



Oxford Policy Management

# CGP IMPACT EVALUATION

## Targeting and baseline evaluation report

Commissioned by UNICEF/FAO for the Government  
of Lesotho

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January 2012

## Preface / Acknowledgements

This report was written by consultants from Oxford Policy Management on the basis of fieldwork conducted in partnership with Sechaba Consultants, and with external support from EPRI. We would very much like to thank all the staff at Sechaba Consultants for their excellent work in developing the tools and implementing the fieldwork, and for several very fruitful discussions. In particular, we would like to thank Me Thato, all the field supervisors, all quantitative enumerators and qualitative fieldworkers. Me Mathuso provided useful coordination and Me Jeanette constant assistance and leadership on both qualitative and quantitative work.

Victoria, Florian, Sherazade and Sharlene from Ayala Co. were a constant source of excellent advice and counsel, and many thanks are due to them. We are also grateful for continuous advice, support and reviewing from Ben Davis at the Food and Agriculture Organisation (FAO), and to Mohammad Farooq from UNICEF for consistent helpfulness and guidance on the study.

Ntate Ramoema of the Ministry of Health and Social Welfare provided us with much useful information and suggestions for the assessment, and we are very grateful for this.

The UNICEF country office provided essential logistic support, particularly Me Mamakhetha. We would also like to thank the Mission Aviation Fellowship for the use of their plane, and the Partners in Health clinic in Lebakeng for the use of their facilities.

Finally, we would like to thank all the people who took time to be interviewed by us or to participate in discussions. We hope we have been able to capture their views adequately and that this report will serve them well.

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## Executive summary

### Introduction

The Lesotho Child Grants Programme (CGP) is an unconditional social cash transfer targeted to poor and vulnerable households. The primary objective of the CGP is to improve the living standards of Orphans and other Vulnerable Children (OVC) so as to reduce malnutrition, improve health status, and increase school enrolment. In order to do so, it provides a regular transfer of M360 (roughly \$45) every quarter to poor households with children, selected through a combination of an objective proxy means test (PMT) and community validation.

The programme is run by the Department of Social Welfare (DSW) at the Ministry of Health and Social Welfare (MoHSW), with financial support from the European Commission (EC) and technical support from UNICEF-Lesotho. In the pilot stage technical assistance to the implementation has been provided by Ayala Co. and World Vision (WV).

This independent evaluation – commissioned by UNICEF and undertaken by OPM – covers Round 2 of the CGP pilot, which was launched in the last quarter of 2011, with payments starting in September. Round 2 covers roughly 2,288 beneficiary households in 48 Electoral Divisions within 10 Community Councils spread across 5 Districts (Berea, Leribe, Mafeteng, Maseru and Qacha's Nek). This report presents the baseline findings of the evaluation.<sup>1</sup>

The purpose of the evaluation is to establish the *efficacy* and *efficiency* of the CGP. In particular, it has two core objectives:

- to evaluate the welfare and economic impacts of the pilot amongst those who benefit from it;
- to evaluate the operational effectiveness of the pilot programme, particularly the extent to which it reaches those in greatest need (targeting effectiveness).

Thanks to additional financial support from FAO and the Transfer Project, the evaluation was extended to include a further objective:

- to evaluate local welfare, social and economic impacts of the pilot in the community where it operates, beyond those who directly benefit from it;

This baseline report presents the results of the first year of quantitative and qualitative fieldwork for the evaluation. The report includes information on the situation of CGP eligible and non-eligible households from the evaluation areas of the programme, before any payment was made to the households. It also provides a detailed analysis of the targeting effectiveness of the programme. Subsequent rounds of fieldwork will generate data on the impacts of the CGP transfers on beneficiary households and communities, and will be presented in follow-up impact evaluation reports.

### The evaluation methodology

The evaluation is being conducted via two main activities: a quantitative survey of households, communities and enterprises and qualitative data collection. The first phase of the evaluation plan

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<sup>1</sup> Earlier in 2011, OPM had also undertaken a rapid assessment of the impact of the CGP Pilot in Round 1A (OPM, 2011).

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– that concludes with this report – consisted in designing the overall evaluation strategy, collecting a baseline household, community and enterprise survey, and undertaking a qualitative assessment of the targeting process.

## **Quantitative Evaluation Design**

The core of the quantitative evaluation is to assess the impact of the programme on the recipients by comparing them with a group of controls – similar households and children who do not benefit from the programme. Following a community-randomised controlled trial design, all Electoral Divisions (EDs) within the 10 Community Councils of Phase 2 of the CGP pilot were first assigned to either the programme group or the control group via public lotteries.

In treatment EDs the Programme implemented the targeting process, selected recipients and proceeded to enrolment, while in control EDs the Programme implemented the targeting process and selected recipients who should receive the transfer but did proceed to enrolment. The baseline contains information of households who fulfil the targeting criteria (eligible households) and households who don't fulfil the targeting criteria (non-eligible households) in both treatment and control areas.

Within treatment and control areas a representative sample of households were interviewed before the CGP transfer began - as part of the baseline survey that is presented in this report - and will be interviewed again after it has been operating for a sufficient time (two years according to the current evaluation design). The impact will be assessed by comparing changes in the welfare of CGP recipients, who should have improved as a consequence of the programme, to any changes in the control eligible households. The information on the control areas is used to allow for any other changes that may be happening in the population in general and have nothing to do with the programme.

The information from non-eligible households is used for the targeting analysis. One would expect that, if the CGP targeting design and process is appropriate, eligible households should look poorer than non-eligible households.

The baseline quantitative survey fieldwork took place over a period of 9 weeks between the 14<sup>th</sup> of June and the 15<sup>th</sup> of August 2011 in the five CGP districts. The baseline fieldwork was undertaken by Sechaba Consultants under the supervision of OPM.

## **Qualitative Targeting Evaluation Design**

The qualitative targeting assessment consisted of interviews with programme officials in Maseru and fieldwork in two selected community councils (Tebe-Tebe and Makheka/Rapoleboea). In Maseru, semi-structured interviews were conducted with officials from the Ministry of Health and Social Welfare (MoHSW) and staff from World Vision (WV) and Ayala Co. In two villages within each community council, focus group discussions were conducted with CGP eligible and non-eligible households and key informant interviews were conducted with chiefs, councillors, members of the Village Assistance Committee (VAC) and CGP eligible and non-eligible households.

## **This report**

The analysis of baseline information achieves four main objectives: 1) refine and agree a set of indicators that reflect the theory of change of the programme and will constitute the basis for the impact analysis when changes are measured through the follow-up survey; 2) test the soundness of the evaluation design by comparing pre-programme characteristics between households in treatment and control groups; 3) examine differences in the main indicators of interest between

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CGP eligible households and non-eligible households, to see whether eligible households look more “needy” than non-eligible households; 4) undertake a full qualitative and quantitative targeting analysis to determine whether the targeting design and process is appropriate and effective. When not otherwise stated the figures reported refer to the whole study population (eligible and non-eligible households, in treatment and control areas).

## Characteristics of households in the programme areas

The sample of household is predominantly rural and spread across 5 Districts (Berea, Leribe, Mafeteng, Maseru and Qacha’s Nek). Roughly half of the households sampled live in the lowlands, around 40% in the foothills and the remainder either in the mountains or in the Senqu River valley.

### Demographic Characteristics

Overall, the study population is fairly young, with a mean age of 27 years and the average household size is 5. A high proportion of children (over 20%) are single orphans. Moreover, more than half (60%) of household members can be classified as dependents (children, elderly, chronically ill or disabled), and in almost 25% of households there are not any able-bodied adult members (potential breadwinner). Similarly, a high proportion of households have a chronically ill (around 40%) or elderly (also around 40%) member.

There are a number of differences in the demographic characteristics of individuals from CGP eligible and non-eligible households, some of them due to programme targeting, others to socio-economic factors. Because of the design of targeting (only households with children are eligible to enrol in the CGP), on average individuals in eligible households are younger (with a mean age of around 24 years) than non-eligible individuals. Moreover, almost half of individuals in eligible households are children below the age of 18 years and eligible individuals are more likely to be female and to be widowed. The proportion of eligible households with single orphans (35%) and double orphans (28%) is also significantly higher than in non-eligible households.<sup>2</sup>

Interestingly, adults in eligible households are almost 20 percentage points less likely to have a valid passport (restricting their mobility and participation in the South Africa’s labour market) and children in eligible households almost 10 percentage points less likely to have birth certificates (which may result in lower access to certain rights and services).

### Health

Around 15% of the total population was either *chronically ill, self-reportedly HIV positive or disabled*. Unsurprisingly, this proportion was significantly higher amongst the elderly. High blood pressure was the most commonly reported chronic condition (30%) followed by TB and arthritis (over 10% of cases).

Overall, a majority of both adults and the elderly faced *financial barriers* to healthcare treatment. However, this problem was particularly pronounced for eligible households. The proportion of adults 18-59 that had too little money to access healthcare treatment at some point during the 3 months prior to the survey was higher in eligible households (around 70% against 56%), while a lower proportion spent money on healthcare. This pattern was just as marked for the elderly (55+) where the average expenditure on healthcare was also significantly lower than in non-eligible households.

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<sup>2</sup> This different persists after taking into account the fact that all eligible households contain children, while some non-eligible households don’t.

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These findings were similar for children. The proportion of children unable to access healthcare because of financial constraints was higher in eligible households than in non-eligible households (12% rather than 9%), reflected in fewer children for whom any money was spent on healthcare in the three months prior to the survey (8% against 12%).

*Healthcare providers* consulted by the study population aged 18+ were mostly government health centres (almost 40%) and government hospitals (almost 30%). Private hospitals or clinics were only consulted in 10% of cases, most likely as a result of the financial barriers. These results mirrored findings for children.

Regarding *children's illnesses*, around 40% of children below the age of 7 suffered from an illness in the 30 days prior to the survey, averaging at around 6 and a half days per child per episode. The most commonly occurring illnesses were flu/cold (just under 50% of occurrences) and fever (just over a quarter of occurrences). Less common was diarrhoea (less than 10%). Interestingly, the proportion of children with a '*Bukana*' (health card) was still high but significantly lower for eligible individuals (around 95% compared to 99%), confirming that they may be more marginalized with respect to institutional access.

Using the information reported in the '*Bukana*' card it is possible to determine whether children are under or over weight according to international standards.<sup>3</sup> The estimates indicate that around 20% of children aged 0-12 months were underweight when last recorded at the health centre. Conversely, slightly more than 7% were recorded as overweight.

## Education

Focussing on *enrolment in school*, almost all children 6-19 have ever enrolled in primary school, but this drops to only a third of children 13-19 for secondary school. There is a significant difference between eligible and non-eligible households in terms of school enrolment, with 97% against 98.5% of 6-19 year olds having ever been enrolled in primary school and 22.5% against 37.3% of 13-19 year olds having ever been enrolled in secondary school. The most common reason for never being enrolled (apart from being too young) and for dropping out is lack of funds, with a higher percentage of eligible households citing this as an issue. While a significant fraction of learners (roughly 28%) lack either uniforms or shoes for school, this is significantly higher for children in eligible households (53%).

Observing the distribution of the current grade 6-19 year olds are enrolled in, it is clear that children face many problems of *delay in school progression*. Estimates from the study show that more than 90% of children aged 6-19 show some delay with respect to regular school progression, meaning that they are at least one academic year below the grade they should be in (had they enrolled in grade 1 in the year they turned 6 and passed every year).

Three main reasons contribute to creating delays in school progression. In order of importance these include: late enrolments (affecting around 65%), repetition (affecting almost 55%) and temporary drop-out from school (just over 5%). While these three factors affect an equal proportion of children in eligible and non-eligible household, the length of delay in school progression that they create is longer in eligible households: i.e. children in eligible households enrol even later (on

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<sup>3</sup> The Bukana Card reflects the standard design of a Road to Health Card, where weights in kilograms forms the vertical axis and the age of the child (up to 60 months) is the horizontal axis. Two curves are pre-printed on the chart and delimit the "road to health" zone. The upper one represents the median value for the reference population (50th percentile of the National Center for Health Statistics standards for boys) and the lower one represents the NCHS third percentile for girls.

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average when they are around 8), repeat more academic years (almost 1 on average), and stay away from school for a longer time (before enrolling again).

Findings on these issues showed that:

- Failing exams or poor grades are by far the main reason for male and female learners *repeating* school (roughly 70% of cases).
- The main reasons for having ever been *out of school for an academic year* for children aged 6-19 who are currently enrolled in an educational institution include lack of money for fees, uniforms and supplies (between 30 and 50% of cases), followed by illness (around 15% of cases).

*School attendance* is another important indicator to be taken into account when observing children's education. The proportion of children who missed school for at least one day over the 30 days prior to the survey (when school was in session) is high (20% on average and 22% for eligible households). On average children missing school skipped between 3 and 4 days over a 30 day calendar period, a significant fraction of overall class time. Girls seem to be missing school in lower proportion than boys, possibly because they are less involved in activities such as herding. Illness was the most common reason for missing school (30-40% of cases). A common reason was also the inaccessibility of schools, which may be largely related to weather conditions and infrastructure (e.g. distance to facilities).

The vast majority of learners attend government schools (almost 60%), followed by confessional (church) schools (around 40%). The proportion that attends private or confessional schools is higher (almost 50%) for secondary school students, as government secondary schools are less widely spread. Importantly, children in households eligible to participate in the CGP are less likely to attend confessional or private school, reflecting more stringent budgetary constraints.

As for adults' education, individuals from eligible households exhibit significantly lower primary and secondary school completion rates for all age cohorts (except for 55+). This suggests that eligible households are more disadvantaged and have historically faced higher barriers in accessing education. The 25-35 and 35-45 year cohorts show the biggest discrepancy in primary completion between individuals who came from eligible and non-eligible households (approximately 15 percentage points). In the case of secondary school completion, the discrepancy is widest (9.6 percentage points) for the 18-25 year cohort.

## **Livelihood strategies and labour supply**

A majority of households own and cultivate land, and also run some kind of household enterprise such as a home brewing or petty trading. Around a third earn some cash income from casual labour, and around a fifth receive some remittances.

### **Adult labour supply**

In the 12 months prior to the survey just under 80% of adults (those aged over 17 years) were involved in some form of labour activity. The most common activities were own crop production (more than half of respondents involved), own livestock production and paid work outside of households (both of which had around a third of adults involved). Only a few adults (less than 10%) were involved in their own non-farm business activities.

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## Adult paid work

Irregular work - generally referred to as “piece-job” in Lesotho - is by far the principal form of engagement in the labour market for adults in the study population. It generally consists of work in agriculture or construction that is paid on a per-day basis, either in kind or in cash.

Of those adults (older than 17 years) that were engaged in paid work in the 12 months prior to the survey, most were engaged in irregular work (about 70%), with slightly more than 15% in permanent work and slightly less than 15% in temporary work. The median equivalent yearly wage is between M800 and M1000, but it is on average twice as large (between M1800 and M2000) for those engaged in permanent work.

When disaggregated by eligibility, only 7% of adults from eligible households were involved in permanent work as opposed to 20% of adults from non-eligible households, and more were involved in occasional work (80% as opposed to 65%).

## Non-agricultural business and self-employment

While these types of businesses are not very widespread (only 1 in 5 households runs one) and do not currently constitute one of the major sources of income of respondent households, the analysis of non-farm enterprise is a key focus of this evaluation and an area where change is expected once the cash transfer is introduced.

Overall, the most common enterprises found for households in this study are home brewing and petty trading. Enterprises are mostly relatively new and small, with no or very few employees and average profits are 600M per month. Moreover, while inputs for the business are sourced quite widely, including from neighbouring towns (20%), Maseru (10%) and South Africa (8%), outputs are almost all sold locally (over 80% of sales are within the village) to individual consumers (over 95% of cases).

## Farming activities: crop and livestock production

As the 2009 Lesotho Living Conditions report states, *agriculture* is the main sector in Lesotho’s economy, “though the type of agriculture in practice is subsistence with minimal commercial farming” (CMS, 2009). This situation was reflected in the survey, where the vast majority of households (almost 90%) owned some kind of plot, which was typically small (less than 2 acres) and used to cultivate crops (mostly maize, sorghum and beans) and vegetables for home-consumption. For example, almost all of the maize planted was used for internal household consumption, as only about 1% of households sold or bartered any of the harvest. It should also be noted that 1/3rd of households suffered from complete crop failure of the three most common crops (maize, sorghum and beans) in the last harvest – a very worrying indicator that was associated to several factors, including weather shocks, and cattle raids.

Regarding *inputs for crop production*, in the 12 months prior to the survey just under half (44%) used organic fertiliser, around 27% used inorganic fertilizer and 18% used pesticides. Around half of households spent money on crop inputs and for those that did, the average amount spent was extremely low, at 12M. Differences were also visible between eligible and non-eligible households, with eligible ones 10 percentage points less likely to have purchased any inputs and spending less on average. Providers of crop inputs were mostly merchants/businesses (over 50%) and cooperatives or associations (25%), situated in the closest town (over 40%), Maseru (20%) or the village (15%).

Only a small proportion of households hired any *labour for crop production* (9% on average). Most external work was focussed on land preparation and planting, or pre-harvest work, rather than harvesting, possibly related to the bad harvest.



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Besides household farming for self-subsistence, *livestock herding and production* has traditionally been the main livelihood strategy in Lesotho. This was confirmed by findings in this survey, which showed that just under two thirds of households have a household member who owned some livestock/animals in the 12 months prior to the survey. Specifically, 40% of households owned cattle/oxen, a third owned chicken/turkeys/ducks, 20% owned donkeys and 20% owned sheep – though percentages were consistently lower for eligible households.

In the 12 months prior to the survey, only around 5% of households had bartered or bought livestock, but over 15% have sold livestock, possibly as a result of financial need. Similarly, while animals are an important asset (and insurance) for households, very few (just over 10%) benefited from a steady source of income by selling or bartering by-products obtained from livestock. Most by-products were used for internal consumption. Mohair and wool was sold by about 10% of households herding any livestock, whereas milk or eggs were only transacted in the market by less than 1%.

### **Child work and time use of children**

Lesotho's Labour Code of 1992 establishes the minimum age for employment at 15 years. Nevertheless, this survey confirms that child work is still a coping strategy adopted by many households. Around a fourth of children 6-12 and 40% of children 13-14 were involved in some form of labour activity in the 12 months prior to the survey, much of which was in the form of either household crop or livestock production (though percentages were higher among boys). However, very few were involved in paid work (2%) or non-farm business activities (1%). Importantly, moreover, there were no significant differences in children's labour activities between eligible and non-eligible households.

As for children's *time use*, children attending school spend just over an hour travelling to and from school on average, around 6.5 hours in school and half an hour on homework. When also including those not in school anymore, children spent just under an hour helping with household tasks, half an hour helping with family business/agricultural activities and practically no time in paid activities.

### **Consumption and food security**

The average monthly consumption expenditure of CGP eligible households is M700 of which more than 65% on food. Aggregate, per capita and per adult equivalent consumption expenditure levels are significantly lower amongst eligible households than in non-eligible households. The CGP provides a regular transfer that represents on average around 14.6% of the monthly per adult equivalent consumption of eligible households (on a real basis). Due to the fact that the transfer value is the same whatever the size of the household, the value of the per capita transfer for large size households is much smaller than for households with few members. This has potential negative consequences on the progressiveness and effectiveness of the programme.

Food security was a serious problem across all of the sampled households, with 70% of households reporting that they did not have enough food to meet their needs at least for one month in the 12 prior to the survey. Food insecure households reported that they had sufficient food for only 2 to 3 months in the last year, and had an extreme shortage of food for 4 to 5 months.

Moreover, across the sample, high proportions of households reported that adult members had to eat smaller meals (62%), fewer meals (61%) or going to bed hungry (31%) at least once over the three months prior to the survey. While these indicators were lower for children, they were still at a worrying level.

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Most importantly, differences across eligible and non-eligible households were at their highest when it came to food insecurity, with the proportion of households that did not have enough food to meet their needs at least for one month in the 12 months prior to the survey being as high as 88% and all other indicators reported above around 20 percentage points higher than for non-eligible households. These large differentials between eligible and non-eligible households, among all other indicators, are the ones that most convincingly point at a good targeting of the benefit to the poorest and most vulnerable households.

### **Physical, financial and productive assets**

Distinctive differences are found between eligible and non-eligible households when it comes to key *housing characteristics and assets*, which is unsurprising given that the PMT was designed to select eligible households on the basis of their assets (in addition to demographic characteristics). Eligible households are less likely to have good quality floors, walls, roofs, heating, toilets, and an electricity connection.

Another important factor highlighted by the data was the *remoteness* of many of the households in the sample. On average it took all households over 2 hours to get to the nearest health clinic and about an hour to get to public transport or to a market for food. Even in this respect, eligible households tended to take longer to reach these locations, partly linked to the fact that poverty is often correlated to physical exclusion. Both eligible and non-eligible households take an average of 90 minutes to reach the furthest plot that they cultivate, and 30 minutes to reach the nearest source of drinking water.

An interesting area of analysis was also around households' *financial behaviour*. While only 1 in 5 households reported being able to save any money during the 12 months prior to the survey, formal and informal insurance (mainly burial plans) was much more widespread than pure saving. Large numbers of households (50%+) paid money into some form of insurance mechanisms over the same time period, with the most prevalent instrument being the burial society (which 40% of households added money to), followed by formal burial insurance plans.

Borrowing was also prevalent amongst both eligible and non-eligible households, with over 70% of households having borrowed over the year prior to the survey. Most households (55%) borrowed money from friends or family, but also from micro lenders (more than 15%) or community groups (around 7%). An additional 35% of households bought groceries on credit, a form of implicit borrowing.

Additional questions designed to assess respondents' 'risk aversion' and 'financial patience', showed that respondents tend to have high or extreme risk aversion and have high or extremely high discount rates when it comes to managing their finances. Confirming trends in the overall analysis and reflecting well on the targeting of the programme, eligible households were significantly more risk averse and less patient than non-eligible households (as would be expected from poorer households).

### **Vulnerability, mechanisms of support and coping strategies**

Households were affected by a range of economic shocks over the 12 months prior to the survey, the most common being crop failure and death or injury of a household member. Overall, no significant differences between eligible and non-eligible households emerged.

Coverage of government social transfers was generally low. Pensions had the highest coverage of the individual government social transfers, reaching almost 15% of households overall. Other government social transfers such as the social welfare benefit, public assistance or smaller

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schemes were received by slightly more than 2% of households, and the coverage of non-governmental cash transfer programmes was negligible (de facto zero) in the study areas.

On the contrary many households relied on informal support from non-resident household members (29%) and other family members friends, and neighbours. 70% of support from non-household members is received in cash, 70 % in food (or in kind), 40% in the form of tools, inputs, animals or equipment and 13% in the form of free labour. Most of these forms of support are provided in the context of reciprocal sharing arrangements. Interestingly, eligible households were remarkably more likely to receive in kind (food) support and to use others' tools, animals or equipment on their fields, possibly due to their vulnerability status and lack of productive assets.

## **Targeting Analysis**

### **Introduction**

An essential component of the evaluation was a review of the effectiveness of targeting. This aims to check whether the programme's targeting criteria and application process effectively targeted the poorest households.

The targeting analysis conducted for this report was based on the integration of qualitative and quantitative methods. This mixed methods approach allowed the measurement of targeting performance in terms of standard measures such as inclusion and exclusion errors, while also collecting in depth information on households' involvement in the targeting processes and overall perceptions.

The targeting for the CGP followed several steps, each of which affected the overall targeting effectiveness. Following phases of community mobilisation and formation of Village Assistance Committees (VAC), a door-to-door census was conducted to collect information that would be used to assign households across five different groups (from poorest to non-poor, called NISSA1 to NISSA5) using a PMT model. Only households with children 0-18 be included in subsequent targeting steps. The next phase included sharing lists of all households registered in the census with the VAC and asking them to indicate the poorest households. The intersection between PMT-eligible households and community validated households was used to generate the final list of selected households.

### **Overall targeting effectiveness**

The quantitative targeting analysis was based on a comparison of consumption expenditure levels and poverty rates between households eligible for CGP and those not eligible.

When targeting is successful, one would expect that consumption levels are significantly lower amongst eligible households compared to non-eligible. This was found to be the case. Households eligible to the CGP are shown to be significantly more likely to be poor (74%) than those not eligible (43%), and this is also reflected in significantly lower mean consumption expenditure levels. This confirms a general indication that emerges from the whole report: eligible households are worse off on all socioeconomic grounds, from food security, to access to public services, to livelihoods and assets.

However, while in the evaluation areas the poverty rate was estimated to be 50% of households, CGP coverage was only 22%. Therefore it is inevitable that not all poor households are covered by the programme, leading to substantial exclusion errors. This was in fact the case, with analysis showing that 60% of poor households with children were not included in the programme. This was

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mainly, but not only the result of financial constraints: roughly half of the poorest households with children that could have been covered with the available budget were missed by the programme.

On the contrary, inclusion errors were not excessive (26%), meaning that most eligible households were actually poor. This is also unsurprising, given that households had to pass two criteria (the means test and the community validation) in order to be eligible for the programme. The combination of targeting methods was explicitly introduced in an attempt to minimise inclusion errors.

Importantly, benchmarked against international performance, the targeting of CGP's resources on the poorest was similar to that of other cash transfer in the region, but does leave room for substantial improvement. In the next subparagraphs we elaborate on the key factors for this improvement to be achieved. We provide more concrete recommendations in the last section of this report.

### **Effectiveness of targeting design**

Overall, while both the means test and the community validation were effective in increasing the focus of resources on the poorest, the two elements did not reinforce each other sufficiently.

The main difference between PMT and community validation has to do with their different coverage (i.e. proportion of households indicated as "poor" and hence eligible). As a result of problems and limitations with the design of the statistical model, the PMT led to identifying as poor as many as 60% of households with children.<sup>4</sup> Had the targeting process been based on the PMT only, coverage would have been much larger (around double) than current volumes, with significant budget implications. On the contrary only 1 in 3 households with children were indicated as poor by the VAC. The most significant consequences of adapting a validation mechanism on the top of the PMT was to bring coverage down from 60% to 29% of households with children.

According to the original targeting design, the process should have led to the identification of about 10,000 eligible households across the 10 Community Councils (CCs) of Round 2 of the CGP pilot, of whom around 5,000 potential beneficiaries in treatment EDs. This objective was clearly not related to the technical design of the targeting tools. As a result once implemented the targeting process produced a much smaller set of eligible households, about half of what originally envisaged (a bit less than 2500 beneficiaries). This was a consequence of the unpredictability of the PMT model, and limited control over the outcome of the validation process - particularly the lack of a mechanisms of quotas or ranking, hence low coverage at community validation.

### **The PMT and the NISSA scoring system**

According to the PMT design level 1 and 2 of the NISSA were supposed to cover respectively the poorest and second poorest 15% of households (30% poorest households). While household NISSA 1 are in their vast majority (70%) poor, households belonging to NISSA 2 are spread almost homogeneously across the welfare distribution, hence leading to important inclusion errors.

There are possibly multiple reasons explaining the poor performance of the PMT formula when applied in practice:

- The PMT model was estimated on nationally representative data, and is not designed to reflect local differences in the poverty profile.

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<sup>4</sup> This is more than the proportion of households with children that are below the poverty line (53%).

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- The dataset used for the estimation of the model (HBS 2002/03) was outdated and the quality of the data was reported as poor, with inconsistencies, outliers, and difficulties in data processing.
  - Partly as a consequence of poor data quality, a series of discrete models rather than a continuous model was implemented to predict correlation with consumption expenditure, leading to a significant loss of information and precision in the estimation.
  - The micro dataset used for the estimation of the model did not contain information about key assets or income flows (e.g. pensions).

### **Community validation**

Unlike community targeting models implemented elsewhere, in the case of the CGP there was no predetermined quota to be identified as poor in each community, and households were not ranked in relative terms according to poverty level but rather classified as poor or not poor according to absolute criteria. As a result of this design there was a great deal of variation in the outcome of the community validation process across villages. In most villages VAC members indicated as poor from 10 to 40 % of village members, but there are also cases in which the proportion of validated poor was well above 50%.

In an ideal scenario one would expect households in the lowest consumption quintiles to be predominantly validated as poor by the community. In fact validation rates fall by quintile, but the validation rate is surprisingly high in the top quintile (17%) and as high as 27% in the fourth quintile. While this may be partly due to elite capture, it may also be linked to the criteria that VACs were given to select households and the way these were applied in the decision-making process.

Moreover, there seems to be a light tendency of the VAC to target groups that can be more easily identified as “deserving poor”: female headed households, child headed households and households with orphans.

As a consequence of all these elements, the correlation between PMT outcome and validation outcome, although positive, does not appear to be particularly strong.

### **Targeting process and perceptions of targeting effectiveness**

Both quantitative and qualitative research suggested that although most households did not have a good understanding of the detail of the selection process (less than one in ten respondents of the quantitative survey declared they knew how programme beneficiaries were chosen), they were with a few exceptions generally happy that it was a fair and transparent process.

Households’ limited understanding of the selection process was due to a series of factors that include:

- Low attendance at the public gathering during the initial community mobilisation and lack of full understanding of selection process by community mobilisation officers themselves. This resulted in households not fully understanding the role and purpose of NISSA in identifying eligible households and more importantly how this was done.
- Decision made by programme officials to keep the community validation process fully confidential. So in the eyes of the households no one from their community was involved in the selection process.
- Errors created during the enrolment process and explanation given for why some people had to be turned back further diluted and confused households understanding of the selection process.

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The qualitative research did highlight a few problems in the targeting process, starting from insufficient community mobilisation and hasty data collection in the census stage. The lack of appointments with villages prior to community census epitomised the general poor communication and sensitisation of key stakeholders across all stages of the programme. Although the importance of an effective communication strategy was highlighted in both CGP manual and the Public Information Campaign (PIC) strategy, this was not fully designed or implemented by the programme officials. This resulted in households ultimately having very limited and often incorrect or confused understanding of the programme and process of targeting.

Issues were also found with the validation process, with VACs rarely entirely present and often dominated by leading figures in the community (as well as minor issues with the criteria proposed for validation).

The research also showed that the enrolment process was undertaken efficiently and in a coherent manner. However, errors when generating beneficiary lists resulted in some households who were not selected by the targeting process being given certificates for enrolment. Some of these households were enrolled in the programme and others were turned away during the enrolment event. This resulted in distrust in and a loss of credibility of the programme and also created unnecessary tension and resentment at the community level.

To a large extent community members were still trying to understand the purpose of the programme and process of selection. Moreover households were of the belief that beneficiary selection was done randomly and by a computer without the influence of other community members. We expect perceptions about targeting to be further challenged once the first payments are made and once households fully understand the implications of having been selected or not.

Finally there were no case management systems set up for the programme at the time of research. Households felt that setting up of a complaint mechanism would be useful and suggested the use of existing local dispute resolution mechanisms as a means of addressing this.

## **Conclusions and recommendations**

The conclusions and recommendations based on the analysis outlined here are presented in the last section of the report

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## Abbreviations

CC	Community Council
CGH	Coady-Grosh-Hoddinott index
CGP	Child Grants Programme
DHS	Demographic and Health Survey
DSW	Department of Social Welfare
EC	European Commission
ED	Electoral Division
FAO	Food and Agriculture Organization
HBS	Household Budget Survey
MoHSW	Ministry of Health and Social Welfare
MIS	Monitoring and Information System
NISSA	National Information System for Social Assistance
OPM	Oxford Policy Management
OVC	Orphans and Vulnerable Children
PIC	Public Information Campaign
PMT	Proxy Means Test
PSU	Primary Sampling Unit
SSU	Secondary Sampling Unit
TB	Tuberculosis
UNICEF	United Nations International Children's Fund
VAC	Village Assistance Committee
WHO	World Health Organization
WV	World Vision

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# 1 Introduction

## 1.1 The Child Grants Programme

The Lesotho Child Grants Programme is an unconditional social cash transfer targeted to poor and vulnerable households. It provides a regular transfer of M360 every quarter to poor households with children selected through a combination of Proxy Means Testing (PMT) and community validation.

The primary objective of the CGP “is to improve the living standards of Orphans and other Vulnerable Children (OVC) so as to reduce malnutrition, improve health status, and increase school enrolment among OVCs”.<sup>5</sup>

The programme is run by the Department of Social Welfare (DSW) at the Ministry of Health and Social Welfare (MoHSW), with financial support from the European Commission and technical support from UNICEF-Lesotho. In the pilot stage technical assistance to the implementation has been provided by Ayala Co. and World Vision (WV).

The pilot programme was designed and implemented in three phases of round 1A, round 1B and Round 2. Round 1A of the CGP pilot began in October/April 2009 in three Community Councils (Thaba-Khubelu, Mathula and Semonkong), reaching about 1,250 households. The pilot was expanded in early 2010 under Round 1A to include three additional councils (Mazenod, Qibing and Ramatseliso) and then under Round 1B, covering an additional 3,400 households.

This evaluation covers Round 2 of the CGP pilot, that was launched in the last quarter of 2011, with roughly 2,300 beneficiary households in 48 Electoral Divisions (EDs) within 10 Community Councils (CCs) spread across 5 Districts:

- Kanana and Tebe-Tebe Councils (Berea).
- Litjojela and Malaoaneng Councils (Leribe).
- Metsi-Maholo and Malakeng Councils (Mafeteng).
- Qiloane and Makheka/Rapoleboea (Maseru)
- Mosenekeng and White Hills (Qacha’s Nek)

Rather than focusing households caring for orphans (either single or double), the CGP is targeted at poor households with children. Poor households were selected through a combination of Proxy Means Testing (PMT) and community validation. Household information was collected through a community census following community mobilisation event, where households were sensitised about the programme. The collected information was used to create the National Information System for Social Assistance (NISSA), a repository of household socio-economic information to be used for any future social assistance programmes by the Government of Lesotho, including an expanded national CGP.

The PMT predicts the likelihood of a household having a certain level of consumption expenditure (indicator of poverty) based on some proxy indicators of wealth such as dwelling conditions, households characteristics and possession of certain assets. Households were categorised in five distinct groups: Ultra poor (NISSA 1), Very poor (NISSA 2), Poor (NISSA 3), Less poor (NISSA 4) and Better off (NISSA 5).

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<sup>5</sup> Manual of operation in use for round 1A of the CGP pilot. November 2008.



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Those households that: a) were categorised as NISSA 1 or NISSA 2; b) were also selected by members of their community as being the 'poorest of the poor', and; c) have at least one child, are deemed eligible for the programme.

Following selection and notification, households were enrolled for the programme in July and August 2011 and the first payments started in September 2011.

## 1.2 The evaluation

Oxford Policy Management (OPM) has been contracted by UNICEF to design and undertake an independent evaluation of Round 2 of the CGP pilot. The purpose of the evaluation is to establish the **efficacy** and **efficiency** of the programme.

Specifically the evaluation will look at determining the effectiveness of the processes used in the pilot with regard to:

- the targeting and eligibility criteria
- cash transfer utilisation
- the effect that the cash transfer has had on children, households and communities

The evaluation therefore has two core objectives.

- a) to evaluate the welfare and economic impacts of the pilot amongst those who benefit from it;
- b) to evaluate the operational effectiveness of the pilot programme, particularly the extent to which it reaches those in greatest need (targeting effectiveness).

The evaluation plan benefitted from additional support from FAO and the Transfer Project, who co-financed part of the data collection and analysis. This allowed to broaden the set of instruments and methods for the evaluation, as well as to expand the scope of the analysis to include an additional objective:

- c) to evaluate local welfare, social and economic impacts of the pilot in the community where it operates, beyond those who directly benefit from it;

### 1.2.1 Evaluation plan

Over the course of the evaluation, two main activities will be undertaken:

1. A quantitative survey of households, communities and enterprises
2. Qualitative data collection

These activities will use a number of instruments:

- Household survey (a panel survey, with baseline + follow-up);
- Community quantitative survey (baseline + follow-up);
- Enterprise quantitative survey;
- Qualitative focus groups;
- Qualitative in-depth interviews.

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The first phase of the evaluation plan - that concludes with the this report - consisted in designing the overall evaluation strategy, collecting a baseline household, community and enterprise survey and undertaking a qualitative assessment of the targeting process.

Earlier in 2011, OPM had also undertaken a rapid assessment of the impact of the CGP Pilot in Round 1A (OPM, 2011). This study was based on a qualitative assessment and a quantitative survey of beneficiaries perceptions and was meant to provided stakeholders with timely recommendations to inform the scaling-up of the programme. It also constituted and opportunity for the evaluation team to further develop a theory of change for the CGP and elaborate preliminary hypothesis on the programme's impacts.

### 1.2.1.1 Quantitative Evaluation Design

The core of the quantitative evaluation is to assess the impact of the programme on the recipients by comparing them with a group of controls – similar households and children who do not benefit from the programme. Both groups were interviewed before the GCP transfer began as part of the baseline survey, and will be interviewed again after it has been operating for a sufficient time (two years, plus possibly a mid-term follow up after one year). The impact will be assessed by comparing changes in the welfare of recipients, who should have improved as a consequence of the programme, to any changes in the control households. The information on the control households is used to allow for any other changes that may be happening in the population in general and have nothing to do with the programme.

A community-randomised controlled trial design enables constructing a stochastically identical comparison group, representing the “counterfactual” of beneficiary households. Within the 10 evaluation CCs, half of all the Electoral Divisions (EDs) were randomly selected to be covered by the programme (these are referred to as the **treatment EDs**), with the other half were excluded from the current round of the pilot (these are referred to as the **control EDs**). EDs were assigned to either the treatment or the control in public lottery events that took place in each electoral division.<sup>6</sup> There are 96 EDs in total in the 10 community councils, 48 treatment and 48 controls.

In treatment EDs the Programme implemented the targeting process, selected recipients and proceeded to enrolment, while in control EDs the Programme implemented the targeting process and selected recipients who should receive the transfer but did proceed to enrolment.<sup>7</sup>

The survey for the impact evaluation will collected information for a sample of eligible households (beneficiaries) in treatment EDs (**treatment group – Group A**) and eligible households (would be beneficiaries) in control EDs (**control group – Group B**). The targeting analysis will be based on comparing eligible households (Groups A and B) with those that were not eligible for the programme, both in treatment communities (**Group C**) and control communities (**Group D**).

The household sample for the quantitative survey therefore consists of four groups. They are:

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<sup>6</sup> The opportunity to assign the Programme randomly across EDs arose as a consequence of the programme not having enough resources to cover the whole eligible population in the 10 community councils. It is suggested that the control communities should eventually be covered by the Programme once sufficient time has passed for there to be observable impacts amongst the beneficiary households.

<sup>7</sup> It is important to note that the manner in which the control households are identified has significant implications for the robustness of the impact analysis. In this case it was agreed during the inception mission that the programme would implement the targeting process in control communities in an identical fashion to treatment communities, which is sometimes referred to as the “perfect mimicking” approach. This process of perfect mimicking of the targeting process in control EDs provides an opportunity to compare actual beneficiaries in treatment EDs with a similarly identified group of “would-be” beneficiaries in control EDs.

- 
- A – households in the programme areas, eligible for inclusion in the programme.
  - B – households in control areas that meet programme criteria and have been pre-selected by virtue of meeting the eligibility criteria, but have not been enrolled as the programme does not operate there yet.
  - C – households in programme areas, but not eligible for inclusion in the programme.
  - D – households in control areas that do not meet programme criteria and would not (in theory) have been eligible if the programme operated there.

The baseline survey will be followed by a follow-up quantitative survey 24 months later (plus possibly a mid-term follow up survey). The survey will have a panel design, whereby the same households are interviewed at baseline (Jun-Aug 2011) as at follow-up (i.e. in Jun--Aug 2013, plus possibly a mid-term follow up in 2012). It is important that the follow up takes place at the same time of the year to avoid seasonality bias. There may be a second follow-up survey after three years, where again the same households would be interviewed.

The comparison of trends over time in the programme recipients (group A) and controls (B) provides the basis for the analysis of programme impact. Re-visiting the same households will help to adjust for any initial differences between the two groups at the time of the baseline that may have resulted, despite of the randomization.<sup>8</sup> The comparison of trends over time in non-eligible households (group C) and controls (D) can provide insights on the indirect community level effects that the programme had on non-beneficiaries in treatment communities (local spill-over effects).

The household baseline survey was combined with a community survey and an enterprise survey. The community survey was administered in most treatment and control village in which households were sampled for the main survey. The community questionnaire is designed to gain general context information from community representative on the communities that are visited for the study. The Enterprise (or Business) Questionnaire consists in a non-representative survey of rural businesses that fall within the sampling frame of the CGP evaluation. The purpose of the Enterprise survey is to collect information about the local economy in the areas where the CGP operates.<sup>9</sup>

### 1.3 The baseline survey

The baseline survey fieldwork took place over a period of 9 weeks between the 14<sup>th</sup> of June and the 15<sup>th</sup> of August 2011. The survey took place in five Districts: Qacha's Nek, Maseru, Leribe, Berea and Mafeteng. The baseline fieldwork was undertaken by Sechaba Consultants in direct liaison with the OPM.

As a first step, the targeting process involved a house-to-house census (NISSA census) that provided information about household's basic demographic structure and assets necessary for the calculation of the PMT score. The NISSA census was designed to cover all households in the 10 Community Councils of Round 2, both in treatment and in control EDs. The census dataset (NISSA MIS) constituted the sampling framework for all groups (eligible and non-eligible, in treatment and in control areas). As a consequence, the household survey is representative of the population included in the NISSA MIS.

The sample was drawn from the NISSA-MIS dataset on the basis of a multi stage sample design.

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<sup>8</sup> The analysis will use a 'difference in difference' estimate based on a panel of households.

<sup>9</sup> Further information about the instruments is available in Sections A.2.2 and A.2.3.

1. Firstly **all** EDs (Primary Sampling Unit – PSU) were paired based on a range of characteristics such that each ED is paired with another ED (possibly in the same CC) which is similar across a range of characteristics. Since there are 96 EDs in total, 48 pairs pairings were constructed.
2. Once all pairs have been constructed, **40 pairs** were randomly selected to be covered by the evaluation survey.
3. Within each selected ED, **2 villages (or clusters or villages)** were selected (Secondary Sampling Units - SSU)
4. In every cluster a random sample of **20 households** (10 potentially called to enrolment and 10 potentially non-called to enrolment) were randomly selected and interviewed.
5. After the survey data has been collected in all evaluation EDs, **public meetings** will be organized (possibly at the community council level) where a **lottery** was held to assign the elements of each pairs (both sampled and non-sampled) to either treatment or control. Only at this stage it was known which EDs were going to be covered first (treatment EDs) and which were going to be delayed (control EDs).

In order to avoid anticipation effects, the baseline data collection took place after PMT and community validation status had been determined and recorded, and after final enrolment lists had been produced, but before treatment/control status has been assigned to EDs.

For each cluster of villages (Secondary Sampling Units) a list of target sampled households was generated and printed with basic information for the identification of households in the field. Each team was also provided with a cluster specific list of replacements, when available. Details of the sampling design and replacement procedures are available in Annex A.

The intended total sample size was 3,102. After refusals, other losses and replacements, a total of 3,053 household were interviewed and included in the sample for analysis (98.4%). The distribution of the completed sample is given in Table 1.1. Data was analysed using sampling weights calculated as the inverse of the relevant sampling fractions within the EDs that had been selected for inclusion in the study. The study does not provide information about the population in the country as a whole, but only for the particular population included in the evaluation EDs; the weights reflect this.

**Table 1.1 Final sample size, by population group**

Eligibility	Area		Total
	Programme	Control	
Eligible for CGP	745 [A]	739 [B]	1,484
Non Eligible for CGP	781 [C]	788 [D]	1,569
<b>Total</b>	<b>1,526</b>	<b>1,527</b>	<b>3,053</b>

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

After finalisation, the household questionnaire was translated to Sesotho. The survey fieldwork was conducted by Sechaba Consultants using eight teams of interviewers.

Much of the fieldwork took place during the winter time, and partly in correspondence to the winter holiday break. This, together with remoteness of some of the areas, posed considerable logistic challenges for the fieldwork. All questionnaires were checked in the field by supervisors and

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independently double entered. Further information on the fieldwork and data entry is given in Annex B.

### **1.3.1.2 Qualitative Targeting Evaluation Design**

The qualitative targeting assessment consisted of interviews with programme officials in Maseru and fieldwork in two selected community councils. Semi-structured interviews were conducted with officials from the Ministry of Health and Social Welfare (MoHSW) and staff from World Vision (WV) and Ayala Co. A full list of these interviews is provided in Annex D.

The fieldwork was conducted in two community councils of Tebe-Tebe and Makheka/Rapoleboea in the districts of Berea and Maseru respectively. These community councils were chosen because they had already staged an enrolment event and because they represented two different geographical settings (lowlands versus highlands) of the country.<sup>10</sup>

In each community council two villages were selected. In each village two focus groups were conducted with CGP eligible and non-eligible households. In addition to this in each village semi-structured interviews were conducted with Chiefs, councillors, members of the VAC and recipients and non-recipients.

The data generated from this qualitative fieldwork should not be interpreted as representative of the CGP areas. Within each community council, villages were selected randomly by lists provided by the technical team subject to them having sufficient recipients to conduct focus groups and interviews. For focus groups and interviews, CGP recipients and non-recipients were randomly selected from the NISSA database.

The Focus Group Discussions (FDGs) explored issues around each phase of the CGP implementation with the objective of gauging potential inclusion and exclusion errors emanating from each stage. Areas explored include:

- Public Information Campaign (PIC) and community mobilisation
- Data collection
- Targeting and validation
- Enrolment
- Community relations
- Case management

Semi-structured interviews also explored the above areas but with particular focus on more specific topics related to each interviewee's role.

The findings the qualitative assessment are not statistically representative of the CGP and although some conclusions can be drawn on the performance of the CGP pilot it cannot be generalised for the entire programme. The qualitative work draws on subjective views and perceptions of community members. While these views are highly informative in understanding their experiences of the programme, it cannot be aggregated into one single narrative representing all CGP household beneficiaries.

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<sup>10</sup> Initially the team intended to undertake fieldwork in the community council of Malaoaneng in the district Leribe, however due to many households being enrolled by mistake it was decided to replace this community council with Tebe Tebe where enrolment had taken place.

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Nevertheless views of households provide only part of the narrative for the qualitative study. Findings of this assessment were also derived from key informant interviews with various programme officials and review of programme reports and documentation. Information gathered from these sources was used to enrich the understanding of the programme and to triangulate findings from the field.

Moreover, the results from the qualitative study on targeting were integrated and triangulated with the quantitative analysis of targeting effectiveness that was based on evidence from the household survey.

## **1.4 Scope and structure of targeting and baseline report**

This report presents the findings of the baseline quantitative survey. It describes the characteristics of the programme recipients and of the control population, and assesses how similar the two appear to be. It presents the baseline levels of key indicators that will form the basis for the impact evaluation once the follow-up survey has been conducted. It also analyses the extent to which the programme has managed to identify and enrol its target group, including how successfully it has selected the poorest households, and highlighting the main bottlenecks in the targeting and enrolment process.

After this introductory chapter, Section 2 reminds the theory of change of the CGP that informs the evaluation, Section 3 describes basic household characteristics of households and the baseline levels of the welfare indicators that will form the focus of the impact analysis once the follow-up survey has been implemented; Section 3 presents the results of the targeting analysis, integrating insights from the qualitative and quantitative research; finally Section 4 draws the main conclusions.

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## 2 A theory of change for the CGP

The analysis of the programme impacts originates from a theory of change that recognises the overall effectiveness of social cash transfers in tackling poverty and vulnerability for children, while promoting broader developmental impacts. The global evidence base on social cash transfers frames a model for understanding the possible impacts of the CGP. The central arguments for cash grants include:

- 1) Cash grants directly reduce poverty of some of the most vulnerable and in so doing also reduce inequality. Payment of cash to poor households will reduce the poverty headcount or the poverty gap and also reduce inequality measures because they are typically funded from progressive taxation (in national scale programmes). Cash grants therefore directly improve the living standards (consumption) of the poor and increase consumption levels of the poor relative to those in higher income groups, directly reducing poverty and inequality
- 2) In addition to directly reducing poverty (lower poverty headcounts and poverty gaps) cash grants also deal with some of the underlying causes of poverty and in so doing not only provide a safety net (allow people to cope with risk/provide a minimum income level) but also generate positive dynamics through enabling risks to be mitigated and reduced over time. While poverty reduces resources that provide minimum living standards it also keeps households from consuming more productive consumption bundles, participating in economic activities and investing in physical, social, and human capital (i.e. education, health, nutrition) assets to ensure future income streams. Cash grants, in addition to funding consumption, enable poor household to make different consumption decisions, participate in productive economic activity and invest in the future productivity of the household and household members.

Figure 1.1 illustrates this theory of change. It represents a tree of effects of the programme by separating the different levels of its influencing strategy according to a LogFrame hierarchy (activities, outputs and outcomes). The different colours indicate the areas of analysis that we refer to child specific outcomes or household level effects.

The CGP directly reduces income poverty and inequality by providing cash resources to poor households. The consequent increase in income strengthens a set of pathways which enable household achievements of developmental outcomes. These short and medium term outcomes, given the right economic context (such as well-functioning labour markets and overall investment levels) can then lead to higher economic growth and development, principally through stronger households (measured by health, educational and asset indicators) who are better able to manage risk and as a result can benefit from economic opportunities. It must be noted from the outset that, as the CGP is unconditional, targeted to the most vulnerable households, often destitute and labour constrained, and of relatively small value, the main direct effects will accrue at the level of consumption of food, food security and expenditure on consumable goods, or any other prioritized needs by the households. Due to the implicit or soft conditionality that comes with the transfer (the message that cash should be spent on the needs of children) additional effect could be seen in child specific investment. In any case, it is to be expected that the effect on expenditure is rather heterogeneous, as prioritized needs may differ across households. Only for a smaller number of households, for whom the value of the transfer relaxes binding budget constraints, the transfer will enable productive investments, investments in human capital or trigger behavioural changes (for example in terms of labour supply).

Besides the small value of the transfer there are also concerns as to how the model of operation of the CGP is implemented in field as part of the current pilot strategy, as putting in place an

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extensive and comprehensive information campaign (for instance on the issue of predictability of the transfer) and setting up a case management system for grievance and complain requires substantial start-up investment.

In Figure 1.1 the activity level refers to the operation, implementation and administration of the CGP. Poor design (inefficient or ineffective targeting mechanisms, for example) and weak administration could lead to benefits flowing to less poor or wealthy households and may present obstacles to the most vulnerable in accessing grants. To tackle this issue this study focuses mainly on analyzing targeting effectiveness.

The output level in this theory of change depends on the type of good or service that is delivered to the beneficiaries of the intervention. Figure 1.1 illustrates some of the specific features attached to the cash transfer, as they may have important implications on the programme effectiveness: a) the transfer is provided without conditions; b) it is directly targeted to caregiver with an explicit aim to benefit children; and c) it is delivered to households in a periodical and predictable way. The follow-up quantitative survey will gather basic information as to whether the grant is delivered in an efficient and timely manner. This serves to control for possible implementation bottlenecks when analysing the programme's effects. Particular attention will be devoted to the transaction costs for the beneficiaries (waiting time, foregone income, etc.) that are linked to the payment process, as these may reduce the overall net effectiveness of the interventions.

In accordance with the nature of this study, most of the analysis is centred on the effects of the CGP at the outcome level. Broadly defined this entails all changes in beneficiaries' conditions and behaviours that can be causally attributed to the programme. In order to credibly address the issue of attribution an impact evaluation should aim at considering a broad range of external factors that may affect the outcomes. For instance, the nature of markets (for example, the absence of jobs) may restrict the potential benefits of the grant on expenditure and time allocation. The crime level or personal security situation may lead households not to invest more in assets. In some cases, while household's characteristics may improve, the general economic environment (job scarcity, lack of investment) may mean that such gains are not translated into secondary income and growth gains. Some of these contextual aspects are captured in the community questionnaire.

In the short run, households' decisions on grant usage determine the set of outcomes of the CGP. Here we identify three main channels of influence of the programme. Through increased expenditure the transfer may lead to consumption of different goods and services by the household members, especially for children. The study will analyse the impact of the additional income on spending patterns as this represents a substantial pathway for impacts on the children who are the focus of this study. Additional to the expenditure channel, by expanding the saving and investment capacity of the households, the transfer may promote asset building in a variety of ways (precautionary savings, livestock, micro-business, etc.) and strengthen in the long run the risk coping strategies of the household.

Indirectly, the income effect linked to the grant may also trigger secondary effects in several socioeconomic domains, including the time allocation of household members and their participation in the labour market, household reliance on remittances and informal safety nets and their access to credit.

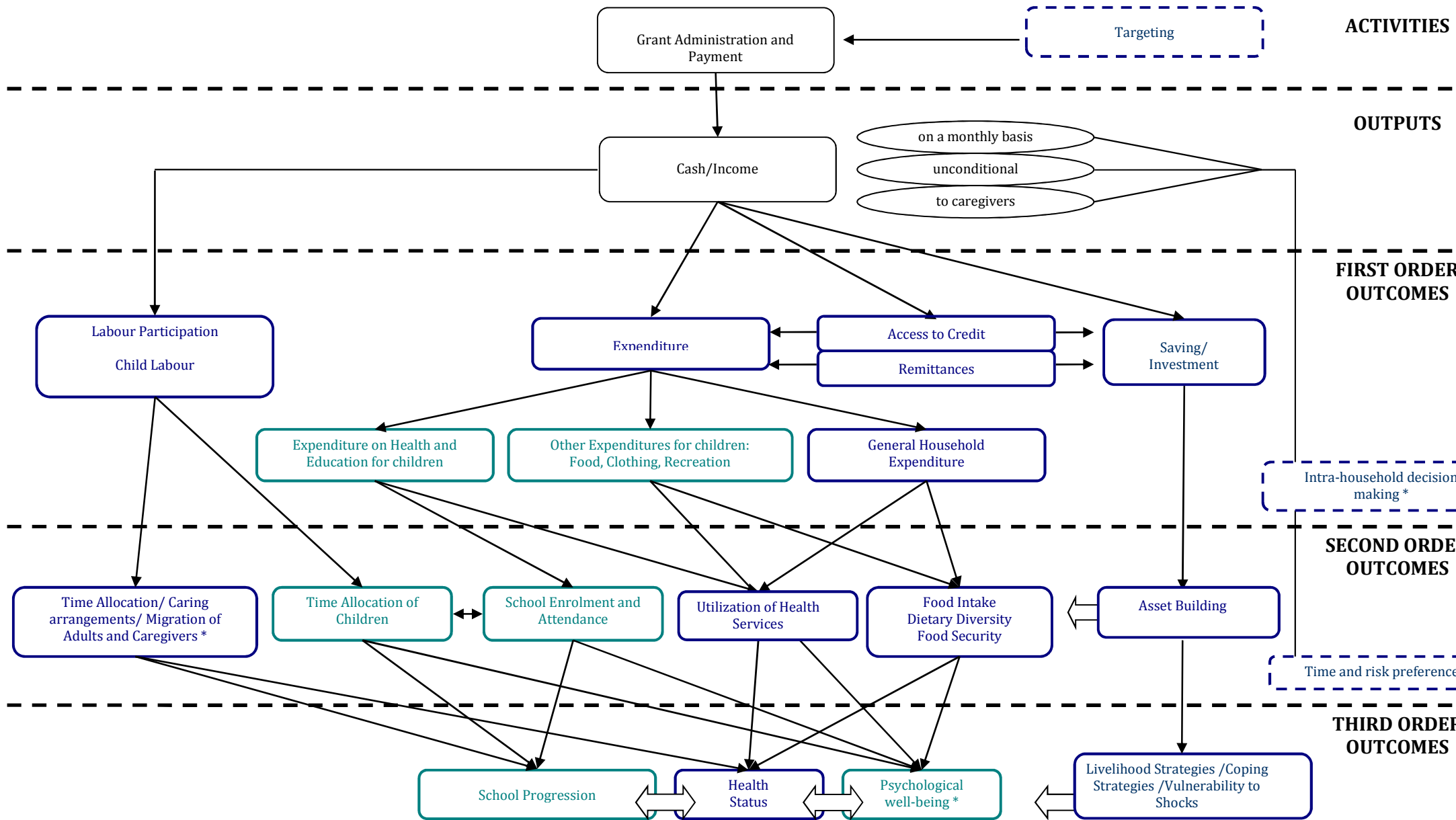
The decision making process concerning time allocation, investment/expenditure choices, the composition of the expenditure basket and the allocation of consumption across different household members depends on the household structure and bargaining power, female empowerment, risk and time preferences. All these elements that can be affected by the particular mechanism of CGP transfer delivery (focus on the caregiver, reliability) as changes obtained could be not only in the pot of resources available, but also on the preferences for the use of such



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resources. Similarly, the transfer receipt may set in motion modifications to the beneficiaries' household structure (power allocation, household composition, migration, fertility, etc.), access to networks, information and access to other social services.

Figure 1.1 CGP Tree of Change (Direct Effects)



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Ultimately, the main part of the quantitative work is centred on the second and third order effects of the CGP on human capital accumulation for children. Determining the impact of the grant on usage of education and health services is a critical link in the chain of effects. To the extent possible, we will devote consideration to the interaction of demand and supply side factors. Weak supply of government services (lack of access to clinics and schools and poor quality services) may dampen what might otherwise be expected to be an increase in the demand for schooling and health care services. Health seeking behaviour and health status is considered in the particular context of the HIV/AIDS epidemic. Different pathways to changes in investment in health and education are explored, from expenditure to time use and time allocation for adults and children, to modifications in caring arrangements. An attempt will be made also (at follow up) to measure effects of psychological well-being, self-esteem and risky behaviours of children via a self-administered questionnaire to be fielded at follow up.

The process of change is a complex dynamic, and this theory aims to illustrate the process by simplifying the picture—and focusing on the key transmission mechanisms. The more channels are incorporated into the analysis, and the greater the number of potential feedback effects between different outcomes, the closer the model approximates the real complexity. This illustration in Figure 1.1 aims for a level of simplicity that can illustrate the key effects in an intuitive manner. The process of qualitative/quantitative integration will further explore the synergies and inter-linkages that reinforce or undermine a range of impacts. Due to the robustness of the evaluation design proposed (see below), some of the potential dimensions of impact can be measured only at follow-up. These are marked with a star \* in Figure 1.1.

An important component of the analysis will be oriented towards determining the spill-over effects of the CGP on the programme. These are local effects that may affect indirectly also households who don't receive the CGP transfer. The study of indirect effect will be centred on exploring the propagation of direct effect through two main transmission mechanisms (or linkages) between beneficiaries and non-beneficiaries: a) social networks and informal sharing arrangements and, b) local economy effects.

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## 3 Descriptive characteristics of study population at baseline

This section provides a set of summary statistics describing the characteristics of the study population at the baseline survey. The information is organized in eight main chapters, reflecting the main dimensions of the theory of change that has been outlined above: 1) demographic characteristics, 2) health, and particularly children's health; 3) children's education; 4) livelihood strategies and work; 5) child work and time use of children; 6) consumption, food consumption and food security; 7) physical and financial assets; 8) vulnerability to shocks, mechanisms of support and coping strategies.

Presenting this information permits to accomplish three main objectives: 1) refine and agree a set of indicators that reflect the theory of change of the programme and will constitute the basis for the impact analysis when changes are measured through the follow-up survey; 2) test the soundness of the evaluation design by comparing pre-programme characteristics between eligible households in treatment (group A) and control (group B) EDs<sup>11</sup>; 3) examine differences in the main indicators of interest between eligible households (groups A and B) and non-eligible households (groups C and D). One would expect that, if the CGP targeting design and process is appropriate, eligible households should look more "needy" than non-eligible households in a number of respects. This leads into the targeting analysis that will be fully developed in Section 4.

In order to respond to objectives 2) and 3), besides presenting descriptive statistics for the total sample (representing the whole population in the 80 EDs selected for the study), most indicators will be disaggregated by treatment and eligibility status, and by other relevant dimensions (age, gender) when necessary. The statistical significance of differences across groups will be tested in line with common statistical procedures and showed with usual notation. All estimates are produced taking into account sampling population weights (except when otherwise stated) to represent the whole population in selected EDs, and standard errors are corrected for clustering at level of Secondary Sampling Units (Cluster of Villages).

### 3.1 Overview of Communities

The sample of household is predominantly rural and spread across 5 Districts (Berea, Leribe, Mafeteng, Maseru and Qacha's Nek). Roughly half of the households sampled live in the lowlands, around 40% in the foothills and the remainder either in the mountains or in the Senqu River valley.

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<sup>11</sup> By virtue of the randomized design these two groups should be fully comparable at baseline, the only difference being that they have been randomly assigned to treatment or control.

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**Figure 3.1 Distance from key locations (minutes)**

Minutes travelling from the chief's house to:	Walking	Motorised vehicle
The nearest road	35.9	-
The town / urban centre	-	153
The food market or shop where most people buy their groceries	89	115
The nearest pharmacy/chemist (place where you can buy drugs)	-	153
The nearest Post Office	111	134
The nearest Public phone	60	-
The nearest miller	107	-
The nearest place where you can get phone signal	34	-
The nearest public agricultural extension office	138	107
Livestock veterinarian	172	125

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

In general terms, key locations are far away from the village centre (chief's house). Going to and returning from the town centre takes on average more than two hours by vehicle. Accesses to both the main food market and to the nearest pharmacy is also very time consuming. Moreover, according to the community survey it seems that a few key locations are only reachable by motorised vehicles.

### 3.2 Demographic characteristics

This section presents basic demographic characteristics of the study population, highlighting in particular the specific demographic profile of households that are eligible to enrol in the CGP.

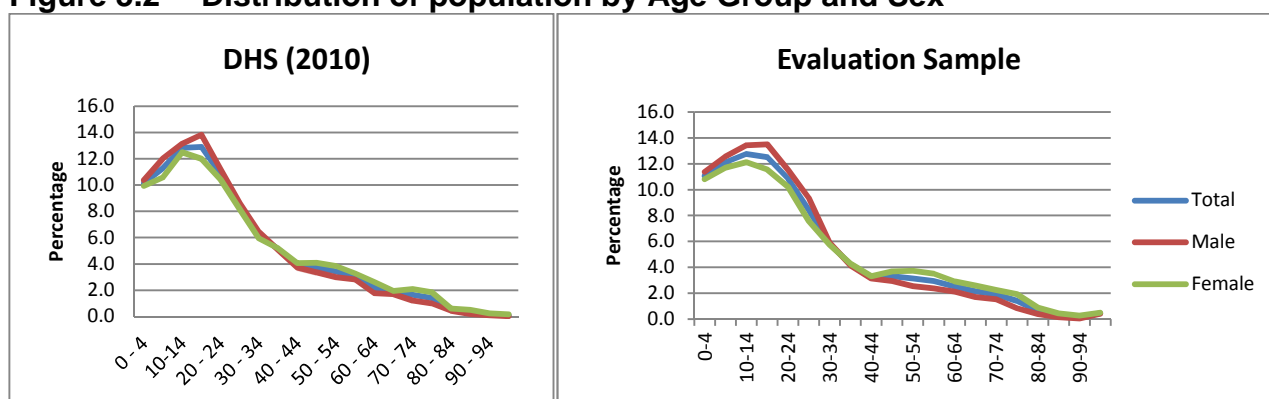
Overall, the study population<sup>12</sup> is fairly young, with a mean age of 27 years. The average household size is 5 members. More than half (60%) of household members can be classified as dependents (children, elderly, chronically ill or disabled), and in almost 25% of households there isn't any able bodied adult member (potential breadwinner). Similarly, a high proportion of households have a chronically ill (around 40%) or elderly (also around 40%) member. A high proportion of children (over 20%) are single orphans<sup>13</sup>.

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<sup>12</sup> All household members within respondent households.

<sup>13</sup> One parent deceased

**Figure 3.2 Distribution of population by Age Group and Sex**



Source: DHS, 2009 and CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.2 shows that the distribution of total population by age and gender in the evaluation sample closely mimics the national distribution as estimated by the most recent nationally representative household surveys like the (DHS, 2009).

Table 3.1 outlines the overall characteristics of the study population. The elderly (over 59 years of age) make up 10% of the total population, with working age adults (18-59 years) at around half and children (aged 1-17 years) at roughly 40%. Around 13% of the population are chronically ill and 5% are disabled, with as high as 5% being in the most vulnerable category of being both elderly and disabled or chronically ill. Of the adult population, just under half are married or living with their partner, and just over half have a valid passport.

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**Table 3.1 Overall population characteristics**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Mean age	23.4	23.5	23.4***	27.9	26.8	15776
Proportion of population that are:						
• Female	51.8	52.8	52.3***	49.7	50.4	15747
• Children aged 0-5	16	14.7	15.4***	11.6	12.6	15837
• Children aged 6-12	19.7	20.2	19.9***	15.1	16.3	15837
• Children aged 13-17	12.8	14.3	13.5***	11.3	11.8	15837
• Adults in working age (18-59)	44.3	43.2	43.8***	51.4	49.5	15837
• Elderly (aged >59)	7.2	7.7	7.4***	10.6	9.8	15837
• Elderly (aged >69)	2.7	2.8	2.7***	6	5.2	15837
• Chronically ill	12.3	11.5	11.9	12.8	12.6	13558
• Disabled	4.3	4.4	4.3	4.8	4.7	13884
• Chronically ill or disabled (all)	14.5	14.2	14.4	15.8	15.4	13543
• Elderly and chronically ill or disabled individuals in population	3.3	3.4	3.3***	5.5	4.9	13543
Proportion of adults (18-59) with a valid passport	41.9	42.3	42.1***	60	56.2	7302

Proportion of adult and elderly population (18+) that are:						
• married or living with partner	43.6	41.2	42.5***	47.2	46.2	8883
• widowed	17.5**	20.7	19.0***	15	15.8	8884
• divorced / separated	6.9	6.8	6.8	6	6.2	8884
• never married	31.9	31.4	31.7	31.8	31.8	8884

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Interestingly, there are a number of differences in the characteristics of individuals from eligible and non-eligible households. As only households with children are eligible to enrol in the CGP, on average individuals in eligible households are younger (with a mean age of around 24 years) than non-eligible individuals. Almost half of individuals in eligible households are children below the age of 18 years. Eligible individuals are also more likely to be female and more likely to be widowed (hence less likely to be married or living with their partner).

Holding a valid passport constitutes in Lesotho an important asset, as it enables mobility and participation in South Africa's labour market. Adults in eligible households are almost 20 percentage points less likely to have a valid passport.

**Table 3.2 Characteristics of children (<18) in population**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group (type A)	Control group (type B)	Eligible (type A/B)	Non-eligible (type C/D)	Estimate	Obs.
Mean age	8.5**	8.9	8.7	8.8	8.8	6921
Proportion of children (aged <18) that are:						
• Double orphans	11	11.1	11.0***	6.4	7.8	6640
• Single orphans	24.9	29.2	26.9***	19.5	21.7	6640
• Born out of wedlock (father)	10.8	8.7	9.9**	6.7	7.6	6649
• Chronically ill	4.8	4.5	4.7	4	4.2	6711
• Disabled	2.8	2.8	2.8	2.5	2.6	6913
• Chronically ill or disabled	6.7	6.8	6.7	5.9	6.1	6705
Proportion of children with a valid passport	3.5	3.9	3.7***	10.2	8.3	6874
Proportion of children aged 0-36 months with a birth certificate	14.5	12.3	13.6***	22.6	20	928
Proportion of children aged 0-36 in the process of getting a birth certificate	5.1	3.9	4.6	6.6	6	928
Proportion of children with a:						
• Elderly caregiver	21.9	22.4	22.1	21.4	21.6	6429
• Child caregiver	1.1	0.9	1.1	1.2	1.1	6429
• Chronically ill adult caregiver	18.4	17.4	17.9	14.7	15.7	6429
• Disabled adult caregiver	2.3	2.3	2.3	2.3	2.3	6429
• Able bodied adult caregiver	56.3	57	56.6	60.4	59.3	6429
Proportion of children (12-17) that have ever been married or living with partner	2.1	1.5	1.8	2	2	2439

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.2 outlines characteristics of children below the age of 18 in the study population. The mean age is just under 9 years of age. A high proportion of children (over 20%) are single orphans<sup>14</sup> and around 8% are double orphans<sup>15</sup>. Another 8% were born out of wedlock. This is comparable to figures for the whole of Lesotho; for instance the 2009 DHS found that “20 percent of children under the age of 18 have lost one of their parents, and 7 percent have lost both” (DHS, 2009). Just over 5% of children are either chronically ill or disabled or both. The majority of children (around 60%) have an able-bodied adult care-giver, however, a fairly high proportion either an elderly caregiver (around 20%) or a chronically ill adult caregiver (around 15%).

Children from households eligible to CGP differ from those from non-eligible households in several ways. A higher proportion of children from eligible households are single orphans (26%) or double orphans (11%). Children from eligible households are also more likely (4 percentage points more) to be cared for by a chronically ill adult member.

Lesotho is a signatory to the International Convention of the Rights of the Child (United Nations, 1989), which in part states that every child has the right to a name and a nationality and the right to protection from loss of his or her identity (DHS, 2009). Nevertheless, the rate of birth registration appears to be very low in the overall study population. Only around a fifth of children between the ages of 0-36 months have a birth certificate – with implications that should be explored by policy makers, as lack of registration may result in lower access to certain rights and services, with effects also on the quality of demographic statistics. This finding is confirmed by other nationwide data sources. According to the 2009 Living Conditions report, of all children 0-5 years old in Lesotho, less than one in four has a certificate (CMS, 2009). In over 75% of cases, this was due to lack of adequate information<sup>16</sup>. More generally, CGP eligible households in this study appear to face higher barriers in accessing identification. For example, a smaller proportion of children from eligible households have a valid passport (4%) or birth certificate (14%).

**Table 3.3 Household composition**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group (type A)	Control group (type B)	Eligible (type A/Bs)	Non-eligible (type C/D)	Est.	Obs.
Mean household size	5.8**	5.4	5.6***	5	5.1	3053
Mean gender ratio per household	51.8	52.2	52.0**	49.9	50.4	3053
Mean dependency ratio	62.3	63.6	62.9***	56	57.5	3053
Average number of children (0-5) per household	0.9**	0.8	0.9***	0.6	0.6	3053
Average number of children (6-17) per household	1.9	1.8	1.9***	1.3	1.4	3053
Average number of adults (18-59) per household	2.5*	2.3	2.4	2.5	2.5	3053
Average number of elderly (>59) per household	0.4	0.4	0.4***	0.5	0.5	3053

<sup>14</sup> One parent deceased

<sup>15</sup> Both parents deceased

<sup>16</sup> Note that this differs from information in the 2009 DHS which focuses on children under 5, where it is reported that “45 percent of the births in the past five years in Lesotho are registered, which is an improvement from the 26 percent reported in the 2004 DHS. Children under age 2 are less likely than children age 2-4 to have a birth certificate (13 percent compared with 21 percent, respectively)”. The DHS also points out that “Birth registration is positively associated with wealth quintile; 9 percent of children in the poorest households have birth certificates compared with 29 percent of children in the richest households”.



Proportion of households containing:						
• no children	1.6	1.9	1.7***	23.5	18.6	3053
• single orphans	18.8	17.7	18.3***	8.9	11	3053
• double orphans	33.9	36.1	35.0***	21.3	24.3	3053
• elderly (>59)	35.8	36.9	36.4**	41.9	40.6	3053
• chronically ill members	45.2	41.2	43.3	40.8	41.3	3043
• disabled members	19	18.5	18.7	17.1	17.5	3043
• no able bodied adult (18-59)	22.9	25.2	24	25.1	24.9	3043
• only elderly (>59) and children (<18) ('skip generation' HHs)	4.4	6.2	5.3	4.6	4.8	3053
• just one household member	0.3	0.8	0.6***	8.1	6.4	3053
Proportion of household heads that are:						
• female	46.7	49.2	47.9***	37.1	39.7	3050
• children (<18)	0.1	0	0	0.3	0.2	3050
• elderly (>59)	33.9	36.7	35.2***	42.9	41.1	3050
• non-resident	5	4.8	4.9***	12	10.3	3050
• chronically ill or disabled adult	19.7	18.1	19	15.5	16.4	2541
• able bodied adult	44.6	44.2	44.4***	35.7	37.8	2541

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.3 provides an outline of household composition for the population. Overall, the average household size is 5.1, which is very similar to the national estimate provided by the 2002/2003 of 5.0 (HBS, 2003). There is a roughly equal distribution of males and females in households. More than half (60%) of household members can be classified as dependents (children, elderly, chronically ill or disabled), and in almost 25% of households there isn't any able bodied adult member (potential breadwinner). A high proportion of households have a chronically ill (around 40%) or elderly (also around 40%) member.

The CGP targeting strategy leads to the selecting household with a demographic composition that differs from the rest of the population. On average eligible households are larger with around 5.5 members, and a bigger representation of children (around 2.7 on average compared to around 1.9 in non-eligible households). The proportion of eligible households with single orphans (35%) and double orphans (28%) is remarkably higher than in non-eligible households. Just under 20% of eligible households have a single orphan as a household member whereas only 9% of non-eligible households do.

Gender and dependency ratios are also higher in eligible households, though the second difference is mainly driven by the higher number of dependent children, as the number of chronically ill or disabled members are comparable. Eligible households are also more likely to have a female head (just under half) or a chronically ill or disabled head (almost 20%). Conversely, fewer eligible households (under 40%) have an elderly household head or a non-resident head (10%) compared to non-eligible households. The latter also reflects in eligible households relying less on remittances from abroad, as will be discussed later in the report.

### 3.3 Health

The following section gives an overview of the health status of households in the study areas, including the prevalence of chronic illness and disability, individuals' perceptions of their health status, and their access to and usage of health services.

### 3.3.1 Chronic illnesses, HIV and disability

**Table 3.4 Chronic illnesses, HIV and disability**

Indicator	Children (0-17)	Adults (18-59)	Elderly (60+)	Overall	
				Estimate	Obs.
Proportion of population that are:					
• Chronically ill (excluding HIV-AIDS)	2.8***	9.5	34.5***	9.2	13565
• HIV / AIDS positive (un-prompted and self-reported)	1.4***	5.5***	3	3.3	14045
• Disabled	2.6***	4.6	13.6***	4.7	13884
• Chronically ill, HIV / Aids positive or disabled (all)	6.1***	17.9***	44.7***	15.4	13543

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

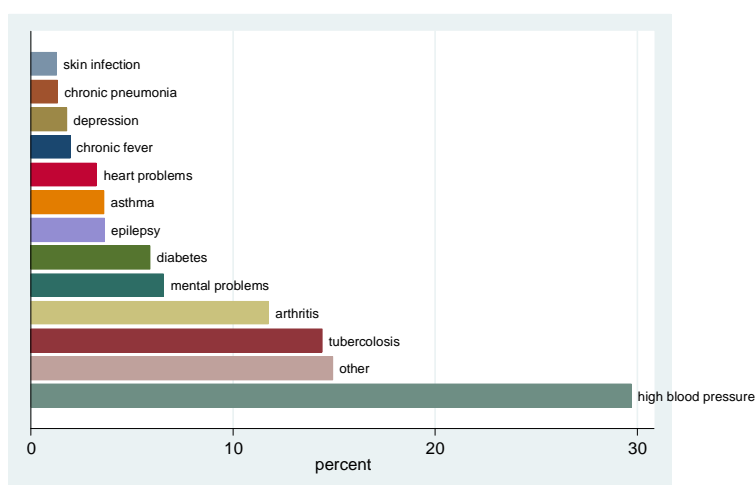
Table 3.4 shows the proportion of the population that are chronically ill<sup>17</sup>, self-reportedly HIV positive or disabled, by age group. Overall, around 15% of the population are either chronically ill, self-reportedly HIV positive or disabled. Unsurprisingly, the elderly are far more likely to fall in any of these categories (around 45%) than adults (less than 20%) or children (less than 10%). Overall, roughly 13% of the population reported suffering from a chronic illness (HIV-AIDS and other), while around 5% are reported as being disabled. The disability rate reaches about 14% for the elderly.

It should be noted that the 3.3% estimate for HIV-AIDS is an underestimate of the actual HIV positive population (estimated at 23.6% by WHO in 2009<sup>18</sup>) as it is based on un-prompted self-reporting. As HIV-AIDS is such a sensitive topic in Lesotho, the evaluation team chose not to explicitly ask questions on the HIV-AIDS status of household members so as not to bias the overall results of the interview. However, if at any point in the interview HIV-AIDS was mentioned (including mention of antiretroviral medication), the fact was recorded by the enumerators. Despite these problems with the data, it appears that infection rates are significantly higher for adults than for elderly and children, as would be expected.

<sup>17</sup> Chronic was defined as “being continuously for at least three months over the last 12 months”, illnesses that were mentioned as examples included TB, asthma and epilepsy.

<sup>18</sup> Data from WHO comes from the 2009 Lesotho Demographic and Health Survey (DHS, 2009), a nationally representative survey of 7,624 women age 15-49 and 3,317 men age 15-59 from 9,391 households throughout Lesotho. As part of the survey, HIV-AIDS tests were conducted, together with other tests. Results indicate that 23 percent of adults age 15-49 in Lesotho are infected with HIV. The prevalence of HIV infection is 27 percent for women age 15-49 and 18 percent for men age 15-49. HIV prevalence has not changed since 2004. For both sexes, rates of infection rise with age, peaking at 42 percent for women age 35-39 and at 40 percent among men age 30-34.

**Figure 3.3** Distribution of chronic illnesses (excluding HIV-AIDS) suffered in population: overall

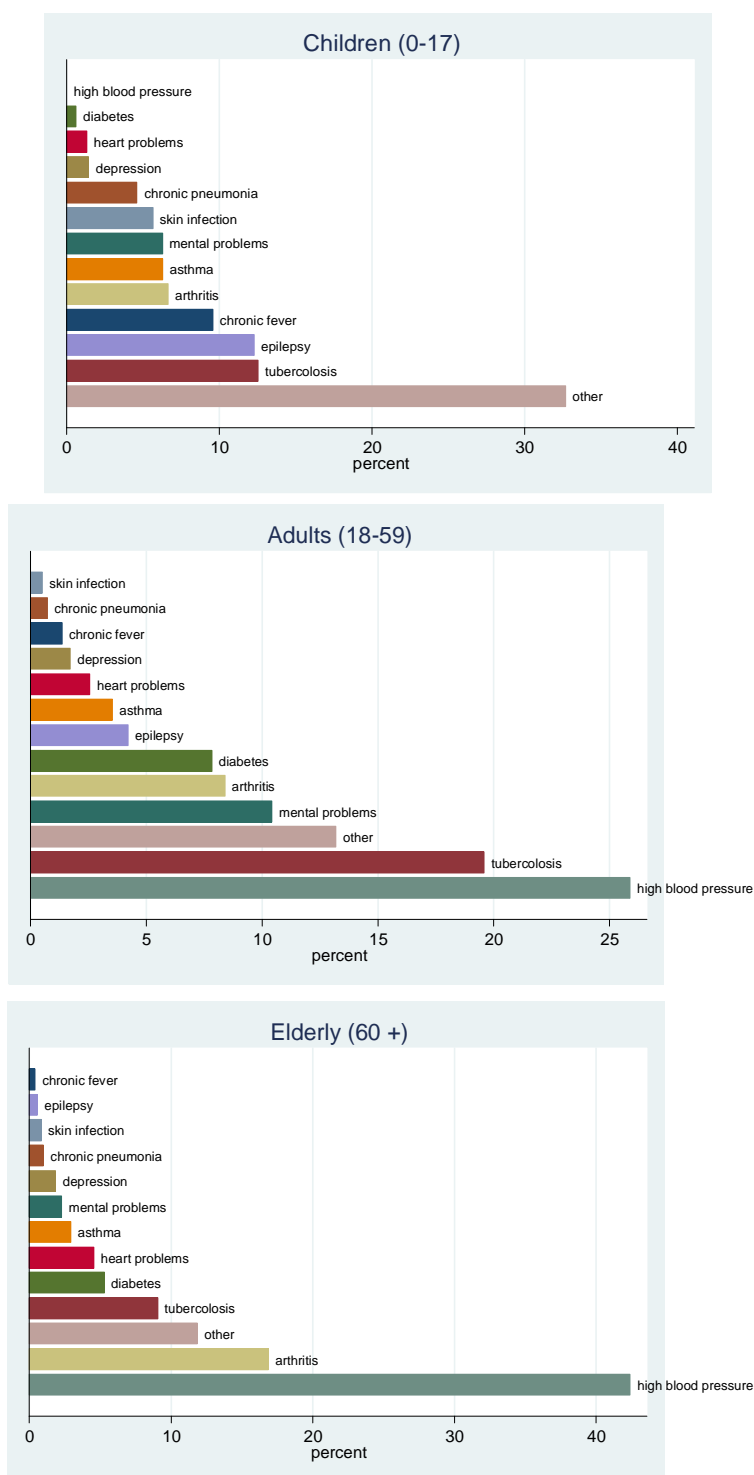


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.3 shows the types of illness suffered by those reporting a chronic illness. In the overall population, high blood pressure is the most common chronic condition (30%) followed by TB and arthritis (over 10%). The high incidence of these three chronic illnesses is reflected by other sources, including the 2009 DHS.<sup>19</sup>

<sup>19</sup> Regarding high blood pressure, the DHS found that “15% of women and 13% of men can be classified as having hypertension”. The DHS report also describes TB as “one of the ten leading causes of morbidity and mortality in Lesotho and a major public health problem”, with 14% of women and 17% of men interviewed in the 2009 survey saying that they had been told by a doctor or a health provider that they had TB”. While this is higher than the estimates for this study, it is most probably due to the different sample (DHS included more urban and literate respondents) (DHS, 2009).

**Figure 3.4 Distribution of chronic illnesses (excluding HIV-AIDS) by age group**



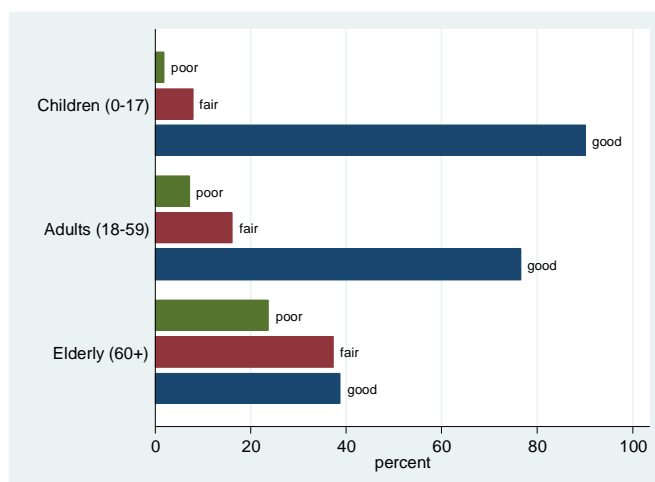
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Common chronic illnesses differ by age group. The elderly are most likely to suffer from high blood pressure or arthritis, adults are most likely to suffer from high blood pressure or TB and children are most likely to suffer from sight and hearing problems (coded as other), TB, epilepsy or chronic fever. This is in line with the results of other national surveys, including the 2009 DHS.

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### 3.3.2 Respondents' health status and health seeking behaviour

**Figure 3.5 Perception of household members' health status**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.5 gives an indication of respondents' perception of their family members' health status. This was self-reported by respondents to the survey questionnaire.<sup>20</sup> Children's health status is largely perceived to be 'good' (90%). Adults are also mostly perceived to be in 'good' health (almost 80%), although around 15% are reported to have a 'fair' and about 5% a 'poor' health status. Responses for elderly household members were understandably more mixed, with around 40% reported in 'good' health, 40% with 'fair' health, and over 20% with 'poor' health.

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<sup>20</sup> Note that the question "How do you rate [NAME]'s health?" was asked to the main questionnaire respondent about each and every household member.

**Table 3.5 Adults' (18-59) health status**

Indicator	By gender		By beneficiary status		Overall	
	Female	Male	Eligible (type A/B)	Non-eligible (type C/D)	Estimate	Obs.
Proportion of adults indicated as being HIV/AIDS positive	6.9***	3.9	7.8***	4.8	5.5	5661
Proportion of adults that consulted a health care provider (including nurse, chemist or traditional healer) about his/her health during the 3 months prior to the survey	33.1***	17.9	25.3	26	25.9	5442
Proportion of adults for whom any money was spent for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation	21.5***	11.7	13.9**	17.6	16.8	5668
Average amount spent per individual for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation (estimated over adult population that spent anything in the 3 months prior to the survey)	150.3	148.1	127	155.6	150.3	893
Proportion of adults that have ever had too little money to access healthcare treatment during the 3 months prior to the survey	16.8***	8.4	14.7**	12.3	12.8	5668

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.5 presents a series of indicators on the health status, health seeking behaviour and health-related expenditure of adults aged 18 to 59 – by gender and beneficiary status. Overall, around a quarter of adults consulted a health care provider in the last three months and around 17% spent money on health care in the same period. A similar but slightly smaller proportion (less than 15%) report having too little money to access healthcare. The average amount spent by those facing health costs over the three months prior to the survey was about M 150.

Adult women are more likely to consult a health care provider (around a third of women do as opposed to less than a fifth of men) and to devote monetary resources to health care (over 20% of women compared to 10% of men). The demand for health appears to be higher for adult women, and hence a larger proportion of women than men claim that they face monetary barriers to healthcare.

Importantly, individuals in CGP eligible households differ from non-eligible individuals in two ways. First of all, reported adult HIV prevalence rates are higher amongst CGP eligible households – though this information is not too reliable because of the methodological issues set out above. Secondly, evidence suggests that adults in eligible households find it harder to pay for healthcare. The proportion of adults that have had too little money to access healthcare treatment at some point during the 3 months prior to the survey was higher in eligible households (around 70%), while a lower proportion spent money on healthcare in the same time frame (around 14% as opposed to roughly 18% in non-eligible households).

**Table 3.6 Elderly (>59) health status**

Indicator	By gender		By beneficiary status		Overall	
	Female	Male	Eligible (type A/B)	Non-eligible (type C/D)	Estimate	Obs.
Proportion of elderly indicated as being HIV/AIDS positive	2.9	3.2	3	3	3	1464
Proportion of elderly that consulted a health care provider (including nurse, chemist or traditional healer) about his/her health during the 3 months prior to the survey	53.5***	37.2	42.1*	47.9	46.8	1437
Proportion of elderly for whom any money was spent for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation	35.0***	24.1	22.8***	32.2	30.4	1469
Average amount spent per individual for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation (estimated over elderly population that spent anything in the 3 months prior to the survey)	207.6	162.4	109.1***	207	193.2	428
Proportion of elderly that have ever had too little money to access healthcare treatment during the 3 months prior to the survey	30.7***	18.9	27.9	25.3	25.8	1469

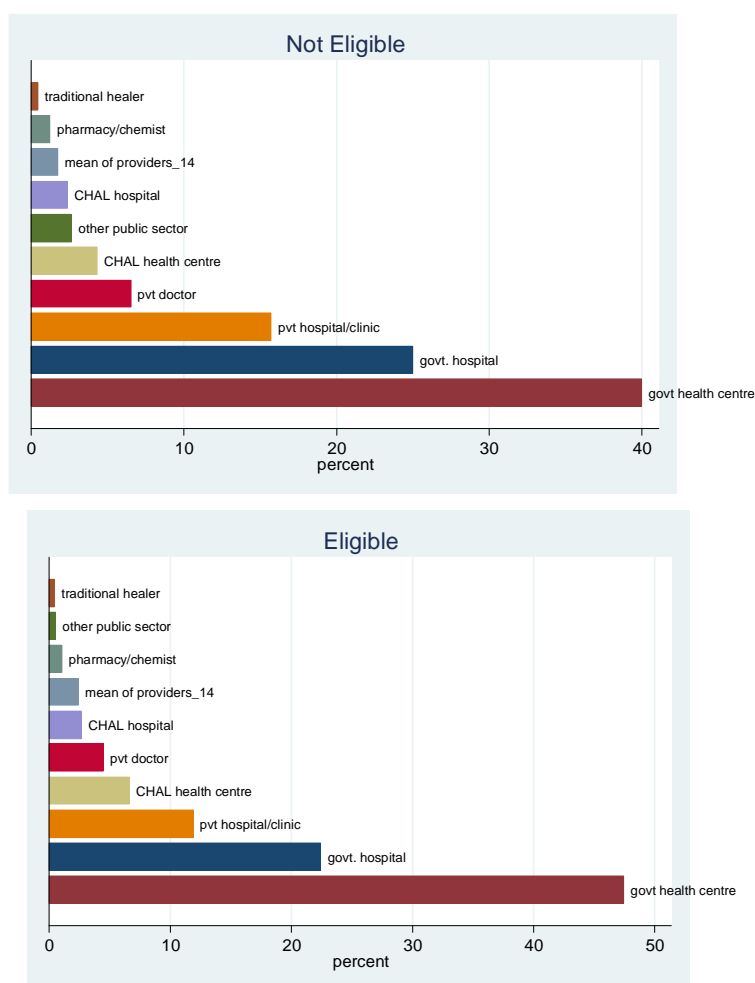
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.6 shows the same health indicators for a more vulnerable segment of the population i.e. individuals aged over 59 (considered to be 'elderly'). Unsurprisingly, a high proportion of them (just under half) consulted a health care provider in the 3 months prior to the survey, and just under a third spent money on healthcare in the same period. The average health expenditure in the last three months was around 193 M. Still, a high proportion of elderly adults (about one quarter) faced monetary barriers in accessing healthcare.

As for adults 18-59, elderly women are more likely to consult health care providers than elderly men and to devote monetary resources to health care. The demand for health is higher for elderly women, and hence a larger proportion of elderly women than men claim that they face monetary barriers to healthcare.

Similar to the pattern observed for adults 18 to 59, elderly in CGP eligible households face more significant barriers to accessing health than their counterparts in non-eligible households. Not only a lower proportion of them spent money on health care in the 3 months prior to the survey (10 p.p. difference), but also the average expenditure was lower and the extent of unmet health needs is reported is larger (around 75% had too little money to access compared to 60% in non-eligible households).

**Figure 3.6** Distribution of type of health care provider consulted by adults and elderly (18+) in 3 months prior to the survey



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.6 shows the types of healthcare providers consulted by adults and elderly in the three months prior to the survey. The most commonly consulted health care providers were government health centres (almost 40%) and government hospitals (almost 30%). Private hospitals or clinics are third in order of importance (just over 10%), most likely as a result of the financial barriers that many encounter when accessing healthcare indicated in Table 3.5 and Table 3.6.

**Table 3.7** Location of the nearest health provider

	This village	Neighbouring village	Closest town	Maseru	Elsewhere in Lesotho
Govt. health centre/post	12.6	43.2	14.4	14.4	10.8
Govt. hospital	10.8	0.0	61.3	22.5	4.5
Pharmacy/ Chemist	8.1	0.9	58.6	21.6	4.5
Private Hospital / Clinic	9.0	6.3	46.0	18.0	9.0
Private Doctor	5.6	10.2	49.1	13.9	9.3
CHAL Hospital	2.8	5.5	13.8	6.4	44.0



CHAL Health centre/post	4.6	14.6	5.5	6.4	27.3
Traditional healer	68.8	23.9	0.0	0.0	5.5

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

On the basis of what reported in the community questionnaire, people tend to need to go to a neighbouring village or closest town in order to have access to basic health services (i.e. hospitals, clinics, health centre, etc.). The only health service that is widely available within the villages is provided by traditional healers.

**Table 3.8 Health status of children aged 0-17**

Indicator	By Age Group			By Gender		By beneficiary status		Overall	
	0-5	6-10	11-17	Female	Male	Eligible (type A/B)	Non-eligible (type C/D)	Est.	Obs.
Proportion of children indicated as being HIV/Aids positive	0.8*	2	1.4	1.0*	1.8	1.9	1.2	1.4	6920
Proportion of children (0-17) that consulted a health care provider (including nurse, chemist or traditional healer) about his/her health during the 3 months prior to the survey	27.3***	16.2	12.9***	19.4	17.3	16.4*	19	18.2	6762
Proportion of children (0-17) for whom any money was spent for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation	18.1***	9.2	5.9***	11.1	10.3	8.2***	11.6	10.5	6970
Average amount spent per individual for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation (estimated over children 0-17 that spent anything in the 3 months)	51.0**	68.5	78.3	69.1	54	53.8	63.9	61.6	649
Proportion of children 0-17 that have ever had too little money to access healthcare treatment during the 3 months prior to the survey	17.5***	7.9***	5.4***	10.2	9.2	11.8**	9	9.8	6970

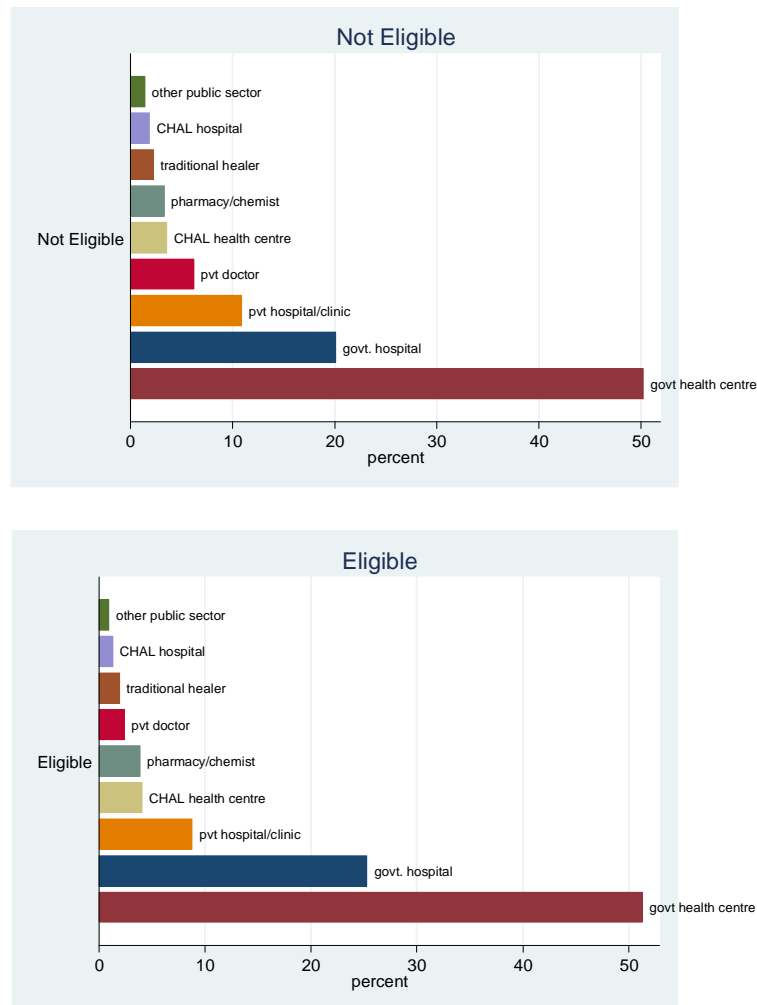
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.8 shows the same set of health indicators for children aged 0-17 years. The proportion of children for whom a health care provider was consulted in the last three months is quite low (around 20%), and the proportion of children for whom any money was spent on healthcare is around 10%. Similarly, some 10% of children were unable to access healthcare as a result of financial constraints at some point in the last three months.

This pattern is generally consistent when data is disaggregated by age, while it changes slightly across age groups. Children in the youngest age group (aged 0-5 years) are reported as having more significant health needs: just under 30% were brought to consult a health provider in the three months prior to the survey and for slightly less than 20% money was spent for healthcare in that same time period. Consistently, around 18% of children in this age group were unable to access healthcare as a result of financial constraints.

As for the CGP eligibility status the pattern that has been consistently outlined above is confirmed: children in eligible households are generally facing bigger difficulties in accessing healthcare than their counterparts in non-eligible households, indicating they are overall poorer and more vulnerable to health shocks. Children in eligible households accessed healthcare significantly less, with 8% rather than 12% having spent any money on healthcare in the three months previous to the survey. Moreover, the proportion of children unable to access healthcare because of financial constraints was higher (12% rather than 9%) in eligible households.

**Figure 3.7 Distribution of type of health care provider consulted by children (0-17) in 3 months prior to the survey**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

0 outlines the types of healthcare providers consulted in the last three months for children aged 0-17 years. As for adults, government health centres and government hospitals were the two most commonly consulted facilities, followed by private hospitals/clinics and private doctors.

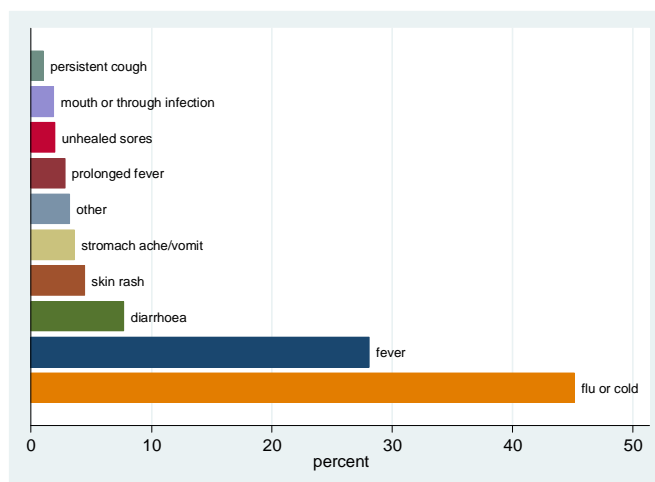
**Table 3.9 Health status of children aged 0-6**

Indicator	By gender		By beneficiary status		Overall	
	Female	Male	Eligible (type A/B)	Non-eligible (type C/D)	Est.	Obs.
Proportion that suffered from any illness (e.g. fever, diarrhoea, throat infection, etc.) in the 30 days prior to the survey	38.5	38.8	36.7	39.2	38.4	2179
Average number of days (out of the 30 days prior to the survey) that illness was suffered	6.7	6.4	7	6.4	6.6	727
Proportion of children (0-6) for whom any money was spent for health care during the 3 months prior to the survey	19.6	19.1	13.8***	21.6	19.2	2208
Average amount spent per child on healthcare during the 3 months prior to the survey on (Maloti) (3):						
• Doctor / nurse / consultation fees	27.6	21.6	22.2	25.2	24.6	376
• Other fees (inpatient, overnight stay, etc.)	0.8	0.9	0.6	0.9	0.8	376
• Additional medication (not in consultation fees)	10.3	9.4	12.3	9.2	9.9	376
• Tests (e.g. x-ray)	0.7	0.1	0	0.5	0.4	376
• Transport	12.8	11.2	13.7	11.6	12	376
• Other	2.3	2.2	1.4	2.5	2.3	376
• Total	54.6	45.4	50.2	49.9	50	376

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) The average is calculated across households that spent on any health issue.

Table 3.9 presents some additional details of the health status and expenditure of young children (aged 0-6 years). Around 40% of children below the age of 7 suffered from an illness in the 30 days prior to the survey, averaging at around 6 and a half days per child per episode. Figure 3.8 outlines the types of illnesses suffered. The most commonly occurring illnesses were flu/cold (just under 50% of occurrences) and fever (just over a quarter of occurrences). Less common was diarrhoea (less than 10%), while the rest of the illnesses (skin rashes, stomach aches, prolonged fever, unhealed sores, mouth/throat infections, persistent coughs) each occurred in less than 5% of cases.

**Figure 3.8** Distribution of illnesses suffered by children 0-6 in 30 days prior to the survey



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

The average amount of money spent on healthcare per child averaged at just under 50 M for the three months prior to the survey, most of which was spent on consultation fees (just under half of the expenses) followed by transport (around a quarter of total expenses) and medication (roughly 20% of expenditure). The morbidity profile was similar across gender and CGP eligibility status, and while the distribution of health expenditure was also comparable, fewer amongst the eligible household incurred any health expenses for children 0-6 in the 3 months prior to the survey.

**Table 3.10 Health status of children aged 0-36 months**

Indicator	By gender		By beneficiary status		Overall	
	Female	Male	Eligible (type A/B)	Non-eligible (type C/D)	Est.	Obs.
Proportion with a Bukana health card	97.8	97.6	95.2***	98.6	97.6	853
Proportion with a Bukana health card available at interview (and with growth monitoring chart in use)	68.9	73	72.6	70.4	71.1	853
Average weight (Kg) (according to Bukana health card) at:						
• 0 months	3.3	3.3	3.4	3.3	3.3	431
• 6 months	6.2	6.6	6.3	6.4	6.4	282
• 12 months	8.3	9.1	8.8	8.8	8.8	107
• 18 months	9.3	9.5	9.5	9.4	9.4	98
• 24 months	9.6	10.1	9.8	9.8	9.8	55
Average number of growth monitoring checks recorded in Bukana health card growth monitoring graph between 0 and 24 months	7.3	7	7.3	7	7.1	512
Proportion of underweight children (at last growth monitoring check-up):						
• 0-12 months	19.7	19.6	21.1	18.8	19.5	571
• 13-24 months	26	26.4	23.8	27.0	25.9	164
Proportion of overweight children (at last growth monitoring check-up):						
• 0-12 months	6.9	7.4	7.5	7.3	7.4	571
• 13-24 months	1.8	0	0.4	0.9	0.7	164

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

The household dataset for this survey contains useful information reported from the growth monitoring chart (Bukana Card) that is used by government health centres in Lesotho to record weight from birth and other health-related indicators in a routine fashion (Table 3.10). Almost all of the children aged 0-36 months had a Bukana (health card) (98%), but only 70% had it available at the time they were interviewed.<sup>21</sup>

The proportion of children with a Bukana was still high but significantly lower for eligible individuals (around 95%), confirming that they may be more marginalized with respect to institutional access as in other observable aspects that were presented above, such as birth certification and passport.

Using the information reported in the Bukana card it is possible to determine whether children are under or over weight according to international standards.<sup>22</sup> The estimates indicate that around 20% of children aged 0-12 months were underweight when last visited the health centre for growth

<sup>21</sup> Note that the Bukana Health Card is designed so as to include almost monthly information on a child's weight. In many cases, however, the card was not filled with that much information. The average number of growth monitoring checks therefore indicates how often data was recorded on the Bukana card.

<sup>22</sup> The Bukana Card reflects the standard design of a Road to Health Card, where weights in kilograms forms the vertical axis and the age of the child (up to 60 months) is the horizontal axis. Two curves are pre-printed on the chart and delimit the "road to health" zone. The upper one represents the median value for the reference population (50th percentile of the National Center for Health Statistics standards for boys) and the lower one represents the NCHS third percentile for girls.

monitoring, with a small and non-statistically significant difference in favour of children in non-eligible households. Conversely, slightly more than 7% were recorded as overweight.

### 3.4 Education

This section gives an overview of the educational achievement in the study population, focussing in particular on the enrolment status of school-aged children and disentangling the barriers to enrolment and attendance.

#### 3.4.1 Primary school completion

Table 3.11 presents primary completion rates by age for the study population aged 13+. It shows that completion rate rises from the 13-17 age cohort (about 45%), peaks at the 18-25 age cohort (more than 70%) and lowers gradually as the age cohorts increase (just 10% for the older cohorts). Primary completion rates are consistently and remarkably higher amongst females, peaking to more than 85% in the 18-25 age cohort.

**Table 3.11 Proportion of population that have completed primary school education by age cohort**

Age cohort	By gender		By beneficiary status		Overall	
	Female	Male	Eligible (type A/B)	Non-eligible (type C/D)	Estimate	Obs.
13-17	61.4***	32.6	35.5***	51	46.6	2052
18-25	86.3***	59.6	62.5***	75.3	72.5	2789
25-35	78.4***	55.9	54.6***	70.3	66.6	2068
35-45	71.0***	37.7	41.4***	58.6	55.1	1093
45-55	53.5***	33.1	35.4***	46.4	44.3	999
55+	10.2	11.9	11.3	10.7	10.8	1841
Total	60.5***	42.5	43.2***	54.1	51.7	10842

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Individuals from eligible households exhibit significantly lower primary school completion in all age cohorts. Primary completion rates are remarkably lower for eligible households across all cohorts (apart from 55+). This suggests that eligible households are more disadvantaged and have historically faced higher barriers in accessing education. The 25-35 and 35-45 year cohorts show the biggest discrepancy between individuals who came from eligible and non-eligible households (approximately 15 percentage points).

#### 3.4.2 Secondary school completion

As expected the levels of secondary completion (Table 3.12) are remarkably lower and show less variation across age cohorts. They show however a similar pattern, with education levels falling significantly as age increases (from almost 15% to just 2%). Significantly more females than males in the 18-25 and 25-35 age cohorts had completed their secondary schooling. Also, secondary

completion rates are lower in eligible households than in non-eligible households across all age cohorts. The discrepancy is widest (9.6 percentage points) for the 18-25 year cohort and decreases as the age cohort increases.

**Table 3.12 Proportion of population that have completed secondary school education by age cohort**

Age cohort	By gender		By beneficiary status		Overall	
	Female	Male	Eligible (type A/B)	Non-eligible (type C/D)	Estimate	Obs.
18-25	17.9***	10.4	6.5***	16.1	14	2789
25-35	13.6**	8.9	5.5***	12.8	11.1	2068
35-45	5.9	5.2	0.9***	6.7	5.5	1093
45-55	3.6	5.5	1.2***	5.2	4.5	999
55+	1.7*	2.9	0.6*	2.5	2.2	1841
Total	9.7***	7.5	3.9***	9.9	8.6	8790

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

### 3.4.3 Enrolment in pre-school

Table 3.13 provides insights on preschool enrolment for children aged 0-6. Slightly less than 20% of children 0-6 are enrolled in pre-school in the 2011 academic year. Pre-school enrolment is much higher (almost 1 child in 3) for children aged 3 to 5 years, almost null for younger children and lower for children aged 6, of whom a large proportion already attend primary school. The table also shows an 8 percentage point discrepancy in pre-school enrolment between children from eligible and non-eligible households, in favour of non-eligible ones.

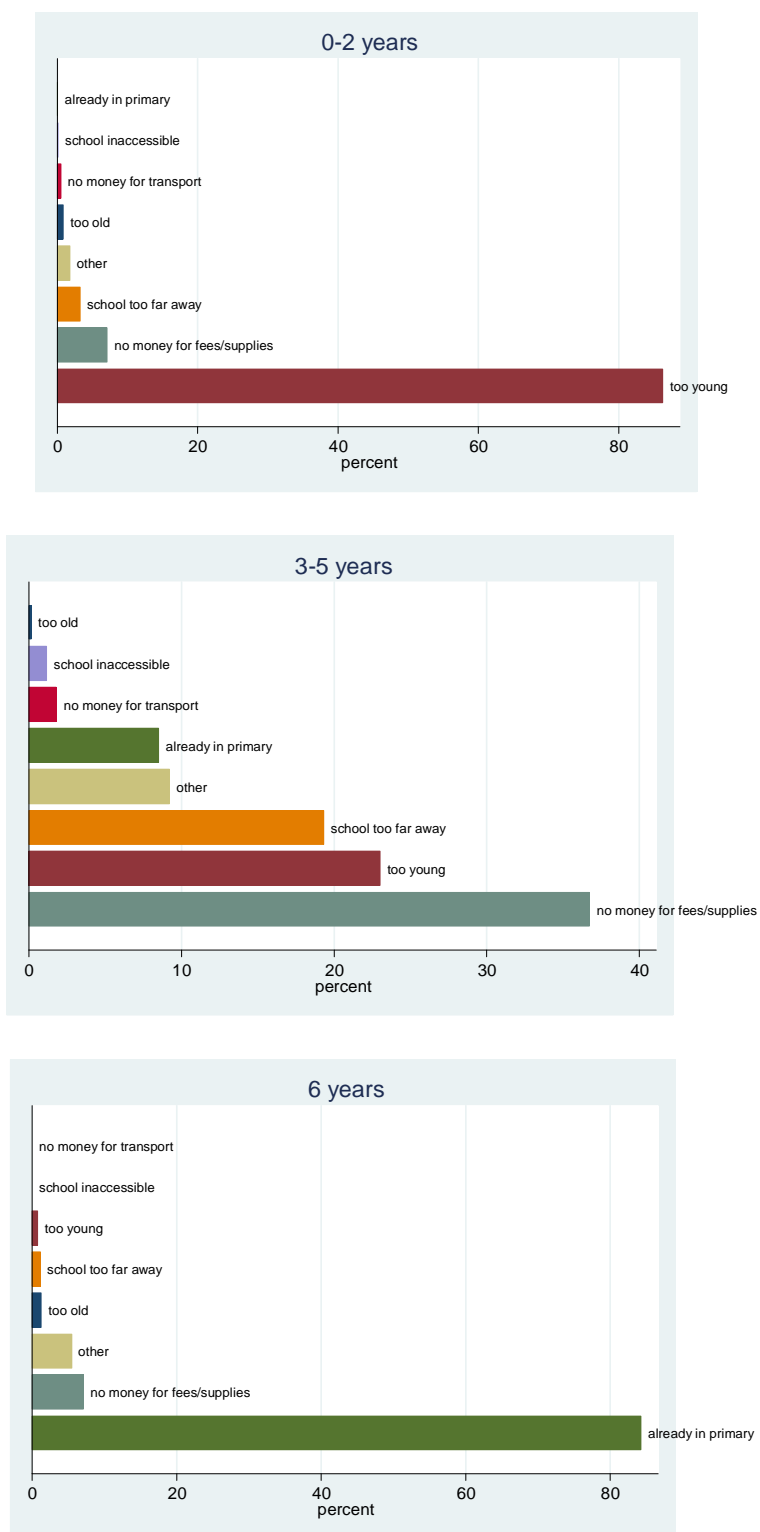
**Table 3.13 Enrolment in pre-school of children aged 0-6**

Indicator	By gender		By age			By beneficiary status		Overall	
	Female	Male	0-2	3-5	6	Eligible (type A/B)	Non-eligible (type C/D)	Est.	Obs.
Proportion of children aged 0-6 enrolled in pre-school this academic year	18.1	16.6	3.4	32.9	10.7	12.3***	19.7	17.4	2437
Proportion of households with children 0-6 enrolled in pre-school that spent any money for crèches or nurseries in the 3 months prior to the survey						16.1	22.8	21.4	330
Average amount spent for crèches or nurseries in the 3 months prior to the survey						287.1	204.9	218.6	71

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Children in eligible households seem to have less means to access pre-school. Slightly above 20% of households with children in pre-school spent money for crèches or nurseries in the 3 months prior to the survey; as most pre-school services are private, this could be a consequence of the fact that nursery fees are paid on a yearly basis, hence were not captured in our survey.

**Figure 3.9 Distribution of reasons for children 0-6 not being enrolled in pre-school – by age**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.



The vast majority of children aged 0-6 (more than 80%) are not enrolled in pre-school and Figure 3.9 above presents the main reasons for not being enrolled disaggregated by age group. Overall the distribution of reasons is similar for both genders. Young age and enrolment in primary are the main reasons why children were not enrolled in pre-school for younger and older children respectively. Conversely, for almost 40 % of children 3-5 their households reported not having the resources (money for fees, uniforms and other supplies) to enrol them in pre-primary school. Second in order of importance are age and issues related to physical accessibility. For slightly less than 20% of children the school being too far away was reported as a reason for non-enrolment.

### 3.4.4 Enrolment in school

Table 3.14 and Table 3.15 focus on school enrolment, at primary and secondary level.

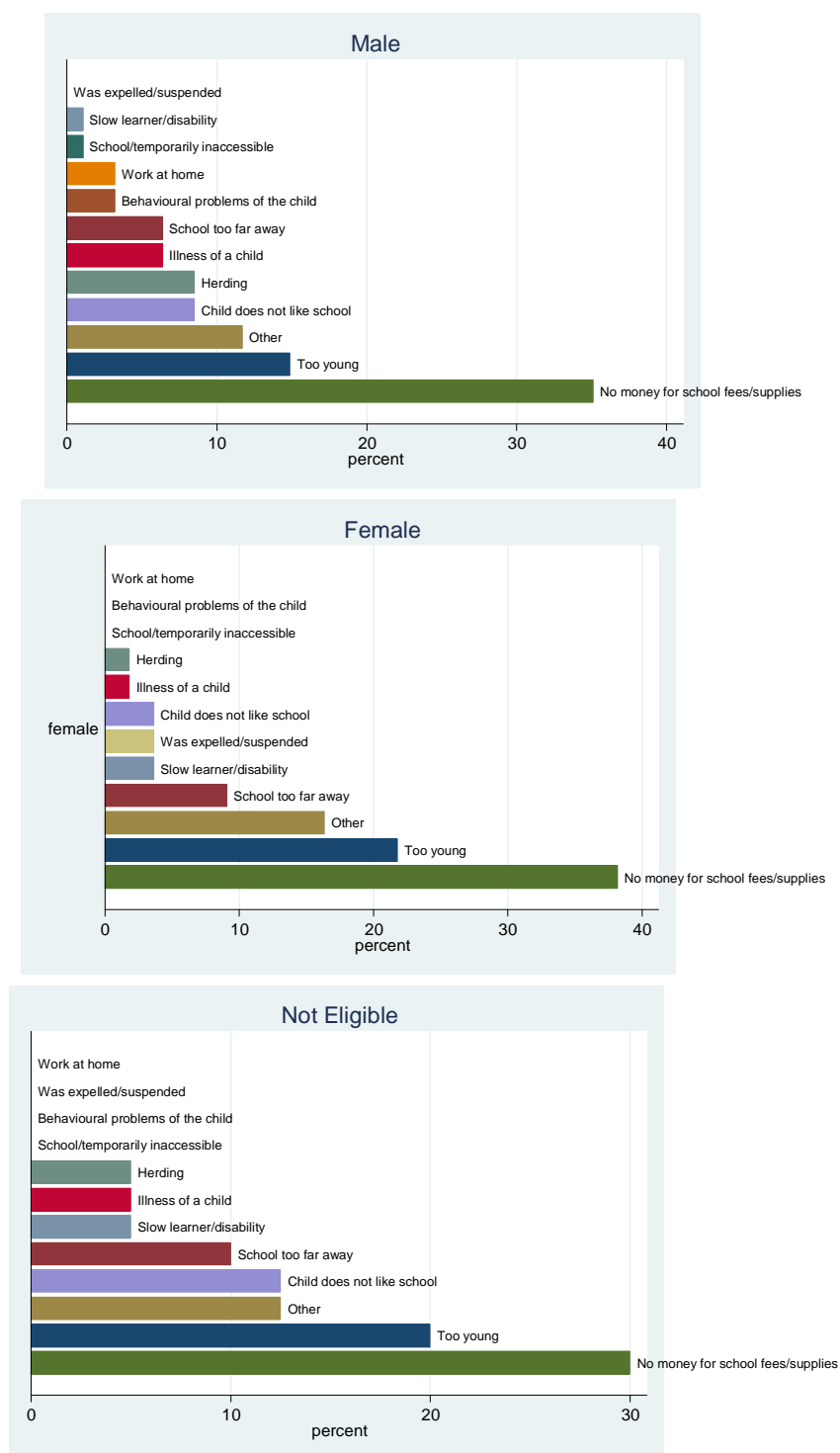
**Table 3.14 School enrolment (for children aged 6-19) – by treatment and eligibility status**

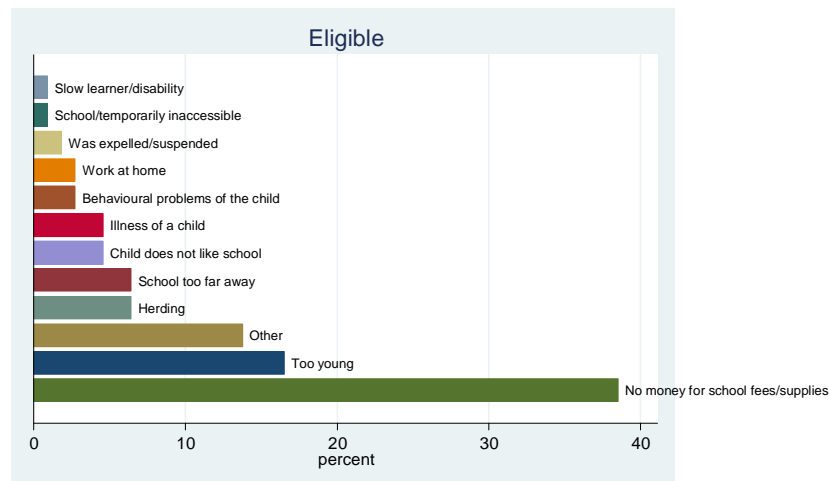
Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of children aged 6-19 that have ever enrolled in primary school	97	96.8	96.9***	98.4	98	5408
Proportion of children aged 13-19 that have ever enrolled in secondary school	23	22.6	22.8***	37.3	33.5	2715
Proportion of children aged 6-19 enrolled in an educational institution this academic year (3)	84.5	83.6	84.1**	86.3	85.7	5392
• Average number of academic years out of school, for those not currently enrolled in an educational institution (3)	2.2	2.3	2.3	2.5	2.5	675

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) Excluding those who have already completed secondary school.

Table 3.14 presents key indicators of school enrolment for children aged 6-19, disaggregating by treatment and beneficiary status. Almost all (98%) children 6-19 have ever enrolled in primary school, but there is a significant - though small - difference (about 1.5 p.p.) between CGP eligible and non-eligible households.

**Figure 3.10 Distribution of reasons for children 6-19 having never been enrolled in school, by (a) gender and (b) beneficiary status**





Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.10 shows the main reasons for children never having been enrolled in school. For both genders, the lack of money for fees and school supplies is the main barrier to accessing the education system (around 34%). Financial constraints are a stronger determinant of exclusion from school amongst children in eligible households (almost 40%). For females, physical access is also reported as a significant barrier to enrolment: slightly less than 10% of them who never enrolled in school did so because the school is too far away, a result which is unsurprising given the remote locations of some of the study areas, such as Qacha's Nek (as confirmed by the qualitative analysis). For boys other important reasons reported are not being interested in school (around 10%) and being involved in full time herding (around 10%).

A stark contrast emerges when looking at secondary school enrolment. Only about one third of children 13-19 have ever enrolled in secondary school. In this case, children aged 13-19 in CGP eligible households are about 15 percentage points less likely to have ever enrolled in secondary school.

**Table 3.15 School enrolment (for children aged 6-19) – by age group and gender**

Indicator	By Age Group				By Gender	
	6-8	9-12	13-17	18-19	Female	Male
Proportion of children aged 6-19 that have ever enrolled in primary school	95.0***	99.4***	98.9**	97.4	98.2	97.8
Proportion of children aged 13-19 that have ever enrolled in secondary school	.	.	24.9***	55.2***	43.8***	23.2
Proportion of children aged 6-19 enrolled in an educational institution this academic year (3)	94.6***	98.5***	85.1	48.2***	87	84.9
• Average number of academic years out of school, for those not currently enrolled in an educational institution (3)	1.6***	2.1	2.2**	2.7**	1.9***	2.9

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) Excluding those who have already completed secondary school.

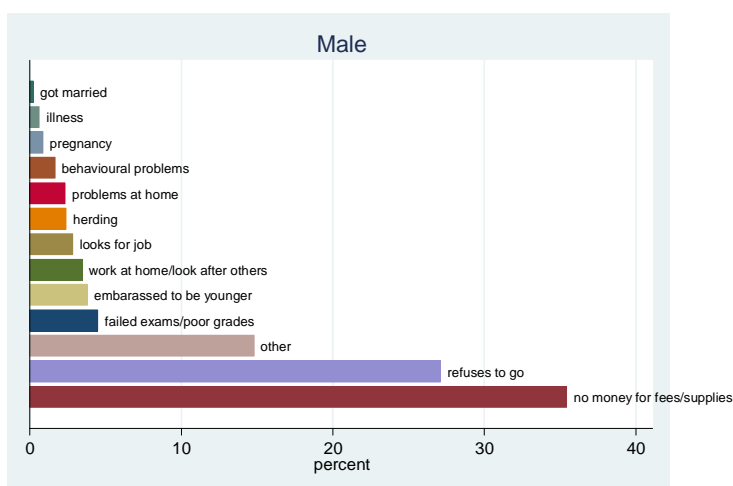
Table 3.15 further breaks down the same indicators by gender and age groups. The overall rate of secondary school ever enrolment keeps worryingly low, but it differs remarkably by gender and age. A significantly higher (above 40%) proportion of girls 13-19 have ever enrolled in secondary

school, and enrolment reaches more than 50% only for the oldest age group (18-19), indicating that there is a general problem of delay in school progression.

Current enrolment (Table 3.14) is generally high for children in the study population, as slightly more than 85% of children 6-19 are attending an academic institution in the current year.<sup>23</sup> However the age disaggregation provides a more varied picture. Current enrolment should be close to 100% for children aged 6-12 (who should be attending primary school). Instead, around 5% of young children aged 6-8 are not attending school in the current academic year, suggesting some problems of delay in school enrolment (see below). Current enrolment rates also drop significantly for children aged 13-17 and 18-19, possibly influenced by the transition from primary to secondary, or as a consequence of the fact that older are forced to find work and earn an income. .

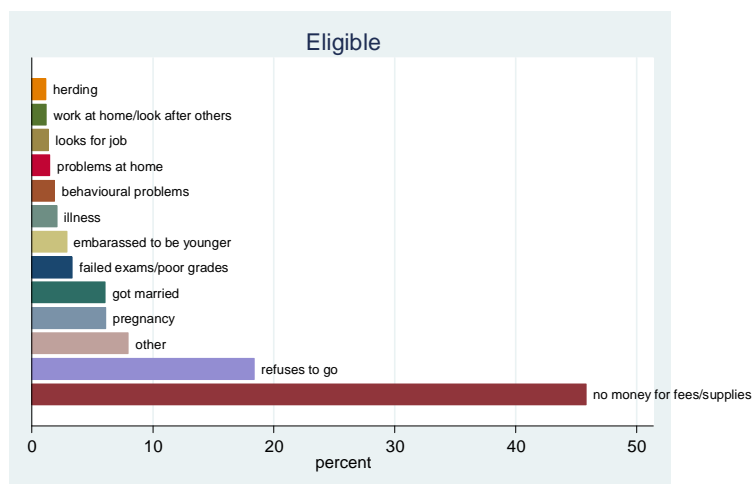
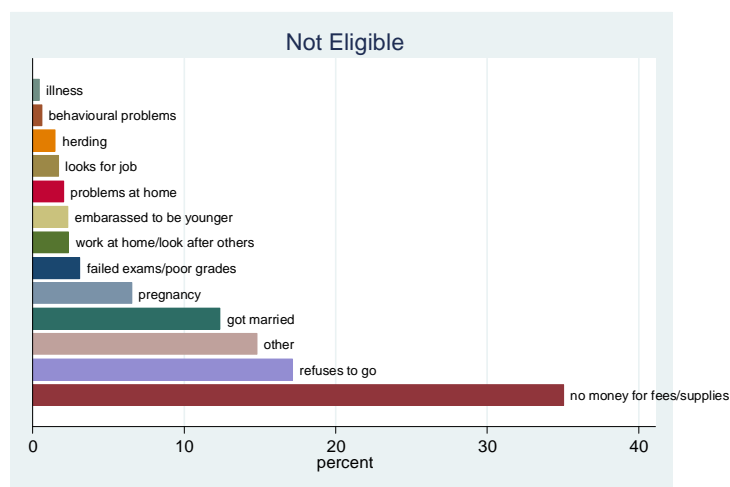
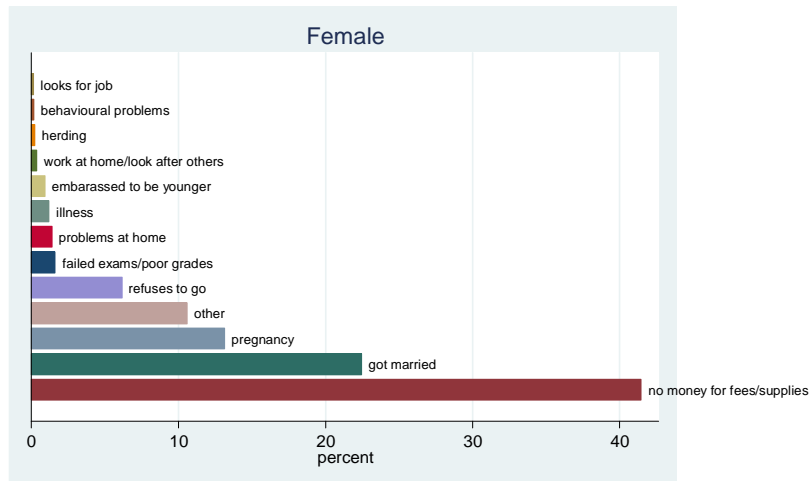
For children who have been enrolled in school in the past but have left education before secondary school completion<sup>24</sup> the questionnaire investigated reasons for drop-outs (Figure 3.11).

**Figure 3.11 Distribution of reasons for school drop-out, by (a) gender and (b) beneficiary status**



<sup>23</sup> In the calculation of these indicators children who have completed secondary school are excluded from the denominator.

<sup>24</sup> This corresponds to reasons for not being enrolled in school for the current academic year for children who have been enrolled in school at least once.



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

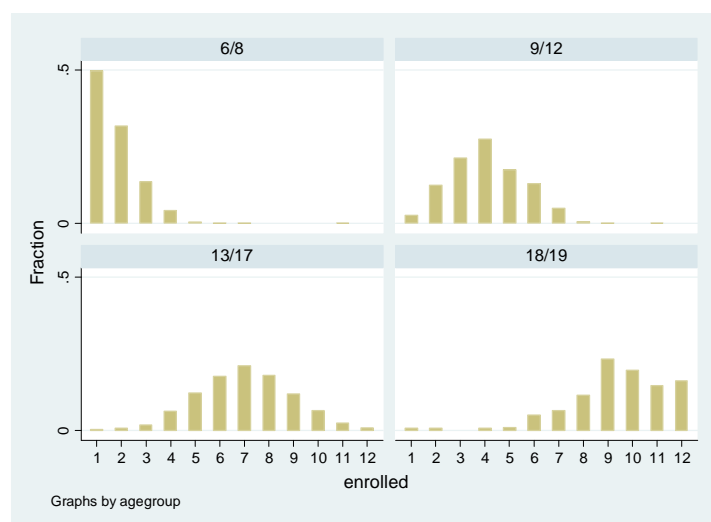
Lack of money for fees was the most common reason for dropping out, for both males and females, followed by illness. There was variation between the distribution of the remaining reasons between males and females. Refusal to attend school and herding are more common reason for drop-out among boys, while problems and illness at home are more common amongst girls,

probably linked to caring responsibilities towards other household members. Financial barriers are by far a more serious determinant of drop-out for children in eligible households (50% versus less than 40%).

### 3.4.5 School progression

Figure 3.12 shows the distribution of current grade enrolled in for 6-19 year olds that are currently enrolled in school. The distribution of 6-8 year olds is clustered around grades 1-3. For 9-12 year olds the distribution of grades is more spread, but it clusters around grades 3-5 which is slightly low but plausible. The spread in distribution is quite wide for 13-17 years olds, with a cluster between grades 5-9, that indicates a significant accumulated school delay (learners aged 13-17 should be in grades 7-11). Learners aged 18-19 reported being in grades 6-12 but cluster at grades 9-10 and then 11-12. Again the anomaly in this age cohort is that some learners are still attending primary school (grades 1-7), albeit a low proportion.

**Figure 3.12 Distribution of current grade enrolled in - by age**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Table 3.16 and Table 3.17 present additional information on the reasons for delay in school progression, which seem to affect most children in the study population. We estimate that *more than 90% of children aged 6-19 show some delay with respect to regular school progression*, meaning that they are at least one academic year below the grade they should be in (had they enrolled in grade 1 in the year they turned 6 and passed every year).

**Table 3.16 Delay in school progression (for children aged 6-19) - by treatment and beneficiary status**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of currently enrolled children 6-19 who have a delay in school progression	94.7	93.9	94.3**	92.1	92.7	4493
Average delay in school progression (number of grades behind wrt to age) for currently enrolled children 6-19	2.7	2.8	2.8***	2.5	2.5	4493

• Average number of academic years of late enrolment	1.8	1.9	1.9***	1.6	1.7	4283
• Average number of academic years out of school before enrolling again	0.1	0.1	0.1**	0	0	4364
• Average number of academic years repeated	0.9	0.8	0.8	0.8	0.8	4447
Proportion of currently enrolled children aged 6-19 that have enrolled late	66.7	68	67.3	65.5	66	5490
Proportion of currently enrolled children aged 6-19 that have temporarily dropped out from school	6.3	6.4	6.4	5.4	5.7	4437
Proportion of currently enrolled children aged 6-19 that have ever repeated a school year	56.2	53.4	54.9	54.8	54.8	4489

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

On average females show a shorter school delay than males (2.2 academic years versus 2.8 academic years). Moreover, a higher proportion of CGP children in eligible households suffer slow school progression (almost 95% compared to 92% in non-eligible households) and accumulate a longer delay (2.8 academic years compared to 2.5).

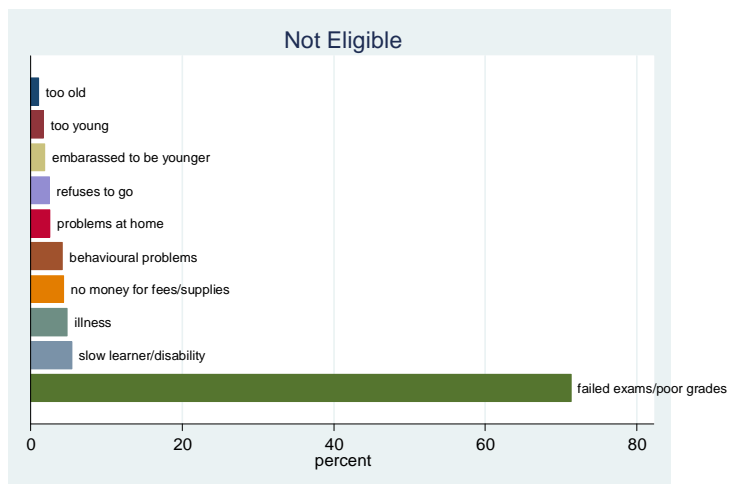
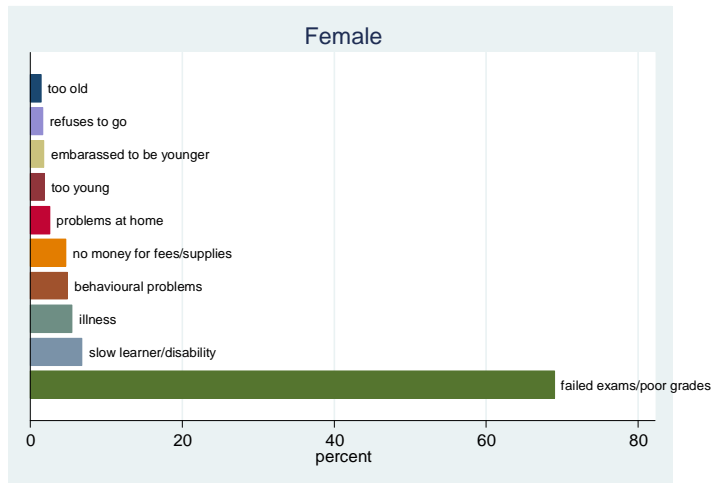
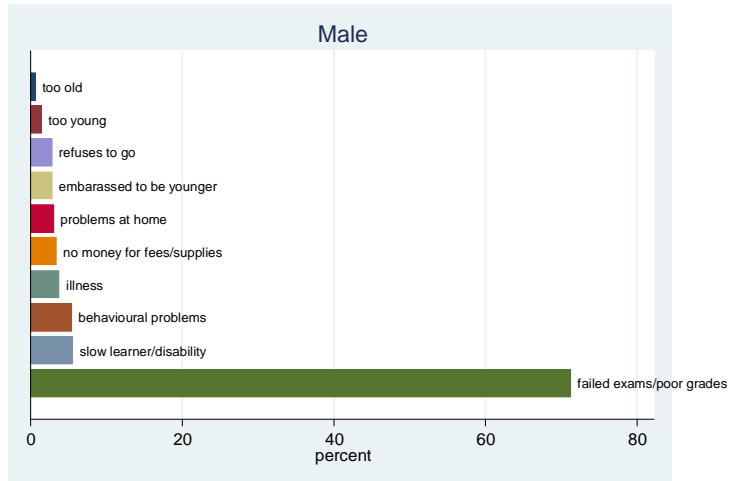
**Table 3.17 Delay in school progression (for children aged 6-19) - by age group and gender**

Indicator	By Age Group				By Gender	
	6-8	9-12	13-17	18-19	Female	Male
Proportion of currently enrolled children 6-19 who have a delay in school progression	80.4***	95.5***	97.6***	93.4	90.4***	94.8
Average delay in school progression (number of grades behind wrt to age) for currently enrolled children 6-19	1.1***	2.3***	3.6***	3.2***	2.2***	2.8
• Average number of academic years of late enrolment	0.9***	1.5***	2.3***	1.9	1.6***	1.8
• Average number of academic years out of school before enrolling again	0.0***	0.0***	0.1**	0.2***	0	0.1
• Average number of academic years repeated	0.3***	0.8**	1.2***	1.2***	0.7***	1
Proportion of currently enrolled children aged 6-19 that have enrolled late	59.6***	78.5***	72.6***	34.1***	65.1	67.4
Proportion of currently enrolled children aged 6-19 that have temporarily dropped out from school	2.7***	4.5*	6.6*	14.4***	5.4	5.7
Proportion of currently enrolled children aged 6-19 that have ever repeated a school year	26.0***	55.1	68.2***	75.8***	48.1***	61.1

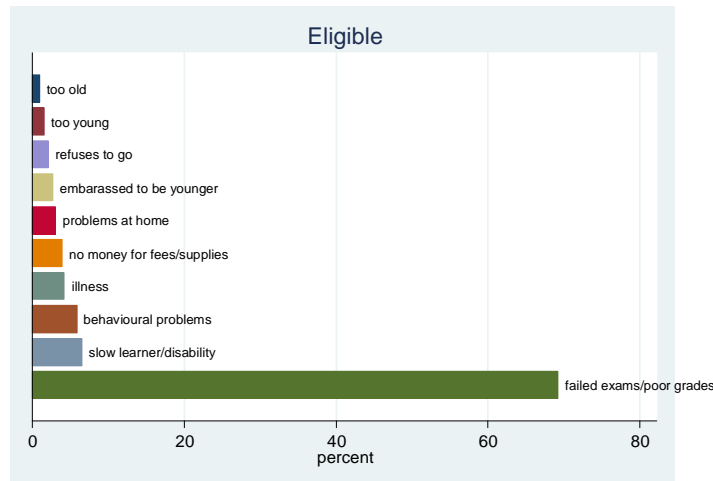
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Three main reasons contribute to creating delays in school progression. In order of importance these include: late enrolments (affecting around 65% of children 6-19), repetition (affecting almost 55% of children) and temporary drop-out from school (just over 5%). While these three factor affect an equal proportion of children in eligible and non-eligible household, the length of delay in school progression that they create is bigger in eligible households: i.e. children in eligible households enrol even later (on average when they are around 8), repeat more academic year (almost 1 on average), and stay away from school for a longer time (before enrolling again).

**Figure 3.13 Distribution of reasons for repeating a school year among children 6-19, by (a) gender and (b) beneficiary status**



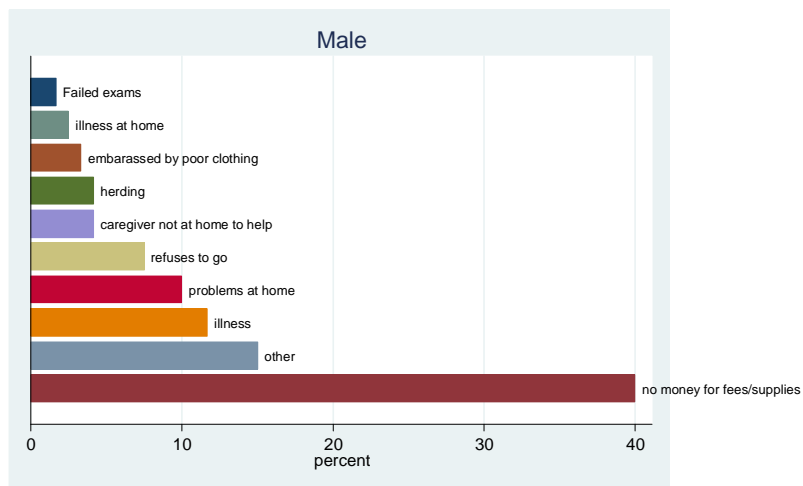


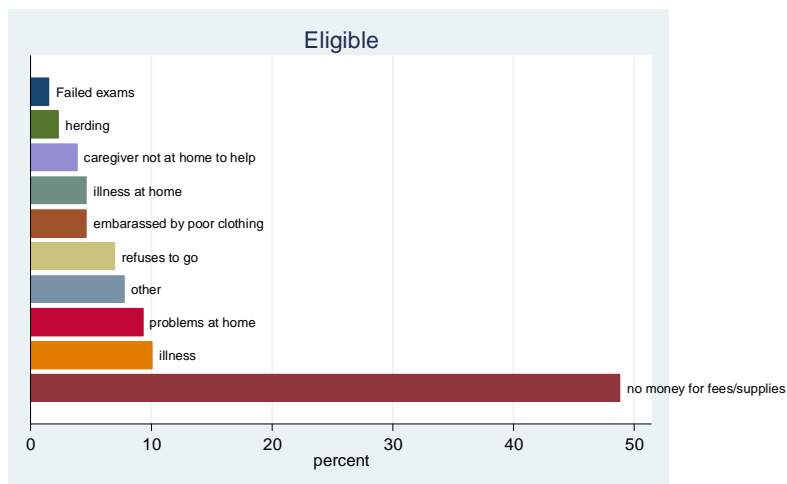
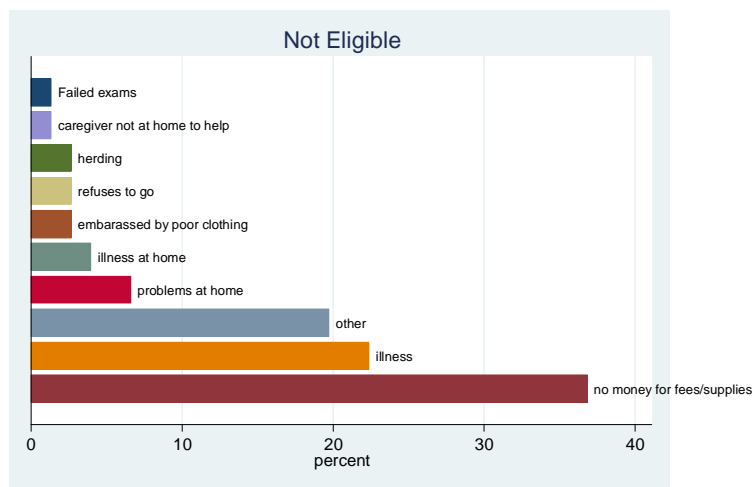
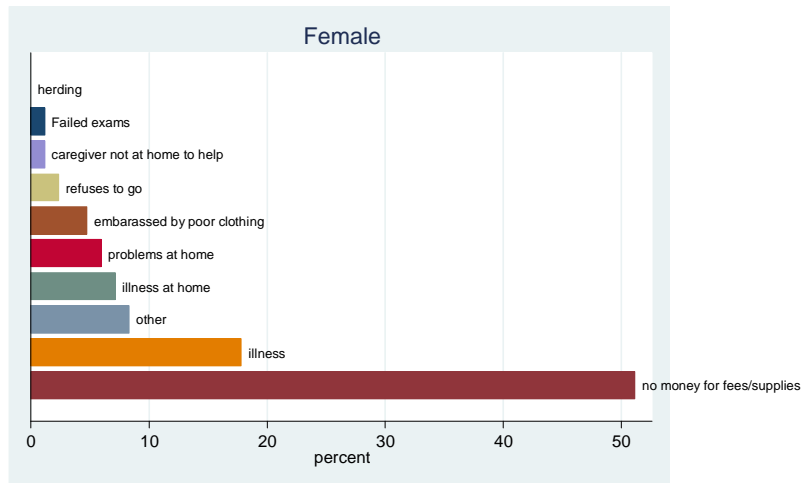


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.13 shows the distribution of reasons given for repeating a school year among children 6-19, presented for male and female learners. Failing exams or poor grades are by far the main reason for male and female learners repeating school (roughly 70% of cases), followed by learning problems (around 5% of cases). Behavioural problems are a more common reason for boys than for girls.

**Figure 3.14 Distribution of reasons for having been temporarily out of school for children 6-19 who are currently in school, by (a) gender and (b) beneficiary status**





Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.14 shows the distribution of main reasons for having ever been out of school for an academic year<sup>25</sup> for children aged 6-19 who then returned to school and are currently enrolled in

<sup>25</sup> Note that this is derived from the question “Has [NAME] ever been out of school for an academic year since s/he enrolled?” asked to 5-19 year olds who are currently ins school

an educational institution. Lack of money for fees, uniforms and supplies is overall the main reason for temporary drop-out (between 30 and 50% of cases), followed by illness (around 15% of cases). Being embarrassed by poor clothing is a more common reason among female learners, whereas herding is a reason for temporary absence unique to male learners. Health or other problems at home are also common reason of temporary drop-out (around 10% of cases). Some differences can also be seen among CGP eligible and non-eligible households, with money for fees and supplies being more of a problem (almost 50% of cases against almost 40%) for eligible ones, as were problems at home (10% against around 5%).

### 3.4.6 School attendance

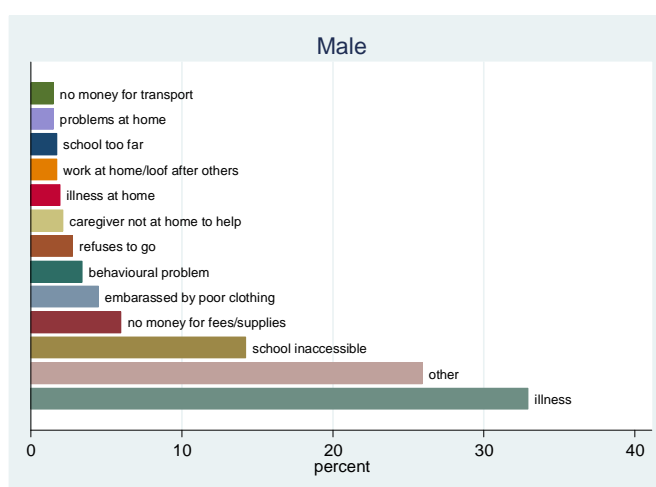
**Table 3.18 School attendance (for children aged 6-19)**

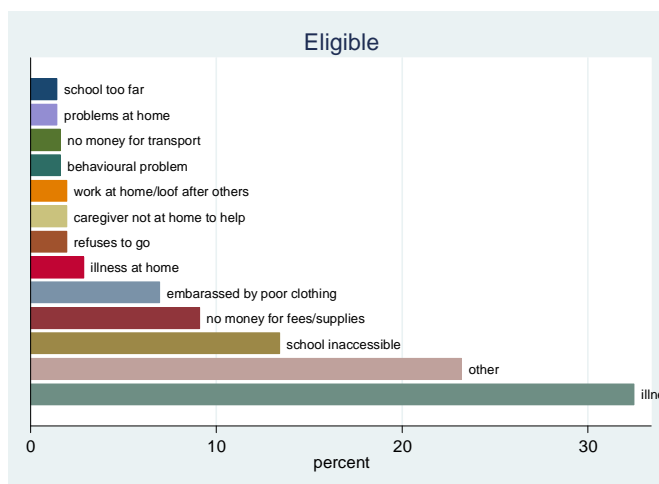
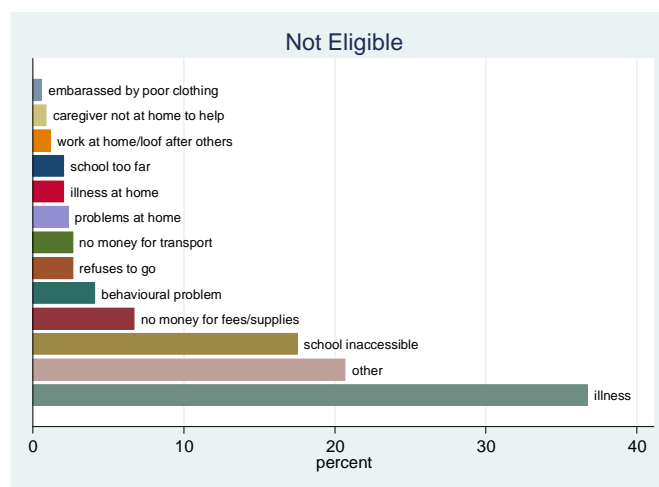
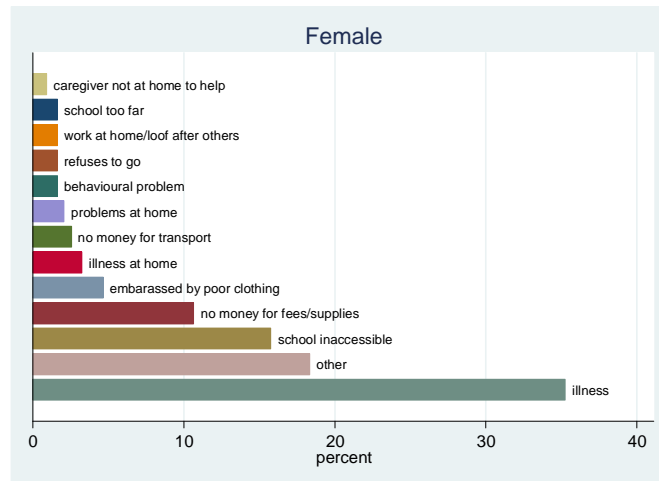
Indicator	By gender		By level		By Age		By beneficiary status		Overall	
	Female	Male	Second.	Prim.	6 - 12	13 - 19	Eligible	Non-eligible	Est.	Obs.
Proportion that have missed school in the 30 days prior to the survey when school was in session	17.8**	21.8	17.5	20.5	20.9	18	22	18.8	19.7	4289
• average number of days missed	3.3	3.6	4	3.3	3.3	3.8	4.4***	3.1	3.5	850

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.18 shows key indicators of school attendance for children aged 6-19. The proportion of children who missed school for at least one day over the 30 days prior to the survey when school was in session is high (almost 20%). This may affect learning outcomes significantly, especially if absence is repeated over time. On average children missing school skip between 3 and 4 days over a 30 day calendar period, a significant fraction of overall class time. Girls seem to be missing school in lower proportion than males, possibly because they are less involved in activities such as herding.

**Figure 3.15 Distribution of reasons for missing any days of school in the 30 days prior to the survey when school was in session (for children aged 6-19)**





Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.15 shows the distribution of reasons for missing any days of school in the 30 days prior to the survey when school was in session. Illness was the most common reason for missing school for learners (between 30 and 40% of cases), possibly accentuated by the winter season. A common reason for missing school among both male and female learners is also the inaccessibility

of schools, which may be largely related to weather conditions and infrastructure. This is an important point because there may be a link between poor education outcomes and access to schools which may be worth investigating further. A significant proportion of girls (almost 10% of cases), who are generally more likely to attend secondary school, also report financial constraints as a reason of absenteeism.

### 3.4.7 The overall school experience

Table 3.19 furthers the analysis and presents a series of indicators on schooling for children aged 6-19 who are currently enrolled in educational institutions.

**Table 3.19 The overall school experience: school type, meals and uniforms**

Indicator	By gender		By level		By Age		By beneficiary status		Overall	
	Female	Male	Second.	Prim.	6 - 12	13 - 19	Eligible	Non-eligible	Est.	Obs.
Type of school attended (%)										
• Public	58.4	56.7	50.0***	59.3	58.7	55.3	64.0***	54.7	57.2	4411
• Private	3.1*	2.1	4.9***	1.7	1.9**	3.4	1.5**	2.9	2.5	4411
• Confessional	38.2	41.1	44.9**	38.9	39.3	40.9	34.4**	42.1	40	4411
• Other	0.3	0.1	0.2	0.1	0.2	0.3	0.1	0.3	0.2	4411
Proportion of pupils receiving food at school	89.2***	93.8	67.4***	99.1	98.9***	82	94.0***	90.7	91.6	4399
Average number of meals a day pupil eats at school	1.1**	1	1.1***	1	1.0***	1.1	1	1	1	4088
Proportion of children (%)										
• with uniform and school shoes	17.8**	21.8	17.3	20.4	20.9	18	22	18.8	19.7	4410
• missing uniform only	3.3	3.6	4	3.3	3.3	3.8	4.4***	3.1	3.5	4410
• missing shoes only	68.7***	62	76.1***	62.1	61.7***	70.1	47.7***	72	65.3	4410
• missing shoes and uniform	4.6	5.6	4.4	5.4	5.6	4.6	6.2	4.8	5.2	4410

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

The vast majority of learners attend government schools (almost 60%), followed by confessional (church) schools (around 40%). Very few learners (less than 3%) attended private schools, most likely due to the fees required and to the fact that they are not available in remote locations. The proportion that attends private or confessional schools is higher (almost 50%) for secondary school students, as government secondary schools are less widely spread. Children in households eligible to participate in the CGP are remarkably less likely to attend confessional or private school, possibly reflecting more stringent budgetary constraints.

**Table 3.20 Location of the nearest school**

	This village	Neighbouring village	Closest town	Maseru	Elsewhere in Lesotho
Preschool / Creche	55.0	28.8	6.3	0.0	2.7
Government Primary	29.1	43.6	3.6	1.8	14.6
Government Secondary	19.8	36.9	11.7	2.7	21.6
Private Primary	1.9	3.7	27.8	11.1	13.0
Private Secondary	3.7	1.9	26.9	13.9	10.2
Confessional Primary	36.7	37.6	4.6	1.8	12.8
Confessional Secondary	15.6	26.6	11.0	0.9	27.5

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

According to community representatives that participated in the community survey, some schools are available locally in the village, but still the majority of school attended are in neighbouring villages (especially if secondary) or in the closest town (especially if private institutions).

Most children (more than 90% overall) receive one meal at school. School canteens are present in almost all primary school, while they cover only around 70% of secondary school students. As children in eligible households attend secondary public schools in larger proportion they are also more likely to receive free meals in the school canteen.

A significant fraction of learners (roughly 35%) lack either uniforms or shoes for school. This reduces to around 25% in secondary school, where such requirements are generally mandatory. Boys seem to be generally disadvantaged with respect to girls when it comes to having shoes and uniform for school. The poor socioeconomic status of households eligible for the CGP is reflected by lower access to shoes and uniforms. Almost twice as many (around 14%) children are missing shoes and uniforms for school in eligible households compared to non-eligible households.

### 3.4.8 Expenditure on education

Table 3.21 provides a breakdown of educational expenditure for children aged 6-19 who are currently enrolled in an education institution. The total average expenditure per pupil per academic years (all ages and grades) is slightly more than M400. This is calculated including around 30% of pupils for whom the parents do not report any educational expense.

**Table 3.21 Educational expenditure**

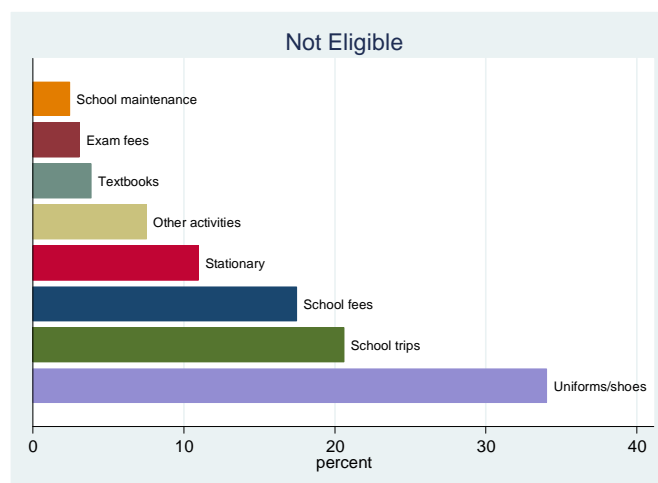
Indicator	By gender		By level		By beneficiary status		Overall	
	Female	Male	Secondary	Primary	Eligible	Non-eligible	Est.	Obs.
					(type A/B)	(type C/D)		
Average amount spent per pupil (Maloti)	499.5***	347.6	1356.0***	141.2	198.8***	502.5	419.2	4467
Proportion of pupils incurring expenditure (%):								
• Any expenditure	73.0***	67.7	89.7***	64.3	60.5***	73.4	69.8	4467
• School fees for the year (either paid or owed)	24.9***	15.3	78.6***	2.8	10.6***	23.4	19.9	4374
• Exam fees & other school fees	8.2***	4.3	17.7***	2.8	3.7***	7.1	6.2	4372

• School trips and other school activities	34.7	32.6	37	32.4	28.2***	35.3	33.4	4379
• School maintenance and equipment (desk, cleaning, etc.)	7.4*	5.7	5.8	6.7	7	6.3	6.5	4375
• Text books and photocopies	14.2***	9.2	44.0***	2.1	7.0***	13.3	11.6	4372
• Stationery & school bags (includes pens, pencils, exercise books and other school supplies.)	30.9**	26.4	50.5***	21.9	23.4***	30.2	28.4	4373
• Uniform and / or school shoes	38.8	35.4	46.4***	34	27.2***	40.5	36.8	4362
• Other activities (private tuition, sports, computer lessons, courses, etc.)	11.5	11.1	14.2**	10.2	11.2	11.2	11.2	4200

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Total expenditure is roughly 10 times bigger in secondary (around M1400) than in primary schools (around M140). Most parents report expenditure for uniforms and school shoes (more than 35% of students), school trips and school activities (around 1/3 of students), and stationery. School fees are paid in almost 80% of cases for students in secondary school. The table also shows that expenditure on textbooks and photocopies (roughly 45% of students) along with exam fees (slightly less than 20% of students) stationery and school bags (more than 50% of students) raises significantly from primary to secondary level which further increases the cost of secondary education.

**Figure 3.16 Relative importance of education expenditure items (children 6-19) by (a) eligibility (b) school level**



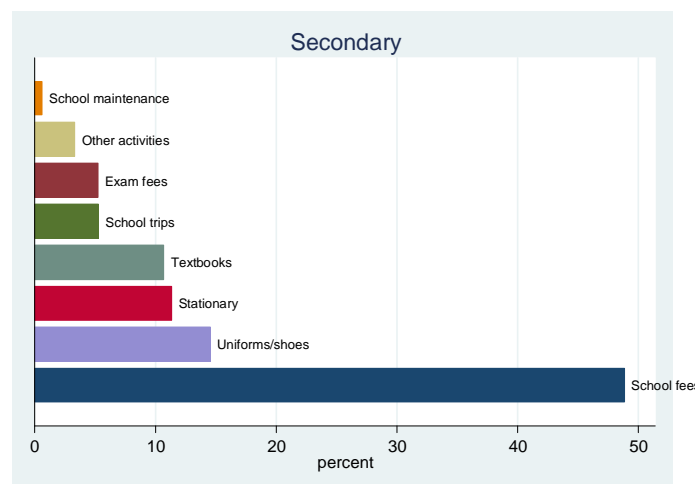
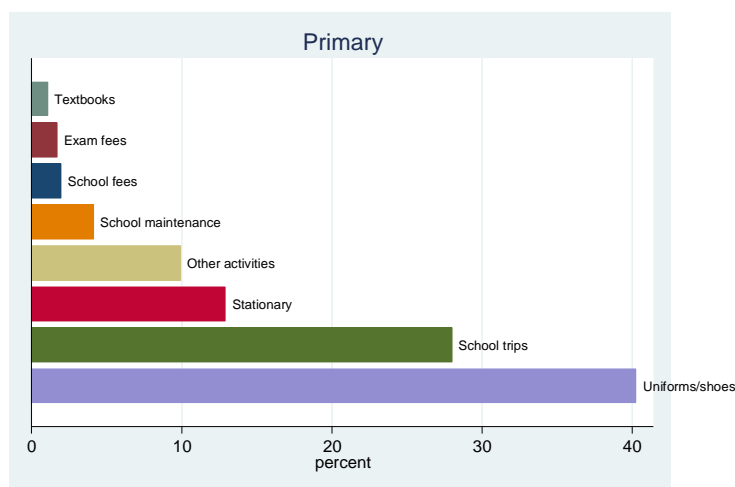
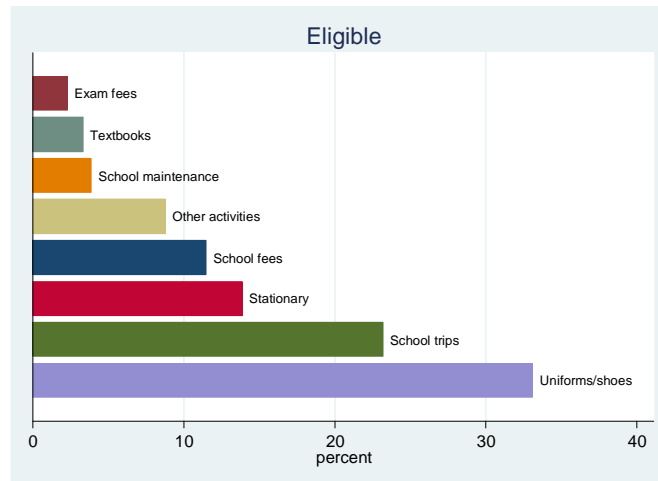


Figure 3.16 show the relative importance of the value of main education expenditure items. The cost of uniforms and shoes represent around one third of total education cost for those who spent any money in education during the academic year. School trips are also an important item (around one fifth of total expenditure) followed by fees and stationary. The structure of costs is radically different between primary and secondary school. School fees represent about 50% of total expenditure incurred for attending secondary, while they have been abolished in all primary



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schools. Textbooks also play a bigger role for secondary school expenditure. Conversely, primary school expenditure is dominated by uniform, shoes and school trips.

In terms of the CGP selection process, learners from non-eligible households spend on schooling about M300 more than those from eligible households. This is surely a reflection of fewer children in eligible households attending secondary school, and is an indication a lower ability to pay for education (once again signalling that more needy households were eligible to receive the CGP).

### 3.5 Livelihood strategies and labour supply

This section provides insights on sources of income and livelihoods strategies of households in the study population. Due to the relevance of farming and livestock rearing as sources of subsistence, most of the analysis is concentrated on agricultural and livestock activities.

**Table 3.22 Distribution of household cash income sources in the 12 months prior to the survey**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Salary	14.5	11.2	12.9***	25.9	23	3047
Casual labour / piece-job in agriculture	22.6	23.5	23.0***	13.2	15.4	3047
Casual labour / piece-job in non-agric.	53.2**	45.3	49.4***	32.3	36.1	3047
Own farm activity	10	8.6	9.3	9.3	9.3	3047
Own livestock activity	5	5.7	5.3**	7.9	7.4	3047
Household business (non-farm, not rent)	15.2	15.1	15.1	13.5	13.9	3047
Skilled trading (artisan)	2.7	1.7	2.2	2.1	2.2	3047
Mining / industry/construction	0.3	0.9	0.6***	4.4	3.5	3047
Fishing/hunting/gathering	0.1	0.1	0.1	0	0	3047
Rent from agricultural assets (e.g. ox, plough, etc)	0.7*	0.1	0.4	0.6	0.6	3047
Rent from non-agriculture assets (e.g. flats, etc)	0.2	0.2	0.2**	1	0.8	3047
Remittances/gifts	25.4	26.3	25.8**	21.8	22.7	3047
Borrowing	31.7**	17.2	24.7***	17.9	19.4	3047
State benefits (pension, Social Assistance, etc)	13.4	12.4	12.9***	23.3	21	3047
No income	0.9**	2.5	1.6	1.2	1.3	3047
Other (specify)	4.2	5.9	5	2.8	3.3	3047

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.22 provides an overview of sources of cash income for households. While non-cash income from own farming and livestock activities (not reported in the table) provides most of the resources for households subsistence, the *most common source of cash income is casual labour in the non-agricultural sector*, listed by around 36% of households. Other sources of cash income are salaries, listed by just less than a quarter of households, while casual labour in agriculture is listed by around 15%. Very few households obtain any income from rent of assets, or activities such as fishing, hunting, or mining.

On the contrary many households rely on external support for a main source of cash income, be it remittances, borrowing, or state benefits. Remittances and gifts are listed by just less than a quarter of households; state grants and borrowing are each listed by a fifth of households.

Interestingly, households eligible to benefit from the CGP are much more likely than non-eligible households to be engaged in casual labour than receiving a regular salary (or working in the mining sector). They are also more dependent on remittances or gifts, but are actually less likely (10 p.p. difference) to rely on state benefits such as pension or social assistance as a primary source of cash income. This is a direct consequence of the eligibility criteria of the CGP, that give lower probability of enrolment to households receiving pensions. Interestingly, beneficiary households rely more (almost 8 p.p. difference) on borrowing, possibly as a way to fund some of their expenditure on basic needs.

The rest of the section provides details for each of the four main livelihood strategies that provide most of the in kind or in cash income for the study population: non-farm businesses, own farming, livestock production, and paid work in the labour market.

### 3.5.2 Adult Labour Supply

This section gives an overview of the distribution of labour activities of adults across agricultural production, own non-farm business, and paid work outside the household.

**Table 3.23 Adult labour supply**

Indicator	Gender		Age		By treatment status		By beneficiary status		Overall	
	Female	Male	18-59	>59	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
					(type A HHs)	(type B HHs)	(type A/Bs)	(type C/Ds)		
Proportion of adults (>17) who in the 12 months prior to the survey engaged in										
• any labour activity	72.0***	84.3	79.2***	70.4	81.6	79.2	80.5**	76.6	77.5	6913
• own non-farm business activities	10.9***	6.3	8.6	9.3	11.4	10.8	11.1**	8.1	8.8	6956
• own crop production activities	53.2***	60.2	56	57.2	60.3	56.3	58.4	55.6	56.2	6922
• own livestock production activities	21.3***	48.5	32.7**	37.5	33.7	31	32.4	34	33.7	6922
• paid work outside the household	29.5***	37.6	36.9***	18	43.7	41.3	42.6***	30.5	33.2	6956
Proportion of adults (>17) who in the 7 days prior to the survey engaged in										
• any labour activity	41.4***	64.3	53.3***	46.1	53.3	53.9	53.5	51.3	51.8	6648
• own non-farm business activities	5.8***	3.8	4.7	5.4	4.6	5.6	5	4.8	4.9	6925
• own crop/livestock production activities	25.4***	46.8	34.7	37.1	36.2	35	35.7	35.1	35.2	6684
• paid work outside the household	15.8***	24	21.8***	10.2	23.5	25.1	24.2***	18.2	19.5	6819
Average number of hours spent by adults (>17) during the 7 days prior to the survey on (3)										
• any labour activity	39.6***	49.3	47.2***	35.4	44.6	50.1	47.1	44.6	45.2	3482
• own non-farm business activities	33.4	27.6	32	29.1	28.6	26.9	27.7	32.4	31.4	330
• own crop production activities / own livestock production activities	18.6***	36.8	31.5***	23.4	27.2	28.4	27.7**	30.4	29.8	2439
• paid work outside the household	56.1	53.2	54.7	52.4	51.5	58.3	54.7	54.3	54.4	1406

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) Only for those engaged in each type of activity in the 7 days prior to the survey.

In the 12 months prior to the survey just under 80% of adults (those aged over 17 years) were involved in some form of labour activity. The most common activities were own crop production (more than half of respondents involved), livestock production and paid work outside of households (both of which had around a third of adults involved). Only a few adults (less than 10%) were involved in their own non-farm business activities.

The proportion of adults involved in each of the labour activities in the 7 days prior to the survey is generally lower than it is for the 12 months prior to the survey, but reflects roughly the same distribution by type of activity. Evidently labour activities do not happen continuously throughout the year and at any point in time far fewer adults are involved in any labour activity than over the full course of the year.

For those involved in any labour activities in the 7 days prior to the survey, the average number of hours spent by adults on labour activities was around 45 hours. Those involved in their own non-farm business activities or in own crop/livestock production spent just over 30 hours in the 7 days prior to the survey on these activities, while those in paid work outside the household spent substantially more time working (almost double), at around 55 hours in the 7 days prior to the survey.

These figures differ when disaggregated by gender, age group and beneficiary status. More males (84%) were involved in any labour activities than females (72%) in the 12 months prior to the survey. More males were involved in own livestock production (28 percentage points more), in paid work outside the home (8 percentage points) and in own crop production (7 percentage points more) than females, whereas more females were involved in non-farm business activities (4 percentage points more). Of the males and females involved in labour activities in the 7 days prior to the survey, on average males spent more hours on any labour activity (49 hours as opposed to 39 hours for females) and own crop production activities (37 hours as opposed to 19 hours for females) than females.

Although the proportion of the elderly who were involved in labour activities (71%) is less than that for working age adults (79%), this proportion is very high for an elderly age group. A higher proportion of the elderly were involved in livestock production (herding) than working age adults (5 percentage points more) but fewer were involved in paid work (18 percentage points less).

An interesting pattern emerges when disaggregating adult labour supply indicators by beneficiary status. A greater proportion of eligible adults were involved in any labour activity in the last twelve months than non-eligible adults (4 percentage points more). More eligible than non-eligible adults were involved in paid work outside the home (43% as opposed to 31%) and in own farm-business activities (11% as opposed to 8%) in the last twelve months.

**Table 3.24 Unemployment**

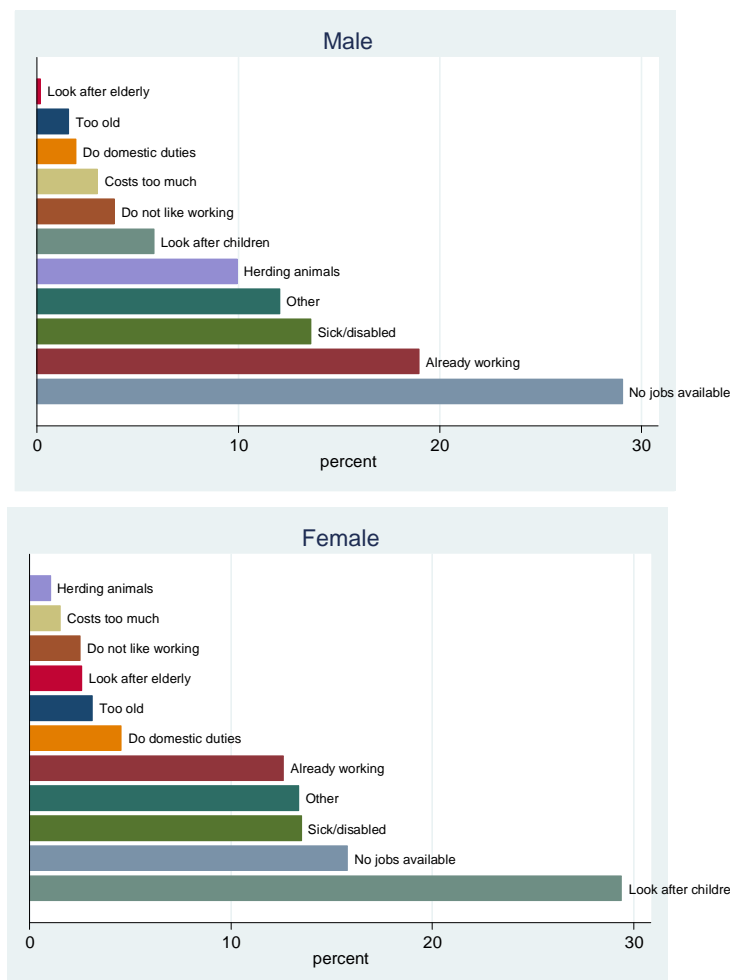
Indicator	Gender		Age		By treatment status		By beneficiary status		Overall	
	Female	Male	18-59	>59	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
					(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of adults (>17) that actively searched for	31.2***	38	39.3***	16.8	46.5**	36.8	42.1***	33.1	35.1	3528

work opportunities in the 30 days prior to the survey											
• For those engaged in any labour activity in the current month											
• For those not engaged in any labour activity in the current month	27.0***	36.9	37.3***	6.1	37.5	36.2	36.9***	28.4	30.2	3038	

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Roughly one third of adults actively searched for work opportunities in the last month (with little difference between those currently engaging and not engaging in any labour activity). A larger proportion of males 18-59 were actively seeking work opportunities, compared to women and elderly adults. A larger proportion of adults in eligible households also actively searched for work opportunities in the 30 days prior to the survey than those in non-eligible households (roughly 9 percentage points more).

**Figure 3.17 Distribution of reasons why adults (25-59) not engaged in labour activity in the current month did not look for job**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.17 outlines the reasons why adults aged 25-59 years not engaged in labour activities in the current month did not look for a job. Amongst men, deception is the second most important

reasons for being outside of the labour force, as almost 30% report there are no jobs available in the market.<sup>26</sup> Amongst females caring responsibilities and domestic duties account together for almost 30% of cases women outside the labour force. Disability and illness is a common reason to about 15% of adults in this groups.

### 3.5.3 Adult Paid work

This section sheds light on the quality and type of paid work in which adults in eligible and non-eligible households were involved. Figure 3.26 distinguishes between permanent work, seasonal work and occasional work of adult members. Child work is analysed below in the report. Irregular work - generally referred to as “piece-job” in Lesotho- is by far the principal form of engagement in the labour market for adults in the study population. It generally consists in work in agriculture or construction that is paid on a per-day basis, either in kind or in cash.

**Table 3.25 Adult paid work**

Indicator	Gender		Age		By treatment status		By beneficiary status		Overall	
	Female	Male	18-59	>59	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
					(type A)	(type B)				
Proportion of adults (>17) engaged in paid work who in the 12 months prior to the survey engaged in										
• Permanent /regular work	15.1	17	17.0**	9.7	6.4	7.2	6.8***	19.9	16.2	2386
• Temporary work (short-term arrangement)	15.1**	11.6	13.5	11.1	10.8	12.3	11.5	13.9	13.2	2386
• Occasional or irregular work	69	70.4	68.5**	78.9	81.7	79.2	80.6***	65.4	69.6	2386
• Combination of work types	0.7	1.1	1.0**	0.3	1	1.4	1.2	0.8	0.9	2386
Average number of weeks spent on paid work during the 12 months prior to the survey by adults (>17) (4)										
• Engaged in permanent /regular work (only)	39.7	40.5	40.5	36.6	35	40	37.4	40.6	40.2	279
• Engaged in temporary work (only)	17.7**	23.7	20.3	20.6	20.9*	14.2	17.7	21.2	20.4	317
• Engaged in occasional work (only)	8.8	10	10.0***	6	9.1*	6.3	7.9**	10.2	9.5	1732
Proportion of adults (>17) engaged in paid work who are paid										
• in cash	85.8**	89.6	88.7***	80	85.7	81.1	83.7***	89.3	87.7	2361
• in kind	6.9	5.3	5.9	8.2	6.9	8.5	7.6*	5.6	6.1	2361
• in kind and in cash	7.3*	5	5.4**	11.8	7.4	10.3	8.7**	5.1	6.1	2361
Median yearly wage for adults (>17) engaged in paid work (3) - (Maloti)	800 - 1000**	1000 - 1200	800 - 1000***	600 - 800	600 - 800	600 - 800	600 - 800***	1000 - 1200	800- 1000	2304
• For those engaged in permanent /regular work (only) (3)	1800 - 2000	1800 - 2000	1800 - 2000	1400 - 1600	1200 - 1400*	1600 - 1800	1400 - 1600**	1800 - 2000	1800 - 2000	269
• For those engaged in temporary work (only) (3)	1200 - 1400	1400 - 1600	1200 - 1400	1200 - 1400	1400 - 1600*	1000 - 1200	1200 - 1400	1400 - 1600	1200- 1400	306

<sup>26</sup> Note that there are also 30% of men who don't look for work because they are already engaged in work activities or herding activities that may have been suspended in the last month (possibly due to the winter).

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• For those engaged in occasional work (only)	400 -	600 -	600 -	400 -	600 -	400 -	400 -	600 -	600 -	1694
(3)	600***	800	800***	600	800	600	600*	800	800	

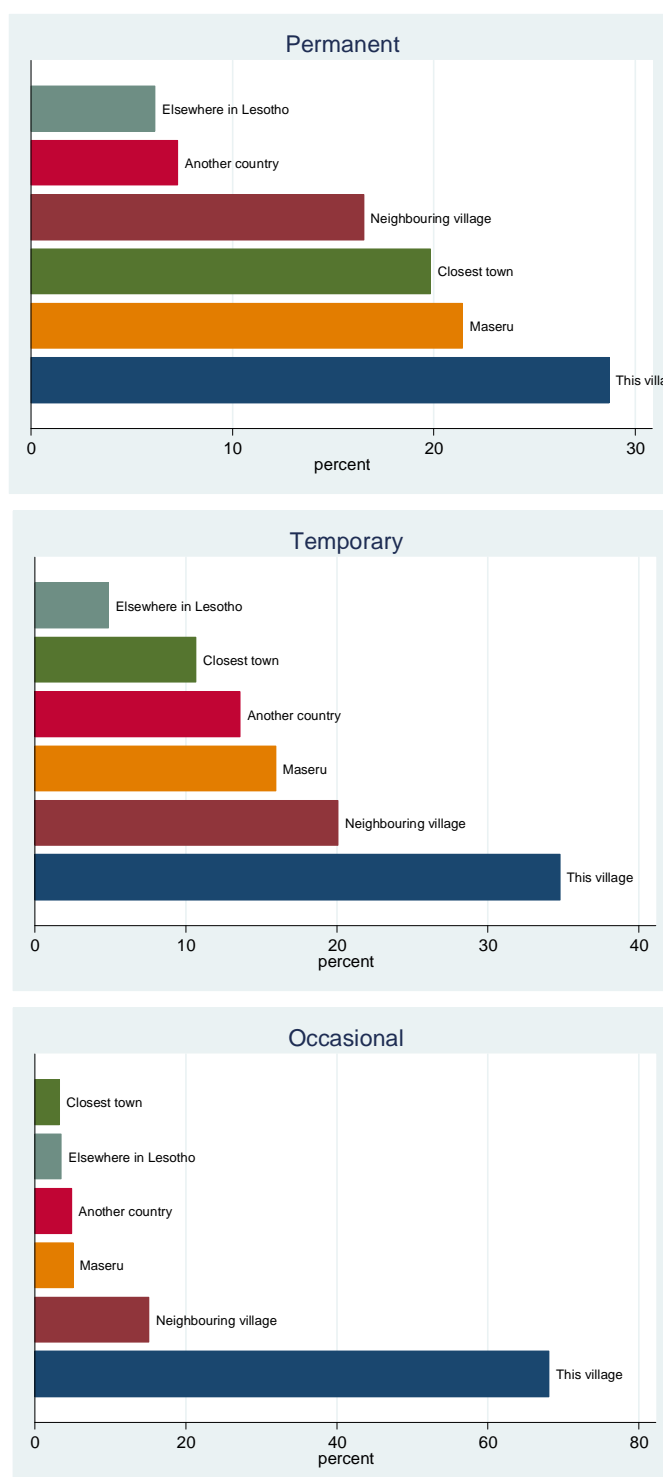
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) Total value of in cash and in kind payments. (4) Only for those engaged in each type of activity in the 12 months prior to the survey.

Of those adults (older than 17 years) that were engaged in paid work in the 12 months prior to the survey, most were engaged in occasional/irregular work (about 70%), with slightly more than 15% in permanent work and slightly less than 15% in temporary work (Table 3.25). On average those in permanent work worked the most weeks (40 weeks), followed by those in temporary work (21 weeks) and those in occasional work (10 weeks). Almost 90% of adults were paid in cash for their work, the rest were paid in-kind or a combination of cash and in-kind payments (just above 10% all together). The median equivalent yearly wage is between M800 and M1000, but it is on average twice as large (between M1800 and M2000) for those engaged in permanent work.

These figures differ when disaggregated by gender and age group. A higher proportion of males were involved in temporary work (6 percentage points more) and paid in cash (4 percentage points more). Of those in paid work, a larger proportion of working age adults (aged 17-59 years) were involved in permanent paid work than were elderly adults (aged over 59 years), that engage more in occasional/irregular work (hence are also paid in higher proportions in kind than working age adults).

When disaggregated by beneficiary status, there are also a number of important differences between adults from eligible households and those from non-eligible households. Only 7% of adults from eligible households were involved in permanent work as opposed to 20% of adults from non-eligible households, and more were involved in occasional work (80% as opposed to 65%). Fewer adults from eligible households are paid in cash (5 percentage points less). Moreover, workers in eligible households earned a consistently lower equivalent yearly wage, regardless of the type of contract: they earned around M400 less on average per year if they were employed permanently, and around M200 less if they were occasional workers.

**Figure 3.18 Distribution of work location for adults engaged in permanent/regular work, temporary or occasional work**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Most adults engaged in the labour market for wage provide their labour in the village or a neighbouring village. Permanent or temporary workers are in larger proportion based in Maseru, a close town or in RSA.



### 3.5.4 Non-agricultural business and self-employment

This section goes into detail on the size, prevalence and type of small businesses and self-employment run by households in sectors others than agriculture and livestock. While these types of businesses are not very widespread (only 1 in 5 households runs one) and do not currently constitute one of the major sources of income of respondent households, the analysis of non-farm enterprise is a key focus of this evaluation and an area where change is expected once the cash transfer is introduced.

Overall, the most common enterprises found for households in this study are home brewing and petty trading. Enterprises are mostly relatively new and small, with no or very few employees and average profits are 600M per month. Moreover, while inputs for the business are sourced quite widely, including from neighbouring towns, Maseru and South Africa, outputs are almost all sold locally to individual consumers.

**Table 3.26 Non-farm enterprises and service businesses – household-level indicators**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that operate any non-farm enterprises, or provide any services, in the 12 months prior to the survey	21.9	19	20.5	17.7	18.3	3045
Average number of non-farm enterprises per household	1.1	1	1	1.1	1	557
Proportion of households that had an enterprise in operation in the 30 days prior to the survey	79.4	65.7	71.1*	79.4	77.3	549
Average total net monthly profit per household from enterprises in operation in the 30 days prior to the survey (Maloti)	257.7	114	198.5***	738	614.6	403
Average number of household members that worked in the business during the 12 months prior to the survey	1.4	1.4	1.4**	1.2	1.2	557

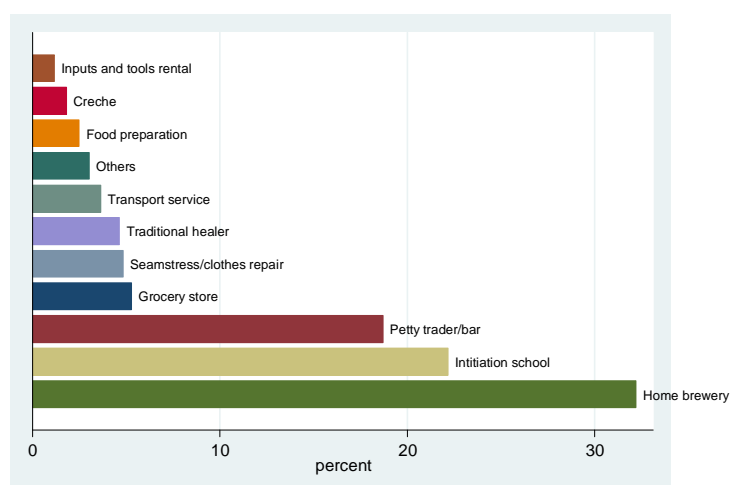
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.26 shows details on non-farm enterprises run by households in the study over the 12 months previous to the study. Of the roughly 1 in 5 households who ran a non-farm enterprise in that period, most had just one enterprise and almost 80% had been running that enterprise in the month previous to being interviewed.

This information broadly corresponds with data from the 2009 Living Conditions Survey (CMS, 2009), that shows 17.6% of households in Lesotho overall running a business - with peaks of 22-23% in Maseru and other urban areas - against 18.3% in this study.

Importantly, profits differed quite widely among CGP eligible and non-eligible households, with non-eligible ones earning some M700 per month and eligible ones only 200M.

**Figure 3.19 Distribution of types of non-farm households enterprises**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.19 shows the type of non-farm enterprises run by households. The most common type of enterprises are home breweries (more than 30% of household enterprises reported), followed by initiation schools and petty shops or bars (around 20% of reported businesses).

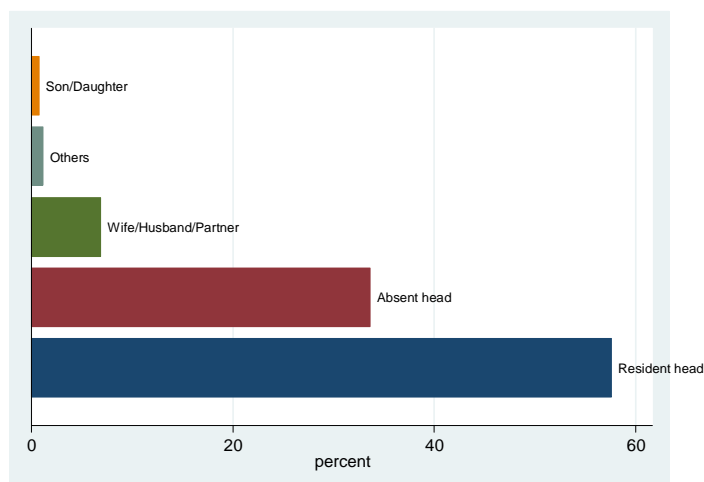
**Table 3.27 Non-farm enterprises and service businesses – enterprise-level indicators**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Average number of months enterprise was in operation	6.2	6.2	6.1***	7.8	7.4	578
Proportion of enterprises that were in operation in the 30 days prior to the survey	76.7	65.4	71.7*	79.7	77.7	574
Proportion of enterprises that hired external employees during the 12 months prior to the survey	5.8	8.5	7.0**	15.9	13.7	580
Average number of employees per enterprise (not household members) that were hired in for pay- in cash or in kind-during the 12 months prior to the survey	0.2	0.1	0.2	0.2	0.2	578

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.27 shows more detail on non-farm enterprises and service businesses. Most enterprises are fairly new and small, having been in existence for an average of just 7 months. Only around 15% of these enterprises hired any external employees in the past year, testifying their small size. Between 1 and 2 household members generally work in the business (Table 3.26)

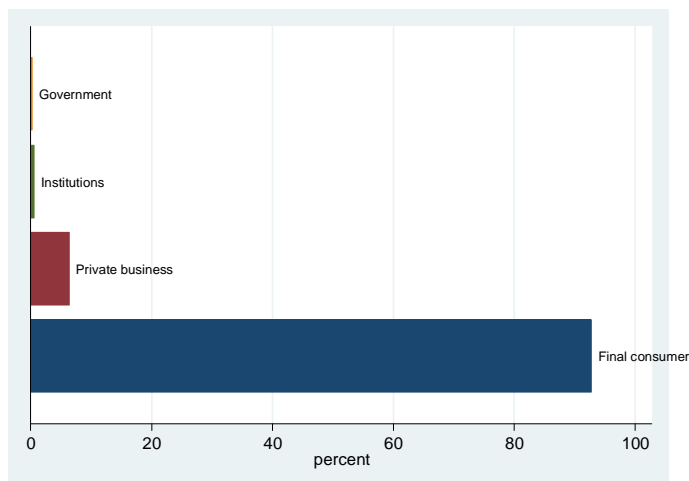
**Figure 3.20** Distribution of position in household of members who took decisions for the non-farm enterprises

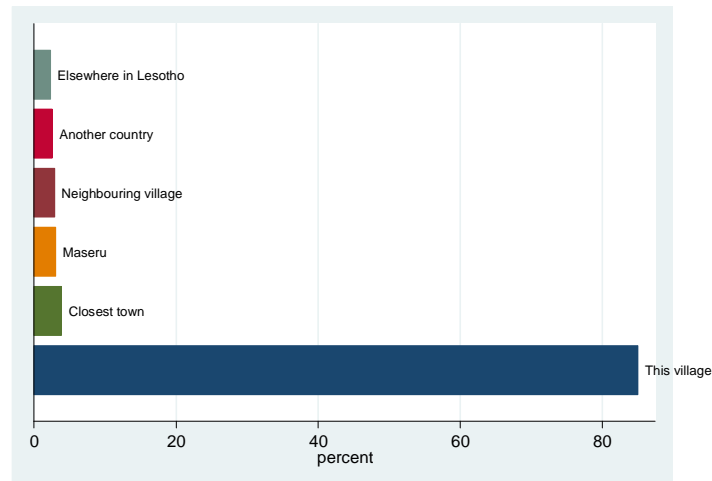


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.20 shows who in the household typically takes decisions about non-farm enterprises, which is overwhelming the household head or even an absent household head, rather than a spouse or partner.

**Figure 3.21** Distribution of customers buying/bartering products or services from business over the 12 months prior to the survey, by (a) type and (b) location

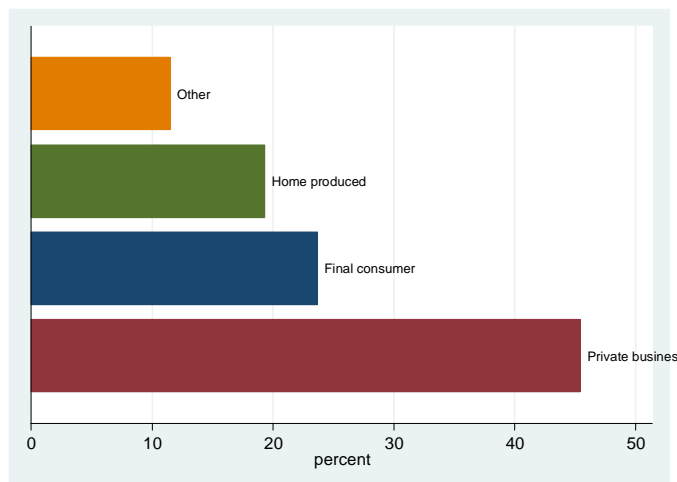


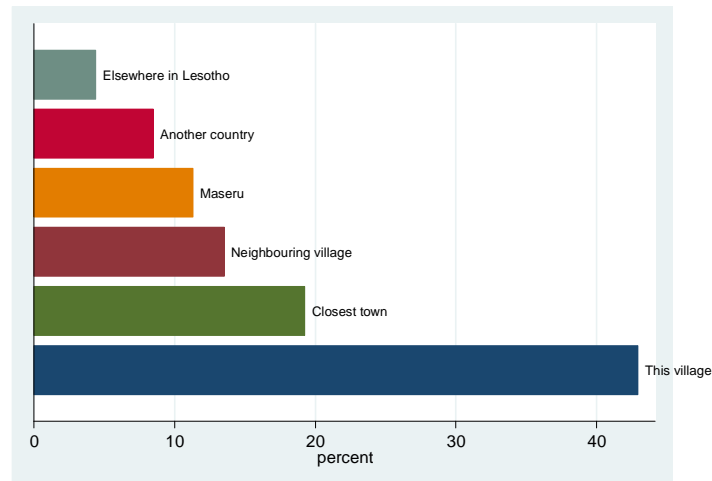


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.21 shows the type of customer for the goods or services of household enterprises. Customers are overwhelmingly (over 90% of cases) individual consumers from the village (over 80% of cases) rather than a business or other organisation. Only very few enterprises sell their goods or services in nearby towns or villages, with close to no sales happening in Maseru and other more distant areas of Lesotho.

**Figure 3.22 Source of inputs used for enterprise over the 12 months prior to the survey, by (a) type and (b) location**





Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

On the other side of the coin, inputs for household businesses have more varied sources, showing slightly higher levels of market integration. Figure 3.22 shows the source of inputs for households' enterprises and where these sources were located. Around 50% of inputs are sourced from other businesses, a quarter from other individuals, and a fifth are home produced. The geographical source of inputs is also relatively diversified, with over 40% coming from within the village, around 20% coming from the closest town and over 10% coming from a nearby village. Tellingly, some traders go as far as sourcing their inputs directly from Maseru (around 10%) and from other countries – most probably South Africa (8%).

### 3.5.5 Farming Activities

As the 2009 Living Conditions report states, "agriculture is classified as the primary sector in Lesotho's economy, though the type of agriculture in practise is subsistence with minimal commercial farming. Land and livestock play an important role in the lives of the Basotho, especially those in rural areas, since it continues to contribute substantially to household income and welfare" (CMS, 2009). This section gives an overview of land ownership, cultivation patterns and ownership of productive assets for farming.

#### 3.5.5.1 Land ownership

Unsurprisingly for Lesotho, the vast majority of households (almost 90%) own some kind of plot, which is typically small (less than 2 acres) and used to cultivate crops (mostly maize, sorghum and beans) and vegetables.

**Table 3.28 Land ownership**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that owned any land in the 12 months prior to the survey	88.1	87.6	87.9	89	88.8	3049
• Of which only owned kitchen / garden plot	26.4	29.7	28	29.1	28.9	2687
Proportion of households that cultivated/used any land in the 12 months prior to the survey	84.7**	77.6	81.3	80.7	80.8	3049

• Of which only cultivated/used kitchen / garden plot	37.7	39.8	38.7	35.9	36.5	2486
Average total area of land owned and cultivated/used by the household (acres)	1.6**	1.1	1.4***	1.8	1.7	2742
Average total area of land owned and not cultivated/used by the household (acres)	1	0.8	0.9	1	1	2742
Average total area of land cultivated/used by the household and not owned (acres)	0.4	0.3	0.4	0.4	0.4	2742

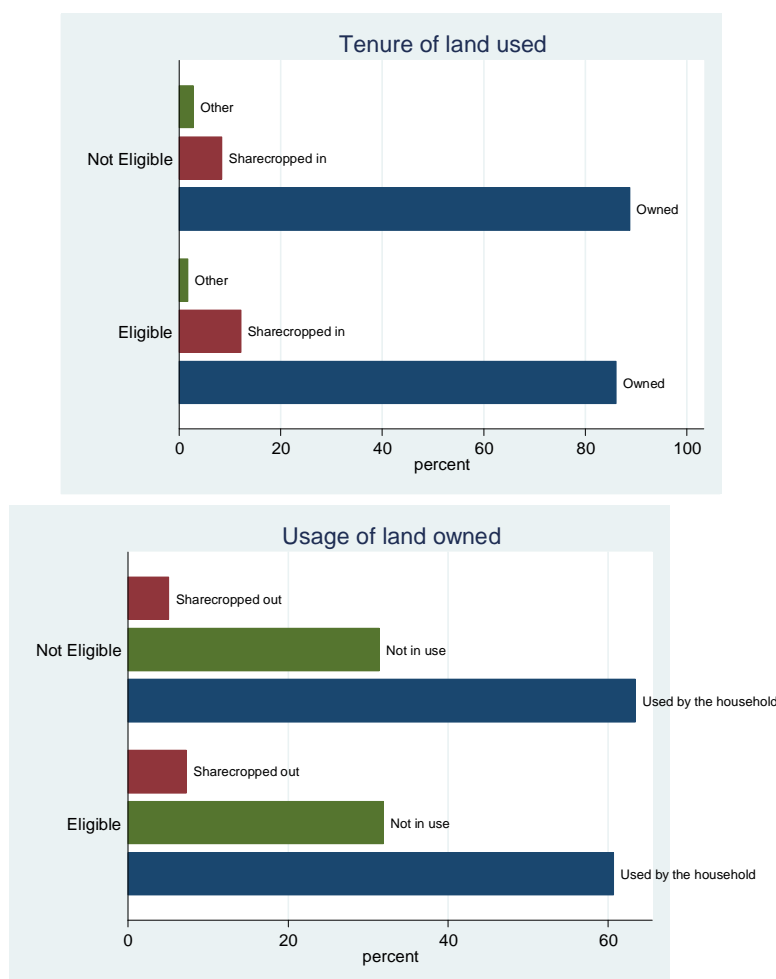
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.28 outlines land ownership patterns in the study population. The majority (almost 90%) of households owned at least some land in the 12 months prior to the survey. Of those that own land, just under a third only own a small kitchen/garden plot. Land use is common among households, with around 80% of households cultivating/using at least some land in the 12 months prior to the survey.

In most cases households cultivate/use their own land, with the occurrence of other types of arrangements on the land (rent, sharecropping) seeming to be rather limited. The average total area of land (owned and not-owned) that is cultivated or used is just over 2 acres in size per household. There is also on average almost 1 acre of land per households that is owned but not cultivated or used by the household itself (see below on land tenure).

Land ownership patterns differ slightly between eligible and non-eligible households in that the average total area of land owned and cultivated by eligible households is around half an acre less than that of non-eligible households.

**Figure 3.23 Distribution of land extension (acres) by (a) land tenure and (b) usage arrangements, by beneficiary status**

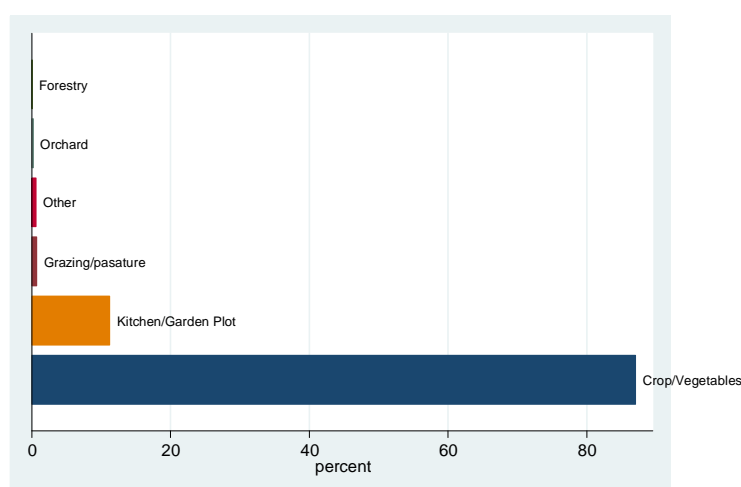


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

The left panel of Figure 3.23 shows the distribution of types of plot tenure for land used (cultivated) by households in the study population. It indicates that the majority of used land is owned by households (just under 90% of the total land extension) with a small percentage share-cropped-in (between 10 and 5% of land) for both eligible and non-eligible households. Other types of arrangement on land used (communal land, free-lease, rent) are extremely limited.

The right panel mirrors the same results, but focuses on arrangements on owned plots. Over two-thirds of land that is owned is used directly by the landowners themselves, with a small proportion (less than 10%) of land extension sharecropped-out. About a third of the land extension owned is not in use for the current season, possibly due to issues with the quality of the land.

**Figure 3.24 Distribution of land extension by principal use of land for current season**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Regarding the actual use of land reported in the survey, Figure 3.24 shows that most land is used either for crops/vegetables (just over 80% of the total extension) or as kitchen/garden plots (just over 15% of the total extension). Reported plots are seldom used for animals (grazing/pasture), as communal land has been rarely considered by survey respondents.

**Table 3.29 Plot size and irrigation (plots owned or used)**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Average number of plots owned or used per household	2.1*	1.9	2	2	2	3049
Average land size per household (acres)	2.8***	1.9	2.3***	2.9	2.8	3049
Average area per plot (acres) (4):						
• Kitchen / garden plots (3)	0.3	0.3	0.3	0.3	0.3	2357
• Non-kitchen/garden plots	2.7	2.9	3.1**	2.2	2.9	2644
• All plots	1.5**	1.7	1.7**	1.3	1.7	5001
Proportion of plots that are irrigated (%):						
• Kitchen / garden plots	79.9	78.2	80.9	78.8	78.6	2381
• Non-kitchen/garden plots	5.7	4	7.1	4	4.3	3746
• All plots	35.2	33.1	36.2	34	33.6	6127

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) Imputed for a substantial number of missing values. (4) There is a high proportion of missing values (don't know code) in the question on land area, hence the respective estimates may be inaccurate.

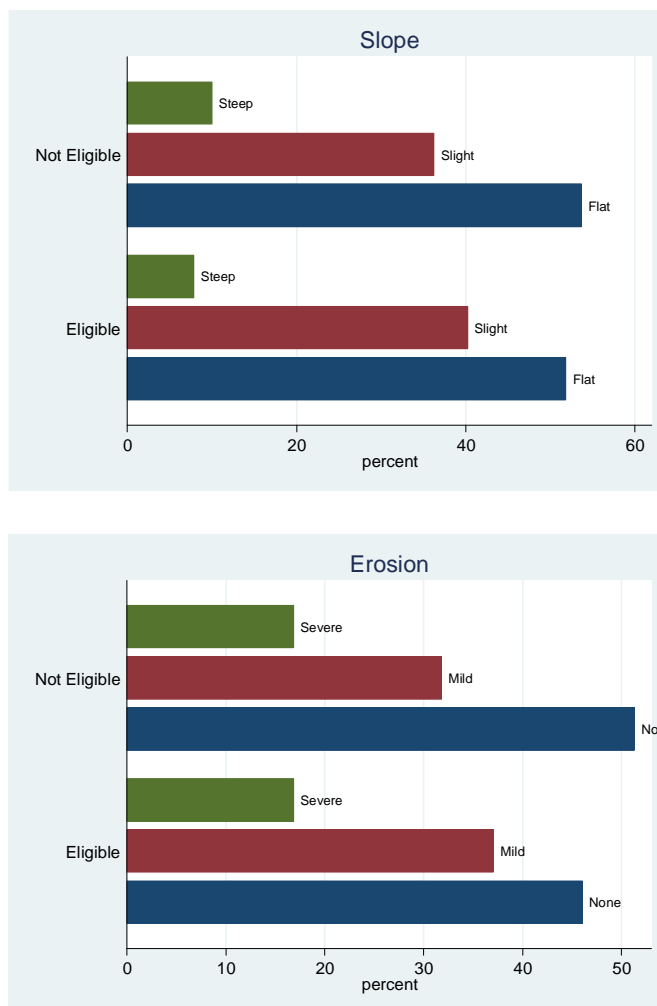
Table 3.29 outlines some key characteristics of plots owned by households in the study population. The average size of the kitchen/garden plots is very small<sup>27</sup> with non-kitchen/garden plots being

<sup>27</sup> The estimated size is around a third of an acre, but this values is obtained after the imputation of a significant number of missing values.



substantially larger, on average around 3 acres in size<sup>28</sup>. In terms of irrigation, the majority of kitchen/garden plots are irrigated (just under 80%), while less than 5% of non-kitchen/garden plots are.

**Figure 3.25 Distribution of land extension by (a) slope and (b) degree of erosion**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

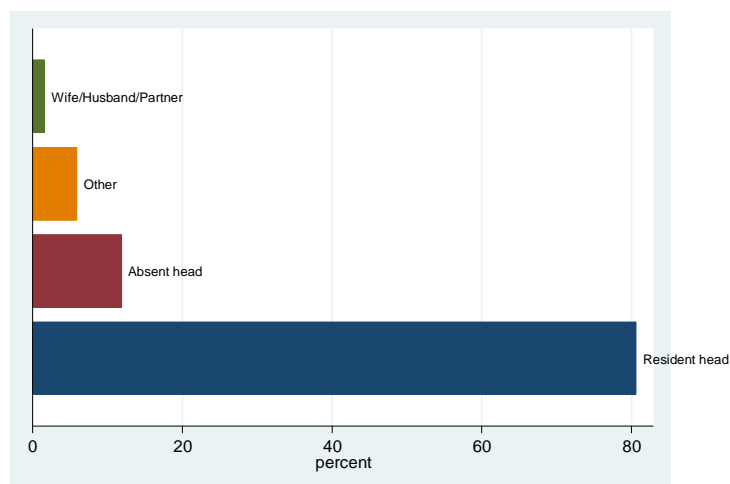
A common problem in Lesotho, given that agricultural activities are conducted in harsh mountainous environments, is land erosion. For many farmers, owning a plot is sometimes not enough if the plot slope is extremely steep or if the plot erosion is quite severe. Figure 3.25 (left panel) shows the slope for land owned or cultivated by households in the 12 months prior to the survey. Most land is on flat or slight slope (respectively around 50% and 40% of the total land extension) with less than 10% of land extension on a steep land.

The same Figure (right panel) shows the degree of erosion on plots owned or cultivated by households in the 12 months prior to the survey. Most land presents no erosion, but a significant fraction has severe or mild forms of erosion (around 35% and 20%). As expected there is a strong

<sup>28</sup> Note that there is a high proportion of missing values (don't know code) in the question on land area, hence the respective estimates may be inaccurate.

correlation between plot slope and erosion. A higher proportion of eligible households have plots with mild erosion and fewer plots with no erosion than non-eligible households.

**Figure 3.26 Household members who are primarily responsible for land management**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.26 shows the position in the household of members who are primarily responsible for management of and decisions relating to plots of land owned or cultivated by households. For the vast majority of households (80%) the resident head is responsible for management of land. Absent heads are responsible for the management of plots for roughly 10% of households.

### 3.5.5.2 Crop production

The main types of crops produced by households are maize, sorghum, beans and vegetables. Once again reflecting the limited size of the local economy, these are mainly consumed by the households, and only in few occasions sold or bartered, typically within the village.

**Table 3.30 Household crop production**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households with plots that planted with grains, legumes, vegetables or fruit during the 12 months prior to the survey	85.7	81.7	83.8	85.2	84.9	2827
Average number of crop types planted in 12 months prior to the survey	1.9	1.9	1.9	1.9	1.9	2406
Average area of land planted for current season (acres)	3.6***	2.5	3.1**	3.6	3.5	1398

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.30 outlines household crop production. Around 85% of households owning or using any land planted grains, legumes, vegetables or fruit on their plots during the 12 months prior to the survey. On average, households planted roughly 2 types of crop and the average area of land

planted per household for those who planted in the current season was 3.5 acres.<sup>29</sup> On average, eligible households planted smaller areas of land (3 acres) than non-eligible households (3.5 acres) possibly reflecting they smaller land ownership and lower capacity for productive investment.

**Table 3.31 Production by crop type for current season**

Crop type	% of HHs planting this crop (12 months prior to the survey)	Average land planted (acres) (3)	Average yield per acre (actual so far + expected) (kg)	% HHs with total crop failure	Average harvest received (or expected to receive) (kg)	% of HHs selling or bartering any of the harvest	Average total earnings received from crop sales
Maize	70.5	3.1	113.9	27.6	145.6	1.3	689.2
Sorghum	22	2.4	113.7	30.8	95.4	0.3	.
Beans	11.4	2	99.6	30.3	55.6	10.7	723.9
Wheat	1.7	2.6	474.1	23.9	151.1	2.3	198.6
Peas	1.2	0.3	579.5	10.4	148.8	28.4	99
Potatoes	0.8	1.1	362	18.9	215.8	44	630
Tobacco	0.6	2.5	64.6	8.4	169.6	38.5	918.9
Barley	0.3	0.8	137.1	96.6	34.3	.	.
Sunflower	0.1	0.3	18.8	35	16.6	0	.
Other crop	0.9	1	346.2	3.2	118.1	42.5	705.3
Vegetables	74.2	.	.	.	.	6.3	195.5
Fruit	8.2	.	.	.	.	3.3	498

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) There is a high proportion of missing values (don't know code) in the question on land area, hence the respective estimates may be inaccurate.

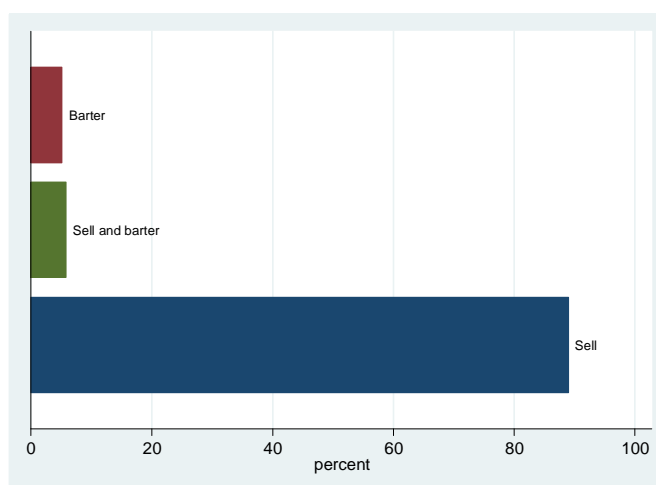
Table 3.31 provide crop specific information about land planted, estimated yields and market transactions with the harvest in the current season. The survey took place during or just after harvest for all main crops. Expected harvest volumes were estimated by respondents for crops that had not been harvested yet at the time of the survey.

Maize is by far the main crop cultivated by households in the study population: around 70% of households planted on average 3.5 acres of maize per household in the season of the survey. The average (expected) yield was slightly more than 100 kgs per acre, but around one third of households suffered from complete crop failure (did not harvest any of the planted maize)<sup>30</sup>. Almost the totality of maize planted was used for internal household consumption, as only about 1% of households sold or bartered any of the harvest. However, it is highly probable that this was linked to the timing of the survey, which was conducted very soon after the harvest (meaning that households may not have made their sales yet). Most households (75%) also cultivated vegetables, which were partly sold or bartered by around 6%. Sorghum was cultivated by slightly more than 20% of households, with similar yield levels, crop failure and usage patterns to maize. Beans constitute an important component of the diet for about 10% of households that cultivate this pulse, though a small fraction (10%) of household also sell or barter it.

<sup>29</sup> Note that there is a high proportion of missing values (don't know code) in the question on land area, hence the respective estimates may be inaccurate.

<sup>30</sup> Note that this issue will be explored in further depth in other sections of this report.

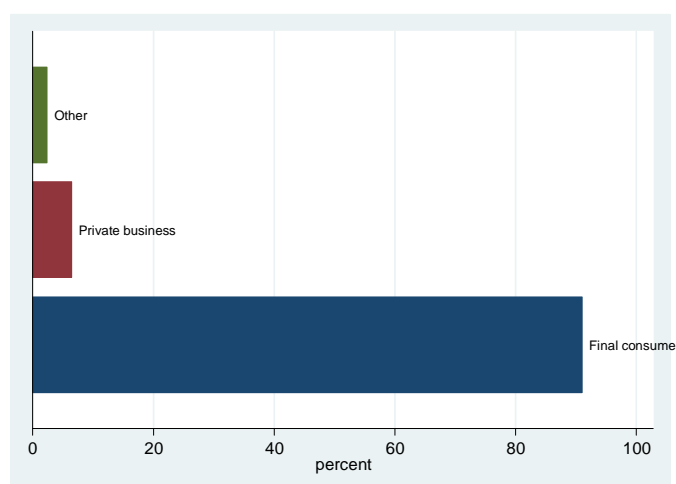
**Figure 3.27 Type of market transactions for crops that were not consumed by the household – proportion of transactions**



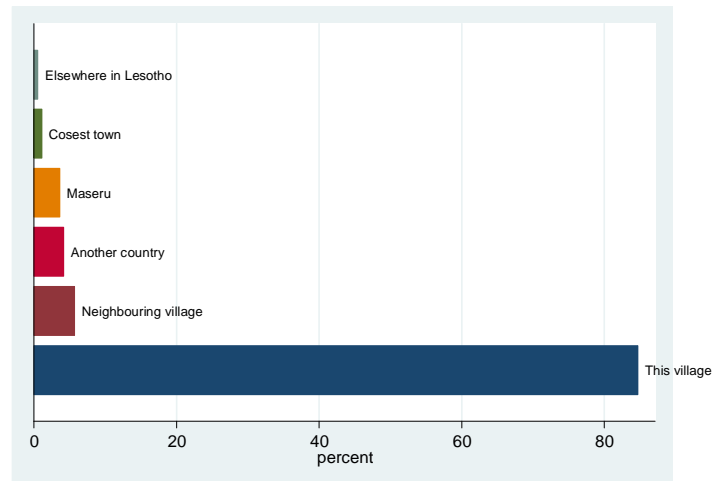
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

All other crops were cultivated by a very small fraction of households (less than 2%). Apart from wheat, less popular crops (peas, potatoes, tobacco and other crops - mostly marijuana<sup>31</sup>) presented a stronger orientation to market transactions, with at least one third of households selling part of the harvest. The vast majority of market transactions (see Figure) (90%) involve the selling of harvest rather than any kind of barter.

**Figure 3.28 Distribution of customers buying/bartering crops from the harvest, by (a) type and (b) location**



<sup>31</sup> It should be noted that it was chosen not to include a specific probe on marijuana production within the quantitative questionnaire as this may have indisposed respondents. Nevertheless, evidence from qualitative interviews and informal evidence from our enumerators shows that marijuana cultivation was frequent in some of the study areas.



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.28 (left panel) indicates that in the few cases in which crops are transacted in the market, they are mostly sold to final consumers (over 90%), as was the case for non-farm enterprises. Similarly, the vast majority (over 80%) of customers are based in the same village as those selling crops (right panel).

### 3.5.5.3 Productive assets and inputs for agriculture

This section provides an overview of the various inputs and assets used for crop production, arguably the most important assets for households that mostly rely on subsistence farming.

**Table 3.32 Crop production inputs**

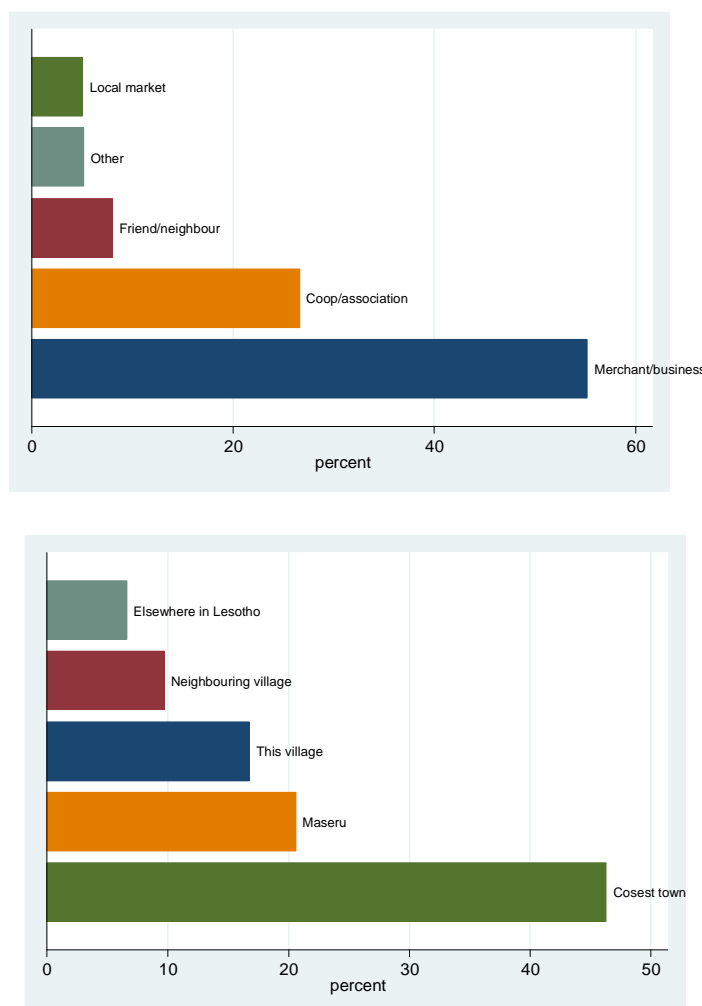
Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households engaging in crop production in the 12 months prior to the survey that used the following inputs						
• Seeds/seedlings	99	98.6	98.8	98.3	98.4	2379
• Pesticides	14.7	16.9	15.7	19.3	18.5	2362
• Organic fertilizer (e.g. manure)	35.3	44.9	39.7*	45.6	44.3	2372
• Inorganic fertilizer	26.1	23.3	24.8	27.8	27.1	2354
Proportion of household engaging in crop production in the 12 months prior to the survey that spent any money to purchase inputs for crop production	46.3	41.4	44.0***	54.2	51.9	2408
Total average amount spent to purchase inputs for crop production in the 12 months prior to the survey (Maloti)	73.8	69.9	72.0***	145.2	128.9	2408
• Of which (%) on Seeds/seedlings	60	59.8	59.9	62.4	61.9	1121
• Of which (%) on Pesticides	11.7	13.9	12.6	9.5	10.1	1121
• Of which (%) on Organic fertilizer (e.g. manure)	5.3	2.9	4.3	5.6	5.4	1121
• Of which (%) on Inorganic fertilizer	23	23.4	23.2	22.5	22.6	1121

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.32 outlines households' use of a series of crop production inputs that may enhance productivity. In the 12 months prior to the survey almost all households used seeds as inputs to crop production, just under half used organic fertiliser, around a quarter used inorganic fertilizer and less than a fifth used pesticides. Around half of households spent money on crop inputs and for those that did spend money, the average amount spent was around 12 M. The largest amount of money was spent on seeds (roughly half of the total money spent), followed by inorganic fertiliser, pesticides and organic fertiliser.

CGP eligible households differ from non-eligible households in a number of ways. A smaller proportion (10 percentage points less) of eligible households spent money on inputs for crop production and of those who did, the average amount spent was around half of that spent by non-eligible households in a twelve month period, possibly indicating a lower ability to pay.

**Figure 3.29 Providers of crop production inputs, by (a) type and (b) provider**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.29 indicates (left panel) the type of providers of crop inputs. More than half of the inputs used were obtained from merchants/businesses, around a quarter were obtained from

cooperatives or associations, and less than 10% from friends/neighbours or from the local market. The left panel shows the location of providers of crop production inputs. Most were located in the closest town (over 40%), followed by Maseru (20%), the same village as the purchaser (over 15%), the neighbouring village (less than 10%) or elsewhere in Lesotho (just over 5%).

**Table 3.33 Hired labour for crop production**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of household engaging in crop production in the 12 months prior to the survey that hired in men, women, or children for:						
• Land preparation or planting (e.g. ploughing)	3.7	2.5	3.1***	10.7	8.9	2143
• Weeding, fertilizing, other non-harvest work	7.8	6.6	7.3***	14.9	13.1	2225
• Harvesting	0.7	1.4	1.0***	5.7	4.6	2070
Average number of men days hired in for crop production in the 12 months prior to the survey	11.2**	2.1	7.2*	18.4	17.4	171
Average number of women days hired in for crop production in the 12 months prior to the survey	52.2	32.1	43.9	36.3	37.3	254
Average number of children days hired in for crop production in the 12 months prior to the survey	9.7	7.9	8.6**	31.3	29.6	98

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Only a small proportion of households hired in any labour for crop production (Table 3.33). Most external work was focussed on land preparation and planting, or pre-harvest work, rather than harvesting. This is possibly related to bad harvest. For those that did hire in labour, the average number of days of hired labour was highest for women (45 days), followed by children (25 days) and men (18 days).

Although the proportion of households hiring labour for crop production was small in general, the proportion of households hiring labour was even lower for eligible households than it was for non-eligible households.

**Table 3.34 Crop production assets**

Asset type	Proportion of households engaging in crop production in the 12 months prior to the survey that used	Proportion of household that used and <u>owned</u>	Proportion of household that used and <u>rented</u>	Proportion of household that used and <u>borrowed</u>	Proportion of household that used and <u>shared</u>
Hoe	69.7	87.9	0.5	9.3	2.4
Sprayer	3.9	65.4	3.6	27.9	3.1
Plough	53.5	52.3	4.8	31.1	11.8
Planter	41	40.6	13.9	34.4	11.2
Tractor	19.6	14.7	71.3	4.2	9.7
Cultivator	41.6	49.3	6.5	32.6	11.6
Scotchcart	37.6	51.1	6.2	32.3	10.5

Yokes            61                    53.8                    4.8                    30                    11.5

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.34 outlines crop production assets used by households as well as the tenure of such assets. More than half of households used hoes (70%), yokes (61%) and ploughs (54%) in crop production during the current season, and a large proportion used cultivators (42%) and planters (41%). For households using crop production assets, usually over half of households owned the asset, but a very large proportion borrowed shared or rented agricultural asset. We did not find strong evidence of land sharing, but reciprocal arrangements involving labour and crop production assets are still very common in the study population. Tractor is such an expensive asset that it shows a different pattern to any other: it is used by less than 20% of households, and was rented by more than two thirds of households who used it.

**Table 3.35 Investment in crop production assets**

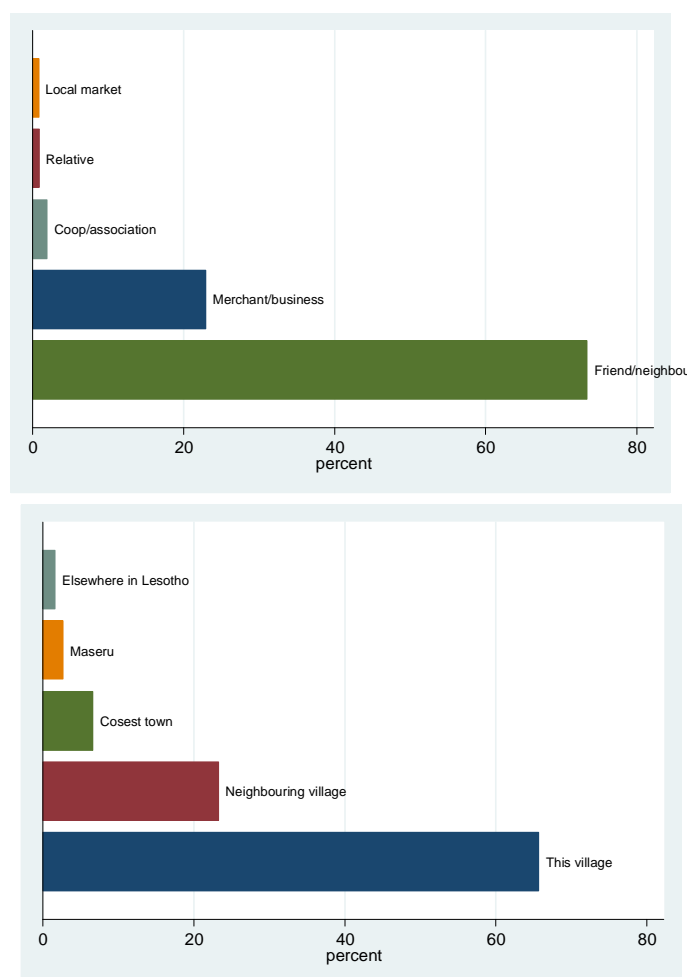
	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of household engaging in crop production in the 12 months prior to the survey that spent any money to purchase crop production assets	14.3	12.2	13.3***	24	21.6	2408
Total average amount spent to purchase assets for crop production in the 12 months prior to the survey (Maloti)	74.7	53.9	65.1***	187	159.8	2408
• Of which (%) on Hoe	1.3	1	1.2	2.7	2.5	419
• Of which (%) on Sprayer	0	1.5	0.6	1.4	1.3	419
• Of which (%) on Plough	13.3	12.5	13.0*	7.7	8.4	419
• Of which (%) on Planter	20.6	20.7	20.7*	13	14	419
• Of which (%) on Tractor	44.9	49.2	46.8***	63.5	61.2	419
• Of which (%) on Cultivator	10.3	7.1	8.9*	4.2	4.9	419
• Of which (%) on Scotchcart	4.7	5.3	5	3	3.3	419
• Of which (%) on Yokes	4.8	2.7	3.9	4.5	4.4	419

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Only around 20% of households invested in crop production assets in the 12 months prior to the survey and of those that did, the average amount spent was just under 160 M (Table 3.35). A smaller proportion (around 10 percentage points less) of eligible households invested in crop production assets than did non-eligible households and of the households that did spend any money, eligible households spent only a third of what non-eligible households spent.



**Figure 3.30 Providers of crop production assets, by (a) type and (b) location**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

In the vast majority of cases (around 70%) households obtained crop production assets in the second hand market from friends/neighbours, followed by merchants/businesses (just over 20%). (Figure 3.30 – left panel). Most providers located near to those using the assets, either in the same village (over 60% of cases), from neighbouring villages (20%) or from the closest town (less than 10%).

### 3.5.6 Livestock activities

#### 3.5.6.1 Ownership of livestock

Besides household farming for self-subsistence, livestock herding and production has traditionally been the main livelihood strategy in Lesotho. This was confirmed by findings in this survey, which showed that just under two thirds of households owned some livestock/animals in the 12 months prior to the survey. Specifically Table 3.36 highlights that roughly 40% of households own cattle/oxen, a third own chicken/turkeys/ducks, 20% own donkeys and 20% own sheep. Less commonly owned are pigs (15%), goats (14%) and horses (7%).

**Table 3.36 Ownership of livestock**

	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households containing any household members owning any livestock/animals in the 12 months prior to the survey	61.5	57.7	59.7	62.8	62.1	3031
Proportion of households that currently own:						
• Sheep	16.4	15.5	16.0**	20.7	19.7	
• Goats	14.5	14	14.3	13.8	13.9	3015
• Horses	5	4	4.5***	8.1	7.3	3015
• Donkeys	18	16.9	17.5***	22.8	21.6	3009
• Chickens / turkeys / ducks	30.9	29.9	30.4	33.2	32.6	3002
• Pigs	12.8**	18.6	15.6	15.6	15.6	3009
• Cattle / oxen	37	33.7	35.4***	45.1	42.9	2991
Average number of Tropical Livestock Unit per household (for households owning at least one animal)	1.3	1.3	1.3***	2.4	2.2	1990
Proportion of households with animals that bartered any livestock in the 12 months prior to the survey	3.2	4.2	3.7	4.8	4.6	1972
Proportion of households with animals that purchased any livestock in the 12 months prior to the survey	5.8**	2.8	4.4***	7.8	7	1972
Proportion of households with animals that sold any livestock in the 12 months prior to the survey	11.7***	21.4	16.2	16.6	16.5	1972
Average amount earned from livestock sales in 12 months prior to the survey (Maloti) (for households that sold any livestock)	1711.3	1503.3	1582.6***	3430.8	3024	327

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

In the 12 months prior to the survey, only around 5% of households had bartered or bought livestock, but over 15% have sold livestock. Selling may have come as a result of financial need, causing a significant erosion of assets. For households that sold any livestock, the average amount earned in the last twelve months was around 3,000M.

As in other areas analysed in these sections, eligible households differed from non-eligible households in a number of ways. Fewer eligible households own sheep, horses, donkeys or cattle than non-eligible households. The concept of Tropical Livestock Units (TLU) provides a convenient method for quantifying a wide range of different livestock types and sizes in a standardised manner.<sup>32</sup> CGP eligible households own on average 1 TLU less than non-eligible households.

Moreover a smaller proportion (less than 5%) of eligible households purchased livestock than did non-eligible households (around 8%) in the 12 months prior to the survey. This confirms that CGP beneficiaries are less well-off, have less assets, or assets of inferior quality. Related to this difference in the type and quality of animals owned, the average amount earned for eligible households selling livestock was less than half that earned by non-eligible households.

<sup>32</sup> Conversion factors used for Tropical Livestock Units are: 0.5 for horses, cattle and donkeys; 0.2 for pigs; 0.1 for goats and sheep; and 0.01 for chicken.

### 3.5.6.2 Livestock herding and production

Just less than 60% of households have a household member herding or rearing livestock (Table 3.37), and most of them are looking after their own animals. Households owning but not herding their animals (about 7%) are probably paying someone to look after their livestock. Mutual herding agreements also constitute an important dimension of social arrangements in rural Lesotho. While animals are an important asset (and insurance) for households, very few (just over 10%) benefit from a steady source of income by selling or bartering by-products obtained from livestock. As seen for agriculture, most by-products are used for internal consumption. Mohair and wool is sold by about 10% of households herding any livestock, whereas milk or eggs are only transacted in the market by less than 1%.

**Table 3.37 Livestock herding and production**

	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households containing any household members that in the 12 months prior to the survey:						
• Owned and herded livestock	60.2*	52.4	56.4	57	56.9	3031
• Owned but did not herd livestock	4.7	8.3	6.4	7.6	7.4	3031
• Herded but did not own livestock	3.4	3	3.2**	1.8	2.1	3031
Proportion of households containing any household members herding/rearing any livestock/animals in the 12 months prior to the survey	56.8*	49.4	53.2	55.2	54.8	3031
Proportion of households herding animals that sold any livestock by-products in the 12 months prior to the survey (e.g. leather, milk, eggs, mohair, etc.)	9.7	8.2	9.0*	12	11.4	1972
Proportion of households herding animals that sold different types of by-products in the 12 months prior to the survey:						
• Milk and milk products	0	0.1	0.1**	1	0.8	1972
• Eggs	0.6	0.5	0.5	0.3	0.4	1972
• Hides and leather	0	0	0	0.1	0.1	1972
• Dried and fresh meat	0	0	0	0	0	1972
• Mohair / wool	8.9	7.3	8.1	10.4	9.9	1972
• Dung	0	0.1	0.1	0	0	1972
• Horns (jewellery)	0	0.1	0.1	0.2	0.2	1972
Average income from sales by-products in the 12 months prior to the survey	257.3	458.3	340.9*	528.5	495.4	245

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Households eligible for the CGP look less capable to benefit economically from their livestock by selling by-products, and to gain a lower income when they do. This is possibly related to the number and quality of livestock that they own and herd.

**Table 3.38 Ownership and herding of livestock, by type of animal**

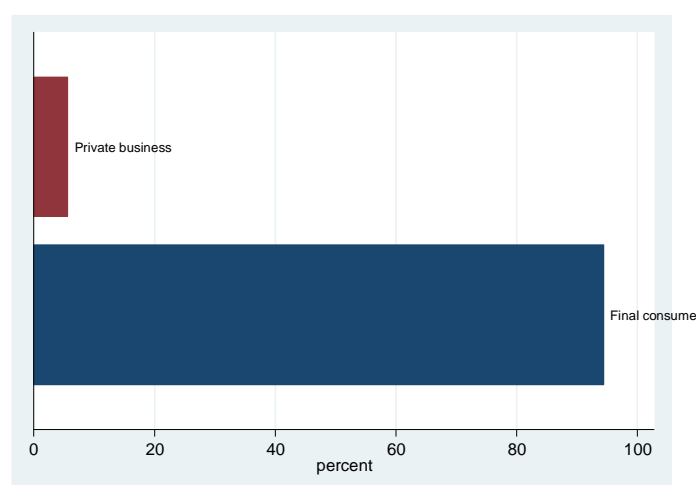
Livestock type	Average no. owned now	Average no. owned 12 months ago	Estimated unit value (average amount earned from livestock sales per unit of livestock) (Maloti)	Average no. currently reared/ herded	Proportion of households herding this type of animal that sold by-product in the 12 months prior to the survey	Average amount earned from sales of livestock by-products in the 12 months prior to the survey per unit of livestock (Maloti)
Sheep	2.4	2.5	688.9	2.3	14.1	492.1
Goats	1.5	1.7	394.1	1.5	7.8	268.2
Horses	0.2	0.2	6346	0.2	0.1	427.1
Donkeys	0.6	0.5	570.9	0.5	0.1	.
Chickens/ turkeys / ducks	3.2	4.5	45.4	2.7	0.9	60.5
Pigs	0.4	0.5	466.4	0.4	0	800
Cattle / oxen	2.6	2.7	3848.9	2.8	0.7	784.3

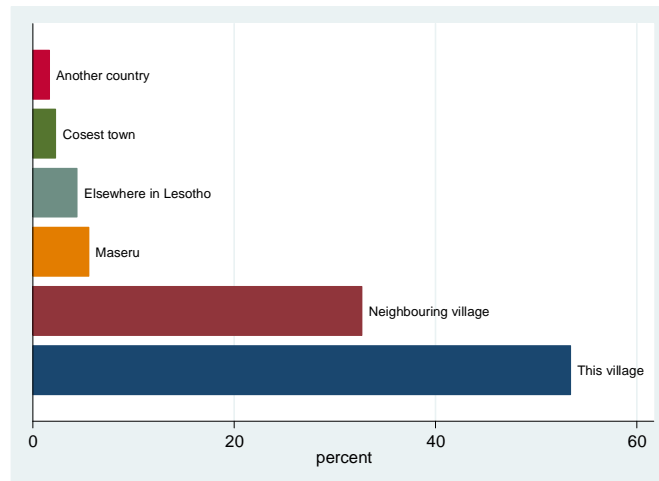
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.38 outlines household ownership and herding of various types of livestock. The average number of livestock owned at the time of fieldwork is less than that owned 12 months before for all categories of livestock apart from horses and donkeys (which has always been low). The estimated unit value of livestock differs significantly by type of livestock. Horses have the greatest value (at around M 6,300 per cow), followed by cattle (around M 3,800), and then sheep (around M 680).

Sheep and goats produce by-products (mohair) that can be better sold in the market. Pigs are valued most highly if measured by estimated per-unit value of by-products in the past twelve months (800 M), followed by cattle (770 M) and sheep (490 M).

**Figure 3.31 Distribution of customers to whom livestock is sold, by (a) type and (b) location**

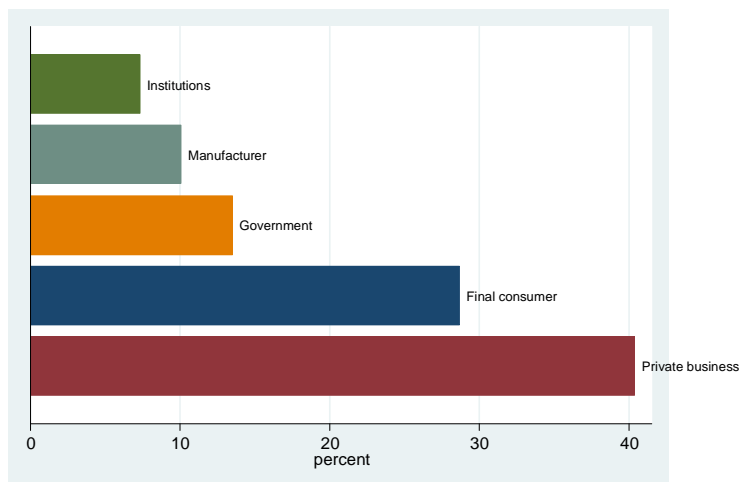


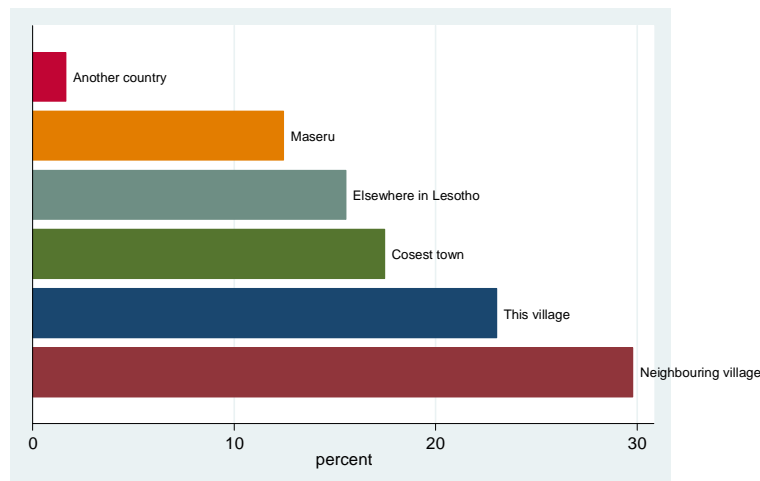


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Almost all livestock (Figure 3.31) are sold to final consumers with a small minority (less than 5%) being sold to private businesses. The majority of customers buying livestock are from the same village as the household selling the livestock (just over 50%) or from neighbouring villages (just over 30%). A small proportion are from Maseru (around 5%) and less than 5% are either from elsewhere in Lesotho, the closest town or from another country. This differs from the sale of crops where almost all customers were from the same village. For livestock sales a fairly large proportion of customers are from neighbouring villages, suggesting that there is a higher mobility for this type of transactions.

**Figure 3.32 Distribution of customers buying livestock by-products, by (a) type and (b) location**





Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Market transactions involving livestock by-product (mostly mohair) interest a broad range of customers. Around 40% of customers buying livestock by-products are private businesses, while almost 30% are final costumers. Moreover, government, manufacturers and institutions account each one for between 10 and 15% of cases. The majority of customers are from the neighbouring villages (almost a third), followed by customers from the same village (just over 20%), from the closest town (just over 15%), from elsewhere in Lesotho (just under 15%), from Maseru (just over 10%) and from other countries (less than 5%).

### 3.5.6.3 Productive assets and inputs for livestock

Table 3.39 illustrates inputs used by households engaged in livestock production. Just over half use manufactured feeds/salt, about 35% use vet services/drugs/medicine/vaccine and 30% use fodder. Around half of households spent money on livestock production inputs in the 12 months prior to the survey and of those who did the average amount spent was just under 180 M. Only a few households hired labour for livestock production, mostly for livestock herding (8% of households). Those hiring labour for livestock production tended to hire a large number of men days (on average 269 days), as these are often full time “herd boys”.

**Table 3.39 Livestock production inputs**

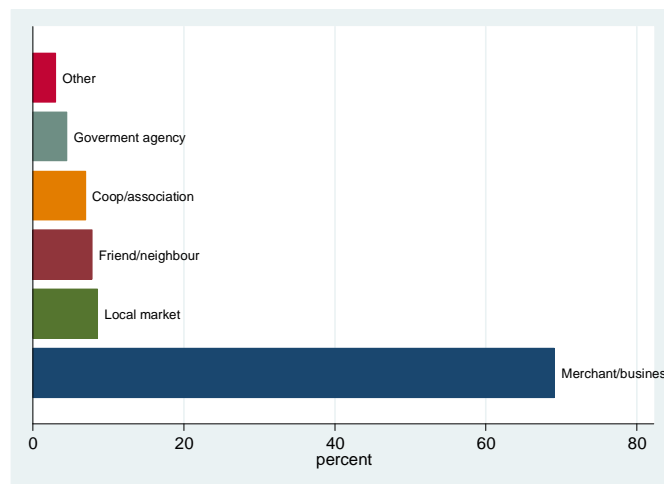
	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households engaging in livestock production in the 12 months prior to the survey that used the following inputs:						
• Fodder	25.4	20.1	22.9***	31.8	29.8	1907
• Manufactured feeds, salt	43.4	42.4	42.9***	54	51.5	1923
• Veterinary Services	24.5	26.7	25.6***	38.8	35.9	1912
Proportion of household engaging in livestock production in the 12 months prior to the survey that spent any money to purchase inputs	38.7	39.8	39.2***	54.9	51.4	1990
Total average amount spent to purchase inputs for livestock production in the 12	39.8	37.8	38.9***	217.9	178.5	1990

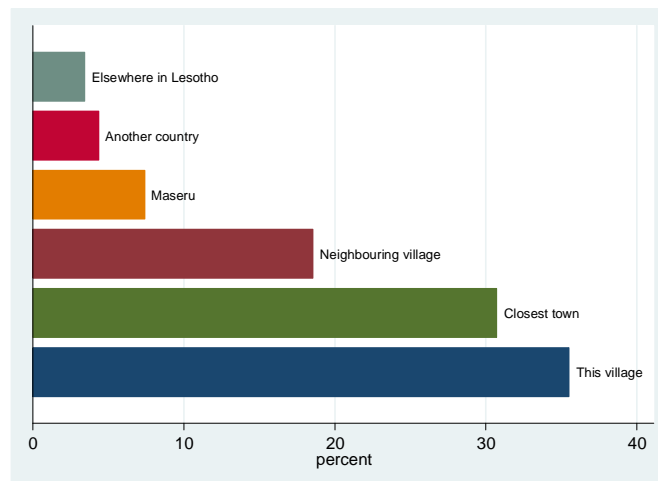
months prior to the survey (Maloti)						
• Of which (%): Fodder	2.9	1.5	2.3***	9.5	8.3	912
• Of which (%): Manufactured feeds, salt	77.4	74.6	76.1***	64.7	66.6	912
• Of which (%): Veterinary Services	19.7	23.9	21.7	25.8	25.1	912
Proportion of household engaging in livestock production in the 12 months prior to the survey that hired in men, women, or children for:						
• Livestock herding	3.2	1.1	2.2***	10.4	8.4	1740
• Preparing fodder	0	0	0.0**	0.9	0.7	1643
• Other livestock activities	0	0	0.0**	1.1	0.8	1644
Average number of men days hired in for livestock production in the 12 months prior to the survey	149.5	77.4	128.9***	281.2	269.3	136
Average number of women days hired in for livestock production in the 12 months prior to the survey	0	0	0.0*	23.9	21.6	39
Average number of children days hired in for livestock production in the 12 months prior to the survey	0	0	0.0*	81.8	74.5	40

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

CGP eligible households show lower rates of utilization of all type of livestock production inputs (fodder, feeds, vet services). Consistently they are less likely to spend money to purchase such inputs, and when they do buy goods or services they spend less than non-eligible counterparts. They are also substantially less likely (8 p.p. difference) to hire external support for herding animals.

**Figure 3.33 Providers of livestock production inputs, by (a) type and (b) location**





Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

The vast majority of providers of inputs for livestock production (almost 70%) are merchants or businesses. Close to 35% are located in the same village as households using the inputs, roughly 30% are from the closest town and around 20% are from the neighbouring village (Figure 3.33).

### 3.6 Child work and time use of children

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

This section gives an overview of the time use and labour of children in this study. It analyses time allocation across main activities: school, travelling, studying at home, helping with household tasks, working on the family business, and doing paid work outside of the household.

**Table 3.40 Time use of children (4-17)**

Indicator	Gender		Age				By beneficiary status		Overall	
	Female	Male	4-5	6-12	13-14	15-17	Eligible	Non-eligible	Est.	Obs.
							(type A/B)	(type C/D)		
Average number of hours spent on each of the following activities on a typical school day (students only)										
• Travelling to and from school (total time both ways)	1.1**	1	0.7***	1	1.2**	1.2**	1.1	1	1.1	4349
• At school	6.5***	6.2	4.6***	6.1***	6.8***	7.3***	6.3	6.4	6.4	4369
• Homework/study outside school	0.7***	0.6	0.0***	0.4***	0.9***	1.2***	0.6	0.6	0.6	4257



(students and non-students)											
• Helping at home with household tasks	1.0***	0.6	0.1***	0.6***	1.2***	1.3***	0.8	0.8	0.8	5180	
• Tasks on family farm/ herding or other family business	0.1***	0.9	0.1***	0.3***	0.7***	1.0***	0.5	0.5	0.5	5206	
• Activities for pay (cash or kind) outside of the household	0.0***	0.1	0.0***	0.0***	0	0.1***	0.1	0	0	5207	

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.40 outlines the time use of children. On average children attending school spend just over an hour travelling to and from school, around 6.5 hours in school and half an hour on homework. On average children spend just under an hour helping with household tasks, half an hour helping with family business/agricultural activities and practically no time in paid activities.

Gender disaggregated data shows that girls spend more time travelling to and from school, at school and on homework (all three possibly related to higher attendance to secondary school), but also more time helping with household tasks than male children. Male children spend more time on family businesses, agricultural or livestock activities. As the age group increases, children spend more time on all tasks. Interestingly, children from eligible households do not show a remarkably different pattern of time allocation compared to those in non-eligible households. Also, children not attending school spend more time on households tasks, family farming and non-farming activities and paid work than children in school (Table 3.41).

**Table 3.41 Specificity of the survey period for children (4-17) time use**

Indicator	Typical school day	Yesterday (when week day)	Typical school day	
			Enrolled in school	Not enrolled in school
The school was open	-	23.9	-	-
Average number of hours spent on each of the following activities				
• Helping at home with household tasks	0.8	1	0.8***	1.5
• Tasks on family farm/ herding or other family business	0.5	0.9	0.4***	1.8
• Activities for pay (cash or kind) outside of the household	0	0	0.0***	0.4

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

As mentioned earlier in the methodological introduction, the baseline survey took place partly across the period when in Lesotho schools were closed for winter holidays. Table 3.41 shows that schools were open the day prior to when the survey took place (excluding week-ends) for only about 30% of children attending school. This can seriously affect the estimates of children involvement in labour activity and tasks inside and outside the household, as the allocation is likely to radically change in non-school days. For this reason the time use module that is the basis of the analysis in Table 3.40 above refers to a "typical school day" rather than "yesterday" – an approach which has its risks as it can lead to approximations. More caution should be used however when interpreting the next set of tables, that refer mainly to children involvement in labour activities during the week prior to the survey.

**Table 3.42 Child work (6-17)**

Indicator	Gender		Age			By beneficiary status		Overall	
	Female	Male	6-12	13-14	15-17	Eligible	Non-	Est.	Obs.

						(type A/B)	eligible (type C/D)		
Proportion of children (6-17) who in the 12 months prior to the survey engaged in									
• any labour activity	23.3***	46.1	26.4***	40.0**	51.1***	33.6	35.6	35	4701
• own non-farm business activities	1.5	1.1	0.5***	2.6*	2.1**	1.8	1.1	1.3	4792
• own crop production activities	17.1***	28	15.3***	26.6**	36.4***	21.8	22.9	22.6	4750
• own livestock production activities	7.3***	31.4	16.7***	22.5	24.7***	17.3**	20.7	19.7	4750
• paid work outside the household	1.9	2.9	0.6***	2.4	6.5***	2.8	2.3	2.4	4773
Proportion of children (6-17) who in the 7 days prior to the survey engaged in									
• any labour activity	9.6***	33.8	17.0***	26.9**	30.6***	21.1	22.5	22.1	4618
• own non-farm business activities	0.7	0.5	0.3**	1.1	1	0.5	0.6	0.6	4787
• own crop/ livestock production activities	8.0***	31.9	16.2***	25.0***	26.7***	19.1	20.7	20.2	4678
• paid work outside the household	1.2	1.9	0.5***	1.8	4.0***	2	1.4	1.6	4762
Average number of hours spent by children (6-17) during the 7 days prior to the survey on (3)									
• any labour activity	25.4***	34.6	30.2**	31.3	37.0***	35.3	31.8	32.8	1011
• own crop/livestock production activities	15.2***	32.7	28.8	27.8	31.2	31.3	28.7	29.4	968
• paid work outside the household	63.4	46.9	31.4	55	58	58.4	49.9	53	89
Average number of days during the last 7 in which children (6-17) spent any time on (3) :									
• own crop / livestock production activities	4.1***	5.4	5.2	5.2	5.1	5.5**	5	5.2	971

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) Only for those engaged in each type of activity in the 7 days prior to the survey.

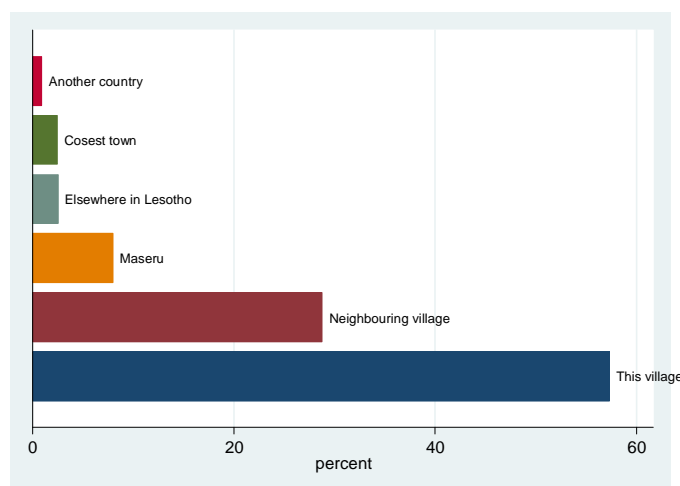
Table 3.42 outlines child work for children aged 6-17 years. Around 35% of children were involved in some form of labour activity in the 12 months prior to the survey, much of which was in the form of either household crop production<sup>33</sup> (23% of children) or household livestock production (20% of children). Very few were involved in paid work (2%) or non-farm business activities (1%). The vast majority of children involved in paid work participated in occasional or irregular work and were paid in cash. These results are not far from what concluded by the most recent MICS study for Lesotho, which estimated that 29.5% of children ages 5 to 14 years were working in 2000 (MICS, 2002).

For children involved in some form of labour activity in the 7 days prior to the survey, the average amount of time spent on labour activities was around 32 hours. A much higher proportion of boys (46%) were involved in some form of labour activity than were girls (24%) in the 12 months prior to the survey. In particular, a far higher proportion of male children were involved in livestock production activities than were female children (around 24 percentage points more) – mostly linked to the fact that boys are sent off to herd livestock. As age increases, higher proportions of children

<sup>33</sup> Note that this includes work on the kitchen garden.

are involved in labour activities than are those in the younger age groups. There are no remarkable differences in children's labour activities between eligible and non-eligible households.

**Figure 3.34 Distribution of work location for children (6-17) engaged in paid work**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.34 shows the location of work for children (6-17) engaging in paid work activities in the 12 months prior to the survey. Most were engaged in work in their own village (60%) with some in neighbouring villages (around 25%). The rest were mostly working in Maseru.

**Table 3.43 Children work search**

Indicator	Gender		Age			By beneficiary status		Overall	
	Female	Male	6-12	13-14	15-17	Eligible (type A/B)	Non-eligible (type C/D)	Est.	Obs.
Proportion of children (6-17) that actively searched for work opportunities in the 30 days prior to the survey									
• For those engaged in any labour activity in the current month	6.4	3.7	1.4**	0.6***	9.6***	4.1	4.2	4.2	1024
• For those not engaged in any labour activity in the current month	1.3	1.1	0.2***	0.6	4.4***	1.3	1.2	1.2	3456

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Between 1 and 5% of children actively searched for work opportunities in the last month (Table 3.43), with higher search rates for those already engaging in paid work and as age increases (with a peak of around 10% for 15-17 years old already involved in paid work).

### 3.7 Consumption and food security

This section gives an overview of the food and non-food consumption of households, covering food security in general, seasonal variations, and dietary diversity. Food security is a serious problem across all households, but particularly amongst those eligible as beneficiaries for the programme.

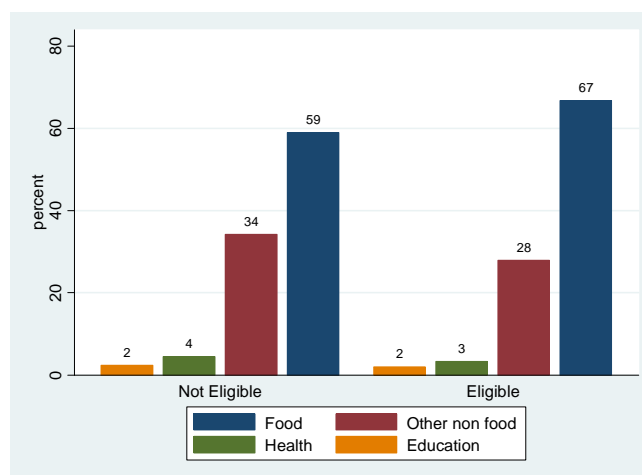
**Table 3.44 Household consumption expenditure**

Indicator	By beneficiary status		Overall	
	Eligible (type A/B)	Non-eligible (type C/D)	Estimate	Obs.
Real monthly total consumption expenditure – per household	699.5***	977.4	915.2	3045
Real monthly total consumption expenditure – per capita	165.0***	271.3	247.5	3037
Real monthly total consumption expenditure – per adult equivalent	204.6***	337.3	307.6	3037

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The ‘Obs’ column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

The average monthly consumption expenditure of CGP eligible households is M700 of which more than 65% on food. Aggregate, per capita and per adult equivalent consumption expenditure levels are significantly lower amongst eligible households, as analysed in full in the section on targeting below.

**Figure 3.35 Shares of total consumption expenditure**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Expenditure on health and education represents a minor share of total consumption, for both eligible and non-eligible households, all together around 5%. Other non-food consumption (mainly clothing, transport and fuels) accounts for about a third of total expenditure in non-eligible households, significantly less in eligible households. Further detail of the disaggregation of

consumption expenditure in categories and a discussion of how the consumption aggregate was constructed is provided in Annex C.

**Table 3.45 Food security**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that did not have enough food to meet their needs at least for 1 month in the 12 months prior to the survey	86.9	89.7	88.2***	63.4	69	3038
• Average number of months in which households had <u>sufficient</u> food to meet their needs in the 12 months prior to the survey	2.1	2.3	2.2***	2.8	2.6	2342
• Average number of months in which households had <u>some shortage</u> of food to meet their needs in the 12 months prior to the survey	4.5	4.9	4.7**	5.2	5	2342
• Average number of months in which households had <u>extreme shortage</u> of food to meet their needs in the 12 months prior to the survey	5.4*	4.8	5.1***	4.1	4.4	2342
Proportion of households in which any <u>adult</u> household member had to eat a <u>smaller meal</u> than felt needed during the 3 months prior to the survey because there was not enough food	78.4**	85.5	81.8***	55.9	61.7	3041
Proportion of households in which any <u>adult</u> household member had to eat <u>fewer meals</u> than felt needed during the 3 months prior to the survey because there was not enough food	78.6	84.5	81.4***	54.6	60.6	3041
Proportion of households in which any <u>adult</u> household member went to sleep <u>hungry</u> during the 3 months prior to the survey because there was not enough food	46.0*	51.9	48.8***	25.5	30.7	3038
Proportion of households in which any <u>child</u> (0-17) household member had to eat a <u>smaller meal</u> than felt needed during the 3 months prior to the survey because there was not enough food	69	69.8	69.4***	43.6	50.3	2724
Proportion of households in which any <u>child</u> (0-17) household member had to eat a <u>fewer meals</u> than felt needed during the 3 months prior to the survey because there was not enough food	66	70.1	68.0***	40.7	47.8	2724
Proportion of households in which any <u>child</u> (0-17) household member went to sleep <u>hungry</u> during the 3 months prior to the survey because there was not enough food	31.1*	36.9	33.9***	16.4	20.9	2721

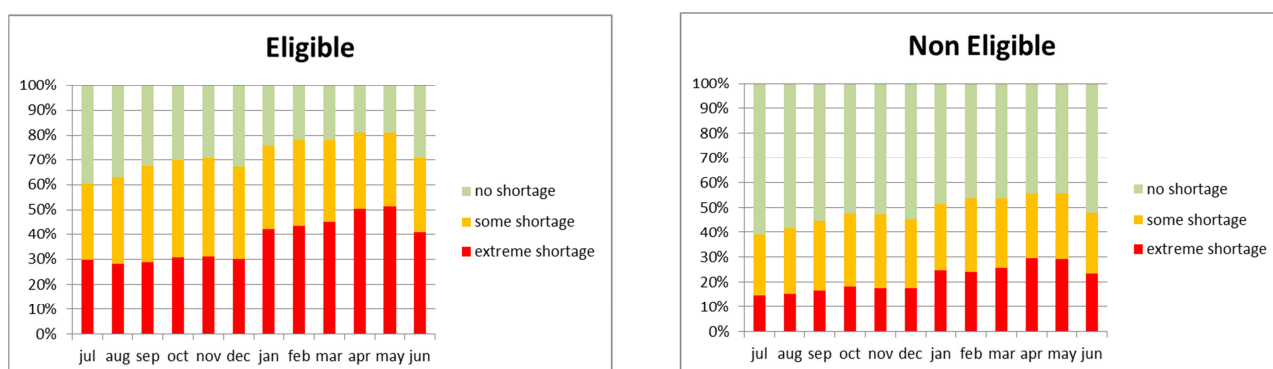
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Food security is a serious problem across all of the sampled households. Table 3.45 outlines the detailed food security status of households. On average almost 70 of households reported that they did not have enough food to meet their needs at least for 1 month in the 12 months prior to the survey. Food insecure households reported that they had sufficient food for only 2 to 3 months in the last year, and had an extreme shortage of food for 4 to 5 months.

More than 60% of households contained an adult who ate fewer or smaller meals than they felt they needed in the 3 months prior to the survey, and around half of households contained children who ate smaller and fewer meals than necessary. Around 30% of households contained an adult, and 20% a child, who went to sleep hungry during the 3 months prior to the survey due to a lack of food.

Consistently across all of the indicators, moreover, eligible beneficiary households are significantly more likely to be lacking food than non-eligible households. The proportion of eligible households who reported not having enough food to meet their needs at least for 1 month in the 12 months prior to the survey is almost 25 percentage points higher compared to non-eligible households. Food security is such a serious issue in eligible households that in almost half of them an adult went to sleep hungry during the 3 months prior to the survey due to a lack of food, and in just over one third a child did the same (reflecting common coping strategies by which adults forego food in order to feed their children). These large differentials between eligible and non-eligible households, among all other indicators, convincingly point at a good targeting of the benefit to the poorest and most vulnerable households.

**Figure 3.36 Seasonality of extreme and severe shortage of food – by eligibility**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Extreme shortages of food were most common from January to May, peaking in May, with the least likelihood of extreme food shortages in August and September (Figure 3.36). Eligible and non-eligible households show a similar seasonal pattern, though levels of food insecurity are consistently higher for eligible households across the whole yearly cycle.

**Table 3.46 Dietary diversity**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that have consumed in the preceding 7 days						
• Meat	27.6	27	27.3***	42.1	38.8	3032
• Fish	2	2.5	2.2***	5.8	5	3032
• Vegetables	97	96.3	96.7	96.4	96.4	3032
• Cereals	98.6	98.7	98.7	98.7	98.7	3032
• Milk and dairy products	8.4	8	8.2***	18.2	16	3032
• Fruit	11.8	16.8	14.2***	26.1	23.5	3032

• Fats	76.3	75.2	75.8***	87.2	84.7	3032
• Sugar	36.2	35.4	35.8***	54.7	50.5	3032
Average dietary diversity score (3)	3.6	3.6	3.6***	4.3	4.1	3032

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) The dietary diversity score is calculated as the simple average of the number of types of food consumed during the week prior to the survey. Thus, a fully diversify dietary implies a score of 8, while the score for consuming only one type of food is 1.

Table 3.46 shows the dietary diversity of households. In the past week an overwhelming majority of households consumed cereals (99%), vegetables (96%) and some fats (84%) but consumption of other food groups is much more heterogeneous. Meat was consumed by only 27% of eligible beneficiary households in the past week, and by 42% of non-eligible households. Overall, significant differences between eligible and non-eligible households could also be seen in the overall dietary diversity score, at an average of 3.6 compared to 4.3.

### 3.7.2 Adequacy of the transfer value

The CGP provides a regular transfer of M360 every quarter to poor households with children. This represents on average around 14.6 % of the monthly per adult equivalent consumption of eligible households (on real basis) (Table 3.47).

**Table 3.47 Adequacy of the CGP transfer**

Indicator	Eligible (type A/B)
Real monthly amount of the CGP transfer	
• Per household	120.0
• Per household member	21.4
• Per adult equivalent	30.0
• Per child (0-17)	44.5
Share of the transfer on real monthly per adult equivalent consumption (%)	14.6
Average household size (number of members)	5.6

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

The CGP transfer is independent of the number of household members. Table 3.48 shows that due to CGP's current design, the value of the transfer per member for large size households is much smaller than for households with few members (column 3). As larger households tend to be the poorest ones this is a concern: the flat payment reduces the CGP progressiveness overall and is likely to reduce the programme effectiveness too.

**Table 3.48 Distribution of benefits by household size (current design and alternative scenario)**

Eligible households (type A/B)	Current design: M120 per month per household	Alternative scenario: M45 per month per child (up to 5)
-----		

Number of Children	Estimated number of eligible households	Transfer per household	Transfer per child	Monthly Disbursement (M)	Transfer per household	Transfer per child	Monthly Disbursement (M)
1	1019	120	120	122,280	45	45	45,855
2	1365	120	60	163,800	90	45	122,850
3	1134	120	40	136,080	135	45	153,090
4	570	120	30	68,400	180	45	102,600
5	286	120	24	34,320	225	45	64,350
6	100	120	20	12,000	225	45 (up to 5)	22,500
7	49	120	17	5,831	225	45 (up to 5)	11,025
8	14	120	15	1,680	225	45 (up to 5)	3,150
9	10	120	13	1,170	225	45 (up to 5)	2,250
10	4	120	12	480	225	45 (up to 5)	900
11	2	120	11	242	225	45 (up to 5)	450
Total	4,553			546,283			529,020

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.48 also presents the results from the simulation of a fiscally equivalent alternative payment schedule. Instead of fixing the transfer per household what is fixed here is the monthly benefit amount per child. Such scenario considers a per child transfer of M45, which is the equivalent of the per-child average amount under the current design, and would be paid up to the fifth children. Small households would receive smaller total amounts, while the transfers would increase for large households. This simple simulation shows that indexing the transfer value to household size would not increase total transfer costs. The literature also suggests that significant fertility effects are very unlikely to be associated with this type of programs and values. Alternative ways of indexing (for example linked to the number of dependent household members including elderly, chronically ill or disabled) should be considered, in line with the spirit of the CGP.

### 3.8 Physical, financial and productive assets

This section gives an overview of the physical and financial assets of households, covering the characteristics of their housing, household assets, distance to various amenities, savings, insurance and access to credit. Earlier in the report we provided an overview of productive assets and inputs used by households in farming and livestock activities.

#### 3.8.1 Housing characteristics and household assets

This section describes key households' physical assets such as dwelling type, quality of the dwelling, access to basic services and living conditions. Part of these indicators are calculated on the basis of the information contained in the NISSA-MIS dataset, as this was collected for the calculation of the PMT and questions were not duplicated in OPM's survey instrument.

**Table 3.49 Housing characteristics**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.



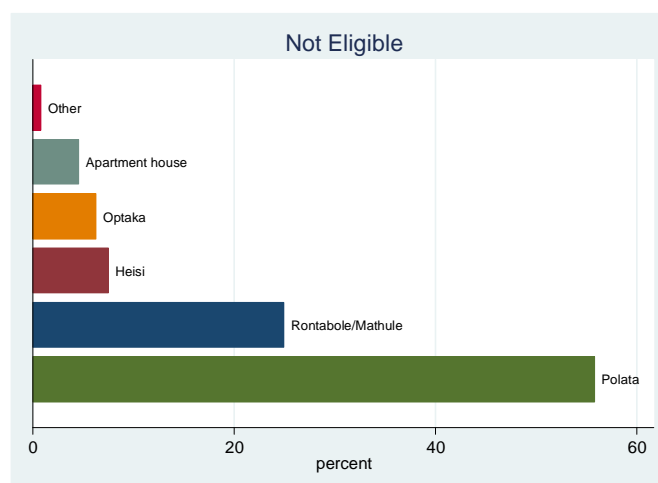
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households with:						
• Apartment / house owned and paid	64.5	67.6	66	68.1	67.6	3049
• Apartment / house owned, not paid	13.9	14.1	14	17.3	16.5	3049
• Free government house	0	0.1	0	0.1	0.1	3049
• Rented	0.2	0	0.1	0.5	0.4	3049
• Traditionally owned house	10.4	7.1	8.8**	6.1	6.7	3049
Proportion of households with:						
• Piped water on premises	1.8	2.6	2.2**	5.4	4.6	3049
• Good quality floor	30.7	27.9	29.3***	51.9	46.8	3049
• Good quality walls	35.9	32.8	34.4***	59.6	53.9	3049
• Good quality roof (NISSA)	68.9	64.7	66.9***	80.3	77.3	3047
• Good quality heating (NISSA)	3.3	5	4.1***	23	18.8	3047
• Good quality toilet (NISSA)	49.1	43.9	46.6***	65.3	61.1	3047
• Electricity connection	42.1	41.9	42.0***	65.3	60.1	3049
Average number of rooms per person (NISSA)	0.4	0.5	0.5***	0.9	0.8	3049

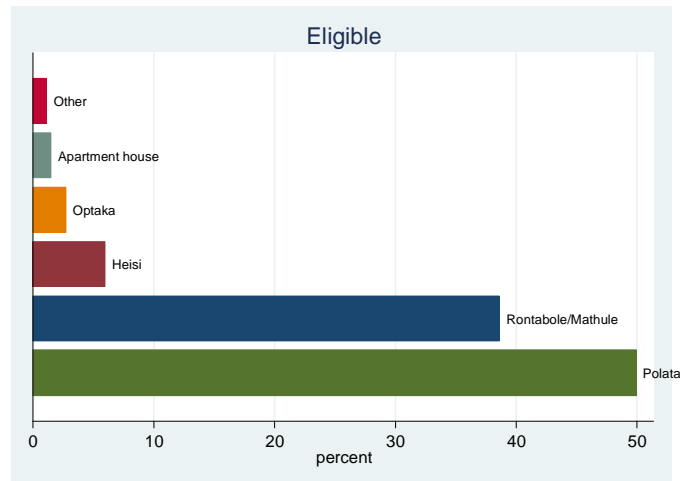
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) All variables indicated by (NISSA) were obtained from the NISSA MIS.

Table 3.49 outlines key characteristics of dwellings occupied by households in the study population. The majority of all households live in a house that they own and have fully paid off (68%) or not yet paid off (17%). There is no statistically significant difference between the ownership status of eligible beneficiaries and non-eligible households, with the exception that eligible households are slightly more likely to live in a traditionally owned house (9%) than non-eligible households (6%).

Nevertheless, quite distinctive differences are found in many other areas, with eligible households being significantly less likely across all surveyed dimensions to have good quality dwellings. They are less likely to have good quality floors, walls, roofs, heating, toilets, and are less likely to have an electricity connection.

**Figure 3.37 Distribution of dwelling types owned - by eligibility**

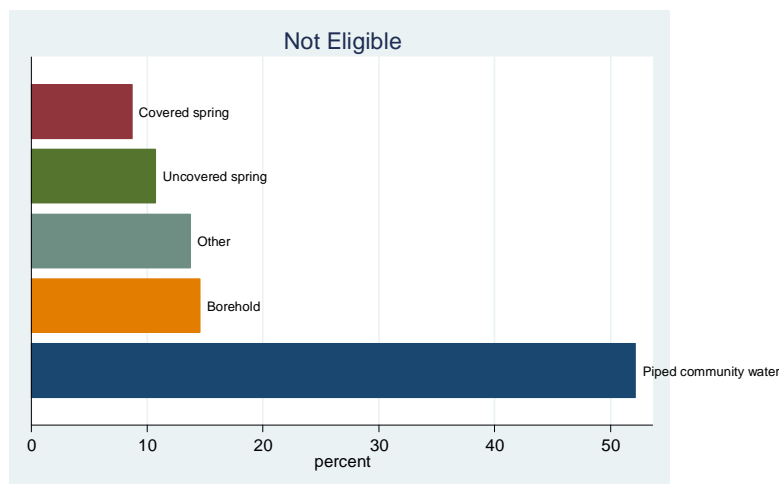




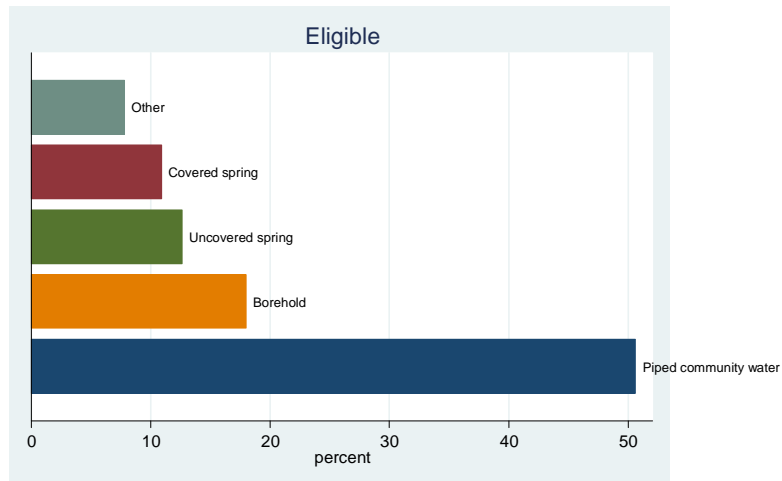
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.37 also shows differences between eligible and non-eligible households in terms of the type of households owned, with eligible households being slightly more likely than non-eligible ones to live in a traditional dwelling (Rontabole or Mathule).<sup>34</sup>

### Figure 3.38 Distribution of water source- by eligibility



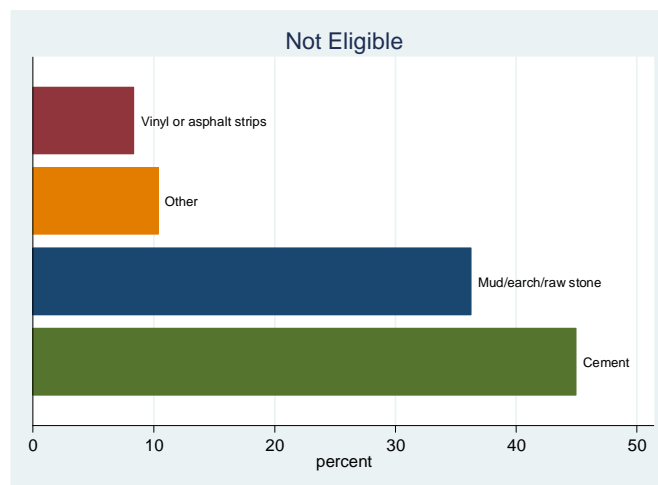
<sup>34</sup> It should be noted that overall figures more or less correspond to figures from the HBS (2003), where some 52% of the overall population is shown to live in Polatas (with percentages as high as 63% in the rural lowlands and as low as 25% in the rural mountainous areas) and around 17% of the population is shown to live in Rontaboles (as low as 0.1% in Maseru and as high as 66% in the rural mountainous areas).

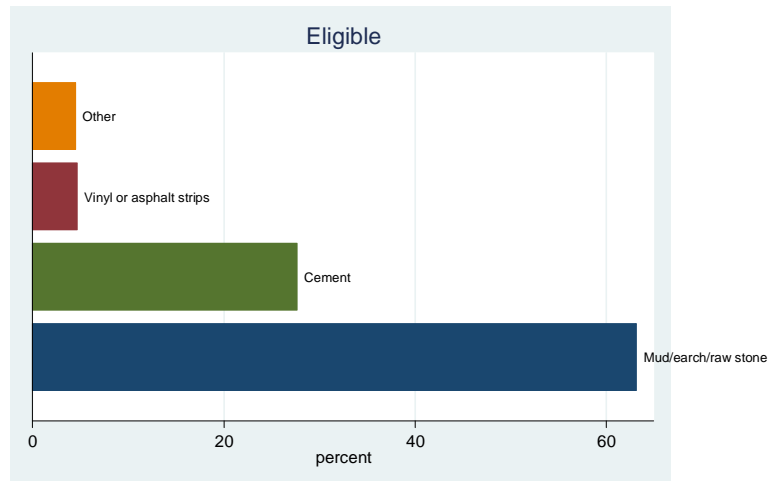


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

The conditions of access to basic household services are very limited in the study population. Very few household (slightly less than 5%) receive piped water in their own premises, while over 50% of households use a piped community source of water (Table 3.49 and Figure 3.38). The other main primary sources of water are boreholes (15%) and springs (covered 10% and uncovered 10%). Eligible households are less likely to have access to piped water on their own premises (2.2%, compared to 5.2% for non-eligible households).

**Figure 3.39 Distribution of floor material- by eligibility**

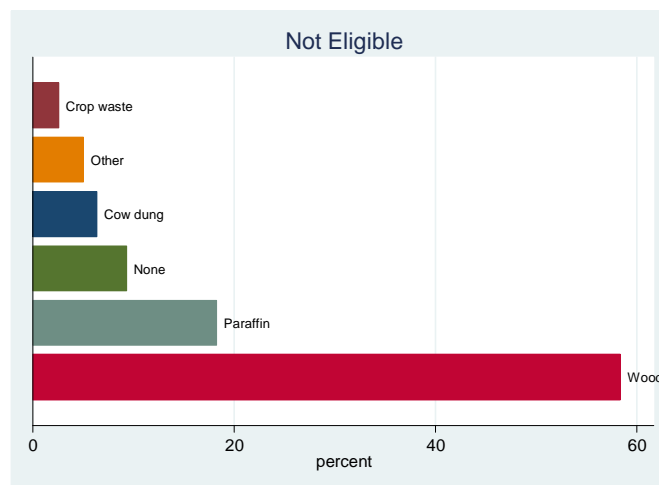


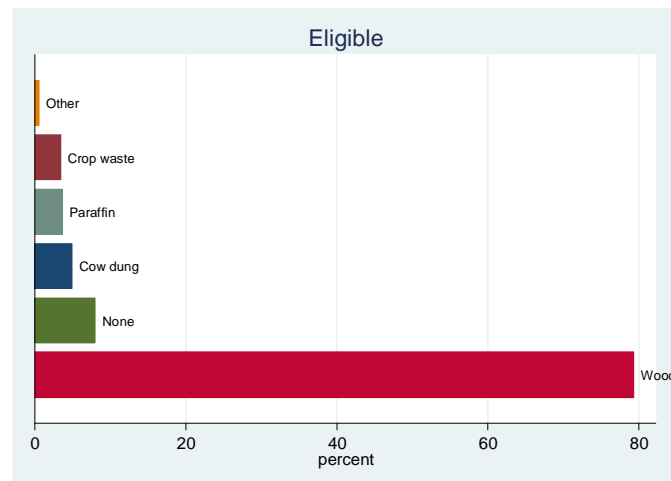


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Good quality floor, wall and roof are more common in the population, but a relevant fraction of households (more than half in the case of floor and walls; about 30% in the case of roof) still lack basic standard of construction materials in these three areas. Figure 3.39 indicates the types of floor material used in household's main dwellings. Just over 40% of households, have a mud/earth/raw stone floor, and just over 40% have cement flooring. Floor conditions are dramatically worse in eligible households, with more than 60% living on a dirt floor.

**Figure 3.40 Distribution of source of heating (from NISSA) - by eligibility**





Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 3.40 indicates the main source of heating for the rigid winter season. Wood is by far the main heating fuel, together with paraffin, that is however used in non-eligible household only, possibly due to financial constraints.

**Table 3.50 Household assets**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that own:						
• Electric or gas stove (NISSA)	29.3	27.3	28.3***	56.3	50	3049
• Refrigerator/freezer (NISSA)	2.3	2.1	2.2***	15.3	12.3	3049
• Television (NISSA)	3.6	3.7	3.7***	22.8	18.5	3049
• Radio/ audio equipment (NISSA)	39.4	39.2	39.3***	59.9	55.3	3049
• Cell phone	58.8	53.7	56.4***	70.1	67	3049
• Landline (telephone) (NISSA)	0.1	0.2	0.1***	1.6	1.3	3049
• Sewing or knitting machine (NISSA)	4.8*	2.8	3.8***	9.3	8.1	3049
• Motorized vehicle (used or new) (NISSA)	0	0	0.0***	5.3	4.1	3049
• Lounge suite	7.9	5.9	6.9***	24.5	20.6	3049

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) All variables indicated by (NISSA) were obtained from the NISSA MIS.

Table 3.50 outlines the proportion of households that own different kinds of household assets. The majority of households own a cell phone (67%), radio (55%) and/or electric or gas stove (50%). Other assets (TV, refrigerator, lounge suite) are common to a restricted but still significant fraction of households (between 10 and 20%). The remaining asset below to less than 10% of households in the study population.

Overall but there are large differences between households eligible as beneficiaries and those not. Beneficiary households are significantly less likely to own all of the surveyed assets. Biggest discrepancies can be observed for kitchen stove (28 p.p. gap), radio or audio equipment and television (20 p.p. gap each).

**Table 3.51 Distance from key locations (household level)**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Average return journey time to:						
• The nearest health clinic	2.8	2.9	2.8***	2.3	2.4	3045
• The nearest place to get Public Transport	1.2	1	1.1***	0.9	0.9	3044
• The food market or shop to buy groceries	1.1	1.1	1.1***	0.8	0.9	3041
• The furthest plot cultivated by the household	1.5	1.5	1.5	1.5	1.5	2159
• The nearest source of drinking water	0.5	0.5	0.5	0.5	0.5	3044

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.51 outlines the average journey time households take to reach key locations. On average it takes all households over 2 hours to get to the nearest health clinic and about an hour to get to public transport or to a market for food. Eligible beneficiary households tend to take longer to reach these locations, partly linked to the fact that poverty is often correlated to physical exclusion and partly to the type of respondent in beneficiary households, who were most likely to be old or disabled<sup>35</sup>. Both eligible and non-eligible households take an average of 90 minutes to reach the furthest plot that they cultivate, and 30 minutes to reach the nearest source of drinking water.

### 3.8.2 Financial assets and risk preferences

This section gives an overview of the financial lives of surveyed households, including their saving and borrowing behaviour, insurance and other formal or informal financial assets, and attitudes to risk and patience.

**Table 3.52 Savings and credit**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that saved money in the 12 months prior to the survey	11.7	11.2	11.5***	23.4	20.7	3044
Proportion of households that added money to an insurance mechanism in any form in the 12 months prior to the survey	47.1	44.3	45.7***	57.4	54.8	3044

<sup>35</sup> It should be noted that these questions on distance were based on perceptions of the individual interview respondents and based on the time *they personally* took to get from place a to b: "How long would it normally take you from here to get to the following places and back?". This means that children/elderly/disabled will take more time to cover an x distance than an able-bodied adult.

Proportion of households that bought on credit from a grocery at least once in the 12 months prior to the survey	34.8	33.9	34.4	34.1	34.2	3001
Proportion of households that borrowed money at least once in the last 12 month	70.4*	76.3	73.3*	69.8	70.6	2924
Proportion of households that borrowed money in the 12 months prior to the survey from						
• Bank or financial institution	0.7	1.4	1.1*	2.2	2	2990
• Micro-lender / Loan shark	19.4	19.2	19.3	17.3	17.7	2992
• Family, friend or neighbours	55.9	59.5	57.6	54.5	55.2	2994
• Community group	7.7	8.7	8.2	7.5	7.7	2995
• Stokvel (aside from contribution)	4	3.1	3.6	2.9	3	2986
• Other	1.2	2	1.6	1.8	1.8	2658
Average amount currently owed by households (that are currently owing money)	352.2	335.7	343.8***	755.8	656.4	1780

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.52 gives an overview of the financial habits and assets of households, and Table 3.53 shows in greater detail the kinds of savings and insurance arrangements made by households. Roughly 1 in 5 households reports being able to save any money during the 12 months prior to the survey. No more than 10% of households use any of the individual savings instruments. The largest amounts of money are saved in mutual savings schemes like Stokvels (rotating credit union) or church and community groups (just below 15% all together). Formal savings are less common, with around 7% saving in formal savings accounts (7%). Households that save generally combine different saving methods at the same time.

Formal and informal insurance is much more widespread than pure saving. Large numbers of households (50%+) have paid money into some form of insurance mechanisms over the past year. The most prevalent instrument is the burial society (mutual), which 40% of households added money to in the 12 months prior to the survey, followed by formal burial insurance plans.

Eligible households are generally less likely than non-eligible households to have paid into an insurance scheme or saved money (more than 10 p.p. difference).

**Table 3.53 Savings and insurance portfolios**

Asset type	Proportion of households that saved/added money in the 12 months prior to the survey to	Proportion of household that save at least once a month	Proportion of household that save regularly (1-2 times in 3 months)	Proportion of household that save sporadically (1-3 times a year)	Average amount saved in the last occasion
Savings in a Stokvel	7.2	89.1	2.6	8.2	307.5
Savings with church or community group	6.4	43.5	13.1	43.4	72.7
Savings with friends or family	2.6	70.9	7.8	21.3	404.3
Savings in cash	3.4	52.5	12.3	35.2	704.7
Formal savings accounts	7.2	59.5	13.3	27.2	1368.1
Burial society	40.4	60.6	7.9	31.6	36.1
Burial plan	17.2	73.9	4.3	21.8	40
Other saving/insurance methods	6.6	89.6	4.9	5.4	168

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Borrowing is prevalent amongst both eligible and non-eligible households, with over 70% of households having borrowed over the last year. Most households (55%) borrowed money from friends or family, but also from micro lenders (or loan sharks) (more than 15%) or community groups (around 7%). An additional 35% of households also bought groceries on credit, a form of implicit borrowing.

Eligible beneficiary households show a similar pattern in terms of prevalence and type of borrowing, but owe on average less than half (M 350) of what non-eligible households owe (M 750).

Table 3.54 outlines household beliefs about their own potential access to credit. Households are generally not positive about their ability to borrow money at short notice (within a week), with just over 40% of households thinking that they could quickly borrow M 200, dropping to only 7% who think that they could quickly borrow M 1000. Eligible beneficiary households are significantly less likely to think that they can quickly borrow any amount.

**Table 3.54 Attitudes and preferences towards savings and credit**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that think they could quickly borrow <sup>36</sup>						
• 200	33.5	36.5	35.0***	43	41.2	2991
• 400	14.3	13.2	13.8***	22	20.2	2985
• 600	7.8	5.4	6.6***	11.8	10.6	2984
• 800	3.9	4	4.0***	8.4	7.4	2984
• 1000	3.5	3.3	3.4***	7.6	6.7	2983
Proportion of household with:						
• Low risk aversion	12.3*	18	15.1	17.8	17.2	2996
• Medium risk aversion	7.1	8.4	7.7***	14	12.6	2998
• High risk aversion	25.3	24	24.7**	19	20.3	2996
• Extreme risk aversion	55.3	49.5	52.5	49.2	50	2996
Proportion of household with <sup>37</sup> :						
• High patience	16.6	20.9	18.7***	24.1	22.9	2985
• Medium patience	18.8	19.3	19.1	18.9	19	2990
• Low patience	54.7	48.1	51.6**	45.6	46.9	2991
• Extreme low patience	9.9	11.8	10.9	11.4	11.3	2991

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

<sup>36</sup> Responds to the question: "If needed, could you or anyone in your household borrow quickly (within 1 week) the following amounts of money?"

<sup>37</sup> Based on variations of the question: "imagine that someone wants to give you some money, without implying any commitment, debt or obligation for you, but imagine that you have two choose between the following two alternatives, a) Receive M 1,000 now, b) Receive M 1,050 in a month; Which alternative would you chose?"



Table 3.54 also outlines household attitudes to risk and patience, based on a series of questions regarding their preference for different hypothetical payments. To understand preference for risk, households were offered a series of hypothetical choices between a guaranteed sum of money, and the opportunity to gamble by tossing a coin to possibly receive a higher sum (or nothing at all).<sup>38</sup> To understand patience, households were asked a series of questions offering hypothetical choices between a sum of money now, or a larger sum in the future.<sup>39</sup>

Households tend to have high or extreme risk aversion (70%) and have low or extremely low patience (58%). Confirming trends presented in other sections and reflecting well on the targeting of the programme, eligible households were generally significantly more risk averse and less 'patient' than non-eligible households (as would be expected from poorer households).

### 3.9 Vulnerability, mechanisms of support and coping strategies

This section gives an overview of the type of shocks affecting households, and the mechanisms they depend on to cope, from formal institutional transfers to informal community networks.

#### 3.9.1 Vulnerability to economic shocks

Table 3.55 shows the proportion of households that were affected by different kinds of economic shocks in the 12 months prior to the survey. Serious economic shocks were defined as events leading to a serious reduction in consumption, income or asset holding. The most common shock affecting households over the last year was crop failure, experienced by roughly 45% of households.

More than half (55%) of households in the study area were affected by any of such events in the last year. About two in five were affected by either the death of a household member, or by a serious injury or illness. About one in ten by the death of some other person outside the household on whom the household relied for subsistence and support. Crop failure affected roughly 45% of households.

**Table 3.55 Economic shocks**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households affected by a serious economic shock in the 12 months prior to the survey (3)	61.3	55.7	58.6	55.1	55.9	3012
Proportion of households affected in the 12 months prior to the survey by:						
• Death of a household member	20.2	25.4	22.6	21.6	21.8	1710
• Death of a friend or relative that provided financial assistance	7.7	6.1	7.0*	10.5	9.6	1710
• Serious injury or illness	19	20.6	19.7	20.4	20.2	1710
• Theft or destruction of property	4.4	3.8	4.1	4.6	4.5	1710

<sup>38</sup> Based on variations of the question: "Imagine that you need to choose between the following two alternatives, a) Receive M 500, b) Toss a coin and if it is tails you receive M 1,000 but if it is heads you don't receive anything; Which alternative would you chose?"

<sup>39</sup> Based on variations of the question: "Imagine that you need to choose between the following two alternatives, a) Receive M 1000 now, b) Receive M 1050 in a month; Which alternative would you chose?"

• Increase in food prices	17.1	12	14.8*	10	11.1	1710
• Crop failure	51.2	45.9	48.8	44.7	45.7	1710
• Other	16.1	14.3	15.3	15	15.1	1710

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) An event that led to a serious reduction in your asset holdings caused your household income to fall substantially or resulted in a significant reduction in consumption.

### 3.9.2 Institutional transfers

This section outlines the coverage of government social protection programmes and assistance provided by other organisations. Besides the CGP, two main social protection measures operate in Lesotho are:

- The **Old Age Pension**, given to everyone above the age of 70, provides M900 cash per pensioner per quarter (M300 per month). The coverage of the pension for the 2009/10 fiscal year was estimated at 80,000 people, this is 4.3% of total population, implying full coverage of elderly above the age of 70 which according to the 2006 Population and Housing Census stands at 4% of total population.
- The **Public Assistance Package** is comprised of monthly allowances, food packages, medical exemptions and coffins. It is a means tested grant designed to cater for basic needs of the destitute, people with disability, chronically ill persons and orphans who cannot engage in economically productive activities and is accessed by request. It provides M300 per household per quarter.<sup>40</sup> In 2008/09 there were a total of 6,090 beneficiaries of the programme.

There are however at least two other social protection programmes that are relevant to many households receiving the CGP, and are worth noting here.

- **School Feeding Programme:** Currently, the Government of Lesotho, with the assistance of the World Food Programme (WFP), provides free school meals to all of Lesotho's enrolled 390,000 primary school children. The Government of Lesotho provided for 325,000 children in 951 primary schools, at a cost of M202.6 million according to the 2009/10 Annual Budget. WFP provided for 65,000 children in 476 schools, predominantly in remote areas at a approximate cost of M16 million in 2009/10.

In 2009/10 the Government took over the feeding of additional schools which were previously served by WFP, who are phasing out their support to primary school feeding and instead concentrating on methods of support that build livelihoods.

- **Secondary School Bursaries:** In 2008/09, some 22,735 bursaries to secondary schools were provided to orphaned and vulnerable children, using the currently accepted definition of being below 18 and without one or both parents. Some bursaries were also given to pre-school children for Early Childhood Care and Development Centres. Selection of recipients is performed by the Ministry of Education and Training. The Global Fund provides additional bursaries for around 7,000 children. These interventions differ from the CGP selection process in both its target group (on children rather than households) and targeting method. Secondary school bursaries are hugely important in promoting the access of OVC to secondary education

<sup>40</sup> A new formula to calculate the value of Public Assistance has recently been introduced (M100 for the first household member + (Total additional members in the household/ 2) \* M100), but it is not clear whether this is already implemented.

as school fees are around M600 per quarter usually beyond the means of many poor households.

**Table 3.56 Institutional transfers**

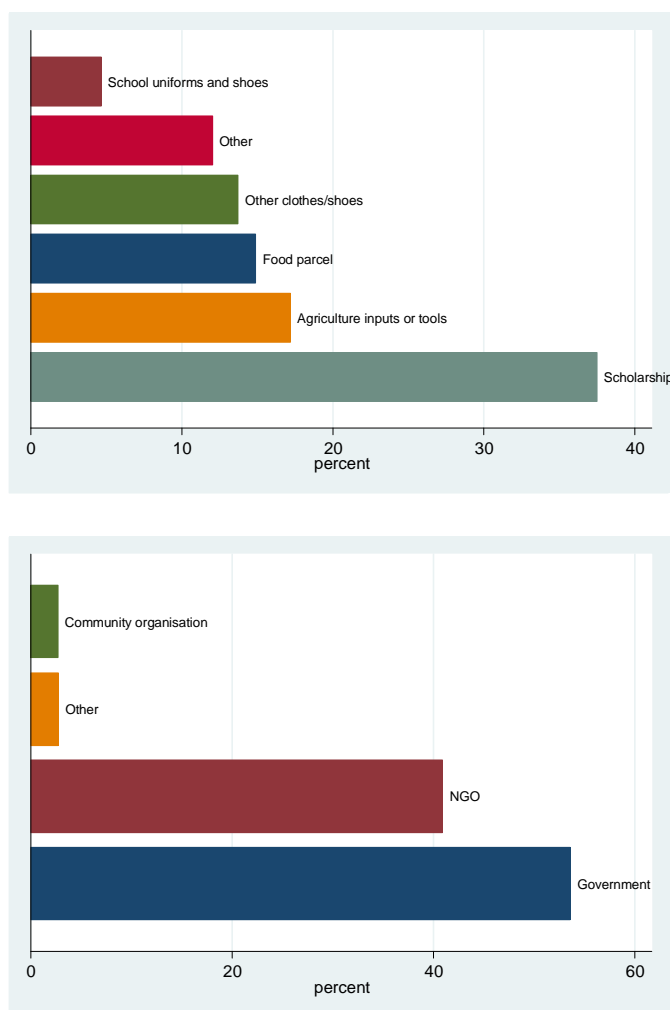
Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that have received any assistance/transfer in cash from the government or an organisation in the 12 months prior to the survey,	14.2	13.1	13.7***	23.6	21.4	3042
Proportion of households that have received:						
• Social welfare benefits / Public assistance	1.9	1.2	1.5	1.4	1.4	3049
• Pensions	11.8	10.6	11.2***	20.2	18.2	3049
Proportion of households with at least one member older than 70 years old that receive a pension	68.8	67.2	68.1	74.7	73.8	700
• Other Government in Cash support	0.3	0.8	0.5	0.9	0.8	3049
• Other Cash support from NGO, community organisations or other	0.2	0.1	0.1	0.2	0.2	3049
Proportion of households that have received any in-kind support have in the 12 months prior to the survey	19.5	16.1	17.8***	12.2	13.5	3044
Proportion of children enrolled receiving meal at school	94.7	93.7	94.1***	90.8	91.7	4495

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.56 shows the proportion of households to have received any cash or in-kind support from the government or any other institution or organisation. The coverage of Government social protection programs appears to be rather low. Pensions have the highest coverage with almost 18% of households as recipients, but coverage is high (although not complete) amongst those entitled: 75% of households with an elderly member older than 70 receive the pension.

Other government social transfers such as social welfare benefit, public assistance or smaller schemes are received by roughly 2% of households, and the coverage of non-governmental cash transfer programmes is negligible (de facto zero) in the study areas.

**Figure 3.41 Distribution of in-kind assistance received, by (a) type and (b) source**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

In-kind assistance (excluding school meals, government health and education services) is received by slightly less than 15% of households in the study population. A larger proportion (closer to 20%) of eligible households have benefitted from some form of in-kind support in the 12 months prior to the survey. In-kind transfers have privileged this group possible due to their severe socioeconomic conditions that were highlighted throughout the document. In-kind assistance is provided generally from the government (more than 50%) or NGOs (40%). The government support is mainly associated with scholarships (Secondary School Bursaries), while NGO assistance focuses more on agriculture inputs or tools, food parcels, clothes or shoes (Figure 3.41).

### 3.9.3 Remittances, networks and informal transfers

Remittances from household members working from abroad and informal transfers from the extended family, friends or the community are a critical source of support to cope with risks amongst household in the study population, by far more important than institutional transfers.

Community support is given and received by households in many forms in the context of Lesotho, and is often part of reciprocal or mutual support arrangements. Besides informal transfers in cash,

households are assisted and assist with resources in kind (mainly food), in the form of providing or receiving free labour or contributing with animals, tools, inputs or equipment to farming or livestock activities.

**Table 3.57 Transfers to and from non-resident household members**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households with non-resident household members	36.9	35.4	36.2***	43.3	41.7	3040
Proportion of households with non-resident members that received money or in-kind assistance from non-resident members over the 12 months prior to the survey	64.8	60.3	62.7*	70	68.6	1255
Proportion of households with non-resident members that sent money or in-kind assistance to non-resident members over the 12 months prior to the survey	7.6	9.7	8.6	10.2	9.9	1255
Average value of assistance received from non-resident household members over the 12 months prior to the survey	3279.5	2318.3	2843.6***	8480.8	7480.3	799
Average value of assistance sent to non-resident household members over the 12 months prior to the survey	6057.7	1003.7	3347.7	1926	2158.8	129

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.57 shows remittances to and from non-resident household members. Slightly more than 40% of households have non-resident members living most of the time outside of the households but still considered part of it.<sup>41</sup> Eligible beneficiary households are almost 7 percentage points less likely than non-eligible households to have non-resident members, as this is often associated with remittances and hence better general socioeconomic conditions.

Slightly less than one third of all households received money or in-kind assistance from non-resident household members over the 12 months prior to the survey, compared to only around 5% who sent transfers. The average value of transfers received (and made) was remarkable for households who engaged in this type of transactions. Households received on average roughly M 600 per month from non-resident members. Eligible households with non-resident members receive a much lower value of transfers than non-eligible households (on average almost M 500 less per month).

**Table 3.58 Community networks – support received**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		

<sup>41</sup> Note that the definition of a non-resident household member as defined in the questionnaire was someone “who has not resided in the household at least 4 nights on average per week in the last 4 weeks”.

Proportion of households that borrowed or received support <u>in cash</u> from other family members, friends or neighbours during the 12 months prior to the survey	71.5	75.3	73.3*	69.4	70.3	3046
• Average number of contributors	1.4	1.3	1.3	1.3	1.3	2148
• Total value of the support received	355.3	303.2	329.5***	512.8	469.7	2119
• Proportion of contributors residing in the same village	69.6	72.2	70.9	69.1	69.5	2603
• Proportion of contributors that will have to be reciprocated	79.1	75.3	77.3	77.2	77.2	2835
Proportion of households that received support <u>in kind</u> (food or other consumables) from other family members, friends or neighbours during the 12 months prior to the survey	71.0**	79.6	75.2***	67.9	69.5	3046
• Average number of contributors	1.4	1.4	1.4	1.4	1.4	2194
• Proportion of contributors that will have to be reciprocated	82	82.9	82.4	80.5	81	3017
• Proportion of contributors to whom the household that will have to give something back in return	30.4	36.3	33.4	33	33.1	3010
Proportion of households that received support in <u>labour</u> (economic activities, chores or caring needs) from other family members, friends or neighbours during the 12 months prior to the survey	11.5	10.9	11.2**	14.4	13.7	3049
• Average number of contributors	1.0*	1.2	1.1	1.2	1.1	401
• Proportion of contributors residing in the same village	85.9	82.7	84.3	79	80	454
• Proportion of contributors that will have to be reciprocated	7.1*	16.9	11.9	13.9	13.5	446
Proportion of households that received support in agricultural <u>tools, inputs, animals or equipment</u> from other family members, friends or neighbours during the 12 months prior to the survey	46.7	46.7	46.7***	37.8	39.8	3048
• Average number of contributors	1.1	1.1	1.1	1.1	1.1	1311
• Proportion of contributors residing in the same village	76.9**	87	81.8	85.4	84.4	1405
• Proportion of contributions received as part of a mutual sharing arrangement	25.2	27.6	26.4	24.1	24.7	1401

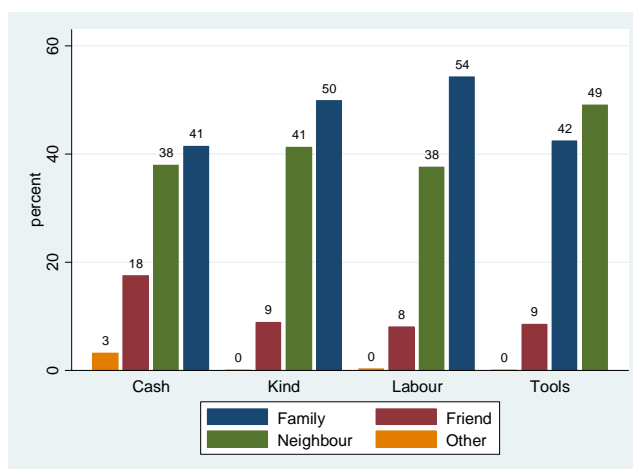
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.58 shows in further detail the kind of assistance that household can rely on from their community networks. A very large proportion (70%) of households have borrowed money, or received assistance in cash or in-kind, from family or friends over the past year. This assistance typically comes from between 1 and 2 individuals, mostly (70%) from the same village, and is generally (almost 80%) expected to be reciprocated. Eligible beneficiary households are slightly more likely to receive assistance from their social networks, but the value of cash assistance is on average lower.

Support received in form of food (or other in kind) or agricultural inputs is also very common (respectively 70 and 40%), while fewer household received help in the form of labour (14% of households). All transaction append mostly within the village (particularly labour sharing), but with respect to in-cash support the moral duty to reciprocate is much lower for food, labour and agricultural inputs.

Eligible households are remarkably more likely to receive in kind (food) support to use others' tools, animals or equipment on their fields, possibly due to their vulnerability status. On the contrary, they are apparently more excluded from sharing networks regarding common labour in the fields.

**Figure 3.42 Source of assistance received from community networks**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

In the majority of cases the assistance is provided by members of the extended families, but support from neighbours (and to a lesser extent friends) is also very common, particularly in the form of cash and tools (Figure 3.42).

**Table 3.59 Community networks – support provided**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Est.	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that lent or provided support in <u>cash</u> to other family members, friends or neighbours during the 12 months prior to the survey	23.8	29	26.3***	44.9	40.7	3049
• Average number of recipients	1.1	1.1	1.1***	1.2	1.2	1055
• Total value of the support provided	109.2	118.6	114.2***	240.4	222.4	1032
• Proportion of recipients residing in the same village	83.4	83.2	83.3***	76.4	77.3	1242
• Proportion of recipients that are expected to reciprocate	87.8	84.5	86.1*	80.4	81.2	1238
Proportion of households that provided support in <u>kind</u> (food or other consumables) to other family members, friends or neighbours during the 12 months prior to the survey	45.6	51.1	48.2***	59.5	57	3049
• Average number of recipients	1.3	1.3	1.3	1.3	1.3	1634
• Proportion of recipients residing in the same village	90	92.1	91.1*	87.9	88.5	1242
• Proportion of recipients that are expected to reciprocate	42.3	45.7	44.0***	32	34.3	2169
Proportion of households that provided support in <u>labour</u> (economic activities, chores or caring needs) from other family members, friends or neighbours during the 12 months prior to the survey	17.6	16.7	17.2	17.4	17.3	3047
• Average number of recipients	1.2	1.1	1.1	1.1	1.1	516
• Proportion of recipients residing in the same village	83.3	89.9	86.3	87.5	87.2	565
• Proportion of recipients that are expected to reciprocate	13.8	21	17.1**	8.4	10.3	559
Proportion of households that provided support in <u>agricultural tools, inputs, animals or equipment</u> from other family members, friends or neighbours during the 12 months prior to the survey	22.6	24.5	23.6**	27.9	26.9	3047

• Average number of recipients	1.1	1.1	1.1*	1.2	1.1	809
• Proportion of recipient residing in the same village	86.5	88.7	87.6	92	91.2	917
• Proportion of contributions provided this as part of a mutual sharing arrangement	30.1	24.6	27.4	23.6	24.3	914

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.59 shows the support that surveyed households have given to their family, friends and neighbours over the last year. Two in five households have provided cash support, almost three in five in-kind support, almost one in five support in labour, and a bit more than 1 in four support in agricultural equipment, animals or tools. Eligible beneficiary households are generally less likely to have provided support than non-eligible households. Interestingly they are also more likely to provide support in contexts where they expect that this assistance will be reciprocated in the future.

### 3.9.4 Climate change and adaption strategies

This section gives an overview of potential impacts of climate change, and actions that households may be taking to cope with climate change risks.

**Table 3.60 Climate change effects**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that experienced major <b>crop failure</b> during the 12 months prior to the survey	76	74.2	75.1	75.1	75.1	2395
Reason of major crop failure						
• Drought or insufficient water	7.3	10.4	8.7	9.1	9	1786
• Excess rain or flood	93.4	91.5	92.5	93	92.9	1795
• Pests/disease	6.3	6	6.1	6.4	6.3	1787
• Early frost	20.3	18.1	19.3	16.3	17	1786
• Crop destroy by animal/ theft	5.7	6.5	6	5.4	5.6	1787
Proportion of households that experienced major <b>livestock loss</b> during the 12 months prior to the survey	9.5	10.2	9.8**	13.8	13	1976
Reason of major livestock loss						
• Drought or insufficient water	0	0	0	0.9	0.7	242
• Excess rain or flood	2.0*	13.3	7.5	11.5	10.9	241
• Pests/disease	72.5**	46.8	60	65.6	64.7	243
• Theft	5.9**	26.7	16	12.6	13.2	241

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.60 outlines some of the potential impacts of climate change such as crop failure. Three quarters of both eligible and non-eligible households have experienced major crop failure over the last year, predominantly due to excess rain or flood (93% of households). Major livestock loss was less prevalent at 13%, and was predominantly due to pests or disease (65%).

**Table 3.61 Adaptation strategies**

	By treatment status	By beneficiary status	Overall
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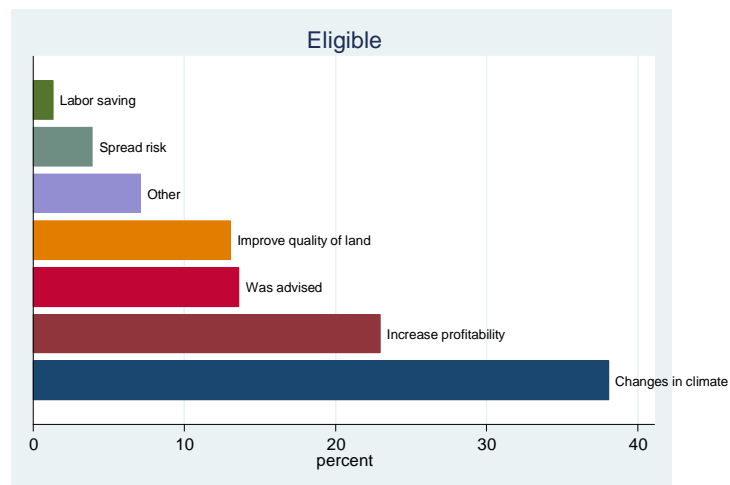
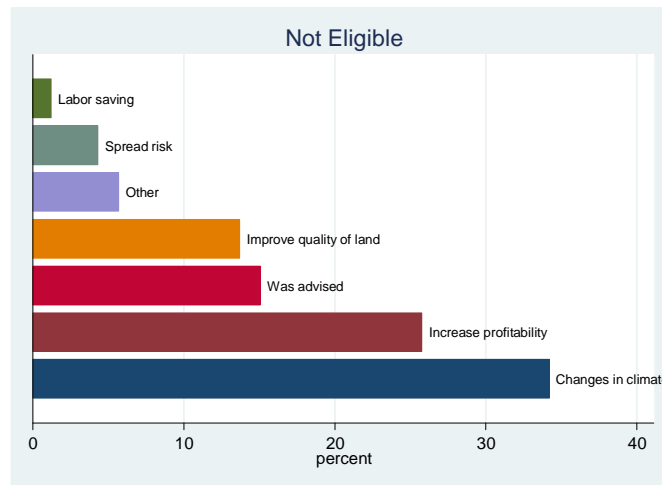
Indicator	Treatment group (type A)	Control group (type B)	Eligible (type A/B)	Non-eligible (type C/D)	Estimate	Obs.
Proportion of households that made the following changes in their farming strategies						
• Change crop variety	4.3	3.5	3.9*	6.5	5.9	2331
• Change crop type or introduce new one	5.5	5.9	5.7	6.8	6.5	2332
• Change planting dates	19.4	13.1	16.5	17.7	17.4	2332
• Change amount of land under production	2.6*	0.8	1.7	0.9	1.1	2332
• Implement soil and water conservation	2.7*	0.8	1.8	2.2	2.1	2331
• Mix crop and livestock production	3	3.7	3.3	4.8	4.5	2332
• Build trenches or diversion ditch	6.6	5.6	6.2	4.5	4.9	2332
• Practice zero or minimum tillage	0.7	0.7	0.7	0.5	0.6	2332
• Use cover crops/incorporation of crop residue	0.6	1.5	1	1.3	1.2	2332
• Change fertilizer or pesticide application	2.4	3.4	2.9	4.7	4.3	2330
• Plant trees	2.4	2.7	2.5	3.3	3.1	2314
Proportion of households that made the following changes in their livestock activities						
• Decrease the number of livestock	1.8	3.7	2.7	3.5	3.3	1943
• Diversify or change livestock feed	0.3	0	0.2**	1.1	0.9	1943
• Change veterinary interventions	1.3	1.4	1.4	2.7	2.4	1943
• Change portfolio of animals species	0.3	0.5	0.4	0	0.1	1943
• Change animal breeds	0.1	0.2	0.2	0.6	0.5	1942

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

Table 3.61 outlines any changes made to farming strategies or livestock activities over the 12 months prior to the survey. Generally none of the activities included in the interview were practiced by a large proportion of households. The most prevalent change in activity was changing planting dates, by 17% of households, followed by changing crop type or adding an additional crop type (7%).

Figure 3.43 shows the motivations reported for adopting different types of adaptation strategies. In most cases (almost 40%) climate change was the triggering factor for adaptation in farming and livestock production. Changes in production technology are also driven by an attempt to increase productivity (about a quarter of cases), and this tendency is more pronounced amongst non-eligible households.

**Figure 3.43 Reasons for adopting adaptation strategies**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

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## 4 Targeting analysis

The design of appropriate targeting mechanisms is an essential ingredient of success of CT programs, not only because reaching the poor increases the overall effectiveness of the transfer, but also because good targeting can make the programme acceptable and politically sustainable both at the local and at the national level. Two main factors contribute to determining overall targeting effectiveness: the targeting design as such (i.e. the rules that determine eligibility) and the way in which targeting processes are implemented in the field.

This section presents an integrated qualitative and quantitative assessment of the design and processes for selecting beneficiaries used in Round 2 of the CGP pilot. The CGP pilot presents a rather unique and interesting approach to targeting as it contemplates the combination of two distinct targeting methods that normally operate in isolation: a hard-data driven Proxy Mean Test that determines poverty status on the basis of evidence on households demographics and assets; and a community based process that involves elected local representatives and their understanding of needs and vulnerability at the grassroots level.

One would expect that combining these two approaches improves the chances of targeting poor households. The extent to which this is the case, and the opportunity to maintain this method of beneficiary selection in further stages of the pilot is discussed in the remainder of this chapter.

The review of the effectiveness of the targeting is an essential component of the CGP evaluation and aims to answer questions such as:

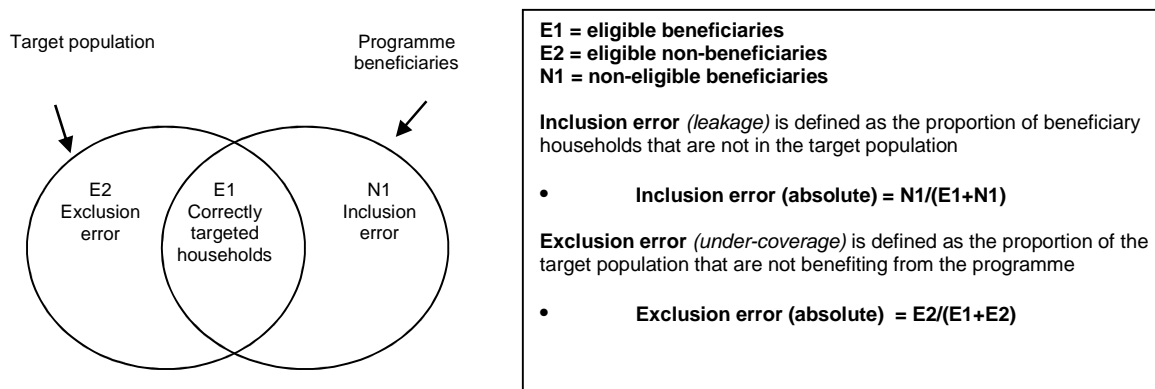
- Do the programme's targeting criteria and application process effectively target the poorest households?
- Are the poverty and other criteria being appropriately applied in the selection process?
- What proportion of households that meet the eligibility criteria are benefiting from the programme?
- What proportion of recipient households do not in fact meet the eligibility criteria?
- Is the net effect that the programme is successful in selecting the poorest households?
- What are respondents' perceptions of the fairness and effectiveness of targeting criteria and processes?
- What is the beneficiaries' and non-beneficiaries' understanding of the targeting process?
- What was the impact of the CGP targeting process on community relations?

The targeting analysis conducted for this report was based on the **integration of qualitative and quantitative methods**. This mixed methods approach allowed to measure targeting performance in terms of standard measures such as inclusion and exclusion errors (see Box below), while also collecting in depth information on households' involvement at different stages of the targeting process and overall perceptions of key stakeholders and actors of the targeting process.

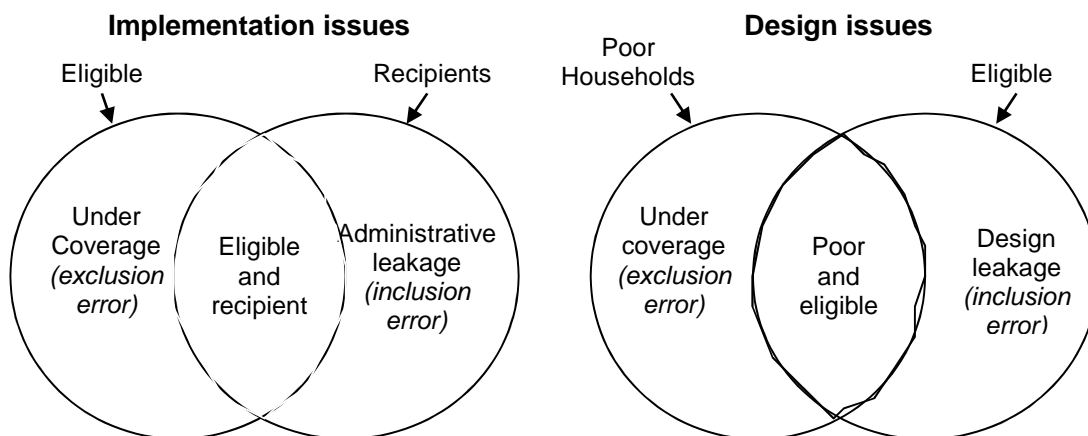
## Box 4.1 Quantitative analysis of targeting: leakage and coverage

The evaluation of targeting performance aims to measure errors of inclusion in the programme (leakage) and errors of exclusion (undercoverage) (Figure 4.1). Errors of inclusion occur when cash transfers are received by households that are not in the target population. A standard measure of programme leakage is the proportion of recipient households that are not part of the target population. Conversely, errors of exclusion are generally measured as the proportion of the target population that are eligible to receive transfers but do not receive them (low coverage implies high errors of exclusion). Both types of error can occur at the design stage or during the implementation of the eligibility criteria.

**Figure 4.2 Inclusion and exclusion errors**



**Figure 4.3 Implementation and design errors**



Source: OPM.

The remainder of the chapter is organized as follows. Section 4.2 presents an overview of the targeting process and outcome. Section 4.3 analyses the overall CGP targeting effectiveness and places result in the context of international and regional experiences. Section 4.4 disentangles the contribution of different targeting mechanisms (notably the PMT and community validation) to the overall results. Section 4.5 analyses the effectiveness of targeting implementation as opposed to targeting design. Section 4.6 presents the perceptions of the targeting process expressed by participants to the qualitative study, and section 4.7 concludes with an assessment of each step of the targeting process.

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## 4.2 Overview of the targeting process and outcomes

Before analysing the programme's targeting effectiveness and perceptions of respondents on the fairness of targeting criteria and processes, this section briefly sets out the main steps involved in the CGP targeting process, including the very initial stages of community mobilisation. It is important to notice the different steps involved in this process, as the design and actual implementation of each of them may have affected the targeting outcome.

The programme employs a complex multi stage targeting process. For the 'Round 2' phase of the CGP pilot - that is covered by this evaluation - this comprised the following stages:

1. Two Community Councils in each of the five CGP districts were selected to be covered by the programme.<sup>42</sup> This corresponds to an initial geographical targeting stage.
2. Awareness raising campaigns and community mobilisation were performed by World Vision (WV). This involved visits to the selected community councils and meeting with the elected councillors and chiefs. During this meeting the programme was explained to the members of the council<sup>43</sup>, the boundaries confirmed and agreement was made on the use of existing clusters of Electoral Divisions (EDs) as the geographical basis for setting up public gatherings (Pitso), registration and distribution.
3. Public gatherings were held to inform households of the programme objectives and operations. The public were informed that a team would visit their village at some future date to collect some information as part of the National Information System for Social Assistance (NISSA) but that their participation did not imply inclusion.
4. Village Assistance Committees were created with nominations by community members based on a set of stated criteria (trustworthy, good understanding of village boundaries and households living in the community, ability to read and write, etc.)
5. In each Community Council WV implemented a door-to-door (census) data gathering exercise, with supervision and support from the DSW and Ayala respectively. This was done on mobile phones using the NISSA form which captures approximately 40 household characteristics variables.
6. The NISSA form information was entered into the MIS (NISSA dataset), where a poverty category ('NISSA score') was calculated for each household based on its characteristics using a **Proxy Means Test (PMT)** approach. There are five poverty categories: NISSA1 (the poorest), NISSA2, NISSA3, NISSA4 and NISSA5 (the richest). Households have to belong to categories NISSA1 or NISSA2 in order to be eligible for the CGP.
7. Once the PMT score was calculated, some **categorical filters** were applied to exclude better off households from categories NISSA 1 and NISSA 2<sup>44</sup>
8. Only households with **children 0-18** were considered in the subsequent targeting steps
9. The categorised MIS list was then reviewed by the community, who were asked to identify all households on the list that are the poorest of the poor and have children. Households have to be identified by the **Community Validation** as being poor and with children in order to be eligible for the CGP.

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<sup>42</sup> In the 'round 2' phase covered by the evaluation this was done randomly once Community Councils with low poverty levels had been screened out.

<sup>43</sup> Community council represented by councillors from each ED councillor (9), 2 chiefs and represented by one member in the district.

<sup>44</sup> Due to concerns about inclusion errors the following filters were applied: receiving a pension larger than M100, owning a car or more than 2 properties, hiring employees. If a household met any one of the conditions, they would be automatically categorized as NISSA 5.

10. Only those households that contain children and pass both the PMT (i.e. are in NISSA1 or NISSA2) and the Community Validation (i.e. identified by the community as being poor) are eligible for the CGP.<sup>45</sup>
11. Treatment/control status was randomly assigned across pairs of EDs that had been previously determined. Following the impact evaluation baseline survey data collection, for each ED pairing one ED was selected to be covered by the CGP with other to be a control area.
12. Selected beneficiaries were called to enrolment in treatment EDs. Certificates for enrolment were printed for every selected household and given to the chiefs to authorise and distribute to the selected households through the VAC. Households that were given these certificates were instructed to report at a stated gathering point (enrolment event) on a selected date with identification documents to register and enrol with the programme.
13. Enrolment took place in treatment EDs. A very small fraction of the households selected to be beneficiaries were not enrolled (i.e. some invited beneficiaries **self-selected** out of the programme at this stage, either willingly or unwillingly).

The MIS database for the CGP provides information of the overall result of the CGP targeting. Table 4.2 summarises the distribution of key household types from the targeting process.

**Table 4.2 Distribution of key household types from targeting**

	NISSA Census		Evaluation Sample	
	Percent	Frequency	Percent	Frequency
NISSA 1 and 2 Validated	22.1	4,553	22.4	1,482
NISSA 1 and 2 Non Validated	27.1	5,590	26.2	525
NISSA 3, 4 and 5	27.2	5,595	29.4	575
No children	22.8	4,697	21.6	457
Missing Information	0.8	170	0.4	13
<b>Total</b>	<b>100</b>	<b>20,605</b>	<b>100</b>	<b>3,052</b>

Source: CGP MIS Data – NISSA dataset – September 2011; CGP Evaluation Baseline Survey, Jun-Aug 2011.

Overall, out of a total of 20,605 households registered in the NISSA census in the 10 selected Community Councils, 22% (about 4,500 households) are households with children, levels NISSA 1 and NISSA 2 and validated by the community. They were hence eligible to enrol in the CGP across all EDs in the 10 Community Councils. As discussed in the methodology section, only half of the EDs were randomly assigned to participate in the CGP pilot, hence roughly half of the eligible households benefitted from the programme.

It must be noted at this stage that, according to the original targeting design, the process should have led to the identification of about 10,000 eligible households across all 10 CCs of Phase 2 of the CGP pilot, of whom around 5,000 in treatment EDs. Once implemented the targeting process

<sup>45</sup> At this stage, three further steps were envisaged in the original targeting design. However, these steps never took place as the overlap between PMT NISSA levels and community validation only generated some 5000 eligible households across the 10 evaluation CCs. Note that the additional steps were: a) For each ED a quota was to be set such that the total number of eligible households across the 10 evaluation CCs is 10,000. The distribution of beneficiary allocation quota would be chosen so as to reflect the allocation of eligible households across all EDs; b) In cases where the number of eligible households exceeded the quota, eligible households would be prioritised based on the number of children (higher priority given to households with more children), and then by household size; c) All eligible households that fall within the quota for their ED would be selected as beneficiaries for the programme.

produced a much smaller set of eligible households, leading to a beneficiary coverage of about half of what originally envisaged (less than 2300 beneficiaries in treatment areas).

A bit more than a quarter (27%) of all households in the census belong to levels 1 or 2 of the NISSA (and have children) but were excluded from the CGP because they were not validated as “poor” by the community. A similar proportion (27%) are NISSA 3, 4 and 5 households, excluded on the basis of a too high PMT score. Finally, slightly less than a quarter (23%) are households with no children. The remaining fraction (0.83%) are households whose information for the identification, calculation of the PMT or validation status are missing (and who were therefore not included in the programme).

But who are the 22% of households that were selected to participate in the CGP, and how do they compare to other households in the same communities in terms poverty and vulnerability status? Could the programme do better in selecting households in need of support? Who is left out? The remainder of this chapter attempts at answering these questions by combining results from a joint qualitative and quantitative analytical effort.

### 4.3 Overall targeting effectiveness

#### 4.3.1 Consumption expenditure and poverty rates among eligible and non-eligible households

The quantitative targeting analysis is based on a comparison of consumption expenditure levels and poverty rates<sup>46</sup> between households eligible for CGP and those not eligible.<sup>47</sup> In the CGP areas covered by the evaluation the programme is covering 22% of households. If the CGP targeting process has been effective at identifying the poorest households then consumption levels should be significantly lower for the eligible households compared to the non-eligible.

Table 4.2 below shows that in fact households eligible through the CGP targeting process are significantly more likely to be poor (74%) than those not eligible (43%), and this is also reflected in significantly lower mean consumption expenditure levels, as can be appreciated from the comparative distribution of eligible and non-eligible households by consumption expenditure (Figure 4.4). This confirms a general indication that emerges from the whole report: eligible households are worse off on all socioeconomic grounds, from food security, to access to public services, to livelihoods and assets.

**Table 4.3 Consumption expenditure and poverty rates: eligible versus non-eligible households**

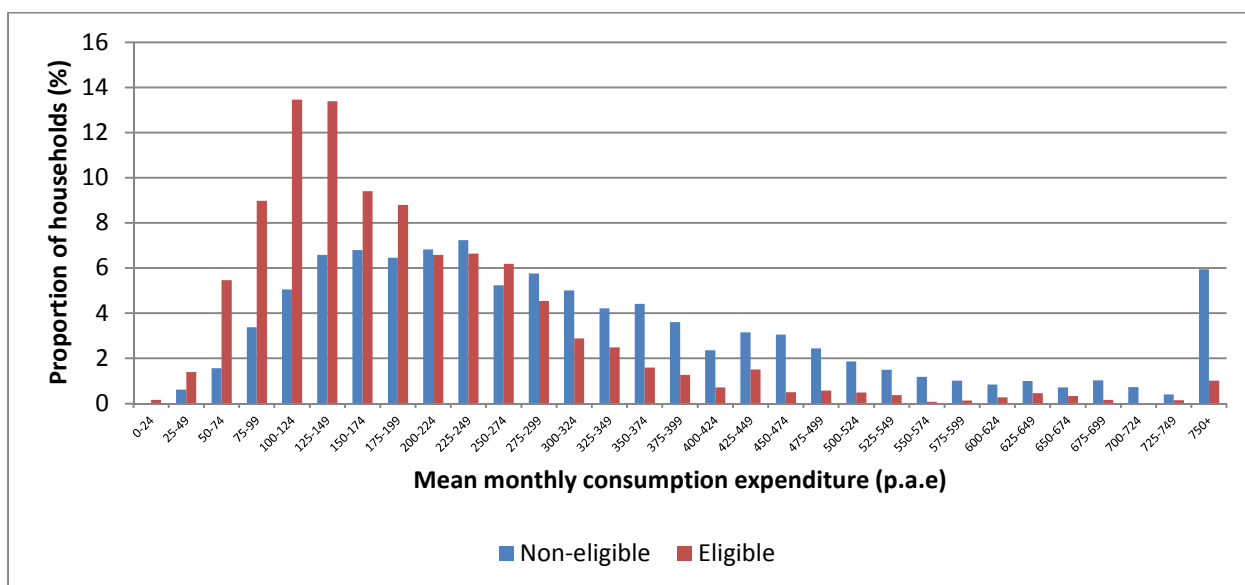
	Eligible	Non-eligible	Overall
Mean monthly consumption expenditure per adult equivalent (Maloti)	205***	338	308
Proportion of households below poverty line (%)	74***	43	50

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

<sup>46</sup> The poverty rate has been defined based on the HBS 2002/03 poverty line (M. 149.91) updated for inflation (CPI) between May 2003 and July 2011 (62.5%). This implies a household poverty rate amongst the evaluation study population of 49.74%, which compares to the HBS 2002/03 national poverty rate of 50.2% (HBS, 2003). The individual poverty rates calculated on the basis of the HBS 2002/03 was 56%.

<sup>47</sup> Both eligible and non-eligible households were sampled from the programme MIS (NISSA lists). This means that the quantitative analysis of targeting effectiveness cannot assess the targeting impact of households being missed entirely from the registration census exercise. However, this aspect of the targeting analysis was assessed as part of the qualitative study and is discussed in section 4.7.3 below.

**Figure 4.4 Distribution of eligible and non-eligible households by mean monthly consumption expenditure (p.a.e.)**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Two standard measures of targeting effectiveness are inclusion and exclusion errors: inclusion error is defined as the proportion of eligible households that are not poor; exclusion error is defined as the proportion of poor households that are not eligible. Poverty status was determined according to the latest poverty line (HBS 2002/03)<sup>46</sup>. On the basis of this benchmark it was estimated that in evaluation areas the household poverty rate is 50%. However, as we have seen, programme coverage was only 22% of households.

In the first place 16% of poor households do not contain any children, and therefore are not covered by CGP by design. Moreover, due to budget constraints, it is inevitable that not all poor households are covered by the programme, and there will be relatively high exclusion errors.

As expected there is considerable exclusion error, reflecting a high degree of under-coverage of the poor: only 40% of poor households with children are eligible to the CGP. It must also be borne in mind that exclusion error is calculated on the basis of the universe of households that were covered by the NISSA census. Some poor households may have left out of the census, and hence real exclusion is probably higher than what reported here. In fact there are concerns that the NISSA census has not been fully comprehensive (see below).<sup>48</sup>

Conversely, conceiving the targeting design as the combination of PMT and community validation had the explicit purpose of minimizing leakage. Hence, it is important that the programme minimise inclusion error. Table 4.3 shows that for CGP inclusion error is 26%, meaning that three out of four eligible households are actually poor. In fact one would have expected the joint targeting approach would have produced even lower leakage.

These estimates of exclusion and inclusion errors are based on an absolute definition of poverty<sup>46</sup>, and do not take into account the fact that due to limited resources the programme has limited coverage. To reflect this, exclusion and inclusion errors can be recalculated as a function of

<sup>48</sup> Due to the sampling strategy of this sample it is not possible to provide quantitative estimates of exclusion caused at the census stage



achieved coverage. The CGP pilot covers around 29% of households with children (22% of all households) in the 10 Community Councils of Phase 2; in the ideal situation of perfect poverty targeting the programme should reach the poorest 29% amongst households with children. Based on this optimal coverage benchmark, exclusion and inclusion errors can be redefined in a relative manner: relative inclusion being the proportion of eligible households that do not belong to the poorest 29%; and relative exclusion the proportion of the poorest 29% who are not eligible (Table 4.3).

**Table 4.4 Inclusion and exclusion errors (%)**

Inclusion error (absolute) (% of eligible households that are not poor)	26
Exclusion error (absolute) (% of poor households with children that are not eligible)	60
Inclusion errors (relative) (% of eligible households that are not in the poorest 29% households with children)	51
Exclusion errors (relative) (% of the poorest 29% households with children that are not eligible)	52

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

From this perspective inclusion errors are much higher (51%) and similar to exclusion errors (52%). Roughly half of the poorest households with children that could have been covered with an equivalent budget are missed by the programme. Achieving perfect targeting is of course extremely complex, as differences in living standard across households are difficult (or too expensive) to detect and may be small and irrelevant from a policy perspective if poverty is widespread and differences in living standards are small at the bottom end of the distribution.

#### 4.3.2 Drivers of targeting effectiveness

The CGP targeting process involved a number of different stages. The table below shows how each stage contributed to the overall targeting performance.

**Table 4.5 Targeting effectiveness by stage of targeting process**

	Proportion of households	Mean monthly consumption expenditure (p.a.e.)	Poverty rate	CGH index	Marginal contribution to targeting efficiency
All households (geographical targeting)	100	308	50	1.00	
Households with children	78	292	53	1.06	0.06
a) Households with children that pass NISSA test (ONLY PMT)	58	239	65	1.30	0.24
b) Households with children that pass Comm. Validation (ONLY VALIDATION)	32	229	69	1.38	0.32
c) Eligible households (children, pass NISSA test, validated)	22	205	74	1.48	0.42

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

The Coady-Grosh-Hoddinott (CGH) index is a measure of the effectiveness with which programmes are targeted. It is defined as the ratio of the value of transfers going to the poor to the (relative) size of the poor in the population.<sup>49</sup> This index is 1.48 in the case of the CGP. This should

<sup>49</sup> So, for example, if the poorest 40% of the population receive 40% of the transfers by value, the ratio is 1. See Coady *et al.* (2004). Note that the CGH index takes into account resources transferred to the poor, rather than simply the proportion of households that are poor relative to the national poverty rate. This is consistent with our analysis, provided

be interpreted as showing that poor households are 48% more likely to have been selected for the programme under CGP targeting than they would have been under random or universal targeting.

Poverty rates in selected Community Councils are very close to those registered at national level (50%), hence the initial geographical targeting did not bring any particular benefit in terms of overall targeting effectiveness. Moreover, the CGH index shows that households with children are only marginally more likely to be poor compared to the population overall, so this step in the targeting process does not do anything to significantly focus the programme onto poor households.

The next step of the process is to assess whether households are eligible according to the NISSA PMT classification and are validated as poor by the community. The results show that both methods contribute to increase the targeting efficiency. The validation process appears to provide a bigger marginal contribution to the overall targeting effectiveness than the PMT (CGH index score of 1.38 versus 1.30), and the combination of methods further improves the targeting results.

**Table 4.6 Inclusion and exclusion errors (%) – by targeting type**

	NISSA PMT	Community Validation
Coverage (% of eligible households amongst households with children)	62	35
Inclusion errors (absolute) (% of eligible households that are not poor)	35	31
Exclusion errors (absolute) (% of poor households with children that are not eligible)	24	54
Inclusion errors (relative) (% of eligible households that are not in the poorest achievable target)	27	51
Exclusion errors (relative) (% of the poorest achievable target that are not eligible)	26	51

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

The main difference between PMT and validation targeting is in terms of coverage (Table 4.5). Partly as a result of problems and limitations with the design of the statistical model (discussed below) the PMT method led to identifying as poor as many as 60% of households with children. Had the targeting process been based on the PMT only, coverage would have been much larger (around double of current volumes), with significant implications on the budget. On the contrary only 1 in 3 households with children were indicated as poor by the VAC. The most significant implication of the community validation mechanism was to bring down coverage to 29% of households with children. This explains why the programme failed to achieve its coverage objectives for Round 2.

In absolute terms the levels of inclusions errors are comparable between PMT and validation (taken separately the two methods bring inclusion errors between 30% and 35%), but absolute exclusion is higher for community validation, mainly due to lower coverage. PMT also scores better in terms of relative inclusion and exclusion, but again this comes mainly as a consequence of higher coverage. In general, the smaller programme coverage the harder it is to achieve perfect targeting.

the value of the transfer is constant across households and there is not much variation in household size between rich and poor households. Since there are very few households receiving multiple benefits, and since household size is relatively similar across consumption quintiles this approximation is valid and considerably simplifies the exposition of results.

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### 4.3.3 Targeting results in context: comparison with the international experience

In order to understand how this compares to the targeting effectiveness of other cash transfer programmes around the world, we draw on the work of Coady et al. (2004). This study presents empirical evidence in targeting efficiency and outcomes, based on an evaluation of 122 anti-poverty interventions in 48 countries from various parts of the world. The study showed that the median targeting programme had an index of 1.25, implying that it transfers 25% more resources to poor individuals than a universal programme. The 10 best performing schemes, the majority of which are in the Americas, were shown to transfer two to four times more resources to the poor than would have occurred under a universal scheme.

Among the cash transfer programmes included in their sample, the median (and mean) score is 1.80. Coady et al. (2004) also provide a disaggregation of targeting effectiveness by targeting type: means testing present a median CGH score of around 1.55, while community assessment have a median index of 1.4.

In order to be accurate in the international comparison, it is useful to note one important property of the CGH index: the higher the benchmark poverty rate, the lower the maximum possible value of the index. Using a 50% poverty rate (like done in Table 4.4 above, in line with the official poverty rate in Lesotho) even if all beneficiaries were poor the index would be  $100/50 = 2$ ; using a 40% poverty rate (like done for comparison across countries in Coady et al. 2004) the maximum value of the index could be 2.5.

For comparability with the method used by Coady et al. (2004), the CGH index for the CGP has hence been recalculated as the proportion of beneficiaries who belong to the poorest 40% of the population, giving a score of 1.59. The CGP ranks in line with the international benchmark for similar targeting methods, though slightly worse than cash transfer programs in general (Table 4.6). The sample of cash transfers in Coady et al. (2004), however is mostly concentrated in Latin America.

**Table 4.7 CGP targeting effectiveness in the international and regional context**

	Comparable CGH Index
All programs (1)	1.25
Cash transfer programs (1)	1.8
Targeting: Means testing (1)	1.55
Targeting: community assessment (1)	1.4
OVC-Kenya (2)	2.13
<b>CGP-Lesotho (4)</b>	<b>1.59</b>
PSA-Mozambique (2)	1.53
SCT-Malawi (2)	1.14

Source: (1) Coady et al. (2004); (2) Authors' calculations on the basis of Handa et al. (2012); (3) OPM (2011), note that the CHG index is calculated here with respect to a poverty rate of 51%, while elsewhere in the table the denominator is 40%, (4) CGP Evaluation Baseline Survey, Jun-Aug 2011.

Handa et al. (2012) examine the targeting effectiveness of cash transfer programmes in Kenya (OVC-CT program), Malawi and Mozambique, allowing to compare the CGP with similar

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interventions in the region. Results are reported in Table 4.6, using a comparable method for the calculation of the CGH index.<sup>50</sup>

The CGP index is very close to that calculated for Mozambique, and better than what estimated for Malawi. Kenya OCV has a larger index, showing that there is still a significant margin for improvement. In other words, the targeting effectiveness of CGP compares reasonably well with other similar programmes, but there is probably some room for improvement, most likely through modification of the design of the NISSA classification system and the PMT model that underpins it, or improvements to the targeting process and its implementation in the field, particularly at the community level. We analyse these aspects in turn.

#### **4.4 Effectiveness of key elements of the targeting design: PMT, validation and focus on children**

In this section we focus on the design and choice of targeting criteria of the CGP and how these affect targeting effectiveness.

##### **4.4.1 Focus on children**

Intuitively, it is clear that not all households with children are poor and not all of the poorest households will necessarily have children. This is confirmed by the analysis of the quantitative data, which shows 89% of the households in the poorest quintile having children (against 78% in the highest quintile). The natural implication of this is that 11% of the poorest households in the first quintile – most probably composed of elderly members – are automatically excluded from the programme (see Table below).

Nevertheless, as the CGP is specifically aimed at supporting children (as the title of the programme itself declares), this reduction in targeting effectiveness is a legitimate and explicit assumption in the programme design.

**Table 4.8 Proportion of households with children, by consumption expenditure quintile (%)**

	Proportion of households with children (%)
Quintile 1 (poorest)	89
Quintile 2	81
Quintile 3	83
Quintile 4	78
Quintile 5 (better off)	68

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

##### **4.4.2 The PMT and the NISSA scoring system**

The NISSA levels generated by the PMT have been defined in order to classify households into groups according to their poverty status. The NISSA classification is determined by the household characteristics recorded in the NISSA registration form and collected few months before enrolment for all households in the 10 Community Councils where the pilot operates in Round 2.

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<sup>50</sup> The CGH index has been re-calculated using a relative poverty rate of 40% (hence it is ratio between the proportion of beneficiaries who belong to the poorest 40% of the population, and 40%).

The NISSA score is calculated on the basis of a PMT model that was estimated using nationally representative household data from the HBS 2003/03. It identifies the household characteristics that are associated with poverty, and their correlation with consumption expenditure levels (Ayala 2011).<sup>51</sup>

According to the PMT design documentation level 1 and 2 of the NISSA were supposed to cover respectively the poorest and second poorest 15% of households. On the contrary the distribution of PMT levels across all households in the NISSA census (Table 4.8) highlights a higher prevalence of NISSA 1 and NISSA 2 than expected. They represent 36% and 23% respectively of the total distribution. NISSA levels 3 and 4, on the other hand, only include 5% and 6% of all households contacted in the census.

**Table 4.9 PMT design and realisation**

	<b>Expected distribution - by design (percentage)</b>	<b>Actual distribution (percentage)</b>	<b>Actual distribution (frequency)</b>
NISSA 1	15	35.5	7,304
NISSA 2	15	22.6	4,648
NISSA 3	20	5.3	1,084
NISSA 4	20	6.2	1,273
NISSA 5	30	30.4	6,248
<b>Total</b>	<b>100</b>	<b>100</b>	<b>20,557</b>

Source: CGP MIS Data – NISSA dataset – September 2011; Ayala (2011)

This contrasts sharply with the intention of the PMT design. There are possibly multiple reasons explaining the poor performance of the PMT formula when applied in practice:

- The PMT models was estimated on nationally representative data, and is not designed to reflect local differences in the poverty profile.
- The dataset uses for the estimation of the model was outdated and the quality of the data was reported as poor, with inconsistencies, outliers, and difficulties in data processing.
- Partly as a consequence of poor data quality, a series of discrete models rather than a continuous model was implemented to predict correlation with consumption expenditure, leading to a significant loss of information and precision in the estimation.<sup>51</sup>
- The HBS 2002/03 dataset did not contain information about key assets or income flows (e.g. pension) that could have improved the quality of the model. This was partly corrected by including some additional variables in the NISSA census and imposing some additional filters after the application of the PMT (owning cars or properties, hiring employees, receiving a large pension), but did not prove to cause substantial improvements.

<sup>51</sup> The modelling approach employed is based on a series of logit models. For each NISSA category a model is specified that relates whether or not a households falls into that category or not based on a set of household characteristics. In its application the NISSA1 model coefficients are first applied to each household in the MIS. Those households whom are predicted to fall into the NISSA1 category are assigned to this poverty group. The NISSA2 model, which relates household characteristics to whether or not household falls within either the NISSA1 or NISSA2 poverty group, is then applied to the remainder of the MIS households. Any of these non-NISSA1 households predicted to be in NISSA1 or NISSA2 by the NISSA2 model are assigned to the NISSA2 poverty category. This process is then repeated for the NISSA3 and NISSA4 models, until all households have been assigned to one of the five categories. Full details can be found in Ayala (2011).

In terms of targeting effectiveness, if the NISSA scoring system is effective then poverty rates should be highest in NISSA group 1 and lowest in NISSA 5. In fact, Table 4.9 below shows that this is the case. However, while the poverty rate in NISSA group 1 is fairly high, in NISSA group 2 it is not significantly different from the population overall (50%). Conversely, poverty rates amongst NISSA groups 3, 4 and 5 are not insignificant (33%).

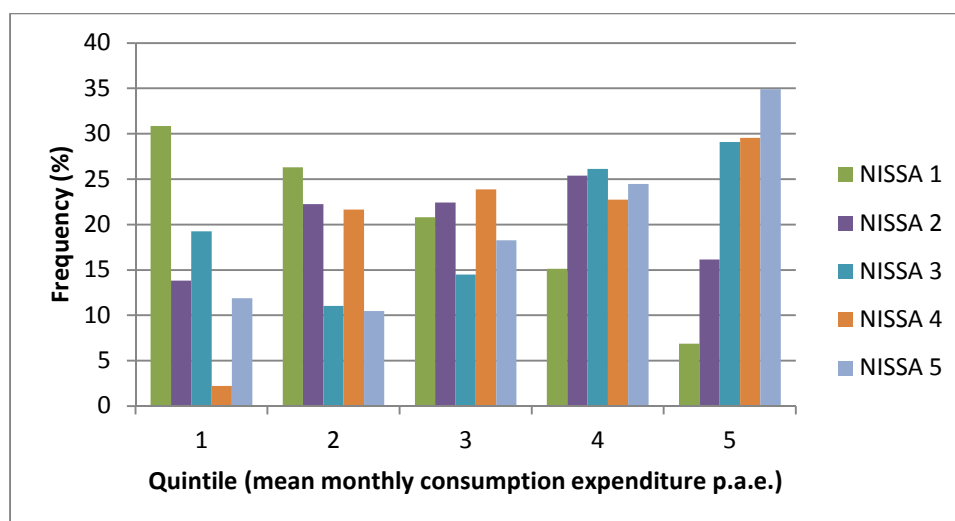
**Table 4.10 Consumption expenditure and poverty rates: variation across NISSA groups**

	NISSA Group				
	1	2	3	4	5
Mean monthly consumption expenditure per adult equivalent (Maloti)	227	281	323	344	406
Proportion of households below poverty line (%)	70	49	39	41	31

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Figure 4.5 confirms these concerns with the targeting efficiency of the NISSA scoring system. More than 10% of households classified as NISSA 5 belong to the first consumption quintile, and households classified as NISSA 2 are spread rather homogenously across all consumption quintiles. Level NISSA 1 seems to be overall much more strongly correlated with poverty than level NISSA 2.

**Figure 4.5 Distribution of individuals across consumption expenditure quintile, by NISSA group**



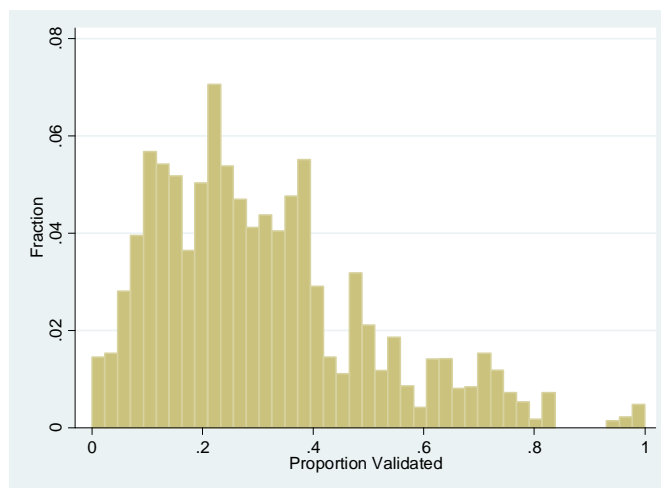
Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

### 4.4.3 Community Validation

The community validation process was carried out by appointed Village Assistance Committees (VACs) in each community. The VAC was given the list of households from their village that were interviewed and registered in the NISSA census (without information about the PMT ranking) and asked to verify those who were poor, hence eligible for the CGP (further details are provided in section 4.7.4). The criteria adopted by the VAC are listed in Box 4.2 below. It must be noted from the outset that, unlike community targeting models implemented elsewhere, in the case of the CGP there was no predetermined quota to be identified as poor in each community, and households

were not ranked in relative terms according to poverty level but rather classified as poor or not poor.

**Figure 4.6 Proportion of households validated as poor by the VACs (per village)**



Source: CGP MIS Data – NISSA dataset – September 2011;

As a result of this specific design of the community validation process, Figure 4.6 shows that there is a great deal of variation in the outcome of community validation across villages. In most villages VAC members indicate as poor between 10 and 40 % of village members, but there are also cases in which the proportion of validated poor is well above 50%.

Regarding the targeting efficacy of the community validation, one would expect to have households in the lowest two consumption quintiles predominantly validated as poor by the community. As Table 4.10 shows, however, though validation rates fall by quintile, the validation rate is surprisingly high in the top quintile (17%) and as high as 27% in the fourth quintile.<sup>52</sup>

**Table 4.11 Proportion of households validated as poor, by consumption expenditure quintile (%)**

Proportion of households validated as poor (%)	
Quintile 1 (poorest)	52
Quintile 2	43
Quintile 3	35
Quintile 4	27
Quintile 5 (better off)	17

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Moreover, a validation rate as low as 52% in the bottom quintile implies that community validation and 'objective' poverty assessment based on consumption expenditure do not necessarily match. While this may be partly due to elite capture, it may also be linked to the criteria that VACs were given to select households and the way these were applied in the decision-making process. An analysis of process related issues follows in next sections of this report.

<sup>52</sup> Note that, overall, the validation rate was 32% - higher than programme coverage, but lower than the poverty rate.

## Box 4.2 Community Validation – Criteria for Identifying the Poorest of the Poor

- A household **IS** among the poorest if their house needs serious repairs or has not been renovated for a long time (i.e. poor conditions of roof/walls/floor, lots of damage).
- A household is **NOT** among the poorest if the house has recently been renovated, is new, or is in good condition (i.e. has recently been painted, has strong windows/doors/floors, sturdy roof).
- A household **IS** among the poorest if it does not have a regular source of income or support.
- A household is **NOT** among the poorest if it is receiving a constant and significant amount of money from relatives, pensions, or other organisations.
- A household **IS** among the poorest if it cannot afford to buy decorations, tools or appliances which are in good condition.
- A household is **NOT** among the poorest if it has tools and appliances which are in new or good condition (i.e. TV, DVD player, microwave).
- A household **IS** among the poorest if it is among the poorest now and has been for a while.
- A household is **NOT** among the poorest if it has experienced a recent change in situation (i.e. recent unemployment, death of a family member, etc.) causing it to be in financial difficulty as of late.
- A household **IS** among the poorest if it has no assets or livestock to sell.
- A household is **NOT** among the poorest if it could sell assets (e.g. refrigerator) or livestock to afford necessities.
- A household **IS** among the poorest if it normally does not have enough to eat.
- A household is **NOT** among the poorest if it only sometimes does not have enough to eat.

Source: Community Validation Guidelines – The Lesotho Child Grant Programme.

### 4.4.4 Overlap of PMT and community validation

The analysis of the NISSA census database allows assessing the overlap between NISSA and community validation in the whole population registered. If the PMT and validation were both effective in identifying the poorest households within a community one would expect a perfect overlap between the two. While this is clearly an ideal scenario, the overlap between the two criteria that was found in the case of the CGP is still relatively low (Table 4.11; Figure 4.7). Overall, amongst households with children eligible according to the NISSA (1 or 2) only 45 % were also validated as poor by the community.

**Table 4.12 Proportion of households validated as poor, by consumption expenditure quintile (%)**

		NISSA Group					
		1	2	3	4	5	Total
<b>Validation Outcome</b>	<b>Non Poor</b>	3,737 (51.5%)	3,164 (68.5%)	923 (85.4%)	988 (77.9%)	5,327 (85.7%)	14,139 (69.2%)
	<b>Poor</b>	3,515 (48.5%)	1,455 (31.5%)	158 (14.6%)	281 (22.1%)	887 (14.3%)	6,296 (30.8%)
	<b>Total</b>	7,252 (100%)	4,619 (100%)	1,081 (100%)	1,269 (100%)	6,214 (100%)	20,435 (100%)

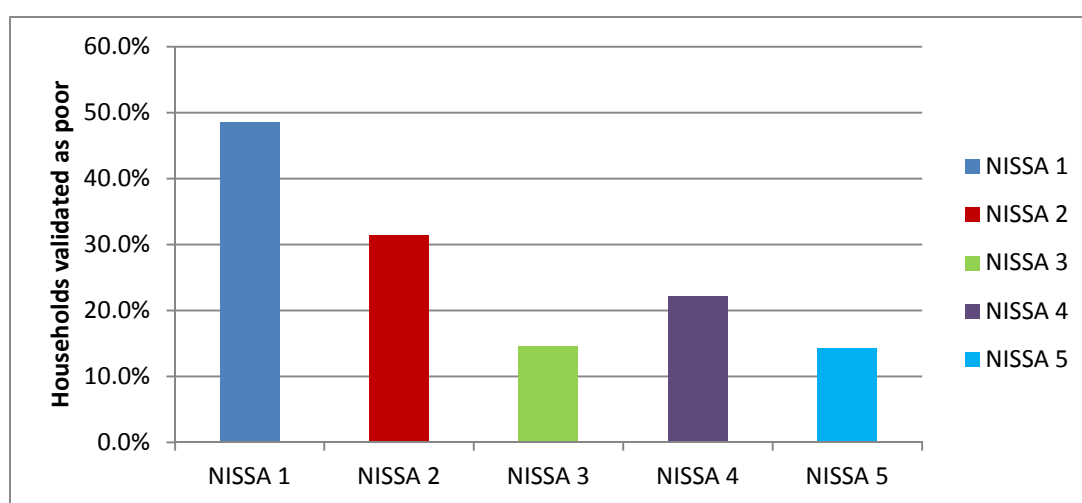
Source: CGP MIS Data – NISSA dataset – September 2011.



This relatively low overlap could be attributed to several reasons. On the one hand, as mentioned before, as a result of the lacking of any benchmark or quota system for validation, validation had a much lower “coverage” (proportion of all households identified as poor) than PMT, hence the ratio of validated for any NISSA category was always below 50%.

Additionally the correlation between PMT outcome and validation outcome, although positive, does not appear to be particularly strong. Especially in the case of NISSA levels 3, 4 and 5 some households that had been ‘rejected’ by the PMT model were instead validated by the community (15%, 22% and 14% for each respectively). This could be related to a badly designed PMT (that did not accurately predict the poorest of the poor as perceived by community members), to biased selection on behalf of the VAC (favouring their networks, etc.), or a combination of the two.

**Figure 4.7 Overlap between NISSA and validation: proportion validated as poor by the community**



Source: CGP MIS Data – NISSA dataset – September 2011.

More fundamentally it could be that, despite the attempt to harmonize poverty definitions, the two targeting methods point to different types of households. The analysis reported in Table 4.12 suggests that this is probably not the case, at least in terms of the distribution of main demographic types in the target population.

**Table 4.13 Household demographic groups – by eligibility**

Household types	Non Eligible	CGP Eligible	NISSA eligible	Validation Eligible
At least one male able body (18-59)	53.2	55.5	54.9	53.6
At least one female able body (18-59), no male adult able body	21.9	20.5	22.9	21.8
Chronic ill or disabled adult (18-59), no adult able body	14.0	18.4	16.9	17.9
Elderly (60+), no adults	10.9	5.5	5.3	6.5
Only children (0-17)	0.0	0.1	0.0	0.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

More than half (55%) of eligible households contain at least one able bodied adult male, and one fifth (20%) rely only on at least an able bodied adult female. Slightly less than another fifth depend

on a chronic ill or disabled adult, while only slightly more than 5% only on elderly members. Compared to non-eligible households, the CGP selected disproportionately fewer households without adults and with elderly members, most likely because they generally don't contain children. The interesting point is, however, that the PMT and the community validation targeting outcomes, if taken in isolation, provide a rather similar distribution of eligible households across demographic types.

Conversely there seems to be a light tendency of the VAC to target groups that can be more easily identified as "deserving poor": female headed households, child headed households and households with orphans (see Table below).

**Table 4.14 Household demographics – by eligibility**

Household characteristics	Non Eligible	CGP Eligible	NISSA eligible	Validation Eligible
Female headed	37.2	48.1	44.4	49.0
Child headed	0.3	0.0	0.0	0.7
Elderly headed	43.1	35.2	39.3	36.5
Household size	4.8	5.6	5.7	5.5
Number of children 0-5	0.5	0.9	0.9	0.8
Number of children 6-17	1.2	1.9	1.8	1.8
Household with a double orphan	8.6	18.9	15.3	18.5
Household with a single orphan	21.5	35.5	30.9	35.7

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

## 4.5 Effectiveness of targeting implementation

The analysis above addresses targeting performance by comparing mean consumption levels and poverty rates between eligible and non-eligible households. However, some of those households selected for the programme did not end up enrolling. Furthermore, some households that are not eligible for selection according to the MIS were enrolled. In this section the extent of these implementation errors and its impact on targeting performance is assessed. Note that this analysis is limited to the evaluation areas that were randomly assigned to treatment EDs, i.e. areas where eligible households were enrolled onto the programme.

Table 4.14 below shows the overlap between the overall eligibility criteria applied by the programme and the actual beneficiary status of individual households. The results show that, while overall the overlap between eligible households and beneficiaries (or non-eligible and non-beneficiaries) is extremely high, there still are some exceptions. Specifically there are:

- 112 non eligible households have been wrongly enrolled (these belong to NISSA groups 3, 4 and 5, all validated as "poor" by the community)
- 123 eligible households have not been included in the programme, possibly because they did not attend the registration event.

**Table 4.15 Overlap between eligibility and actual beneficiary status (treatment EDs only)**

Non beneficiary	Beneficiary	Total

Not eligible	7,804	112	<b>7,916</b>
Eligible	123	2,176	<b>2,299</b>
<b>Total</b>	<b>7,927</b>	<b>2,288</b>	<b>10,215</b>

Source: CGP MIS Data – NISSA dataset – September 2011.

Table 4.15 presents estimates based on the evaluation sample (as opposed to the MIS), to assess the extent of implementation errors. It is clear that implementation errors were very minimal: less than 2% of non-eligible households were enrolled (incorrectly) into the programme, while only 3% of households eligible for the programme failed to enrol.

One potential source of implementation error is incorrect registration information. This may simply be due to errors on the part of the enumerators collecting the registration information, or arise through households inadvertently providing incorrect information. A less benign possibility is that households (potentially with the cooperation of enumerators) knowingly provide false information in an attempt to fraudulently benefit from the programme. Such behaviour, however, is fairly unlikely at this early stage of the programme when households are not familiar with the criteria for eligibility. In any case, inaccurate registration information can lead to households that are actually ineligible being incorrectly identified for selection in the MIS. Similarly, such errors could lead to eligible households being incorrectly identified for non-selection.

The evaluation questionnaire purposely did not collect all of the information collected in the CGP NISSA registration form, in order to avoid repetition and thereby maximise efficiency. Therefore the scope to which the registration information can be verified by the evaluation baseline survey is limited.

The one key household characteristic that can be cross-checked and verified is whether or not a household contained children. Table 4.15 shows the proportion of eligible and enrolled households that do not children according to the baseline evaluation survey data. It is clear that the information on children in the MIS is almost entirely consistent with the survey dataset, with less than 2% of eligible/enrolled households reporting having no children. Furthermore it should be noted that these inconsistencies could be due to genuine exit of children from households between registration and the baseline survey interview, rather than due to incorrect registration data being collected.

**Table 4.16 Implementation errors (treatment areas only)**

<b>Inclusion errors:</b>	
% of non-eligible that were enrolled	1.4
% of eligible without children according to BL data	1.8
% of enrolled without children according to BL data	1.8
% eligible & enrolled without children according to BL data	1.7
<b>Exclusion error:</b>	
% of eligible not enrolled	3.2

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

It is still pertinent to check whether these errors had any impact on overall targeting effectiveness. In particular, it would be worrying if poverty rates amongst households identified for selection was higher than that of households actually enrolled. In fact Table 4.16 shows that the poverty rates amongst eligible households (76%) were almost identical as for enrolled households (75%). This indicates that errors linked to the implementation of targeting criteria did not have a significant impact on targeting effectiveness. In the rest of the chapter we analyse whether aspect related to

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the design and implementation of the selection and enrolment process had instead any effect on the targeting effectiveness.

**Table 4.17 Impact on targeting effectiveness of implementation errors (treatment areas only)**

% of households that are poor (in treatment areas)	51
% of eligible households that are poor	76
% of enrolled households that are poor	75

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

## 4.6 Perceptions of targeting effectiveness

This section tries to capture peoples' responses to whether they thought the programme was fair and whether they thought the programme included many non-deserving or excluded many very needy. Households' perceptions of fairness of targeting are to some extent dictated by their understanding of the programme, which wasn't always very clear (see below). To exemplify this, as Table 4.17 shows, only roughly 75% of the quantitative survey respondents (almost 80% amongst eligible households) had heard of the CGP targeting process going on in their community and only less than 10% of those who knew the programme declared they knew how programme beneficiaries were chosen. It is important to clarify at this point that the quantitative survey took place after targeting had been completed, but before the outcome of the targeting process was communicated to communities and before enrolment actually took place.

### 4.6.1 Households' perceptions of programme fairness

From the focus group discussions it was clear that respondents' perception of the fairness of targeting differed and was not necessarily related to their selection status<sup>53</sup>. Overall, respondents' understanding of the targeting was that individuals were randomly selected in a lottery-type manner to receive the grant.

Some respondents felt that needy households had been selected to receive the grant. One respondent said:

*"(The use of these criteria) is a good way of selecting participants. There are people who have children and have nothing to live on, some live with these children and can afford to take care of them, but still complain about the selection of others yet these people cannot afford. This lottery actually chose people who really cannot afford. We have children who go around stealing because of poverty so I believe this programme is here to help alleviate poverty and hardship"<sup>54</sup>*

This overall positive attitude to the selection is reflected in the quantitative data, for the few households who state to know how beneficiaries were chosen (Table 4.17)..

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<sup>53</sup> Some recipients were unhappy with either the selection criteria or method (the lottery) whilst some non-recipients were happy with the selection criteria. Being selected did not mean that respondents were happy with selection and vice versa.

<sup>54</sup> Focus Group, Recipient, Tebe-Tebe.

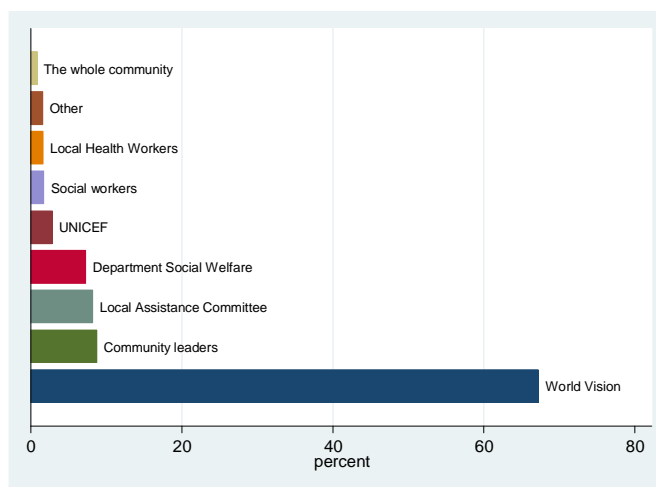
**Table 4.18 Perceptions of programme fairness and transparency, quantitative survey**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that:						
Were aware of CGP targeting in their community	81.9	74.8	78.4***	72.3	73.6	2961
Declare to know how programme beneficiaries are chosen	7.6	10.3	8.9	10	9.7	2321
Feel that the selection criteria is fair	85.6	83.2	84.3	81.7	82.2	227
Feel that the selection process is transparent or very transparent	79.4	80.5	80	74.7	75.8	227

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

The vast majority (almost 70%) of the households that are aware of the selection process, indicated World Vision as the main institution responsible for such process. Community leaders, Local Assistance Committees and the Department of Social Welfare were indicated by less than 10% in each case (Figure 4.8).

**Figure 4.8 Perception of Actors Involved in the Selection Process**

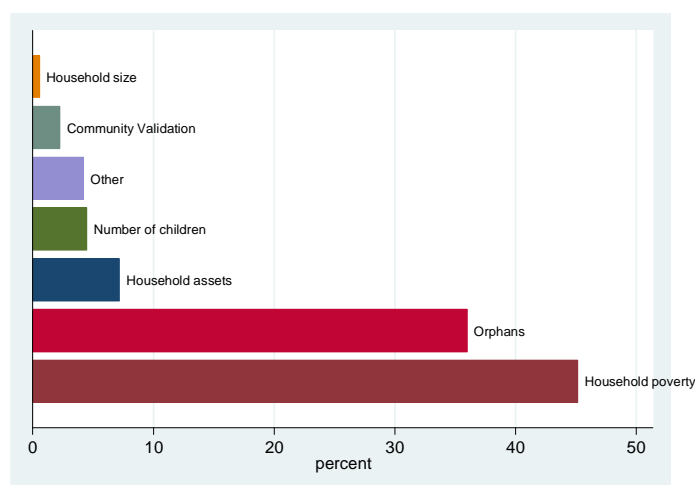


Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

More than 40% of the households indicated that CGP beneficiaries are selected according to household poverty. But very few households indicated the specific criteria that are actually used. Very few respondents declared that the selection is based on assets, number of children or community validation.<sup>55</sup> Moreover, close to 30% answered that the number of orphans is a criterion of eligibility, which does not correspond to reality (Figure 4.9). This evident misperception is a consequence of the programme discourse that is very centred on the category of OVCs, while in practice any poor household with children is considered to be eligible.

<sup>55</sup> See more below on the fact that the validation process was confidential

**Figure 4.9 Perception of Criteria for Beneficiaries' Selection**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Most felt that the selection criteria was fair (Table 4.17). The interesting fact to be noted here is the similarity in perception between eligible and non-eligible households, which is unusual in similar targeted programmes in other countries. Perceptions of targeting transparency were also relatively high.

Nevertheless, there were respondents who felt that the selection process was unfair, as needy households with children in them had not been selected and that the random selection of recipients was not appropriate

*“There are people who are destitute and really need to be assisted, but then it is not out of our will it depends on ones luck to become a beneficiary”<sup>56</sup>*

*“No, it is not the right way because we all are poor. The grant should be given to all people who have children because we are all poor. There are problems for educating children in all homes”<sup>57</sup>.*

There were mixed reactions to the selection criteria of *only poor households with children* qualifying to receive the grant. Many of the respondents found this to be the appropriate criteria because they felt that poor households with children suffered disproportionately more than poor households without children. One respondent said:

*“Those who have children suffer more than those who do not have children, so it is correct to help them”<sup>58</sup>*

In contrast, a few of the respondents were of the opinion that this selection criterion was not appropriate because it would cause division within communities.

<sup>56</sup> Focus Group, Non-recipient, Rapoleboea.

<sup>57</sup> Focus Group, Recipient, Rapoleboea.

<sup>58</sup> Focus Group, Non-recipient, Rapoleboea.

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*“This thing of saying only households with children will result in confusion and hatred as all people are needy. Some have children but these children are unable to help them so they still struggle. People with children and those without children are all the same.”<sup>59</sup>*

#### 4.6.2 Perception on exclusion and inclusion errors

In the qualitative fieldwork, very few villages reported errors of **inclusion**. Only the non-recipients in one village reported that there were households who were selected to receive the grant but did not need it. One respondent from this village said:

*“No, it is luck that resulted in people staying in .... The selection was not on need. There are some people who are not that needy who have been selected and some who are needy who have not been selected. It was pure luck.”<sup>60</sup>*

What was observed more frequently was that respondents reported errors of **exclusion**. Focus group respondents in all the villages visited were able to identify individuals who they believed to be deserving of assistance but were not selected to receive it. Interestingly, exclusion errors were often the result of households not being enumerated at the census stage, as will be analysed below.

It is worth mentioning, however, that in reporting errors of exclusion many respondents across the different villages reported that individuals who had been excluded, but were considered to be in need, did not always meet the criteria of the CGP. For instance respondents would identify elderly individuals who lived alone but were destitute and asked why those people were not selected to receive the grant. This could be the result of the fact that focus group respondents did not understand the programme sufficiently and believed that it was aimed at assisting all households in need. Alternatively, this could have been an attempt by respondents to express that there was a need for support targeted at poor households with children, but also poor households in general.

#### 4.6.3 Perceptions of the randomization and PMT process

Given that the PMT criteria were applied without the involvement of community members, it is unsurprising that perceptions on the PMT criteria themselves were impossible to collect. Perceptions of the officials involved in data collection and the PMT implementation were gathered too. Considerations will not be made on communities' perception of this process as it was a stage of the targeting that community members were not involved in and didn't fully understand (perceiving it as a 'machine-made decision'). Households were in general aware of the random allocation across villages (EDs) but struggled to distinguish the targeting process that took place within villages from the process of random allocation across villages, often confusing and mixing the two. Most of the communication appears to have concentrated on the randomization process, but with little clarity.

Overall, many households felt that the decision for selection was made by a computer in Maseru and often randomly. Others thought that the selection was conducted through a lottery, possibly combining the information received about the PMT and the randomization across communities. The quotes below summarise households' diverse understanding of the selection programmes in the communities we visited:

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<sup>59</sup> Focus Group, Recipient, Tebe-Tebe.

<sup>60</sup> Focus Group, Recipient, Tebe-Tebe.

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*“We were told that not all households will be selected as a computer will be used to generate a list of people who will benefit. As we were registering [providing information to enumerators during census] we were told that it does not mean that we will all get assistance. A computer will be used to select people so people should not be angry if they are not selected.”<sup>61</sup>*

*“I have no idea how the selection process was done, but it was some kind of lotto (win or lose)”<sup>62</sup>.*

*“No one told us but as human beings we understand – we were told that we would be selected through a lotto system. It is by luck that one appears on the list to become a beneficiary.”<sup>63</sup>*

*“They took our names and left (the) place, and when they came back they had forms which showed the people who would benefit. We do not know who chose people but my understanding is that it is government officials”<sup>64</sup>.*

*“No one explained to us why were not included, we think it is because of the answers we gave when we were being asked questions”<sup>65</sup>.*

*“We are still asking ourselves why some homes were not chosen? Can you explain? But I will help you by saying may be the computer selected people who appeared first. Maybe our papers got lost. There are a lot of people who have the same problem. Yes people who followed told us it was the computer problem and they will fix that problem and will come back to inform us”<sup>66</sup>.*

## **4.7 Assessment of the targeting process**

Combining findings from quantitative interviews and qualitative research, this section provides a detailed description and assessment of the targeting process. It focusses in particular on the following key steps:

- Awareness raising, including the Public Information Campaign and the Community Mobilisation;
- Setting up Village Assistance Committees (VAC);
- Community census, including problems of coverage;
- Application of the PMT formula;
- Community validation;
- Household selection and enrolment; and
- Case management

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<sup>61</sup>Focus Group, Recipient, Tebe Tebe.

<sup>62</sup>Focus Group, Recipient, Tebe Tebe.

<sup>63</sup> Focus Group, Recipient, Tebe Tebe.

<sup>64</sup> Focus Group, Non-recipient, Rapoleboea.

<sup>65</sup> Ibid.

<sup>66</sup> Focus Group, Recipient, Rapoleboea.



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## 4.7.1 Awareness raising

### 4.7.1.1 Background

High coverage for the NISSA and effective CGP targeting requires a well-developed communication strategy and outreach programme, to ensure that people are aware about the NISSA, are around during the census and to minimise potential abuses to the system. This communication strategy should clearly articulate and convey the purpose of NISSA, the nature of the CGP, its objectives, the process of implementation and the roles and responsibilities of each stakeholder at each stage of the programme.

The importance and necessity of a Public Information Campaign (PIC) is highlighted in the operations manual for this programme and in more detail in the PIC strategy. The objective of the PIC was to:

“... raise awareness both about the NISSA and the CGP to help them achieve their objectives effectively and efficiently. Campaigns should provide communities with information about the NISSA data collection process, the intended beneficiaries of the CGP and the CGP enrolment event. It is important that the PICs provide clear and easily accessible information, encourage community participation and minimise case management by managing expectations and preventing misunderstandings, confusion, biases and tension build-up.”<sup>67</sup>

To this end the strategy highlighted the need for a multi-prong approach using different PIC tools including radio announcements, community mobilisation, posters and other printed material. The document also emphasised the distinction between a NISSA PIC and a CGP PIC that require different tools and timing. The NISSA campaign “was to mainly inform the general public about the data collection process, how it works, why it is important and what they can do to prepare”<sup>68</sup> and the “CGP PIC was to inform the general public about the programme itself, how it works, and who potential beneficiaries are”<sup>69</sup>.

The Public Information Campaign (PIC) tools were to be developed with technical assistance and under the supervision of the Department of Social Welfare and Ministry of Health’s education unit and in collaboration with the CGP manager. The CGP was responsible for implementation of the PIC at the national level, and the District Child Welfare Officer was responsible for the PIC at the district level.<sup>70</sup>

This section briefly reviews the PIC tools used and describes how they were implemented. The efficacy of the PIC is assessed based on programme officials’ own understanding of the programme and more importantly that of recipient and non-recipient households in targeted communities.

### 4.7.1.2 Public Information Campaign tools used

Overall, there were limited PICs under the second round of this programme, apart from community mobilisation undertaken by World Vision (WV). Although a number of posters in English and Sesotho were designed and printed by Ayala and the data collection agency respectively, these

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<sup>67</sup> Sub-Annex A14: Public Information Campaign Strategy, prepared for Government of Lesotho/UNICEF, March 2011.

<sup>68</sup> Page 13, Sub-Annex A14: Public Information Campaign Strategy, prepared for Government of Lesotho/UNICEF, March 2011.

<sup>69</sup> Ibid.

<sup>70</sup> Ibid.

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were never placed in public offices at the community council and village level prior or during the data collection process due to delay in their finalisation and approval.

Similarly brochures explaining the community validation process to the Village Assistance Committees (VAC) were designed but never printed or distributed to relevant stakeholders prior to enrolment, due to delay in completion.

Moreover, although the implementing agency had procured radio announcement slots in time and had agreed on the content of these announcements, these were never aired. This was due to misunderstandings around government procedure and protocol for radio announcements.

Therefore the only means of PIC was through the community mobilisation undertaken by WV. This was done through visits and discussions with community councils and public gatherings. These are discussed in the following section<sup>71</sup>.

This effectively meant that no separate or specific PIC was undertaken for NISSA. And the community mobilisation focused primarily on the CGP.

#### **4.7.1.3 Community Mobilisation**

Community mobilisation and awareness-raising was conducted by WV following training and sensitisation given by Ayala, who were responsible for supporting the development of the tools.

The awareness-raising process began with a visit to the selected community councils and meeting with the elected councillors and chiefs. During this meeting the programme was explained to the members of the council<sup>72</sup>, the boundaries confirmed and agreement was made on the use of existing clusters of Electoral Divisions (EDs) as the geographical basis for setting up public gatherings (Pitso), registration and distribution.<sup>73</sup>

During this meeting the councillors were assigned the responsibility of notifying households in their respective ED's to come to a public gathering conducted by WV staff. The community councils did so by sending letters to chiefs in the various villages to inform households to attend a public gathering at a central point within the established clusters. Reportedly the letters written to the chiefs by the councils were not always clear and provided misinformation about the nature of programme and purpose of the public gathering.

The majority of attendees of these public gatherings were female, but the overall attendance was often low. There are a number of factors that may have contributed to this low level of attendance. These include:

- Pitso 'fatigue' – Government and donor agencies often go through this channel to provide information to village households. The frequency of such gatherings and lack of visible change has resulted in many villagers simply not attending these gatherings. This is nevertheless perceived as the best way of reaching households.
- Relationship between the local and traditional structures – The relationships between chiefs and councils are not always good and there is an element of mistrust between villagers and

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<sup>71</sup> Ayala Consulting, (2011), 'National Information System for Social Assistance Data Collection Round 2 (January-December, 2011) – Final Report On Data Collection', prepared for UNICEF. Government of Lesotho, June.

<sup>72</sup> Community council represented by councillors from each ED councillor (9), 2 chiefs and represented by one member in the district.

<sup>73</sup> Note that there are on average 5 villages and 200 households in an Electoral Division.

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councillors as the latter are perceived as being part of the apparatus of political machinery. Villagers may be less likely to attend public gatherings organised by the councillors.

- Limited use of other information tools – As mentioned in the previous section, unlike the previous round, no radio announcements were made and brochures and handouts were not prepared in time for the public announcement or even the census.
- Rural/urban – Attendance was generally much higher in rural areas. In urban areas Pitsos were not taken as seriously.

During the public gatherings, WV staff explained the purpose of the programme, the partners involved and the subsequent steps that would be taken after this meeting. Gathered households were informed that the programme was part of social assistance programmes designed by the DSW for very poor households with orphans or vulnerable children.

The mobilisation coordinators focused primarily on the CGP, notifying households that there will be a programme to support OVCs. Moreover the gathered villagers were informed that the means of selection was through the NISSA and based on computer generated criteria in Maseru. The public were informed that a team would visit their village at some future date to collect some information as part of the NISSA but that their participation did not imply inclusion.

The mobilisation coordinators interviewed were not fully aware of how the final beneficiary list for this programme was compiled. The mobilisation coordinators were aware that the data gathered through the household census would be used to rank households in different wealth categories but did not know how this was done. In addition to this incomplete understanding, mobilisation coordinators did not sensitise the public about the community validation process. This was a deliberate strategy adopted by WV to ensure the safety of the village members participating in the validation process.

The mobilisation team's incomplete understanding of the selection process together with partial information given to households at the public gatherings, resulted in the later not fully understanding the purpose of NISSA and how it would be used to select programme beneficiaries. This was combined with low level of attendances resulted in most villages having little awareness of programme at this stage and later stages of the programme.

#### **4.7.1.4 Respondents' overall awareness and understanding of the programme**

Qualitative research showed that, overall, community members' understanding of the programme was limited. Non-selected households reported knowing less about the programme than selected households. This is largely because those who were selected were provided with further information during the enrolment event that was conducted a couple of weeks prior to the field visit.

One reason for low awareness is that few people attended the 'Pitso' and as a result many of the respondents reported to have first heard of the programme during the community census stage. Even those who attended the Pisto did not necessarily fully understand the programme or recall what was discussed:

*"You know we go to Pitsos to listen; government departments come with a lot of different programmes or plans but never implement so these days when they talk we do not even listen properly because they just come for the Pitsos but nothing comes out of these. We*

*just listen; it is now like a story. This is the reason why we don't really remember what is said at these Pitsos.*<sup>74</sup>

Moreover, during the census stage the enumerators were not instructed to explain the CGP to the respondents, but rather to inform respondents that they were collecting information in order to get a better understanding of the living conditions of households in the village. From our discussions we found that some enumerators gave respondents information on the CGP whilst others did not which resulted in some respondents having more information than others.

In sum, the majority of those interviewed did not have a very good understanding of the programme. Many people only heard about the programme during the census stage although some had attended the Pitso and learnt about the programme then. Overall however, most of the understanding about the programme came from the enrolment event when recipients were told more about the programme and why they had been selected.

Overall, these results were confirmed by the quantitative data: out of roughly 75% households having heard of the programme, only about half declared that the programme's objectives were explained to them.

**Table 4.19 Awareness of the programme**

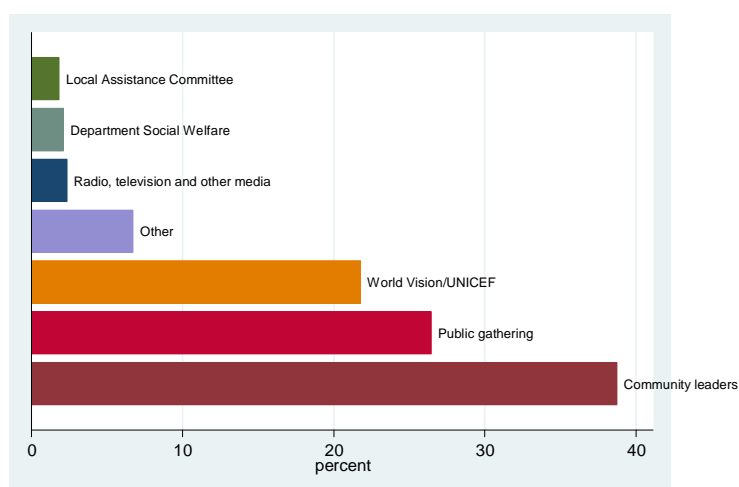
Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that:						
Were aware of CGP targeting in their community	81.9	74.8	78.4***	72.2	73.6	2961
Declare that the programme's objectives were explained to them	54.1	50.3	52.3	50.5	50.9	2320

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Almost 40% of the households that are aware of the CGP selection process were informed by community leaders or the village chief. Close to 30% got the information in public gatherings, while more than 20% by World Vision or UNICEF (Figure 4.10).

<sup>74</sup> Focus Group, non-recipient, Rapoleboea.

**Figure 4.10 Mechanism of information about the CGP selection process**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

## 4.7.2 Setting up of Village Assistance Committees (VAC)

### 4.7.2.1 The role of VAC

The VACs were set up with the objective of supporting the overall implementation of the NISSA and CGP at the village level. Their main roles were to<sup>75</sup>:

- Support data collection teams prepare maps of corresponding villages;
- Assist enumerators in community visits;
- Assist community mobilisation by raising awareness and making information available to communities;
- Conduct the validation process for both the eligible household and enrolment list;
- Support the enrolment event payment processes; and
- Support community with filing updates, appeals and complaints.

The VAC consisted of the village chief, community councillor, two respected members of the community and an auxiliary CGP operations assistant.

### 4.7.2.2 Process of selection

Village Assistance Committees (VACs) were formed during community mobilisation. Individual households attending the gathering were asked to nominate two members from within their community based on a set of stated criteria (trustworthy, good understanding of village boundaries and households living in the community, ability to read and write, etc.). The public were asked to vote for two members from their support group and one ordinary citizen amongst themselves.

In general, mobilisation officers reported hesitation from those present to volunteer for being nominated for selection. This reluctance stemmed from the future political and relational ramifications of being part of the process. Members were worried that they would potentially be accused of biased selection if they participated. Nevertheless nominations were made and people were in general happy about those who were selected as part of the VAC (see below).

<sup>75</sup> Village Assistance Committee Guidelines, Child Grant Programme (CGP) beneficiary Selection Manual.

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The chiefs on the other hand were reportedly not very happy with the establishment of the VAC and its members. This was particularly the case if there were some committee or similar structures already in place which the chief thought should be used as the VAC. Many chiefs felt they were being side-lined and marginalised through this selection process and this affected the future cooperation of many chiefs with this programme.

#### 4.7.2.3 Communities' understanding and perception of the VAC

Of the villages we visited we found a split between villages that selected a VAC for the purposes of the CGP and those that had a long standing committee which was also used for the CGP.

In villages where committees were established for the the CGP specifically, some of the committee members were selected by way of a vote at the Pitso at which village residents were first informed about the CGP. From the responses given to us during the focus groups it appears that this process was perceived as fair and no one had any reservations voiced about the selection of VAC members.

*“Committee was chosen at the Pitso. These are secretaries who have been appointed to assist during registration. The committee is new, except for support group members. The community members who are part of the committee were elected by us as the community. We mention a name and the name is seconded by others”<sup>76</sup>.*

Interestingly, this process was considered to be fair even by the individuals who did not attend the Pitso. In terms of the role that the VAC played in the CGP process; all focus group respondents (both recipients and non-recipients) were not aware of the VAC playing any role in the selection process.

*“They [programme recipients] were selected by people whom we do not know. Those who came the second time came asking about specific households. It was not members of the community who selected these people”<sup>77</sup>.*

Respondents understood the role of the VAC to be that of receiving guests (who are in charge of the CGP) at the village and guiding them to households in the village for enumeration in the census. In one village however, individuals channelled their frustrations about the selection process to the VAC.

*“The fact that some have been selected and other not, the fault is now on their shoulders. This is because they were working closely to the people who did the selection. People think this is the case, and ignore the fact that we have been told that the selection was done by a computer”<sup>78</sup>.*

This was verified by some of the VAC members who felt that people were angry with them, although this was not directly conveyed to them and had not changed their overall relationship with them.<sup>79</sup>

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<sup>76</sup> Focus Group, non-recipient, Rapoleboea.

<sup>77</sup> Focus Group, recipient, Rapoleboea.

<sup>78</sup> Focus Group, recipient, Tebe - Tebe.

<sup>79</sup> VAC interview, Tebe Tebe.

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### 4.7.3 Community Census

#### 4.7.3.1 Background

The community census for Round 2 began on the 11<sup>th</sup> of April 2011 and ended on the 23<sup>rd</sup> of May 2011. During this time, villages in 10 selected Community Councils within 5 districts were visited. By the end of the census a total of 23,380 households were registered on the MIS, information was collected for 20,605 and subsequently 20,557 were classified in NISSA.

The census was carried out by WV with supervision and support from the DSW and Ayala respectively. This was done by the formation of data collection teams that consisted of one supervisor, up to 5 enumerators and one data quality supervisor. These teams undertook surveys in pre-specified clusters and reported directly to area coordinators.

The data collection process comprised of the following steps<sup>80</sup>:

- **Preparation of Logistic Plan** - WV was expected to prepare a workplan that detailed the processes required for an efficient and timely execution of data collection process, identified necessary activities for the data collection process by each stakeholder, calculated and selected data collection teams and estimated material needed for training and data collection process.
- **A PIC** – to inform the public of the purpose of data collection, objectives and benefits of NISSA.
- **House to house census** – enumerators conducting interviews and being supervised to ensure completeness and quality control
- **Data entry process** – Transfer of data from cell phones onto the MIS
- **NISSA categorisation** – Automatic categorisation of NISSA forms once updated on to the MIS system using the PMT.

#### 4.7.3.2 Coverage

The census was the first step in gathering information about potential recipients of the programme. Households not covered in the census are by default excluded from the programme in its onset and have no chances of re-entering, not even at the validation stage. Therefore the coverage of the census has important ramifications on targeting effectiveness and more specifically exclusion errors.

To assess the comprehensiveness of the census undertaken by WV, programme implementers compared the total number of households registered in NISSA to the number of households registered in the national census carried out by the Bureau of Statistics (BoS) in 2006.

As shown in Table 4.19 overall 76% of households recorded in the national census in targeted community councils in 2006 were reported to have been registered in the NISSA in 2011. This overall coverage rate hides some of the wide variations between community councils and across districts. For example the community councils of Qiloane and Makheka/Rapoleboea registered coverage rates of 51% and 66% respectively whereas the community councils of Mosenekeng and Malaoaneng registered coverage rates of over 100%.

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<sup>80</sup> Annex A – “National Information System for Social Assistance – NISSA – Main Manual”, prepared for Government of Lesotho /UNICEF, February 2011.

**Table 4.20 NISSA Coverage**

District	Community council	Total number of households BoS 2006 census	Total number of households registered in NISSA	Coverage (NISSA/BoS 2006 census)	Number of households not interviewed	Percentage of NISSA households not interviewed	Total number of forms with errors	Total number of households classified in NISSA	Percentage of BoS households classified in NISSA
Berea	Kanana	4,714	3,602	76%	154	4%	27	3,421	73%
	Tebe-Tebe	3,566	3,223	90%	257	8%	31	2,935	82%
Leribe	Litjojela	5,172	4,660	90%	1234	26%	120	3,306	64%
	Malaoaneng	1,449	1,499	103%	173	12%	8	1,318	91%
Mafeteng	Metsi-Maholo	5,422	3,843	71%	316	8%	21	3,506	65%
	Malakeng	1,822	1,496	82%	145	10%	4	1,347	74%
Maseru	Qiloane	6,097	3,104	51%	138	4%	23	2,943	48%
	Makheka/Rapoleboea	1,208	799	66%	4	1%	4	791	65%
Qacha's Neck	Mosenekeng	460	498	108%	28	6%	1	469	102%
	White Hills	693	656	95%	125	19%	10	521	75%
	<b>Total</b>	<b>3,0603</b>	<b>23,380</b>	<b>76%</b>	<b>2,574</b>	<b>11%</b>	<b>249</b>	<b>20,557</b>	<b>67%</b>

Source: Source: CGP MIS Data – NISSA dataset – September 2011, and authors calculations



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Of the households registered in NISSA, 2574 or 11% were not interviewed and of those interviewed 1% had erroneous data forms. Therefore around 67% of the total population were ranked and classified in the final database. The community council of Litjojela in Leribe has the highest number of households that were not interviewed (27% of registered households) and high number of forms with errors (3% of registered households) resulting in an effective coverage rate of 64%. A possible explanation provided for this observation is the lack of or weak network signal which may have resulted in completed and uploaded survey forms to include many missing or incomplete sections.

These coverage rates are, however not necessarily representative of the true nature of coverage of the programme census. As evident in Table 4.19 above there are community councils that have coverage rates of over 100% which are indicative of anomalies between the 2006 national census coverage and that undertaken by this programme. The reasons for this anomaly could lie in potential death or migration of households, methodological errors in the 2006 census or changes in the demarcation and boundaries of community councils.

In the case of Qiloane community council, for example, close to 3000 households (49%) of total 6097 recorded in the 2006 national census were not covered by this programme's census. However closer scrutiny shows that 11 of the villages with a total population of 1789 are no longer part of this community council and an additional 11 villages with a population of 404 households that are now part of the community council were not on the BoS list<sup>81</sup>. Subtracting those villages that are no longer included but adding the new villages gives a coverage rate of 66%. However even this coverage rate assumes that the number of households in each village reported by the BoS census are an accurate representation of the current population of targeted villages which may not necessarily be the case.

One way to triangulate the data on coverage is to compare the village census with existing lists kept or prepared by the village chief or records held by the community councils. This process was not undertaken by the data collection agency and therefore not feasible for this assessment.

Overall there are two potential sources of exclusion during the data collection stage. One is for entire villages being excluded within the selected community councils and the other is for pockets of households being excluded from the villages that were visited, these are briefly explored in the next two sub-sections.

### ***Missing villages***

There are some villages that were left out due to inconsistency of information between lists taken from Bureau of Statistics, lists provided by the community councils and information from the villagers themselves. The BoS list was meant to be validated or corroborated by the community council prior to field visits but in many cases this was not done or done retrospectively after data collection. In some instances there was reportedly no consensus as to whether the villages, often at the periphery of council boundaries, belonged to the targeted community councils or not. In these cases if villages were not part of the BoS list they would have been left out.

In addition to this source of exclusion a number of interviewees reported an instance where an entire electoral division or villages within the boundaries (villages that all sources of information located to a unique community council) was reported have been missed out. There is no

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<sup>81</sup> Ayala Consulting, (2011), 'National Information System for Social Assistance Update on Coverage of Qiloane CC', May, prepared for UNICEF. Government of Lesotho.

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consolidated report or source of information that lists all these villages and it is therefore impossible to get a magnitude of this exclusion error.

### ***Missing households within visited households***

Interviews with members of the data collection teams, village chiefs, members of the VACs and recipients and non-recipients indicate that, where field teams visited villages they almost always visited all households in the village.

Therefore the possibility of exclusion only arose if household members were not available during the first or subsequent visits (when made).

Interviews with data collection team members and other stakeholders in the central level indicated that the coverage and availability of households during the first visit was often low. This was greatly affected by data collection teams not making any announcements or appointments prior to their arrival.

According to one data collection team member “where announcements were made census coverage was quite high with 90-95% of households visited being available and covered. However in unannounced areas coverage was much lower at around 40% or so during the first visit. This problem was particularly acute in the lowlands of Maseru where many of the households were not available.”<sup>82</sup>

This problem was also highlighted in the implementation reports prepared by Ayala which state that although area coordinators were responsible for “setting up appointments with individual village chiefs, based on their route plan, to prepare the villages for the Data Collection Team’s (DCT) arrival”<sup>83</sup>, this was almost never implemented and as a result a large percentage of households were absent<sup>84</sup>. This was reportedly due to the misunderstanding between data collection team members on each individual’s specific roles and responsibilities. Although the role of community mobilisation and appointments with VACs were assigned to area coordinators, they in turn thought this responsibility to be that of the field supervisors. It is not clear whether the field supervisors were aware of this role and if so why they did not undertake this exercise. Announcements prior to field visits would have resulted in much higher coverage rates for the census.

In most of the villages and communities a second visit was made to cover those not available during the first visit. Despite this many households were still left out of this process due to one or a combination of the following factors:

- 1) Appointments being made at time at last minute and appointees not being available.
- 2) Appointments made but not adhered to by WV staff due to logistical constraints.
- 3) Inability to cover all available households due to number and time constraints in completing questionnaires for all.

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<sup>82</sup> WV staff.

<sup>83</sup> Ayala Consulting, (2011), ‘National Information System for Social Assistance Data Collection Round 2 (January-December, 2011) – Final Report On Data Collection’, prepared for UNICEF & Government of Lesotho, June.

<sup>84</sup> Ayala Consulting, (2011), ‘National Information System for Social Assistance Data Collection Round 2 (January-December, 2011) – Implementation Status Report’, prepared for UNICEF & Government of Lesotho, April.

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The later point was highlighted repeatedly by all key stakeholders as a key problem in implementing the data collection process more effectively. Due to this reason and financial constraints there were many villages where only one visit was made without any follow ups, particularly in geographically challenging areas such as Rapaloboea.

Overall as “Area Coordinators did not ensure the Enumerators were registering households who were not present or households who had refused to be interviewed in the cell phones”<sup>85</sup> it is not possible to get a clear picture of the exact number of missing households within targeted villages.

Currently only the comparisons between households registered in NISSA and the 2006 national census provide an indication of coverage. This coverage may not necessarily represent the true nature of coverage and needs to be further investigated.

#### **4.7.3.3 Household perception on purpose and process of the census**

The census stage was predominantly the time where many households first heard about the CGP. The interviewed households were told by the enumerators that they were asking them questions to get a better understanding of their living conditions and livelihood strategies but were not often told why this information was collected. For this reason, focus group respondents understood the census to be the government trying to understand how their communities lived.

*“People came to our village in May asking questions and registering households, they asked questions on how we live, whether we eat every day, how many children we have, our dates of birth. They went house to house.”<sup>86</sup>*

When asked about whether respondents told enumerators the truth about the way they lived all the respondents reported to have answered honestly. When probed about why they answered honestly, respondents informed us that they were told by their chief and WV representatives to tell the truth at the Pitso and secondly that the enumerators told them that they had computers that would expose them if they were lying. One respondent reported:

*“We told the truth, we did not lie to them. They told us that they want us to tell the truth. They told us they are using computers and the computers will expose us if we lie.”<sup>87</sup>*

Nevertheless, the most worrying finding in relation to respondents’ perception of the census was the extent to which households were covered by it. In the words of one recipient in Rapoleboea:

*“They skipped households if they found people not here; there are some who were not registered at all... There are a number of people who were not registered. People were told not to go anywhere, but on the day that was set the visitors did not come so people just left to continue with their activities, and so when they finally arrived these people were not available”<sup>88</sup>.*

This response shows how the logistical challenges that the enumeration teams faced adversely influenced the coverage of the census process. These challenges, of course, differed by village. In two villages included in the qualitative research several respondents felt that the enumerators (during the census stage) were not very thorough in their follow-up of households who were not

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<sup>85</sup> Ayala Consulting, (2011), ‘National Information System for Social Assistance Update on Coverage of Qiloane CC’, May, prepared for UNICEF & Government of Lesotho.

<sup>86</sup> Focus Group, recipient, Rapoleboea.

<sup>87</sup> Focus Group, recipient, Tebe Tebe

<sup>88</sup> Focus Group, Recipient, Rapoleboea.

available at the time of the first visit. In other words, some villages perceived that the enumerators skipped the households where respondents were not there and did not come back on a different day to follow up. This was a different perception to that presented the two other villages where focus group respondents reported that enumerators made a concerted effort to cover all the households in the village. They reported that in the event that respondents were not available, they would visit on another day, or ask their neighbours to provide them with basic information on those households and also to inform respondents that they would visit on another day to complete enumeration. One respondent said

*“They went house to house; they worked as a group and they used to split themselves to do the work. They asked next door and they agreed that you register them, and then they would come back again. They did not find me for the first time, my neighbour registered me but they still came the following day to register me”.*<sup>89</sup>

Results from the quantitative fieldwork appear to corroborate the qualitative findings, in showing that a large majority of households – who know about the CGP - reported receiving a visit to collect information for the programme (95% overall). All households have been sampled from the census dataset, so the remaining 5% are probably cases in which the respondent was not at home at the time of the census data collection, or caused by recall bias and misunderstanding of the question.

**Table 4.21 Household census**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that : Received a visit to collect information for the programme	93.5	93	93.3*	95.2	94.7	2312

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

#### 4.7.3.4 Data quality for the PMT

While discussions on the PMT *criteria* were addressed above this paragraph aims to briefly address how the PMT was implemented in terms of *process* – specifically focusing on how the use of mobile phone technology for data collection facilitated its application.

For Round 2 enumerators used mobile phone technology instead of paper based technology to collect the NISSA variables for the PMT. This process has reportedly reduced errors in the data and improved its quality. Of households registered in NISSA only 2% were not classified due to errors in the forms, compared to 22% during Round 1A when paper based questionnaire were used. This change in process significantly reduces any potential exclusion and inclusion errors.

The notion of improved data quality in Round 2 were echoed by most of the field staff interviewed who felt it was more difficult for enumerators to “cook data” since the mobile technology would register the GPS coordinate of the place at which the interview was conducted. Previously some enumerators would create fictitious information, as one interviewee put it “a lot of people cooked data with paper, sitting down somewhere and writing something down”.

<sup>89</sup> Focus Group, Recipient, Tebe-Tebe.

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Another reason for this reduced error and inconsistency in data was the manual data entry process which became fully redundant under the mobile technology data collection process, therefore reducing mistakes from human error during this phase.

Still the quality of the data could have substantially been improved after data collection by performing additional internal consistency and outliers checks. The NISSA census dataset that have been used to predict NISSA levels seems to be affected by data problems that have possibly introduced additional bias and imprecision in the targeting outcome.

#### **4.7.4 Community Validation**

While a review of the *criteria* used for validation is presented above, these next few paragraphs analyse how the *process* of community validation was carried out in the field and perceived by respondents.

##### **4.7.4.1 The process of validation**

The process for validating the NISSA list was undertaken by the VAC after the census. The VAC was given the list of households from their village that were interviewed and registered in NISSA (without the ranking) and asked to verify those who were eligible for the CGP.

Following debate and consensus on eligible households, the completed validation list was signed off by VAC members present and given to programme officials to subsequently update the NISSA.

Only if households were selected as NISSA 1 or NISSA 2 by the PMT formula and were also validated by the community as the poorest of the poor were they selected as eligible households.

The validation process was, in the first instance, carried out in a public venue (school, clinic, etc.) where VAC members from adjacent villages gathered and validated their respective household lists. Although appointments and place of meetings were often announced to the VAC members a week in advance, the VAC was very seldom entirely present. In some cases the chief or councillor were entirely absent and in other cases they would send someone else to represent them. Nevertheless the validation process was often attended by at least two members.

Review of completed validation lists from all the villages in the community councils of Tebe-Tebe and Makheka/Rapoleboea shows that in over 70% of the cases two or more VAC members were available in Rapoleboea and three or more were available in Tebe-Tebe respectively (Table 4.21).

In cases where the VAC were not present at the pre agreed venues, community mobilisation teams would follow up by visiting the villages and ensure the list was validated by at least two members of the VAC.

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**Table 4.22 Number of VAC members present at validation**

VAC members present	Rapoleboea		Tebe Tebe	
	Number	Percentage of total	Number	Percentage of total
0	0	0%	0	0%
1	11	29%	10	17%
2	16	42%	7	12%
3	6	16%	34	59%
4	2	5%	7	12%
5	3	8%	0	0%
Total	38	100%	58	100%

Source: Authors' calculations, based on qualitative evidence

During the validation process the community mobilisation facilitators supervised the entire process going from group to group but were not present at all groups at all times.

The criteria for selection of the poorest of the poor were not given to the VAC members as written documentation but were verbally communicated by the mobilisation team. According to the interviews with community mobilisation facilitators, the VACs were told that the households *must* meet the criteria given to them in order to be eligible. However the VACs interviewed in two of the villages visited saw the criteria as good *examples* in understanding who the poorest of the poor were rather than as specific rules. This enabled them to identify the very poor in their communities as they met some of these characteristics.

#### 4.7.4.2 Appropriateness of validation criteria

Interviews with community mobilisation facilitators suggested that most of the VAC members they worked with were not happy or comfortable with the criteria given to them for the selection of the poorest of the poor and undertook the exercise with great reluctance. There were cases where the VAC members initially refused to take part in this process and had to be visited a number of times to finally validate the household list.

There was a pervasive view that the criteria used were not context specific and adjusted to the idiosyncrasies of Lesotho. As one official stated:

*“The PMT was based on experiences in other countries, the criteria used should have been triangulated with community’s perception of what constitutes as poverty. Perhaps the community should have defined what poverty should be?”*

In particular the VAC and other programme officials felt that a household owning animals or having a well maintained house were not necessarily indications of household wealth.

There were households who owned a few animals in the rural areas but were not able to feed themselves; as such assets were seen as part of their living and also of sentimental value and cultural importance. As one interviewee put it:

*“The criteria are not Basotho or aligned with our culture. A Mosotho could starve but the Kraal [cattle post] can be full of sheep & cattle”<sup>90</sup>*

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<sup>90</sup> WV staff member

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Moreover the interviewees thought that the idea that the “physical state” of households’ dwellings (i.e. being well maintained, recently painted, cleanliness etc.) was an indicator of household wealth was not necessarily correct as Basotho traditionally place a lot of significance on cleanliness and state of dwelling regardless of households’ standard of living. There was also anecdotal evidence of households, especially former mineworkers, who lived in large houses but who were struggling to feed themselves since they had been retrenched from the mines. This is a wide spread phenomena affecting many household in rural Lesotho.

Finally even if a household member receives a pension, this does not necessarily mean they are not very poor especially if such a household is taking care of four or five orphans.

What the above arguments highlight is the need for flexibility in application of the guidelines and provision of more autonomy to VACs in selecting the poorest of the poor.

#### **4.7.4.3 Political economy and power relations within VAC**

The nature and composition of the VAC during the validation process, their understanding of criteria and extent of their application to the validation list together with the level of supervision provided by mobilisation facilitators all have implications on the level of inclusion and exclusion errors.

In terms of team composition for example, members with higher standings in communities (chiefs and councillors) may be more influential in the validation process than other members and their presence or absence will invariably affect the group dynamics and incentive mechanisms.

Interviews with community mobilisation facilitators suggest that chiefs were present only in half of the validation cases and the most observed team composition was where two of the elected member of the VAC team were present together with the councillor from that village – who often represented other adjoining villages as well.

Under this scenario councillors sometimes exerted more influence on the validation process than other members by nudging them towards selection of particular individuals possibly due to political affiliations but this was nevertheless minimised by their more limited knowledge of households in the village and presence of other VAC members.

The qualitative research also highlighted that there were often situations where only two of the elected VAC members were present to validate the household list. Under this scenario, the impression, based on observation of programme officials, was that the team was least likely to be influenced by the local power and structures relations, especially as the validation process was kept confidential therefore minimising any additional pressure or influence from other community members.

#### **4.7.4.4 Confidentiality of validation process**

The role of VACs in validating the household list was kept confidential and not conveyed with village members. As a result of this villagers were of the belief that the selection process was entirely undertaken at the central level with the aid of computers.

The main question arising here is why this process was kept confidential and whether this was appropriate?

In the previous round of the CGP (Round 1B) the community validation process was public information and the villagers were aware that the VAC had a role in validating the household list. As highlighted earlier, the PMT generated significant errors of inclusion and exclusion during that

round and this created significant tension and resentment towards the programme and amongst villagers themselves. One of the targets of this tension and resentment were the VAC members who were blamed for these errors. Many VACs reported receiving verbal abuse from their community members and in some instances the houses of some VAC members were burnt down. Following on from this experience the programme officials decided to ensure the confidentiality of the community validation by the VAC.

Evidence from our fieldwork clearly highlighted that all households interviewed (both eligible and non-eligible) believed that the selection process was random and to some extent based on chance. Moreover they did not think that anyone from their community had any role in the selection process.

While this could be seen as lack of transparency, the “confidentiality clause” also had the effect of mitigating some of the community tensions that would otherwise have been more strongly manifested. Moreover interviews with VAC members repeatedly stressed the importance of confidentiality to their work. Although they thought that it was good for people to understand how the process worked that it was also “important to be confidential, otherwise this would cause them havoc”<sup>91</sup>

The VACs in one of the villages visited reported that people were already accusing them of being untruthful and talking behind their backs. They stated that as long as the VAC was part of the selection process, this MUST be kept confidential.

Moreover as the VAC is well diversified to ensure that personal vested interests are kept at bay, the confidentiality may minimise unwanted pressure from community members with high standing in influencing this selection process. The quantitative survey confirms fears that the outcome of the validation process is influenced by power structures and elites. Slightly less than 40% of interviewed households believe that households with better connections have higher chances to accessing the CGP.

**Table 4.23 Household networks and targeting**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs
	(type A)	(type B)	(type A/B)	(type C/D)		
Proportion of households that: Think that households with better connections have higher chances of being selected	36.3	39.1	37.6	38.1	38	2255

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

## 4.7.5 Households’ selection and enrolment

### 4.7.5.1 Overview of process

Once the community validation process was completed and the NISSA database updated, the list of eligible households, known as the “call for enrolment list”, was generated. Households were selected as being “eligible” if they were categorised as NISSA 1 or NISSA 2 by the PMT and also selected as the poorest of the poor during the community validation process. In addition to this, selected households had to care for at least one child, reside within community councils selected

<sup>91</sup> Interview with VAC member, Tebe-Tebe



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by the CGP and attend the enrolment event with the necessary proof of identification documents (CGP enrolment manual, 2001).

Based on this call for enrolment lists, certificates for enrolment were printed for every selected household and given to the chiefs to authorise and distribute to the selected households through the VAC. Households that were given these certificates were instructed to report at a stated gathering point (enrolment event) on a selected date with identification documents to register and enrol with the programme.

At the enrolment event, the household completes an enrolment form and the information is entered into the MIS. Once MIS updated, if a household still complies with eligibility criteria it will be classified as a programme beneficiary and put on the payment list (Enrolment manual, 2011).

During the event, households were briefly sensitised about the objectives of the programme, expectations, misuse, documents needed for registration and at the end given a payment book to bring along during the first payment.

The remainder of this section highlights challenges faced during implementation and captures households' views, perceptions and understanding about this process.

#### **4.7.5.2 Household selection error**

The enrolment process was marred by a technical error that resulted in incorrect call for enrolment and certificates for enrolment lists being generated for the community councils of Rapoleboea, Tebe-Tebe and Malaoaneng. In these community councils certificates for enrolment were given to many ineligible households, with instructions to attend the enrolment event.

In Malaoaneng this error was only identified after all households were enrolled. This resulted in 528 people being enrolled instead of approximately 140-150 that were actually eligible for the programme.<sup>92</sup> In Rapoleboea and Tebe – Tebe, the error was identified before the enrolment and those that were not eligible for the programme were informed during this event.

This technical error was a result of filters not being applied to eligible household list. This list currently cannot be generated automatically by the MIS system and has to be generated manually by the technical firm. This is because the MIS cannot provide household lists by Electoral Division (ED) that is used as the basis for selecting control and treatment groups for the impact evaluation. Therefore villages and eligible households within the treatment EDs were extracted manually by the IT specialist outside Lesotho. This process led to the above mentioned error which was not detected by the implementing partners in time.

This error has had a significant negative impact on the community perception on the legitimacy of the programme and has caused anger and resentment amongst many households within the selected community. Moreover this error has further diluted and confused households' understanding of the selection process.

Officials present at the enrolment found this particularly challenging and had to find ways to appease this legitimate dissatisfaction of households. As one programme official described "it is very challenging to try and explain to a lay person what has happened but we tried our best to explain and follow up but it is difficult".

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<sup>92</sup> At the time of fieldwork villages in Malaoaneng were not yet notified of this error. A decision was made not to conduct fieldwork in this community council due to inherent biases generated.

During the enrolment programme officials stated that there was a mistake in number of certificates distributed. They then read out names of households that were eligible and requested households whose name was not read to return back to their villages.

The reasons given to households for this mistake were not consistent and created further confusion for the households. Some acknowledged that this was due to a mistake generated by the computer in Maseru and apologised, others stated that this is part of the random selection process and that those that were not called out were just unlucky. The following two quotes encapsulate some of this confusion and dissatisfaction:

*“We were told that we shouldn’t be surprised if our name was not called out. Those whose name is called out have won and those who have not won this is the result of Government’s random selection”<sup>93</sup>*

*“I went to the calling point on Monday when it was very cold. Some of our names were called from computer and others were not. My name was not called. I didn’t ask why because I was told that the name was from computer and nothing could be done about it.”<sup>94</sup>*

Households interviewed were clearly not happy. They felt that this could have been communicated better and not after they had travelled a long distance through very cold weather and snow.

Some VACs had noticed that many of the people that had not validated were given a certificate for enrolment and were not necessarily happy with this. Some were reluctant to distribute the certificates and some had suggested the postponement of the enrolment until the matter had been resolved.

Due to the constant time pressures and the need to meet deadlines, the implementing agencies decided to go ahead with the enrolment events as planned.

#### 4.7.6 Case Management

At the time of the qualitative fieldwork there was no formal complaints mechanism in place. Interviews with the CGP unit and the technical firm suggested that the module for case management was in the process of development.

Although in the process of development, households were reportedly told that if they have any grievances or issues with selection that they would be able to voice these from August/September onwards through established complaints mechanisms.

Nevertheless, as Table 4.23 shows, most households interviewed in the quantitative survey (92% of those who had heard of the CGP) reported they did not know who to complain to if they had any problems on how households were selected. Eligible households appeared to have a slightly better sense of who could address their complaints if needed.

**Table 4.24 Household awareness of the complaints process**

Indicator	By treatment status		By beneficiary status		Overall	
	Treatment group	Control group	Eligible	Non-eligible	Estimate	Obs.

<sup>93</sup> Interview with non recipient, Tebe Tebe.

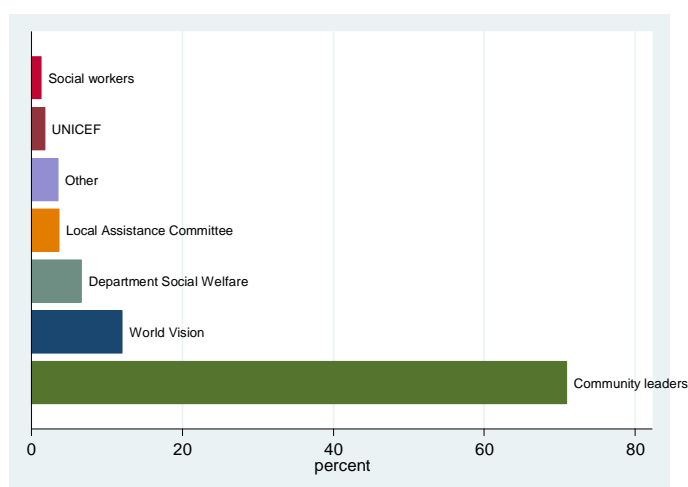
<sup>94</sup> Interview with non recipient, Tebe Tebe

	(type A)	(type B)	(type A/B)	(type C/D)	
Proportion of households that know who to complain to for any problems with the way in which households were selected	11.4	10.8	11.1**	7.1	8
					2327

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

Out of those who declared to know who they should refer to in case of complaints for problems with the selection process, more than 70% of households indicated they should complain to the community leaders (Figure 4.11).

**Figure 4.11 Perception of Complaints Mechanisms**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011.

The focus group discussions confirmed this finding, with some respondents thinking it was too early to complain and most stating that they had not complained and nor did they know who to make these complaints to:

*“No one has yet complained because we haven’t seen the money, so we don’t know it is coming or not.”<sup>95</sup>*

*“There is no one to complain to. We have not been informed of such people.”<sup>96</sup>*

*“We do not have enough knowledge of whom to complain to, and how the programme works”<sup>97</sup>*

*“No one has explained to us what we should do if we have a grievance about the program. We just accept things as they are”.<sup>98</sup>*

*“No one to complaint to, unless you tell chief, but I don’t think there is anything he can do unless he knows where to go”.<sup>99</sup>*

<sup>95</sup> Focus Group, Recipient, Tebe-Tebe

<sup>96</sup> Ibid.

<sup>97</sup> Focus Group, Non - recipient, Tebe-Tebe

<sup>98</sup> Focus Group, Recipient, Rapoleboea.

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Unsurprisingly, participants thought that it would be useful to have a complaints mechanism in place and that if people knew where to go they would certainly voice their complaints. Households also suggested their existing local dispute resolution mechanism of going to the chief, should be applied to the CGP. However, some households were wary of this process, especially where the chief was not seen as a trustworthy individual.

One of the interviewees at the central level reiterated the importance of a complaints mechanism but also stated that:

*“The challenge is getting information to the right people and taking action. Currently there is little coordination and also people need to be mandated to do something about it.”*

In summary the complaints mechanism was not in place during the targeting and enrolment phase of the programme. Establishment of a complaints mechanism earlier in the programme may have provided more understanding and clarity to both recipient and non-recipients and mitigated some of the negative effects on community relations.

#### **4.7.7 Changes in community relations**

The effects and ramifications of the programme and its selection process on the community are still at a nascent stage. Although there is some observable disgruntlement and disappointment, this has not manifested itself strongly in changes in community relations. This is because:

- 1) No payment has as yet been made and therefore the observable reality in the village remains the same.
- 2) People who have not been selected (especially those that were given a certificate for enrolment by mistake) are unhappy and disappointed in themselves for not having won (based on the perceived understanding that recipients and non-recipients were randomly selected) and not towards others.
- 3) Many people are still not clear as to why some people are supposed to be selected and others are not and therefore do not know whether they should be complaining or not and if so to whom.
- 4) Recipients and non-recipients are not themselves seen as having had any role in the selection process.

Since no payment has been made, there is no palpable difference between recipient and non-recipient households at the time of the study. This has the effect of dampening current tensions which may grow further following the cash payments:

*“There are a few people who are talking but there are no clashes, but these may happen once people start getting money.”<sup>100</sup>*

*“Relationships are still the same, there are no conflicts. We do not know whether once we start getting the money there will be changes.”<sup>101</sup>*

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<sup>99</sup> Makheka/Rapoleboea, recipient focus group.

<sup>100</sup> Focus Group, Recipient, Tebe Tebe.

<sup>101</sup> Focus Group, Recipient, Rapoleboea.

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*“No, relationships have not been affected by not being selected. We still behave as we have been behaving before. We do not know how they feel deep down; we do not know whether once they start getting the assistance they will change their behaviour towards us.”<sup>102</sup>*

There was also a tendency among respondents to present their community relations as somewhat utopic and they were reluctant to entertain the idea that relations between community members may be adversely affected by the CGP. Part of this was due to the fear that reporting of such cases may affect the future of the programme but part of this also arose from genuine concern for fellow community members.

Any unhappiness in these cases was due to seeing some of their deserving community members being left out. In this situation we would observe recipients purporting to be worried that non-recipients would get help and non-recipients purporting to be happy for recipients who would be getting the assistance. Some respondents are quoted as saying:

*“We are happy for all the people who will receive the money. I am happy for those brothers/sisters of mine, as hunger is rife and they are needy”<sup>103</sup>*

*“I do not see it to be a good thing as we know other people are suffering too. They registered too and we were not thinking or expecting that they would have not been included as beneficiaries”.<sup>104</sup>*

*“You know we still feel pain [for those not selected] as we are all affected by being needy but there is nothing we can do”.<sup>105</sup>*

In the event that community members have problems with the programme or are unhappy with the selection process, they are not making explicit complaints. What is being reported is that individuals are speaking among themselves rather than making an official complaint or manifesting disgruntlement in their outwards relationships:

*“We don’t know people’s inner secrets but outwardly everything seems normal”<sup>106</sup>*

In some villages we found that although non-recipients were disappointed about not being selected, they appeared to be disappointed in themselves for not being “lucky enough” to be selected whilst they seemed to have resigned themselves to the idea that their not being selected was truly a random occurrence that was out of their control.

In other villages the error caused by enrolment had created a more subdued feeling in the community.<sup>107</sup> Recipients’ excitement was more tacit rather than explicit. There also seemed to be an effort on their part to contain any excitement that they may have had about receiving the grant.

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<sup>102</sup> Focus Group, Non - recipient, Tebe Tebe

<sup>103</sup> Focus Group, Recipient, Tebe Tebe

<sup>104</sup> Focus Group, Recipient, Tebe Tebe.

<sup>105</sup> Focus Group, Recipient, Rapoleboea.

<sup>106</sup> Focus Group, Non - recipient, Rapoleboea.

<sup>107</sup> This was particularly the case in a couple of villages where the interviews were conducted a few days after the enrolment event.

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Non-recipients on the other hand seemed bitter that they had been wronged by the process in some way rather than disappointed at being unlucky:

*“We do not know why we were not included on the lists, we were surprised. We live with orphans but we were not selected. Our families qualify to get the grant, because we are struggling.”<sup>108</sup>*

It appears that the turning away of people at the enrolment station compounded feelings of inequity of the CGP process and may have magnified disgruntlement with the programme.

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<sup>108</sup> Focus Group, Non - recipient, Tebe Tebe.

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## 5 Conclusions and Recommendations

This report presents findings from quantitative and qualitative evidence collected as part of the CGP baseline evaluation. The baseline study fulfils four main objectives: a) characterize the study population and analyse livelihoods and living conditions to inform improvements of the programme design; b) refine a set of indicators that reflect the theory of change of the programme to constitute the basis for the impact analysis when changes are measured through the follow-up survey; c) test the soundness of the evaluation design by comparing pre-programme characteristics between eligible households in the treatment and control areas; d) assess the targeting effectiveness of the programme and propose means to improve the targeting design and process.

This section outlines some overall conclusions and recommendations by area of application.

### 5.1 On the evaluation design

The baseline evaluation survey collection confirms the overall soundness of the evaluation design. The sample is well distributed across strata and sample losses have been minimal, the overall quality of the data collected for the quantitative baseline is good. More importantly, the randomization design and process appears to have been effective in ensuring comparability between groups. Eligible households in treatment and control areas look similar in most dimensions, and only few indicators present differences in averages across treatment status significant at conventional statistical levels.

**CGP Recommendation 1:** Maintain the current evaluation design. Undertake necessary steps so that the follow-up data collection can take place in the same period of the year of the baseline survey (June to August) to avoid seasonality bias. If possible maintain a sample of non-eligible households in the follow-up survey, in order to test the existence of spill over effects. To allow for attrition consider the possibility of increasing the sample size of eligible households within Electoral Divisions (EDs).

### 5.2 On the CGP in general

The section on programme targeting in this report has highlighted several issues that should be addressed in future stages of the CGP pilot roll-out, and to the extent it is possible should also be considered in on-going piloting stages.

#### 5.2.1 Nature of the CGP

Some elements of the CGP pilot design need to be reconsidered in the perspective of a scaled-up programme and at the light of political economy and fiscal implications. This policy debate goes beyond the limits of this specific evaluation assessment. However few elements can be offered for discussion and further analysis.

Two features of the programme architecture appear to be best grounded and justified by the socioeconomic and institutional context: a) the focus on children, as a way to ensure protection and promotion of future generations in Lesotho; b) the emphasis on building social protection interventions in a systemic rather than silos based manner – hence the attempt at integrating the GCP as the first building block of a comprehensive system of social protection (NISSA).

Other aspects need to be further clarified:

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- What would be the optimal coverage of a scaled-up CGP? Does Lesotho have the financial capacity and political will to achieve a (almost) universal child grant?
  - If targeting is a forced option due to financial constraints or political acceptability, what is the most adequate target, and consequently what is the policy rationale of the intervention? Should the CGP be conceived as unconditional social assistance to households who cannot provide their own livelihoods or as a safety net to households with residual productive capacity to boost (human and productive) investment in the long run? Can these two objectives be complemented? Can they coexist?

The role that the CGP is intended to play along these alternatives is not completely obvious, but each of the two options comes possibly with a different set of design and implementation consequences: targeting, transfer value and frequency, complementarity with other interventions, etc.

In the first case a scaled-up CGP would target only households without residual labour capacity (with children). Such a transfer could be conceived as a measure of last resort to provide a minimum living standard to households who would otherwise only rely on family and community support, particularly protecting children's well-being. This transfer would ideally need to be calibrated to cover the gap between incomes and expenditure needs.

In the second case a scaled-up CGP would cover non-labour constrained households. The transfer could be considered as a means to protect and increase physical and human assets, so to stimulate further productive investment in the future, strengthen coping mechanisms and reduce vulnerability to shock. In this case the transfer component could be coupled with specific capacity building dimensions (financial literacy, money management) and coordinated with other interventions, e.g. projects aimed at improving livestock and agriculture productivity. Opportunities for sustainable productive investment seem to be rather limited in the context of rural Lesotho, hence further analysis would be required on the viable pathways that can produce significant multiplier effects around the CGP. A stronger inter-institutional coordination would be required to bring the issue of the linkages between social protection and the broader development agenda to the attention of a larger set of stakeholders and sectors (health, education, agriculture).

As discussed in the report the programme is currently targeted on poverty only, and reaches a combination of households with residual labour capacity (roughly 75%, of whom 20% female headed) and labour constrained (25%). The decision to move away from the categorical definition of OVCs and target on the basis of poverty is extremely positive, as it acknowledges that vulnerability is complex and hits transversally across demographic categories. At the same time it implies that the programme is currently targeting some very heterogeneous groups of households.<sup>109</sup>

**CGP Recommendation 2:** Undertake an assessment of the political economy, fiscal space and capacity for a scaled-up CGP. This should be aimed at clarifying the nature, policy objectives, targets, institutional arrangements and funding for the CGP in the next decade. The exercise should be tailored specifically for key stakeholders within the Government.

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<sup>109</sup> If the objective of the CGP was more oriented towards social assistance (see above) it would be necessary to narrow down the poverty eligibility criteria, by combining poverty targeting with some ways to identifying households without able bodies (or at least with a particularly high dependency ratio). As the targeting becomes finer, however, the programme may achieve a smaller critical mass, which may in turn jeopardize the process of scaling up both from an implementation and political economy standpoint (focussing on disability and illness may be a trap that social protection takes a long time to escape, as it has been the case in other sub-Saharan countries).



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## 5.2.2 CGP within an integrated social protection system

Further steps should be taken to ensure alignment and integration of the CGP with other social protection programs operating in Lesotho (particularly pensions and social assistance).

In line with the spirit of the NISSA initiative, the CGP should aim at putting in place national and local systems (involving payment mechanisms, case management systems, communication, MIS), that can be integrated to other existing and future social protection interventions. Inter-institutional coordination is essential, both at the national and at the local level, as synergies have to be sought to build a unified systems and processes.

In order to strengthen the integration of the CGP into a nationwide social protection system synergies with other projects could be explored. At this stage, with some revisions (see below), the CGP can form the basis of a credible and effective targeting mechanism that can be used to align other social protection measures in the public and semi-public sector.

**CGP Recommendation 3:** Disseminate information about the targeting effectiveness of the CGP and explore the possibility of using the CGP targeting approach to deliver other interventions, particularly in the area of social protection. For instance: use the same targeting channel to allocate secondary school bursaries provided by MoE; couple the transfer with distribution of uniforms and school shoes provided by various NGOs.

Moreover, there seems to be a lot of potential for better integration of the CGP design and implementation systems with other existing social protection measures, particularly the old age pension and social assistance.

**CGP Recommendation 4:** Review CGP eligibility rules for beneficiaries of other social protection transfers and the possibility to cumulate different types of transfers. Elaborate a plan to articulate CGP with other social protection measures. In particular, examine the possibility that the CGP exploits some of the systems (for payment, case management, information management) already in use for Pension and Social Assistance, or contributes to strengthening these existing systems, rather than building new ones.

## 5.2.3 Local management system

It is important to devote a significant amount of time and resources to setting up institutions and system for programme implementation at the local level. In this respect the involvement of Department of Social Work in the process at the local level is a key ingredient to ensure sustainability of the pilot.

**CGP Recommendation 5:** Set up within DSW a task force for the implementation, follow-up and case management of the CGP (in coordination with other social protection programmes) at community level. Improve communication between VACs, local DSW offices and DSH headquarter.

## 5.3 On CGP targeting

The section on programme targeting in this report has highlighted several issues that should be addressed in future stages of the CGP pilot roll-out, and to the extent it is possible should also be considered in on-going piloting stages.

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### 5.3.1 General targeting approach

The integration of PMT and community validation combines two important policy objectives: a) establishing a uniform and standardized mechanism that can be implemented across regions as part of a national targeting system; b) relying on community level knowledge to minimize inclusion errors and create a sense of ownership – hence acceptability – of the programme. In this sense the mixed targeting method appears to be fully justified.

The analysis of the results of the targeting assessment shows that each criteria taken independently was less effective at identifying the poorest households than the combination of the two. This would point in the direction of sustaining the coupling of the two.

The biggest question is *whether the coupling of the PMT and the validation is a cost effective approach to targeting*. We believe the highest driver of cost is the census approach undertaken to carry out the PMT analysis. Part of the justification of this cost is the use of the NISSA database as a future MIS for all social protection in Lesotho. If this were to be the case, this cost would not have to necessarily be attributed to the PMT component of targeting itself.

Moreover, it will also be important to analyse further why both, taken singularly, are outperformed by similar exercises undertaken in other countries (see below).

**CGP Recommendation 6:** Undertake a revision of the cost of the different elements of the targeting design and process, analyse the relative cost of the two targeting methods, in order to analyse the cost effectiveness of the mixed targeting approach.

### 5.3.2 Targeting coverage

One of the main inconsistencies of the targeting approach tested in the pilot phase evaluated here is that the PMT and validation produced very different coverage outcomes. About 60% of households with children were eligible according to the PMT, while only 30% were according to the validation process (with only partial overlap across the two criteria). The overall targeting effectiveness could have significantly improved had the two mechanisms been fine tuned to provide a similar coverage level.

The problem originates from the fact that the PMT and validation mechanisms do not permit any control over the level of coverage that will be obtained in the field when rolled out. This led to the paradoxical situation for which the programme was expecting to enrol around 5,000 beneficiaries for the current pilot, and only managed to identify some 2,500.

Instead, the level of coverage that the programme is willing to achieve should be defined ex-ante as it is a key feature of the programme design (see above). Of course coverage does not need to be homogenous across locations, and can vary on the basis of where poor households are mostly concentrated. However the programme must be in the conditions to control the final number of beneficiaries who receive the transfer.

**CGP Recommendation 7:** Revise the design of PMT and validation mechanisms to: a) permit the manipulation of final coverage; b) align the coverage levels of PMT and validation. In practice: for the PMT this can be obtained via revisiting the current modelling approach (see below); for validation this can be obtained by either introducing a predefined “quota” of poor to be identified in each community, or by undertaking a relative, rather than absolute poverty ranking.

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### 5.3.3 NISSA Census

Ensuring that the NISSA census is fully comprehensive and that no households, especially the more vulnerable, are excluded from it is essential towards consolidating its use as a unified registry for access to social protection programs in Lesotho. The qualitative targeting analysis has indicated the risk that villages and households within a village may have been missed in the census, for a variety of reasons.

**CGP Recommendation 8:** Urgently addressed potential gaps in the NISSA census coverage by putting in place a series of measures including: a) increase effort in dissemination and communication about the NISSA census and the importance that all households are registered in it; b) explore the possibility of creating mechanisms for inter-institutional coordination to cross-check NISSA with other institutional administrative databases; c) establish a simple and rapid mechanisms of inclusion in the NISSA for households who need to register; d) undertake ad-hoc re-registration campaigns in areas where coverage has been much lower than expected, after assessing village per village coverage in collaboration with village chiefs and local representatives ; e) establish the frequency with which the NISSA census will be uploaded/re-collected and re-targeting will be performed.

### 5.3.4 PMT design

The PMT showed overall poor performance with respect to other similar hard-data driven targeting mechanisms implemented in the region and elsewhere. This is largely a result of data constraints and data quality, though the modelling approach could possibly also be improved. A hard-data driven targeting component is a necessary ingredient for the scaled-up version of the GCP, particularly in the context of an integrated NISSA. PMT may not be the best option if the quality of national representative household datasets continues being poor in Lesotho. Alternative options could be sought along the lines of simpler hard targeting approaches based on demographic characteristics (e.g. dependency ratio) or an assets index (delinked from consumption) that could be calculated on census/application data only. The final word on targeting must come from the clarification of the nature and role of the programme (see discussion above).

**CGP Recommendation 9:** Undertake a revision of the current PMT model, design and cut-offs; this should involve simulating the targeting effectiveness of an optimal PMT design determined on the basis of household data collected for the baseline evaluation survey. Verify the availability of the most recent HBS data to update the national PMT model. As a first rough approximation, focussing only on NISSA 1 is likely to reduce substantially inclusion errors (as NISSA 2 seems to be an ill-defined and problematic group) and improve alignment/synergies between PMT and validation.

### 5.3.5 Community Validation

The *community validation* was also shown to have several problems in its implementation which most probably led to lower effectiveness in identifying the poor. Among others, as outlined extensively in the report, these included a disorganised communication strategy, disagreement by community members on validation criteria, last-minute meetings for validation where VAC members were not always present, the absence of an external and independent member in the validation process, and, at times, unbalanced VACs dominated by powerful people in the community.

It should also be noted that there are some *pending questions* in the background of the whole targeting process, including the level to which community validation should be transparent and accountable and the level to which it should use “relative” criteria established by each community.

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Regarding the first point, the explicit choice for the CGP was for VAC members to be elected as people that will ‘facilitate the process’ of targeting, without it ever being made explicit that they would be directly involved in validating beneficiary lists. This choice of ‘non-transparency’ was made so as to protect them from community members’ anger in cases where their decisions were not accepted. It also most probably had positive effects in terms of allowing the VAC’s choices to be made independently from local pressures as almost all people were convinced beneficiaries were being selected by a “machine” in Maseru. Nevertheless, it does risk undermining the accountability of the whole targeting process. Coming to the second point, VAC members are currently being given a set of criteria that they are asked to apply when choosing the “poorest of the poor”. However, complaints were made that these criteria did not reflect “Basotho culture” and were not relevant locally. In other countries, similar community-based targeting processes allow communities to define their own validation criteria. The question therefore is, to what extent would this be possible and appropriate in Lesotho?

**CGP Recommendation 10:** The inclusion of two nominated VAC members by the public was meant to diffuse elite capture. However as mentioned above in many cases the VAC team validating the NISSA list were comprised of two or three of the five member team and often in the presence of the local chief or councillor who were more likely to influence the decision of the team. Two actions recommended for mitigating the influence of people with strong standing are: a) Presence of an outsider (operational team member, Ministry of Health and Social Welfare) who is not affected by the local political process and dynamics as an observing member during the validation exercise; b) Provision of separate validation sheets for selection of deserving households and verification of this list through majority vote and by the outsider.

### 5.3.6 Public Information Campaign and Case management system

Another issue which added to the problems above was also the lack of an adequate *information campaign* for the CGP. Although the importance of an effective communication strategy was highlighted in both the CGP manual and the Public Information Campaign (PIC) strategy, this was not fully designed or implemented by the programme officials. This resulted in households ultimately having very limited and often incorrect or confused understanding of the programme and process of targeting.

**CGP Recommendation 11:** Spend more time on the PIC design and ensure a variety of tools are used to enhance the effectiveness of the flow of information and understanding of the programme by targeted populations.

The problems identified above were compounded by the current lack of adequate *case management systems and redressal mechanisms*, meaning that households that happened to be excluded from the census, for example, never stood a chance of entering the programme.

**CGP Recommendation 12:** While the issue of setting up a comprehensive and integrated *case management system* is being addressed, its fundamental importance should be acknowledged and investments in this component further reinforced – especially if NISSA is to become the national MIS for social protection in Lesotho.

## 5.4 On key programme design features

### 5.4.1 Value and frequency of transfers

The way in which a cash transfer is provided can affect the impact of the transfer itself, evidence from around the region confirms. In the case of the CGP, the current set-up – particularly the quarterly payments of M360 – may not necessarily be the best to achieve the desired outcomes of

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the programme, including sustaining the poorest and most vulnerable households containing children. Evidence from the evaluation baseline has in fact highlighted that there may be scope for tailoring the CGP to the needs of eligible households in several areas.

First, there may be an argument for linking the value of the transfer to household demographic composition, so to achieve a higher value of per-capita or per-child transfer in large households, and avoid the transfer dilution within households' overall expenditure. This will contribute to improving the progressiveness of the instrument, and is likely to have negligible effects on fertility rates, as demonstrated by international and regional experience with this type of programs.

**CGP Recommendation 13:** Revise the payment scale to move from a flat per-household amount to a variable amount indexed to the number of children in the recipient household. Introduce a mechanism to index the value of the transfer to reduce erosion by inflation. One possibility would be to link increases in the CGP amount to increases in the social pension amount that are decided on a yearly basis by MoF on the basis of the fiscal framework.

Second, evidence on respondents' financial preferences (including high risk aversion and very low 'patience') suggests that the payment of a quarterly transfer may not guarantee the level of predictability needed for recipient to smooth their consumption. The *frequency of the transfer could be increased* to tackle this issue. At the same time, if the amounts were to be reduced as a result of increasingly frequent transfers, this might make it harder to spend on costly items (such as uniform), since transfers are not saved, and transaction costs will be higher both for the programme and for recipients. Increased frequency, therefore, should be carefully considered along with the desired objectives of the programme (spending on recurrent or 'lumpy' items). This distinction could be mitigated with more saving, or with a larger lump-sum in some periods (e.g. at the start of the school year) and smaller more regular payments throughout the rest of the year (see below). Increasing the frequency of payment may also affect administrative costs depending on the used payment modalities.

**CGP Recommendation 14:** Estimate the additional administrative costs that would be associated with increasing the frequency of the transfer from quarterly to bimonthly. Explore possibilities of using new technologies in the area of payment modalities to reduce costs, integrate payment systems with other social protection interventions (pensions) and introduce some flexibility in the payment schedule across the year (higher transfer at the beginning of the year for school expenses, and in high food-insecure months – see below).

## 5.5 On key dimensions of households characteristics and well-being

### 5.5.1 Poor physical infrastructure and basic services

One of the elements that emerges from the general characterization of the study population is the very poor condition of physical infrastructure (for instance roads and water supply), and the weakness of the system of public provision of health and education services. In this context it is evident that the main policy priority to improve children's living standards in a country like Lesotho must coincide with improving infrastructure, production technologies and access to basic social services. Social protection measures can complement this principal effort by sustaining households' capacity to demand for goods and services if and when they become physically available at the community level.

**CGP Recommendation 15:** Reorient the main indicators and targets in the logframe of the CGP to reflect realistically the type of changes that can be achieved in a context of very poor physical

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infrastructure and service supply. The data collected for the baseline survey for the impact evaluation could be used for instance to simulate ex-ante the magnitude of expected changes in the main outcomes of interest.

### 5.5.2 Lack of documentation

One of the most policy-relevant findings, regarding household demographics, was the *extremely high proportion of adults and children with no adequate documentation*. As highlighted in the report, 44% of adults and 92% of children did not possess a valid passport, with higher percentages for eligible (and therefore poorer) households.

Even more worryingly, around 80% of children aged 0-36 months did not have a birth certificate (with only 6% of children that age in the process of getting one). The findings, moreover, are confirmed by other nationwide data sources. According to the 2009 Living Conditions report, of all children 0-5 years old in Lesotho, less than one in four has a birth certificate. In over 75% of cases, this was due to lack of adequate information. Conversely the vast majority of children (98%) have a *Bukana* Health Card for growth monitoring. The policy implications of this lack of registration are wide, affecting mobility on one side and access to basic services on the other, and should be studied further and addressed by policy-makers.

**CGP Recommendation 16:** Reinforce guidelines to ensure that unregistered children can be enrolled in the CGP, while at the same time putting in place mechanisms to incentivize their prompt registration. One idea, for example, could be to link the CGP information campaigns to campaigns on national identification and registration (with mobile units travelling around remote areas to offer an almost door-to-door service). Support processes of integration of birth certification with attendance to health facilities for growth monitoring checks. Exploit the fact that most children are registered at the health facility via *Bukana* Health Cards to set up ex-post registration campaigns.

### 5.5.3 Food security and seasonality

A second important finding of this study was linked to unveiling the *trends and seasonality of households' food security*. All in all, findings showed that food security was a serious problem across all households, but particularly amongst eligible households. On average, almost 70% of households reported that they did not have enough food to meet their needs at least for 1 month in the 12 months prior to the survey. Food insecure households reported that they had sufficient food for only 2 to 3 months in the last year, and had an extreme shortage of food for 4 to 5 months, mostly spanning from January to May, with peaks in April and May.

While these issues are not easy to address and beneficiary households will most probably be positively affected by the CGP cash transfer, it would be important to make sure efforts are made to support households in the hardest months, before the harvest. Given the high level of seasonality of expenditure patterns which was found in this study, there may be a case for *adapting the value of the transfer to households' specific seasonal needs*. To address these problems, the CGP could increase the value of the transfer in these key months, mirroring households' needs.

**CGP Recommendation 17:** The CGP could consider increasing the transfer amount during the 'peak' food insecurity months of April and May. Similarly, the timing of other government programmes could be scheduled to support households in those months especially. It should be noted that this is particularly important given the short financial time-horizon and high risk aversion of households in the area, as also uncovered by this study. Additionally/alternatively the transfer could be integrated with interventions aimed at improving the financial literacy of recipients and

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encouraging greater financial use of the transfer: i.e. building precautionary savings for lean times or lumpy expenditures.

#### 5.5.4 School progression

A third set of findings that should be noted by policy makers regard *education*, and specifically *children's trends in school progression*. Overall, it was noted that primary school completion rates were at around 45% for the 13-17 age cohort (partially because of problems with school progression), and over 70% for the 18-25 age cohort, with numbers decreasing drastically for secondary school completion. Moreover, the most worrying result was that over 90% of children aged 6-19 presented some form of delay in school progression. These problems were mostly linked to late enrolments (affecting around 65% of children 6-19), repetition (affecting almost 55%) and temporary drop-out from school (just over 5%), which in turn were due to children failing exams and having poor grades as well as to financial problems (lack of money for fees, shoes, uniforms, etc.). Importantly, moreover, such problems were particularly acute for children in eligible households.

Within this context, it is clear that there are wider problems to tackle in order to guarantee children's right to schooling than a cash grant can address.

**CGP Recommendation 18:** The CGP grant could be designed so as to increase the transfer amount in the month of January (at the beginning of the school year), when most educational expenses are sustained<sup>110</sup>; or as previously mentioned combined with financial literacy training to encourage financial planning and consumption smoothing. Explicit conditionality mechanisms do not seem to be realistically implementable in Lesotho at this stage, given the poor state of systems of information and supply of public education services in general.

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<sup>110</sup> Note that there is a limit to the amount of variations to the payment schedule that it is advisable to introduce. Varying the amount of the transfer at different times of year might put some strain on the administration and would also risk confusing recipients, particularly if the amount varies by household size and is adjusted by inflation.

## Annex A Quantitative evaluation methodology and sampling strategy

### A.1 Impact Evaluation Design

The quantitative analysis of Programme impact will be based on a comparison of changes ('difference in differences') in a range of indicators between households eligible by the Programme's targeting process in treatment community (Group A in Table A.1 below – the **treatment group households**) with comparable households in 'control' communities (Group B in Table A.1 – the **control group households**). By comparing the changes in welfare indicators between control and treatment households the impact of the Programme can be assessed.

Moreover, including some non-eligible households from both treatment communities (Group C in Table A.1) and control communities (Group D in Table A.1) in the panel sample allows: a) analysis of spill-over effects - how the wider community benefits from the Programme ; and b) analysis of targeting effectiveness - how recipients' welfare compares to that of households that were not eligible as a result of the targeting process.

**Table A.1 Categorisation breakdown of the study population, by control/treatment and beneficiary status**

Treatment / control:		Treatment EDs	Control EDs
<b>Beneficiary status:</b>		A	B
Eligible for CGP		TREATMENT GROUP <i>(Beneficiaries)</i>	CONTROL GROUP <i>(Pseudo-beneficiaries)</i>
Not eligible for CGP		C <i>(Non-beneficiaries)</i>	D <i>(Pseudo-non-beneficiaries)</i>

In combination with community randomisation, this controlled design enables a very robust impact analysis based on difference-in-difference estimates and econometric impact analysis techniques. **The random allocation of the CGP** to a sufficient number of evaluation communities means by design there should be no systematic differences between treatment and control households observable and non-observable characteristics, and therefore the difference-in-difference and other impact estimates will not suffer from systematic selection bias.

The only dimension of the targeting process that it will not be possible to replicate in control EDs is the **self-selection** of beneficiaries out of the CGP that may happen in treatment EDs. In order to overcome this source of potential bias, the impact analysis will be undertaken on the basis of the Intent to Treat (ITT), by sampling eligible beneficiaries in both treatment and control EDs.



Based on the randomized cluster design, effects will be determined by comparing observed trends in the treatment and control group (A vs. B) in outcomes of interest. As all potential confounding factors, both observable and non-observable, should be orthogonal and independent from programme assignment, simple averages of key outcome will provide an unbiased estimate of the true programme effect.

The ‘before and after’ nature of difference-in-difference estimates means that any non-varying household-specific characteristics which might, in addition to the cash transfer, have a potential influence on the impact indicators being measured, are accounted for in the difference-in-difference estimates of impact.

In addition to generating the raw differences-in-differences impact estimates, econometric models will be estimated which attempt to control for other (time-varying) factors that may co-determine the impact indicators. These econometric models may be required if, despite the random allocation of evaluation communities as treatment or control, there are by chance significant differences between the treatment and control group. In addition, for some indicators in particular, it will be especially important to control for household-specific characteristics which vary over time and that, in addition to the cash transfer, also have a potential influence on the impact indicators being measured.

## A.2 Sampling Strategy

### A.2.1 Household Sample

The main source of the impact evaluation is a household panel survey collected in two rounds: (1) the baseline (fielded just after targeting and before the recipients receive their first payment); (2) the follow-up (interviewing exactly the same households as at baseline). The baseline survey has been used to study the programme’s targeting performance, while the baseline and follow-up survey will be used to study the programme’s impact.

The survey for the evaluation was collected in a **sub-sample of treatment and control EDs**. Those EDs that are covered by the evaluation are referred to as the **evaluation EDs**. The households in the treatment communities (EDs) that are selected for the programme are referred to as the **treatment group**. These households are beneficiaries of the programme. In control communities (EDs) a set of households that are comparable to the treatment group will be identified. These are referred to as the **control group**. These households are *exactly* the ones who would have been selected by the programme had it been operating in the control community because the programme will implement the targeting process in control communities (but not actually enrol and provide transfers to the eligible households).

Not all households in the treatment communities who are eligible for the programme (i.e. the **treatment group**) will be interviewed as part of the quantitative survey – those interviewed are referred to as the **treatment sample**. Similarly, not all households in the control communities who are identified as being comparable to the treatment group (i.e. the **control group**) will be interviewed as part of the quantitative survey – those interviewed are referred to as the **control sample**.

**Table A.2 Sampling Framework. Distribution of EDs, Villages and Households.**

District	Community Council	Number of EDs	Number of Villages	Number of Households	Number of Households Eligible for CGP	Proportion Eligible for CGP
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Maseru	Quiloane	8	55	2,949	614	20.8%
	Rapoleboea	9	38	791	316	39.9%
Leribe	Malaoaneng	9	38	1,318	248	18.8%
	Litjotjela	11	70	3,316	550	16.6%
Berea	Tebe-Tebe	10	57	2,940	873	29.7%
	Kanana	11	55	3,433	518	15.1%
Mafeteng	Metsi-Maholo	11	90	3,513	708	20.2%
	Malakeng	9	62	1,347	477	35.4%
Qacha's Nek	White-Hill	9	32	529	79	14.9%
	Mosenekeng	9	11	469	192	40.9%
<b>Total</b>		<b>96</b>	<b>508</b>	<b>20,605</b>	<b>4,575</b>	<b>21.8%</b>

Source: CGP MIS Data – NISSA dataset – June 2011

The sample was drawn from the list of households that had been collected in early 2011 by the Programme in the 10 community councils as a first step of the targeting process for the calculation of the PMT scores (NISSA dataset). It represents a census of all households living in the 10 community councils of interest for the study and contains 20,605 households living in 508 villages across 96 EDs.<sup>111</sup>

Ayala Co. (2011) report that, according to the latest census run by the Lesotho Bureau of Statistics, the expected population living in the 10 community councils was 30,603, hence indicating that the MIS (i.e. our sampling frame) covered on average 67% of the target population. There are several explanations for this inconsistency. First, the boundaries of some Community Councils have been redesigned since the latest census, leading to a smaller population actually living in the 10 community councils. This is especially the case in Maseru, where the MIS covers just slightly more than 50% of the number of households registered in the latest Census. Second, some households may have actually relocated, moved or extinguished. Third, some households whose dwelling was found in the field, were not available for an interview at the time the MIS-NISSA census was collected (11%).

Moreover, the MIS-NISSA census may not be fully comprehensive, as some households may have been only temporarily unavailable at the time of the NISSA data collection, may have refused the interview, or parts of villages/EDs may have been missed by enumerators. This may constitute an original source of exclusion error in the CGP targeting, as well as limit the representativeness of the evaluation sample overall (as the MIS represents our sampling framework).

The sample drawn for the evaluation is only be representative of the population included in the MIS-NISSA dataset, hence in any case of all households called to enrolment, as GCP beneficiaries are selected from the MIS dataset. The magnitude of potential targeting exclusion errors due to non-comprehensiveness of the sampling framework will be assessed as part of the qualitative targeting analysis (plus an attempt could be done to use information collected on networks in the household questionnaire for this purpose).

It must also be noted that, while the CGP targeting process was originally designed with the expectation of getting about 10,000 eligible households (NISSA 1 or 2 and validated) across the 10 Community Councils (half of which – 5,000 – would be called to enrolment in treatment EDs), the final number of potential beneficiaries (identified in the dataset after administering the PMT and

<sup>111</sup> It must be noted that the sampling framework was constructed on the basis of the most updated MIS dataset provided by Ayala Co. on the 8<sup>th</sup> June 2011. Since then the dataset has been deputed and some inconsistencies have been rectified by Ayala Co.

recording the outcome of the community validation process) was roughly half of what planned: 4,575 households across the 10 community councils, meaning an expected 2,300 in the EDs that will be randomly allocated to treatment. This low coverage, coupled with the fact that some of the EDs and Villages have a remarkably low number of households to start with, creates some challenges in finding beneficiary households.

### A.2.1.2 Sample Design

A multi-stage stratified random cluster sample design was adopted. The processes of random assignment and random sampling are distinct and independent, though interlinked in practice. The steps are described below:

1. Firstly **all** EDs (Primary Sampling Unit – PSU) were paired based on a range of characteristics such that each ED is paired with another ED (possibly in the same CC) which is similar across a range of characteristics. Since there are 96 EDs in total, 48 pairs pairings were constructed.
2. Once all pairs have been constructed, **40 pairs** were randomly selected to be covered by the evaluation survey.
3. Within each selected ED, **2 villages (or clusters or villages)** were selected (Secondary Sampling Units - SSU)
4. In every cluster a random sample of **20 households** (10 potentially called to enrolment and 10 potentially non-called to enrolment) were randomly selected and interviewed.
5. After the survey data has been collected in all evaluation EDs, **public meetings** will be organized (possibly at the community council level) where a **lottery** was held to assign the elements of each pairs (both sampled and non-sampled) to either treatment or control. Only at this stage it was known which EDs were going to be covered first (treatment EDs) and which were going to be delayed (control EDs).

The original sampling strategy is summarised in Table A.3 below.

**Table A.3 Original Sampling strategy - summary**

	Treatment	Control	Total
Districts	5	5	5
Community councils per district	2	2	2
Total community councils	10	10	10
Total EDs	48	48	96 (48 pairs)
Selected EDs	40	40	80 (40 pairs)
Selected SSUs (villages or clusters of villages)	80	80	160
<b>HHs per ED</b>			
<i>Eligible for CGP</i>	20	20	
<i>Non-eligible for CGP</i>	20	20	
<i>Total</i>	40	40	
<b>HHs per Cluster</b>			
<i>Eligible for CGP</i>	10	10	
<i>Non-eligible for CGP</i>	10	10	
<i>Total</i>	20	20	
<b>Theoretical target sample size (1)</b>			
<i>Eligible for CGP</i>	800	800	1,600

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<i>Non-eligible for CGP</i>	800	800	1.600
<i>Total</i>	1,600	1,600	3,200 (1)

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Source: CGP MIS Data – NISSA dataset – June 2011 and Sampling Report (OPM, 2011). Notes: (1) In practice, because of the small number of households called to enrolment overall, the expected sample size is smaller than what indicated here, as shown below.

Below we provide further detail of how each of the sampling stages described before has been undertaken.

### *Step 1. Pairing Electoral Divisions*

The pairing was undertaken on the basis of a multidimensional measure of distance<sup>112</sup> constructed on the basis of ED aggregate level information that was obtained from the NISSA dataset. The matching criteria included a series of characteristics regarding population, household demographics, assets and main socioeconomic traits.<sup>113</sup> Each pair is composed of two EDs, the most similar on the basis of available information. This is to ensure balance in covariates across treatment and control EDs.<sup>114</sup>

First EDs were paired with each other within the same Community Council. This was done to facilitate the implementation of public lotteries in which the random assignment would take place. As most electoral divisions contained an odd number of elements, the remaining unpaired EDs were paired with each other across Community Council and District boundaries.

### *Step 2. Selection of Pairs of Electoral Divisions*

Out of the 48 pairs constructed, 40 were selected randomly with probability proportional to size (PPS) of the total population (number of households) of the two elements (EDs) of the pair. In order to ensure that a fixed number of EDs (80) is selected in the end, 30 pairs whose probability of being selected was higher than a certain threshold were selected with certainty (self-selected). Out of the remaining 18 pairs, 10 were selected with PPS.

The outcome of this first selection stage is reported in the table below.

**Table A.4 Sample of Electoral Divisions (PSU)**

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District	Community Council	Number of EDs	Selected EDs
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<sup>112</sup> The Mahalanobis distance was calculated using the Stata routine mahascors

<sup>113</sup> ED level characteristics: number of households, number of households called to enrolment, number of villages. Household level characteristics, averaged at ED level: household size, number of children 0-12, number of disabled household members, self-reported food security, number of meals, quality of heating, quality of roof, availability of toilet, number of rooms per capita, number of TVs, number of cell phones, Tropical Livestock Units, number of poultry, access to ARV treatment.

<sup>114</sup> At every step of the matching algorithm all possible pairs were formed from all (remaining) EDs, and the pair with the minimum multidimensional distance was selected and extracted from the universe before the next iteration.

Maseru	Quiloane	8	8
	Rapoleboea	9	7
Leribe	Malaoaneng	9	7
	Litjotjela	11	11
Berea	Tebe-Tebe	10	10
	Kanana	11	11
Mafeteng	Metsi-Maholo	11	11
	Malakeng	9	9
Qacha's Nek	White-Hill	9	4
	Mosenekeng	9	2
<b>Total</b>		<b>96</b>	<b>80</b>

Source: CGP MIS Data – NISSA dataset – June 2011 and Sampling Report (OPM, 2011).

Note that in 22 out of the 96 EDs (12 of which in the Qacha's Nek District) there are less than 20 household who could be called to enrolment; 10 of them were randomly selected for the evaluation sample, leading to some losses with respect to the original intended sample size.

### *Step 3. Construction an Selection of Clusters of Villages*

Based on the information in the NISSA dataset, each ED is composed on average by 5 to 6 villages, but there is significant variation, as in some cases all households from one ED are registered in the same village, while at its maximum an ED can contain as many as 20 villages. The size of villages also varies significantly across community councils. The population is expected to be highly dispersed in the rural areas where fieldwork is going to take place. For this reason, and in order to facilitate the logistic implementation of fieldwork, it has been decided to include an additional sampling stage in the design, by randomly sampling secondary sampling units (SSUs) within each ED, before drawing a random sample of households.

SSUs are defined as villages or clusters of villages on the basis of geographical proximity. Clusters of villages are constructed using GPS coordinates<sup>115</sup>. The algorithm used to construct clusters of villages works as follows:

- Villages in which the number of potential beneficiaries is 0 are excluded from the evaluation sample. While this means that overall the sample is not representative of all the population living in the 10 community council, this does not constitute a threat to the external validity of the evaluation sample, as all potential beneficiary households are maintained in the sampling framework. As for the analysis of spill over effects, the sample is representative of all households living in villages where there is at least one potential beneficiary: i.e. all households who are potentially subject to within village spill over effects.
- In each ED the remaining villages are first sorted according to their size, from small to big.
- As soon as a village is found whose population of potential beneficiaries and non-beneficiaries is respectively smaller than 12116, the village is clustered with its nearest neighbouring village in an iterative way until the threshold is hit. Villages in newly formed clusters are excluded from the initial sorted list

<sup>115</sup> GPS coordinates were collected for each household as part of the NISSA data collection effort. Average village level coordinates have been calculated, which should represent the midpoint around which most of the villagers' houses gravitate.

<sup>116</sup> While 10 potential beneficiaries and 10 potential non beneficiaries will be selected in each cluster of villages, clusters are designed in such a way to allow for a minimum buffer of replacements.

- The same process is repeated, proceeding along the sorted list, until the total population of potential beneficiaries or non-beneficiaries in the residual group of villages is smaller than the threshold.
- If there is a residual group of villages, with total population of potential beneficiaries or non-beneficiaries smaller than the threshold, each of them is separately added to the cluster where the nearest neighbouring village is contained

Once clusters have been constructed in the way described above, 2 clusters are selected in each electoral division, with probability proportional to size (number of households in the cluster). The result is that some clusters with a large population are randomly selected twice, so the total number of clusters included in the evaluation is 127 rather than 160 (see table below).

**Table A.5 Sample of Cluster of Villages (SSU)**

District	Community Council	Number of Villages	Number of Excluded Villages	Number of Clusters	Selected EDs	Number of SSUs in Selected EDs	Selected Clusters
Maseru	Quiloane	55	2	25	8	16	14
	Rapoleboea	38	7	14	7	14	10
Leribe	Malaoaneng	38	4	14	7	14	11
	Litjotjela	70	9	24	11	22	17
Berea	Tebe-Tebe	57	1	29	10	20	17
	Kanana	55	3	25	11	22	18
Mafeteng	Metsi-Maholo	90	8	38	11	22	19
	Malakeng	62	4	22	9	18	15
Qacha's Nek	White-Hill	32	7	9	4	8	4
	Mosenekeng	11	1	9	2	4	2
<b>Total</b>		<b>508</b>	<b>46</b>	<b>209</b>	<b>80</b>	<b>160</b>	<b>127</b>

Source: CGP MIS Data – NISSA dataset – June 2011 and Sampling Report (OPM, 2011).

#### *Step 4. Selection of Households*

In each selected cluster, a stratified sample of potential beneficiaries and non-beneficiaries was drawn. A fixed number of potential beneficiaries and non-beneficiaries was randomly selected from the household list contained in the NISSA census. The fixed target was defined as follows: 10 and 10 when the cluster is selected once, and 20 and 20 when the cluster is selected twice. There wasn't any further stratification criteria for the group of non-beneficiaries.

Because of the small size of some of the EDs and cluster selected, in 10 clusters it was not possible to sample the number of potential beneficiaries and non-beneficiaries that would be required by design. This leads to a total reduction in sample size from the original target of 3,200 to the achievable target of 3,102.

The intended evaluation survey sample sizes are presented in Table A.6 below (with the letters in the cells matching groups A–D as listed above in the document).

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**Table A.6 Intended sample size, by population group**

Beneficiary Status	Area		Total
	Programme	Control	
Eligible for CGP	757 [A]	763 [B]	1,520
Non Eligible for CGP	783 [C]	799 [D]	1,582
<b>Total</b>	<b>1,540</b>	<b>1,562</b>	<b>3,102</b>

Source: CGP MIS Data – NISSA dataset – June 2011 and Sampling Report (OPM, 2011). Notes: Originally the intended total sample size agreed with the Programme was 3,200, broken down as follows: A – 800; B – 800; C – 800; D – 800. However, due to the small size of some of the Primary and Secondary sampling units, some observations were lost while drawing the sample. Due changes in the MIS-NISSA datasets that occurred after the sample had been selected 13 households were reclassified from “non-called to enrolment” to “called to enrolment” or viceversa. The table shows the definitive allocation of groups.

### A.2.1.3 Replacements

Once the correct household was identified, the head of the household whose name was already provided on the listing was interviewed. In case the head of the household/caregiver was not available any knowledgeable member of the household of the age above 18 years qualified for the interview. Based on the above respondent selection criteria, 2891 household interviews were completed either at the first attempt or after subsequent re-visits (out of an original target of 3102).

For a variety of reasons it is always the case that some sampled households cannot be interviewed. For this reason an additional replacement sample was drawn by OPM and provided to the teams.

To avoid the risk of interviewers incorrectly replacing sampled households (e.g. to avoid going to a very remote location) replacement was very closely controlled by the Field Operations Manager, and explicit permission had to be given before a replacement could be made. A detailed summary of all replacements was kept. A replacement was permitted in the following circumstances:

- If the entire household was absent outside the area for extended period of time
- If household refuses to be interviewed
- If household was not found
- If household had moved outside the area
- If no household member was at home or no competent respondent was available after the 3rd visit

Overall 211 sampled households (6.8% of the original target sample) could not be interviewed, 175 of them (5.4% of the original target sample) were replaced, while only 36 observations were lost due to impossible replacement or other reasons (1.16% of the original target sample). Note that not all of these were replaced. This is because the replacements were drawn by cluster of villages (Secondary Sampling Unit), and from the same category (would be beneficiaries and non-beneficiaries) and so in some cases the number of replacements available was not sufficient to cover all replacement needed. Furthermore, not all replacements were found (i.e. replacements were replaced with other replacements).

#### A.2.1.4 Final Sample

Table A.7 and Table A.8 below present details of the final sample of households obtained in the field (after replacements). The rate of coverage of the target sample is very high (98.4% in total) and not lower than 97% for any of the four main study groups.

**Table A.7 Actual sample size, by population group**

Beneficiary Status	Area		Total
	Programme	Control	
Eligible for CGP	745 (98.4%) [A]	739 (96.9%) [B]	1,484 (97.6%)
Non Eligible for CGP	781 (99.7%) [C]	788 (98.6%) [D]	1,569 (99.2%)
<b>Total</b>	<b>1,526 (99.1%)</b>	<b>1,527 (97.8%)</b>	<b>3,053 (98.4%)</b>

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011.

The rate of sample completion is homogenously distributed across Districts and Community Councils, with no noticeable sample losses in any specific geographic area. Due to adverse weather condition and difficulties in accessing remote villages in the White-Hill community council in Qacha's Neck and almost 5% of the target sample was lost there.

**Table A.8 Intended and actual sample size, by community council**

District	Community Council	Called to Enrolment	Non-Called to Enrolment	Total
		Group A/B	Group C/D	
Maseru	Quiloane	157 (99.4%)	158 (97.5%)	315 (98.4%)
	Rapoleboea	130 (98.5%)	131 (99.2%)	261 (98.9%)
Leribe	Malaoaneng	128 (96.2%)	139 (99.3%)	267 (97.8%)
	Litjotjela	200 (94.8%)	226 (102.3%)	426 (98.6%)
Berea	Tebe-Tebe	200 (100.5%)	194 (96.5%)	394 (98.5%)
	Kanana	211 (97.2%)	225 (100.9%)	436 (99.1%)
Mafeteng	Metsi-Maholo	211 (98.1%)	221 (99.1%)	432 (98.6%)
	Malakeng	172 (97.2%)	177 (98.3%)	349 (97.8%)
Qacha's Neck	White-Hill	35 (92.1%)	70 (97.2%)	105 (95.5%)
	Mosenekeng	40 (100.0%)	28 (100.0%)	68 (100.0%)
<b>Total</b>		<b>1484 (97.6%)</b>	<b>1569 (99.2%)</b>	<b>3053 (98.4%)</b>

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011.

On the basis of household characteristics, NISSA status and the outcome of the validation process that are recorded in the NISSA-MIS dataset Table A.9 below presents the distribution of the sample across groups that will be relevant for the targeting analysis. About half of the sample is composed of households who should be called to enrolment in the CGP (either in treatment or control EDs). The rest roughly equally divided between households that are not eligible to enrol in the CGP because: a) their NISSA score is too high; b) they were excluded at the validation stage; c) they don't have children. A small fraction of households could not be assigned in any of these categories as the information in the NISSA-MIS is incomplete.



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**Table A.9 Intended and actual sample size, by type of household**

		Treatment and Control Areas
Beneficiaries	Eligible for CGP	1484 (97.6%)
Non Beneficiaries, with children	NISSA 12 - Non validated	525 (101.0%)
Non Beneficiaries, with children	NISSA 345	574 (99.3%)
Non Beneficiaries	Without Children	457 (97.2%)
Non Beneficiaries	Missing Data for NISSA PMT	13 (92.9%)
<b>Total</b>		<b>3053 (98.4%)</b>

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011.

### A.2.1.5 Weights

Sampling weights have been generated and used to produce estimates that relate to all households living in the EDs covered by the evaluation. Even though the EDs were selected randomly the EDs sampling probabilities are not reflected in the household sampling weights and therefore the estimates do not apply to any households that located outside the evaluation EDs. As such the EDs selected for the evaluation represent the 'study population' and no inferences are being drawn about a wider population.

The household sampling weights are given by:

$$w(ij) = (A_i / (m_i * a_{ij})) * N_{ijk} / n_{ijk}$$

where  $A_i$  is the total number of households in the sample frame of Cluster of Villages for ED  $i$ ,  $m_i$  is the number of Cluster of Villages sampled in ED  $i$ ,  $a_{ij}$  is the number of households in Cluster  $ij$ ,  $n_{ijk}$  is the number of households of type  $k$  interviewed in Cluster  $ij$  and  $N_{ijk}$  is the total number of households of type  $k$  listed in Cluster  $ij$ .

### A.2.2 Community Survey

The Community Questionnaire is designed to gain general information on the communities we are visiting to conduct household interviews. This includes info on health services and schools available, on distances from key amenities, on seasonal crop trends, on the cost of labour and local prices, among other things.

One (1) Community Questionnaire was conducted in each Cluster of Villages. In case of Clusters containing more than one Village, the Community Questionnaire was conducted in the village with most sampled respondents (called and non-called)

The respondent for the community questionnaire were community representatives, ideally four (4), some male some female, some older some younger, including members from the Village Assistance Committee and local health workers if possible.

**Table A.10 Intended and actual number of community questionnaires, by community council**

District	Community Council	Intended	Actual
Maseru	Quiloane	14	11
	Rapoleboea	10	8
Leribe	Malaoaneng	11	11
	Litjotjela	17	18
Berea	Tebe-Tebe	17	14
	Kanana	18	18
Mafeteng	Metsi-Maholo	19	15
	Malakeng	15	11
Qacha's Neck	White-Hill	4	4
	Mosenekeng	2	2
<b>Total</b>		<b>127</b>	<b>112</b>

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011.

The communities interviewed in the sample were a function of the selected Cluster of Villages and recipients and the extent to which they were geographically clustered. As such, defining weights for community level data is difficult and it is proposed that it be analysed without weights. In practice, most community information will be read down to household level and analysed with household weights.

### A.2.3 Business Survey

The Business Questionnaire consists in a non-representative survey of rural businesses that fall within the sampling frame of the Lesotho CGP evaluation study. The purpose of the Enterprise survey is to collect information about the local economy in the areas where the CGP operates. That information will then be analysed using quantitative modelling techniques in order to identify the economic multiplier effects of unconditional cash transfer programs, such as the CGP.

In each Electoral Division, the questionnaire was administered to at least one (1) spaza shop, grocery store or petty trader. If more than one grocer/petty trader in a given ED, the largest business should be chosen. Additionally, one or two extra businesses were be selected in each Cluster of Villages, depending on the size of the Cluster.

**Table A.11 Actual number of business questionnaires, by community council**

District	Community Council	Total
Maseru	Quiloane	24
	Rapoleboea	20
Leribe	Malaoaneng	21
	Litjotjela	33
Berea	Tebe-Tebe	30
	Kanana	28
Mafeteng	Metsi-Maholo	35
	Malakeng	24
Qacha's Neck	White-Hill	7
	Mosenekeng	5
<b>Total</b>		<b>227</b>

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011.

Businesses were selected from a list of local businesses that was previously determined as part of the Community Questionnaire in the Section on Economic Activities. Besides the grocery stores, extra businesses will be selected off this list in such a way to diversity of the local economy, including rare or unusual businesses. Each team was supposed to cover as many types of business as possible throughout fieldwork. At any time a new type of business was mentioned it had to be selected for interview.

**Table A.12 Distribution of business types**

Community Council	Total	Proportion (%)
Grocery store	46	20.5
Petty trader/bar	69	30.8
Home brewery	41	18.3
Public phone	10	4.5
Food preparation	1	0.5
Transport service	3	1.3
Crèche	5	2.2
Miller	7	3.1
Metal works	1	0.5
Traditional healer	9	4.0
Construction	2	0.9
Mechanic	1	0.5
Agricultural inputs and tool rental	2	0.9
Seamstress/tailor/clothes repair	14	6.3
Hairdresser	3	1.3

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Other	10	4.5
Missing	3	
<b>Total</b>	<b>227</b>	

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011.

In case there are were business enterprises in the village where the community was conducted, the supervisor was asked to conduct the interviews with the business(es) closest to the community. This may be on the road leading to the community, or on the road closest to the community.

The questionnaire was administered only to the owner of the business.

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## Annex B Fieldwork and data processing procedures

### B.1 Survey planning and preparation

#### B.1.1 Respondent and replacement lists

The sample was drawn from the NISSA dataset. For each cluster of villages (Secondary Sampling Units) a list of target sampled households was generated and printed with basic information for the identification of households in the field. Each team was also provided with a cluster specific list of replacements, when available.

#### B.1.2 Questionnaire translation

After the household questionnaire was finalized in English, it was translated into Sesotho. The translations were initially done by Sechaba Consultants and checked by fieldwork supervisors and enumerators as part of the training. To ensure that no meaning was lost during translation, the translations were done in everyday spoken language as opposed to formally grammatical correct language. Further, the translation was back-translated into English for validation purposes and harmonised to convey the correct meanings. The community and business questionnaires were not translated to Sesotho, as they were administered by the team supervisors who could translate on the spot if necessary.

#### B.1.3 Pre-testing of the survey instruments

Three separate rounds of pretesting took place in the process of developing the English version of the three instruments before the training. Overall the three instruments were pretested in the field for more than 10 days. Technical staff from OPM, Sechaba, UNICEF, FAO and World Vision (WV) participated in the pre-testing rounds. Most of the enumerators who participated in the initial pre-testing were later selected as fieldwork supervisors. The pre-testing took place in three community councils in the Maseru District: Makhoarane, Mazonod and Semonkong, mainly in areas covered by the CGP in its earlier expansion phases.

It was established from the pilot-testing that the actual field interviews were taking an average of 3 hours, although this time reduced significantly as interviewers became familiar with the instrument. On the basis of this information the overall survey timetable was determined.

### B.2 Field personnel

#### 5.5.5 Supervisory team

The supervisory team comprised, OPM Project Manager, Sechaba Consultants Team Leader, the Field Operations Manager and Fieldwork Supervisors whose responsibilities are defined as follows.

**OPM Project Manager** – His main role was to:

- Organize the training of the field force
- Oversee the whole data collection process
- Organize and oversee external field quality control

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**Sechaba Consultants Team Leader** – Sechaba Consultants Team Leader who has more than 20 years of fieldwork administration was in charge of the data collection and data entry operations. Her main role was to:

- General project oversight
- Recruit a suitable field team
- Plan for fieldwork (timelines, logistics and budgets)
- Liaise directly with the OPM team on fieldwork planning
- Define internal project quality control processes
- Coordinate financial disbursements to teams
- Coordinate fieldwork, data entry and data cleaning processes so that outputs can be delivered in the agreed timeline
- Supervise the Field Operations Manager
- Provide regular updates to OPM on the developments of the project

**Field Operations Manager** – Sechaba Consultants Operations Manager who has more than 5 years of fieldwork administration was in charge of the entire field force. Her main role was to:

- Oversee the questionnaire training exercise
  - Liaise directly with the OPM team on fieldwork execution
  - Coordinate all logistics
  - Establish and maintain good relationships with district authorities and the communities visited
  - Supervise the survey teams
  - Ensure the implementation of quality control processes by teams
  - Undertake quality control
  - Compile daily field updates from the teams
  - Accurate consolidation and timely distribution of the data.
- The Operations Manager worked hand in hand with Sechaba and OPM Project coordinator and reported to him.

**Team Leaders** – At engagement, it was ensured that each team leader had an appropriate leadership profile as well as previous experience in similar large scale surveys. The team of supervisors was drawn from the regular Sechaba Consultants field leading team and comprised eight members. This number was engaged such that each Team leader supervised no more than three interviewers. The main role of the Team leader was to:

- Coordinate team logistics
- Establish and maintain good relationships with the the communities visited
- Maintain fieldwork discipline

- 
- Organise the interviewing schedules
  - Compile field reports and progress updates
  - Conduct all business and community interviews
  - Conduct at least 3 interviews per PSU
  - Quality control of the interviews
  - Accompany interviewers and ensuring that they followed the respondent selection and interviewing procedures
  - Edit every questionnaire for completeness in the field
  - Execute quality control procedures including making the mandatory back-checks
  - The Team leaders reported directly to the Field Supervisor.

### **B.2.1 Interviewing team**

Over and above this education qualification, the interviewers were recruited on the basis of interest, physical fitness, personality, intelligence, enthusiasm and adaptability among other qualities. This team was comprised of experienced interviewers. In consideration of the survey timelines, a suitable team of 24 interviewers was selected for training.

Although 24 interviewers and 8 supervisors were eventually used to carry out the actual fieldwork, an additional five interviewers were trained and maintained as backup in the event of dropouts during fieldwork.

## **B.3 Training of the fieldteams**

The main thrust of the training was to clearly define and explain roles and responsibilities and to familiarise the field team with the questionnaire and fieldwork strategy.

One OPM consultants and one FAO official were present for the full duration of the field team training. Two OPM consultants were also present at the initial stages of the fieldwork implementation. This ensured that the fieldwork training and implementation was fully in line with the intended evaluation design framework.

### **B.3.1 Training on roles and responsibilities**

Training of field personnel (supervisors and interviewers) on roles and responsibilities was carried out over a two day period. This training was conducted by OPM project manager, another OPM consultant and the Operations Manager, with collaboration from the Team Leaders, and covered the following:

- The CGP and the research objectives
- Design of the evaluation, survey concepts and terminologies
- Interviewing principles and techniques
- Their role as interviewers – confidentiality, neutrality, questionnaire administration, probing, call-backs and substitution
- Household identification and finding strategy

- 
- Respondent selection
  - Logistics
  - Quality Control

### **B.3.2 Questionnaire training**

Questionnaire briefing took a further five days. The team was briefed through the entire questionnaire, question by question. Special emphasis was laid on the following:

- Introduction to the questionnaires:
  - General concepts and procedures (format, response types, skips, order, respondents, consent forms, etc)
  - Introduction to the respondent
  - Very brief intro on Community and Business Questionnaire
  - The household questionnaire (section by section detailed discussion)
  - Question-by-question discussion and role-plays
  - Translation
- During the briefing/ training sessions, the team was split into groups, allowing them to administer mock interviews in Sesotho. In addition to improving their general interview skills, this permitted the identification of those specific terms and concepts that were likely to pose challenges in communication, especially to the less educated respondents.
- Throughout the training, attention was paid to the following issues:
  - problems around translation (ensuring consistency)
  - importance of id codes and 'linking' information (roster id, hhid etc)
  - ethical issues
  - insights from the qualitative research that may inform understanding of questions
  - procedures for calculating key information (time taken for..., value of ..., etc)

During the training, supervisors had additional sessions on the Community and Business questionnaires, as well as a refresher on logistics and finding strategy the day before going to field.

### **B.3.3 Pilot-training**

As part of the training, pilot interviews were conducted by the whole team of fieldwork supervisors and enumerators during two full working days in the Maseru district. This was done to allow the team to familiarize with the instruments, assess their reliability (i.e. consistency and clarity in terms of yielding the desired data, language composition, etc) and tested the exercise's planned logistics.

The field exercise was executed by all 37 participants to the training (8 supervisors, 24 enumerators and 5 reserves) plus staff from OPM, Sechaba and FAO. The following tasks were undertaken by different groups



- 
- Identify households using household list
  - Administer the household questionnaire
  - Community interviews (supervisors only)
  - Business interviews (supervisors only)
  - Each interviewer conducted at least two household pilot interviews across the two days. In most cases they were accompanied by supervisors (either team leaders, OPM, Sechaba or FAO staff) during the interviews. All questionnaires were checked by OPM staff in the evening and feedback was discussed in plenary session the following day as part of the training to discuss corrections and improvements.

Bearing in mind that the questionnaire was piloted at an earlier stage, no other specific issues arose that required changes in the questionnaire. However, the exercise was useful in polishing the team's fieldwork logistics and interviewing skills. All the training requirements were re-emphasised in an additional session after the pilot exercise.

### **B.3.4 Manual**

A detailed fieldwork manual was provided to each team and served as in field reference to remind all issues covered during the training. It included sections on: background and objectives of the study; fieldwork protocols; fieldwork organization and logistics; general rules for filling the questionnaire; definitions, and; question by questions guidelines for each section of the three main instruments.

The Manual was finalized during the training and revised by fieldwork supervisors.

## **B.4 Fieldwork organization**

### **B.4.1 Team structure**

- The fieldwork was undertaken by 8 teams of 4 members: one supervisor and 4 enumerators. Each team was accompanied by a driver and a dedicated 4X4 vehicle for the whole duration of the fieldwork.

### **B.4.2 Targets**

- In total, the fieldwork covered 80 Electoral Divisions (ED) with a target of 3102 household interviews. Each Electoral Division was further divided into Clusters of Villages, containing one or more neighbouring villages. There were 1 or 2 Clusters of Villages selected in each Electoral Division.
- Each team covered 10 Electoral Divisions. In each Electoral Division targets were as follows:
  - 1-2 Clusters of Villages
  - 40 household interviews, of which normally 20 from group A and 20 from group B
  - 1 to 2 community questionnaires
  - 2 to 5 business questionnaires (see table below)

**Table B.1 Total Targets per Electoral Division**

Questionnaire Type	Target
Household questionnaires	- 40 per Electoral Division (except when otherwise indicated in the respondents lists)
Community Questionnaires	- 1 per every Cluster of Villages in the Electoral Division
Business Questionnaires	- 1 spaza/grocery/petty trader per Electoral Division, in ANY case - Plus, the number of Extra Business Questionnaires indicated on the Respondent List for each Cluster of Villages in the Electoral Division
<i>Respondent List</i>	- One per Cluster of Villages, completed in each row
<i>Replacement List</i>	- One per Cluster of Villages, completed where replacements have been made

- In each Cluster of Villages (group of neighbouring villages) targets were as follows:
  - 20 or 40 selected households, normally half from group A (eligible) and half from group B(non-eligible)
  - 1 community questionnaire (to be administered in the village with more households in the respondent list)
  - 1-2 business questionnaires (see table above)
- Expected duration of fieldwork in each ED will be 4.75 days. The suggested time allocation in each ED was indicated in the manual as follows:

Enumerators

- HH Interviews: 4.75 days (Total 37 interviews)

Supervisor

- HH interviews: 1 day (Remaining 3 interviews)
  - Business and Community Questionnaire: 1.25 day
  - Quality Control: 2.5 days
  - Travel from one ED to the next: 0.25 day
- Note that these time references are indicative numbers. The supervisor had flexibility to arrange fieldwork as needed, as long as each ED was completed at the end of the sixth day. One ED had to be completed before the team moves to the next ED. The same team could work at the same time in more than one Cluster of Villages within the same ED. Normally 2 teams worked in parallel in the same Community Councils, but in different EDs.

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## B.5 Fieldwork execution

### B.5.1 Fieldwork schedule

The fieldwork took place over a period of 9 weeks from the 14<sup>th</sup> of June to the 15<sup>th</sup> of August 2011 and covered five districts and ten Community Councils in Lesotho.

Because the sample of households was predominantly rural and spread across 5 Districts (Berea, Leribe, Mafeteng, Maseru and Qacha's Nek), the teams faced significant logistical challenges. About half of the households sampled lived in the lowlands, around 40% in the foothills and the remainder either in the mountains or in the Senqu River valley. The timing of the fieldwork further compounded these challenges. Much of the fieldwork took place during the winter time and partly in correspondence to the winter holiday break.

Teams were coupled in pairs and started simultaneously in Qacha's Nek, Leribe, Maseru and Berea. The teams working in Qacha's Nek moved then to Mafeteng, where they were supported at the end of fieldwork by another team that had already finalized data collection in Maseru. One of the teams in Berea also came to support one team in Leribe in the final weeks of fieldwork. Generally, all teams focussed on one community council at the time, in order to allow for the public lotteries to take place according to the agreed calendar.

The areas were completed as follows:

Mosenekeng (Qacha)	25 <sup>th</sup> of June
White-Hill (Qacha)	01 <sup>st</sup> of July
Rapoleboea (Maseru)	07 <sup>th</sup> of July
Malaoaneng (Leribe)	07 <sup>th</sup> of July
Tebe Tebe (Berea)	13 <sup>th</sup> of July
Quiloane (Maseru)	31 <sup>st</sup> of July
Malakeng (Mafeteng)	4 <sup>th</sup> of August
Litjojela (Leribe)	7 <sup>th</sup> of August
Kanana (Berea)	11 <sup>th</sup> of August
Metsi-Maholo (Mafeteng)	15 <sup>th</sup> of August

## B.6 Fieldwork quality control procedures

In order to ensure that fieldwork standards were maintained at the highest possible levels, a number of measures were undertaken. These are summarised in the following sub-sections. In addition respondents were informed about the estimated interviewing time required to complete the interview to avoid the interview being closed half way through the process.

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### **B.6.1 Use of local language**

During the fieldwork, the survey teams conducted interviews in Sesotho. To ensure that the master English questionnaire had been correctly translated, one team translated it into Sesotho, while the second back-translated it into English. Finally, the Questionnaire was checked extensively by the whole team of supervisors and enumerators as part of the training. A final check was undertaken by Sechaba Consultants team leader.

### **B.6.2 Multiple tiers of quality control**

Enumerators were expected to:

- Check all questionnaires while at the household immediately after the interview to ensure that all questions have been completed
- Self-check all questionnaires on a daily basis to ensure that there are no errors, missing data and that all skip and filters have been followed correctly
- Exchange questionnaires amongst each other so that you can cross-check one another and correct questionnaires accordingly
- Once corrections have been made enumerators should sign questionnaires and hand them over to supervisors for verification.

The team leaders ensured that they checked 100% of the questionnaires to ensure all the relevant information was collected. Any questionnaire found to have incomplete details was referred back to the field the following day for correction/amendment.

Supervisors were expected to:

- Spend 2.5 days per ED on Quality Control
- 1 day sit ins during interviews (1 per interviewer per ED , during the first 3 or 4 weeks of fieldwork) OR revisits to households to conduct spot-checks (3 households per ED i.e. one per interviewer) to verify that the information is correct and that the enumerators have actually visited the households
- 1.5 days = Checking & amending the questionnaires of all enumerators in his/her team to ensure that there are no errors, missing values and that all skips and filters are done correctly. It is the supervisor's responsibility to make sure all questionnaires are checked and quality controlled as fieldwork rolls out. Ideally, new questionnaires should be checked that same evening or the day after.
- If there were errors picked by the supervisor, enumerators were expected to go back to the household to correct the errors. Supervisors should re-check enumerators to ensure that corrections have been made.
- Only once satisfied with the work supervisors should sign off on the questionnaires, and assign each questionnaire a serial ID number (from 01 to 40 in each electoral division).

The Field Manager was expected to:

- Check questionnaires that the supervisors have already checked and verified to ensure that they are correct.
- Sit-in during interviews,
- Conduct spot-checks by revisiting some of the households

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- Once satisfied the Field Manager signed the questionnaires and submitted for data entry.

OPM was expected to:

- Conduct spot-checks by visiting some of the teams
- Sit-in during interviews,

Three different members of the OPM team accompanied the interviewers during seven quality control visits to the field. Every interviewer was accompanied at least once during fieldwork, either by OPM's team or the field manager. Spot checks and impromptu visits by OPM staff took place in Berea (2 teams, 1 visit each), Leribe (1 team one visit, 1 team 2 visits) and Maseru (2 teams, 1 visit each), while the Qacha's teams were visited by Sechaba Consultants field manager.

### **B.6.3 Daily field meetings**

The supervisor held de-briefing meetings every morning/evening before the commencement of each day's fieldwork. During these sessions, the previous day's experiences were shared and the supervisors re-iterated the fieldwork standards required.

### **B.6.4 Small field-teams**

The small size of the survey teams ensured sound and close supervision. For more quality checks a member of OPM team, the Sechaba team leader each made impromptu field visits.

### **B.6.5 Security of questionnaires**

All completed questionnaires were stored in a locked vehicle, under the supervision of the field supervisor. If stored in a temporary facility where the supervisor may be staying in the field, the questionnaires were stored in a locked room. The envelope containing household identifiers was kept on the person of the supervisor at all times and, as necessary, locked and stored separate from the questionnaires.

Transport of completed questionnaires from the field to Sechaba offices was the responsibility of the field manager and/or the Team Leader. The completed questionnaires were sent to the head office on a regular basis in batches. These were transported to Maseru for data entry at Sechaba Consultants offices, and kept in a locked room at all times when not being used for data entry. Household identifiers were not stored in the same room as the questionnaires.

## **B.7 Survey data processing**

### **B.7.1 Data entry**

Data entry started in parallel with fieldwork. Data collection (household, community, enterprise questionnaires) and data entry was done simultaneously, albeit with a time lag between collection and entry. Batches of questionnaires were sent (weekly) from the field, through the fieldwork manager. Data entry began as soon as the data entry training was completed so that by the end of June 2011, the first batch of 60 household questionnaires had been entered.<sup>117</sup> The data entry team used a double entry method so that data was entered twice, then cross-checked for inconsistencies.

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<sup>117</sup> The team started with household questionnaire data entry and later moved to the enterprise and community questionnaires in August and September

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The data entry team comprised of 16 data entry clerks led by a highly experienced data entry supervisor. The 16 were split into 2 teams of 8 with each team being allocated a separate room from which to work. Each team member had a computer loaded with excel as well as SPSS (different versions) which was their primary data entry package.

The two teams worked by taking turns to enter the same batch of questionnaires coming in from the field so that each team (room) had its own version of the data entered in SPSS. The entry of data twice, each instance by a separate team allowed for data entry quality checks to be carried out (comparing versions 1 and 2 of the entered data). As already mentioned, double data entry for the household questionnaires began 2 weeks after fieldwork commenced. However, because of issues faced with this process, data entry for the community and enterprise questionnaires only began on the 13<sup>th</sup> of September 2011, once all data entry for the household questionnaire had been completed.

The data entry teams faced numerous challenges that also filtered through to the data cleaning process. Firstly, there were periods of erratic electric power supply during the months of July, August and September. The teams had to make up for lost time by working through the weekends. A more persistent challenge was to do with the software on the computers used for data entry.

All data entry was completed by the 30<sup>th</sup> of September 2011. The checking of inconsistencies between the 2 versions of the entered data was done parallel to the data entry process and is explained in the next section.

### **B.7.2 Data entry errors check**

As already noted, the data was entered twice, independently and the resulting data sets compared using EPIDATA software with specially written checking programmes. These programmes cross-checked every data point in each data file across the two entry rounds and produced a list of data entry conflicts identified by unique record identifier and variable (and row where applicable). Note that before round1 and round2 data could be cross-checked for conflicts the unique identifier codes had to be checked for duplicates and mismatches that would prevent the two rounds of data from merging correctly.

Every list of data entry conflicts errors was then resolved by the data entry team by consulting the hard-copy questionnaires, whereupon corrections were made in the relevant dataset (either round1 or round2, or both if both were incorrect). All corrections were recorded so that they could be undone if it was later found that a mistake had been made. Once the data entry team had checked and attempted to correct all the queries the two corrected datasets (round1 and round2) were re-checked and any outstanding data entry conflicts were identified and checked. For each data file this process was repeated until no outstanding data entry errors remained, that is until round1 and round2 data was identical.<sup>118</sup>

This whole procedure had to be repeated for 39 separate data files (24 for the household questionnaire, 7 for the enterprise questionnaire and 8 for the community questionnaire). This

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<sup>118</sup> Note that a few variables in the datasets will not be used for the analysis (e.g. the time of data entry, etc.). These variables were not checked for data entry conflicts. In addition, some variables are recorded as words rather than numbers (referred to as "string" variables, as opposed to "numeric" variables). Methods were used to ensure that unimportant data entry conflicts caused by typos or slight spelling mistakes were filtered out and ignored. On average it took three repetitions of this process (i.e. three checking cycles) before all double entry conflicts had been resolved.

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process was further complicated by the bugs in the SPSS programs used although the process was made more efficient by the installation of SPSS version 19<sup>119</sup> on some of the machines.

### **B.7.3 Identifier errors check**

After all data entry conflicts had been corrected in each dataset the next step was to check the identifier codes which link data files.. These are the various identifier codes linking: questionnaire section data files; household questionnaires to community questionnaires; household questionnaire to enterprise questionnaire; and individual household members between sections (via household roster idcode).

### **B.7.4 Data value errors check**

The data was then checked for blanks, skip errors, outliers and internal inconsistencies. A list of every error was generated by questionnaire and this was sent to Sechaba to check against the hard-copy and to correct in the master data.

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<sup>119</sup> This version of SPSS also had some bugs, of which one example of this is a bug for which a patch is now available on the SPSS website which would switch data cells between different variables. This means previously resolved inconsistencies often appears as if they had not been resolved while additional, new issues were also spotted with each checks.

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## Annex C Construction of consumption aggregates

In order to assess the socio-economic status of households in the study population, consumption expenditure information was recorded in the survey questionnaire. The quantity, value and main source(s) of food consumed during the 7 days prior to the interview were recorded for an exhaustive list of 58 categories of food items, mainly corresponding to those used in the latest Household Budget Surveys (HBS) for Lesotho in 2002/03 and 2010. The value of non-food consumption expenditure was recorded for 45 separate items, covering fuel and energy, clothing and footwear, household and personal care, household furnishings and maintenance, transportation, communication, recreation, and other.<sup>120</sup> The value consumed in the preceding three months was recorded. Some lumpy and infrequent expenditure items were excluded, while consumption flows from durable items could not be estimated.

After some work on estimating imputed rents, it was decided to exclude rent – actual and imputed – from the consumption aggregates. This was because rural estimates were not considered reliable, given the very limited market in those areas, and comparisons are more reliable if they are excluded from all areas.

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<sup>120</sup> Because of problems with the estimation of unit values and costs, the expenditure on tea and salt is disregarded for the calculation of the consumption aggregate.



**Table C.1 Mean total household consumption expenditure and budget shares by expenditure item**

	Mean total monthly household consumption expenditure (M)	Mean budget share (%)
Cereals	193.3	24.7
Bread	25.3	2.3
Tubers	14.9	2.0
Poultry	40.1	3.4
Meat	61.2	4.1
Fish	3.6	0.3
Milk and eggs	21.7	2.0
Oil and fats	27.0	3.5
Fruits	10.6	0.9
Vegetables	88.6	12.1
Pulses	23.2	2.7
Sugar	13.9	1.4
Non-alcoholic beverages	1.8	0.1
Alcohol	3.8	0.4
Restaurants	16.1	1.6
Spices and condiments	3.5	0.3
Tobacco	6.6	0.8
House utilities	5.6	0.5
Fuels	137.0	16.4
Clothing and footwear	40.1	2.6
Household and personal care	59.6	7.2
Maintenance	0.2	0.0
Transportation	30.4	2.6
Communication	17.3	1.4
Services	6.0	0.5
Education	39.1	3.7
Health	21.1	2.3
<b>Total</b>	<b>911.5</b>	<b>100</b>

*Source:* CGP Evaluation Baseline Survey, Jun-Aug 2011. *Notes:* Consumption expenditure presented here is in nominal terms; that is, has not been adjusted to reflect price differences across districts or over time (intra-survey inflation). Because of problems with the estimation of unit values and costs, the expenditure on tea and salt is disregarded for the calculation of the consumption aggregate.

Real monthly consumption expenditure was calculated using a Paasche price index to adjust for regional price variations. The Paasche index was constructed using data from both the household and community questionnaires relating to the price of 28 different items (mainly food items, but also some non-food items) and relative budget shares. The overall average coverage of the consumption expenditure on these groups is 58%.

The list of consumption items included in the calculation of the Paasche price index is as follows: Maize grain; Wheat grain; Sorghum grain; Bread; Rice; Beef (fresh); Chicken flesh (whole); Milk (fresh packed or UHT); Eggs; Cooking oil; Dried beans; Cabbage; Tomatoes; Potatoes; Sugar; Table salt; Locally brewed traditional beer; Meal outside the house (one plate); Tobacco (Best Blend); Toilet soap; Paraffin; Candle; Matches (box); Laundry soap; Trousers for men (basic); Skirt for women (basic); Rubber Boots (best quality); Coffin.

The price adjusted (real) monthly consumption expenditure is then adjusted to be expressed in per adult equivalent terms. The equivalence scale was analogous to the one used in most recent HBS surveys in Lesotho (HBS, 2003).

**Table C.2 Equivalence scales**

Age	Equivalence Scale <i>Males</i>	Equivalence Scale <i>Females</i>
0-6 months	0.26	0.26
6-12 months	0.35	0.35
1-3	0.48	0.48
4-6	0.63	0.63
7-10	0.89	0.89
11-14	1.00	0.81
15-18	1.04	0.78
19-22	1.07	0.78
23-50	1.00	0.74
51-75	0.89	0.67
76+	0.76	0.59

*Source:* Bureau of Statistics, Government of Lesotho. Household Budget Survey 2002/03, HBS(2003)

This measure (real monthly household consumption expenditure per adult equivalent) is the 'consumption aggregate' used as the basic measure of household welfare and poverty and status.

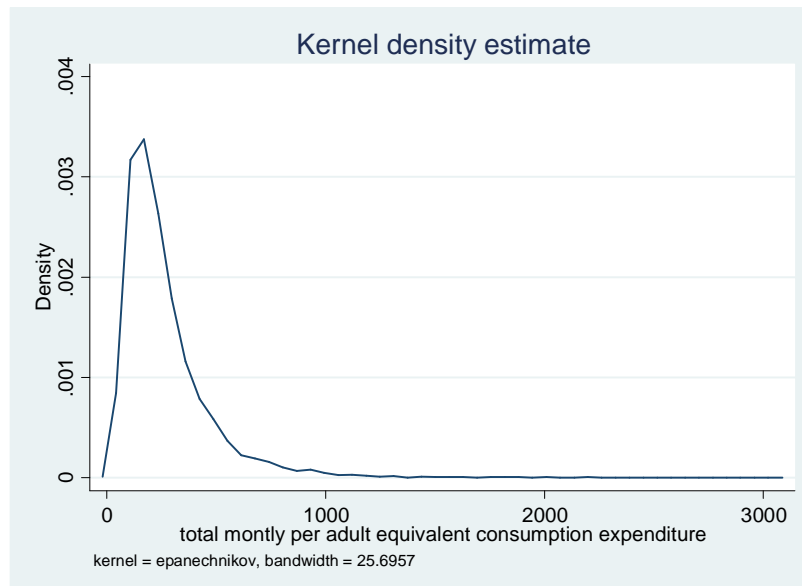
**Table C.3 Households welfare indicators by consumption quintile**

	Quintile 1 (less well off)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (better off)
<b>Consumption expenditure</b>					
Mean monthly real consumption expenditure per adult equivalent (M)	92.7***	150.0***	211.9***	298.5***	588.0***
<b>Household characteristics</b>					
Mean household size	5.9***	5.0***	4.5	3.9***	3.0***
Rooms per household member	0.5***	0.5***	0.6***	0.7***	1.0***
Proportion of households with a head that has completed the primary school	0.2***	0.3	0.2***	0.3***	0.4***

Proportion of households with at least one disabled member	0.2*	0.2	0.2	0.2*	0.2*
<b>Household dwelling - proportion of households with</b>					
Good quality walls	0.3***	0.4***	0.5	0.5***	0.6***
Good quality roofs	0.7**	0.7	0.7	0.8***	0.8***
Good quality floors	0.3***	0.3***	0.4	0.5***	0.5***
Access to electricity	1.9	1.9	1.9	1.9	1.9*
<b>Household assets - proportion of households that own</b>					
Electric or gas stove	0.3***	0.3***	0.4	0.4***	0.5***
Refrigerator/freezer	0.0***	0.0***	0.1	0.1*	0.1***
TV	0.1***	0.1***	0.1**	0.1	0.2***
Radio	0.4***	0.4***	0.4	0.5***	0.6***
Cellphone	0.5***	0.6***	0.6*	0.7***	0.7***
Landline	0.0*	0.0***	0.0**	0	0.0***
Sewing or knitting machine	0.0**	0.0***	0.1	0.1*	0.1*
Motorised vehicle	0.0***	0.0***	0.0**	0	0.1***
Lounge suite	0.1***	0.1***	0.1	0.2***	0.2***

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) Real consumption expenditure per adult equivalent has been estimated by adjusting nominal expenditure for price differences across districts using a Paasche price index constructed using survey data from the household and community surveys. (2) In order to enable valid inter-district comparison, rent has been excluded from the calculation of mean monthly real consumption expenditure. (3) Quintiles were defined over all evaluation locations using estimates of real consumption expenditure per adult equivalent, such that each quintile contained 20 per cent of the population.

**Figure C.1 Distribution of real consumption expenditure per adult equivalent**



Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) Kernel density estimated using the Epanechnikov kernel with an 'optimal' band-width. (2) Real consumption expenditure per adult equivalent has been estimated by adjusting nominal expenditure for price differences across districts using a Paasche price index constructed using survey data from the household, business and community surveys. (3) In order to enable valid inter-district comparison, rent has been excluded from the calculation of mean monthly real consumption expenditure.

## Annex D Qualitative evaluation methodology

**Table D.1 List of key informant interviews**

Number	Position	Organisation	Name/location
1	CGP Manager	Minsitry of Health and Social Welfare	Ramoea
2	Operations Coordinator	Minsitry of Health and Social Welfare	Shale
3	Social Welfare Officer	Minsitry of Health and Social Welfare	Dineo
4	MIS Officer	Minsitry of Health and Social Welfare	Tsele
5	Project Official	Ayala	Sherazadeh Rais
6	Permanent staff	World Vision	Hape Matti
7	Permanent staff	World Vision	Miriam Knight
8	Enumerator	World Vision	Joyce
9	Supervisor	World Vision	Raymond
10	Area Coordinator	World Vision	Selloane
11	Community Mobilisation Facilitator	World Vision	Peter
12	Community Mobilisation Facilitator	World Vision	Selebaleng Motolo
13	Community Mobilisation Facilitator	World Vision	Motelle Motelle
14	Community Mobilisation Facilitator	World Vision	Felleng Lethola
15	Chief		Rapalaboea CC
16	Recipient		Rapalaboea CC
17	Sub chief of an annexing village		Rapalaboea CC
18	Chief		Rapalaboea CC
19	Non recipient		Rapalaboea CC
20	Non recipient		Rapalaboea CC
21	Councillor		Rapalaboea CC
22	Standing chief		Tebe Tebe
23	Non recipient		Tebe Tebe
24	Non recipient		Tebe Tebe
25	VAC		Tebe Tebe
26	VAC		Tebe Tebe
27	Community Support worker/non recipient		Tebe Tebe
28	VAC member		Tebe Tebe
29	VAC member		Tebe Tebe
30	Standing chief		Tebe Tebe
31	Non recipient		Tebe Tebe
32	VAC member		Tebe Tebe
33	Enumerator	World Vision	Moleshoane

FGDs consisted of between 5-8 participants and were undertaken by a facilitator and note taker in Sesotho. The FGDs were undertaken in a neutral environment and in private. The FGD guides were developed based on the objectives of the study and following discussions with stakeholders within the Ministry of Health and Social Welfare (MoHSW), World Vision and staff from the World Food Programme (WFP). The guides were piloted in Tebe-Tebe and subsequently refined.

## Annex E Additional tables

**Table E.1 Adults' (18-59) health status, by treatment status**

Indicator	By treatment status	
	Treatment group	Control group
	(type A)	(type B)
Proportion of adults indicated as being HIV/AIDS positive	7.1	8.6
Proportion of adults that consulted a health care provider (including nurse, chemist or traditional healer) about his/her health during the 3 months prior to the survey	24.9	26
Proportion of adults for whom any money was spent for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation	13.3	14.8
Average amount spent per individual for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation (estimated over adult population that spent anything in the 3 months prior to the survey)	133.4	120.1
Proportion of adults that have ever had too little money to access healthcare treatment during the 3 months prior to the survey	14.7	14.9

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.2 Elderly (>59) health status, by treatment status**

Indicator	By treatment status	
	Treatment group	Control group
	(type A)	(type B)
Proportion of elderly indicated as being HIV/AIDS positive	4.4*	1.4
Proportion of elderly that consulted a health care provider (including nurse, chemist or traditional healer) about his/her health during the 3 months prior to the survey	43.1	41
Proportion of elderly for whom any money was spent for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation	22.1	22.6
Average amount spent per individual for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation (estimated over elderly population that spent anything in the 3 months prior to the survey)	115.6	94.5
Proportion of elderly that have ever had too little money to access healthcare treatment during the 3 months prior to the survey	28.5	26.3

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.3 Health status of children aged 0-17, by treatment status**

Indicator	By treatment status	
	Treatment group	Control group
	(type A)	(type B)
Proportion of children indicated as being HIV/Aids positive	1.6	2.2
Proportion of children (0-17) that consulted a health care provider (including nurse, chemist or traditional healer) about his/her health during the 3 months prior to the survey	16.8	15.9
Proportion of children (0-17) for whom any money was spent for health care during	7.6	8.9

the 3 months prior to the survey, including fees, medicines, tests and transportation		
Average amount spent per individual for health care during the 3 months prior to the survey, including fees, medicines, tests and transportation (estimated over children 0-17 that spent anything in the 3 months)	44.5	63.3
Proportion of children 0-17 that have ever had too little money to access healthcare treatment during the 3 months prior to the survey	12.5	10.9

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.4 Health status of children aged 0-6, by treatment status**

Indicator	By treatment status	
	Treatment group (type A)	Control group (type B)
Proportion that suffered from any illness (e.g. fever, diarrhoea, throat infection, etc.) in the 30 days prior to the survey	36.7	37
Average number of days (out of the 30 days prior to the survey) that illness was suffered	6.6	7.5
Proportion of children (0-6) for whom any money was spent for health care during the 3 months prior to the survey	11.4	17
Average amount spent per child on healthcare during the 3 months prior to the survey on (Maloti) (3):		
• Doctor / nurse / consultation fees	18.2	26.6
• Other fees (inpatient, overnight stay, etc.)	1.2	0
• Additional medication (not in consultation fees)	8	16.4
• Tests (e.g. x-ray)	0.1	0
• Transport	8.0***	19.6
• Other	1.5	1.3
• Total	37.2*	64

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) The average is calculated across households that spent on any health issue.

**Table E.5 Health status of children aged 0-36 months, by treatment status**

Indicator	By treatment status	
	Treatment group (type A)	Control group (type B)
Proportion with a Bukana health card	96.1	93.8
Proportion with a Bukana health card available at interview (and with growth monitoring chart in use)	73.4	71.7
Average weight (Kg) (according to Bukana health card) at:		
• 0 months	3.4	3.4
• 6 months	6.2	6.6
• 12 months	8.7	9
• 18 months	9.4	9.7
• 24 months	9.4	10.4
Average number of growth monitoring checks recorded in Bukana health card growth monitoring graph between 0 and 24 months	7.5	7
Proportion of underweight children (at last growth monitoring check-up):		
• 0-12 months	25.2*	14.3

• 13-24 months	28.7	12.8
Proportion of overweight children (at last growth monitoring check-up):		
• 0-12 months	7.7	7.1
• 13-24 months	0.6	0

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.6 Proportion of population that have completed primary school education by age cohort, by treatment status**

Age cohort	By treatment status	
	Treatment group (type A)	Control group (type B)
13-17	34	35.8
18-25	62.7	62
25-35	57.7	50.6
35-45	42.5	40.1
45-55	35.6	34.1
55+	16.2**	8.4
Total	44.4	41.5

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.7 Proportion of population that have completed secondary school education by age cohort, by treatment status**

Age cohort	By treatment status	
	Treatment group (type A)	Control group (type B)
18-25	5.2	7.9
25-35	7.6**	3
35-45	0.2*	1.5
45-55	0.7	1.9
55+	0.4	0.9
Total	3.8	3.9

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.8 Enrolment in pre-school of children aged 0-6, by treatment status**

Indicator	By treatment status	
	Treatment group (type A)	Control group (type B)

Proportion of children aged 0-6 enrolled in pre-school this academic year	13.2	10.7
Proportion of households with children 0-6 enrolled in pre-school that spent any money for crèches or nurseries in the 3 months prior to the survey	21.8	12.9
Average amount spent for crèches or nurseries in the 3 months prior to the survey	355.6	123

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.9 School enrolment (for children aged 6-19), by treatment status**

Indicator	By treatment status	
	Treatment group (type A)	Control group (type B)
Proportion of children aged 6-19 that have ever enrolled in primary school	97.1	96.8
Proportion of children aged 13-19 that have ever enrolled in secondary school	22.6	22.5
Proportion of children aged 6-19 enrolled in an educational institution this academic year (3)	84.7	83.9
• Average number of academic years out of school, for those not currently enrolled in an educational institution (3)	2.3	2.3

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) Excluding those who have already completed secondary school.

**Table E.10 Delay in school progression (for children aged 6-19), by treatment status**

Indicator	By treatment status	
	Treatment group (type A)	Control group (type B)
Proportion of currently enrolled children 6-19 who have a delay in school progression	95	93.9
Average delay in school progression (number of grades behind wrt to age) for currently enrolled children 6-19	2.8	2.8
• Average number of academic years of late enrolment	1.8	1.9
• Average number of academic years out of school before enrolling again	0.1	0.1
• Average number of academic years repeated	0.9	0.8
Proportion of currently enrolled children aged 6-19 that have enrolled late	66.8	68.2
Proportion of currently enrolled children aged 6-19 that have temporarily dropped out from school	6.2	6.3
Proportion of currently enrolled children aged 6-19 that have ever repeated a school year	56.2	53.7

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.11 School attendance (for children aged 6-19), by treatment status**

Indicator	By treatment status	
	Treatment group (type A)	Control group (type B)
Proportion that have missed school in the 30 days prior to the survey when school was in session	20.9	23.4



• average number of days missed	4.4	4.4
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Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.12 The overall school experience: school type, meals and uniforms, by treatment status**

Indicator	By treatment status	
	Treatment group (type A)	Control group (type B)
Type of school attended (%)		
• Public	62.3	65.4
• Private	1.9	1.1
• Confessional	35.8	33.4
• Other	0.1	0.1
Proportion of pupils receiving food at school	94.7	93.6
Average number of meals a day pupil eats at school	1	1
Proportion of children (%)		
• with uniform and school shoes	47.3	47.7
• missing uniform only	6.1	6.5
• missing shoes only	24.3	26.5
• missing shoes and uniform	22.3	19.3

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.13 Educational expenditure, by treatment status**

Indicator	By treatment status	
	Treatment group (type A)	Control group (type B)
Average amount spent per pupil (Maloti)	163.3**	228
Proportion of pupils incurring expenditure (%):		
• Any expenditure	59.3	61.2
• School fees for the year (either paid or owed)	9.4	11.5
• Exam fees & other school fees	3.3	3.9
• School trips and other school activities	26.9	29.4
• School maintenance and equipment (desk, cleaning, etc.)	5.6	8.4
• Text books and photocopies	6.3	7.5
• Stationery & school bags (includes pens, pencils, exercise books and other school supplies.)	24.9	21.4
• Uniform and / or school shoes	26.5	27.9
• Other activities (private tuition, sports, computer lessons, courses, etc.)	10.9	11

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.14 Time use of children (4-17), by treatment status**

Indicator	By treatment status	
	Treatment group	Control group
	(type A)	(type B)
Average number of hours spent on each of the following activities on a typical school day		
(students only)		
• Travelling to and from school (total time both ways)	1.2	1.1
• At school	6.3	6.3
• Homework/study outside school	0.6	0.6
(students and non-students)		
• Helping at home with household tasks	0.8	0.8
• Tasks on family farm/ herding or other family business	0.5	0.5
• Activities for pay (cash or kind) outside of the household	0.1	0

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

**Table E.15 Child work (6-17), by treatment status**

Indicator	By treatment status	
	Treatment group	Control group
	(type A)	(type B)
Proportion of children (6-17) who in the 12 months prior to the survey engaged in		
• any labour activity	34.3	32.8
• own non-farm business activities	1.8	1.8
• own crop production activities	21.7	21.6
• own livestock production activities	17.9	16.5
• paid work outside the household	2.4	3.1
Proportion of children (6-17) who in the 7 days prior to the survey engaged in		
• any labour activity	21	21.3
• own non-farm business activities	0.4	0.6

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%. (3) Only for those engaged in each type of activity in the 7 days prior to the survey.

**Table E.16 Children work search, by treatment status**

Indicator	By treatment status	
	Treatment group	Control group
	(type A)	(type B)

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Proportion of children (6-17) that actively searched for work opportunities in the 30 days prior to the survey			
• For those engaged in any labour activity in the current month		2.6	5.8
• For those not engaged in any labour activity in the current month		1.1	1.6

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (\*) indicate that an estimate is significantly different to the relevant comparator: \*\*\* = 99%; \*\* = 95%; \* = 90%.

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