).

Figure 16: Household food status



Beneficiaries also reported that the transfer value is not sufficient to cover their food needs

between payment cycles. In the weeks before the next payment, it is common for children to go to bed and to school hungry and beneficiaries noted that the price of food relative to the size of the CGP transfer limits the window in which food availability is increased. Several beneficiaries explained that a 50kg bag of maize meal now costs M400 and lasts most of their family about three weeks. A community councillor from Qacha's Nek observed the following:

They buy food on the pay day and money is finished the same day.
(Community councillor, Qacha's Nek)

Household food shortages are reflected in the eating habits of children, with two-thirds of households reporting that children had to eat smaller meals in the last three months. In addition, 58% reported that a child had to eat fewer meals, and 27% reported that a child had to go to sleep hungry.

Finally, while the CGP slightly reduces extreme food shortages, there is no significant impact attributable to the CGP on the diversity of food groups or the consumption of foods with more nutritional value. The impact of the programme on the proportion of households with a 'poor' Food Consumption Score¹² was estimated, but no significant impact was found.

4.4 Education



Key findings

- **The OVC bursary was often mentioned as the most important factor in supporting CGP children to stay in school.** However, while eligibility for the bursary is automatic for CGP beneficiaries, enrolment is not and a range of barriers to enrolling children in the OVC bursary were identified. As a result of these barriers and a lack of fiscal space, **coverage rates are much lower than they ought to be**, with only 23% of CGP households with children aged 14 to 19 having at least one child on the OVC bursary.
- Contrary to results found by the last impact evaluation (OPM, 2013), **in 2022 the CGP does not appear to be effective at addressing poor households' constraints to children's enrolment.** There is no significant impact attributable to the CGP on a range of child education indicators, including primary and secondary school enrolment or attendance.
- While **over 90% of young children between 6 and 13 years are enrolled in formal education**, many start dropping out later, when the secondary school cycle starts. Only 50% of boys and 65% of girls between the ages of 14 to 18 are enrolled in school and secondary school completion rates are extremely low among children from CGP beneficiary households.
- **There are several factors that may explain the lack of significant impact on education.** Firstly, the OVC bursary is an integral part of the CGP's Theory of Change that is supposed to facilitate the impact pathway on education, but coverage rates are relatively low. In addition, over a quarter of CGP children are found to still lack school clothes or shoes, even though purchasing school uniforms and shoes is the second most common use of the CGP transfer. The erosion of the transfer means that it is not sufficient anymore to make sure all CGP households can buy school uniforms and shoes for their children. Finally, other factors (besides access to school uniforms and shoes) may also play a role in explaining poor enrolment rates, especially for older children (e.g. cultural factors such as initiation schools, school accessibility, etc.).

The CGP transfer is expected to boost household expenditure, including on children's education, which, in turn, is expected to improve various education-related indicators. In fact, improving children's educational attainment is considered one of the core objectives of the programme. This section presents findings on the levels and CGP impact on children's school enrolment and attendance, progression and attainment. It also presents factors constraining children's education outcomes, including factors that may explain any observed CGP impact, or lack thereof.

¹² The Food Consumption Score is an index which is based on the diversity and frequency of consumed food groups, weighted according to the nutritional value of the consumed food groups. Households are classified as having either 'poor', 'borderline', or 'acceptable' levels of food consumption.

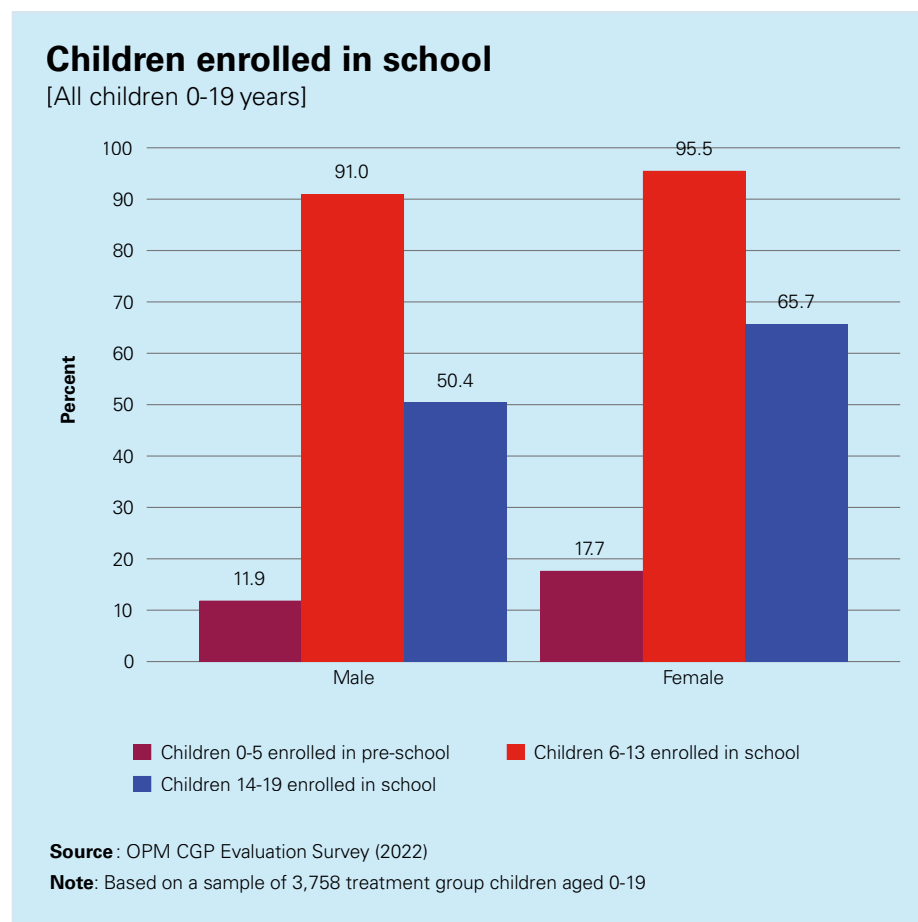
4.4.1 School enrolment and attendance

Pre-school enrolment remains low and most children start school at the age of six. Our quantitative data show that only 12% of boys and 18% of girls aged zero to five years are enrolled in pre-school (Figure 17). Given the low prevalence of pre-school enrolment, we did not run our quantitative impact estimate model.¹³ However, qualitative findings suggest the CGP transfer may help some households to enrol children in pre-school, but in the absence of robust quantitative impact results, this finding may not be generalised.

When Moroesi [older child] was at 'Mampho's age [younger child], we were not in the programme, so it was really tough then, but their father was still trying to provide for all the children. Moroesi was not even in kindergarten at that age, but it was different for 'Mampho, she was able to go to kindergarten because she was in the CGP programme. (Beneficiary, remote, Leribe)

Most young children between six and 13 years are enrolled in formal education. From six years old, a child can start primary school, which comprises seven grades in Lesotho. As reported in Figure 17 below, our quantitative research findings show that 91% of the boys and 96% of the girls in that age group are enrolled in school.

Figure 17: Proportion of children enrolled in school, by age group and gender



¹³ The low sample size implies it is unsuitable for PSM estimates.

The proportion of children aged 14 to 19 enrolled in school is considerably lower than the proportion of children aged six to 13 enrolled (or the younger cohort). Our quantitative research results indicate that only half (50%) of the boys in that age group are enrolled in school, while two-thirds (66%) of girls in the same age group are enrolled in school. Qualitative findings from interviews with parents, social workers and community leaders indicate that boys typically face more distractions that draw them away from school. For example, many boys in Lesotho attend initiation school¹⁴ after which they lose interest in returning to the formal education system. Some evidence from the qualitative research suggests that children sometimes decide for themselves to stop going to school, against their parents' wishes.

I think girls can attend school much better than boys. Boys have the initiation school or the herding to distract them. Sometimes they even delay enrolling because of the herding. (Former beneficiary, remote, Mafeteng)

I wanted them to complete school, but they decided to drop out. Some went to initiation school and then went for employment. (Former beneficiary, less remote, Qacha's Nek)

Idiosyncratic shocks like a death in the household may also cause some distress and lead to children not enrolling in, or dropping out of, school.

After his father's death he decided to leave school and herd our family animals. He was 11 years old when he left school to go herd animals. (Former beneficiary, remote, Mafeteng)

Our quantitative impact estimates find no significant impact attributable to the CGP on school enrolment. This may be explained by the fact that the CGP may not have been able to relax some of the financial constraints to school enrolment, such as lack of money for school materials, uniforms, shoes, transport and fees.

Our findings show that over a quarter of children lack some school clothes (uniform or shoes) and that the CGP transfer is not sufficient to cover the purchase of these items (Figure 18). Boys are more likely than girls to lack either a school uniform, shoes, or both which may be explained by qualitative reports that the price of school clothes is generally higher for boys than for girls. Even though our findings show that many households spend the CGP transfer on uniforms and shoes for children (see Section 3.2.2), as advised by the programme communication (see Section 6.1.4), it was reported that the value of the transfer was no longer enough for this purpose (see Section 3.2.1), meaning parents often have to decide which child to focus on, or decide between buying food and buying school clothes.

[Before dropping out of school] Maybe she was comparing herself to other children at school and found herself lacking as she had not had newer uniform and school shoes. (Beneficiary, less remote, Leribe)

93%

of CGP children between 9 and 13 are enrolled in school

The depreciation of the CGP transfer value eroded the CGP's ability to relax the financial constraints limiting school enrolment.

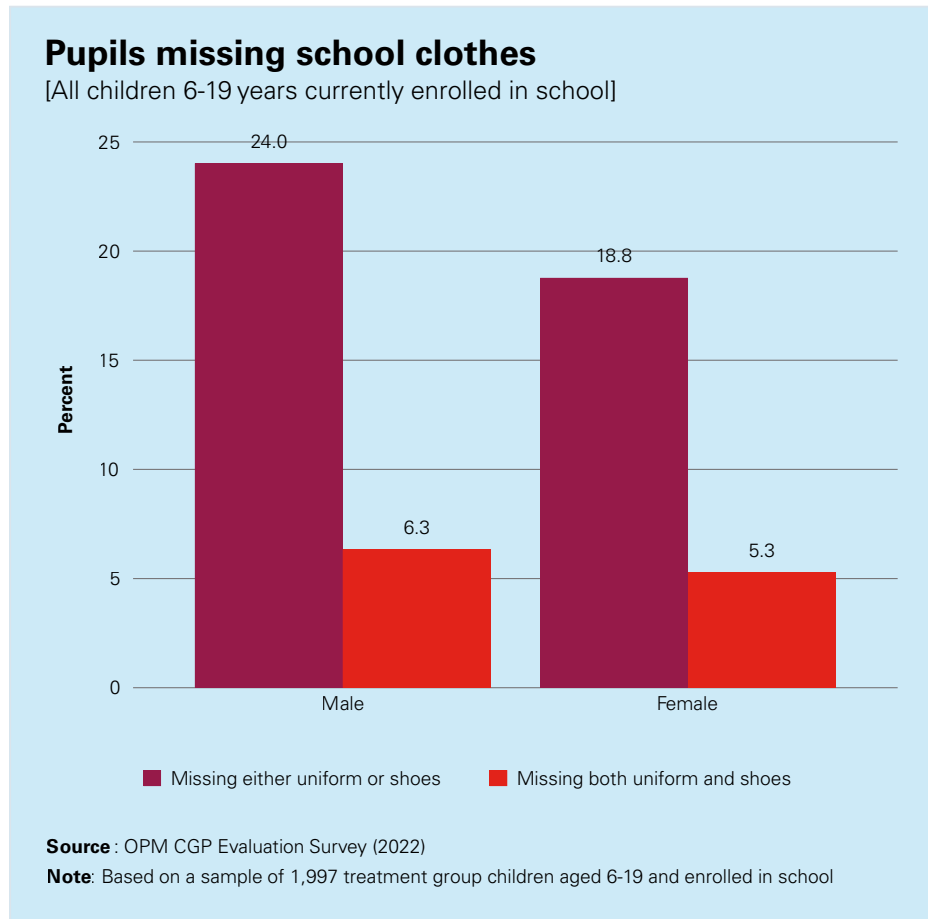
¹⁴ Initiation schools are common in Lesotho, especially in remote areas. Such schools initiate children into manhood, putting an emphasis on practical work, such as farming. One of the reasons reported for children dropping out of academic school is to enrol in initiation and then engage in manual labour from an early age. (https://www.wvi.org/sites/default/files/2022-06/The_Advocate_Issue_1_2022_World_Vision_Lesotho_A4_without_bleed_0.pdf)

We are trying to make our children look like other children so that they don't feel stigmatised due to poverty. They should feel welcomed. (Beneficiary, remote, Mafeteng)

Boys' clothing is expensive, so much of the CGP is spent on boys. (Beneficiary, remote, Leribe)

The depreciation of the CGP transfer value means that the CGP's ability to relax the financial constraints limiting school enrolment has been eroded. This may partly explain the lack of significant impact. Finally, it is also not clear whether having a school uniform/shoes would be enough to lead to the expected impact on enrolment, as other factors may play a role in the decision to enrol in formal education (initiation schools, school accessibility, etc.).

Figure 18: Proportion of children enrolled in school who lack a uniform, shoes, or both, by gender



In addition, while many households cited the OVC secondary school bursary (see Section 5.2) as the most important factor facilitating school enrolment for their children, only 23% of households with children aged 14 to 19 have at least one child on the OVC bursary. Qualitative findings from interviews with beneficiaries highlight the importance of the OVC bursary in facilitating the opportunity for children to go to school, particularly high school.

The CGP money was very helpful to me and my children. The best part of it was the scholarship [OVC bursary] that they offered my children when he went to high school because I could not have afforded to pay for him. (Former beneficiary, remote, Leribe)

Various factors may explain the low coverage rates, including budgetary restrictions and barriers to access (see Section 5.2). It is also important to mention that children lose access to the OVC bursary when they fail a class which turns poor performing children ineligible. In addition to the depreciation in the value of the CGP transfer, the low of coverage of the OVC bursary may be one of the reasons why our quantitative impact estimation model does not show any direct causality between the CGP and children's education outcomes (since the key financial support is not received by many households).



Finally, our findings show that among the children enrolled in school, attendance is already at a very high level and we do not find any impact attributable to the CGP on school attendance.

Quantitative findings show that less than 1% of children missed school in the 30 days prior to the survey. In the last CGP evaluation (OPM, 2014), attendance was much lower with 13% of children having missed school in the 30 days prior to the survey. The last evaluation found that the (and some impact of CGP could be estimated). Given the starting point is much higher in this case, this may be a reason for not seeing any impact of the CGP.

4.4.2 Progression and attainment

Over one-third of children experience some delay with respect to regular school progression.

Our quantitative data indicate that 43% of male children aged six to 19 are late in their school progression, meaning that they are not in the grade they should be in given their age (i.e. had they enrolled in Grade 1 in the year they turned six and passed every year), compared to 36% of female children of the same age. No CGP causal impact estimates have been run on this indicator since this is not one of the direct results we expect from the programme, as per the revised ToC (see Section 2.2).

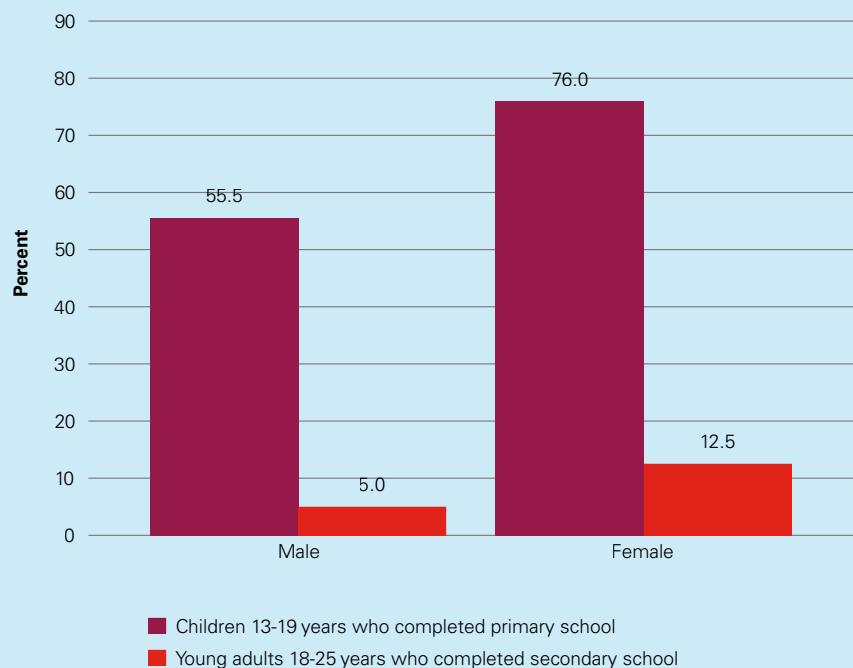
The consequence of failing a level in secondary school is that children lose access to the OVC bursary, which in turn leads to more drop-outs and negatively affects progression and attainment.

Secondary school in Lesotho is divided into lower secondary (Grades 8–10) and upper secondary (11–12). Completing secondary school means completing both. Figure 19, which presents findings from our quantitative research, shows that only 8% of male children and 13% of female children aged 18–25 had completed secondary school at the time of the survey.

Figure 19: Proportion of children who had completed primary or secondary school at the time of the survey, by gender

Children who completed schools

[All household members 13-25 years]



Source: OPM CGP Evaluation Survey (2022)

Note: Based on a sample of 2,635 treatment group household members aged 13-25 years

4.5 Child economic activities and time allocation



Key findings

- **There is no significant impact of the CGP on the way in which children spend their time.** The lack of the CGP's impact on children's time use may be explained by the fact that the way children spend their time depends on whether they are enrolled in school or not. As there is no attributable impact of the CGP on children's enrolment or attendance, it is also not surprising that there is also no significant impact on children's time use.
- It was **not possible to estimate the impact of the CGP on child labour given the low incidence** and resulting small number of households that could be matched. In other words, PSM estimates would lack precision and power. Child labour was defined as children aged 15 or older engaging in economic activities for more than 28 hours in the last seven days. According to this definition only 16% of boys and 1% of girls aged 15 to 17 were found to engage in child labour.
- Among the communities of the study, **qualitative findings suggest there is a general sense that child labour is not acceptable and should not be happening.** At the same time, local leaders point out that financial vulnerability plays a role in children engaging in paid labour, and that the CGP transfer is not sufficient to prevent this in cases where this is happening.

According to the CGP's ToC, the transfer is expected to lead to a boost in household expenditure, including on children's education, which in turn is expected to change the way in which children spend their time with the objective to reduce the time they spend working. As households' economic situation improves and children's enrolment and attendance increases, they are expected to spend less time working, leading to a reduction in child labour. This section investigates this potential impact pathway by first presenting findings on children's time use, followed by findings on children's involvement in economic activities, including the CGP's impact on child labour indicators. We also present findings on why the CGP has (or does not have) an impact on these indicators.

4.5.1 Time allocation of children

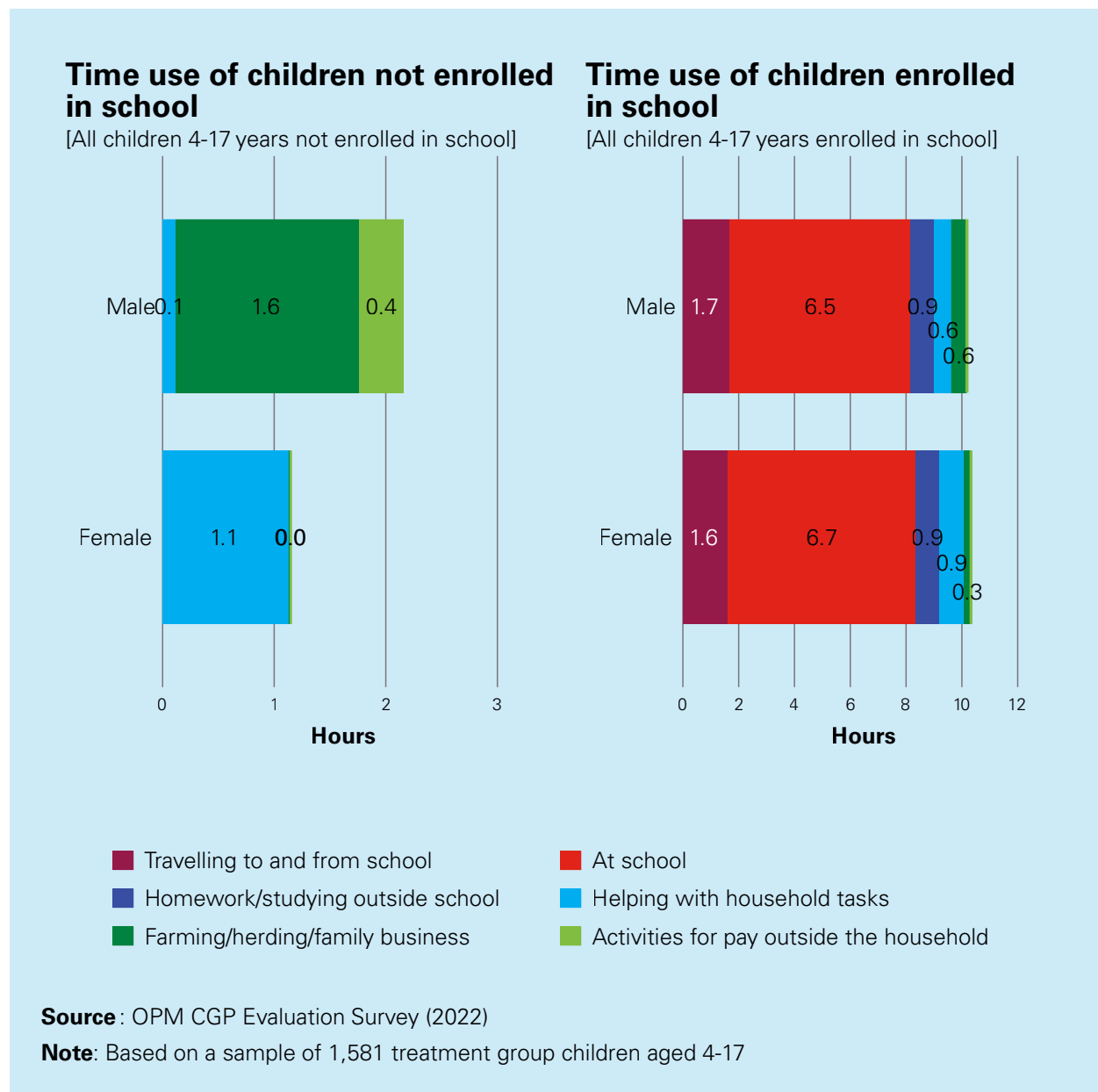
Quantitative evidence shows that children going to school spend most of their daytime on school-related activities: either travelling to and from school or at school or doing homework (Figure 20).

Outside of school, children who are enrolled in school spend time on household chores or family business activities, such as farming. On average, boys spend slightly more time farming/herding and slightly less on household tasks than girls, but the difference is small.

Children who are not enrolled in school are more involved in household activities and there are significant differences in how boys and girls spend their time. On average, a boy who is not enrolled in school spends almost two hours per day on farming/herding/the family business. On the other hand, girls not enrolled in school spend over one hour helping on household tasks instead. While children not enrolled are found to spend more time working for the household, the number of hours spent on these tasks are not high enough to represent a factor that would constrain their school enrolment. This was also confirmed with the help of various qualitative interviews with parents and caregivers who emphasised that time spent on household activities is not a reason for the child not attending school.

She helped with collecting water and doing some cleaning. She was not prevented from going to school by the work she did. (Former beneficiary, remote, Mafeteng)

Figure 20: Average time use of children aged four to 17 years, by enrolment at school status and gender



No impact estimates were run on time use indicators, but, as discussed in Section 4.4, our quantitative impact estimates show no impact directly attributable to the CGP on child school enrolment and attendance and thus it is unlikely that time spent on schooling activities increased as a result of the CGP.



4.5.2 Children's economic activities

It is common for children from CGP households to help tend to livestock or crops and the quantitative data shows that about one third of children aged six to 17 helped with their households' farming activities in the past 12 months. The prevalence of being involved in household farming activities is higher among boys than girls. Our quantitative findings suggest that 44% of boys, compared to 29% of girls, engage in household farming activities and qualitative research shows that respondents, ranging from parents to village chiefs, mostly refer to boys when asked about the extent to which children help with farming activities. While herding is sometimes seen as preventing boys from going to school, respondents widely suggested that it is usually the child's own decision to not go back to school, especially among boys after they attend initiation.

Two boys are employed [herding] within the village. So yes, there is child labour in my community. These children drop out, after initiation they decide not to go back to school.
(Chief, less remote, Leribe)

However, helping with households' farming activities in common practice in Lesotho and not the same as child labour, especially when children only spend a few hours working a week and are not prevented from going to school. Box 3 below discusses the different definitions of child labour and the one we adopted for this report.

Box 3: Definition of child labour in Lesotho

Definitions of child labour vary but a particular threshold is commonly used among international organisations. When a child is involved in more than 28 hours of work per week, this is typically classified as a child labour situation (this may or may not include household chores).

Lesotho's Labour Code of 1992 establishes the minimum age for employment as 15 years, although children between 13 and 15 may perform light work in a technical school or approved institution. The Labour Code also prohibits the employment of children in work that is harmful to their health or development. Child work, on the other hand, is still a coping strategy adopted by many households, with negative long-term effects, particularly when children drop out of school to work.

In our case, quantitatively, we looked at the proportion of the treatment group children engaged in work for more than 28 hours in the last seven days prior to the survey (this includes household farm or non-farm activities, as well as paid work outside the households, but not household chores.).

Almost a fifth of boys 15–17 are engaged in child labour. As shown in Figure 21, our quantitative findings indicate that 16% of boys aged 15–17 worked for more than 28 hours in the last seven days prior to the survey. The prevalence is significantly higher among older boys compared to younger boys or girls. Given the relatively low number of children working over 28 hours per week, it was not possible to estimate the impact of the CGP on child labour.¹⁵

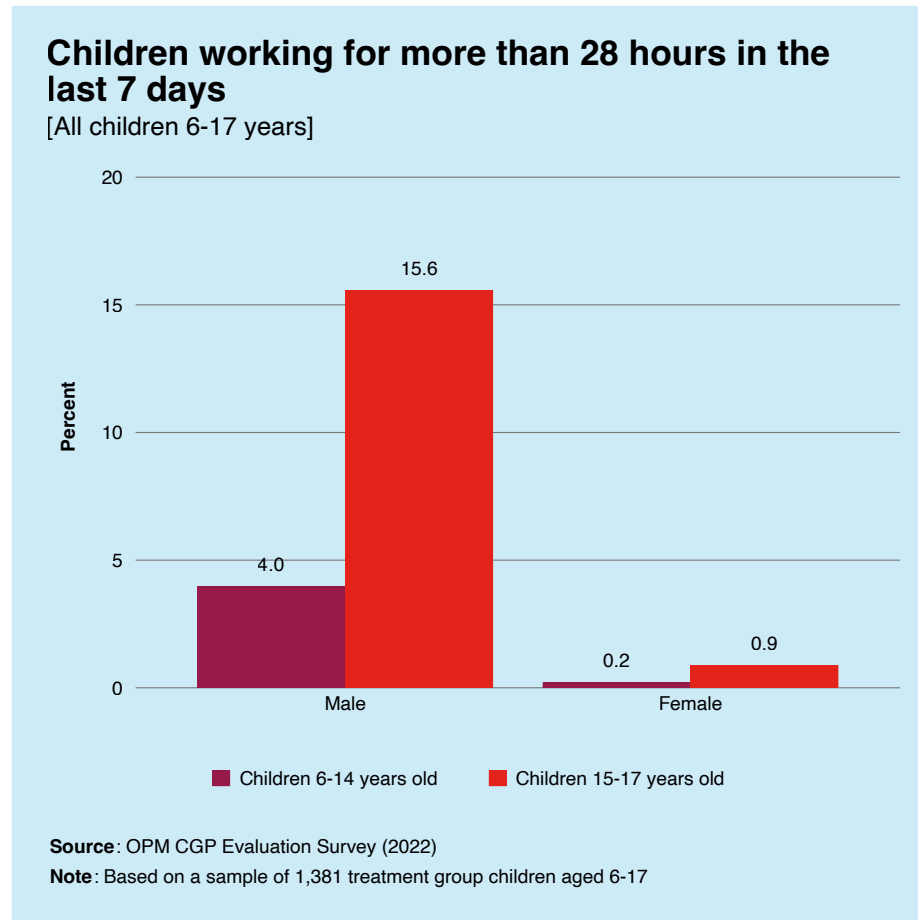
¹⁵ The small sample size for the child labour indicator implies that an insufficient number of households could be matched and PSM is thus not suitable. In other words, estimates lack precision and power (see Section 2.3.3).



Among the communities of the study, there is a general sense that child labour is not acceptable and should not be happening. However, local leaders all pointed out that financial vulnerability plays a role in children engaging in paid labour, with the overall sentiment being that the CGP has changed that, or should in principle have done so. But local leaders maintained that the CGP is not enough to keep children in school and out of under-age employment.

The CGP doesn't always make the difference, if the child is enrolled while s/he is employed already they do not agree to go back to school because they are now used to earning money.
(Chief, remote, Leribe)

Figure 21: Proportion of children engaged in child work, by age group and gender



4.6 Coping strategies



Key findings

- **There is no significant impact directly attributable to the CGP on the number of coping strategies** employed by households in the past 12 months. Most beneficiary households report that they are unable to do anything in response to severe economic shocks. For those that can respond to shocks, the most common coping strategy is asset-depletion.
- While **qualitative evidence shows that the CGP may enable some coping strategies** – especially borrowing – and help households alleviate their food needs to some extent during difficult times, the low value and irregularity of grant payments limits its impact on consumption smoothing.

This section provides a description of the strategies used by households to cope with severe shocks, as well as the extent to which the CGP has an impact on households' coping strategies and resilience to shocks. As per the revised ToC (see Section 2.2), mitigation of major (covariate) shocks is expected to be supported by the emergency top-up payment. This section also discusses factors which limit the potential impact of the CGP on coping strategies and shock resilience.

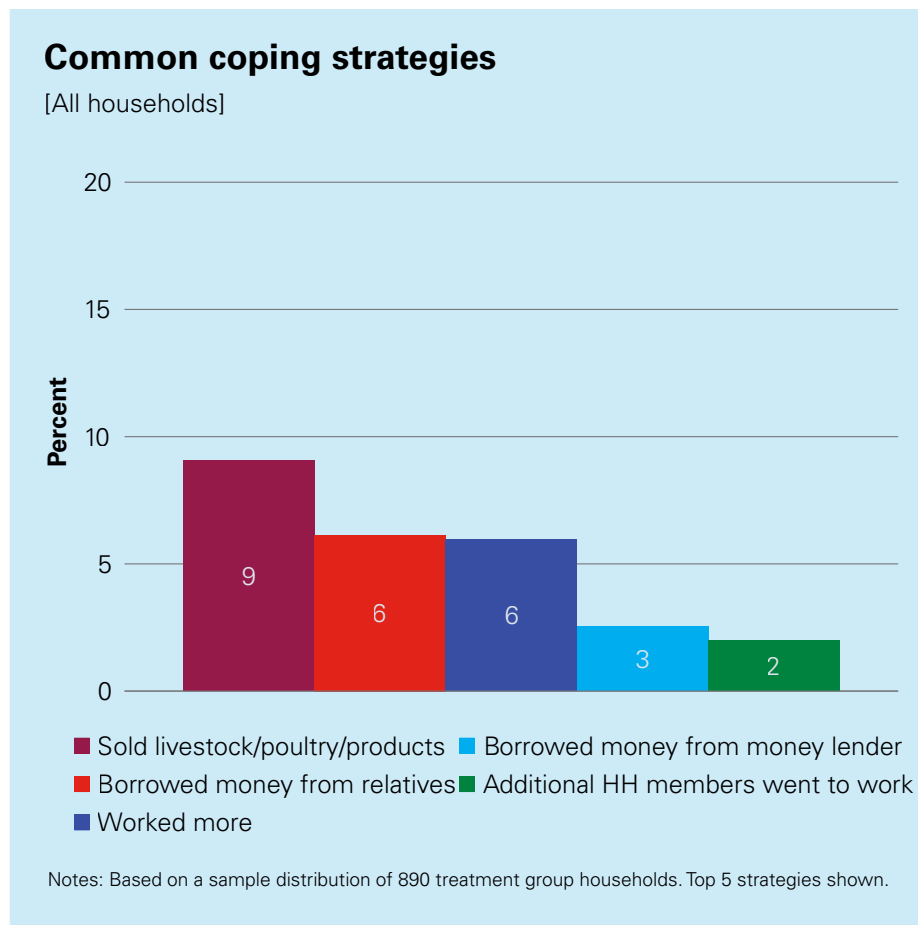
There is no significant impact attributable directly to the CGP on the number of coping strategies used by households and the majority of households were unable to employ any coping strategy when hit by a shock. Most households (61 %) reported that they did not do anything in response to the worst economic shock affecting the household, suggesting that opportunities to respond to shocks are limited.

For those that were able to respond to shocks, asset-depleting coping strategies were the most commonly reported responses. 9% of households reported the sale of livestock or poultry or products in response to the worst economic shock affecting the household (Figure 22). Many interviewed beneficiaries reported engaging in negative coping strategies, with beneficiaries in Mafeteng and Leribe reporting as follows:

Our lives became tough after my husband passed away. I used to have cows so I would sell one to cover the school necessities and the household needs. (Beneficiary, Mafeteng)

I sold all my livestock to arrange and bury my children; the CGP is little so it couldn't cover anything during the funeral. (Current beneficiary, remote village, Leribe)

Figure 22: Common coping strategies



Qualitative evidence indicates that in a few cases, the CGP can provide beneficiaries with the collateral that enables them to borrow during crisis. This is described as follows by a community leader in Leribe:

At least beneficiaries are able to borrow money when they encounter minor shocks because they are expecting CGP so they definitely know that they will repay their debts. (Village chief, less remote, Leribe)

However, it is important to note that only few households appear to employ this response as our quantitative findings show that only 6% of households borrowed money from relatives and 3% borrowed money from money lenders in response to the worst economic shock they had experienced in the last 12 months (Figure 22).

While not a risk coping mechanism formally, qualitative findings also indicate that the CGP helps households purchase food during times of shock. As reported in Section 4.3, the CGP plays an important role in enabling households to improve food availability, with a positive impact detected on households facing extreme food shortage, and the expenditure share of food. This may be particularly valuable in times of crisis. A beneficiary from Leribe noted:

As a family we were impacted very badly, it was really a difficult time... The grant helped us immensely during those tough times we were able to buy food for the family. (Current beneficiary, remote village, Leribe)

The lack of positive impact on coping strategies may be related to the unpredictability and low transfer value of the regular grant payment. Several qualitative respondents noted that the regular transfer value is insufficient, especially when economic shocks are significant. Some respondents even noted that there is little difference between CGP beneficiaries and non-beneficiaries regarding their ability to mitigate shocks. For instance, a village chief from Mafeteng and a community councillor from Leribe reported as follows:

Both CGP and non-CGP households experience shocks the same way, as the CGP grant is very little to help the CGP households to deal better with shocks as compared to the non-CGP ones.
(Community councillor, Leribe)

Yes, I don't see a difference. Let's bear in mind that the grant is received quarterly, what happens in between? The beneficiary and non-beneficiary households are exactly the same.
(Village chief, Mafeteng)

4.7 Sustainability of impact



Key findings

- **Neither the quantitative nor qualitative findings can attribute impact or changes in outcome over time directly to the CGP.** However, they can help provide context for understanding the life trajectories of some CGP beneficiaries.
- **Education emerges as an important pathway for positive change over time.** However, the COVID-19 pandemic appears to have had a negative impact on education outcomes, especially when comparing households' situation now with their situation in 2013.
- The qualitative life stories suggest that the time **when children join the programme may be more important than how long they are part of the programme for.** Joining the CGP at a younger age seems to result in better education access and opportunities, but not necessarily better education outcomes, suggesting that the CGP is not sufficient to relax all factors constraining educational attainment.

The sustainability of the CGP's impact was investigated by bringing together qualitative insights from in-depth interviews with former CGP beneficiaries and their adult children, as well as quantitative findings comparing key outcomes across households from both the 2013 and the 2022 CGP evaluations. However, there are some important limitations affecting both the qualitative research and quantitative approach to analysing the sustainability of impact.

From a quantitative analysis perspective, the main challenges related to identifying households on the ground from the original 2013 CGP evaluation data using the current NISSA/MISSA datasets. This resulted in a low number of households that could be identified for the quantitative sustainability analysis, which in turn means that the findings are not interpretable as impact that is attributable to the programme (see also Sections 2.3.1 and 2.3.3 on the methodology and the limitations, for more details). From a qualitative research perspective, the main limitation concerns the periodicity of the data collection, which does not fit into the traditional understanding of life stories data, which are typically collected regularly over a long period of time.

However, both the quantitative and the qualitative findings are still valuable as the quantitative descriptive analysis contains interesting trends and insights, while the life stories provide context on the life trajectories of beneficiaries and the factors that have impacted these. The sustainability of impact analysis is considered across three key domains mapped to the ToC impact pathways: health, education, and food security and nutrition.

4.7.1 Education

The proportion of six- to 19-year-olds in CGP households who are enrolled in education is lower in 2022 than it was in 2013 (Figure 23). Children are on average one year older in tracked households in 2022 relative to the 2013 average. As older children are less likely to be enrolled in education,¹⁶ this factor may contribute towards a decline in attendance. As noted in Section 4.4, the diminishing real value of the CGP transfer may also contribute towards a lesser impact of the CGP on educational enrolment.

We observe a similar trend over time for the proportion of household six- to 19-year-olds who missed school in the last 30 days, with more children missing school in 2013 relative to 2022 (Figure 23). There may be a tendency for older children to miss school more frequently and it is also likely that COVID-19 and related effects may have had a negative impact on both enrolment and attendance, especially when comparing households in 2022 with the same households in 2013.

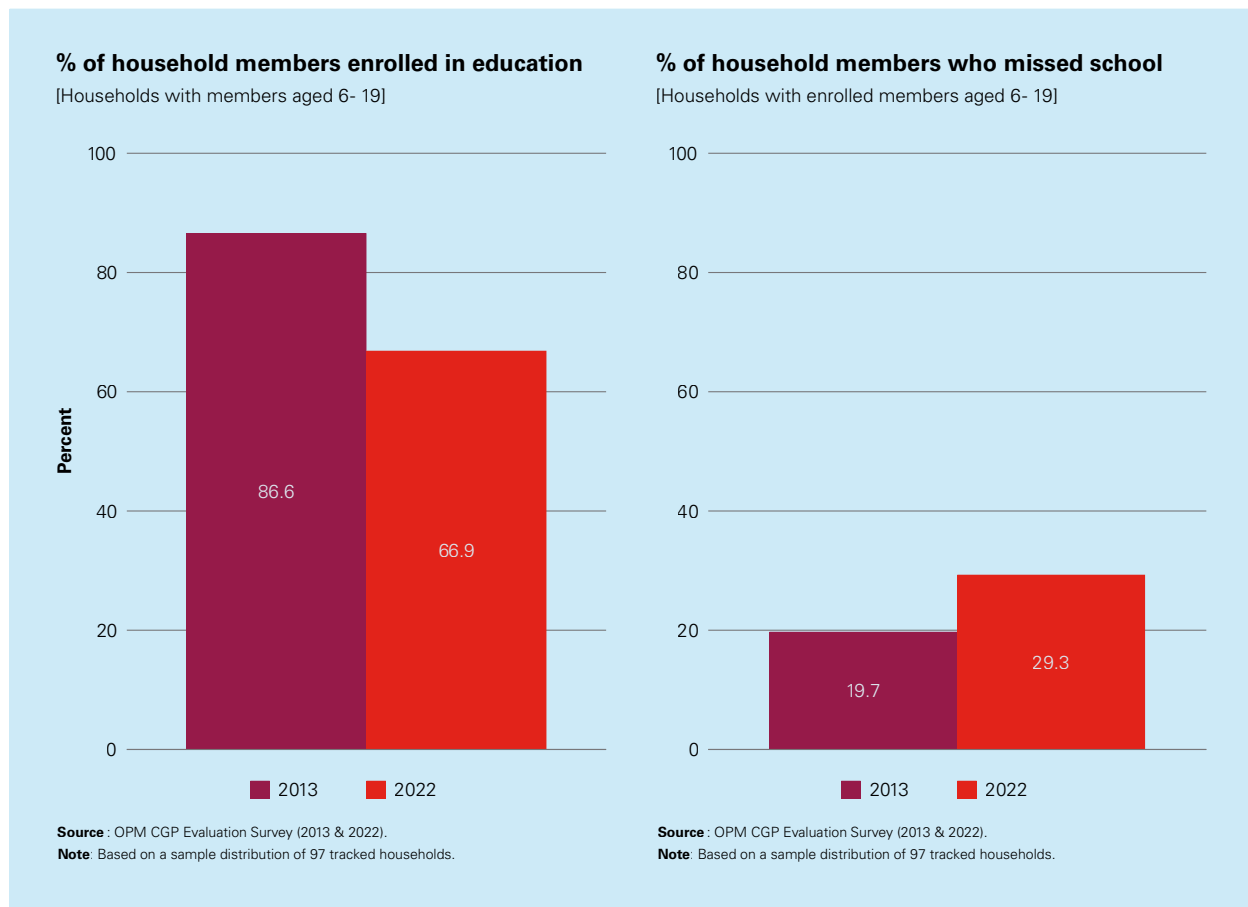
Qualitative evidence indicates that educational opportunities may differ depending on the length of exposure to the CGP. Specifically, some beneficiaries reported that those children who joined the programme at a younger age were able to go to pre-school when their older siblings were not able to. In comparing a child who joined the CGP at an older age than their sibling did, a beneficiary parent explained:

I wanted him to have a good foundation for his education by sending him to nursery/pre-school, but I could not afford to do so. (Beneficiary, Mafeteng)

When Moroesei was at 'Mampho's age, we were not in the programme, so it was really tough then. ... Moroesei was not even in kindergarten at that age, but it was different for 'Mampho, she was able to go to kindergarten because she was in the CGP programme. (Beneficiary, Leribe)

¹⁶ The Lesotho Demographic and Health Survey (2009) shows that out-of-school rates for both boys and girls increase each year for children aged 13–18.

Figure 23: Education in 2013 and 2022



At the same time, there is no indication that joining CGP at a younger age results in better education outcomes, even though it may result in better access and opportunities. Beneficiaries intuitively compared the time at which their children joined the CGP, rather than exposure length or age when they joined the programme. In their view this has had a substantial impact on their children's outcomes. For some older children, the value of the transfer was higher when they first joined the programme, and their parents were able to pay for high school with the transfer – which they cannot do anymore:

I remember that one of my children was at high school when I received the extra cash [joined CGP] and I managed to pay all her fees at once. (Former beneficiary, Mafeteng)

At the same time, many older children who finished primary school before the universal eligibility of the bursary for CGP beneficiaries were not able to go high school, while their younger siblings were able to do so.

My mother did not have money to send me to high school... they [bursaries] were not available at the time I passed Standard 7. (Adult child, remote, Mafeteng)

Most adult children were not able to pursue education past high school, with access to the bursary and being able to stay on the bursary being a key determinant of beneficiary children's life trajectories. Without the bursary, children are typically unable to go to high school and, if they lose it, they are usually unable to complete high school. There are exceptions, where parents are able to pay for children to retake a class, but the findings show that they are usually only able to do this once. Most adult children therefore had not been able to complete high school.



4.7.2 Health, nutrition, and food security

The percentage of households with a child who was sick in the last 30 days is slightly lower in 2022 (37%) relative to 2013 (41%). This finding should be considered in the context of the CGP's positive impact on child health discussed in Section 0. However, it should be noted that this indicator is not computed for households without any children aged zero to five, and, as such, the number of observations for this indicator is particularly small (see also Section 2.3.3 on limitations). The reduction in sickness appears to be reflected in a reduction in health consultations, which are lower in 2022 by a similar margin.

Other than this, there are few notable health and nutrition differences between the related 2013 and 2022 indicator levels. This is not surprising as most clinics are free so the main use of the grant in such cases is to pay for transport to the clinic. Similarly, all beneficiaries noted that they are able to buy food for their children but do not notice any differences in nutrition outcomes and exposure length. In fact, like with education, the main nutrition differences are the result of when households joined CGP:

The CGP helped a lot, and my second child never went to bed without food. (Beneficiary, Mafeteng)

4.7.3 Life trajectories of former beneficiaries

Although they were not always sure about where exactly the money or the bursary came from, all the adult children had a relatively good understanding of the programme, as well as what the cash was used for in their households. All interviews with adult children showed that they were well aware of the grant and also broadly understood what it was for and who it targeted.

The main way beneficiaries assessed the impact of the CGP was through considering the counterfactual, i.e. what their lives would be like if it had not been for the CGP. Once again, even by this measure, education and food were reported to be the most important outcomes for beneficiaries. Both parents and adult children felt that had it not been for the CGP they would not have been able to go to school (specifically high school). While most adult children did not go on to complete high school, they still felt that the education they had received was important in regard to achieving their livelihood ambitions.

The CGP money helped a lot because they managed to go to school even if they did not complete. They now know English and they can talk to foreigners [in South Africa]. (Beneficiary, Qacha's Nek)

Former beneficiary adult children are either still at or near home and seeking employment, or have moved to South Africa, Maseru, or other urban centres for employment. Some of the places where adult children are living are Durban, Maseru, Leribe (Hlotse), Bloemfontein, Johannesburg, Gauteng, and Mafeteng (Town). The main livelihood activities for adult children are casual labour (piece jobs) in different trades, including construction, farming, and retail. Some adult children are still pursuing education with hopes of taking on further studies: one adult child is on a waiting list to take a teaching course at Lesotho College of Education.

Adult children reported feeling that the CGP had helped them on their way to pursuing some of their livelihood aspirations, some of which include upskilling in tailoring, journalism, and construction. Many of these aspirations culminated in their finding employment in South Africa, and a common thread was the hope of earning a living so that they can help their parents.

I do construction piece jobs and then I give my mother some of the money to buy food. (Adult child, Mafeteng)

I would like to have a Code 14 driver's licence so that I can drive trucks. I would like to change my mother's life for the better, I have seen her struggle to raise us. (Adult child, Leribe)



4.8 Community-level impacts



Key findings

- **The CGP is widely perceived to have a positive impact on the local economy** in communities, as beneficiaries mostly spend the transfer with local businesses, and therefore stimulate local demand.
- **The CGP is also found to strengthen social cohesion and community solidarity.** On the other hand, there is evidence that in some locations social cohesion may have been affected negatively due to the CGP targeting and recertification decisions, and the way in which these are communicated.

The qualitative research highlights that the CGP is widely perceived to have a positive impact on the wider local economy in communities with CGP beneficiaries. Local community leaders, social workers, and beneficiaries across all six village clusters visited for the qualitative research noted that the CGP transfer benefits local businesses and non-beneficiaries who sell their goods to beneficiaries. The impact is perceived to be especially strong on payment days, as this is when beneficiaries have disposable money to spend.

We have talked about it before and, like I said, on pay day they go to the shops to buy. Business owners and taxi owners benefit more on pay day from all the CGP beneficiary households. (Auxiliary social worker, Qacha's Nek)

Our local businesses have been improved as we use the grant money to buy from their shops/businesses. (Current beneficiary, less remote, Mafeteng)

Evidence indicates that the CGP may benefit the local economy and strengthen social cohesion

These findings are supported by the results of the Local Economy-Wide Impact Evaluation (LEWIE) conducted in 2012, which found that the local economy impacts created by the CGP exceeded the amount transferred (Taylor *et al.*, 2012). The study found that by stimulating demand for locally supplied goods and services, cash transfers like the CGP can have productive impacts – also on households that do not receive the transfer. In 2012 the CGP was found to lead to a multiplier effect of 2.23 for every maloti transferred. It is not possible to extrapolate these findings to the present-day context, especially considering the change in prices and the expansion of the programme. However, coupled with the qualitative findings presented above, the results from the 2012 LEWIE provide an indication of potential important local economy spill-over effects that the CGP might have. An updated LEWIE could provide greater certainty regarding this impact.

In addition to local economy effects, the qualitative research also finds that in some places the CGP is perceived to have strengthened social cohesion and community solidarity. In the remote village cluster in Leribe a local village chief reported that ‘since enrolment everyone is able

to contribute in case of emergency like funerals or buy water taps, so it [CGP] promotes oneness within the community.' Likewise, in Qacha's Nek an auxiliary social worker shared her observation that the CGP results in solidarity with non-beneficiary households, as CGP beneficiaries 'help the other households which are not in the programme by sharing with them food after they collected the cash'. This observation was confirmed in separate interviews with CGP beneficiaries from the less remote village cluster in Qacha's Nek, who reported sometimes sharing food with their neighbours after collecting the transfer on pay day.

On the other hand, there is evidence that in some locations social cohesion may have been affected negatively due to the CGP targeting and, even more so, recertification decisions, and the way in which these were communicated. Respondents across all study sites reported cases of anger and envy among non-beneficiaries (i.e. those who were not selected) and recertified beneficiaries. In many instances, the discontent resulted in accusations or assumptions of corruption, or favouritism. For example, one former beneficiary from a remote village in Leribe voiced her discontent with how she was notified about the recertification, questioning whether it was 'legal for the officials taking us out of the programme' and whether '[the officials did this so they] could take the money for themselves'. A beneficiary from Leribe described the situation as follows:

They badmouth us, they tell others that we have private relationships with government officials, that is why we got selected. Former beneficiaries are so bitter, they used to say this programme is theirs. Those who never benefitted are better. (Current beneficiary, Leribe)

At the same time, many respondents pointed out that perceptions of targeting have improved in recent years. One auxiliary social worker from Leribe observed that since the introduction of community-based categorisation (CBC) the views of the community about the fairness of targeting have improved significantly so that they no longer think that only the chief's 'favourites' are chosen. A community councillor from Qacha's Nek also suggested that social cohesion and people's opinion of the programme have improved significantly since the CGP was expanded and more vulnerable and poor households were enrolled:

People are now happy about CGP, unlike what they were when it started. When it started, it had some people enrolled and left out some. [...] Now people are happy about it because more beneficiaries have been added to the programme. (Community councillor, Qacha's Nek)

Despite these perceived improvements, almost 90% of community representatives that were interviewed as part of the quantitative community survey reported that it is common for non-beneficiaries to grumble about the CGP. The main reason for grumbling is related to perceived exclusion errors of the programme, i.e. the perception that not all poor households receive the transfer.

05

CHAPTER

Programme design research findings





5.1 Shock-responsiveness



Key findings

- **The extent to which the CGP has been used for shock response has increased over time.** However, when the CGP has been used to respond to shocks several design features and delivery constraints have affected the timeliness and effectiveness of the response.
- **No social assistance programme in Lesotho, including the CGP, is explicitly designed to be shock responsive.** However, the consensus among stakeholders is that compared to other social assistance programmes in Lesotho the relative strength of its delivery systems and its use of NISSA data for targeting make the CGP better suited for shock response compared to other existing programmes.
- **The delivery systems of the CGP and the currency of NISSA data need to be further improved to enable better shock response.**

This section answers evaluation questions and sub-questions related to sustainability and discusses the extent to which the CGP has been *used* to respond to shocks and the extent to which it was *designed* to be shock responsive. Given the prevalence of shocks and the vulnerability of CGP beneficiaries to shocks, thinking about how to use the existing social protection system to better protect the poor and vulnerable is a key priority for GoL, development partners, and funders of social protection in the country. This section mostly summarises existing reports and uses primary data to illustrate key points.

5.1.1 Use of the CGP for shock response

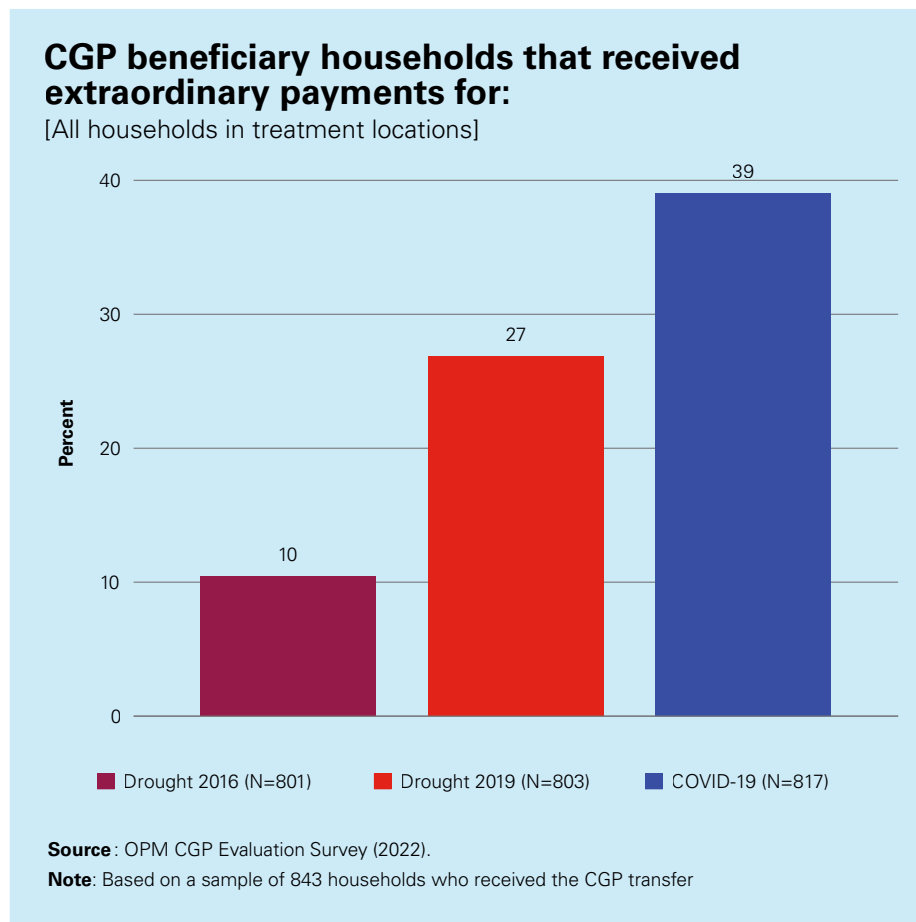
GoL is committed to strengthening the shock responsiveness of the country's social protection system, as a way of protecting its people against frequent and reoccurring shocks (GoL, 2021). As set out in Section 3.4.4, households in Lesotho are exposed to a wide range of frequently occurring covariate shocks, with sharply rising food prices, droughts, and floods being the most common ones. As a result of these frequent shocks to their livelihoods, people's ability to exit poverty is decreased and their chances of falling into (deeper) poverty increase (World Bank, 2022). The National Social Protection Strategy Lesotho II (2020–32) and other key documents, such as the Social Protection Scalability Framework from 2019, present options for how to use the existing social assistance programmes to respond to shocks.

The extent to which the CGP has been used as part of the response to shocks has increased over time. The CGP was used as part of the response to shocks for the 2016 and 2019/20 droughts and the COVID-19 pandemic. The response has included both horizontal expansion (temporarily increasing coverage) and vertical expansion (temporarily increasing the transfer value). In

The CGP has been expanded twice to respond to droughts and once in response to COVID-19

2016, the CGP expanded vertically in response to the El-Nino-induced drought and provided two quarterly top-up payments to existing CGP beneficiaries of M500 each to 23,000 CGP households (Kardan and O'Brien, 2017) and a third top-up to another 27,000 households (World Bank, 2022). The CGP beneficiary list has also been used to provide complementary programmes to CGP beneficiaries to reduce their food insecurity (World Bank, 2021). In response to the 2019/20 drought, 26,453 CGP beneficiary households received two rounds of top-ups, with a total value of M3,000. An additional 16,500 beneficiary households received either cash top-ups or vouchers as part of the shock response (Tlakane, 2020 as cited in World Bank, 2022). The CGP also expanded horizontally in response to the 2019/20 drought: 10,669 non-CGP households received a cash transfer of between M1,500 and M,2250 (Tlakane, 2020 as cited in World Bank 2022). The COVID-19 pandemic led to a further vertical and horizontal expansion of the CGP.

Figure 24: CGP beneficiary households that were covered by the vertical expansion of the programme



However, the CGP expansions still only reached a relatively small proportion of existing beneficiaries with top-ups and only included a small number of additional beneficiaries in its case load. Both the horizontal and vertical expansions were donor-funded and were based on an assessment of what districts were hit the hardest and who within a district would be most in need of additional support. The inclusion of non-beneficiaries via the horizontal expansion of the CGP was enabled by using both data from the Vulnerability Assessment and Analysis (VAA) and NISSA to prioritise non-beneficiaries for temporary support. VAA data were used to identify the number of people in need by district and to determine their food deficit. NISSA data and the proxy means test (PMT) formula were then used to prioritise non-CGP beneficiaries for support (World Bank, 2022).

5.1.2 Suitability of CGP design for shock response

As mentioned above, among Lesotho's existing social assistance programmes the CGP is viewed as the programme that is most suitable for shock response. No social assistance programme in Lesotho, including the CGP, was explicitly designed to be shock responsive. However, the consensus among stakeholders is that compared to other social assistance programmes in the country, the relative strength of its delivery systems and its use of NISSA data for targeting make the CGP better suited for shock response compared to other existing programmes. In addition, the geographical coverage of the programme is highly correlated with where food insecurity is most commonly found, which makes the CGP a potentially useful platform for shock response (World Bank, 2022). This is despite the relatively low coverage and relatively low value of the transfer (see Chapter 3). In addition, a simulation of the scale-up of the different social assistance programmes in Lesotho has found that the CGP would be the most cost-effective one to scale up (World Bank, 2019, as cited in World Bank, 2022). The Social Protection Scalability Framework, developed in 2019, comes to a similar conclusion and finds that the CGP is the programme most suited for shock response (GoL, 2019).

While its delivery system and its use of NISSA data are useful design features that allow for shock response, practical challenges with using the CGP and its delivery systems to respond to shocks continue to exist.

A recent World Bank report on adaptive social protection in southern Africa summarises that while MISSA and NISSA make the CGP relatively more shock responsive, problems with accessing NISSA data, the currency of the data, the relative rigidity of MISSA for making payments, and the reliance on CIT initially posed great challenges in using the CGP to respond to shocks and '*limited the timeliness and effectiveness of such [horizontal and vertical expansion] interventions* (World Bank, 2022)'. In addition, weak coordination, leadership, and institutional capacity, and a lack of agreed or implemented protocols and *ex ante* financial commitments to fund the response, presented further challenges (World Bank, 2022). As a result, responses remained *ad hoc* and the scalability framework which was designed to support CGP expansion has not yet been effectively implemented, while coordination and integration with other disaster risk management plans and agencies remains limited (World Bank, 2022).

A number of reforms to the delivery systems and the programme have been identified that would need to be implemented in order to increase the shock responsive potential of the CGP. These reform proposals are wide-ranging and include raising the transfer value of the CGP to better respond to the estimated food deficit, expanding the move to digital payments to allow for more flexible and quicker payments, adjustments to the MISSA payment modules (as recently implemented), developing a coordination structure, putting in place scaling protocols, having *ex ante* financing agreements in place, considering using the CGP and other programmes for early action against predictable seasonal shocks such as drought, improving

The relative strength of the CGP delivery systems make it better suited for shock response than other programmes

A number of reforms are needed to make the CGP more shock-responsive.

access to NISSA (including fixing the portal), implementing a viable updating strategy for NISSA (options are currently being piloted), assessing the usefulness of the data currently contained in NISSA, and improving the links between the CGP and other social assistance programmes (World Bank, 2021 and 2022; GoL, 2019).

However, at the same time, parallel discussions about other options for improving the shock responsiveness of the social protection sector in Lesotho are ongoing. While stakeholders agree that of the existing programmes the CGP is currently best suited for shock response, questions about whether this means that it ought to be used remain unanswered:

I'm comfortable with the use of NISSA during shocks but other shock-responsive social protection stakeholders aren't convinced. i.e. DMA, FAO [Food and Agriculture Organization], and WFP [World Food Programme] have always requested data from us but hold a lot of reservations. We are looking at covariate versus [idiosyncratic] different shocks in connection of shocks hitting localised area and those brought by poverty. These stakeholders are not sure if NISSA is good to target during disasters. They even want to add more questions to NISSA to help them assess the impact of shocks on households. (MoSD official)

While a lot of effort is being invested in improving the design of the CGP and its delivery systems to facilitate shock response, the National Social Protection Strategy Lesotho II (2020–2032) sets out a different vision, centred on PA. It suggests that PA should be reformed and turned into a shock-responsive programme for ultra-poor and poor households experiencing covariate or severe idiosyncratic shocks. This would then be complemented by rehabilitation-oriented public works programmes and disaster management support (National Social Protection Strategy II, Section 5.3 Objectives, Statement 1.6) (GoL, 2021). These different views on how to use social protection as part of the shock response were also echoed by stakeholders interviewed as part of the qualitative research:

The scalability framework is there where CGP was used for vertical and horizontal expansion. It's good to use existing programmes for shock response because you already have processes and systems in place, and you can just tweak and adjust the programme here and there. We can use the CGP as our model programme, but we can still use other programmes too. (MoSD official)

We struggled issuing those top-ups because our system was never tailor-made for shocks. There have been talks that we should use CGP as a shock-responsive programme in the future, it's one of the proposals under the World Bank. We need to enhance our system so that our programmes can be shock responsive, we are focusing more on PA ... We don't think CGP is a good idea, we can put CGP household under PA temporarily in times of shocks. We would get them PA as a temporary top-up and PA would be a completely shock-responsive programme. (MoSD official)

I wish there could be different approaches we could use during emergencies instead of just piling up the same beneficiaries with support. There was that horizontal expansion where we covered people who were never helped. In most cases, we started with vertical expansion and only expanded horizontally if there's some change left. It's better to start with horizontal expansion and even strengthen it using the lists extracted from updated NISSA. NISSA should be updated timely and promptly. (District Manager for Social Development Services)



5.1.3 Specific challenges emerging from using the CGP as part of the response to the COVID-19 pandemic

Recollections among both beneficiaries and auxiliary social workers about the amount and timings of the top-ups as part of the most recent shock response vary significantly, and the findings show a low level of understanding of the source and the objective of the top-ups. Qualitative interviews with beneficiaries, social workers, and community and district leaders confirmed that the CGP has been expanded vertically several times during times of emergencies, including in response to droughts and to the COVID-19 pandemic. In regard to COVID-19, the amounts of top-ups referred to by respondents varied by location and ranged between one-off top-ups of M1,500 and M2,500 to respondents in some villages reporting having received two tranches of top-ups. In one village in Mafeteng, one CGP beneficiary explained that while CGP beneficiaries received a COVID-19 top-up of M1,800, non-beneficiaries received a top-up of M2,000. Another beneficiary in the same village claimed that CGP beneficiaries received a top-up of M1,600 and confirmed that ‘it was explained to us that the amount would not be the same for everyone’. The majority of respondents stated that they did not know where the top-ups came from and that they were unexpectedly handed to them on regular CGP payment days.

One of the most significant controversies regarding the COVID-19 top-up payments related to the number of top-ups that announced versus the ones made. For example, in Leribe several respondents pointed out that they were promised several top-up payments in response to COVID-19 but that in the end only one was delivered:

Yes, but the donor stopped funding after one transaction and I don't know why they stopped funding even though they had promised to give clients money for consecutive times. CGP is more centralised, we are just mediators, so we don't know how the top-ups are allocated. The top-up was given to both CGP and Public Assistance (PA) clients. (Social worker, Leribe)

In contrast to Leribe and Qacha's Nek, in Mafeteng some respondents in the study villages confirmed having received two top-up payments in response to COVID-19, although, again, the quoted amounts varied:

They gave us M1,500 and after some time they gave us M1,980. (Current beneficiary, less remote, Mafeteng)

Though I was not here yet, I know that the CGP beneficiaries received a top-up of M1,500 to assist with COVID-19-related shocks and that it was received for two quarters. (Auxiliary social worker, Mafeteng)

Even within the same district, respondents had different recollections, with other respondents in Mafeteng claiming to not have any recollection of having received any top-ups at all in response to COVID-19.

The objective and source of the COVID-19 topup payments was not clear to CGP households.

The absence of effective communication about emergency payments risks damaging social cohesion and risks undermining the credibility of the programme, as beneficiaries and local implementers look for alternative explanations for what they perceive to be missing payments. For example, during a FGD with current CGP beneficiaries in Leribe respondents also confirmed that although three consecutive top-up payments were promised, only one was received. As a result, several respondents speculated about the potential reasons for the difference in the number of payments received compared to the number of payments announced:

The top-up was banned because some women were chatting during the payment, telling each other that they are going to have alcohol. (Current beneficiary, less remote, Leribe)

We were told the donor gave us money that we will receive in three consecutive payments but we only got it once. Where has the money gone to? (Current beneficiary, less remote, Qacha's Nek)

Ineffective communication about emergency payments risk undermining the credibility of the programme.

5.2 Complementary services and linkages



Key findings

- **The number of complementary programmes that actually reach CGP beneficiaries and provide meaningful support is limited.** It is important to distinguish between programmes that are available within a district and their actual reach and coverage.
- While some programmes are available for CGP beneficiaries to access, and they do access both non-government organisation- (NGO-) and government-run programmes, there seems to be **no automatic process for deliberately targeting CGP beneficiaries, or effectively layering interventions.**
- **The OVC bursary is viewed as the most important complementary programme**, but the number of CGP beneficiary children currently accessing the programme is lower than what ought to be achieved, given that beneficiaries are automatically eligible for the bursary.

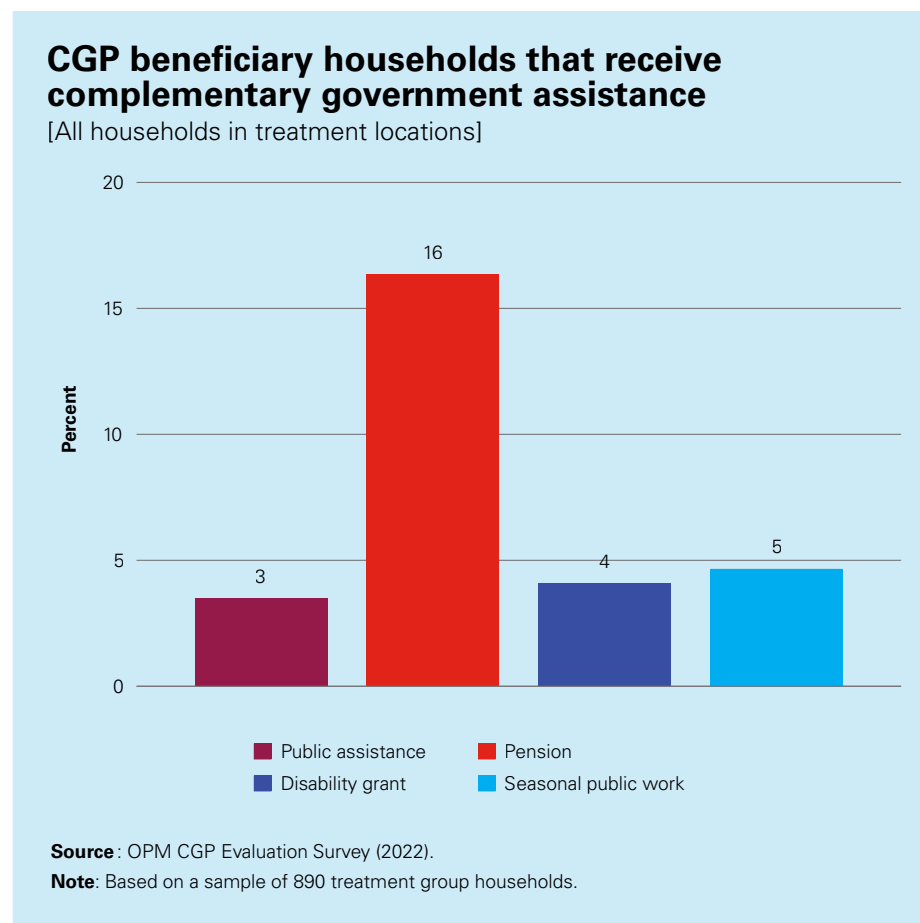
This section answers questions related to coherence and presents a brief overview of the types of complementary services CGP beneficiaries currently have access to, and the challenges they experience when accessing these services. Linking CGP beneficiaries to additional services and programmes in order to improve their resilience and/or help them tap into different livelihood opportunities is a key priority for GoL and is aligned with the policy priority of enhancing the promotive capabilities of social protection as set out in the National Social Protection Strategy (2020–2031) (GoL, 2021).

5.2.1 Access and coverage

Merely mapping what programmes exist at the district level can be very misleading as regards understanding what programmes are actually being accessed by CGP beneficiaries, and why. It is also a poor indicator of whether the support provided is meaningful. In theory, many services and programmes are available for households to access. These include the OVC bursary, social assistance programmes (CGP, old-age pension, PA), PA in-kind, community development programmes, and various NGO programmes. However, in reality, access to these programmes by CGP beneficiary households differs greatly between districts and in terms of the type of support provided and the way people are selected/targeted for inclusion. For example, while 54.2% of CGP beneficiary households reported being part of a community development programme, only 40.3% of those community development projects have actually ever received support from the government.

The programmes that beneficiaries and auxiliary social worker perceive to be hardest to access – government programmes – are actually more widely available and accessed than NGO programmes. While both beneficiaries and auxiliary social workers interviewed as part of the qualitative research reported that NGO programmes are the easiest to access this does not actually reflect widespread access to and coverage of these programmes: of the CGP households who receive in-kind support, 33.7% access this via government programmes or services and only 9.7% via NGO programmes. Some CGP beneficiary households also have access to additional forms of social assistance, with the old-age pension and school feeding being the most common ones.

Figure 25: Additional forms of social assistance accessed by CGP households



The qualitative research points towards a possible explanation for this difference between reality and perception. NGO programmes seem to be more universally available in the villages or districts in which they operate, compared to the government programmes, which rely on categorical or poverty targeting, or so-called self-targeting, which involves beneficiaries knowing about a programme, asking the auxiliary social worker or social worker to be included, and finally being selected for inclusion following an assessment by the social worker that includes a certain degree of discretion. As a result, respondents reported feeling that the services offered by NGOs and other similar organisations are easiest to access as these organisations usually mobilise at the community level, with the support of chiefs and community councillors, or run the programme through auxiliary social workers (e.g. in Leribe and Qacha's Nek).

Those people [the NGO] come to our villages and the chief calls a public gathering and then they tell us more about their projects. (Beneficiary, remote, Qacha's Nek)

Households in the same village seem to have similar access to locally driven NGO programmes that are typically delivered in partnership with the community council, but not to programmes provided by MoSD.

Beneficiaries reported feeling that services that are publicised through local leaders are the easiest to access. While there is probably an issue around direct communication, the more likely explanation for this view is that these tend to also be the types of programmes that are local in nature and delivered by local NGOs, which target areas and villages more broadly, rather than specific categories of households within them. In contrast, CGP households have uneven access to complementary services offered by MoSD – especially the OVC bursary and PA in-kind. In several FGDs conducted as part of the qualitative research some beneficiaries shared that their children were supported by the OVC bursary while other beneficiaries said that they were finding out about the possibility of accessing the bursary for the first time as part of the discussion. Interviews with social workers and MoSD staff at the district level suggest that this difference in access can largely be explained by gaps in communication and the limited budget allocated to some of these programmes.

5.2.2 Determinants for access

Knowing about a programme, agency, and access to the auxiliary social worker or social worker are key determinants that explain why some beneficiaries are better able to access government programmes and services. Access to information and to the social worker can differ even within communities. For MoSD programmes, such as PA in-kind and the OVC bursary, a key barrier some beneficiaries face is simply knowing about the programme and having an awareness of their rights and entitlements. For PA in-kind in particular, social workers and auxiliary social workers both stated that people would receive these services if they came and asked for

Low levels of awareness and agency are key barriers to access to complementary services



them. However, beneficiaries reported often struggling to find the auxiliary social worker in their office and complained that they do not have enough money to repeatedly travel to the social worker's office in an attempt to meet them. The social workers and MoSD staff described the process of accessing – often very important – complementary programming as 'self-targeting'. Once the beneficiary knows to ask to be included in another government-run programme within the area, the social worker then conducts an assessment and determines whether the person or household is in need.

Yes, there are cases where my office offers diapers to households with babies, assistive devices. ... we offer them to people who come to the office to ask for them. (Auxiliary social worker, Mafeteng)

Every client with the need is entitled to these services, but first we investigate if there is need valid so that they can qualify. (Social worker, Leribe)

There is no agreed process for informing CGP households about complementary programmes and how they can access them. Different social workers reported using different ways of informing people about available programmes and services, with most using pay days to share this information. However, one social worker interviewed as part of the research said this was inappropriate as that day is reserved for messaging on CGP-related matters and she therefore does not share information about other available programmes and services at that time.

District managers indicated a reluctance to publicise MoSD services as awareness could lead to increased demand that they cannot meet. As a result, one social worker interviewed as part of the qualitative research said that they are actively discouraged from aggressively advertising available services to beneficiaries. In general, the availability of programmes and services seems to be driven by budget constraints and district quotas, and demand vastly outstrips supply.

We are not allowed to advertise the services because they are few, so the more the clients don't know about them the better. ... I have sensitisation gatherings in a manner that informs them [the beneficiaries] about the activities without advertising them. (Social worker)

Expensive services, such as assistive devices, which are provided via PA in-kind are particularly hard for households to access. MoSD staff at the district level explained that they do not actively encourage beneficiaries to request access to these types of services and try to avoid providing them as they are very expensive and have to be imported. Respondents shared that providing a few assistive devices could mean using up the entire available funds, leaving them unable to support other people in need.

Beneficiaries consistently said that access to the OVC bursary is the most important complementary programme targeted at CGP households, and that having access to the bursary has had a significant impact on their lives (see Section 4.4). However, access to the OVC bursary is far from universal, with only 23% of households with children aged 14 to 19 having at least one child who receives the OVC bursary. It is important to note that we do not know whether this means that all potentially eligible children in a household actually receive the OVC bursary. Even allowing for the fact that not all children might wish to go to secondary school, and hence apply for the bursary, this number is still very low. Access to the bursary also varies greatly by district, which poses an additional – and perhaps greater – challenge.



The uneven access to the OVC bursary appears to be driven by a number of factors. While CGP beneficiaries are now automatically eligible for the OVC bursary, this is not the same as being automatically enrolled.

Households appear to be told when they are enrolled in the CGP that their children are eligible for the OVC bursary. Social workers and MoSD staff at the central level explained that they believe that households are hence adequately informed of this programme and will remember to apply when the time comes. However, the qualitative research shows that this is not always the case and that within the same community some beneficiaries are aware of the OVC bursary while others are not.

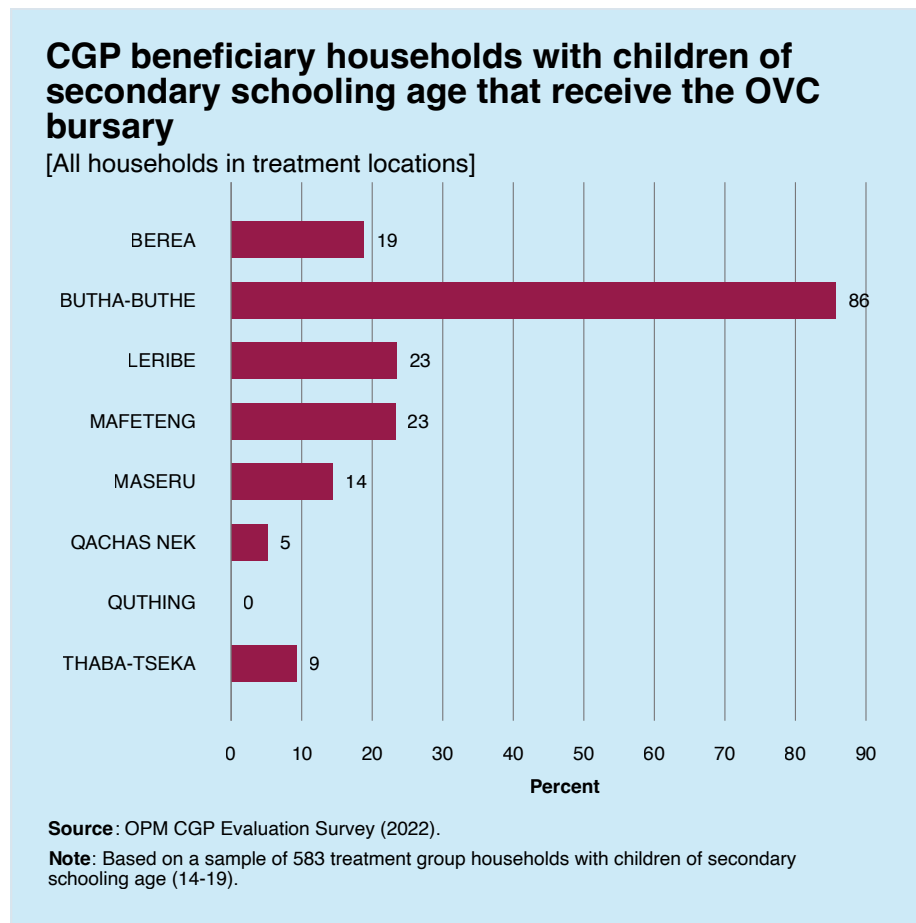
Knowledge about the bursary and about the process for applying for it – including when to apply – seems to be very unevenly spread.

While some social workers reported reminding beneficiaries at pay points, this approach still depends on beneficiaries arriving on time to hear the announcement and understanding the details of the process, or, in the case of sending a delegate, having a delegate who accurately relays this information. The qualitative research finds that beneficiaries who know about being eligible for the OVC bursary found out through a range of different channels, including communication at school, information relayed by chiefs, reminders on pay day, via NGO outreach campaigns, and from other parents. Unfortunately, for some caregivers interviewed as part of the qualitative research, this information comes too late or the process and timeline they have to follow and the documents they have to provide are unclear to them. Caregivers, community leaders, and social workers reported that this can lead to children dropping out of school who might otherwise have attended had they received the bursary (see also Section 4.4 on education). In addition, the annual enrolment targets and funding for the programme is currently limited and not sufficient to support all eligible CGP beneficiaries.

Only 23%

of CGP households with children aged 14 to 19 have at least one child who receives the OVC bursary

Figure 26: CGP beneficiary households with children of secondary schooling age that receive the OVC bursary by district



Auxiliary social workers and social workers are unable to deliberately target households with communication around the OVC bursary. As discussed in detail in Section 6.1 on case management, social workers and MoSD staff confirmed that auxiliary social workers and social workers do not have a way of extracting information from MISSA on what households have children that are about to transition to secondary school. This can cause some CGP beneficiaries to miss out on the bursary benefits:

...we rely on auxiliary social workers during payments to inform beneficiaries about bursaries. Auxiliary social workers are still required to still bring application documents from families. During massive enrolment, they are told when children turn 13, going into high school, they must submit bursary documents. CGP beneficiaries forget about the bursary benefit. (Senior bursary administrator)

There are many barriers to OVC bursary enrolment

In order to apply for the OVC bursary, caregivers have to provide additional documentation, including proof of a place at a secondary school, and have to apply within a specific timeframe. MoSD staff at central and district levels have different views on whether CGP beneficiaries have to provide the full list of documents to prove eligibility. To a certain extent this seems to be up to the discretion of the auxiliary social worker and the social worker at the district level, who can waive certain documentation requirements for applying for the

CGP, such as supplying a birth certificate. The bursary also often only kicks in after school fees are due, which poses a challenge for many households who need to find a way to bridge that period and cover both the fees and the costs of sending the child to school. In addition, in order to remain in receipt of the bursary, students have to pass each year. If they fail a year, they are removed from the bursary until they have successfully passed that year, at which point they can apply to be reinstated. If their parents/caretakers cannot secure funding for them to repeat a class then they inevitably drop out.

The beneficiaries don't listen at all, for example when I talk about the applying of the bursary in October that it is open and they don't apply, they come in January saying they want to apply and at that time it is closed then they go back blaming me that I don't do my job. I sometimes think they don't take be serious and I get angry. (Auxiliary social worker, Qacha's Nek)

Beneficiaries, auxiliary social workers, social workers, and other local and district-level stakeholders and MoSD staff agreed that there is a need for more deliberate complementary programming aimed at CGP beneficiary households, as well as more training on child protection-related matters.

The overwhelming majority of CGP beneficiaries consulted as part of the qualitative research said that programmes that support them in their livelihood activities would be the most useful complementary programme from their point of view. However, given that 54.2% of households are already a member of a community development programme, the continuing need for more support in this area points towards the need for more effective programming. More support for households with children with disabilities is another key priority (see Section 5.3). Community leaders and some stakeholders at the national level expressed the view that more training on child protection-related matters, as well as deliberately linking CGP households to these services, could be another useful complementary service to provide.

This is a child grant and it should be linked to other programmes that speak to the challenges of children, such as child marriage, violence against children, nutrition, birth registration etc. We really need to strengthen linkages on such services. The MoSD is responsible for running these services through their Children Services Department. The CGP should start thinking about how to address challenges of children with disability. The targeting is mainly focusing on poverty not on vulnerability component, i.e. if we know there's a child with disability, we need to be cognisant of that and what they receive from the programme. (UNICEF Social Policy Officer)

5.3 Disability-sensitivity



Key findings

- **Data included in the NISSA on adult and child disability in CGP households are not analysed or used for disability identification**, and social workers are found to have very limited awareness of the presence of children with disabilities in CGP households.
- **CGP households with children with disabilities face greater needs compared with other CGP households**, particularly in terms of the additional expenses and services they require to address their children's educational, and (health) care needs. However, the CGP transfer value is **not adjusted for disability-related extra costs** and the extent to which the CGP helps households with children with disabilities to access complementary services to meet their additional needs is very limited.
- While the CGP has not been designed as a disability-sensitive programme, it provides **valuable support to households with children with disabilities** who would struggle even more without it.



This section assesses the relevance of the CGP's design for meeting the needs of children with disabilities. In other words, it assesses to what extent the CGP design is disability-sensitive (Box 4). This section presents findings related to disability identification and then moves onto assessing to what extent the current CGP design meets the needs of children with disabilities and their families through both the transfer and facilitating access to complementary services.

Box 4: Disability-sensitive child grants programmes

The stipulations of the Convention on the Rights of Persons with Disabilities on equal access require that social protection programmes are designed to be inclusive of, and support the full participation of, persons with disabilities. In the case of child grants, more equitable outcomes for children with disabilities can be achieved through (i) disability identification, which includes collecting and disaggregating programme data to ascertain which beneficiary households include children with disabilities, (ii) enhancing the transfer value to a level that is adequate to meet the additional needs of children with disabilities (Kidd et al., 2021; ODI/UNICEF, 2020), and (iii) household- or community-level assessments of the needs of specific children in regard to their integration with existing referral networks, with the aim of increasing access to essential services and support, such as education, health, rehabilitation, nutrition, and psychosocial support.

5.3.1 Disability identification

The NISSA survey collects information on adult and child disability in households, but these data are not analysed or used for disability identification, and they are not easily accessible to programme implementers and social workers. In fact, several stakeholders from MoSD's Social Assistance Department confirmed that it is not known or reported how many households with children or adults with a disability the CGP reaches. This does not suggest that the data do not exist, or that it would not be possible to conduct such an analysis using NISSA and MISSA data, but points to limitations in the extent in to which programme data are analysed and used (see Section 6.2).

Social workers and auxiliary social workers are found to have very limited awareness of the presence of children with disabilities in CGP households. In addition, they do not seem to be able to identify such households unless caretakers or parents approach them for help. In fact, during the qualitative research, auxiliary social workers were unable to help identify CGP households with children with disabilities for in-depth interviews. In both Mafeteng and Qacha's Nek, auxiliary social workers maintained that they either did not know of CGP households with children living with disability, or that the ones they were aware of were not on the CGP. In both study sites the researchers were able to identify and interview CGP households with children with disabilities with the help of local village chiefs.

Social workers have a very limited awareness of the presence of children with disabilities in CGP households



Yes, we have such [households], but I don't interact with them regularly, the only time I interact with them is if they come to the office and ask for assistance. (Auxiliary social worker, Leribe)

5.3.2 Meeting the needs of children with disabilities

Both the quantitative and the qualitative findings reveal that CGP households with children with disabilities face greater needs compared with other CGP households. The quantitative analysis shows that children in households that care for one or more children with disabilities are more likely to be poor, with 70% of them living below the food poverty line and 97% living below the national poverty line (Figure 12). CGP beneficiaries reported significant challenges in caring and providing for their children with disabilities, with many respondents of qualitative interviews highlighting the additional expenses involved, such as for assistive devices, clothing, and diapers. Several caretakers also reported the need for support for, and guidance on, taking care of their children with disabilities:

I would like to receive advice on how she can be taken care of to have her life improved. (Beneficiary with child living with disability, remote, Qacha's Nek)

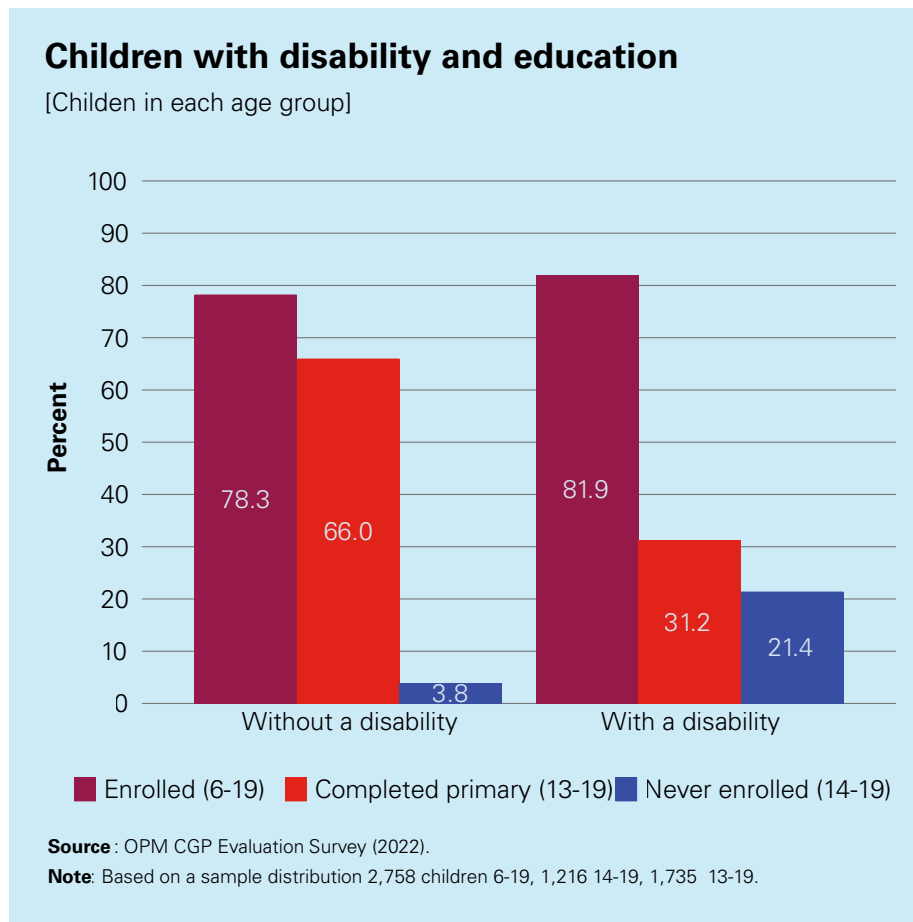
[She] needs all the support she can get, and unfortunately she can only get that from me, her mother. The challenge is that as she is growing up, she is becoming heavy and lifting her off the chair is becoming a challenge. (Beneficiary with child living with disability, remote, Mafeteng)

Children with disabilities covered by the CGP are found to have worse education outcomes than other children enrolled in the CGP (Figure 27). There is a significantly higher proportion of children with disabilities between the ages of 13 and 19 that have never enrolled in formal education or that have failed to complete primary school.

The qualitative research confirms that several children with disabilities have never gone to school, or have struggled with schools that were unable to meet their needs. This was illustrated by a CGP caregiver of a child with a disability in Qacha's Nek:

Yes, she has sometimes said that other school children annoy her and then her illness would become aggravated when she becomes angry.

As a result, CGP beneficiaries caring for a child with a disability, as well as social workers, voiced the need for children with a disability to access schools that can accommodate special needs. However, with a few exceptions, most respondents confirmed that they were not aware of the availability of such schools.

Figure 27: Children with disability and education

Meeting the needs of children with disabilities and access to services

The CGP transfer value is not adjusted for disability-related extra costs and is the same for households with children with disabilities as for those with children without disabilities. Nevertheless, in 2013, the CGP was found to have had significant differential impacts for households with people with disabilities on some selected health and food security indicators, but not on education indicators (Groot et al., 2021).

Since 2013, the real value of the CGP transfer has declined considerably (see Section 3.2), further decreasing its adequacy as regards meeting the needs of children with disabilities. The current evaluation was not designed to estimate the differential impacts of the CGP on households with children with disabilities, which would require a tailored sampling strategy. However, given the very limited overall impact of the CGP in 2022 in the face of a decrease in its real value (see Section 4), and the increased needs of households with children with disabilities, it is very unlikely that the CGP has managed to sustain the impacts on households with children with disabilities that were identified in 2013.

The CGP transfer value is not adjusted for disability-related extra costs



The qualitative research finds that, while both CGP implementers and beneficiaries perceive that the quarterly transfer provides some support to households with children with disabilities, all agreed that the transfer is inadequate to meet their needs. CGP beneficiaries with children with disabilities reported similar ways of spending the transfer as other households, with a slightly higher emphasis on transport to access health services and hygiene products, such as diapers.

There wasn't a specific target for children with disability under CGP... it doesn't meet their needs because the amount is too little even for children without disability. The children under CGP with disability should transition to the Disability Grant. [...] It provides a far better amount.
(District Social Development Manager)

The extent to which the CGP facilitates access to complementary services for households with children with disabilities is also limited.

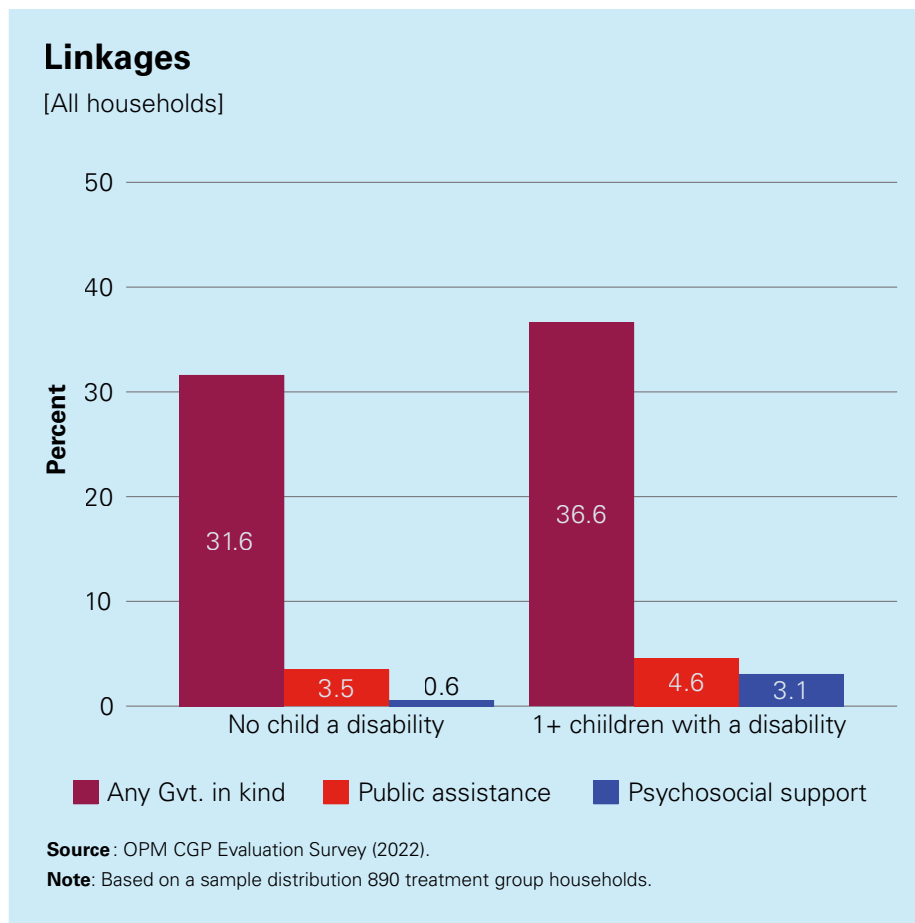
Only 37% of CGP households with children with disabilities reported having received in-kind support from the government or an NGO in the past 12 months, which is an only slightly higher proportion compared with CGP households without children with disabilities (Figure 28). A similar proportion of CGP households with and without children with disabilities reported having received support through the government's PA in-kind programme, which provides diapers and assistive devices, among other items. Only 3% of CGP households with children with disabilities reported having received psychosocial support in the past 12 months.

Households with children with disabilities face similar challenges in accessing complementary services to those faced by other households (also see Section 5.2) and reported low levels of awareness of service availability or contact with social workers. Interviews with CGP households with children with disabilities confirmed the inadequacy of the 'self-targeting' approach for accessing complementary services. When asked whether they ever sought help for their child, one CGP beneficiary from Leribe with a child with a disability responded '*no, I have not spoken to them* [Social Development] *it never crossed my mind*', and another from Qacha's Nek said '*No, I have not talked to them. I do not even know where to find them*'. This is exacerbated by the absence of an effective disability identification mechanism (see above) or a widely applied case management and referral system.

37%

of CGP households
with children with
disabilities also
received in-kind
support in the past
12 months

Figure 28: Access to complementary services by households with and without children with disabilities



06

CHAPTER

Operational
research findings

Evaluation of the Orphan Grants Programme (OGP) in Lesotho (2014–2022)



Photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021

6.1 Case management, grievances, and communication



Key findings

- **Many demand-side case management issues are not brought to the attention of social workers, and the ones that are raised are addressed with varying degrees of effectiveness.** Only 8% of beneficiaries reported ever having requested to update their information and only 15% of those households who had had more children since their initial enrolment managed to have their transfer value adjusted accordingly. A clear lack of awareness of case management processes and entitlements among beneficiaries was identified and across all study locations, beneficiaries reported a lack of access to and availability of auxiliary social workers.
- **The complaints and appeals system was generally described as effective when it comes to denouncements regarding the misuse of funds but inadequate when it comes to reporting quality concerns.** Despite several reports of behavioural issues, inaccessibility, or lack of communication from programme implementers, no one reported ever having officially complained about such issues. The current system for addressing complaints and appeals is not designed to guarantee anonymity and impartiality and this affects the extent to which beneficiaries can be expected to complain about the quality of service received.
- **Both case management and grievances systems are highly centralised and manual, leading to many inefficiencies.** Case management forms and letters that need to travel manually between community councils and the central office in Maseru often remain undelivered. Given the cumbersome process and the unavailability of some auxiliary social workers, some beneficiaries gave up attempting to have their records updated or to complain as the costs of doing so became too high.
- **The CGP's communications are found to be very effective with regard to messaging about the intended transfer use but not effective with regard to informing beneficiaries of the CGP's transfer value ranges that they are entitled to, or about how to lodge a complaint or update their records.** There is no CGP-specific strategy for communications and outreach, and there are no standard operating procedures (SOPs), which makes communications highly sensitive to the level of proactivity and engagement demonstrated by individual social workers and community leaders.

This section assesses the relevance, effectiveness, and efficiency of the CGP case management system, the grievances (complaints and appeals) mechanism, and programme communications. Functioning mechanisms for case management, including grievances and communications, often constitute the administrative backbone of social assistance programmes, enhancing their effectiveness (Barca and Hebbar, 2022). In Section 6.1.1 we present how the CGP case management system, including for complaints and appeals,¹⁷ is designed and implemented. In Section 6.1.2 we assess the extent to which demand-side case management is effective and efficient, focusing on cases related to the updating of

¹⁷ According to the CGP operational manual (2014), case management also includes programme-specific complaints and appeals, although in more recent policy and programme documents (GoL, 2021; and GoL, 2022), grievance response is thought of as a separate mechanism.

beneficiaries' administrative records. Next, in Section 6.1.3 we assess the effectiveness and efficiency of the system for complaints and appeals under the CGP, and in Section 6.1.4 we review the effectiveness of the CGP programme communications. Communications are crucial to help beneficiaries understand a programme's objective and rules, as well as their rights, and thus are fundamental for a programme's accessibility, acceptability, accountability, and inclusiveness.

This section will not cover case management understood as a formal mechanism for assessing households' holistic needs and referring them to relevant complementary services and programmes. Sections 5.2 and 5.3 assessed the extent to which the CGP is effective at facilitating access to complementary programmes and services.

6.1.1 Design and implementation

The CGP allows for a range of demand-side and supply-side requests for case management. All case management requests are operationalised with the help of specific case management forms, including for complaints and appeals. The range of possible case management forms is shown in Box 5. Demand-side cases can be initiated by beneficiary and non-beneficiary households (forms E1 to E7 and E9 to E13), while supply-side cases (forms E8 and E14) are those cases initiated by the programme.

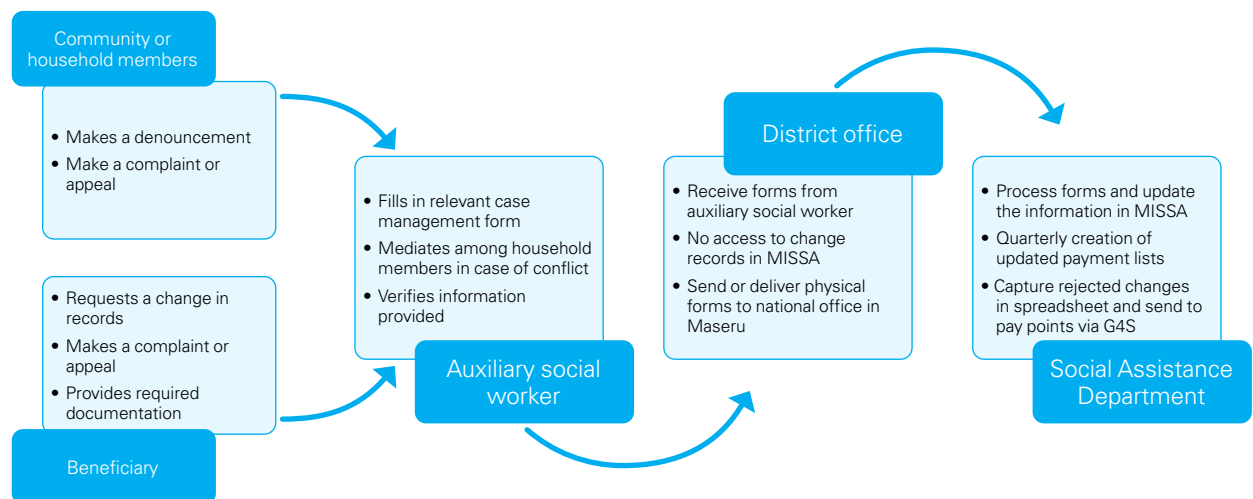
Box 5: List of CGP case management forms

- E1 – Update of beneficiary name, ID, or birth certificate
- E2 – Addition of a new household member
- E3 – Removal of a household member
- E4 – Change of household head
- E5 – Change of payee (recipient)
- E6 – Voluntary exit from the programme
- E7 – Change of address
- E8 – Restrictions from the programme
- E9 – Quality complaint by beneficiary
- E10 – Complaint that payment has not been received
- E11 – Eligibility appeal
- E12 – Denouncement for misuse of funds
- E13 – Request for new payment book
- E14 – Letter to beneficiary (in response to E8 and E10)

The demand-side-initiated case management process starts with a request being made by the beneficiary, or, in the case of denouncements, by another household or community member (see Figure 29). All requests must be supported by required documentation, which may include IDs, the payment booklet, and children's birth certificates in cases of requests to add household members. Sometimes a supporting letter from the village chief is also required, particularly in cases of requests to change the payee and denouncements. The auxiliary social worker verifies the documentation provided and, in the case of denouncements or conflict among household members, mediates between them.

The case management process is decentralised, which means that auxiliary social workers in the community councils and social workers in the district offices do not have access to the management information system. Instead, auxiliary social workers are tasked with completing the physical case management forms, which are then sent to MoSD's district offices, which in turn pass them on to MoSD's Social Assistance Department in Maseru, where the case management officers update the information in MISSA. If accepted, the updated information is then reflected in the next quarterly payment list.

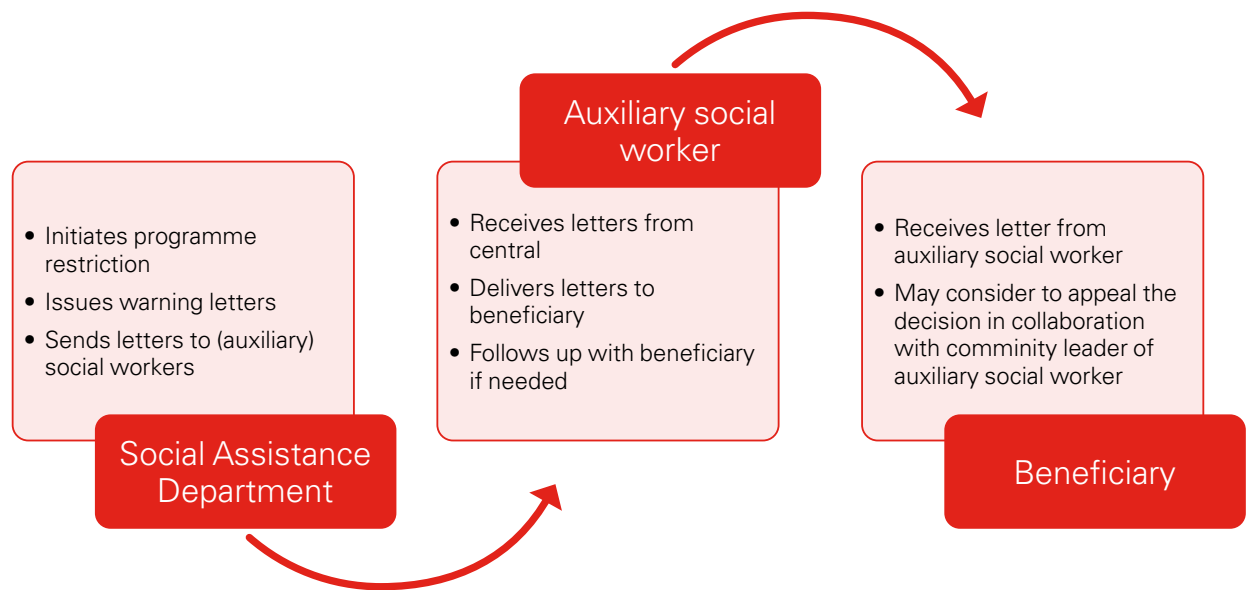
Figure 29: Demand-side-initiated case management process



Source: Authors, based on MoSD (2014) and KIIs.

Supply-side case management processes mostly relate to beneficiaries' programme exit and are initiated by the Social Assistance Department in Maseru (Figure 30). The responsible case management officers issue warning letters to those beneficiaries who are about to be exited from the programme and send those letters to auxiliary social workers, who are tasked with delivering them to the affected beneficiaries. The effectiveness and challenges associated with the letters sent to beneficiaries are covered in Section 6.1.4.

Figure 30: Supply-side-initiated case management process



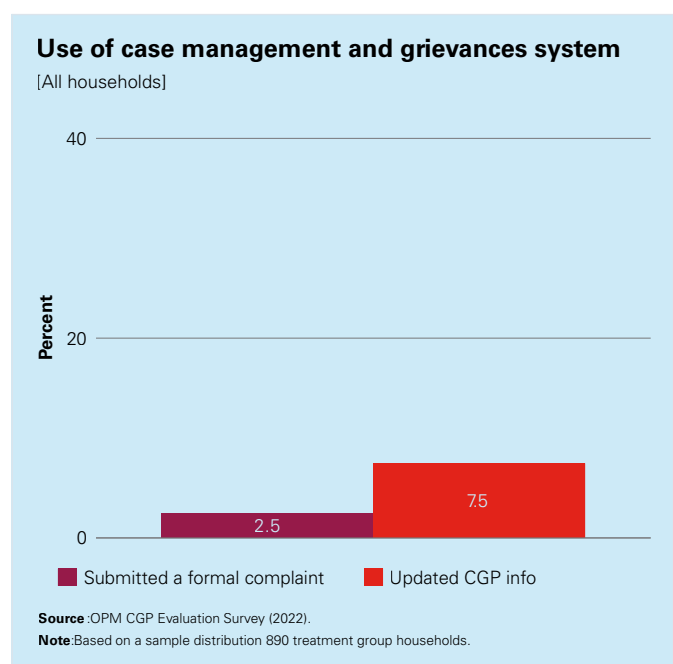
Source: Authors, based on MoSD (2014) and KIIs.

6.1.2 Updating of administrative information

Effectiveness and efficiency

The findings of this evaluation show that many demand-side case management issues are not brought to the attention of social workers, and that the ones that are raised are addressed with varying degrees of effectiveness and efficiency. The results of the quantitative survey with CGP beneficiaries shows that only 8% of beneficiaries report ever having requested to update their information and only 33% of those who have ever asked to update their information say that this was done successfully (Figure 31).

Figure 31: Proportion of CGP beneficiaries who have ever asked to update their information or lodge a complaint





Although the most frequently requested case management issue relates to an increase in the number of children in the household and an associated change in transfer value (90% of all reported cases), a large proportion of households are still found to receive the incorrect amount. Only 15% of those households who have had more children since their initial enrolment in the CGP reported that the transfer value that their household receives was adjusted accordingly. In fact, when comparing the number of children in households with the amount households received in their last transfer the quantitative data reveal that only 59% of CGP households receive the correct amount. This issue is more severe for households with more children. While about 88% of households with one or two children receive the right amount (M360), only 27% with households of five or more children do (Figure 32).

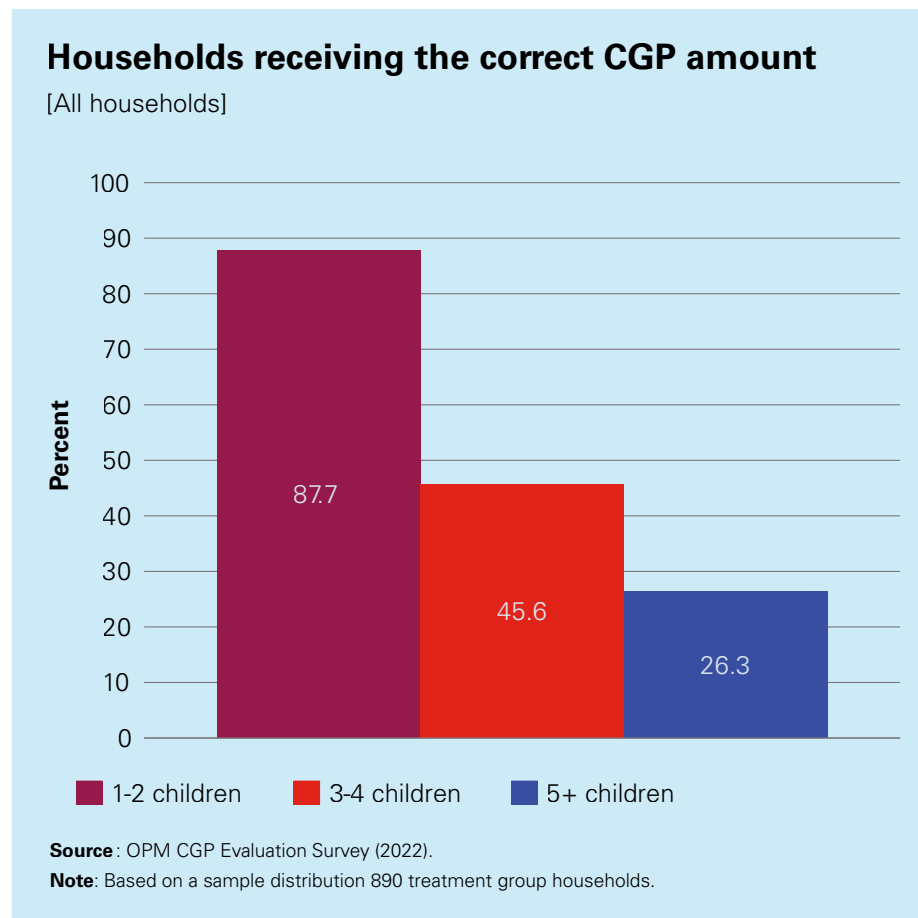
The ministry told us we could add new members, chiefs gave us letters, but the process failed at the auxiliary social worker's office. (Beneficiary, Qacha's Nek)

I spent the whole month trying to update/enrol my two children, the chief said he wasn't responsible for the updates, and I was sent to the auxiliary social worker who then filled a form and kept saying she is processing it until my children reached 18 years [and the update became obsolete]. (Beneficiary, less remote, Leribe)

41%

of CGP beneficiaries do not receive the right amount according to the number of children in the households

Figure 32: CGP households that received the correct transfer value in the last payment, by number of children in the household





The current manual and centralised case management system is found to be inefficient and cumbersome, with most cases taking between three and five months to be resolved, if they are resolved at all. Sending physical case management forms to Maseru often leads to significant delays as an opportunity for travel has to be found, which is more challenging for more remote community councils. Feedback loops are reported to be ineffective, which means that, in practice, neither beneficiaries nor auxiliary social workers receive confirmation about resolved cases, although sometimes they are informed if the request is rejected. One auxiliary social worker explained that cases *‘usually take up to three months or more [to be resolved], depending on the nature. The day of the payment, that’s when I get feedback and its usually a verbal response’*. Beneficiaries equally confirmed the inefficient process, such as this beneficiary from a remote village in Mafeteng, who stated: *‘I once went to see the auxiliary social worker to have my records changed and have still not been helped till now and it was a long time ago’*.

Challenges

The ineffectiveness of demand-side-requested case management partly relates to a lack of awareness and understanding of the case management process and of beneficiaries’ rights. Only 23% of current CGP beneficiaries stated that they know how to update their information, and, of these, only 13% stated that they would contact social workers or auxiliary social workers to do so. In addition, the findings show that only 26% of beneficiaries know the correct transfer value ranges they are entitled to, as indexed by the number of children. This lack of awareness is exacerbated by a fear of recertification, and by some reports of unsupportive behaviour from village chiefs, and to a lesser extent auxiliary social workers. In response to a question on what challenges they had faced in updating their records, a beneficiary stated that *‘They were disrespectful towards us’* (Beneficiary, remote, Mafeteng). A beneficiary from another district reported: *‘My village chief is rude, so I don’t get proper guidance, so I have never updated the information’* (Beneficiary, less remote, Leribe). One auxiliary social worker explained the situation as follows: *‘they did not understand initially but lately they are starting to understand. They were scared to come here and ask about the process. You would find that one takes a long time to report that she has another child, and she should not be exited. But now they are less scared’*.

In addition, across all study locations, beneficiaries reported a lack of access to and availability of auxiliary social workers. In one location, a beneficiary suggested that having two auxiliary social workers at the council office might ensure *‘that the office is never left empty because we struggle to find the current one’*. In a remote village in another district, one beneficiary explained that *‘the office was always closed, she doesn’t avail herself and we ran out of money transport, and we gave up’*, and in the third district another beneficiary reported that the auxiliary social worker was always at the district social development office and not at the council office *‘where we need her’*.

Only 23%
of CGP beneficiaries
know how to update
their administrative
information



The current centralised system relies heavily on the proactivity of the auxiliary social worker and the level of access that they have with the case management officers at the national office in Maseru. Findings from the interviews show that some auxiliary social workers take the case management forms straight to Maseru to speed up the process, without passing through the district offices. If names are missing from the payment list, the only recourse for auxiliary social workers is to call the central office and enquire, but the resolution of this, again, depends on the initiative of the auxiliary social worker and on the responsiveness of the responsible officer in Maseru. One auxiliary social worker explained the difficulties with the centralised system as follows:

My view is that it is difficult to assist people on time because I have to refer everything relating to managing of cases to Maseru office. Sometimes the Maseru people are busy, and they don't respond and that causes friction between me and the complainants. The challenge is that we do not have the database available at headquarters in the districts. (Auxiliary social worker, Mafeteng)

Case management is ineffective due to lack of information, limited availability and insufficient training of social workers and excessive centralisation

Finally, several respondents suggested that insufficient or inadequate training of auxiliary social workers leads to forms being filled in incorrectly, and, as a result, being rejected. Auxiliary social workers interviewed as part of this evaluation reported not having been trained on case management for a while and 'also that the case management forms are too long and complicated'. Another social worker called for more frequent training of the auxiliary social workers, pointing out that they 'don't know how to fill the new forms hence sometimes that is the reason some complaints/cases take forever'.

6.1.3 Complaints and appeals

Resolution effectiveness and efficiency

The current system of complaints and appeals is not widely used or understood and is found to be only partly effective in terms of resolution of the complaints made. Only 3% of beneficiaries, and less than 1% of

non-beneficiaries, have ever lodged a complaint (see Figure 31). Of those who have ever lodged a complaint, the vast majority were appealing against targeting decisions.

The complaints and appeals system was generally described as effective when it comes to denouncements regarding the misuse of funds. In such cases auxiliary social workers and chiefs resolve the issue with the households and replace the payee or, if necessary, remove the household from the CGP.

The only issue I get are people who complain about beneficiaries that are misusing the grant, and it usually gets resolved very quickly. (Chief, remote, Mafeteng)

When the money is being misused, we call all the family and confront them then we choose the other person in the family who can take care of the children to be the one collecting money. (Auxiliary social worker, Mafeteng)

On the other hand, the corresponding appeals mechanism that, in theory, allows the replaced payee to dispute such decisions is found to be less effective. There is no evidence that the process and results of mediation in denouncement cases is recorded or documented, and beneficiaries do not have a way of formally appealing to a third party a decision taken by the auxiliary social worker. In fact, the only way to appeal the decision is through the same auxiliary social worker. This finding is illustrated by a former beneficiary in a less remote village cluster in Leribe who reported being asked to hand in her payment booklet on payment day, finding that the official had changed the payee at the request of her grandson. She explained: *'the office never gave [her] an explanation, but rumour has it that [I] use the money on alcohol'*.

Complaints about missing payments or incorrect amounts were found to be the cases that are the most frequently reported, and also the most time-consuming to resolve. The use of case management forms in these instances appears to be a particularly inefficient way of addressing the issue, which is highlighted by the finding that some auxiliary social workers just write down the problem in a notebook and then try to resolve the issue by calling the district or central office to find out the cause of the problem. An auxiliary social worker from Qacha's Nek provided the following explanation: *'I will look for the payment in the system with [my] superiors to see why they got the amount they did. The district personnel come to liaise with the MoSD headquarters, where the database is. If they do not then I call the headquarters myself'*.

Our research does not find any evidence of beneficiaries lodging formal complaints about the quality of service (form E5 – see Box 5), despite many such complaints being encountered during the qualitative interviews. As mentioned above, several beneficiaries raised issues of behavioural issues by, inaccessibility or unavailability of, or lack of communication from, programme implementers, but no one reported having officially complained about this behaviour.

Challenges with the resolution of complaints and appeals

Many of the challenges noted in the previous section on case management also apply to the resolution of complaints and appeals.

The centralised system makes the resolution of complaints about missing payments or incorrect amounts very cumbersome to resolve, and the inaccessibility of some auxiliary social workers, and their lack of training, impedes the effective resolution of complaints.

In addition, our research also highlights a lack of awareness on the part of beneficiaries about their right to complain, and about the process of submitting a complaint. The quantitative evidence shows that only 9% of current beneficiaries, and only 4% of non-beneficiaries, know how to lodge a complaint. Of those, the majority said they would complain to the village chiefs and only 16% said they would lodge a complaint with the auxiliary social worker. The qualitative research confirms that beneficiaries tend to express their grievances to various different actors, depending on who is available:

The current CGP grievances system does not guarantee anonymity



We actually don't know who to complain to. Yes, the councillor and the chiefs are present but who is the correct one? (Beneficiary, remote, Qacha's Nek)

In my understanding, it's like we have to complain to that person at the council, though we never find her. (Beneficiary, remote, Qacha's Nek)

However, and most importantly, the findings of this evaluation show that the current system for addressing complaints and appeals is not designed to guarantee anonymity and impartiality. This especially affects the extent to which beneficiaries can be expected to complain about the quality of service received, as under the current system they need to complain to the same person that provides them with this service (i.e. the auxiliary social worker). This design flaw, coupled with beneficiaries' fear of recertification, lack of understanding of their rights, and a culture that does not encourage holding public services accountable, means that currently the CGP does not have an effective, transparent, and impartial mechanism for addressing complaints and appeals.

6.1.4 Communications

Design and delivery of programme communications

While there are no defined SOPs for communications and outreach under the CGP, in practice, communication between the programme and the beneficiaries occurs via three channels:

(i) announcements made by auxiliary social workers and social workers at payment sites; (ii) information conveyed on behalf of the programme by village chiefs and community councillors; and (iii) letters sent from MoSD to beneficiaries informing them about programme exit.

Announcements at payment sites usually happen before the start of the delivery of payments, and include sensitisation and messaging about how the grant should be spent, conditions that could lead to programme exit, information on how to access complementary services such as the OVC bursary, and information about case management issues and complaints.

Village chiefs and community councillors constitute the link between communities and CGP implementers. They pass on information that they receive from auxiliary social workers and social workers, mostly relating to the process and outcomes of case management issues and complaints, messaging on grant usage, and announcements of the date for payment delivery. Chiefs and councillors also arrange community gatherings when events or information sessions are conducted by social development officers.

We use chiefs and councillors to relay messages to the beneficiaries. It could be any message from notification about pay days, or to ask the chief to call in someone we would want to talk to, to asking the chief to call a public gathering for us. (Auxiliary social worker, Qacha's Nek)

Finally, as part of the case management process, MoSD sends letters to beneficiaries who are about to be removed from the programme, either due to recertification or because they no longer have children under the age of 18. These letters are supposed to be delivered to beneficiaries on the next-to-last quarterly payment.

Communications effectiveness

CGP programme communication is found to be very effective with regard to informing beneficiaries of their duties, but less effective with regard to informing beneficiaries of their rights and about how to engage with the programme. Almost all beneficiaries noted that they have received instructions about how to spend the grant and the vast majority are aware of the frequency of the transfer (Figure 33). On the other hand, and as previously stated, communications are not effective with regard to informing beneficiaries of the CGP's transfer value ranges that they are entitled to, or how to lodge a complaint or update their records. Only 35% of beneficiaries know that a household will exit when there are no more children under the age of 18, and 5% of CGP beneficiaries reported that they had ever asked a question about the programme and got a satisfactory answer.

The effectiveness of the messaging is associated with a concerted effort by all the implementers and community leaders to sensitise the beneficiaries about how they should be using the transfer. While sensitisation mostly happens at payment sites, village chiefs and community councillors are found to play a very big role in reiterating the messaging outside of payment days, through gatherings and one-to-one interactions with beneficiaries. Most beneficiaries explained that they spend the money on food and educational expenditure 'because they told us that they money was for the children'. A village chief from Mafeteng explained:

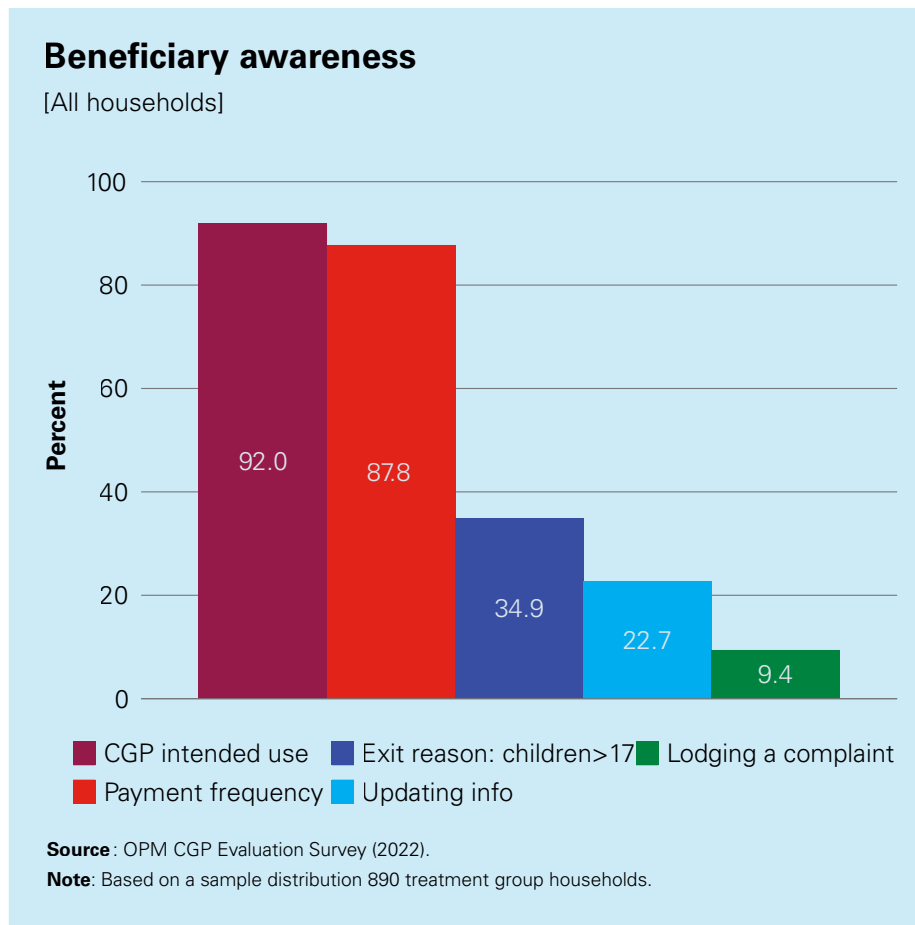
I have seen a change those families, regardless, if I notice that within that family the child/children still go to school with shoes that are not 'school shoes' I immediately pay them a visit. (Village chief, Mafeteng)

The qualitative research also finds that in areas where the CGP has been operating for longer, generally beneficiaries' awareness of key programme processes and parameters is stronger than in areas where the CGP has expanded more recently. For example, in Qacha's Nek, beneficiaries who were interviewed generally had a weaker understanding of the programme, with some of them not knowing why they were selected, where the money is coming from, or that they have the right to complain if something is not working well. The ways in which to access complementary services like the OVC bursary, and the requirements for doing so, are also not very well understood by beneficiaries, some of which found out about the bursary during the FGDs when fellow beneficiaries mentioned this service.

92%

of CGP beneficiaries
received messaging
about the intended
grant use

Figure 33: Beneficiaries' level of understanding of key aspects of the programme



Communications challenges

Our findings identify several challenges that may be contributing to the mixed effectiveness of the CGP communication channels.

Announcements at payment sites are often missed by those beneficiaries who arrive late on payment days, or who miss payments, either voluntarily or because they did not receive the communications about the date and time of payments. As a social worker from Mafeteng explained: *All of them who are available during the presentations always get the information, as we always tell them to be available before 9am*. In addition, social workers and auxiliary social workers are not always able to be present at every payment site. Several accounts indicated that in such instances G4S officers deliver vital programme information, which they might not always be trained to do. For example, in Qacha's Nek beneficiaries reported that they were informed about programme exit *'by the same people who give us the CGP money'*.

Announcements at payment sites are often missed

While village chiefs and community councillors play an important role in linking the beneficiaries to information about the programme, the research finds varying levels of proactivity and understanding about the programme. Several respondents confirmed that some local leaders only interact with beneficiaries when approached by them with an issue.

In addition, chiefs and councillors do not always have access to the right information, either because of communication breakdowns between them and the (auxiliary) social workers or because they have not had sufficient training, particularly when they are new in their posts.

She [auxiliary social worker] sometimes takes a long time before telling me important things, and that always makes me bad before the community. (Community councillor, Mafeteng)

One of the challenges is that you would give a message to the chief and he would forget or delay it. (Auxiliary social worker, Qacha's Nek)

The qualitative research also highlights several challenges in the delivery of the letters to those beneficiaries who exit the programme.

Due to difficulties in sending letters from Maseru to the districts, in practice letters are often sent via G4S, who hand them over to auxiliary social workers at payment sites, who then deliver them to the beneficiaries. However, if beneficiaries do not arrive on time to payment sites, they might miss the handing out of letters and the announcement, so they will not know to ask for letters later. If auxiliary social workers are not present at payment sites, G4S takes the letters back to Maseru or drops them off at the district office, where they often remain for weeks or months. Auxiliary social workers do not always have the time to follow up with beneficiaries to make sure undelivered letters reach the intended recipients, which is illustrated by the fact that researchers found stacks of undelivered letters in several auxiliary social workers' offices.

Finally, there is no CGP-specific strategy for programme communications and outreach, nor SOPs that define what information needs to be communicated to beneficiaries and the wider population, how, when, and by whom. As a result, communications related to the CGP are not standardised across locations and almost fully rely on the discretion, engagement, and proactivity of the stakeholders involved, most notably auxiliary social workers, social workers, village chiefs, and community councillors.

CGP programme communication is not standardised



6.2 Targeting, recertification, and updating and management of NISSA



Key findings

- **The CGP targeting process is relevant, considering the high levels of poverty in the target population and the budgetary pressure that the CGP faces**, which require it to target its limited resources. However, the extent to which beneficiaries, but also community leaders, auxiliary social workers and social workers across the research sites understand the targeting process differs which leads to inconsistent communication around the process and outcomes.
- **The recertification process encountered a number of challenges and buy-in to the process and its outcomes is mixed**. Challenges with the implementation of the recertification process, a lack of understanding of why households might become ineligible for the programme, and the lack of an effective communication strategy, have caused confusion and in some cases undermined buy-in to the recertification process. It is important to ensure that the recertification process is well implemented and underpinned by an effective communication strategy and appeals process in order for it to be considered appropriate.
- **NISSA, what it can be used for, how the processes that underpin it work, and how it interacts with MISSA are poorly understood**. This leads to technical problems when processes are started too early or are incorrectly implemented, as well as causing confusion amongst stakeholders who struggle to diagnose problems and develop solutions.
- **Both the managing and updating of NISSA and the revisions required to MISSA continue to rely on technical and financial support** and it is highly unlikely that the sustainability of the systems can be guaranteed without ongoing support.
- While it is too early to tell what the outcome of the NISSA updating pilot will be in terms of cost-effectiveness and capacity required, it seems highly **unlikely that the MoSD will be able to update NISSA without further technical and financial support** given capacity constraints at both the district and central level.

This section discusses the extent to which the current targeting process and recertification of beneficiaries is relevant, effective and efficient from the perspective of CGP beneficiaries and stakeholders involved in the implementation of the programme. As set out in the inception report a detailed assessment of inclusion and exclusion errors of the targeting approach- which has been studied in the past and led to a revision of the NISSA methodology- is outside the scope of this evaluation. In addition, this section looks at the updating and management of NISSA and presents some initial insights from the ongoing updating pilot on emerging findings on whether capacity and skills are likely to be in place to update and manage NISSA sustainably in the future.

6.2.1 Perceptions of the targeting process

The CGP uses a two-step targeting process for selecting programme beneficiaries. Households are selected through a combination of community-based categorisation (CBC) and a proxy means test (PMT). This approach was implemented following several studies on the relevance and effectiveness of the targeting approach which led to a reform of the initial – PMT led – targeting methodology (OPM, 2012, Carraro et al, 2015). The targeting process is now community led and the PMT is used only to screen out better-off households (OPM, 2020). This targeting process may be considered relevant, considering the high levels of poverty in the target population and the budgetary pressure that the CGP faces, which require it to target its limited resources.

The CGP uses the National Information System for Social Assistance (NISSA) - a database for storing and processing socio-economic information of households - as the basis for targeting. NISSA is meant to provide accurate household-level data for targeting of social assistance programmes and for shock-response. As such, it contains information that can be used to identify and select poor and vulnerable households for inclusion in different social assistance programmes (OPM, 2020). The accuracy and currency of the data is of crucial importance for its usability for this purpose. According to interviews with MoSD staff, at present, NISSA contains around 488,000 households in 76 councils- 12 urban councils and 64 rural councils.

The extent to which beneficiaries understand the CGP targeting process and eligibility criteria is mixed. The qualitative research found that while some beneficiaries are able to explain the targeting process step by step, others have more partial knowledge of some of the key processes. Yet others say they are completely unaware of how and why they were selected for the programme. Unsurprisingly, the qualitative research found that the CBC part of the targeting process was more widely understood than the PMT through NISSA.

“... there was a public gathering (pitso) at Thabaneng, that’s where we were told to select families that were very poor, that’s when I was selected” (Beneficiary with a child with disability Remote Leribe).

“I was interviewed about how many we are in the family, each household member’s education and health status and careers. Also, about how many times do we eat per day and also about the assets we have in the family. After that, the village chief called a village gathering where those people displayed big papers and explained the four life categories that exist in life and what are the household characteristics that determines which category a family falls in. Things like access to food, education, health, family income and dependency on what nature provides” (Former Beneficiary Recertification Remote Leribe)

“Even if you explain it to them, they still do not understand they think it’s me and the chief who did not choose them, yet its NISSA that collected the data” (Chief Remote Leribe).

Community leaders, auxiliary social workers and social workers across the research sites also have different levels of understanding of the targeting process which leads to inconsistent communication.

In the case of social workers and auxiliary social workers, the qualitative research found that this could be due to the fact that social workers are often not properly inducted into the CGP and its processes when they move from a district where they had no or little exposure to the programme to a district where they are now in charge of explaining implementation processes to CGP beneficiaries. As identified in section 6.1, there is no standardised communications strategy for the CGP which means that the accuracy of the communications, including in relation to targeting decisions, depends on the level of understanding of the auxiliary social workers and social workers. As a result, incorrect information is sometimes communicated to beneficiaries which means they are not equipped to properly understand or challenge the outcomes of the targeting process. A failure to properly understand the process and the eligibility criteria has been found to sometimes lead to discontent and fractured social cohesion within communities (see section 4.8).

6.2.2 Understanding of reasons for programme exit

Between 2016 and 2019, a new NISSA updating exercise was conducted based on the updated targeting approach and NISSA methodology with the objective to expand the coverage of both the CGP and NISSA and recertify existing beneficiaries who are no longer poor in some districts.

More specifically, the recertification exercise sought to verify that households already included in the programme were still eligible when the revised targeting methodology was applied. However, the recertification exercise resulted in a number of problems which will be discussed in this section.

First, the potential reasons for programme exit are poorly understood by beneficiaries and almost none of them are aware that a household can exit if it is assessed as no longer poor. The quantitative survey found that only 36% of CGP beneficiary households could correctly list one or more reasons why a household might stop being eligible for inclusion in the CGP. Of those households that could identify a reason why a household would stop receiving the CGP, 70% understood that the age of the child could lead to a household no longer being eligible for inclusion. The second most commonly cited reason (33%) for why a household might lose access to the CGP were administrative reasons and loss of access to the grant due to misuse of funds (see section 6.1). Crucially, only 3% understood that if a household is no longer classified as poor, they could lose access to the CGP.

Recertification did not occur in all districts, but in those locations where it did occur, current and recertified beneficiaries reported that they were not provided with effective communication on the recertification process and outcomes. Our qualitative research identified several reports of beneficiaries having been provided with incorrect information about the recertification decision. For example, in Leribe, recertified beneficiaries were told that they needed to exit because they had been on the programme for an extended period of time and therefore, needed to make space for new beneficiaries. This points to both incorrect messaging, but possibly also a lack of understanding of the process among auxiliary social workers and social workers which may have undermined the wider process. In fact, interviews with MoSD staff at the central and the district level highlighted that one problem with the recertification process was that in some instances where the CBC was less well facilitated, households on the CGP were not ranked as poor and ultra-poor by the communities because they were receiving the CGP. Similarly to ineffective communications around targeting decisions, a mishandling of the recertification process was found to have negatively affected social cohesion and the CGP's reputation among communities (see section 4.8).

"The explanation was that we the people who joined the CGP program from the start have to exit so that other people can also have a chance to benefit because funds are not sufficient. Again, we were told that we ought to have started income generating projects with the grant money"
(Former Beneficiary Remote Leribe).

Only 3%

of beneficiaries know that a household can be recertified if no longer poor

The recertification process created many challenges



“The recertified people did come to me to report that they have been taken out of the programme and I in turn went to the community council office to talk to the auxiliary social worker about the matter and she told me that the households holding the white payment booklets were being taken out and that was that”

(Community Councillor Less Remote Leribe).

“They told us that others have to leave the program in order to give others some chance since they have been in the program since when it started.”

(Beneficiary Less Remote Leribe).

Finally, the lists of beneficiaries selected for recertification were not viewed as legitimate by some stakeholders at national, district and community level which led to some recertified beneficiaries being added back into the programme and a general lack of buy-in into the process. Stakeholders consulted as part of the qualitative research had very different views as to why this was the case. For some MoSD staff this was linked to challenges in the implementation of the targeting process as part of the recertification which they felt had led to exclusion errors that the programme was ill equipped to address. Others referred to technical problems with applying the PMT to NISSA data before all district level data had been entered which resulted in some areas initially being excluded from the beneficiary lists produced. What is clear is that these different challenges undermined the relevance and effectiveness of the recertification process as they created a lot of tension at the community level, and seem to have undermined the buy-in of both national and district level staff in the recertification exercise.

6.2.3 Updating and managing of NISSA

Stakeholders from all levels of government and across the sector agree that a cheaper and more efficient way of updating the data in NISSA is needed so that it can be used more effectively for targeting. This is of even greater importance as the plan is to move towards using NISSA for targeting across all types of social assistance programmes, including for shock-response. As such, the new National Social Protection Strategy (2020-2031) sets out the following reform objectives for strengthening NISSA: (i) expansion to urban households, (ii) improving routine updating and more regular updating through robust data sharing protocols, and (iii) feedback loops and linkages with programme case management. The currency of the NISSA data, as well as its accuracy, are key aspects that will determine its use across programmes. Previous rounds of surveys to update NISSA – the latest one between 2016 and 2019 – were incredibly expensive, took many years to complete, and were carried out by external service providers, thus not building the capacity of the Government to update the data independently (GoL, 2020). In 2019, the GoL with support of UNICEF developed an approach that sets out how to update NISSA in a more cost-efficient manner. The approach includes the piloting of different methods for data collection and involves both national and district MoSD staff in the updating process rather than relying on an external service provider.

A new approach for updating the NISSA data is currently being piloted in Leribe, Mafeteng, Butha-Buthe, and Maseru District. Two different models are being tested to determine which works best in terms of delivering the best value for money, whilst at the same time effectively engaging and reaching communities. Both models share the same initial steps that involve: community sensitisation and entry, a community gathering to identify and include households that are currently missing in the NISSA, updating of contact details for all households, and finally conducting CBC. Under model one, ultra-poor and poor households are then informed at another community gathering that they will need to attend a kiosk where the actual data collection for NISSA takes place. Under model two, the initial steps are followed by a door-to-door survey that collects data for all listed households. Finally, under both models, the PMT formula



is applied to the data to confirm the poverty status of the households. A new – and crucially important step – is a community validation step which takes place if there is a discrepancy between households identified as poor or ultra-poor by the CBC but not the PMT or vice versa. This is a clear improvement as our qualitative findings confirm that in the past, such households were merely declared ineligible. Crucially, in order to build the government capacity to manage the updating of NISSA without having to rely on external service providers, the pilot is coordinated by national MoSD staff and data is collected by district staff.

While it is too early to conclusively answer the question of whether the NISSA updating pilot yields quality data in a cost-effective manner, and can continue without financial and technical support, the criteria of success should be defined more clearly.

Given the current financial constraints, cost-effectiveness is the success criteria mentioned most frequently by MoSD and other stakeholders involved. However, as one respondent pointed out, the kiosk model might be more cost-effective, but also places a higher burden on beneficiaries in terms of time and money they have to spend to be included in NISSA. An additional concern is that attending the kiosk gathering might raise expectation amongst people that they are being included in a programme which could lead to social tensions if not carefully managed through an effective communication strategy. In addition, as the kiosk model only invites households identified as ultra-poor and poor, there is a greater chance of missing households incorrectly classified by the community as part of the CBC. Another key question concerns the quality of the data collected given that MoSD staff rather than trained enumerators are now collecting this information. Aside from the currency consideration, the quality of the data will be key for increasing buy-in and use of the data by other programmes.

NISSA will likely continue to require financial and technical support, as capacity remains weak and processes are poorly understood. This relates to both the ongoing management of NISSA and adjustments to NISSA, as well as support to the updating pilot.

For the updating pilot, stakeholders interviewed at the central and district level said that the pilot encountered both capacity and technical problems, that included the capacity of district staff to have the time and skills to collect the information, as well as technical problems with uploading data from the tablets to the NISSA data base. The IT issues in particular often constitute bottlenecks, as data collection ceases until the central-level IT team is available to support the district staff. While these issues may partly be caused by teething problems that may be expected when piloting a new approach, they may also point to wider capacity constraints within the MoSD's NISSA and IT team.

In addition, our findings also show that few MoSD staff truly understand how NISSA works, what data it contains and how the data can be exported and analysed.

As such, the managing and functionality of NISSA continues to rely on a limited number of staff, some of whom remain externally

NISSA updating pilots may increase cost-effectiveness

NISSA will likely continue to require financial and technical support

funded. Interviews also highlighted the risks associated with relying on externally funded support in the face of high staff turnover which makes it challenging to build up sufficient capacity to manage NISSA in a sustainable manner. It is highly likely that these challenges will continue to exist and affect the MoSD's ability to update and manage NISSA without additional technical and financial support, among others, by other government agency or institution better versed in the administration of household surveys such as the Bureau of Statistics.

At present, the targeting and recertification of beneficiaries is only partly effective, but not efficient or sustainable as MoSD continues to rely on external support to manage NISSA and update MISSA. The limited understanding of NISSA and MISSA have also led to challenges in the implementation of the targeting and recertification processes that have undermined their effectiveness. As a result, it is highly likely that in the short term more investment into NISSA and the capacity to manage it and adapt MISSA will be needed. However, in the long run, NISSA and the targeting of social assistance programmes using the data contained in it have the potential to be a cost-effective and efficient way of targeting, especially as the NSPS II envisions the use of NISSA across programmes.

6.3 Payments



Key findings

- **Preferences for payment modalities among current CGP beneficiaries are mixed**, with a slight overall preference for mobile payments, indicating that a further expansion of mobile payments could make payments more relevant.
- **Over two-thirds of CGP beneficiaries live in places with good network coverage, and in all but one district the average distance to mobile money agents is shorter than to CIT pay points.** While this evidence is supportive of a further expansion of mobile payments, strong geographical variations in mobile network availability and agent coverage also mean that it may not be possible to transition all areas to mobile payments immediately, and that a mixed approach of mobile and CIT will continue to be necessary in the short to medium term.
- **CGP payments are mostly predictable in terms of amount but unpredictable in terms of timing**, with delayed and infrequent payments continuing to be a problem. Despite some initial challenges, mobile payments appear to be as effective as, if not more effective than, CIT in the areas where they have been piloted so far. While beneficiaries mostly receive the amount they expected, our findings show that 41 % of beneficiaries actually do not receive the amount they are entitled to due to ineffective case management that in many cases fails to update the number of children per household and the associated amount.
- **Mobile payments are found to be significantly more cost efficient than CIT and have already led to workload reductions for central-level officers.** CIT is also more expensive for beneficiaries to access compared with mobile payments, both in terms of money and time spent. The average CGP beneficiary could save up to 3.2 hours in accessing the CGP transfer via mobile payments compared with CIT.



In this section we present findings related to the relevance, effectiveness, and efficiency of the operational processes underpinning the delivery of CGP payments. In doing so, we often take a comparative approach, looking at findings for both manual and digital payment options, and we assess the feasibility of a scale-up of the mobile payments pilot. The section starts by providing an overview of the payment options that are currently available to CGP beneficiaries and then assesses their relevance, considering beneficiaries' preferences and local payments infrastructure. This section also assesses whether current payment processes are effective in terms of predictability, regularity, and completeness, and whether they are efficient in terms of the resources required to both deliver and collect them.

6.3.1 Current payment options

CGP payments are currently delivered both manually via CIT and digitally via mobile money accounts (Table 2). According to data provided by MoSD, in 2022, the CGP delivered payments to about 47,000 households, of which 85% received their payments via CIT, while 15% were paid through a mobile money account.

Since its inception in 2009, the CGP has outsourced the delivery of payments to the CIT services provider G4S. Upon the release of funds from the Ministry of Finance, designed to be once a quarter, G4S transports the cash from Maseru to 120 payment points across the country, where it is distributed to beneficiaries upon presentation of their national ID and CGP payment booklet. Auxiliary social workers and social workers attend payment days to sensitise beneficiaries about the programme objectives, attend to case management issues and complaints, and provide other relevant information to beneficiaries (see Section 6.1).

The pilot for mobile money payments first started in 2016 but had to be paused in 2020 to configure MISSA to accommodate digital payroll and reconciliation processes. According to key informants, the manual production of payments lists and reconciliation during the first pilot phase had led to significant audit trail errors, and accountability and transparency concerns. As a result, the pilot was paused four years after it started, to conduct a configuration of MISSA.

In 2022, the mobile money pilot resumed in a selected number of mostly peri-urban community councils, supported by an updated MISSA which allows for automatic payroll generation and reconciliation. While it is envisaged to eventually deliver mobile money payments monthly (GoL, 2021; and GoL, 2022), the current pilot aims to deliver quarterly payments, in line with the CIT payment schedule. According to both central- and district-level key informants, MoSD organises beneficiaries' transition to mobile money payments by organising community gatherings where beneficiaries receive free SIM cards for one of the two mobile network operators subcontracted by MoSD (Vodacom and Econet). During the gatherings, MoSD officials and representatives of the relevant mobile network operator also sensitise beneficiaries about how to access the mobile money services and the conditions of access, including charges and fees. MoSD reported that it covers the fees for one withdrawal per quarter, but that all fees for subsequent withdrawals need to be covered by the beneficiary.

Table 2: Overview of CGP payment options

	Manual payments	Digital payments
Payment modality	CIT	Mobile money
Payment service provider	G4S	Vodacom and Econet
Number of beneficiaries	39,891 (85%)	7,120 (15%)
Number of community councils	48	18

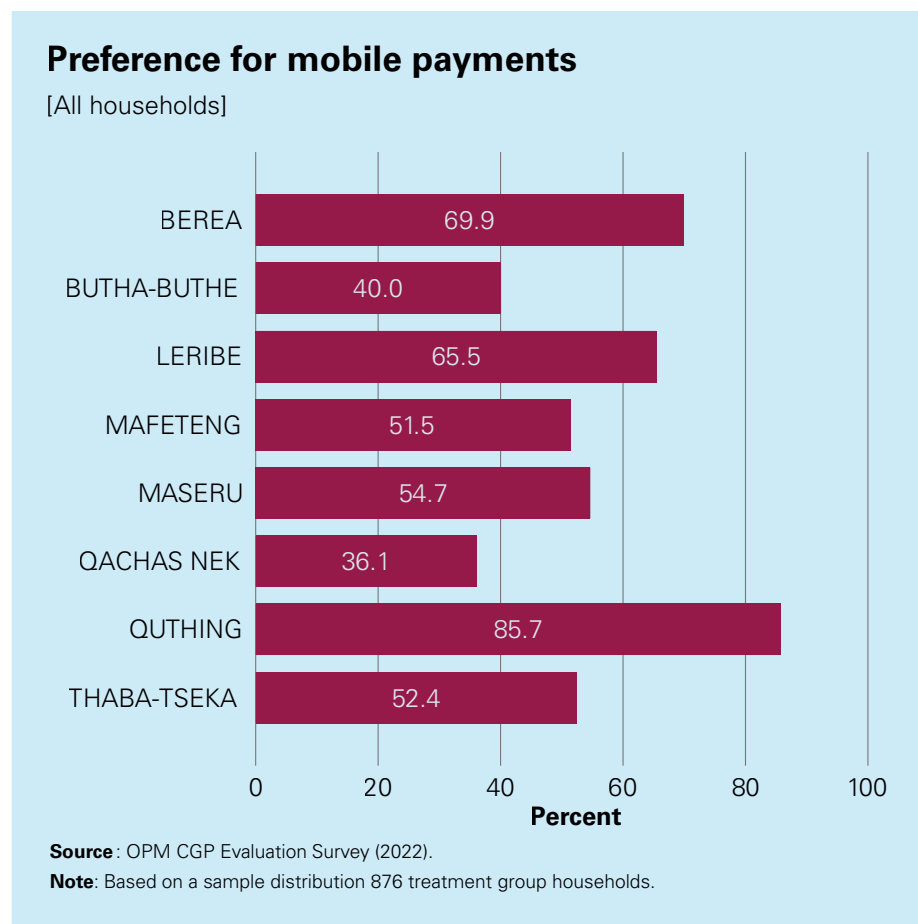
6.3.2 Relevance of current payment options

Preferences

Both the quantitative and qualitative findings show that preferences for payment modality among current CGP beneficiaries are mixed, with a slight overall preference for mobile payments (Figure 34). There are significant variations between districts, with 87% of beneficiaries in Quthing and only 36% of beneficiaries in Qacha's Nek preferring mobile payments over CIT. Interestingly, the strongest preference for mobile payments among beneficiaries is observed in districts that are already part of the mobile payment pilot, i.e. Berera, Leribe, and Quthing (Figure 34). Interestingly, our quantitative findings also show that women are slightly more likely to prefer mobile payments compared with men. This may support claims that digital payments have the potential to help empower women and foster their financial inclusion.

CGP beneficiaries have a slight preference for mobile payments over CIT

Figure 34: Beneficiaries' payment preferences by district





However, our quantitative results show that preferences vary not only by location but also by individual characteristics, with qualitative research confirming that sometimes even within the same village some beneficiaries prefer mobile payments, while others prefer CIT. We find that women are slightly more likely than men to prefer mobile payments, and younger people are more likely than older people to prefer mobile payments. These findings are consistent with other qualitative evidence which also highlights that preferences are not only mixed among beneficiaries but also among social workers and local community leaders.

The first concern raised by all qualitative research respondents who prefer CIT over mobile relates to the potential exclusion of older and/or illiterate beneficiaries who may struggle to use the technology. Older beneficiaries are concerned that they will lose agency when paid through a technology they do not understand, such as one beneficiary from Mafeteng who suggested that *'my grandchild would steal my money and misuse it as he knows how to use the phone, unlike me'*, and another beneficiary who added that *'I don't want to be paid via M-Pesa because of my old age, I would not know what to do to withdraw the money'*. Social workers and local leaders equally argued that they see the advantage of mobile money but are worried about older people not being able to use it. Another possible exclusion issue may concern women, especially those who do not have access to mobile phones or a mobile money account.

The second concern shared by many respondents relates to the potential loss of contact and communication between programme implementers and the beneficiaries, which may pose further challenges to case management and grievances processes. For beneficiaries and village chiefs, this mostly manifested itself in the form of concerns that they would not know who to contact should they have difficulties in accessing the transfer or should they not receive the right amount. On the one hand, this reflects low levels of trust in technology, as expressed by this beneficiary from Qacha's Nek: *'It [CIT] is still appropriate because they will cheat us if we use digital [M-Pesa] means because we won't have physical contact.'* On the other hand, this argument further underlines the ineffectiveness of the current case management, grievances, and communications approach of the CGP, which is over-reliant on interactions during payment days (see Section 6.1).

Despite the concerns, many beneficiaries, social workers, and national-level policymakers are found to prefer mobile payments, and highlighted the convenience and the expectation that it would save money and time. MoSD stakeholders and development partners highlighted the potential of mobile payments to enhance the shock responsiveness of the CGP, improve the financial inclusion and literacy of beneficiaries, reduce operational costs, and move to more frequent payment schedules:

Transitioning to mobile payments presents an opportunity to pay on a monthly basis. One of the reasons for quarterly payment is because CIT is quite expensive. (UNICEF Social Policy Officer)

Older beneficiaries fear exclusion from technology

Mobile payments are perceived as more convenient



I like M-Pesa because I do not have to queue the whole day to get CGP as I am always busy working in the fields. M-Pesa is simple and convenient as I stay in my village unlike having to travel to the council to get the payment. (Beneficiary, remote, Qacha's Nek)

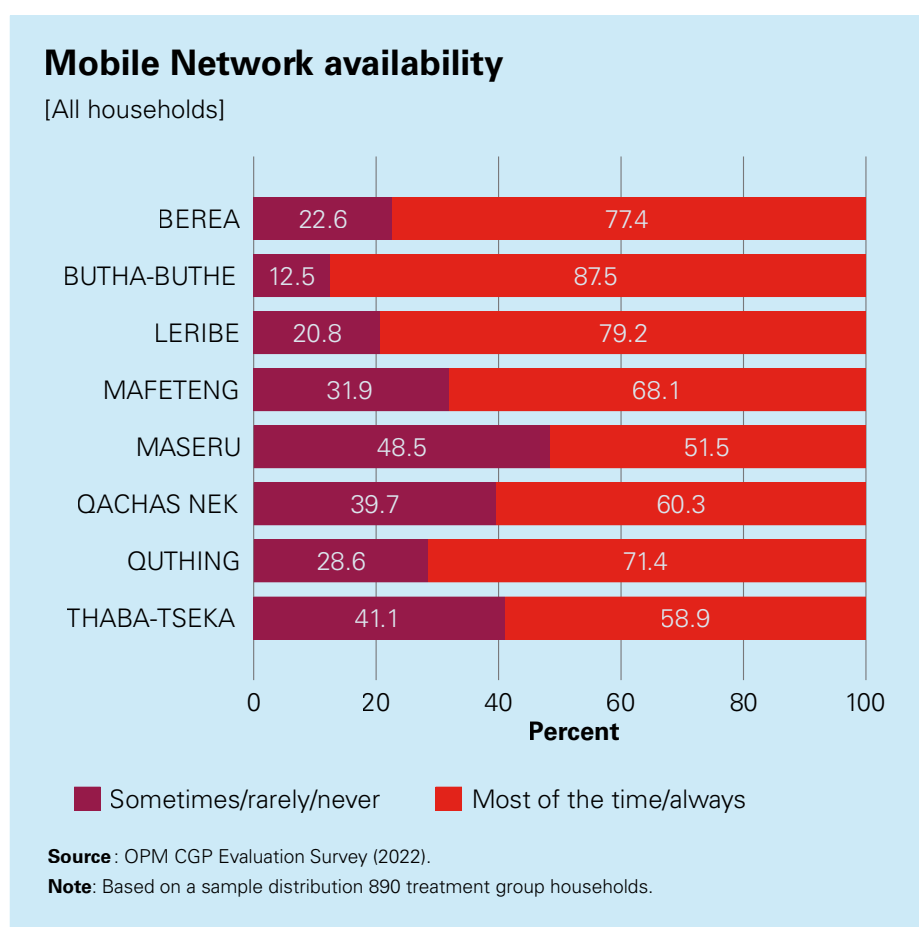
Feasibility

Over two-thirds of CGP beneficiaries live in places with good network coverage, meaning that a mobile network is available always or most of the time. This is important as the appropriateness of the mobile money pilots and their expansion plans depends on the local infrastructure, such as the availability of mobile networks, as well as the coverage of mobile money agents. However, there are significant geographic variations, with almost 88% of beneficiaries in Butha-Buthe reporting good network coverage while almost half of all beneficiaries in Maseru reported that a network is only sometimes, rarely, or never available (Figure 35).

Around a third of all study communities reported that there is a mobile money agent in their village, and the average reported travel time to and from a mobile money agent is 1.8 hours.

Again, we find significant geographical variations, with beneficiaries from Quthing and Butha-Buthe reporting having to travel around three hours to reach mobile money agents and return home, while for beneficiaries from Leribe or Berea the average travel time is only around one hour. However, in all districts except Butha-Buthe, the average reported travel time to mobile money agents is shorter than that to CIT pay points (Figure 36).

Figure 35: Reported mobile network availability by district





While mobile network availability and mobile money agent coverage are important indicators for assessing the feasibility of mobile payment expansion, they are not necessarily correlated. For example, while Butha-Buthe and Quthing perform relatively well in terms of network availability, they have some of the sparsest coverage of mobile money agents. In addition, qualitative research shows that even in locations that have lower than average distances to mobile money agents, respondents raised concerns about the feasibility of mobile payments:

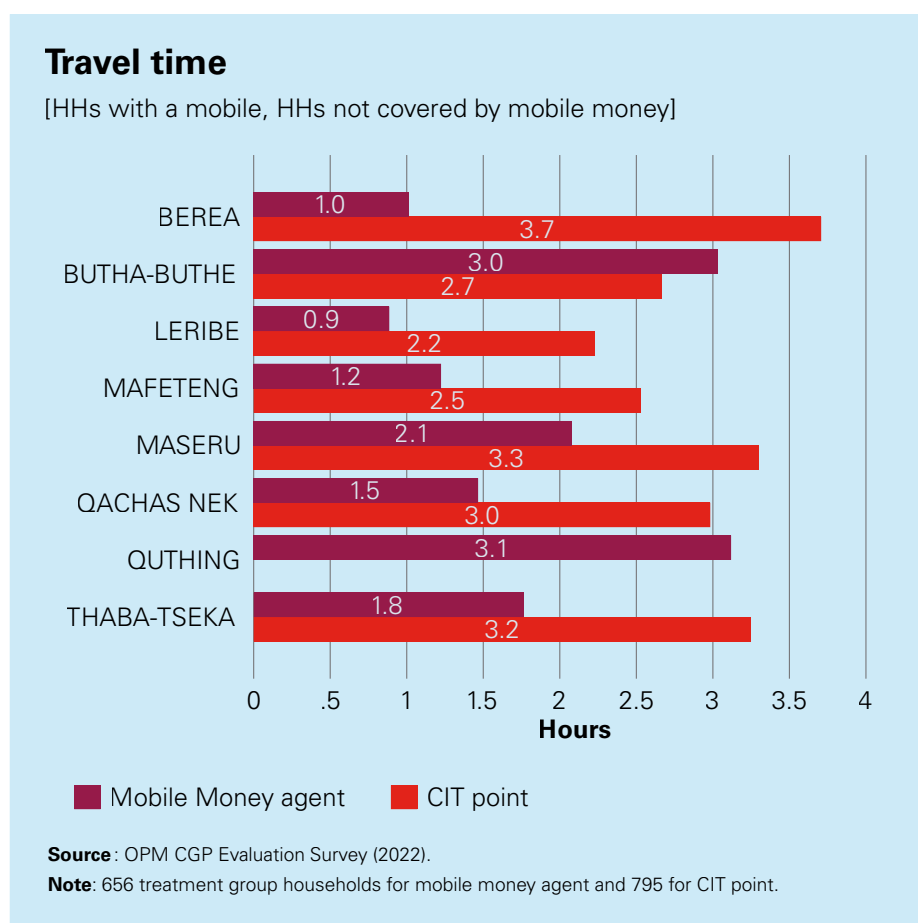
The other thing is that the M-Pesa agents are few in the villages so they will have to spend money to go to town for withdrawal. (Auxiliary social worker, Qacha's Nek)

There is nowhere where they would withdraw the money from (i.e. there are no agents), and nowhere to buy what they need. (Social worker, Qacha's Nek)

1.8 hours

is the average reported travel time to the closest mobile money agent

Figure 36: Reported travel time to and from mobile money agents, by district

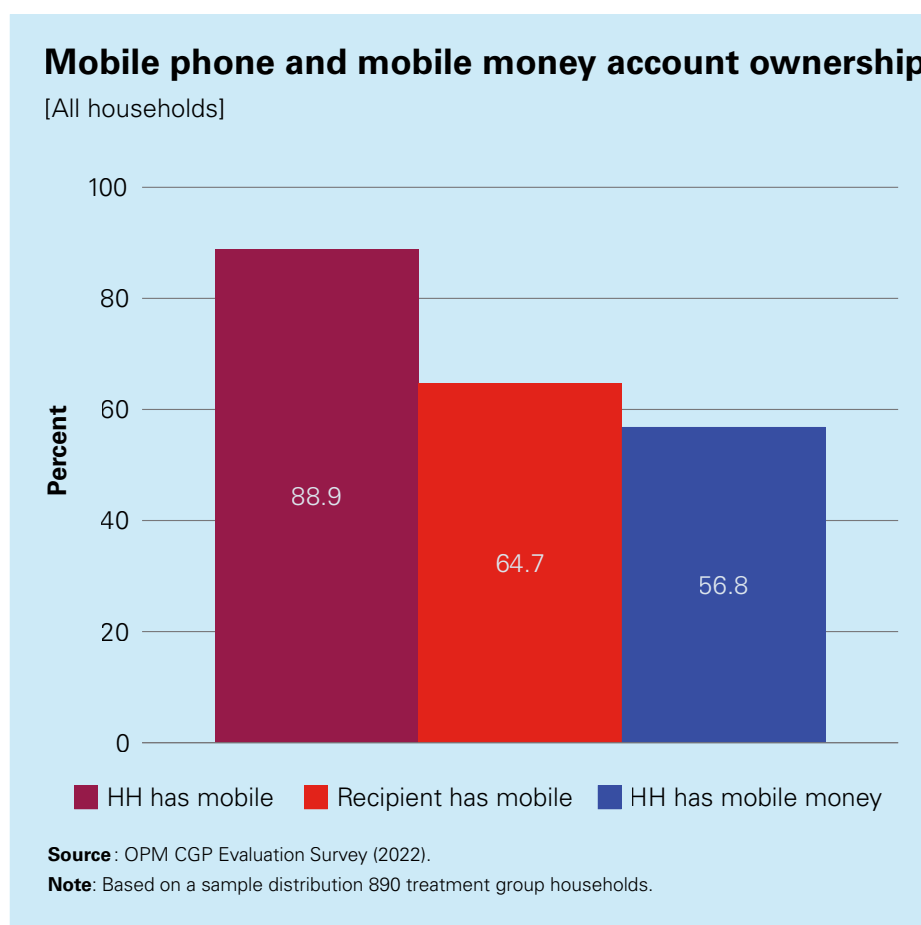




Given the geographical variation in mobile network availability and agent coverage, it may not be possible to transition all areas to mobile payments immediately. For example, the district manager of Mafeteng suggested that while she expects that it would be possible to scale up mobile payments in the majority of the Mafeteng community councils, there will be some few councils where, due to poor infrastructure, it will not be possible. A key stakeholder from MoSD's Social Assistance Department reported that, according to World Bank estimates, about 60% of CGP beneficiaries could be reached through mobile payments by 2024, although it was not possible to identify the source of these estimates.

Our findings show that close to 90% of all CGP beneficiary households own a mobile phone, suggesting most CGP households would not need to borrow a phone from someone outside the household to access mobile payments (Figure 37). On the other hand, only about two-thirds of registered CGP recipients in the household own a phone themselves, suggesting that if recipients are given the SIM card, they may need to borrow the phone from another household member to access the funds. Finally, we find that only a little over half of all CGP households have a mobile money account, suggesting that this is not necessarily a payment option that everyone is familiar with. These results highlight that, while mobile phone payments are mostly feasible, the CGP will need to pay special attention to potential case management issues and complaints that may arise if they are implemented, especially during the transition, and equally make provision to provide support to recipients with little experience of using mobile technologies.

Figure 37: Mobile phone and mobile money account ownership among CGP households and recipients



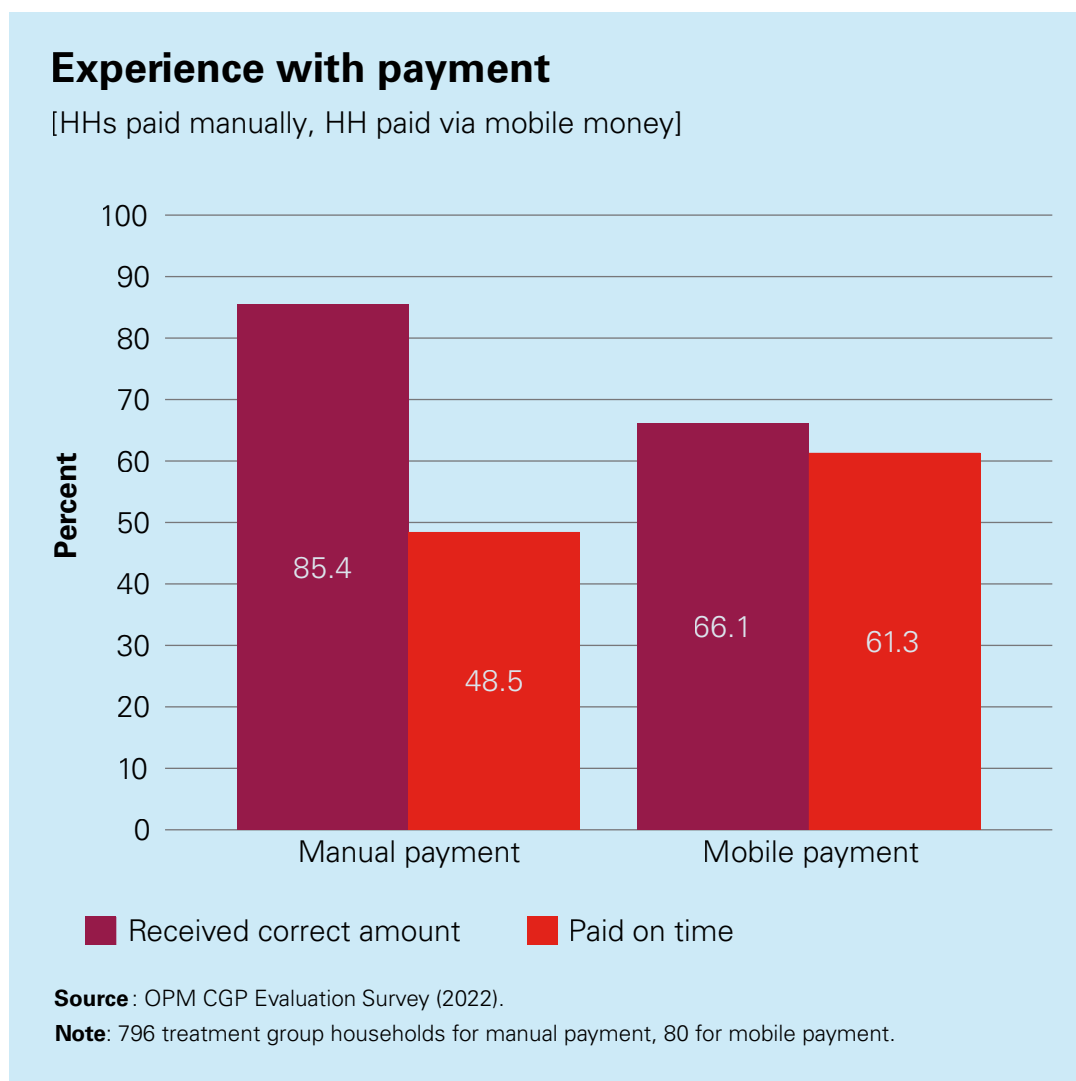


6.3.3 Effectiveness of current payment options

CGP payments are found to be mostly predictable in terms of amount but unpredictable in terms of timing. The quantitative findings show that over 80 % of beneficiaries reported having received the expected amount at the last payment but almost 50 % said that the last payment did not arrive on time. CGP payments can only be made when the Ministry of Finance releases the funds, which MoSD must request each quarter. However, key informants from MoSD reported that, due to liquidity challenges, the Ministry of Finance often delays the release of payment, which has led to more unpredictable and irregular payments in recent years. For example, the payment for the first quarter of the 2022 financial year¹⁸ (April–June 2022) was paid in September and October of 2022, while the last payment of the last financial year (January–March 2022) was only paid in June 2022.

However, receiving the expected amount is not the same as receiving the right amount, as our quantitative data show that most beneficiaries do not know how much money they are entitled to, based on the number of children in the household. Specifically, the quantitative findings show that 41 % of beneficiaries actually receive the wrong amount (Figure 32). These findings point to an ineffective case management system which fails to adjust the transfer values based on the number of children (see Section 6.1.1).

Figure 38: Predictability of CIT and mobile payments



¹⁸ The Lesotho Financial year goes from 1st of April to the 31st March.



Despite some initial challenges, mobile payments appear to be as effective as, if not more effective than, CIT in the areas where they have been piloted so far. While 83% of all beneficiaries who receive their CGP transfer via mobile payments reported experiencing no problems in accessing the payment, only 50% of beneficiaries who receive the CGP transfer via CIT reported the same. This suggests that some initial reports of dormant numbers, loss of SIM cards, and incorrect phone numbers may have been attributed to teething problems.

We don't pay names that don't correspond and dormant numbers. We contact them through phone calls and let them know that payment doesn't go through... The first and second payment is a bit hectic because it occurs after data collection and that's when we discover several errors, i.e. dormant and incorrect mobile numbers, the third payment gets better. (Senior Social Assistance Officer)

In fact, most respondents from Leribe, one of the mobile payment pilot districts, reported that the transition to mobile was mostly smooth, with several beneficiaries maintaining that *'it was easy for us to transition from being paid manually to being paid digitally'* and that all that was required of them was to show up for the registration activity with their IDs, phones, and payment booklets.

In addition, mobile phone payments are marginally more predictable in terms of timing than payments delivered via CIT. While 61% of mobile payment beneficiaries said they received the last payment on time only 49% of CIT payment beneficiaries did (Figure 38). Mobile payments can do little to resolve the unpredictability caused by delayed releases by the Ministry of Finance, but they do have the potential to avoid payment delays caused by difficult weather or road conditions.

...in the highlands, where there are bad roads, some pay points are hard to reach, especially when it's raining, so payments get cancelled or postponed when it's raining...In the past we had to postpone payments due to collapsed bridge where the beneficiaries couldn't cross the rivers either. (G4S Branch Security Officer)

Nevertheless, several beneficiaries and social workers expressed frustration and surprise that mobile payments have not resolved the predictability challenge so far, such as this beneficiary from Leribe: *'We thought the digital means of payment [M-Pesa] would fasten the processes but hey, here we are on the fifth month still waiting, we don't even know what is happening'*.

More beneficiaries report problems with CIT than with mobile payments

Mobile payments are slightly more predictable and on time than CIT



6.3.4 Efficiency of current payment options

Secondary analyses of operational costs find that mobile payments are significantly more cost efficient than CIT. Modelling shows that CIT costs are 1.5 to 7 times higher than mobile payments, depending on the location (GoL and UNICEF, 2020a). MoSD's director of planning confirmed that MoSD pays no administrative fee to mobile network operators but that the main cost relates to the quarterly withdrawal fee that MoSD covers for each beneficiary, which amounts to an average of M7.5 per beneficiary. On the other hand, CIT was quoted to cost between M80 and M200 per beneficiary per payment.

In terms of time, several key informants from MoSD reported that mobile payments have led to reductions in workload for central-level officers.

These increases in efficiency have been achieved since the updating of the MISSA system, which now allows them to only 'click the button to initiate the payment' and no longer requires the Social Assistance Department to print the lists and carry out manual reconciliation, according to the Senior Social Assistance Officer.

Cash-in-transit is challenging, it involves a lot of processes like printing the lists, sorting them out, MoSD has to be physically present at payment points to sensitise beneficiaries about payment dates ... there's lot of work to be done with manual payments.

(Senior Social Assistance Officer)

Findings from the quantitative survey indicate that CIT is more expensive for beneficiaries to access compared with mobile payments, both in terms of money and time spent. The average return journey to CIT pay points is three hours and the average wait time at pay points is 2.2 hours. On the other hand, the average return journey to the nearest mobile money agent is estimated to be 1.8 hours. Assuming minimal wait times to access cash from mobile money agents, this means that CGP beneficiaries could save up to 3.2 hours in accessing the CGP transfer via mobile payments, compared with CIT. In terms of cost, CGP beneficiaries reported on average paying M26 to reach the pay points. While comparable data on the cost of reaching mobile money agents were not collected, it is reasonable to assume that their relative proximity compared to CIT pay points also implies lower travel costs to reach them. However, to guarantee that beneficiaries really save costs by receiving payments via mobile wallets, it will be important to maintain the current efforts in sensitising beneficiaries about withdrawal fees they may incur after having used the first free withdrawal. Every next withdrawal will cost between M5 and M8.

3.2 hours

time that CGP beneficiaries could save from being paid via mobile compared with CIT



6.4 Capacity strengthening and partnership

This section assesses the extent to which the partnership between UNICEF and MoSD has been relevant and effective. UNICEF has supported the CGP since its establishment in 2009. Since the creation of MoSD in 2012, UNICEF and MoSD have been working in close cooperation to build Lesotho's social protection sector in general, and to expand and strengthen the CGP.

The partnership between UNICEF and MoSD is mostly focused on the provision of technical assistance and capacity-building to MoSD and the CGP, with the help of financial support provided by the EU. Technical assistance is planned and monitored within the framework of multi-year programmes of cooperation which define annual activities, outputs, and outcomes. Since the last evaluation of the CGP between 2011 and 2013, there have been two programmes of cooperation, one spanning the period 2013 to 2019 and another more recent one for the period 2019 to 2023.

6.4.1 Partnership relevance and effectiveness

According to key informants, the partnership between UNICEF and MoSD has been highly relevant for the CGP, as it has provided the foundation for its implementation and expansion. In fact, stakeholders from both UNICEF and MoSD agreed that without the long-standing partnership between the two organisations, the CGP could not have evolved as it has since its inception. This was highlighted by a key stakeholder from MoSD, as follows: *'UNICEF has been a very supporting partner; they built the system from the scratch and provided us with operational support. If it wasn't for them, we wouldn't have [been able to] run the CGP'.*

The partnership between UNICEF and MoSD is found to be highly effective in terms of achieving its agreed activities, outputs, and outcomes as per the annual workplans. The UNICEF–EU logframe and annual workplans list a range of achievements resulting directly from the partnership between 2014 and 2022, including the following:

- **Coverage:** Expansion of the coverage of the CGP and other social assistance programmes (see Section 3.1).
- **General capacity:** Strengthening the functions and effectiveness of the social protection coordination mechanism.
- **General capacity:** Support to the salaries of crucial MoSD officials.
- **General capacity:** Strengthening of legislative, policy, and strategy framework for the social protection sector in Lesotho, including the development of the NSPS I and NSPS II and a Social Assistance Policy.
- **Shock response:** Development of shock-responsive social protection mechanisms, including a scalability framework and data updating protocol, and support to various emergency responses, such as for droughts and COVID-19¹⁹.
- **Complementary services and linkages:** Support to the development and implementation of community development initiatives to promote the graduation of CGP beneficiaries, including the SPRINGS project.

¹⁹ The development of the shock-responsive social protection mechanisms and protocols were funded through a separate grant provided by EU ECHO between 2019 and 2020, while the funding for the emergency responses was part of the regular UNICEF–EU project aimed at strengthening the governance of social protection in Lesotho.



- **NISSA:** Expansion of NISSA to reach almost full national coverage, and support to its IT infrastructure and capacity, including the NISSA updating pilot.
- **Case management:** Strengthening case management, including attempts at decentralisation and capacity-building of involved personnel.
- **Payments:** Piloting and expansion of mobile payments.
- **Payments and management information system:** Support to MISSA upgrading and development, including to accommodate mobile payments.
- **Integration of delivery:** Development and updating of Integrated Social Safety Net (ISSN) protocols, manuals, and procedures, including support to their implementation.
- **Monitoring and evaluation:** Development and implementation of a monitoring and evaluation policy and strategy, and the creation and dissemination of evaluation and research studies related to children to increase accountability and evidence-based policymaking.

The above-mentioned activities, outputs, and outcomes have built and strengthened MoSD's capacity to implement the CGP and other social assistance programmes. Most notably, the legislative and policy framework underpinning the CGP, and Lesotho's social protection sector more widely, has been strengthened, and important progress has been made on developing guiding documents, frameworks, protocols, and manuals to enhance the shock responsiveness of the CGP and to facilitate the integration of the social assistance delivery systems.

At the same time, the analysis presented in Chapters 5 and 6 of this evaluation report shows that the extent to which these activities, outputs, and outcomes have translated into effective, efficient, and sustainable programme design and operational processes is more mixed.

For example, while a range of important guiding documents, frameworks, protocols, and manuals have been produced and approved to enhance the shock responsiveness of the CGP and to facilitate the integration of the social assistance delivery systems, the extent to which these have been translated into practice remains limited. In addition, while the UNICEF technical assistance was instrumental in setting up and rolling out the CGP's case management system, several bottlenecks constraining the system's effectiveness and efficiency remain (see Section 6.1). The partnership with UNICEF has allowed MoSD to build and maintain NISSA and MISSA, without which the CGP could not be administered, yet important questions remain about the sustainability of both of these systems. On the other hand, important innovations, such as the mobile payment pilots, have been very successful in providing new opportunities to improve the efficiency of the administration of the CGP and other programmes. Such innovations may not have been possible without the partnership.

Various stakeholders highlighted that regular coordination meetings between MoSD and UNICEF are key for the effectiveness of the partnership. There was general agreement that frequent technical meetings between the partners can help resolve issues quickly and keep the partnership

Important progress has been made on developing frameworks, protocols and manuals

Coordination is key for the effectiveness of the partnership

relevant and responsive to changing needs. While some stakeholders voiced concerns that coordination meetings have become less frequent, all agreed that meetings should be happening at least monthly to facilitate effective coordination.

The recent entry of additional partners providing technical assistance to MoSD (i.e. the World Bank) will also require close coordination between the partners, and concerted leadership from MoSD. In June 2022, the World Bank approved a loan for GoL to ‘improve the efficiency and equity of selected social assistance programmes and to strengthen the livelihoods of poor and vulnerable households’ under the Pathways to Sustainable Livelihoods Project (PSLP). While stakeholders from both MoSD and UNICEF agreed that this project is an important opportunity for Lesotho’s social protection section, several key informants highlighted the need for the two partnerships to be coordinated and complementary, to avoid duplication. For example, the new World Bank project aims to support digitisation of the delivery of Lesotho’s social assistance programmes, including for payments. At the same time, the UNICEF partnership has been facilitating the mobile payment pilots. All stakeholders agreed that it should be MoSD’s role to provide leadership in coordinating the support received from the various partners, but that it will also be important for the partners to coordinate among each other.

Finally, UNICEF’s technical support to MoSD going forwards should be guided by recommendations aimed at strengthening the relevance, effectiveness, efficiency, and sustainability of the CGP’s operational processes and programme design. Such recommendations are presented in Chapter 8, and have been developed on the basis of the findings of this evaluation report. Several of these system-strengthening recommendations may require technical support by UNICEF, and their implementation can be expected to help make the partnership with MoSD more relevant and effective.

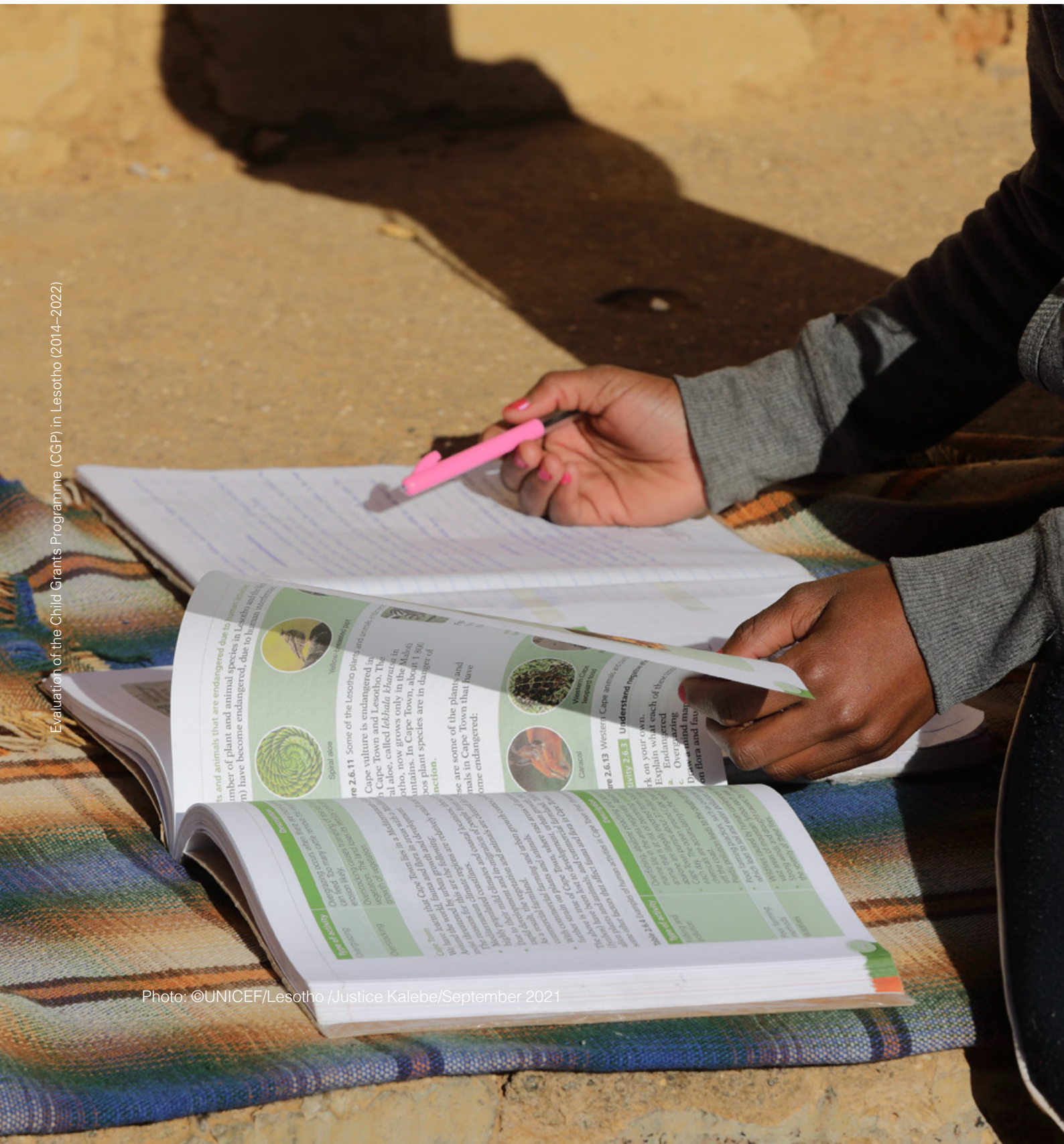


Photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021

07

CHAPTER

Conclusions and lessons learned



The analysis in this report draws on findings from quantitative and qualitative research that has informed the impact evaluation and process review components of the evaluation. In this chapter we summarise the conclusions and lessons learned based on the findings presented in the report, structured along the DAC criteria covered by the evaluation.

7.1 Relevance

Overall, our findings suggest that the CGP's objectives are relevant to the programme's target population. The CGP targets poor and vulnerable households that have at least one child between the age of zero and 17 years, with the aim of improving those children's living standards, nutrition, and health status, as well as education attainment. Our findings confirm that CGP households are indeed very poor and vulnerable. Children in CGP beneficiary households are among the poorest in the country, with 92% of them living below the national poverty line and 60% below the food poverty line. The majority of the children reached by the CGP – 61% of boys and 63% of girls – are also found to be multidimensionally poor, lacking access to goods and services that are essential for their survival and development.

CGP households are also found to be extremely vulnerable to shocks, with most households facing a range of shocks affecting their wellbeing, with food inflation being singled out as the most severe shock. In addition, over a third of CGP beneficiary households are headed by an elderly person and about a third of households include a member with a disability. About 10% of CGP households are caring for at least one child with a disability. This is an important aspect to highlight given that our findings show that poverty levels are significantly higher for both children living in households with one or more children with disability and for children in households headed by elderly members.

Although the objectives of the CGP are relevant to the profile and needs of the programme's target population, the current value of the transfer cannot be considered as sufficient to adequately meet those needs, including the specific needs of households with members with a disability.

Our evaluation shows that the real transfer value of the CGP has been severely eroded over time, and that its share of households' total monthly consumption expenditure has decreased from 21% in 2014 to a mere 8% in 2022.. This is due to the fact that the quarterly CGP transfer values have not been updated or adjusted to account for inflation since 2012, when the transfer value was indexed to the number of children per household.

While the CGP reaches children with disabilities, its design is not sensitive for meeting their additional needs. The CGP transfer value is not adjusted for disability-related extra costs and the extent to which the CGP is designed to help households with children with disabilities access complementary services to meet their additional needs is very limited. However, while the CGP has not been designed as a disability-sensitive programme, it provides valuable support to households with children with disabilities who would struggle even more without it.

Our evaluation has also investigated, mainly through its operational research component, whether the programme's constitutive systems are appropriate to the beneficiaries' preferences and needs. Most of the findings in this sense revolve around the efficiency and effectiveness of those implementation systems, such as payment modalities, case management, as well as grievances and complaints processes. These findings are thus summarised below, accordingly.



7.2 Effectiveness and efficiency

Findings from our evaluation suggest a generally low degree of effectiveness and efficiency in the design, implementation, and updating of the programme's constitutive tools and systems. These include payment processes, case management and grievances systems, communication channels, and NISSA and MISSA.

The recertification process of beneficiaries encountered a number of challenges which affected its effectiveness and undermined buy-in. Challenges with the implementation of the recertification process, a lack of understanding by beneficiaries of why households might become ineligible for the programme, and the lack of an effective communication strategy, have caused confusion and in some cases undermined buy-in to the recertification process. Crucially, only 3% of CGP beneficiaries know that a household could be exited from the programme if it is no longer classified as poor. NISSA, what it can be used for, how the processes that underpin it work, and how it interacts with MISSA are poorly understood. This leads to technical problems when processes are started too early or are incorrectly implemented, as well as causing confusion amongst stakeholders who struggle to diagnose problems and develop solutions.

CGP payments are found to be mostly predictable in terms of the amount expected (not necessarily the correct amount that should be paid), but unpredictable in terms of timing, with delayed and infrequent payments continuing to be a problem. While beneficiaries mostly receive the amount they expect, our findings show that 41 % of beneficiaries do not receive the amount they are entitled to. Together with the real-terms erosion of the transfer value discussed above, this seems to be another reason why the CGP transfer cannot be considered as a sufficient or reliable source of income enabling CGP households to meet their needs – and the needs of their children more specifically.

Despite some initial challenges, mobile payments appear to be as effective as, if not more effective than, CIT in the areas where they have been piloted so far. Although preferences in regard to payment modalities among CGP beneficiaries are mixed, there seems to be a slight preference for mobile payments, which are also found to be significantly more cost efficient than CIT and have led to workload reductions for central-level officers. CIT is also more expensive for beneficiaries to access compared with mobile payments, both in terms of money and time spent.

Our operational research findings also show that case management and grievances systems have varying, but generally low, degrees of effectiveness and efficiency. Demand-side case management cases, which can be initiated by beneficiary or non-beneficiary households, are often not brought to the attention of social workers, and for the ones that are raised, the effectiveness with which they are addressed tends to vary. Two key findings to highlight are that only 8% of beneficiaries reported ever having requested to update their information, and only 15% of households that had had more children since their initial enrolment managed to have their transfer value adjusted accordingly.

Many of the challenges noted on case management also apply to the resolution of complaints and appeals. Our evaluation finds that the complaints and appeals system is generally described as effective for denouncements regarding the misuse of funds but is seen as inadequate for reporting quality concerns. A key problem is that the current system for addressing complaints and appeals is not designed to guarantee anonymity and impartiality, and this affects the extent to which beneficiaries can be expected to complain about the quality of service received. It is, therefore, not surprising that, despite several reports of rude behaviour by, inaccessibility of, and lack of communication from programme implementers, no one reported ever having officially complained about such issues.



Both the case management and grievances systems are found to be both highly centralised and based on manual processes, which leads to many inefficiencies. Case management forms and letters that need to travel manually between community councils and the central office in Maseru often remain undelivered. Given the cumbersome process and the unavailability of some auxiliary social workers, some beneficiaries are found to give up attempting to have their records updated as the costs of doing so is too high. The inefficiencies inherent in the system are thus preventing any effective implementation of the intended tasks and activities, negatively affecting the entire process.

Finally, our operational research findings show that the CGP programme communication is effective with regard to informing beneficiaries of their duties, but less effective with regard to informing beneficiaries of their rights, and about how to engage with the programme.

Communication by the CGP to programme beneficiaries is very effective with regard to messaging about the intended use of the transfer, but not at all effective with regard to informing beneficiaries about the CGP's transfer value that they are entitled to, or about how to lodge a complaint or update their records. As there is no CGP-specific strategy for programme communications and outreach, nor any SOPs, communications related to the CGP are not standardised across locations and almost fully rely on the discretion and proactivity of auxiliary social workers, social workers, village chiefs, and community councillors. It is therefore not surprising that in areas where the CGP has been operating for longer, beneficiaries' awareness of key programme processes and parameters is found to be stronger than in areas where the CGP has expanded more recently.

7.3 Impact

Impact results on food security and expenditure show that the CGP reduces the incidence of extreme food shortage and increases the proportion of household expenditure used for food. CGP beneficiary households are found to experience, on average, 18 days (0.6 months) less of extreme food shortage over the year, when compared to the counterfactual of non-beneficiary households. There is also an impact on the share of food expenditure over the total household expenditure, with an increase of approximately 2.4% in food expenditure share directly attributable to the CGP. It is important to point out that both of these impact estimates are associated with relatively low significance levels, between 10% and 5%, and are sensitive to model specification. However, the estimation models from which the estimates are produced can still be considered robust.

Although a high share of food expenditure within total household expenditure is typical of households living in poverty, the simultaneous impact detected on food shortage seems to corroborate a positive impact narrative regarding food security. As the measurement of the experience of food shortages is measured over the previous 12 months, it may also be reasonable to argue that the CGP transfer may at least partially help offset some of the more seasonal patterns of (lack of) income inflows, over the year. Related findings on the most common uses of the transfer and messaging about the intended transfer use also contribute to explaining the effects detected. Almost all beneficiaries (92%) confirmed that their spending choices are influenced by the messaging received, which stresses the importance of using the transfer for food, and this seems to be confirmed by the relatively large proportion of households using the transfer for food for the household (54.7%) and food for children (24.9%). Spending disproportionately more of the transfer on food may thus explain the higher share of food expenditure within CGP beneficiary households as compared to non-beneficiaries.



There is also an impact of the CGP on the prevalence of illness among young children, with an attributable reduction of 7.3% in sickness in the 30 days prior to the survey for children aged zero to five years in CGP beneficiary households, when compared to non-beneficiary households.

Additional findings on health indicators seem to suggest that this improvement in child health is not, however, related to increases in either expenditure on, or access to, health services, for which we find no significant impact. Rather, it seems reasonable to argue that the already discussed improved access to food (i.e. less time experiencing extreme food shortage and a higher share of expenditure allocated to food) could have led to better health outcomes for children. These sets of potentially intertwined results thus depict a positive, if limited, picture of the CGP's impact.

At the same time, the narrative emerging for the great majority of thematic areas and indicators covered by the impact evaluation is one of little to no significant impact of the CGP on its target beneficiary households and children. There is no significant impact detected on children's education, their time use, or their engagement in economic activities, and there is no significant impact at the household level on the use of coping strategies or poverty status.

This lack of impact is not surprising in light of the erosion in the value of the CGP transfer, as well as the issues with infrequent and incorrect payment amounts, already discussed above. The CGP transfer currently constitutes a small proportion of CGP households' total monthly consumption expenditure. It is not sufficient to have a discernible impact on household expenditure towards consumption – and children more specifically. We estimate that the average CGP household, which is among the poorest in Lesotho, would need a transfer four times the current size of the CGP to escape food poverty. Although the CGP was never intended to enable households to exit poverty, our impact evaluation findings demonstrate that the substantial real-term loss of transfer value over the years has thwarted potential positive effects on a larger range of areas, including children's education, which could be realistically expected to be impacted by the CGP. This is also in line with our assessment of the CGP's ToC and related impact pathways.

While there is no quantitative impact detected on poverty, we do find that the CGP transfer is perceived by recipients as reducing both the stigma and stress caused by the condition of poverty.

This is an important element to include in our impact evaluation narrative, which emerges from the perceptions of CGP beneficiaries gathered as part of our qualitative research. Both community leaders and CGP household members mentioned that the money received from the CGP helps improve households' and individuals' motivation, psychological wellbeing, and sense of dignity. Importantly, this seems to be especially the case for households that are caring for vulnerable children, including children with disabilities. These positive effects of the CGP on subjective wellbeing should not be overlooked, and are also aligned with previous research on the effects of social protection on psychological wellbeing.

7.4 Sustainability

Evidence on the sustainability of the CGP and its effects over time is derived from both the process review and the impact evaluation.

Our operational research findings suggest that the CGP will continue to require technical and financial support to improve, manage and update NISSA. The findings discussed above on issues affecting the NISSA indicate that there is still strong reliance by the MoSD on external support for the functioning, management, and updating of the NISSA. The main concerns relate to a limited understanding within the MoSD of how NISSA works, how it interacts with MISSA, as well as capacity



constraints at both the district and central levels. In addition, the team working on NISSA and MISSA continue to be capacity constrained and include externally funded capacity. The knowledge of how the system works does not appear to be sufficiently institutionalized within the MoSD. From a programme sustainability perspective, this implies that further technical and financial support is necessary to update the NISSA and to continue performing core activities such as targeting and recertification.

Continued – and indeed enhanced – support is particularly important also for enabling the CGP to be used for shock response. The consensus among stakeholders is that the CGP is the most suitable programme for shock response in the context of Lesotho's social assistance sector, mainly thanks to the relative strength of its delivery systems and its use of NISSA data for targeting. However, our findings indicate that the delivery systems of the CGP need to be further improved to enable better shock response.

While the CGP has been increasingly used to respond to shocks over the last few years, including both horizontal and vertical expansions, there are a number of practical challenges that have hindered the timeliness and effectiveness of the response. These include problems with accessing NISSA data and the rigidity of MISSA in regard to making payments, as well as weak coordination and institutional capacity and a lack of agreed response protocols.

Our findings show that a number of possible reforms to the CGP and its delivery systems have been identified that could increase the shock-responsive potential of the programme. These include raising the transfer value of the CGP to better respond to the estimated food deficit, expanding the move to digital payments to allow for more flexible and quicker payments, developing a coordination structure, putting in place scaling protocols, as well as improving access to, and implementing a viable updating strategy for, NISSA. These are only some examples of the visions and strategies that are currently being contemplated to sustain and improve the shock-responsive nature of the CGP. Continued support to the programme and MoSD will be crucial to pursue any of them.

Finally, our evaluation findings also attempt to shed some light on the sustainability of the CGP effects over time for programme beneficiaries, but the insights are limited. While the scope and robustness of the quantitative analysis on this was curtailed by small sample size issues, there are some interesting descriptive trends on indicators of interest detected between the 2013 and 2022 evaluations. These include, for instance, a reduction over time in the proportion of households with a child aged zero to five reportedly sick in the previous 30 days, which seems to be consistent with the positive impact detected on the same health indicator, discussed above. However, it is worth reiterating that the quantitative analysis of sustainability is based on a very small sample.

Experiences of the perceived impact of the CGP over time were also collected through qualitative life stories of CGP beneficiaries, which uncovered some positive impressions of the effects of the CGP, including on education, but also confirmed perceptions of the erosion of these effects over time. Important insights emerging from these stories are that adult children feel that the CGP has helped them over the years to fulfil some of their aspirations, including in education, through the complementary access to the bursary. However, what clearly stands out is that what the CGP transfer could achieve 10 years ago is very different from what it can achieve today, with respondents mentioning that their ability to cover education and food consumption expenditures has decreased over time, especially when comparing their older and younger children.



7.5 Coherence and partnership

The number of complimentary programmes that actually reach CGP beneficiaries and provide meaningful support are limited. It is important to distinguish between programmes that are available within a district and their actual reach and coverage. Whilst some programmes are available for CGP beneficiaries to access and they do access both NGO and Government run programmes, there seems to be no automatic process for deliberately targeting CGP beneficiaries or effectively layering interventions. Access is found to depend on knowing about a programme, the individual's agency, and their level of access to the auxiliary social worker or social worker. There is no agreed process for informing CGP households about programmes or how they could access them.

The OVC bursary is viewed as the most important complimentary programme by CGP beneficiary households. **However**, the number of CGP beneficiary children currently accessing the programme is lower than what ought to be achieved given that beneficiaries are automatically eligible for the bursary. Only 23% of households with children aged 14 to 19 actually have at least one child on the OVC bursary.

More can be done to truly realise the potential to integrate the delivery of the CGP with other similar programmes and realise the potential for efficient and effective delivery across the different social assistance programmes. Whilst significant progress has also been made in moving towards a more integrated delivery of social assistance programmes, including through the development of the ISSN, the consolidation of social assistance programmes within MoSD, and the creating of centralised operational units that are in charge of the operational processes for delivering all the different social assistance programmes, more work still needs to be done to align the different delivery systems. This includes developing a plan for how and over what time frame the ISSN is to be implemented in its entirety.

The partnership between UNICEF and the MoSD has been highly relevant for the CGP, as it provided the foundation for its implementation and expansion. Our evaluation found that the partnership was highly effective in terms of achieving its agreed activities, outputs, and outcomes as per the annual workplan and stakeholders attributed the successful evolution of the CGP to the partnership. The extent to which these activities, outputs and outcomes have translated into effective, efficient and sustainable programme design and operational processes is more mixed as evidenced in the findings of our evaluation. However, it is important to note that this is not a reflection on the relevance or even effectiveness of the partnership, but of the fact that capacity building and sector strengthening is a long term process that is multi-faceted and requires continuous, if evolving support, over a sustained period of time.

08

CHAPTER

Recommendations



Evaluation of the Child Grants Programme (CGP) in Lesotho (2014–2022)

Photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021

In this chapter we present recommendations based on the evidence gathered as part of the evaluation. These recommendations are intended to assist the CGP stakeholders, including UNICEF and MoSD, in setting the priorities for both improving the operationalisation of the programme and ensuring that the programme's central objective can be achieved. These recommendations may be considered in light of the continuing partnership between UNICEF and MoSD. Given the specific challenges with case management, grievances and complaints, and the communication with beneficiaries we have provided more detailed secondary recommendations that illustrates what would be required to realise the key recommendations in those areas.

Key Recommendation 1: Increase the size of the CGP transfer

The current real-term value of the CGP cash transfer is too low when compared to the average monthly household consumption expenditure. For households to be able to meet the needs of their children, for example in terms of food consumption and education expenditure, the CGP transfer payments should become more frequent and predictable, and, crucially, the transfer value should increase. Previous research (Davis and Handa 2015) has shown that the critical threshold for transfer values to have an impact on wellbeing indicators is around 20% of household monthly consumption expenditure, while today's CGP value only represents a mere 8%. This is mainly due to the fact that the size of the transfer has not been increased since 2012, thus leading to a real-term erosion of its value over time, as also stressed by many of the testimonies gathered by our qualitative research. In the short term, we recommend that the CGP transfer value is at least adjusted to account for inflation as soon as possible, on the basis of the 2022 inflation rate, as measured by the consumer price index. In the longer term, a protocol should be established so that the transfer value is revised regularly, including inflation adjustments, with the indicative objective of ensuring that it maintains a value of around 20% of households' average monthly expenditure.

The CGP value must be adjusted for inflation



Key Recommendation 2: Strengthen the effectiveness and efficiency of the case management system and develop pilot models that decouple case management from physical pay point interactions

A functioning mechanism for keeping beneficiaries' records up to date is important for any programme and it is especially important for the CGP as it determines whether beneficiaries receive the right amount which is indexed to the number of children in the household. Together with an increase in the value of the CGP transfer, starting or continuing to receive the correct amount they are entitled to would help CGP beneficiary households meet their children's needs and strengthen the programme's impact. In addition, the design of the case management process will need to be adjusted to remain relevant in places where payments are now delivered through mobile payments, as our evaluation has shown that many processes are still highly reliant on physical interactions at pay points.

Case management determines whether CGP beneficiaries receive the right amount



While the decentralization of the case management system should continue to be a long-term goal that will improve its effectiveness and efficiency, there are several improvements that could be implemented in the meantime to increase the effectiveness and efficiency of the CGP's case management in the short-run and ensure its relevance in the context of an expansion of mobile payments. This could for example include:

- Consider implementing a 'one-off' case management campaign with the aim of adjusting the transfer value for all existing households, bringing it in line with the correct amount, as per the number of children in the household.
- Develop pilots for continuous case management events which will see auxiliary social workers visiting villages or village clusters on a regular basis (e.g. once a quarter or once every six months) to provide opportunities for beneficiaries to update their records, ask questions, report issues with receiving mobile payments, ask questions or receive information about complementary services.
- Ensure that information about how to update records and the types of case management issues beneficiaries may raise is included in the CGP communications plan and strategy (see recommendation 4). This should include information about beneficiaries' rights and entitlements.
- Develop a training plan for existing auxiliary social workers focused on communications around case management and filling in the forms.
- Consider developing protocols that would allow auxiliary social workers and social workers to send digital copies of the case management forms to MoSD's central office, for example, by taking a photo of the forms and sending these via Whatsapp or email. Physical forms may still need to be sent and archived for record-keeping.
- While work should continue to grant editing rights for MISSA to social development district offices so that records can be updated in a decentralized manner, in the meantime, MoSD may consider providing viewing rights to auxiliary social workers and social workers through dashboards or apps so that they can access information regarding their beneficiaries' records in real time. This could help improve feedback loops, inform them about which beneficiaries are currently enrolled in the OVC bursary, have a disability, or receive the wrong payment amount.

Key Recommendation 3: Develop an independent complaints and appeal mechanism

Currently there is no functioning and confidential channel to raise complaints about service quality. It is, therefore, crucial to urgently develop an independent complaints and appeals mechanism for addressing quality concerns and appeals to the case management decisions. In the context of the mobile payments pilot and a potential scale-up, the complaints and appeal mechanism should also be decoupled from pay day gatherings and must distinguish between payment complaints that can be resolved by MoSD versus those that may need to be resolved by the MNOs as the payment service providers.

As part of the process of developing an independent complaints and appeals mechanism, the following may need to be considered:

- The choice of mechanism should be guided by principles of confidentiality, impartiality and accessibility and should be free of charge. Levels of accessibility can be increased by offering more than one channel. Two potential channels could be:
 - A central complaints hotline operated by MoSD with clear protocols for record-keeping and follow-up of complaints received;
 - A locked complaints box outside community council offices that regularly gets accessed by the someone from the District Office, (e.g. the district manager) which can be used for quality complaints and concerns.
- Define the role of MNOs in the resolution of payment complaints for mobile payments and determine which issues are the responsibility of the MNOs to resolve versus for MoSD to resolve.
- Together with the MNOs, determine the payment complaints mechanism used for those payment complaints that are the responsibility of the MNOs to resolve. Design linkages between the MoSD complaints mechanism (i.e. the central hotline) and the MNO mechanism (i.e. their customer service hotline) and help MNOs develop protocols that are sensitive to the needs of CGP beneficiaries who may require different levels of support than their usual customers.
- Develop communications protocols and materials to raise the awareness among beneficiaries and non-beneficiaries about (i) their right to complain, including the types of issues they may complain about and (ii) the different mechanisms and how to access them. These protocols and materials should be part of a wider CGP communications strategy (see recommendation 4)

The mechanism must be anonymous, impartial, accessible and free of charge



Key Recommendation 4: Develop a comprehensive communication plan and strategy, including communications materials and training plans

Ineffective communications and resulting low levels of awareness among beneficiaries of the CGP's operational processes and their rights and entitlements were identified as a cross-cutting challenge affecting effective programme delivery and impact. A communication plan focused on the rights of CGP beneficiaries would facilitate their engagement with the programme and enable them to ensure that they receive the amounts and services they are entitled to, and that their problems are acknowledged and addressed in a timely manner. The current approach provides only weak communication aimed at helping beneficiaries understand how to complain or update their information, what benefit ranges the transfer value is based on, and which services they can access and how. This lack of awareness undermines beneficiaries' ability to take full advantage of the CGP and in the case of the OVC bursary and transfer ranges hamper the impact of the programme.

A CGP communications plan and strategy should be developed and include the following:

- SOPs for the communication between auxiliary social workers and chiefs/ councilors with a clear division of roles and responsibilities regarding the communications. SOPs may also mandate regular meetings (for example quarterly) between the auxiliary social workers, village chiefs and community councilors which can be used to discuss communication issues and align messaging.
- Communications materials such as posters and flyers to be distributed regularly in the villages that include information about the CGP with a focus on entitlements, rights, and instructions for how to update records and lodge complaints.
- Information booklets for community councilors and village chiefs which contains essential information about their roles and responsibilities, including key communications messages. These booklets should be distributed to all village chief and community councilors and auxiliary social workers should have spare copies that they can deliver to newly appointed councilors

The lack of information undermines beneficiaries' ability to take full advantage of the CGP and thus limits impact



Key Recommendation 5: Develop a feasible and inclusive mobile payments expansion plan

Mobile payments for the CGP transfer have the potential to be more effective and more cost efficient than CIT, with gains in delivery speed and reductions in workload for central-level officers. However, these gains are likely to be limited in the more remote areas of the country due to technological and infrastructural constraints. Therefore, a clear and detailed mobile payments expansion plan is required to ensure that the expansion's timing and coverage are both feasible and realistic. The plan should take into account, and be informed by, relevant indicators and thresholds, including network coverage and presence of mobile

The plan must address potential exclusionary issues



money agents. The plan should also consider possible unintended negative effects of the expansion, such as exclusionary issues due to the lack of technology needed to receive the payments, as well as gender implications, and should suggest appropriate ways to deal with them, or use alternative payment mechanisms. Specifically, to make sure that CGP payments remain inclusive, it will be important to consider heterogeneous preferences, especially among older and vulnerable beneficiaries, and to develop protocols that decouple case management, grievances, and communication from interactions at pay points.

Key Recommendation 6: Increase the financial and technical support for NISSA

While a pilot is currently underway to identify a more efficient and cost-effective way of updating the NISSA data, our evaluative evidence indicates that the financial and technical external support should continue. In fact, all stakeholders interviewed at the central and district levels mentioned severe capacity constraints and various software and IT issues hindering the uploading and updating of the NISSA data. Both the NISSA and IT teams within MoSD are understaffed and there are capacity constraints at the district and central levels. In addition, the problems we encountered when using the NISSA data in this evaluation for sampling purposes also highlight issues related to poor data quality and inadequate data management. We believe that, together with the recommendations that will emerge from the NISSA updating pilot, a continuation of – and indeed increase in – financial and technical support should be part of any solution moving forwards. This would improve the quality (e.g. comprehensiveness, recentness, accuracy, and coverage) of the NISSA data, which, in turn, would increase the buy-in and use of the data by other programmes, and would also enhance the shock-responsive potential of the CGP, that is dependent on the programme's delivery systems and the currency of NISSA data for targeting purposes.

NISSA faces capacity constraints



Key Recommendation 7: Improve linkages between the CGP and the OVC bursary and expanding OVC bursary coverage

The OVC bursary is viewed as the most important complementary programme that CGP beneficiaries have access to. It also has the potential to strengthen the CGP's impact on education. However, our findings show that knowing about a programme and having access to auxiliary social workers or social workers are key determinants that explain why some beneficiaries are better able to access government programmes and services. Access to information and to the social worker can differ across and within communities. While CGP beneficiaries are automatically eligible for the OVC bursary, this is not the same as being automatically enrolled. Therefore, an agreed process should be established so that CGP households are systematically informed about the OVC bursary and supported in applying for it. Over time, the data in NISSA should be used to provide auxiliary social workers with the information that allows them to target

Additional funding is needed to allow for higher bursary coverage



households with information about the bursary and the application process. In the meantime, communication campaigns, local leaders, and NGOs could be involved more systematically with supporting the MoSD in reaching more CGP households. Furthermore, additional funding should be allocated to the programme to allow for higher coverage of the bursary which currently- despite its stated ambition of universal eligibility- has very low annual enrolment targets.

Key Recommendation 8: Conduct further research on the local economy effects of the CGP

Our evaluation findings at the community level suggest there may be positive effects of the CGP on the local economy, as CGP beneficiaries mostly spend the transfer with local businesses and/or non-beneficiaries living in the area. This, in turn, is widely perceived as beneficial in stimulating local economic activity, especially on payment days, when CGP beneficiaries have more disposable money to spend. These indications are also in line with previous research undertaken both in Lesotho and other countries, such as Kenya, that demonstrate the multiplier effect of cash transfers. In particular, the LEWIE, conducted in 2012, found that the local economy impact created by the CGP exceeded the amount transferred (Taylor et al., 2012). Similar results were obtained by a LEWIE analysis conducted as part of the evaluation of the Hunger Safety Net Programme in Kenya (Gardener et al., 2017). Given the promising insights obtained in this area by our qualitative research, we believe there is scope for further research into the current local economy effects of the CGP, which would update the results of the 2012 LEWIE analysis. Having a more complete picture of the CGP's impacts on the local economy would add valuable information.

A LEWIE could provide a more complete picture of the CGP's impact



Key Recommendation 9: Expand the Disability Grant's coverage and transition CGP households caring for children with a disabilities to the Disability Grant

Households with children face significantly greater needs than households without children with disabilities, yet the support they receive from the CGP is the same. Social workers and auxiliary social workers lack information to help them identify households with children with disabilities in their communities and in the absence of a functioning referral system they are currently not effectively linked to complementary services and programmes. To better support households with children with disabilities, the coverage of the new Disability Grant should be expanded and current CGP households with children with a disability should be transitioned to the programme to provide them with more adequate support. Social workers and auxiliary social workers must gain access to information about CGP households with disabilities in their communities so that they can identify, assess and support them. Specific referral mechanisms should be developed to help link children with disabilities and their caregivers to relevant services.

The Disability Grant would provide more adequate support





Bibliography

- Attah, R., Barca, V., Kardan, A., MacAuslan, I., Merttens, F. and Pellerano, L.** (2016) 'Can Social Protection Affect Psychosocial Wellbeing and Why Does This Matter? Lessons from Cash Transfers in Sub-Saharan Africa', *The Journal of Development Studies* 52(8), pp. 1115–1131. <https://doi.org/10.1080/00220388.2015.1134777>
- Ayala** (2014) *Integrated Social Safety Nets Pilot Operations Manual*, Ayala Consulting.
- Barca** and Hebbbar (2022) 'Chapter 24: Delivering social transfers', in *Handbook on Social Protection Systems*, Available at: <https://www.elgaronline.com/view/edcoll/9781839109102/9781839109102.00057.xml>
- Binci, M., Hebbbar, M., Jasper, P. and Rawle, G.** (2018) 'Matching, Differencing on Repeat'. OPM Working Paper Series, Oxford Policy Management, Oxford
- Blank, L. and Ocampo, A.** (2015) 'Lesotho: Review of Public Assistance and the OVC Bursary Scheme'
- Carraro, L., Harris, R., Marzi, M., and Pellerano, L.** (2014) 'Review of the National Information System for Social Assistance (NISSA) in Lesotho', OPM.
- Davis, B. and Handa, S.** (2015) 'How Much Do Programmes Pay? Transfer size in selected national cash transfer programmes in sub-Saharan Africa', *Innocenti Research Briefs*, no. 2015-05, UNICEF Innocenti Research Centre, Florence
- De Groot, R., Palermo, T., Banks, L.M., Kuper, H.** (2021) 'The impact of the Lesotho Child Grant Programme in the lives of children and adults with disabilities: Disaggregated analysis of a community randomized controlled trial', *International Social Security Review*. Available at: <https://doi.org/10.1111/issr.12265>
- EPRI** (2021) 'Final Operational Manual: For Delivery of Integrated and Harmonized Social Safety Nets in Lesotho'.
- Freeland, N. and Khondker, B.** (2015) 'Launch of Lesotho's National Social Protection Strategy', *Pathways' Perspectives on Social Policy in International Development* 18.
- Gardner, C., Riungu, C., O'Brien, C. and Merttens, F.** (2017) 'Evaluation of the Kenya Hunger Safety Net Programme Phase 2: The legacy of HSNP Phase 2: systems, practices and lessons learned, OPM.
- GoL** (2015) *National Social Protection Strategy I*.
- GoL** (2017) 'Design for Operationalizing Graduation CDM', design report, BRAC, USA.
- GoL** (2019) *Social Protection Scalability Framework*.
- GoL** (2021) *National Social Protection Strategy Lesotho II*.
- GoL** (2022) *Social Assistance Policy Lesotho*.
- GoL and UNICEF** (2020a) *Strategy for Strengthening Integration and Harmonization of Social Safety Nets in Lesotho*.
- GoL and UNICEF** (2020b) *Towards Shock-Responsive Social Protection Systems in Lesotho: Social Protection Scalability Framework*, MoSD and Disaster Management Authority.
- GoL and UNICEF** (2020c) 'Towards Shock-Responsive Social Protection Systems in Lesotho: Methods for Updating the National Information System for Social Assistance', MoSD and Disaster Management Authority.
- Kardan, A. and O'Brien, C.** (2017) 'Building on social protection systems for effective disaster response: the Lesotho experience', policy brief: Shock Responsive Social Protection Research, OPM, Oxford, UK.
- Stephen Kidd, Diloá Athias and Anh Tran** (2021), 'Universal Child Benefits: a proposal to transform the lives of children across South Asia'. UNICEF Regional Office for South Asia Working Paper No. 2021-01. Kathmandu, UNICEF South Asia. <https://www.developmentpathways.co.uk/wp-content/uploads/2021/03/UNICEF-South-Asia-Paper-2021.pdf>
- Mani, A., Mullainathan, S., Shafir, E., Zhao, J.** (2013) 'Poverty Impedes Cognitive Function', *Science* 341(6149), pp. 976–980.
- MoSD** (2017) 'Social Protection Coordinating Mechanism. Concept Note, Ver 2.0', Maseru, Lesotho.
- ODI/UNICEF** (2020) 'Universal child benefits: policy issues and options', Overseas Development Institute, London, and UNICEF, New York.
- OPM** (2012) 'CGP Impact Evaluation: Targeting and baseline evaluation report', Commissioned by UNICEF/FAO for GoL.
- OPM** (2013) 'Qualitative Research and Analyses of the Economic Impact of Cash Transfer Programmes in Sub Saharan Africa. Lesotho Country Case Study Report', PtoP project report, FAO
- OPM** (2014) 'Review of the National Information System for Social Assistance (NISSA) in Lesotho', final report.
- OPM** (2015) 'Design of a Community Development Model for Lesotho'.
- OPM** (2020) 'Social Protection in Lesotho: Profiling of NISSA'.
- Pace, N., Daidone, S., Bhalla, G., and Pifti, E.** (2021) 'Evaluation of Lesotho's Child Grants Programme (CGP) and Sustainable Poverty Reduction through Income, Nutrition and Access to Government Services (SPRINGS) project', FAO and UNICEF.
- Shah A. K., Mullainathan S., Shafir E.** (2012) 'Some consequences of having too little', *Science* 338, pp. 682–685. 10.1126/science.1222426
- Taylor, J.E., Thome, K. and Filipski, M.** (2012) 'Evaluating Local General Equilibrium Impacts of Lesotho's Child Grants Programme', PtoP project report, FAO and the World Bank.
- Ulrichs, M., Scott, L., and Mphale, M.** (2015) 'Community-based categorisation (CBC) implementation manual', UNICEF and Overseas Development Institute.
- UNICEF** (2021) 'Lesotho 2021 Multidimensional Child Poverty Report'.
- World Bank** (2021) 'Lesotho: Social Protection Programs and Systems Review'.
- World Bank** (2022) 'Adaptive Social Protection In Southern Africa'. Available at: <https://openknowledge.worldbank.org/handle/10986/38256>

Cover photo: ©UNICEF/Lesotho /Justice Kalebe/September 2021