Child Grants Programme Impact Evaluation

Follow-up Report

Luca Pellerano, Marta Moratti, Maja Jakobsen, Matěj Bajgar, Valentina Barca

April 2014

Oxford Policy Management

Acknowledgement

This report was prepared by a team of researchers from Oxford Policy Management (OPM), coordinated by Luca Pellerano (Team Leader) and Marta Moratti (Project Manager), who are also the Principal Investigators. Apart from the main authors of this report listed above, many colleagues from OPM - Fidelis Hove, Alex Hurrell, Andrew Kardan, Rodolfo Beazley, Boipuso Modise, Ian MacAuslan, Samantha Dodd, Lee Crawfurd and Maria Fibaek- contributed in various manners to the baseline and follow-up study. A particular mention goes to Maja Jakobsen – who was the main analyst in the follow-up study- for her dedication and commitment to the project. This report also benefited from peer review from Patrick Ward.

The fieldwork for the baseline and follow-up quantitative study was conducted in partnership with Sechaba Consultants. We are grateful to the staff at Sechaba Consultants for their invaluable support in developing the tools and implementing the fieldwork, and in particular to Me Thato, Me Ntebo, all the field supervisors and quantitative enumerators for both the baseline and follow-up survey round. Throughout the study, Me Mathuso and Me Ntatisi provided useful logistics coordination and Me Jeanette provided assistance and leadership.

We would like to thank all the stakeholders for their invaluable input and generous time. In particular our thanks go to staff from the Ministry of Social Development, World Vision, UNICEF, FAO the European Commission and Ayala Consulting for their useful insights and provision of key inputs for this study. The evaluation was funded under the EU project “Support to Lesotho HIV and Aids Response: Empowerment of Orphans and Vulnerable Children”.

We are especially indebted to the late Ntate Ramoea who as the CGP manager provided us with continuous logistical support, key data and inputs into our analysis.

We are grateful for continuous advice, support and collaboration from Ben Davis and Silvio Daidone at the Food and Agriculture Organisation (FAO). Mohammad Farooq and Ousmane Niang from UNICEF, Mariam Homayoun from the European Commission and Ntate Masasa from MoSD provided senior leadership and guidance throughout this study.

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

This assessment is being carried out by Oxford Policy Management and Sechaba Consultants. The project manager is Marta Moratti. For further information contact marta.moratti@opml.co.uk or luca.pellerano@opml.co.uk

The contact point for UNICEF is Ousmane Niang, oniang@unicef.org. The client reference number for the project is SSA-LESA-2011-34. The contact point for FAO is Ben Davis, Benjamin.Davis@fao.org. The client reference number for the project is TF/LES/CPA 270696-2011/ESA.

The suggested citation for this report is: Oxford Policy Management (2014). *Child Grants Programme Impact Evaluation. Follow-up Report*. Oxford.

Oxford Policy Management Limited
Registered in England: 3122495

6 St Aldates Courtyard
38 St Aldates
Oxford OX1 1BN
United Kingdom

Tel +44 (0) 1865 207 300
Fax +44 (0) 1865 207 301
Email admin@opml.co.uk
Website www.opml.co.uk

Executive Summary

Introduction

The Lesotho Child Grants Programme (CGP) is an **unconditional social cash transfer** targeted to poor and vulnerable households. It provides every quarter a regular transfer of between **M360** and M750[1] to poor households with children that are selected through a **combination of Proxy Means Testing (PMT) and community validation** and registered in the **National Information System for Social Assistance (NISSA)**.

The programme is run by the **Ministry of Social Development (MoSD)** of the Government of Lesotho[2], with financial support from the European Commission and technical support from UNICEF-Lesotho.

Oxford Policy Management (OPM) was contracted by UNICEF to design and undertake an independent evaluation of Round 2 Phase 1 of the CGP pilot. The purpose of the evaluation was to establish the impact, effectiveness, efficiency and sustainability of the programme. The study comprised three main components: a) **a quantitative panel household survey** with a baseline in 2011 and a follow-up in 2013, in control and treatment locations and covering CGP eligible and non-eligible households; b) **qualitative fieldwork** to inform, explain and add to the information gathered in the quantitative survey, and to undertake further studies as required; and c) **gathering of detailed cost information** from all implementing partners involved in the implementation of the CGP pilot, to estimate financial and administrative implications of the national roll-out.

The present document summaries the findings of the quantitative component of the evaluation, whose main objective was to to assess the impacts of the CGP pilot on the **wellbeing of beneficiary children and households**. The study also sheds light on the **operational effectiveness** of the CGP pilot and provides insights on the **indirect social and economic impacts** of the pilot in the community where it operates, beyond those who directly benefit from it.

Quantitative Evaluation Design

The analysis of the impact of the programme is based on the comparison of a **representative sample** of CGP recipients (**treatment group**) with a **control group** – similar households and children who do not benefit from the programme. Both groups were interviewed before the CGP transfer began as part of the **baseline survey in 2011**, and then interviewed again in a **follow-up survey in 2013**, after the CGP has been operating for two years. The impact is assessed by comparing changes in the welfare of CGP recipients to any changes in the control households. The information from control households serves the function of "**counterfactual**": it reflects what would have happened to beneficiary households had they not participated in the programme. The control group captures any changes that may have happened in the population in general and have nothing to do with the CGP.

The control group was selected on the basis of a **randomized controlled trial (RCT) design**, in such way ensuring that it was fully comparable to the treatment group. Within 10 Community Councils selected for Phase 1 – Round 2 expansion of the programme, half of all the Electoral Divisions (EDs) were randomly assigned to be covered by the pilot, while the other half were only covered after the end of the evaluation study. EDs were assigned to either the treatment or the

[1] The transfer value for CGP was originally set at a flat rate of M120 (US$ 12) per month per household and was disbursed every quarter. Effective from April 2013 the cash transfer has been indexed to number of children as follows: (1) Households with 1-2 children M360 (US$ 36) quarterly; (2) Households with 3-4 children M600 (US$ 60) quarterly; and, (3) Households with 5 and more children M750 (US$ 75) quarterly.

[2] Formerly Department of Social Welfare (DSW) at the Ministry of Health and Social Welfare (MoHSW),

control in **public lottery events** that took place in each electoral division. The study took place in **five Districts**: Qacha's Nek, Maseru, Leribe, Berea and Mafeteng, covering in total **10 Community Councils** and 96 EDs.

In treatment EDs the CGP implemented the targeting process, selected recipients and proceeded to enrolment. In control EDs the CGP implemented the targeting process and selected recipients who should receive the transfer, but enrolment was delayed until after the follow-up data collection was completed.

The survey was based on a panel design and collected information for a **sample of CGP eligible households** in treatment and control communities. It also included information for households who were **not eligible** for the programme. The baseline survey fieldwork took place between June and August 2011 and comprised around 3000 households. The follow-up survey fieldwork took place at the same time of the year to avoid seasonality bias - between June and August 2013 - and covered around 2000 households[3]. The fieldwork data collection was undertaken by Sechaba Consultants in direct liaison with OPM.

The analysis uses a **'Difference-in-Differences' estimation strategy**: the comparison of trends over time in the programme recipients and control households' wellbeing indicators provides is basis for the analysis of CGP direct impact. Re-visiting the same households helps to adjust for any initial differences between the two groups at the time of the baseline that may have resulted, despite of the randomization.[4] The main results presented in the report are based on a crude 'difference-in-differences' model pooling information from all panelled households. However further robustness checks were performed for a number of alternative econometric specifications. The study also looks at the **heterogeneity of the effects across households with different characteristics**.

Experience with the CGP transfer

Since the beginning of the evaluation **the nature of the CGP has substantially changed**. Started as a small pilot with exclusive support from donors, the CGP has developed operational systems for roll-out at much larger scale. In the span of less than 5 years the CGP has managed to **enrol** almost **20,000[5] beneficiary households** and 50,000 children, to whom it is currently providing payments. Government ownership has increased with the creation of the new Ministry of Social Development, and a significant fraction of the **funding has been taken over by GoL** which is now considering plans for nation-wide expansion of the CGP and the NISSA. In April 2013 the average **value of the transfer was raised** to account for the number of children in beneficiary households, enhancing the potential effects of the transfer on larger and poorer household. There is also increasing emphasis on the fact that NISSA should serve as a platform to better harmonize social protection interventions in the country, and MoSD is in the process of drafting a new Social Protection Strategy.

The administrative tasks involved in the CGP have been large and largely unprecedented for MoSD, not surprisingly the programme has experienced **a number of implementation challenges**.

Beneficiaries received over the course of the evaluation the total intended amount of funds, but the payment schedule was unpredictable and the transfers were made in more lumpy

[3] Note that only half of the baseline survey for households type C and D was tracked as part of the follow-up study.

[4] Moreover the comparison of trends over time in non-eligible households in treatment and control communities provides insights on the indirect community level effects that the programme had on non-beneficiaries in treatment communities (local spill-over effects).

[5] 19,800 as of March 2014

disbursements than expected. The Child Grant Programme (CGP) aimed at providing a regular and predictable cash transfer that recipient households could use as a regular source of income to meet basic children and household needs. However in practice payments in the Community Councils covered by the evaluation study have been quite irregular both in terms of timing and size. The first CGP payment was done in study areas between August and October 2011, right after the baseline data collection (July/August 2011), and households received the equivalent of three payments. Out of the five subsequent payments only three were made every three months, the intended interval. Based on the administrative records, the average number of payments received per CGP beneficiary household in the sample was between 6 and 7, while based on the operational design, the intended number of quarterly payments should have been 8.

A combination of factors led to very sizeable payments being done in April 2013, prior to the follow-up survey. The most recent CGP payment before the follow-up survey (July/August 2013) happened in April 2013, so on average 3 months before the follow-up data collection. The vast majority (98%) of interviewed beneficiaries at follow up confirmed having received a payment between March and May 2013, with an average value of approximately 1,000 M. This corresponded to a late payment and included a double CGP payment to make up for the previous payment that had been missed.

By providing regular transfers of 360M per quarter, according to its original design the CGP would have provided the equivalent of about 14% of the 2013 monthly consumption of an eligible households, or about 10% of the updated poverty line. Effective from April 2013 the transfer value has been indexed to number of children, bringing it to represent on average about 21% of household monthly consumption. The April 2013 transfer (CGP component only) corresponded on average to the equivalent of one month worth of consumption.

In addition to the CGP grant, a Food Emergency Grant was also disbursed to CGP beneficiaries in in 2012 and 2013. As an emergency response to the poor harvest that strongly affected household livelihood and food supply in Lesotho, the Food Emergency Grant took the form of a bi-monthly top-up of 400 Maloti (200 Maloti/month) that was disbursed together with the CGP, but in a separate envelope. According to official records the Food Emergency Grant should have been paid CGP beneficiaries included in the evaluation study at least twice in the 12 months prior to the survey, and 4 times for a smaller fraction of beneficiaries (with the last payment in April 2013).

All in all the sense of predictability of the CGP was limited amongst beneficiaries so far. The data gathered from CGP beneficiaries in the follow-up survey shows that only 13% of the respondents were aware of the amount they would be receiving in the April payment. Interestingly, 13% of the respondents state they had no expectations in terms of amount of the transfers and 9% had no expectations in terms of timing.

Beneficiaries' experience of the CGP payment is similar to other programmes in the region that have predominantly manual payment systems and operate in remote areas. Respondents report spending on average around 3 hours travelling to and from the pay point on pay days (return journey on foot). Almost all the respondents walk to the pay point where they on average spend 2.3 hours waiting. On average, respondents spend 9 Maloti to collect the payment. In about 2 of 3 beneficiary households the transfer is collected by a woman. In 75% of cases decisions on expenditure are taken by the household head, who is a man in 55% of households.

The CGP is an unconditional cash transfer: in practice respondents receive a very effective messaging that that the cash transfer should be spent on children. Interesting, all the CGP recipient interviewed in the quantitative study report having received instructions at the pay point to spend the money on children. Qualitative research confirmed that this message was being further reinforced by the watchful social development officers, the VAC members, chiefs and the wider community who felt strongly that the money was to be used appropriately by the beneficiaries.

There is a lack of knowledge among the CGP recipients on case management procedure and possibly a failure of the Village Assistance Committees (VACs) in delivering the intended strategic communication and support roles. The majority of the recipients are not aware of the role of the VACs and/or think they are not active.

The program does not have an effective system in place to gather and address complaints. In almost a third of the communities, village representative indicated that it is common for beneficiaries to complain about the CGP. Beneficiaries' complaints are mainly associated with the size and irregularity of the payment or problems with the collection of the transfer. Non-beneficiaries are reported to complain much more (87% of the community interviews). They mostly complaint about targeting process such as, not knowing why they were not selected (55%), and exclusion error in the targeting process (e.g. "not all poor households receive the payment" (70%)), inclusion errors ("some non-poor households receive the payment" (38%)) or that "beneficiaries do no use the CGP on the their children as they should" (21%).

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. While in the evaluation areas the poverty rate was estimated to be 50% of households, CGP coverage was only 22%. 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. Both the PMT and the community validation were effective in increasing the focus of resources on the poorest, but two elements did not reinforce each other sufficiently.

The Impact of the CGP

The analysis of the CGP impacts originates from a theory of change that disentangles the different pathways along which the intervention could affect children and households' wellbeing.

Along a **first** pathway of change, by providing an injection of resources into the household economy the CGP is expected to **boost consumption expenditure of goods and services**, and contribute in this way to improving the overall wellbeing of household member and children in particular. A **second** pathway of change of the CGP is through time use and substitution of income sources. By representing an additional source of income into the household, the transfer could lead to an **adjustment of livelihood strategies,** including work habits for both adults and children, reliance on informal community support and other income generating activities. A **third** pathway of change of the CGP is through investment in productive assets. Parts of the funds made available by the programme could have been used to **increase households productivity and build assets**, also as a way to increase resilience to shocks.

Consumption, poverty and food security

Consumption and Poverty

The programme contributed to increasing the levels of expenditure on schooling, clothing and footwear for children. The unadjusted average monthly consumption expenditure of CGP eligible households was M972 (in 2013 prices), with almost 63% of household resources being spent on food, followed by fuels (12%), education (7%), household and personal care (7%), clothing (5%) and transportation (2.5%). When looking at consumption for specific groups of items, the analysis reveals that the CGP contributed to an increased expenditure in clothing and footwear (particularly for children), as well as education.

The messaging of the programme - that the CGP funds should be used in the interest of children - was strictly followed by beneficiary households, so for example the CGP has a remarkable effect on children's access to uniforms and school shoes. The CGP had a very large and significant impact on the proportion of pupils 6-19 with uniforms and shoes (an increase by 26 percentage points) and the impact is particularly large for young children (6-12), boys and girls increase by 35 percentage points and 27 percentage points, respectively. The impact is further confirmed by the results on expenditure on education.

The CGP was not associated with a significant reduction in poverty rates amongst beneficiary households two years after the introduction of the pilot in the study areas, however beneficiaries' welfare has improved and trends are encouraging. Real household consumption expenditure increased significantly for all households, with larger, significant and positive improvements in per-capita and per-adult-equivalent terms amongst CGP beneficiaries. A noticeable CGP effect on food expenditure and per capita total expenditure can be detected only when controlling for differences in prices across different locations. After receiving the CGP, a bit less than 70% of eligible households still lived under the poverty line. A significant reduction of the poverty rate (7 percentage points), gap and severity was observed in the treatment group. However it is not possible to conclude that the CGP had a statistically significant impact on poverty.

Food security

The CGP had an important protecting function by mitigating the effect of increasing food insecurity in Lesotho as it improved beneficiary households' ability to access food throughout the year. The CGP contributed to reducing the number of months during which households experience extreme shortage of food over the past 12 months by 1.7 months. Non-CGP households continued experiencing high levels of food insecurity, which slightly worsened over time, while there was a significant improvement among CGP beneficiary households (and their children). The proportion of CGP households that did not have enough food to meet their needs at least for one month in the previous 12 months decreased by 5 percentage point. Still CGP households experienced some degree of food shortage in 8.5 months out of the 12 months prior to the survey.

This translated into food security gains for both adults and children. The proportion of CGP beneficiaries adults, and more significantly children aged 0-17, that had to eat smaller meals or eat fewer meals in the three months previous to the survey because there was not enough food, decreased over time. The direct impact of the CGP was large and significant for children (11 percentage points reduction). The proportion of CGP beneficiaries who had to go to bed hungry because there was not enough food also decreased for adults and children. The analysis shows that the CGP contributed to a reduction of 7 percentage points for adults and possibly a similar magnitude for children.

Qualitative evidence suggest that the effects on food consumption and dietary diversity were mainly concentrated around pay dates with are difficult to detect in this study due to the nature of data collection and unpredictability of payments during the evaluation period. A food consumption score has been constructed looking at the diversity of the food items consumed in the 7 days prior to the survey. While no detectable impact can be attributed to the CGP, the data show a positive trend among CGP beneficiaries with a an increase in the proportion of households with acceptable food consumption levels.

The lack of a significant impact on overall food consumption and the food consumption score can be explained by two factors: the short recall period used in the consumption expenditure module and the little predictability of the CGP payments during the time of the evaluation. Respondents were asked about their food consumption during the 7 days prior to the survey. Considering that the last transfer was made on average 3 months before the survey, and after 4 months beneficiaries had not received any payment, and considering that beneficiaries had little information and experience about the regularity of the CGP payment to engage in effective

consumption smoothing strategies, it is likely that by the time of the follow-up survey the value of the CGP payment had been already spend completely, leaving little margin to still affect present food consumption.

Children wellbeing

Through increased expenditure the CGP is further expected to affect more substantive dimensions of child wellbeing, notably in the areas of access to health services and health status, access to school and school progression.

Child Health

While there were no effects on access to health facilities, the CGP was associated with an important increases in the rate of child registration at birth. The CGP contributed to increasing birth registration by 37 percentage points amongst children 0-6. This is an anticipated effect of the programme, as there is a loose requirement for beneficiary children to provide a birth certificate within six months of the enrolment into the CGP. The study shows instead no significant increase in the proportion of children (0-17) that consulted a health care provider or for which any money was spent on health care.

The CGP contributed to a significant reduction in the proportion of children 0-5 who suffered from an illness (generally flu or cold) in the 30 days prior to the survey. When looking at children (0-5) the CGP contributed to reducing morbidity rate by 15 percentage points. The reduction in morbidity rate was large and significant for both boys and girls depending on the model specifications used. This is a significant and large effect and requires further analysis to determine the causes that may be driving this change. One possibility is that this is associated with households buying more clothes and footwear for children, which in turn may be associated with a reduction of respiratory infections.

Unfortunately the study did not collect anthropometric information to assess child nutrition, due to budgetary restrictions. In CGP households around 95% of children 0-36 months had a '*Bukana*' Health Card at follow up, almost unchanged from baseline. Noticeably only for 61% of these children there was any growth monitoring information recorded in their '*Bukana*' Card. The records taken from the '*Bukana*' card on child weight and immunization appear to be quite imprecise.

Child Education

There is evidence of a positive effects of the CGP on children's enrolment in school. The CGP had a large impact on the proportion of children (6-19) who are currently enrolled in school (impact of 5 percentage points overall). The CGP seems to contribute to retaining children 13-17 in primary school, particularly boys who would have otherwise dropped out. Due to the CGP enrolment rates was 10 percentage points higher for this group. The effect seems to be concentrated on late learners who are still enrolled in primary school despite being older than 13. There is some indication of a similar effect also for girls (13-17).

The programme did not have any noticeable impact on other important dimensions of school progression (early enrolment, repetition, primary completion and enrolment in secondary). Despite some improvement over time, in the follow-up survey around 70% of pupils aged 6-19 showed some delay with respect to regular school progression, meaning that they were not in the grade they should be in given their age. The proportion of children age 13-19, who completed primary school was very low (less than 45%). In some of these areas results could not be expected in the short term of the evaluation, but the study show the severity of challenges with service supply in the education sector.

Children Time Use and Work

In the case of children, a reduction of child work would be seen as a positive effect of the CGP.

The evidence on the effect of the CGP on children time use and child work is mixed, largely non conclusive and not robust across specifications. The results on the CGP impacts in this area need to be analysed with caution, as they are not stable across alternative econometric models and therefore require more in depth analysis.

The CGP did not appear to have a strong impact on the way children 4-17 use their time apart from beneficiary children spending more time doing homework. Boys enrolled in schools reported spending more time doing homework and/or studying outside school (the estimated effect corresponds to an increase of roughly 15 minutes per day, with children dedicating on average nearly 45 minutes a day to do homework and/or studying outside school).

Evidence of a reduction in the amount of time children were involved in work related activities is limited. Only for children 6-12 we also see a small decline in the involvement in work activities inside or outside the household. There is little consistent evidence of an impact of the CGP on rates of child work among children 6-17 as a whole. Age and gender disaggregation suggests that while boys 13-17 may have seen a reduction in the engagement in paid work outside the house (in the 12 months prior to the survey), girls have seen an increase (in the 7 days prior to the survey) due to the CGP. The hypothesis of a substitution of work between boys and girls must be analysed in more depth.

Child deprivation and vulnerability

It was possible to calculate an adaptation of the multidimensional index of child deprivation developed in Gordon et al (2003) - also known as the Bristol Child Deprivation index - based on the information collected on a series of children and household indicators. The index covers 8 dimensions of severe deprivation, some of which are associated with long-term developmental outcomes on which the CGP was not expected to have an impact. Overall the analysis indicates that children in the sample were deprived on average in 3 dimensions, with the CGP having a significant effect on the reduction of food and health deprivation for children 0-5.

Livelihoods

By representing an additional source of income into the household, the transfer could lead to an adjustment livelihood strategies in the households, including labour supply and income generating activities.

Labour Supply

CGP households relied on a varied range of income sources and only very few appeared to be dependent on the transfer only. Livelihood strategies often combined piece work, own farm and livestock activities and informal support from other community members. Transfer, wage employment and self-employment (agricultural and non-agricultural) were reported to be the most relevant sources of income for CGP households. While the CGP was an important complement to such livelihood strategies, in most case it did not represent the main source of income.

Overall, the CGP did not appear to impact labour participation either positively or negatively, as the proportion of adults (18-59) and elderly (+59) who were active on the labour market in any activity increased marginally but significantly over time across groups. Some changes in livelihood patterns were common to households in both CGP and non-CGP

households, with the participation of adults in own agriculture and livestock activities over the year prior to the survey increasing, and the participation in non-farm family businesses decreasing. The analysis indicates that non-farm businesses operated by beneficiary households were very small scale and often operating in a sporadic way during the course of the year. If anything the CGP seems to have reduced the regularity of households engagement in non-farm businesses, particularly home-breweries.

There is also some evidence of a reduction in the intensity of adults participation in paid occasional and irregular work, particularly piece jobs which were generally recurred to as a last resort survival strategy in time of hardship. The CGP appeared to be associated with a reduction in the proportion of households who reported wage employment as source of income. Also at individual level the data shows a reduction in the number of weeks and hours adults are engaged in paid work. When analysing the type of paid work adults were engaged in, it is interesting to note that most adults were engaged in occasional/irregular jobs (piece jobs), and the reduction in CGP households was higher for this type of job compared to occasional or permanent/regular employment. These results are generally confirmed by qualitative evidence indicating that some beneficiaries did reduce the amount of piece work / casual labour they undertook, mainly around pay dates.

Farming and livestock

Households' involvement in farm activities was larger in 2013 than in 2011 and there is evidence that the CGP improved beneficiaries ability to produce food, particularly maize. While the CGP did not affect the probability of households owning or planting land, evidence of CGP effects on farm production is twofold. On the one hand the CGP seems to have contributed to increasing the frequency of the harvest from the garden plot among CGP households, leading beneficiaries to having almost 3 harvests per year. On the one hand some CGP household seem also to have increased their total production of main staples - particularly maize - as a results of their participation in the programme. This suggests that some of the gains in food security mentioned above may have been achieved through increased self-production of food.

The positive effects on farm production can be associated increased use of crop inputs amongst beneficiary households. A higher proportion of households spent money in agricultural assets and inputs (pesticides and fertilisers) compared to the baseline study, with a positive and significant effect on the use of pesticides . **The Food Security Grant may have played an important role in these productive impacts**, as the resource was provided with the message to buy inputs and increase agricultural production for self consumption.

Households' involvement in livestock activities appeared to be largely unaffected by the CGP. A higher proportion of households that engaged in livestock activities compared to baseline also reported using and spending money on inputs (such as manufactured feeds, fodder, etc.), with no significant difference between the treatment and control groups.

Institutional and informal support

The introduction of the CGP significantly expanded the proportion of poor families reached by institutional support compared to the baseline level in the treatment group (from 14% to 95%). The proportion of households receiving formal assistance in control households remained low at around 20%. Apart from the CGP grant the most common institutional transfer that eligible households benefit from was the old age pension (OAP) (about 15% of households). In-kind assistance was also received by about 1 in 5 eligible households.

The CGP had a significant impact in strengthening the informal sharing arrangements in the community, particularly around food. The fact of receiving the CGP may have implied a withdraw of other informal types of support to beneficiary households: the so called crowding out effect. Conversely the analysis indicates a reinforcement of solidarity within the community. On the one hand participating in the CGP was associated with an increase in the probability of beneficiary

households receiving informal in kind support from other family members, friends or neighbours (12 percentage points). At the same time the CGP had a significant impact on the probability of beneficiary households providing support to the rest of the community, both in terms of cash and in-kind support (also 12 percentage points). This is consistent with the existence of strong reciprocity bonds in the community where the programme operates. No significant impact was found on proportion of households who received or provided support in the form of labour or productive input. However the study highlights **a reduction in the amount of private cash transfers beneficiary households received from non-resident members living abroad and other family members**. This crowding-out effect is likely to have partly offset the potential impact of the CGP in poverty reduction and welfare enhancement in general.

Productive Investment

The fact that the value of the transfer was increased in April 2013 and the CGP was coupled with the Food Emergency Grant, together with the irregularity in payment, meant that CGP transfers were, albeit less predictable, more sizeable than anticipated. A possibility is that this may have been conducive to investing resources, generating savings or increasing beneficiary households productivity over and beyond responding to immediate needs.

The CGP did not have a strong effect on productive investment and asset accumulation. Apart from sings of increased expenditure in crop production inputs mentioned above, the only convincing result is that the CGP contributed to an increase in the proportion of beneficiary households owing pigs. It is possible that piglets were bought with funds from the CGP and Food Emergency Grant. The data also suggests that some beneficiaries may have invested in improving the quality of their roofs by buying iron sheets, but the results is not fully robust to model specifications. No noticeable impact was detected on the improvement of other house characteristics or investment in households assets.

No detectable impact of the CGP was found on households saving behaviour. The proportion of households that saved money in a formal or informal institution did not change significantly over time. However, as a general trend, it is worth noting that the proportion of households contributing to burial societies and burial plans increased significantly.

Similarly, no impact were detected on households borrowing patterns (apart from a reduction in borrowing from community groups), although the proportion of CGP households borrowing and buying on credit increased significantly. Borrowing happened mainly through informal channels: particularly around 60% of households borrow from family and friends. It is also interesting to note an increased importance of micro-lenders (both in treatment and control households) and the fact that more households reported to buy on credit (again in both groups).

All in all, however, beneficiary households seem to be more resilient to shock as they were less prone to engage in asset-depleting risk coping strategies. The study suggests that CGP beneficiaries were better equipped to deal with unanticipated shocks and less likely to engage in disruptive coping strategies: as a result of the programme CGP households were significantly less likely to send children to live elsewhere, send children to work and to take children out of school or to reduce spending on health a measure to respond to shocks.

Conclusions

Since 2009 the nature of the CGP has been transformed. From an exclusively donor-supported pilot, the CGP has developed institutional and operational systems for roll-out at a national scale. Funding has been taken over by the government, which is now considering nationwide expansion

of the CGP and the NISSA, with the latter serving as a platform for better harmonizing social protection interventions in the country.

A mixed methods impact evaluation, including a randomized control trial, found that the CGP has led to a broad array of impacts. **The programme has had positive impacts in areas related to programme objectives, particularly on child wellbeing.** CGP households concentrated spending on children, especially in terms of purchasing school uniforms, clothes and shoes. **The CGP also led to a large increase in birth registration, a decrease in morbidity among small children, and an increase in school enrolment for boys amongst late learners in primary school.**

The programme has also increased protection against food insecurity. While the programme did not appear to have an impact on short-term food consumption and dietary diversity, indicating an inability among households to smooth consumption over the quarterly time frame of payments, the CGP did improve the ability of households to access food over the course of the year.

Possibly also because of the combination with the Food Emergency Grant the programme led to some increased spending on crop inputs, and increased production of crop outputs. On the other hand the programme contributed to reducing the intensity of labour participation in casual labour. There were no strong impacts on the accumulation of productive assets, no impacts on household savings or borrowing, and evidence of a decline in cash support received in the form of remittances and family support.

All in all the CGP was not associated with a significant reduction in poverty rates in the period of the evaluation, however trends are encouraging. The programme had a significant impact on reducing negative risk coping strategies and strengthening informal food sharing arrangements in the community.

Programme Level Recommendations

Few programme specific recommendations emerge from the study:

- **Improve the Predictability and Frequency of Payments.** The irregular and low frequency of payment did not allow households to plan their finances around the CGP. Most beneficiary households did not have expectations as to how much and how often they would receive the grant in the future, which defeats one of the main purposes of the grant: to help poor households smooth consumption. Improving the predictability and regularity of payments is essential. Besides the ongoing efforts to integrate payment systems with other social protection interventions, it would be interesting to explore possibilities of using new technologies in the area of payment modalities to increase the frequency of the transfer (from quarterly to at least bimonthly), 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).
- **Avoid the Erosion of the Transfer Value.** An implicit effect of the indexing of the grant amount to the number of children happened in April 2013 was that the real value of the transfer increased in real terms for an average household during the period of the evaluation. It is important to establish a more stable mechanism to increase the value of the transfer to reduce erosion by inflation. One possibility would be to link adjustments in the CGP amount to increases to the value of the Ald Age Pension amount that are decided on a yearly basis by MoF on the basis of the fiscal framework.
- **Consider whether to Broaden the Message.** The CGP's messaging has proved to be very effective and successful in terms of increasing spending on children's needs. Similarly beneficiaries appear to have been receptive of the messaging delivered around the Food Emergency Grant. Even in the absence of explicit conditionality, messaging can be a powerful

instrument to strengthen the effectiveness of the grant, particularly in Lesotho. As the programme expands and beneficiaries receive support over a longer period of time, should the message be broadened to include other dimensions of the programmes objectives? One possibility could be to introduce a more structured messaging/training component that is delivered to beneficiaries together with the CGP, covering over time a wider range of issues, including child health and nutrition, food security, financial management or productive investment, etc.

- **Link the CGP with other Interventions.** It is clear from the results of the evaluation that the CGP cannot by itself resolve the major developmental challenges by which beneficiary children and households are confronted. The stimulus to the demand of social services need to be matched with substantial investments to bring the supply closer to poor households and increase its quality. The income support provided by the grant cannot lead to sustainable economic self-reliance if not accompanied by more structural efforts to transform livelihoods and increase productivity in the context of the evolving economic landscape. The only way to respond to such multidimensional challenges is to provide a more holistic response based on the principle of complementary of different interventions. Synergies and linkages should be built between the CGP and other programmes in the area of child health, nutrition and education, but also rural and micro-enterprise development, and including a better articulation with emergency response programmes.
- **Strengthen Local Case Management Systems.** Beneficiaries felt disconnected and little informed about the programme after the initial enrolment round. Strengthening the capacity of front line services to engage with beneficiaries and communities on a more regular way is essential for the programme to be able to respond more flexibly to households circumstances and needs The creation a more comprehensive communications and case management system, has the potential not only to improve beneficiaries' experience of the programme, but also to increase its impacts, through closer monitoring, better tailored messaging and better articulation with other services.

Policy Level Recommendations

The role and importance of the CGP and its affordability should be assessed within the Government's Social Protection Strategy currently under development. The CGP was originally conceived as social protection mechanism with the implicit aim of mitigating the impact of the HIV/AIDS and OVCs. The decision to move away from the categorical definition of OVCs and target on the basis of poverty acknowledges that vulnerability is complex and hits transversally across demographic categories.

At the same time it implies that **the programme is currently targeting heterogeneous groups of households.** Possibly related to this, **the impacts of the programme were spread across several dimensions of wellbeing**, with the programme having a generic poverty mitigation function, and resources being generally spent on child welfare. The nature and objectives of the CGP would benefit from being further clarified in the context of the overarching vision of social protection that will emerge from the new strategy. At least three possible scenarios emerge, each with different policy implications.

- First, if the main focus on children is confirmed, **the CGP could be turned into a sharper instrument to protect and incentivise investment in human capital**. While adding explicit conditions may not be feasible at this point—given the challenges in monitoring and in the access and quality of supply of public education services—the CGP has proven able to increase school expenditures and enrolment through messaging. Consideration would be given to reducing monetary but also non-monetary barriers that prevent children from accessing education and health services, as well as combined actions to improve the quality of supply. A

stronger inter-institutional coordination would be required to strengthen the linkages between social protection and other government social services.

- At a second level the CGP has the potential to be turned into a **protection scheme for the extreme and chronically poor**, possibly with a preferential focus on poverty relief for household with little labour capacity and/or high dependency ratios, as a complement to the Old Age Pension. 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. In this case the priority focus would be on refining the targeting and strengthening messaging around food security, as well as further developing linkages with emergency response programmes - as it has been in the case of the Food Emergency Grant.
- In a third scenario the CGP could evolve into a program which is primarily aimed at **graduating households from poverty**. The transfer could be considered as a means to protect and increase physical and human assets, stimulate further productive investment, strengthen coping mechanisms and reduce vulnerability to shock. In this case the priority would be on working with households with potential to sustainably achieve self-reliance, building linkages with productivity enhancing and asset building complementary interventions, including access to financial markets. For example the transfer component could be coupled with specific capacity building dimensions (financial literacy, money management) and coordinated with other projects aimed at improving livestock and agriculture productivity.
- Finally, as the programme also expands to urban areas it would be necessary to consider its potential role and design adaptations required to **tackle vulnerabilities that are specific to the urban poor**, particularly in the context of high youth unemployment, large levels of informality in the labour market and lack of options for private and social insurance for the vast majority of workers.

Table of Contents

List of Tables and Figures

List of 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

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 **between M360 and M750**[6] every quarter to **poor households with children** that are 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".[7]

The programme is run by the **Ministry of Social Development (MoSD)** of the Government of Lesotho (GoL)[8], 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 first phase of the pilot programme was designed and implemented in **three rounds**. 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 **Phase 1 - 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) and **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)

Since the beginning of the evaluation **the nature of the CGP has substantially changed**. Started as a small pilot with exclusive support from donors, the CGP has developed operational systems for roll-out at much larger scale. The programme has undergone a further phase of expansion (Phase 2), leading to a coverage of approximately 20,000 households and 50,000 children by the end of 2013, to whom it is currently providing payments. Government ownership has increased with the creation of the new Ministry of Social Development, and a significant fraction of the funding has been taken over by GoL which is now considering plans for nation-wide expansion of the CGP and the NISSA.

[6] The transfer value for CGP was originally set at a flat rate of M120 (US$ 12) per month per household and was disbursed every quarter. Effective from April 2013 the cash transfer has been indexed to number of children as follows: (1) Households with 1-2 children M360 (US$ 36) quarterly; (2) Households with 3-4 children M600 (US$ 60) quarterly; and (3) Households with 5 and more children M750 (US$ 75) quarterly.

[7] Manual of operation in use for round 1A of the CGP pilot. November 2008.

[8] Formerly Department of Social Welfare (DSW) at the Ministry of Health and Social Welfare (MoHSW).

Rather than focusing on households caring for orphans (either single or double), the CGP is **targeted at poor households with any child aged 0-17**. In Phase 1 – Round 2, poor households were selected through a combination of Proxy Means Testing (PMT) and community validation. Household information was collected through a community census following a community mobilisation event, where households were sensitised about the programme. The collected information was used to populate 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 GoL, including the 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). 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.

In the 10 Community Councils where this evaluation took place, following selection and notification, households were enrolled for the CGP in July and August 2011 and the **first payments started in September 2011**.

In April 2013 the average value of the transfer was raised to account for the number of children in beneficiary households, enhancing the potential effects of the transfer on larger and poorer household. There is also increasing emphasis on the fact that NISSA should serve as a platform to better harmonize social protection interventions in the country, and MoSD is in the process of drafting a new Social Protection Strategy.

1.2 The evaluation

Oxford Policy Management (OPM) has been contracted by UNICEF to design and undertake an independent evaluation of Phase 1 - Round 2 of the CGP pilot. The purpose of the evaluation was to establish the **impact, effectiveness, efficiency and sustainability** of the CGP pilot in Phase 1 – Round 2.

The evaluation was expected to be aligned with the OECD-DAC evaluation criteria[9] and look at:

- **Efficiency** – whether CGP delivered its services efficiently?
- **Effectiveness** - whether the CGP achieved or made progress towards its desired objectives and outputs?
- **Impact** – what were the intended and unintended impacts of the CGP on beneficiary and non-beneficiaries and the wider community?
- **Sustainability** – whether the CGP is sustainable within the current macroeconomic and institutional context and whether there are any conceivable exit strategies for beneficiaries and donors?

[99] These include relevance, effectiveness, efficiency, relevance, impact and sustainability. For more information see OECD (1991), 'The DAC Principles for the Evaluation of Development Assistance'.

Using this framework the evaluation assessed the above mentioned criteria by undertaking and synthesizing the following analysis:

- **impact analysis** that examines the impact of CGP on range of indicators (including consumption poverty, health, education, nutrition etc.);
- **operational analysis** (of targeting and payments processes) that looks at CGP programme functions against a series of objectives and benchmarks;
- **cost analysis** that assesses financial costs to examine whether the CGP programme offered value for money in terms of the cost to transfer one Loti and ideally the cost to obtain an impact
- **fiscal sustainability analysis** by reviewing the Medium Terms Fiscal Framework (MTFF) and Medium Term Expenditure Frameworks (MTEF) and assessment of sustainability of CGP within this overarching framework and based on debt sustainability analysis undertaking by the IMF annual Article IV mission reports.

These four components of analysis drew on data from three instruments*:*

- **a quantitative panel household survey** with a baseline in 2011 and a follow-up in 2013, in control and treatment locations and covering CGP eligible and non-eligible households;
- **qualitative fieldwork** to inform, explain and add to the information gathered in the quantitative survey, and to undertake further studies as required;
- **gathering of detailed cost information** from all implementing partners involved in the implementation of the CHP pilot, to estimate financial and administrative implications of the national roll-out.

Table 1 shows how all elements of this evaluation framework fit together:

Table 1 – Summary of evaluation questions and instruments

DAC Criteria	Evaluation Questions	Evaluation Instruments / Data sources
1. Effectiveness	***i. OPERATIONAL PERFORMACE ANALYSIS:*** *Has the programme succeeding in delivering its core outputs, i.e. regular cash transfers on time and in full to the target population?* *At an operational level, is the Programme functioning effectively and in line with its design?*	**Quantitative panel survey** **Qualitative fieldwork**
2. Impact	***ii. IMPACT ANALYSIS:*** *Has the Programme had a positive welfare impact on beneficiary households and their communities?* *Is there a significant difference in trends in key impact indicators between beneficiary households and similar households in communities not benefiting from the Programme?*	**Quantitative panel survey** **Qualitative fieldwork**
3. Efficiency	***iii. COSTING ANALYSIS:*** *Is the Programme cost-effective? Do the Programme's impacts justify its cost?* *Is the programme operating efficiently?* *What proportion of total programme cost does the transfer represent, once the programme is running?*	**Costing study**
4. Sustainability	***iv. FISCAL SUSTAINABILITY ANALYSIS:*** *Is the Programme sustainable, in terms of on-going financing, political and key stakeholder support and the resource and technical capacity of the institutions responsible for implementation?* *Is the Programme fiscally sustainable in the medium to long run under the Medium Terms Fiscal Framework (MTFF) and Medium Term Expenditure Frameworks (MTEF)*	**Costing study**

Source: OPM

This report presents the results of two components of the overall evaluation plan: the **impact analysis** and the **operational performance analysis** that were performed on the basis of the information collected in the **quantitative panel survey**.

Readers that are interested in consulting the findings of other components of the evaluation should refer to the following documents:[10]

- The **Baseline Impact Evaluation report** published by OPM in January 2012, particularly for a quantitative and qualitative analysis of the **CGP targeting analysis** (see also Box 1)[11]
- The **Costing and Fiscal Sustainability report** published by OPM in February 2014, that reviews the historical costs of the GGP, simulates the likely future cost of the programme, and assess the programme's affordability under the current fiscal environment[12]
- The results of the **Qualitative Analysis of the Economic Impacts** of the CGP published by OPM in September 2013 as part of a six-country case study.[13] Given the high relevance

[10] 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 an opportunity for the evaluation team to further develop a theory of change for the CGP and elaborate preliminary hypothesis on the programme's impacts.

[11] OPM (2012), "CGP Impact Evaluation - Targeting and baseline evaluation report", OPM.

[12] Kardan, A., Sindou, E. and Pellerano, L., (2014), "Lesotho CGP - The historic and future costs of the CGP and its affordability", OPM

[13] OPM, (2013), "Qualitative research and analyses of the economic impacts of cash transfer programmes in Sub Saharan Africa - Lesotho Country Case Study Report", PtoP, Project report, FAO. The Lesotho study was part of six

of some of the findings of this study for the subject of this report, the main highlights have been reported in the summary boxes at the beginning of each chapter. Full detail of the methodology of the qualitative study can be found in the respective report.

1.3 Design of the Quantitative Panel Survey

As briefly discussed in the previous section, in the context of the general evaluation plan, the quantitative panel survey responded to two main objectives: a) to evaluate the **welfare and economic impacts** of the CGP pilot programme amongst household and children who benefit from it in Phase 1 – Round 2; and, b) to evaluate the **operational effectiveness** of the CGP pilot programme.

The evaluation plan benefitted from additional support from FAO and the Transfer Project, that 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 the **indirect impact** of the CGP pilot programme on non-beneficiary households in the community where it operated (local spill over effects) .

The first objective (evaluation of direct CGP impacts) was achieved by comparing CGP recipients ("treatment group") with similar households who do not benefit from the programme (a "control group") on the basis of an **experimental evaluation design**. Both groups were interviewed before the GCP transfer began as part of the baseline survey in 2011, and again after it has been operating for two years in 2013. The impact was assessed by comparing changes in the welfare of CGP recipients - whose status should have improved as a consequence of the programme - to any changes in the control households. The information on the control households was 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 (RCT)** design enabled constructing a stochastically identical control group, representing the "counterfactual" of beneficiary households. Within the 10 evaluation CCs where the CGP was planned to be rolled-out in Phase 1- Round 2, 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).[14] EDs were assigned to either the treatment or the control in **public lottery events** that took place in each community council.[15]

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, which is

country case studies for the DFID-funded 'Qualitative research and analyses of the economic impacts of cash transfer programmes in Sub Saharan Africa' project. The project was designed to contribute to the From Protection to Production (P to P) project, a collaboration between DFID, UNICEF and FAO.

[14] There are 96 EDs in total in the 10 community councils, 48 treatment and 48 controls.

[15] 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. According to plans, control communities were eventually covered by the Programme in early 2014, once sufficient time has passed for there to be observable impacts amongst the beneficiary households.

sometimes referred to as **the "perfect mimicking" approach**.[16] Households from the control EDs were subsequently enrolled in the Pilot after the follow-up data collection.

The survey for the impact evaluation 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 study also collected a sample of households that were **not eligible for the programme**, both in treatment communities (Group C) and control communities (Group D). These additional observations were used to conduct an analysis of targeting effectiveness at baseline, and to study local spill-over effects at follow-up

All in all, the household sample for the quantitative survey consisted of four groups:

- A – households in the programme areas, eligible for inclusion in the programme.
- B – households in control areas that met programme criteria and had been pre-selected by virtue of meeting the eligibility criteria, but had 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 did not meet programme criteria and would not (in theory) have been eligible if the programme operated there.

The survey had a panel design, whereby the same households interviewed at baseline (Jun-Aug 2011) were tracked and interviewed at follow-up (Jun-Aug 2013).

The comparison of trends over time in the programme recipients (group A) and controls (B) provides the basis for the analysis of the direct impact of the CGP on beneficiary households and children. Re-visiting the same households helped to adjust for any initial differences between the two groups at the time of the baseline that may have resulted, despite of the randomization (the so called `Difference-in-Differences' estimator). The comparison of trends over time in non-eligible households (group C) and controls (D) provided insights on the **indirect community level effects** that the programme had on non-beneficiaries in treatment communities (local spill-over effects). More information on the sample structure and analytical methods that were use can be found in following sections and in Annex A.

The CGP **household questionnaire** covered a wide range of topics. At the **household level** it obtained information on consumption, food security, economic shocks, institutional and informal transfers, remittances, community networks, financial assets and risk preferences, general household characteristics and ownerships of durable assets, household businesses and income sources, land ownership, crop and livestock production, and agricultural inputs and assets. At the **individual level** it obtained information on demographics, adult and child health, child education, adult labour participation, and child work and time use.

The household baseline survey was combined both at baseline and follow-up with a **community survey**. The community survey was administered in most treatment and control village in which

[16] 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. 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.

households were sampled for the main survey and was designed to gain general context information from community representative on the communities that are visited for the study. [17]

Finally, a **business enterprise survey** was administered along with the household survey at baseline. Data from this survey was used, along with the baseline household survey data, to construct a general equilibrium model of the local economy which was used to simulate the effects of the CGP on the local economy.[18]

1.4 Structure of the sample

The baseline survey was conducted between June and August 2011 and comprised **3,054 households** – more than 98% of the original baseline sample target - roughly equally distributed between treatment and control areas and across eligible and non-eligible households (**Table 2**). Full details about the sampling framework and the **multi-stage sampling approach** that was adopted at baseline are presented in Annex A.

Table 2 – Baseline sample size, by population group

Beneficiary Status	Area		Total
	Treatment	Control	
Eligible for CGP	747 (98%) [A]	739 (97%) [B]	1,486 (98%)
Non Eligible for CGP	779 (100%) [C]	789 (99%) [D]	1,568 (99%)
Total	**1,526 (99%)**	**1,528 (98%)**	**3,054 (98%)**

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011. Note: In parentheses the success rate compared to the target sample. Note: Numbers vary only marginally with respect to what reported in the baseline report due to minor adjustment of the administrative information.

In the follow-up survey the sample size of non-eligible households was reduced to roughly half of the baseline due to budgetary restrictions, leading to an overall **target follow-up sample of about 2,300 households** (1,484 eligible households and 800 non-eligible).

The follow-up survey aimed to re-interview the same households in this way constructing a **panel dataset**. As usual with this kind of exercises, the construction of the panel was hindered by two main challenges: sample attrition and changes in the demographic structure of the households in the sample.

1.4.1 Sample Attrition

Sample attrition originated from the fact that some households that were interviewed at baseline had left their original community or were no longer available for interview at the time of the follow-up survey. This problem was addressed tackled in different ways for eligible and non-eligible households.

[17] Further information about the instruments is available in Annex A.

[18] For more detail on the Local Economy Wide Impact Evaluation—(LEWIE) see Taylor, E., Thome, K. and Filipski, M. (2012). Evaluating Local General Equilibrium Impacts of Lesotho's Child Grants Program, PtoP project report, FAO.

- For eligible households **a tracking protocol** was established according to which households should be followed-up and an interview sought if they have moved outside their original community and if 1) their new location were known to the field team and 2) the households had relocated to: a) a district capital in one of the regions of the study or the capital city Maseru; or, b) a location within 30min or 10 km travel from the village where the household was originally sampled. No replacements were allowed for this group, hence households that were living elsewhere or not available for interview for other reasons were dropped from the study.
- For non-eligible households **replacements** were available and used when households had relocated outside their original community, following the same criteria that were adopted for the baseline survey (see Annex A).

Table 3 – Household panel and sample attrition

	Eligible for CGP	Not eligible for CGP	Total
Baseline households	1,486	1,568 (of which 803 sampled at follow-up)	3,054 (of which 2,289 sampled at follow-up)
Baseline households with at least one complete survey at follow up	1,353 (91%)	797 (99%)	2,150 (94%)

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011, and CGP Evaluation Follow up Survey, Jun-Aug 2013. Note: In parentheses the success rate compared to the target sample.

Table 3 shows that overall 2,150 of the 3,054 households interviewed at baseline were tracked in the follow-up study. While the **overall sample attrition was 6%,** it was significantly higher (9%) for CGP eligible households, for which replacements were not available. The analysis further suggests that there were some systematic differences in the response to the follow-up survey between the treatment and control group. The non-response rate amongst eligible households was much higher in the control group (12%), compared to the treatment group (8%), mainly as a result of a higher proportion of households in the control group having moved outside the cluster in a location where tracking was not viable (see full details in Annex A).

If not accounted for this difference could represent a selection bias that invalidates the impact estimates obtained from the study. For this reason the **sampling weights have been adjusted for selective non-response**, by calculating the probability of households being retained in the sample on the basis of key household characteristics at baseline (full details in Annex A).

1.4.2 Changes in the Demographic Structure

A second dimension of complexity associated with the construction of the panel survey related to the fact that the **demographic structure** of households that had been interviewed at baseline may have changed over time, and therefore a different household composition can be found in the follow-up survey. This study is particularly designed to measure effects of the CGP on key child level outcomes. The mobility of this group represents an element of particular concern, as changes in caring arrangements may have implied children moving across households over the time of the study.

As part of the study design it was agreed that **any child 0-17 interviewed at baseline** would be tracked in the follow-up survey, regardless of whether she lived in the same household where the

interview took place at baseline or not. The same tracking rules described above were applied to any "**new or split households**" that was encountered in the field.[19]

Table 4 – Changes in Household Demographics between Baseline and Follow-up

Number of completed interviews at follow up that are:	Eligible for CGP		Not eligible for CGP		Total	
Baseline households where no baseline children moved out	1,195	85%	751	93%	1,946	88%
Baseline households where some baseline children moved out	125	9%	29	4%	154	7%
Baseline households where all baseline children moved out	0	0%	6	1%	6	0%
New split households where some baseline children moved in	62	4%	9	1%	71	3%
New households where all baseline children moved in	24	2%	11	1%	35	2%
Total	**1,406**	**100%**	**806**	**100%**	**2,212**	**100%**

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011, and CGP Evaluation Follow up Survey, Jun-Aug 2013

Table 4 shows a **higher sample size for the follow-up survey** (2,212) that the one reported in **Table 3** above (2,150). The larger sample includes all interviews that were completed at follow-up, including "new or split households", where any of the baseline children had moved to live. In the vast majority of cases, interviews correspond to households where either all children 0-17 lived in the same household as baseline (88%) or had moved all together to another household (2%). In these cases one baseline household observation corresponded to one follow-up interview. The remaining 10% of cases correspond to baseline households where some children had moved out, and new households where some children had moved in.[20] Closer analysis reveals, again, some differences across groups. In particular we find a higher proportion of households that did not split in the treatment (87%) than in the control (82%) group.

From the point of view of the CGP impact analysis what is relevant is to determine how to treat such newly sampled split households, as - in the lack of a formal case management system - it is not clear whether they would receive any support from the CGP. It children who have moved out from their original baseline household do not receive any benefit from the cash transfer, they should not be considered for the study of the CGP impact. All households interviewed at follow-up were asked to self-report whether they were actually receiving the grant. The analysis of this data suggests that in case of split households, **generally only one household still receives the grant** and this is normally where most baseline children are currently living. As a consequence we restrict our analysis to households that fall in this category.[21]

All in all, as a result of household level attrition, and individual level attrition a**bout 75% of children in the study were captured in both baseline and follow-up survey**, compared to 10% of

[19] The only difference that in the case of non-eligible households there was only one replacement for any baseline household that had split in more than one household at follow-up

[20] Note that if an eligible household had no remaining child 0-17 in the follow-up survey it was dropped from the sample by design.

[21] For robustness we also run our models for individual level outcomes including all baseline children including those who have moved out of their original households. The main findings are fully robust to this larger sample.

children that appear in the baseline survey only, and 15% new children that were captured in the follow-up survey only (see **Table 5**).

Table 5 – Children interviewed at baseline and follow-up

	Eligible for CGP					
Children in households with a complete interview:	**Treatment Group**		**Control Group**		**Total**	
Children 0-17 (Baseline only)	178	7%	304	13%	482	10%
Children 0-17 (Baseline and follow up)	1,924	78%	1,662	72%	3,586	75%
Children 0-17 (Follow up only)	380	15%	341	15%	721	15%
Total	**2,483**	**100%**	**2,309**	**100%**	**4,789**	**100%**

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011, and CGP Evaluation Follow up Survey, Jun-Aug 2013

1.4.3 Final Sample

In the remainder of the report we limit the analysis to **panelled households that were observed both at baseline and follow-up** and we restrict our analysis to one follow-up household per baseline household in case of household splits, the one with higher probability of having received the transfer. **Table 6** below shows the distribution of the **sample used for the analysis** presented in this report across eligible and non-eligible status, and across Treatment and Control areas.

Table 6 – Follow-up sample size (households), by population group

Eligibility	**Area**		**Total**
	Treatment	**Control**	
Eligible for CGP	706	647	1,353
Non Eligible for CGP	396	401	797
Total	**1102**	**1048**	**2,150**

Source: CGP Evaluation Follow up Survey, Jun-Aug 2013

Both for the baseline and follow-up survey, fieldwork was conducted in Sesotho by Sechaba Consultants using eight teams of interviewers for each round, under the direct supervision of the OPM team. The baseline and follow-up survey fieldwork took place over a period of two months (Jul-Aug) in 2011 and 2013. It is important to note that the two rounds of the survey took place at the **same time of the year to avoid seasonality bias**. In both rounds 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 independently **double entered** before a thorough data cleaning process was conducted. Further information on the fieldwork, data entry and data cleaning is given in Annex B.

1.5 Methods for the analysis

The analysis of the direct impact of the CGP on eligible households (Chapter 5) and indirect impact on non-eligible households (Chapter 7) was based on an **'Difference-in-Differences' estimate based on a panel of households**.

The baseline evaluation report concluded that the randomization design and process "appears to have been effective in ensuring comparability between treatment and control groups" (OPM, 2012). Eligible households in treatment and control areas looked similar in most observable dimensions, and only few indicators presented differences in averages across treatment status significant at conventional statistical levels. **The sample appears to be balanced** when restricting it to panelled households and after correcting weights for sample selection, apart from few exceptions (see tests for key variables in Annex A).

Based on the randomized control trial design, effects at follow-up are be primarily determined by **comparing observed trends in the treatment and control communities** (A vs. B for direct effects, and C vs D for indirect effects) in the outcomes of interest. As all potential confounding factors, both observable and non-observable, should be orthogonal and independent from programme assignment, the difference of trends in the averages of key outcome will provide an unbiased estimate of the true CGP effect.

The 'before and after' nature of Difference-in-Differences estimator means that any time invariant specific characteristics which might influence on the impact indicators being measured in addition to the CGP (so called **"confounders"**) can be accounted for. The Difference-in-Differences estimator can be specified in various different ways depending on whether time-invariant characteristics (fixed effects) are set to be common at the group/community (treatment vs. control), household or individual level. Each econometric approach relies on a set of alternative assumptions that it is not possible to test. For this reason, while presenting in the main body of this report results from one main specification, we also include in the details of the estimates obtained under **alternative specifications**, in this way testing for the **robustness** of findings for key outcome variables.

The core specification presented in the main body of the report is based on a group level **crude Difference-in-Differences estimate (DID)** that pools observations across all panel households sampled in the treatment and control communities (respectively for eligible and non-eligible households)[22]. Estimates are adjusted using **sampling weights** and selective non response and the significance testing accounts for **clustering of standard errors** due to sampling design (see details in Annex A).

As a way to perform **robustness checks** of the main results, additional models have been estimated to control for time-varying characteristics (**covariates at the household and community level**) that may co-determine outcomes of interest, and also to account for alternative model specifications with household and individual fixed effects. Results are reported in Annex H and are generally consistent, except when otherwise stated.

Finally, the core analysis is complemented by some **impact heterogeneity analysis** with the objective of determining whether the direct impact of the CGP varies according to key outcome characteristics. In particular we interact in the econometric model the CGP status with the **household size and level of consumption expenditure**.

[22] The core specification does not include additional covariates for household level models and includes individual covariates only (age and gender) for individual level models. An additional specification that includes covariates is reported in Annex H.

1.5.1 How to read the impact evaluation tables

Each impact evaluation table presented in the report presents two types of information.

- **The baseline and follow-up values** are presented for both the treatment and control groups. This allows for some understanding of the trend that occurred in key impact indicators in both treatment and control communities. It allows the reader to understand how the situation of treatment and control households has changed over the intervening time between the baseline and follow-up surveys.
- Whilst trends against key impact indicators are useful in conducting a situational analysis of CGP households, they cannot be used to determine the **impact of the CGP transfer** on key indicators. As mentioned in the section above, the impact of CGP is measured using the main model specification of Difference-in-Differences (DID) estimator. Each impact evaluation table presented therefore also reports the DID impact estimate (respectively for the direct or indirect CGP impact). This will indicate both the direction and the magnitude of the impact and will indicate whether or not this impact is statistically significant.

In the impact tables, varying **degrees of statistical significance are indicated by stars** against the estimate of impact and the trend.[23] If an estimate is not starred, the result is not conclusive from a statistical standpoint as it is not possible to conclude with standard confidence levels that the impact (or trend cannot) is statistically different from zero.[24]

1.6 Scope and structure of the follow-up impact report

The remainder of the report is structured as follows:

- Chapter 2 introduces the **theory of change** for the CGP.
- Chapter 3 describes the **basis demographic characteristics** of the study population, including a brief overview the effectiveness of the targeting done at baseline.
- Chapter 4 presents how the **CGP was implemented**, focusing on the payment experience of recipients and case management.
- Chapter 5 is the main part of the impact analysis and focussed on the **direct impact of the CGP on its beneficiaries**. It is divided into two main parts: **child level** outcomes and **household level** outcomes.
- Chapter 6 contains a **heterogeneity analysis** of the CGP impacts based on consumption expenditure and household size for selected outcomes.
- Chapter 7 presents results of the **indirect impacts of the CGP on non-eligible households** for selected outcomes.
- Chapter 8 **concludes and provides some recommendations** based on the CGP impact evaluation.

[23] Asterisks (*) indicate that an estimate is significantly different to the relevant comparator: *** = 99%; ** = 95%; * = 90%.

[24] However, it is possible that impact has been detected in alternative model specifications applied, and this will be generally referred in the text.

2 A theory of change for the CGP

The analysis of the CGP impacts originates from a theory of change that disentangles the **different pathways** along which the intervention could tackle poverty and vulnerability for children, while promoting broader developmental impacts. The programme policy documentation, as well as the global evidence base on the effectiveness of social cash transfers was the basis for the elaboration of the **theory of change**, which is constructed around some broad considerations:

- 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 targeted to the poorest. **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

- In addition to directly reducing poverty 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) to **ensure future income streams**. Cash grants, in addition to preserving consumption, enable poor household to make **different time use and investment decisions**, participate in productive economic activity and enhance the current and future productivity of the household and household members.

The above suggests to articulate the theoretical model for understanding the possible impacts of the CGP along **three main pathways of change**:

- First and foremost, by providing an injection of resources into the household economy the CGP is expected to **boost consumption expenditure of goods and services that correspond to core household needs**, and contribute in this way to improving the overall wellbeing of household member and children un particular. 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.

- A second pathway of change of the CGP is through time use and substitution of income sources. By representing an additional source of income into the household, the transfer could lead to an **adjustment of livelihood strategies,** including work habits for both adults and children, reliance on informal community support and other income generating activities. Indirectly, the income effect linked to the grant may trigger secondary effects 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.

- A third pathway of change of the CGP is through investment in productive assets. Parts of the funds made available by the programme may be used to **increase households**

productivity and build assets, also as a way to **increase resilience to shocks**. 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.

Figure 1 illustrates such theory of change. It represents a tree of effects of the programme by separating the different levels of its influencing strategy according to a Log-Frame hierarchy (activities, outputs and outcomes). The different colours indicate the areas of analysis that we refer to child specific outcomes or household level effects.[25]

A few elements emerged from the original conception of the CGP evaluation theory of change and can guide the analysis and interpretation of the impact results presented in this report:

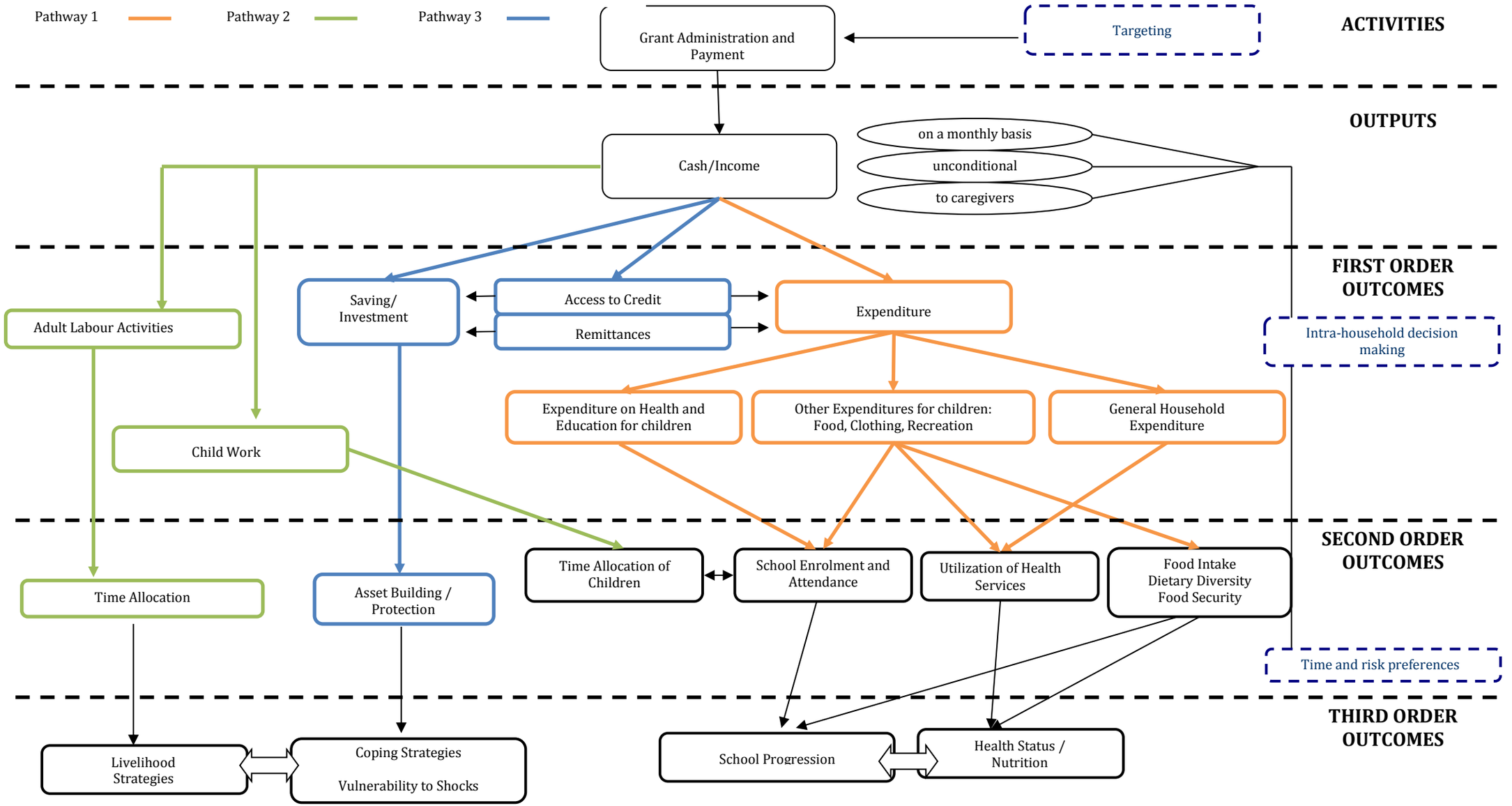
- There is an expectation - as the CGP is unconditional, targeted to the most vulnerable, often destitute and labour constrained households, and for large part of the evaluation period has provided transfers of relatively small value - that the main **direct effects are concentrated on consumption of food, food security and expenditure on consumable goods**, or any other prioritized needs by the households.
- Due to the strong messaging 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).
- **The quality of CGP implementation matters crucially for its overall effectiveness**. In Figure 1 the activity and output levels refers to the operation, implementation and administration of the CGP. Poor design (inefficient or ineffective targeting mechanisms, for example) and weak administration (for example irregular or unpredictable cash disbursement) could represent implementation bottlenecks that undermine the programme effects. Particular attention should be devoted to the transaction costs associated with beneficiaries', as these may reduce the overall net effectiveness of the interventions.
- 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 can be affected by the particular mechanism of CGP transfer delivery (the caregiver is the recipient). 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.
- There is a hierarchy in results. Short and medium term outcomes, given the **right economic and social context**, can then lead to higher developmental outcomes. For instance, the nature

[25] 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 aims for a level of simplicity that can illustrate the key effects in an intuitive manner.

of markets (labour market, crop and livestock market) may limit the potential productive benefits of the grant. 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. In some cases, while household's characteristics may improve, the general economic environment may mean that such gains are not translated into secondary income and growth gains.

- Some of the impact patterns highlighted in the theory of change 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.

Figure 1 – CGP Tree of Change (Direct Effects)



3 Descriptive characteristics of study population

Children represent around 40% of the study population (individuals in eligible and non-eligible households). A high proportion of households have a chronically ill (around 40%), elderly (45%) or disabled (18%) member. Following this 65% of the study population can be classified as dependents (children (0-17), elderly (+59), chronically ill or disabled), and 25% of households do not have any able-bodied adult member.

The proportion of vulnerable children in the study population is high: 29% of the children are orphans (double or single orphans), 5.5% of the children are chronically ill or disabled, and only 45% of the children have an able-body adult member as their caregiver.

When comparing eligible and non-eligible households, it is apparent that the eligible households contains a higher proportion of children and women, as well as a smaller proportion of adults in working age. Furthermore, adults in eligible households are more likely to be widowed and/or separated/divorced.

In the eligible population, treatment and control households have similar basic demographic characteristics.

This section presents a set of summary statistics and basic demographic characteristics of the study population (non-eligible and eligible households) in the follow up survey.[26] The section highlights in particular the specific demographic profile of households that are eligible to enrol in the CGP – our treatment and control group, and compare this to the characteristics of non-eligible households.

3.1 Overview of Communities

Our study population is predominantly rural and spread across five districts (Berea, Leribe, Mafeteng, Maseru and Qacha's Nek). Roughly 60% 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.

The majority of the study population live in areas that are not well-connected with, for example, no health facilities and food markets close by (**Table 7**). Both treatment and control households travel on foot an average of almost three hours to reach health facilities and between one to one and half hours to food markets.

Table 7 – Mean distance to key facilities when travelling by foot (household level)

	Treatment Group	Control Group
Indicator	**FU**	**FU**
Average return journey time to nearest (hours):		
• Health clinic	2.7	2.7
• Place to get Public Transport	1.1	0.7
• Food market or shop to buy groceries	1.4	1.2
• Source of drinking water	0.6	0.5
• Primary school	1.2	1.2
Average return journey time to furthest (hours):		
• Plot cultivated by the household	1.5	1.6

[26] The study population is panelled households and all individuals living in panelled households. If some individuals in the original households at baseline has split to form a new households, this households and these individuals is not included in this chapter.

Source: CGP Evaluation Follow-up Survey, Jun-Aug 2013.

3.2 Demographic characteristics

Table 8 presents key household characteristics and composition in the study population, which is representative of all households in the Electoral Divisions selected for the study. Looking at both eligible and non-eligible households, the average household size is 5.1 people. This is significantly higher than the rural estimate provided by the 2009 DHS Survey of 3.9 people (DHS, 2009). An analysis of household composition reveals that on average more than half (60%) of household members are dependents (children, elderly, chronically ill or disabled adults who in principle are unable to work). In 25% of households there is no able-bodied adult household member, or potential breadwinner. Furthermore, a high proportion of households have at least one chronically ill (40%) or elderly (45%) household member.

The demographic composition of eligible households is different to non-eligible households. Eligible households are on average significantly larger (almost 6 household members), mainly as a result of having on average one child aged 0-17 more than non-eligible households. While the proportion of households with at least one chronically ill or disabled household member is similar across eligible and non-eligible households, eligible households have a significantly higher proportion of dependents, and are more likely to contain at least one orphan child. The proportion of eligible households with single orphans (37%) and double orphans (28%) is significantly higher than in non-eligible households.

Eligible households are also significantly more likely to be female headed, but less likely to have a non-resident household head, or an elderly household head. These differences in demographic structure are consistent with the targeting approach of the CGP, whose implications have been discussed extensively in the baseline report (see Box 1 for a summary overview of results from baseline in Section 4.1).

As shown in **Table 8**, there are no significant differences in the composition of treatment and control households in the group of eligible households (apart from a slightly larger households size in treatment households due to a higher number of children aged 0-5).

Table 8 – Household composition and characteristics

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)*	Mean	Obs.
Mean household size	5.8*	5.5	5.7***	5	5.1	2150
Mean gender ratio per household	51.1	51.9	51.5	50	50.4	2150
Mean percentage of dependents per household (3)	62.4	62.8	62.6***	58.1	59.1	2150
Average number of children (0-5) per household	0.8**	0.7	0.8***	0.5	0.6	2150
Average number of children (6-17) per household	2	2	2.0***	1.4	1.5	2150
Average number of children (0-17) per household	2.9*	2.7	2.8***	1.9	2.1	2150
Average number of adults (18-59) per household	2.5	2.4	2.4	2.5	2.5	2150
Average number of elderly (>59) per household	0.5	0.5	0.5***	0.6	0.5	2150
Proportion of households with:						
• no children	3.4	2.1	2.8***	21	16.9	2150
• single orphans	17.3	17.9	17.6***	9.6	11.4	2150

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)*	Mean	Obs.
• double orphans	35.5	37.3	36.4***	23	26	2150
• elderly (>59)	39	41.7	40.3**	46.9	45.4	2150
• chronically ill members	39.9	38.2	39.1	39.8	39.6	2150
• disabled members	21.1	18.1	19.7	17.8	18.2	2150
• no able bodied adult (18-59)	23	22.1	22.6	25.4	24.7	2150
• only elderly (>59) and children (<18) ('skip generation' HHs)	5.6	5.9	5.8**	3.3	3.9	2150
• just one household member	0.1	0.1	0.1***	8.1	6.3	2010
Proportion of household heads that are:						
• children (<18)	0.1	0	0.1	0.1	0.1	2009
• elderly (>59)	38.6	39	38.8**	45.9	44.3	2009
• able bodied adult	44.6	45	44.8***	34.7	37.1	1816
• chronically ill or disabled adult	14.9	14.4	14.7	14.9	14.9	1816
➢ non-resident	5.7	6.1	5.8***	11.5	10.2	2010
➢ female	45.6	49.8	47.6***	38.5	40.5	2010

Source: CGP Evaluation Follow Up Survey, Jun-Aug 2013. 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 table format used for this descriptive section statistical testing is performed across: a) the control group vs. treatment Group, and, b) eligible households vs. non-eligible households. (3) Dependents are defined as children age 0-17, elderly age +59 and household members who are either disabled or chronically ill.

Below we compare the distribution by age and gender in the study population with recent national representative survey data (**Figure 2**). The structure of the CGP study population mimics that of the population of Lesotho: the two distributions are bottom heavy with the majority of the population below the age of 25. In the study population (comprising both eligible and not eligible households) some demographic gaps are apparent in the working adults ages, particularly for females, and possibly a consequence of HIV/AIDS.

Figure 2 – Comparison of the distribution of study population (eligible and not eligible households) by age group and sex with nationally representative data

Source: DHS, 2009 and CGP Evaluation Follow Up Survey, Jun-Aug 2013.

Other general characteristics of individuals in the study population are shown in **Table 9**. Children aged 0-17 represent just above 40% of the study population, with children aged 0-5 accounting for 12% of the population. Working age adults, defined as individuals aged 18-59, account for almost 50% of the study population. Elderly, defined as individuals aged 59 and above, represent around 11% of the study population.

The characteristics of individuals in eligible households differ significantly from those in non-eligible households. Consistent with the intended CGP targeting criteria, the proportion of children is higher in the eligible population (49%) with respect to non-eligible population (39%), whereas adults and elderly represent a lower proportion of the total number of members in eligible population. Moreover, in the eligible population adults are more likely to be widowed and or separated/divorced, which is likely to be associated with higher degrees of poverty.

There is a relatively high proportion of individuals in the study population who are chronically ill (excluding HIV/AIDS) (8%) and disabled (4%). The proportion of chronically ill persons is lower in the eligible population.

In our survey, the incidence of HIV-AIDS positive individuals is based on un-prompted self-reporting. The evaluation team chose not to explicitly ask questions on the HIV-AIDS status of household members to avoid bias in the overall results of the interview, as HIV-AIDS is such a sensitive topic in Lesotho; however, if at any point in the interview the fact of an individual having HIV-AIDS was mentioned (including a mention of antiretroviral (ARV) medication), this was recorded by the enumerators. As a consequence of this approach, the proportion of individuals with HIV-AIDS in the study population (4.9%) is greatly underestimated. The estimate in the most recent DHS (2009) survey is 23.0% for the adults aged 15-49, in our sample the equivalent age group is estimated to have a reported HIV-AIDS prevalence of 5.4%[27].

The proportion of adults in the eligible population with a valid passport is only 44%, significantly different from adults living in non-eligible households (62%). Holding a valid passport in Lesotho is an important asset, as it enables mobility and participation in South Africa's labour market – a key income source for many households.

Similar to the households composition presented above, there are no noticeable differences in the demographic characteristics of individuals in eligible households in the treatment and control group, apart from a significantly larger proportion of widowed members in control households.

Table 9 – Overall population characteristics (resident adults and resident and non-resident children)

	By treatment status		By beneficiary status		Overall	
Indicator	**Treatment group** ***(type A)***	**Control group** ***(type B)***	**Eligible** ***(type A/B)***	**Non-eligible** ***(type C/D)***	**Mean**	**Obs.**
Mean age	23.6	24.2	23.9***	28.3	27.2	11977

[27] The Lesotho Demographic and Health Survey 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% of adults age 15-49 in Lesotho are infected with HIV-1. The prevalence of HIV infection is 27% for women age 15-49 and 18% for men age 15-49. HIV prevalence has not changed since 2004. For both sexes, rates of infection rise with age, peaking at 42% for women age 35-39 and at 40% among men age 30-34 (DHS, 2009).

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)*	Mean	Obs.
Proportion of individuals that are:						
• Female	51.5	51.9	51.7*	49.9	50.3	11984
• Children aged 0-5	14.4*	12.7	13.6***	11.1	11.7	11977
• Children aged 6-12	20.6	20.3	20.5***	15.3	16.6	11977
• Children aged 13-17	14	15.2	14.6***	12.1	12.7	11977
• Children aged 0-17	49	48.2	48.7***	38.5	41.1	11977
• Adults in working age (18-59)	43.1	43	43.1***	50	48.3	11977
• Elderly (aged >59)	7.9	8.8	8.3***	11.5	10.7	11977
• Elderly (aged>69)	3	3.9	3.4***	6.1	5.4	11977
• Chronically ill (excluding HIV-AIDS)	6.6	6.2	6.4***	8.8	8.2	10088
• Disabled	4.4	3.8	4.1	3.6	3.8	10246
• HIV / AIDS positive (un-prompted and self-reported)	5.7	4.4	5.1	4.8	4.9	10423
• Chronically ill, HIV / Aids positive or disabled (all)	15.1	13.2	14.2	15.9	15.4	10086
• Elderly and chronically ill or disabled	3.7	3.6	3.7***	6	5.4	10077
Proportion of adults (18-59) with a valid passport	45.1	42.3	43.8***	61.8	57.8	5274
Proportion of adult and elderly population						
• married or living with partner	40.4	38.2	39.4***	46.6	45	6470
• widowed	16.7**	19.3	17.9***	14.7	15.4	6479
• divorced / separated	7.5	6.2	6.9*	5.6	5.9	6479
• never married	35.4	36.3	35.8	33.2	33.8	6479

Source: CGP Evaluation Follow Up Survey, Jun-Aug 2013. 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%.

4 Experience of the CGP transfer

By providing regular transfers of 360M per quarter, according to its original design the CGP would have provided the equivalent of about 14% of the 2013 monthly consumption of an eligible households, or about 10% of the updated poverty line. Effective from April 2013 the transfer value has been indexed to number of children, bringing it to represent on average about 21% of household monthly consumption. The April 2013 transfer (CGP component only) corresponded on average to the equivalent of one month worth of consumption.

The new payment schedule, taking into account the number of children in the household, has contributed to increase the per capita value of the transfer and therefore likely to result in increased sense of fairness and effectiveness of the transfer. The disbursement of the Food Emergency Grant, in addition to the CGP transfer, has resulted in extra resources for the CGP beneficiaries and therefore, is likely to have contributed as well to increase effectiveness of the transfer[28]

The Child Grant Programme (CGP) aimed at providing a regular and predictable cash transfer that recipient households could use as a regular source of income to meet basic children and household needs. However in practice payments in the Community Councils covered by the impact evaluation study (Phase 1 - Round 2) have been quite irregular both in terms of timing and size.

The erratic payments and delays have undermined the predictability of the transfer and beneficiaries' ability to perceive the CGP transfer as a regular source of income. These issues have affected CGP beneficiaries' perceptions and understanding as per how the CGP operates as timing and amount of the transfers varied all the time.

The CGP is an unconditional cash transfer: in practice beneficiaries receive a very effective messaging that the cash transfer should be spent on children.

The results indicate a lack of knowledge among the recipients on case management procedure and possibly a failure of the Village Assistance Committees (VACs) in delivering the intended strategic communication and support roles. The majority of the recipients are not aware of the role of the VACs and/or think they are not active. Furthermore, program does not have an effective system in place to gather and address formal or informal complaints.

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

The CGP has managed to put in place a remarkable infrastructure for the pilot operational roll-out, which led to selecting and providing payments to almost 20,000[29] beneficiary households in the span of less than 5 years. The administrative tasks involved in this project have been large and largely unprecedented, not surprisingly the programme has experienced a number of implementation challenges.

This section explores how the quality of the process of the CGP implementation may have affected its impact by looking at a series of operational areas including: a summary of results from the

[28] Please note that the implementation of the Food Emergency grant could not be anticipated during the design phase of the present impact evaluation. As a result, the results presented in this report cannot precisely quantify the proportion of the total impact attributable to the Food Emergency grant.

[29] 19,800 households as of March 2014

targeting analysis conducted at baseline (Section 4.1); the size and timing of the payments (Section 4.2); the beneficiaries experience with the payment system (Section 4.3), the characteristic of the person actually receiving the money (CGP recipient) (Section 4.4); the effectiveness of the communication campaigns and beneficiaries awareness of Programme details (Section 4.5 and 4.6) and their experience with the case management process (Section 4.7).

The findings in this section are mainly based on the data collected during the follow-up survey in 2013, in which CGP beneficiaries were administered a specific extra module on CGP operations. In all the communities where the CGP was operating (Treatment Areas), a module was also administered to representatives of the community to investigate community's understanding and perceptions about the CGP programme.

Overall the follow-up survey reached 673 (self-reported) CGP beneficiaries. In the majority of household interviews, the respondent to the extra module on the CGP programme was the CGP recipient i.e. the individual nominated to receive the payment from the programme (77%).

4.1 Overview of Targeting Results from the Baseline study

Box 1 – The Effectiveness of CGP Targeting

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

The targeting analysis conducted as part of the baseline 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 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 for 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 of 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 mainly, but not only, the result of financial constraints. Comparing the current targeting results with an optimal situation in which all the available funds were directed to cover the poorest households, relative exclusion errors are still high (around 50%).

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.

While both the PMT 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 overall targeting effectiveness could have significantly improved had the two mechanisms been fine tuned to provide a similar coverage level. On the one hand the PMT model showed overall poor performance with respect to other similar hard-data driven targeting mechanisms implemented in the region and elsewhere. On the other hand the community validation was also shown to have several implementation problems which most probably led to lower effectiveness in identifying the poor.

Full detail of the targeting analysis can be found in the Baseline Report (OPM, 2012)

4.2 Size and timing of payment

The Child Grant Programme (CGP) aimed at providing a regular and predictable cash transfer that recipient households could use as a regular source of income to meet basic children and household needs. At the beginning of the study, the transfer value for CGP was set at a flat rate of M120 (US$ 12) per month per household and was disbursed every quarter. This was based on an assumption of M40 (US$ 4) per child, with an average number of children per household size of three.

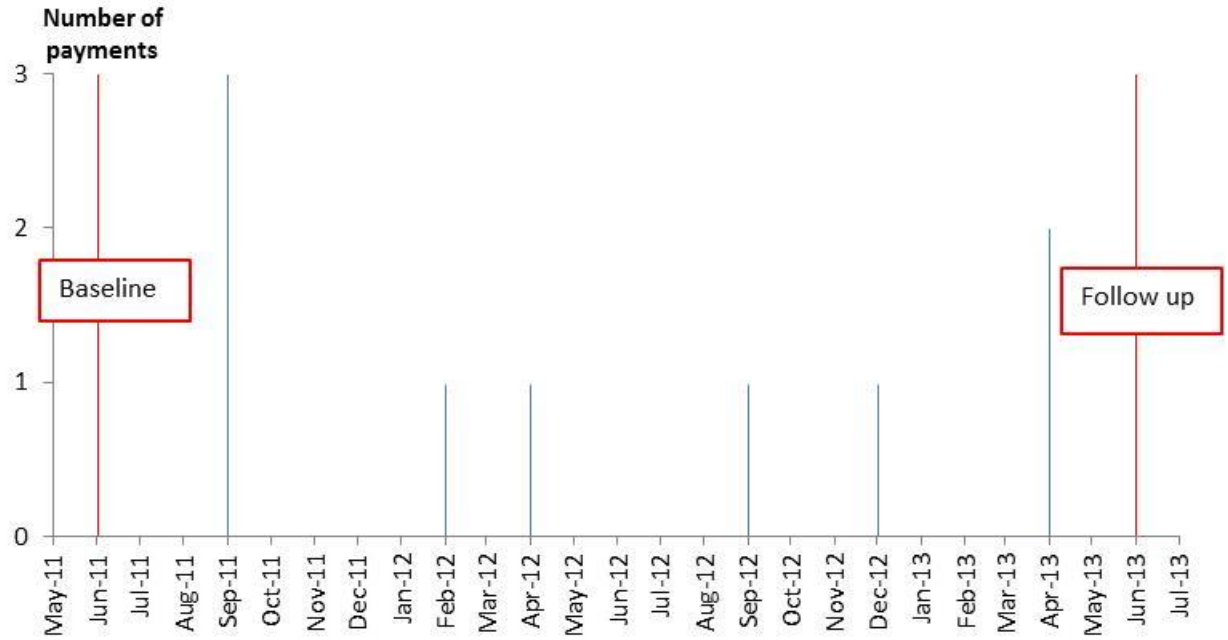
A number of issues have affected the structure of payments throughout the course of the evaluation:

- Change in payment schedule to index the transfer amount to the number of children in the household (see **Box 2**)
- Delays in payment due to challenges with the disbursement process and system.
- The introduction and disbursement to CGP beneficiaries of a Food Emergency Grant to cope with the flood emergency (see **Box 3**).

Erratic payments and delays have undermined the predictability of the transfer and beneficiaries' ability to perceive the CGP transfer as a regular source of income. This issue is likely to have reduced the magnitude of the intended impact of the CGP. **Figure 3** presents the administrative records of the actual CGP payment schedule in Community Councils covered by the impact evaluation study (Phase 1 - Round 2). It is clear that is has been quite irregular both in terms of timing and size.

The first payment was done between August and October 2011, right after the baseline data collection (July/August 2011), and households received M1080 (the equivalent of three payments). Out of the five subsequent payments only three were made every three months, the intended interval.

Figure 3 – Actual Payment schedule for CGP beneficiary households in the evaluation study



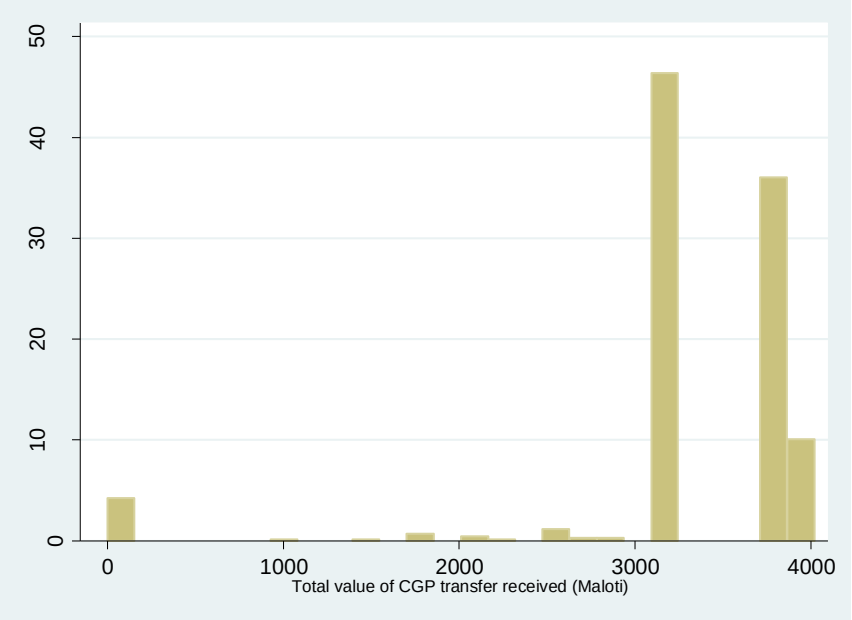
Source: CGP Programme, MIS data. Note: Payment months indicate the month where the majority of recipients in the sample received the transfer. Number of payments refers to whether the household received a double payment if for example the previous payment had been delayed. (1) This does not include the Food Emergency Grant.

The irregular timing of payments meant that most CGP households in the study population received on average between 6 and 7 payments (an average of 6.6) (see Annex Figure 24) while, based on the operational design, the intended number of quarterly payments should have been 10.

Despite the unpredictable payment schedule, the vast majority of beneficiaries received over the course of the evaluation the total intended amount of funds, only the transfer was made in more lumpy disbursements than expected (**Figure 4**). During the period of the evaluation a household with over 5 children should have received a total payment of 3,940M (this is marginally lower for smaller households)[30].

[30] For households with 3-4 children the total should be 3,840M and for households with 1-2 children 3600M.

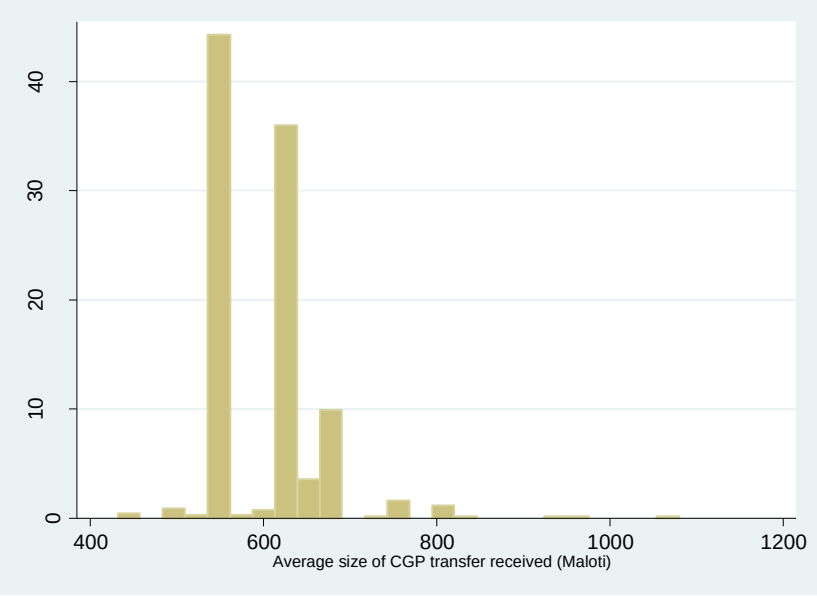
Figure 4 – Total value of actual CGP payment received by CGP beneficiary households in the evaluation study (since payment commenced, September 2011 until the FU survey)



Source: CGP Programme, MIS data. Note: 705 observations.

With fewer payments and a larger total amount received on average, it is not surprising that the average single transfers have been close to double the intended size (360M vs. 593M). The distribution of average size of payments received in each payment round is shown in **Figure 5**.

Figure 5 – Average size of single CGP payment received by CGP beneficiary households in the evaluation study (since payment commenced, September 2011 until the FU survey)



Source: CGP Programme, MIS data. Note: 705 observations

The introduction and disbursement of the Food Emergency Grant using CGP targeting and payment systems was a story of successful integration of social protection interventions. From a policy and design perspective there was no need to create a separate emergency cash grant to

respond to the emergency, but the response was built in a very short time and in a cost effective manner by exploiting the existing CGP delivery system.

This resulted in extra resources being channelled to CGP beneficiaries. For most households this consisted in a bi-monthly cash transfer of 400M that CGP households have received since autumn 2012 (see more details in **Box 2**). While the Food Emergency Grant had a different objective from the CGP - to increase spending on agricultural inputs – beneficiary households might have failed to distinguish the two properly, as the emergency transfer was disbursed together with the CGP grant.

The implementation of the Food Emergency Grant was not anticipated as part of the design of the CGP impact evaluation. It contributed to further improving beneficiary households wellbeing in treatment communities.[31] Unfortunately the methodology used for this evaluation does not allow to quantify the proportion of the total impact attributable to the Food Emergency Grant or to the CGP transfer itself, hence the findings have to be interpreted as originating from the combination of the two interventions.

Box 2 – Food Emergency Grant

Heavy rains and flooding almost halved Lesotho's maize production during the 2010/11 farming season. A prolonged period of drought followed during the 2011-2012 season, forcing many small farmers to forgo planting. The cumulative effect of two poor harvest negatively affected food security in rural Lesotho.

In 2012 and 2013, as an emergency response to the poor harvest that strongly affected household livelihood and food supply, a Food Emergency Grant was disbursed to CGP beneficiary in the form of a bi-monthly top up of 400 Maloti (200 Maloti/month) addition to the standard CGP grant.

The funding for the Food Emergency Grant was received from the UN's Central Emergency Response Fund (CERF)[32] in 2012. It was used to provide all 10,000 CGP beneficiary households of Phase 1- Round 2 with two payments (400M for August/Sep during September CGP-payment, 400M for Nov/Dec during December CGP-payment).

In 2013, the funding for the Food Emergency Grant was received from DfID. Due to limited funds, approx. 6,150 CGP households were able to receive two additional payments (400M for Jan/Feb during an extra-payment in February, 400M for Mar/Apr during CGP-payment in April).

The Food Emergency Grant was disbursed together with the CGP. "Beneficiaries in the areas of research had received additional money in a separate envelope to purchase seeds and other agriculture inputs during four rounds of payments" (OPM, 2013).

By design the Food Emergency Grant transfer had a different objective from the CGP - to increase spending on agricultural inputs. However, by being disbursed together with the CGP transfer (apart from the DfID-funded payment in February), households might have failed to distinguish the two properly. In fact the follow-up quantitative survey indicates that only around 28% of CGP households report having received an emergency food cash transfer.

According to official records the Food Emergency Grant should have reached all CGP beneficiaries at least twice in the 12 months prior to the survey and 4 times for a smaller fraction of beneficiaries.

Source: UNICEF-Lesotho

[31] The Food Emergency Grant was not implemented in control communities.
[32] The Central Emergency Response Fund (CERF) is a humanitarian funding mechanism established by the United Nations to enable more timely and reliable assistance to victims of natural disasters and armed conflicts.

The most recent CGP payment before the follow-up survey (July/August 2013) happened in April 2013, so on average 3 months before data collection (based on official MIS records of payments made). This payment comprised of:

- A late payment and included a double CGP payment to make up for the previous payment that had been missed.
- Introduction of a variation in the transfer value, indexed to the number of children in the household.
- A top-up from the Food Emergency Grant disbursed to a large proportion of the CGP households.

This led to very sizeable payments being done in April 2013 – this payment (CGP component only) corresponded on average to the equivalent of one month worth of consumption. The vast majority (98%) of interviewed beneficiaries confirmed having received a payment between March and May 2013. The average amount received at last payment as reported by respondents was 1060 Maloti (nominal prices).[33] This figure should exclude the Food Emergency Grant (400M) which was disbursed to part of the sampled households (see Box 3).[34] The CGP payment which should have taken place in June/July 2013 was not disbursed as planned.

The unpredictability of CGP payments is expected to have implications for the results of this impact evaluation on three levels:

- Lumpy payments may cause a very different behavioral response to the one that would be observed under "planned" conditions of operation.
- The long time between last payment and follow-up data collection may lead to under-estimation of some impacts.
- Additional funds disbursed to CGP households from other institutional cash transfers could inflate the impact estimates.

4.2.1 Adequacy of the CGP transfer

In this section we present some analysis of the adequacy of the CGP transfer. The new payment schedule introduced in April 2013, taking into account the number of children in the household, contributed to increasing the per capita value of the transfer and consequently the share of total monthly consumption expenditure represented by the transfer (**Table 10**). This is likely to have resulted in an increased perceived sense of fairness and higher effectiveness of the transfer.

The original CGP payment scheme - a constant transfer of 360M being paid to all households – represents around 14% of follow-up consumption expenditure (pre-transfer) and about 10% of the poverty line. With the change to the payment schedule taking effect from April 2013, the CGP payment has increased as a larger share of total monthly consumption – across all households it is now equivalent to 21% of total monthly consumption expenditure (about 15% of the poverty line). This is in line with the average share to other cash transfers in the region, although there is significant variation with some countries (Zambia or Malawi for instance) providing a higher relative transfer value.

[33] See Figure 25 for distribution of self-reported amount of payment. According to official records the average amount paid to beneficiaries around April 2013 was lower – 987 Maloti. This discrepancy is likely to reflect poor respondents' ability of recalling the precise amount and lack of receipts of the transfers received.

[34] In the operational module of the household questionnaire households were asked specifically about the CGP transfer. It is not unlikely that some households have included the Food Emergency Grant in this figure.

With the new payment scheme in place, households with 3-4 children experienced the largest increased in the relative importance of the CGP transfer. Children in larger households continue to receive less in per-capita terms than children in smaller households.

Table 10 – Adequacy of the CGP transfer

	Treatment Group					
	Old Transfer	New Transfer (from April 2013)				
Indicator	All households	All households (new transfer)	Households with 1-2 children	Households with 3-4 children	Households with +5 children	Obs. .
Nominal monthly value of CGP transfer (Maloti)						
• Per household	120.0	190.2	120	200	250	
• Per household member	24.4	31.7	32.7	32.4	26.8	687
• Per adult equivalent (3)	36.5	47.0	49.9	46.5	39.6	686
• Per child (0-17)	56.6	69.5	87.1	59.2	44.1	687
Average household size (number of members)	6.0	6.0	4.1	6.5	9.7	687
Transfer as share of total monthly consumption expenditure at follow up (%) (5)	13.83	21.0	17.6	25.4	19.7	687
Transfer as a share of total monthly consumption expenditure at baseline (%)	16.7	23.4	18.5	27.5	27.3	695

Source: CGP Evaluation Baseline Survey, Jun-Aug 2013. 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) For details of adult equivalent scale see Annex C (4) Households with no children aged 0-17 are excluded from the calculations. (4) Nominal values are deflated to estimate the effect of inflation using the estimated intra-survey inflation (18%). (5) Pre-transfer consumption expenditure at follow-up. (6) Figures are calculated based on our sample of panelled treatment households. Apart from baseline consumption expenditure, the table show information from the follow up survey.

Table 10 also shows that the real value of the transfer eroded substantially over time, with the real monthly amount differing substantially from the nominal amount only after two years of implementation. Part of the loss of transfer values in real terms has been counteracted by the change in payment schedule, which has increased the average transfer value; however, it is important that the transfer is adjusted with some regularity for inflation. It will otherwise decrease its relative importance in CGP households' budgets.

4.3 Beneficiaries' perceptions and expectations on CGP payments

During the household interviews, the CGP recipients were asked about their experience and expectations in term of size and timing of the CGP payment. The purpose of these questions was to understand how well recipients are informed about Programme design as well as if the Programme is received as a reliable and regular source of income.

These are important issues as the CGP aims to provide a regular and predictable cash transfer that the recipient households could use as a regular source of income, or budget, and to plan ahead for their household needs. The results presented in this section can be used to assess how this is working in practice.

The issues of recipients' knowledge and expectations are investigated by asking the respondents about the amount of the last payment received and whether the size and timing corresponded to their expectations. The interviewer also asked about expectations in terms of size and timing of the next payment.

The data gathered from CGP beneficiaries in the follow-up survey (**Table 11**) shows that only 13% of the respondents were aware of the amount they would be receiving in the April 2013 payment, while 72% were "surprised" as the transfer value was more than what they expected (thus indicating poor communication of the changes in payment structure, and/or the food emergency grant, and/or the double payment that was going to take place). 3% of the respondents reported they received less than expected. Interestingly, 12% of the respondents state they had no expectations in terms of amount of the transfers and 9% had no expectations in terms of timing. While the payment was late, the majority of the respondents thought the transfer was on time and only 27% of the respondents were aware that the payment was late. 9% of the respondents even thought that the last payment arrived earlier than expected (**Table 12**).

Table 11 – Expectations about payment size

	CGP Beneficiary Households (1)	
Indicator	**FU**	
	Est.	**Obs.**
Proportion of CGP recipients for which the last payment was:		
• The expected amount	12.5	653
• More than the expected amount	72.2	653
• Less than the expected amount	2.9	653
• Neither (household has no expectations on payment size)	12.4	653

Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Beneficiary Households refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

Table 12 – Expectations about timing of payment

	CGP Beneficiary Households (1)	
Indicator	**FU**	
	Est.	**Obs.**
Proportion of CGP recipients who report that their last CGP payment was		
• On time	55.4	650
• Late	26.9	650
• Early	8.7	650
• Neither (household has no expectations on the timing of the payment)	9.0	650

Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Beneficiary Households refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

The majority of beneficiaries (around 90%) expect the next payment in 3 or 4 months. Interestingly, almost 50% of households report expecting the next payment to be as large as the last one received.[35]

4.4 Characteristics of the CGP recipient

The characteristics of the household member who has the responsibility to collect the CGP money (CGP recipient) are important, as this may affect the way in which the grant resources are spent.

[35] See **Figure 26** in the Annex for difference between last and next expected payments

The manual of operation of the CGP refers to the payee as "the member of the household who will collect the grant. This person can be male or female. Usually the payee is the household head, but the household can choose anyone, whether they belong to the household or not". In practice, the official person nominated to collect on behalf of the child(ren) is the child(ren) guardian, often the head of the household or a parent.

According to the data collected in the follow-up survey (**Table 13**), a high proportion of CGP recipients are female (66.7%). In most cases (94%) the recipient is a household member and in 69% of the cases the recipient is the household head. The average age of the CGP recipient is 50.

Table 13 – The CGP recipient

	CGP Beneficiary Households (1)	
Indicator	**FU**	
	Est.	**Obs.**
Proportion of CGP recipients who are:		
• Female	66.7	653
• A household member	94.5	673
➢ Mean age of recipients (if household member)	49.4	622
• CGP recipient is head of household	68.8	622

Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Beneficiary Households refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). (3) Number of observations drop for some variables in this table as we cannot get gender and age information for the recipient unless they are household members and their idcode was recorded.

In most recipient households (72%), only one person makes decisions regarding the spending of the CGP and in almost all cases this is a household member, hence, a person who should be aware of the beneficiary children's needs. In 75% of cases decisions on expenditure are taken by the household head, who is a man in 55% of households. When the recipient is a woman and not a household head, she is the main decision maker in only 40% of the cases.

4.5 Beneficiaries' experience with the payment system

Payments are made through a cash-in-transit firm (G4S) at one or two pay points per community council. Specific payment dates are determined by the Ministry of Social Development and announced a few weeks in advance to the district offices who in turn inform the community through the councillors and community chiefs. They in turn notify the rest of the community (OPM, 2013). **Table 14** shows that dissemination of information about the payment date is slow: 90% of recipients reports that they do not know about the exact payment until a few days before.

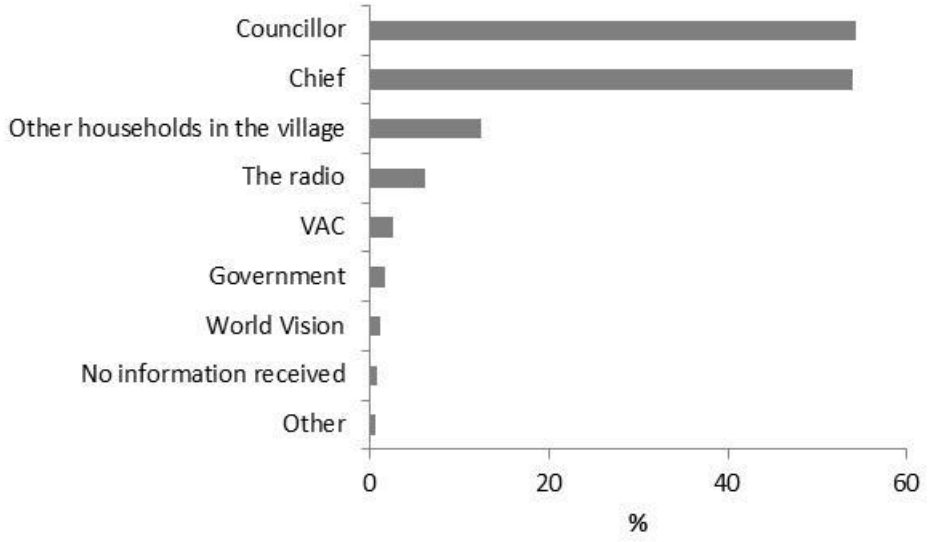
Table 14 – Information on distribution

	CGP Beneficiary Households (1)	
	FU	
	Est.	**Obs.**
Proportion of CGP recipients who received information on the date and value of the next payment:		
• At pay point, during the previous payment	5.3	643
• A few days before payment	89.9	643
• More than a week before	4.3	643
• More than a month before	0.1	643

Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Beneficiary Households refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

As showed in **Figure 6**, most beneficiaries are informed by the chief and the councillor.

Figure 6 – Information source for distribution date and value (% of CGP Beneficiary Households)



Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Beneficiary Households refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). Note: Multiple options were permitted.

When asked about their experience during the last payment day, CGP recipients report spending on average around 3 hours to travel to and from the payment on foot – the only mode of transport used. Around 20% of the households report a return journey of 5 hours of more. When reaching the payment, they spent an additional 2 hours and 20 minutes waiting to be served at the pay point and 11% of the respondents report having to wait for 5 hours of more. 50% of the respondents report having made expenditure in association to the collection of payment and the average cost incurred is 9 Maloti.

Non-official fee payments are very rare, less than 0.5% of the respondents has paid a fee in the process of receiving the CGP (see **Table 15)**.

Table 15 – Expenditures associated with payment collection at last payment day

	CGP Recipients (1)	
Indicator	**FU**	
	Est.	**Obs.**
Average time to reach pay point [return] (hours walking)	3.1	648
• Proportion that used 5 hours or more to reach to pay point [return] (hours walking)	20.8	648
• Proportion that used 2 hours or less to reach the pay point [return] (hours walking)	51.8	648
Average time spent waiting at the pay point	2.3	632
• Proportion that spent 5 hours or more waiting at the pay point	11.6	632
• Proportion that spent 2 hours or less waiting at the pay point	66.6	632
Proportion of recipient households incurring any cost to collect the payment	50.2	659
• Average cost incurred to collect the payment [return, Maloti]	9.2	659
• Proportion that spent 5% or more of their last CGP payment	2.7	646

	CGP Recipients (1)	
Indicator	**FU**	
	Est.	**Obs.**
Proportion that that paid a fee to receive the Grant	0.4	670
• Average fee paid (Maloti)	45.6	3

Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

Despite the time consuming nature of the CGP payment mechanism, the majority of recipients report no issue or complaint on the payment mechanism and indicate feeling safe. Related to this, 6% feel unsafe or very unsafe collecting the CGP (see Annex **Figure 33**), even though some will be travelling at night and alone. It is very plausible, however, that recipients are cautious about criticising the programme (see Section 4.5.1 below).

4.6 Beneficiaries' perception of the programme's objectives

To investigate awareness on Programme design, during the household interviews, the CGP recipients are asked to state the targeting criteria of the CGP. Also, respondents are asked whether they received any instructions on how to spend the transfer

Most of the respondents (72%) mention household poverty as top criteria, followed by presence of children in the household (32%). Around 30% also believe that the transfer is given to households with orphans (28%). A very small proportion of respondents show not being aware of what the targeting criteria as they believe the process was result of random selection and/or luck.

The CGP is an unconditional cash transfer: in practice recipients receive a very effective messaging that that the cash transfer should be spent on children, something that is sometimes referred in the literature as implicit conditionality.[36] Interesting, all the CGP recipients interviewed in the quantitative study report having received instructions to spend the cash transfer on children: "the money is for the children!" Such instructions most of the time are received at each payment round at the pay point.

Qualitative research confirmed that this message was being further reinforced by the watchful social development officers, the VAC members, chiefs and the wider community who although not receiving the transfer felt strongly that the money was to be used appropriately by the beneficiaries (OPM, 2013).

4.7 Beneficiaries and community experience with the programme (case management)

As part of the operational the design of the CGP, procedures for case management were laid out in detail (see Annex Box 4). This section focuses on recipients' knowledge about CGP's case management system and the actual degree of case management carried out at the community level.

At the community level the role of the Village Assistance Committees (VACs)[37] was intended to be a cornerstone in the case management of the CGP (see Annex Box 5). The VAC was set up

[36] See for example Pellerano and Barca (2013) or Schuring (2010)

[37] Village Assistance Committees (VACs) were formed through a community mobilisation prior to the targeting process in which attending individuals 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

specifically to assist the operationalization of the CGP – a pilot programme gradually to be taken over and fully integrated into the government system.

The results indicates a lack of knowledge among the recipients on case management procedure and possibly a failure of the VACs in delivering the intended strategic communication and support roles. The majority of the recipients are not aware of the role of the VACs and/or think they are not active.

While the role of the VACs is clearly articulated in the programme's manual of operations, they were less clear on the ground. **Table 16** shows that only 38% of CGP recipients have heard about VACs, and of these households around 40% are not aware of the VACs doing tasks related to the CGP. When respondents are aware of the existence of the VACS, the mention their role as mostly monitors of the beneficiaries to oversight the correct use of the CGP money. Only 14% of households are aware or report VACs to be engaged in taking complaints or appeals forward on behalf of beneficiaries. The findings are similar at community level, with representatives of 50% of the communities stating that they never heard about the VACs. Almost 32% of the communities report inactive VACs.

Table 16 – Activity level of the VACs

	CGP Recipients (1)	
	FU	
Indicator	**Est.**	**Obs.**
Proportion of recipients households that has heard about the VAC	38.0	672
• Of which are aware of VAC doing tasks related to the CGP (active VACs)	62.2	245

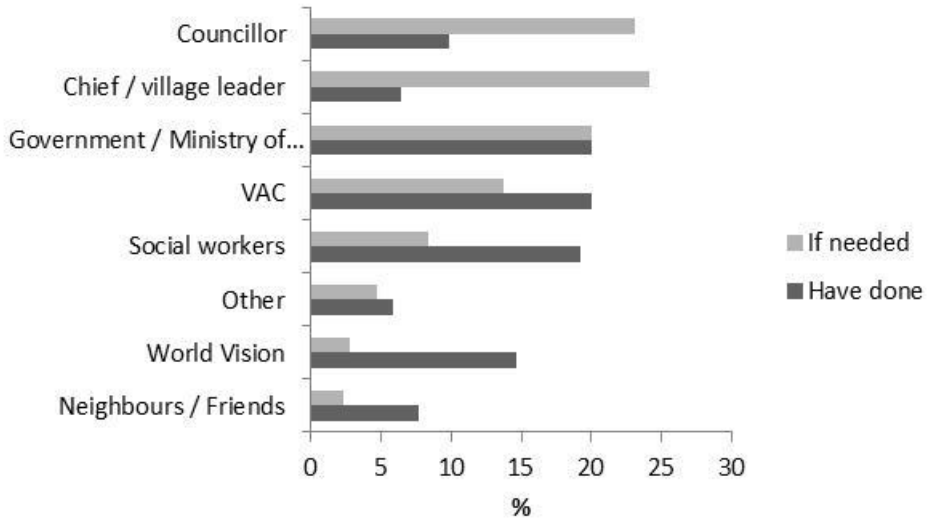
Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

4.7.1 Informal and formal complaints

Less than 1% of CGP households report to have submitted a formal complaint about any aspect of the programme's operation (see Annex **Table 106**). Less than 10% of them have ever asked for informal help or advice about the CGP. The CGP recipients that have asked for advice have predominantly directed their queries to their VAC, social workers or the MoSD. Beneficiary households who have not asked for any informal advice report they would go to their councillor or chief to seek advice (see **Figure 7**).

write, etc.). The public were asked to vote for members from their support group37 and one ordinary citizen from amongst themselves. The VACs were trained by World Vision on their general roles and responsibilities and criteria for selection beneficiaries. They received one round of training by World Vision before the validation process. There is no evidence of subsequent operational backstopping and little evidence of district-level support for the VACs (OPM, 2012).

Figure 7 – Stakeholders involved in case management: contact point for informal help or advice regarding the CGP



Source: CGP Evaluation Follow-up (2013) Surveys. Note: The data series "Have done" is based on 55 observations. The data series "if needed" is based on 608 observations.

In almost a third of the surveyed communities, community representatives say that it is common for beneficiaries to informally complain ("gossip") about the CGP. In most cases CGP beneficiaries criticize the size and irregularity of the payment or report having problems with the collection of the transfer (see Annex **Table 107**). Responses from the same community representatives show that non-beneficiaries informally complain ("gossip") about the CGP to a much larger extent (87%).They mostly criticize the targeting process for reasons such as not knowing why they were not selected (55%), exclusion errors – i.e. that not all poor households receive the payment - (70%), or inclusion errors – i.e. some non-poor households receive the payment - (38%). Non beneficiaries also report misuse of the CGP transfer as it is not spent on children as it should (21%) (see Annex **Table 108**).

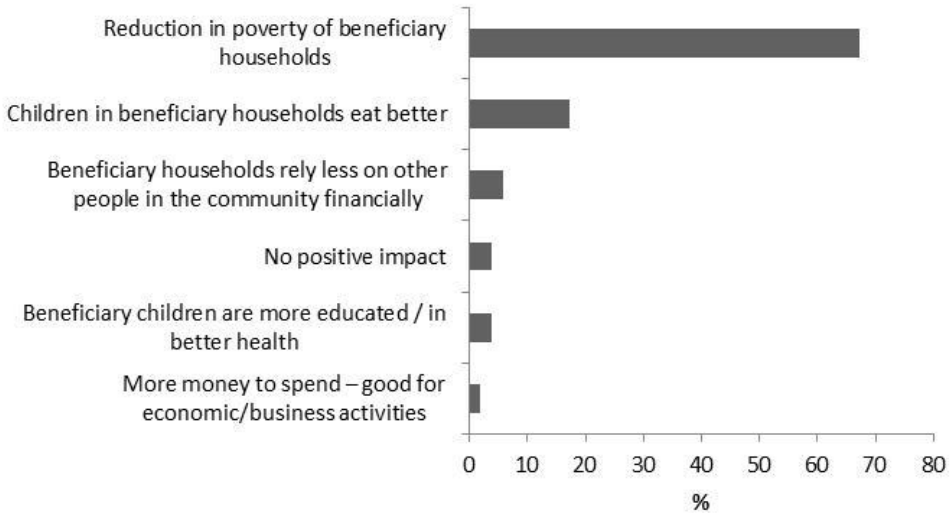
The program does not have an effective system in place to gather and address such informal complaints.

4.7.2 Community perceptions of the CGP

As part of the follow-up survey community representatives were also asked to list what they perceive as most important negative and positive changes caused by the CGP programme in their communities.

Community representatives reported a range of positive effects of the CGP in the community, as associate the CGP with a reduction in poverty of the recipient households (67%) and improved child nutrition (17%). In a much smaller proportion of communities secondary order effect on access to health and education were reported (**Figure 8**). The extent to which such effects perceived by the community have de-facto manifested in measurable changes in the conditions of living of CGP beneficiary households is the object of the analysis of the next chapter.

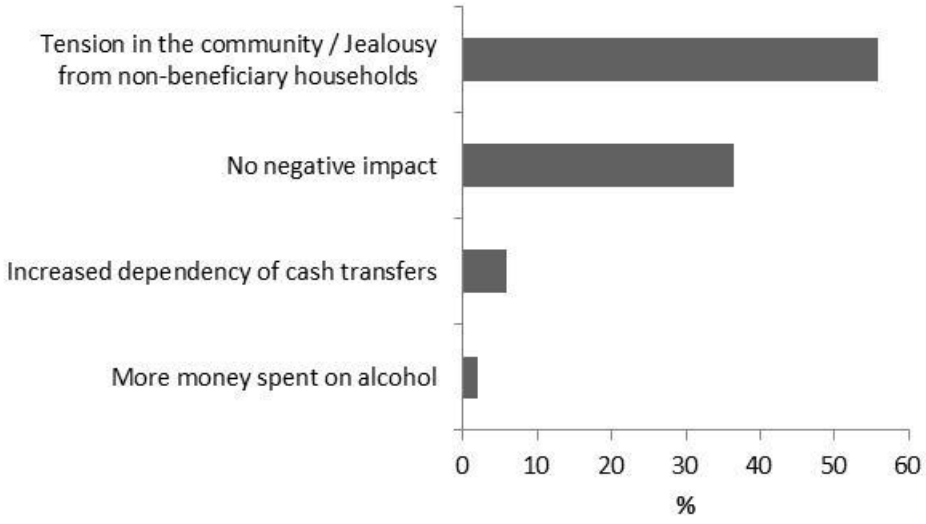
Figure 8 – Community perception: what is the most important positive effect of the CGP Grant on your community?



Source: CGP Evaluation Follow-up (2013) Surveys. Note: Number of observations in figure is 54

The most negative effect of the CGP is perceived by communities to be the jealousy and tension between beneficiary and non-beneficiary household in targeted communities (56%) (**Figure 9**). This resonates with the qualitative findings from baseline study of the targeting process (OPM, 2012), where non-beneficiaries were found to be often resentful and upset at not being selected and felt that they were also in need of support. Part of this community tension is believed to result from limited information campaigns and sensitisation at the community level by the programme officials, a situation that does not seem to have improved noticeably between the baseline and the follow-up survey.

Figure 9 – Community perception: what is the most important negative effect of the CGP Grant on your community?



Source: CGP Evaluation Follow-up (2013) Surveys. Note: Number of observations in figure is 52.

5 The Impact of the CGP cash transfer

5.1 Consumption, Poverty, Food Security and Vulnerability

The unadjusted average monthly consumption expenditure of CGP eligible households was M972 (in 2013 prices), with almost 63% of household resources being spent on food. According to its original design the CGP would have provided the equivalent of about 14% of the 2013 monthly consumption, but this was increased to 21% since April 2013 with revised values accounting for the number of children in the household. The April 2013 transfer (CGP component only) corresponded on average to the equivalent of one month worth of consumption.

After receiving the CGP a bit less than 70% of eligible households still lived under the poverty line. Real household consumption expenditure increased significantly for households in both the treatment and control group between the baseline and follow-up survey, with larger, significant and positive trends for both per-capita and per-adult-equivalent consumption amongst CGP beneficiaries only. A statistically significant CGP effect on food expenditure and per capita total expenditure was detected only when controlling for differences in prices across different locations. A significant reduction of the poverty rate (7 percentage points), gap and severity was also observed in the treatment group. While it is not possible to conclude that the CGP had a statistically significant impact on poverty after 2 years of implementation, trends are encouraging.

When looking at consumption for specific groups of items, the analysis revealed that the CGP contributed to an increased expenditure in clothing and footwear (particularly for children), as well as education.

This is also confirmed by qualitative evidence suggesting the CGP was mainly used as a safety net and, more specifically, used for households' food requirements and children's educational needs. Many households tended to "ring fence" this money to use it for its intended purpose only. Beneficiaries explained that the CGP was intended for the children, making sure they are well fed, dressed and able to go to school and used the money correspondingly. The transfer enabled them to cover the educational costs of their children including cost of uniform, school trips and general clothing. Beneficiaries also devoted some of their expenditures towards purchase of basic non-food items including candles, matches, soap and paraffin.

A food consumption score has been constructed looking at the diversity of the food items consumed in the 7 days prior to the survey. While no detectable impact can be attributed to the CGP, the data show a positive trend among CGP beneficiaries with an increase in the proportion of households with acceptable food consumption levels.

The lack of a significant impact on dietary diversity and statistically weak impact on overall food consumption can be possibly explained by two factors: the short recall period used in the consumption expenditure module and the little predictability of the CGP payments during the time of the evaluation. Respondents were asked about their food consumption in the 7 days prior to the survey. Considering that the last transfer was made on average 3 months before the survey, and after 4 months beneficiaries had not received any payment, and considering that beneficiaries had little information and experience about the regularity of the CGP payment to engage in effective consumption smoothing strategies, it is likely that by the time of the follow-up survey the value of the CGP payment had been already spend completely, leaving little margin to still affect present food consumption.

Qualitative research also indicates that while the transfer significantly increased and introduced some diversity into beneficiary households' staple diets, its impact on diversifying this diet throughout the payment period was minimal. Respondents related this to the small amount of transfer given and the very long period in between payments.

This section gives an overview of household's consumption poverty, levels of food security and overall vulnerability to shock and related coping strategies.

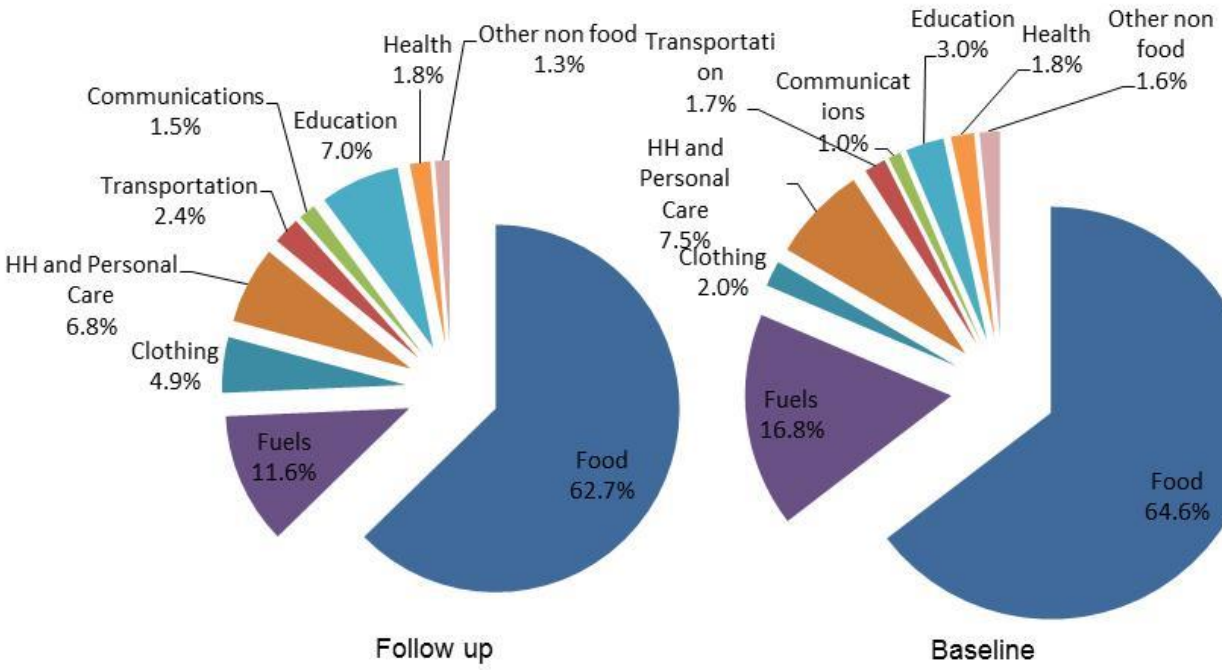
5.1.1 Consumption expenditure

Consumption expenditure is the main transmission channel of a cash transfer intervention as most of resources transferred to poor household are expected to be used to increase the quantity and variety of goods and services purchased for basic household and children needs.

The average total monthly consumption expenditure of a CGP beneficiary households interviewed in the follow-up survey was 971 Maloti (at 2013 prices[38]), with almost 63% of household resources being spent on food, followed by fuels (12%), education (7%), household and personal care (7%), clothing (5%) and transportation (3%) (**Figure 10**).[39]

According to its original design the CGP would have provided the equivalent of about 14% of the 2013 monthly consumption, but this was increased to 21% with revised values accounting for the number of children in the household. Due to the coupling of two transfers the April 2013 payment (CGP component only) corresponded on average to the equivalent of one month worth of consumption (see **Table 10** above).

Figure 10 – Budget shares (Treatment group at baseline and follow up)



Source: CGP Evaluation Follow-up Survey, 2013.

The quantitative evaluation survey included a detailed consumption expenditure module that measures the value of the basket of food and non-food items consumed by the households respectively in the previous 7 days and 3 months. The analysis of the effect of the CGP on consumption is presented in **Table 17**. It reveals that the CGP contributed to an increased

[38] Adjusted for regional price variation.

[39] 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.

expenditure of non-food items, especially clothing and footwear (particularly for children) as well as education). It is also interesting to observe a significant reduction in the proportion of CGP households who reported spending money on alcoholic drinks.[40]

Although a positive trend in total consumption can be observed amongst beneficiary households, there is only some evidence of an impact of the CGP on food and overall level of consumption.[41] A statistically significant CGP effect on food expenditure, per capita and per adult equivalent total consumption was detected when controlling for covariates, including differences in prices across different locations, but at low levels of significance (see Annex H).

Table 17 – Consumption of selection items (2013 prices)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average monthly amount spent on (Maloti, 2013 prices): (3)						
Food items	553.5	613.4	570.1	599	31.06	2,701
Alcoholic Drinks	3.4	1.9**	1.7	6.3*	-6.028**	2,701
Non-food items	290.7	359.5***	263	318.9***	12.94	2,701
Fuels	126.4	103.0**	122.3	108.1	-9.285	2,701
Clothing and footwear	20.2	53.0***	12.9	28.9***	16.84***	2,701
For men	1.5	3.2	0.9	3.5**	-0.797	2,701
For women	3.5	3.6	1.8	3.5	-1.655	2,701
For children (excl. uniforms and school shoes)	6.6	26.3***	4	9.7***	13.97***	2,701
Household and personal care	55.9	60.8	47.9	58.4***	-5.538	2,701
Education	27	68.8***	27.8	52.8***	16.71**	2,701
Health	17.7	17.1	16.3	16.8	-1.033	2,701
Transportation	17.8	28.1***	18.1	26.4**	2.049	2,701
Communications	10.4	15.3***	8.2	13.5***	-0.431	2,701
Real monthly total consumption expenditure – per household (Maloti, 2013 prices) (3) (4)	839.5	971.4***	832.2	917.6*	46.50	2,701

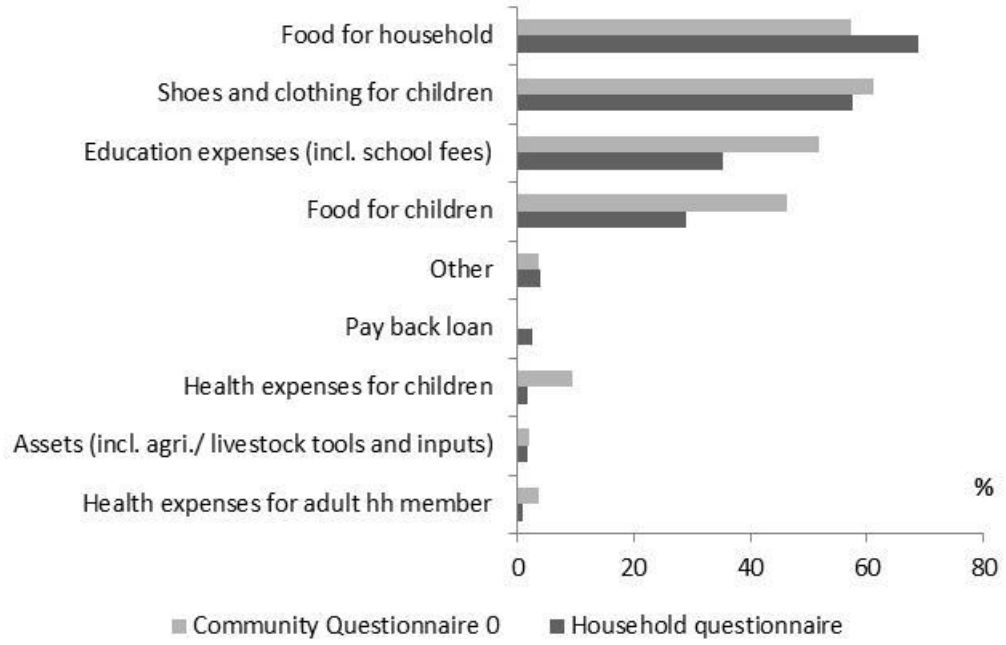
Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) The 'Obs' column denotes the overall sample size. (2) Asterisks (*) indicate that an estimate is significantly different to the relevant comparator: *** = 99%; ** = 95%; * = 90%. (3) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences. (4) Adjusted for regional price differences

These results are partly corroborated by the information collected from the CGP beneficiaries and their communities on the use of the CGP transfer: most respondents reported spending the cash on food, shoes and clothing for children, and education. Community representatives also reported CGP beneficiaries using the transfer for these purposes (**Figure 11**).

[40] The effect is also driven by a large increase in control households expenditure. The findings on spending on alcohol must be interpreted with caution, as there are issues of reliability with self-reported survey data on alcohol, tobacco and similar socially stigmatized items. Despite probing, respondents are rarely keen to openly disclose their true habits and consumption patterns. Beneficiary households may have higher tendency to under-report consumption of alcohol drinks to show high level of compliance with CGP indications to spend the grant resources on children needs.

[41] The rate of the overall real increase in total expenditure between baseline and follow-up in the Treatment Group roughly corresponds to the share of monthly consumption represented by the CGP (17%)

Figure 11 – Use of the CGP transfer (categories self-reported by respondents and perception by community members)



Source: CGP Evaluation Follow-up (2013) Surveys. Note: Number of observations in Community Questionnaire is 54. Number of observations in the Household Questionnaire is 673.

5.1.2 Food consumption score and dietary diversity

The food diet of the study population is analysed in more detail in **Table 18**, which looks at the variety and frequency of all the food items households consumed in the 7 days prior to the survey.

Based on the rich information on food consumption collected in the survey, eight standard food groups were created and used to analyse the variety of food diet across food groups (dietary diversity index) and a composite food consumption score that looks at both variety and frequency of household's diet.

While no detectable impact can be attributed to the CGP, the data show a positive trend, with an improvement - especially among CGP households - in the consumption score over time, an increase in the proportion of households with acceptable food consumption levels and a reduction in the proportion of households with poor food consumption scores.

Table 18 – Dietary diversity and food consumption score

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs. (5)**
Dietary diversity index	4	4.4***	4	4.3*	0.161	2,688
Proportion of households who in the 7 days prior to the survey consumed						
• Main staples	99.6	99.9	99.7	99.8	0.170	2,688
• Pulses	36	47.0**	36.8	43.8*	3.976	2,688
• Vegetables	93.9	92.4	94.4	91.5	1.465	2,688
• Fruit	12	17.6**	17.1	17.6	5.114	2,688
• Meat, fish and egg	34.3	41.9***	34.4	39.4	2.645	2,688
• Dairy products	8.6	11.3	8.1	12.1**	-1.258	2,688
• Sugar	36.2	44.7**	35.5	40.4	3.669	2,688

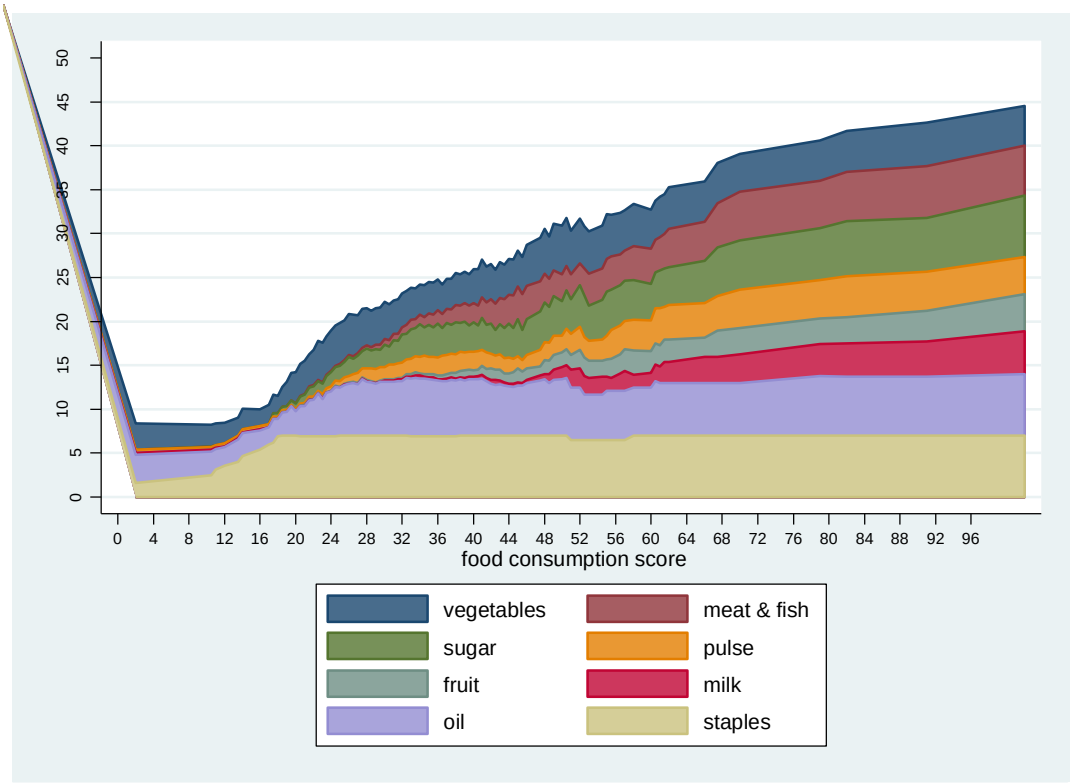
• Oil	76	84.5***	75.1	83.3***	0.302	2,688
Mean food consumption score	28.7	31.2***	28.9	30.4**	0.946	2,688
Proportion of households with :						
• Poor food consumption	20.9	13.9***	20.3	13.8***	-0.521	2,688
• Borderline food consumption	60.2	57.8	61.1	61.8	-3.210	2,688
• Acceptable food consumption	18.9	28.3**	18.6	24.3*	3.731	2,688

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 index is a count variable of the different food groups consumed in the past 7 days. (4) The food consumption score is the weighted sum of the consumption frequency of the eight food groups the household consumed in the past 7 days. The maximum possible score is 112,which correspond to an household consuming food items from each food groups every day in the 7 days preceding the interview. See Annex E for more details on the food consumption score. Poor food consumption is defined as a score below 21, borderline food consumption is defined as a score between 21 and 35, and acceptable food consumption is defined as a score above 35. (5) The difference in the number of observations compared to the previous table is due to missing values in the number of days different food items were consumed.

Figure 12 plots the distribution of the consumption scores for the treatment group and shows frequency of each food group's consumption (i.e. how many days in a week each food group is consumed). As one moves along higher scores, the diet becomes more diverse and all food groups are consumed on a regular basis. The average consumption score among CGP beneficiaries was 31, a stage at which the diet is mainly based on regular and frequent consumption of staple food and oil, and to some extend sugar and vegetables.

The lack of a significant impact on dietary diversity and statistically weak impact on overall food consumption can be possibly explained by two factors: the short recall period used in the consumption expenditure module and the little predictability of the CGP payments during the time of the evaluation. Respondents were asked about their food consumption in the 7 days prior to the survey. Considering that the last transfer was made on average 3 months before the survey, and after 4 months beneficiaries had not received any payment, and considering that beneficiaries had little information and experience about the regularity of the CGP payment to engage in effective consumption smoothing strategies, it is likely that by the time of the follow-up survey the value of the CGP payment had been already spend completely, leaving little margin to still affect present food consumption. This interpretation is consistent with qualitative findings that suggest that beneficiary households were able to buy larger quantities of more varied food and food of better quality, but the effect was generally concentrated around payment dates (OPM, 2013).

Figure 12 – Food consumption score against frequency of consumption in days (treatment group)



Source: CGP Evaluation Follow-up Survey, 2013.

5.1.3 Food security

Food security is a condition that "exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life", according to the Food and Agriculture Organization (FAO, 1996). Conversely, food insecurity refers to a situation of "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways" (USDA, 2000).

Internationally, cash transfer programmes has been shown to positively affect households' food security and "resilient food systems" through four different channels: (i) increasing food availability (through increased agricultural production and due to 'stimulated' markets), (ii) improving food access (ability to purchase food, but also to obtain it as part of informal or formal entitlements), (iii) improving nutritional adequacy of food intake (improvements in dietary diversity, but also improved nutritional knowledge, good sanitation and health); and (iv) enhancing crisis prevention and management (helping to smooth income and therefore consumption) (Holmes and Bhuvanendra, 2013).[42]

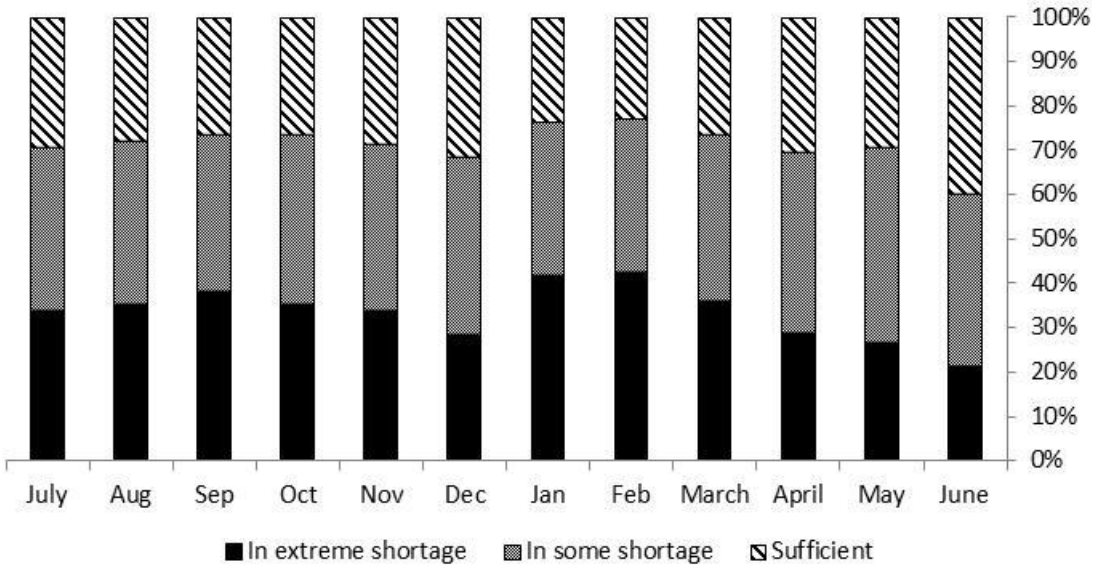
In the case of the CGP, there is a strong evidence that the cash transfer improved food security of beneficiary households and children. This is not at odds with the weak evidence on the effect of the CGP on food consumption and dietary diversity reported in the previous sections. In fact while the food security measures used in the study have a longer recall period (3 or 12 months), the food consumption module is based on a short recall period (7 days). If the effect of the CGP on food

[42] An extensive review of the literature and conceptualisation of the channels through which cash transfers affect food security can be found in Holmes and Bhuvanendra (2013)

consumption was more pronounced around pay dates an instrument with longer recall period would have better chances of detecting a positive effect over a longer time.

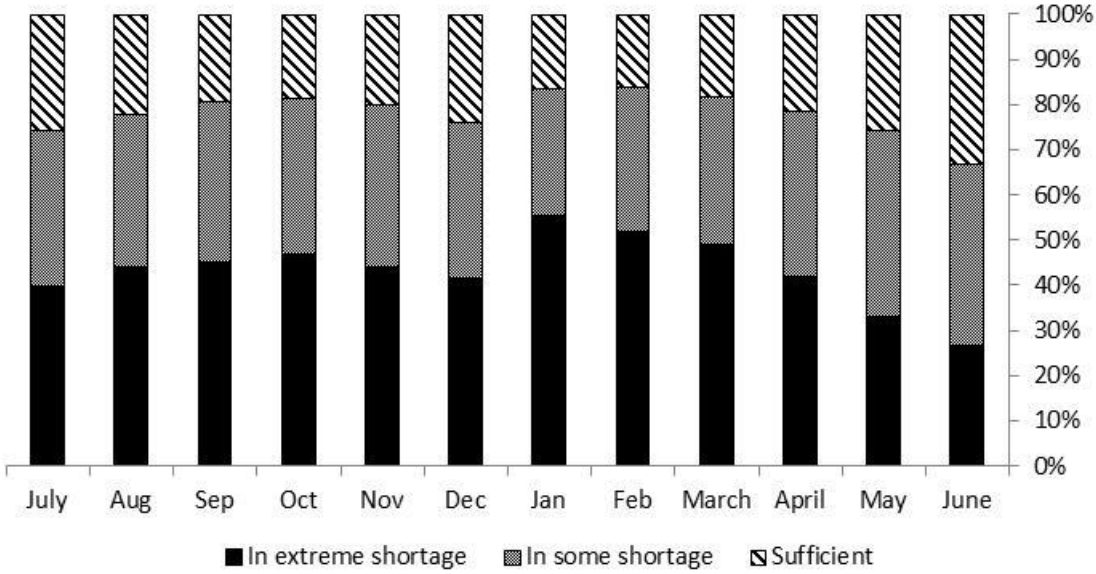
Seasonality of food availability is also an important factor to keep in mind when analysing food security: cash transfers can provide additional support during particularly food insecure months. A measure of subjective food insecurity was recorded in the survey, by asking households to recall the number of months of the previous year when they faced some or extreme lack of food. Overall, households in the study population reported that extreme shortage of food is at its worst in January and February, where around 40% of the treatment households and 50% of control households report extreme food shortage (see **Figure 13** and **Figure 14**).

Figure 13 – Self-reported extreme and severe shortage of food (Treatment Group at follow up)



Source: CGP Evaluation Follow-up Survey, 2013.

Figure 14 – Self-reported extreme and severe shortage of food (Control Group at follow up)



Source: CGP Evaluation Follow-up Survey, 2013.

While non CGP households continued experiencing high levels of food insecurity, which slightly worsened since the baseline, there was a significant improvement among CGP beneficiary households (and their children). The CGP contributed to reducing the number of months during which households experience extreme shortage of food by 1.5 months during the 12 months prior to the survey and the result is highly significant. Still CGP households experienced some degree of food shortage in 8.5 months out of 12. In practice CGP households reported having faced some shortage of food, instead of an extreme shortage of food as a result of the programme (**Table 19**).

The analysis also revealed a reduction by 5 percentage point in the proportion of CGP households that reported insufficient food to meet their needs at least for one month in the previous 12 months (although there is no detectable significant impact)

Consistently with the above, the proportion of CGP beneficiary adults, and more significantly children 0-17, that had to eat smaller meals or eat fewer meals in the three months previous to the survey because there was not enough food decreased over time. The direct impact of the CGP was large and significant for children (a significant reduction of around 11 percentage points)

The proportion of CGP beneficiaries who had to go to bed hungry because there was not enough food also decreased from 46% to 36% for adults and from 31% to 24% for children. The analysis shows that the CGP contributed to a reduction of 7 percentage point for adults.[43]

Table 19 – Food security

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households, in the 12 months prior to the survey, that self-report they:						
• **Did not have enough food** to meet their needs at least for 1 month of 12	87.1	82.2*	90.4	90.1	-4.582	2,697
• Average number of months in which households had **sufficient food** to meet their needs	3.4	3.5	3.2	2.6**	0.657	2,681
• Average number of months in which households had **some shortage of food** to meet their needs	3.9	4.5**	4.4	4.2	0.878*	2,681
• Average number of months in which households had **extreme shortage of food** to meet their needs	4.7	4.0*	4.3	5.2***	-1.534***	2,681
Proportion of households, in the 3 months prior to the survey, in which:						
• Any *adult* household member had to eat *a **smaller meals** than felt needed* because there was not enough food	78.4	70.7*	86.2	84.2	-5.638	2,702
• any *adult* household member had to *eat **fewer meals** than felt needed* because there was not enough food	78.3	70.8*	85	84.6	-7.117	2,702
• Any *adult* household member ***went to sleep hungry*** because there was not enough food	45.8	35.6***	51.9	49.1	-7.429*	2,702
• Any *child* (0-17) household member had to *eat a **smaller meals** than felt needed* because there was not enough food	69.1	60.0**	70.5	72.6	-11.21**	2,659
• Any *child* (0-17) household member had to eat a ***fewer meals** than felt needed* because there was not enough food	65.7	55.2**	70.8	71.7	-11.36**	2,659
• Any *child* (0-17) household member	31.4	23.9***	36.9	32.8	-3.406	2,658

[43] We also find evidence of a negative effect of the CGP on this indicator for children under one of the robustness checks models.

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
went to sleep hungry because there was not enough food						

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

5.1.4 Poverty

There is "extensive and potentially generalizable evidence that cash transfers have reduced the depth or severity of poverty (i.e. the poverty gap) in carefully evaluated programmes". Nevertheless, the "degree to which cash transfers are able to move beyond poverty mitigation to achieve poverty reduction (i.e. moving large numbers of households from below to above the poverty line) is influenced by key contextual, design and implementation features" (DfID, 2011).

These factors include issues like the initial incidence and depth of poverty, the type and success of targeting approach, the scale and value of cash transfer provision, the duration of the programme, the simultaneous implementation of complementary initiatives and functioning of other public services, and the ability of households receiving transfers to use the support given other circumstantial factors.

In Lesotho support from CGP has been provided to beneficiary households covered in the evaluation for a period of two years, with limited predictability due to erratic payments and at a value ranging on average between 17% and 21 % of the total household consumption. The CGP has also been supplemented with an Emergency Support Grants. The poverty rate was extremely high amongst beneficiaries before the introduction of the programme (76%) suggesting that significant gains in the reduction of chronic poverty would require relatively time to manifest (**Table 20**).

In this context the CGP did not seem to have a significant impact on household poverty. After receiving the CGP around 70% of eligible households still lived under the poverty line. However, a positive trend within the CGP beneficiaries on all the poverty measures analysed was apparent.

Real household consumption expenditure increased significantly for households in both the treatment and control group between the baseline and follow-up survey, with larger, significant and positive trends for both per-capita and per-adult-equivalent consumption amongst CGP beneficiaries only.[44] A significant reduction of the poverty rate (7 percentage points), gap and severity was also observed in the treatment group, although it is not possible to conclude that the CGP had a statistically significant impact on standard poverty measures after two years of implementation.

Table 20 – Household consumption expenditure and consumption poverty

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Real monthly total consumption expenditure –	839.5	971.4***	832.2	917.6*	46.50	2,701

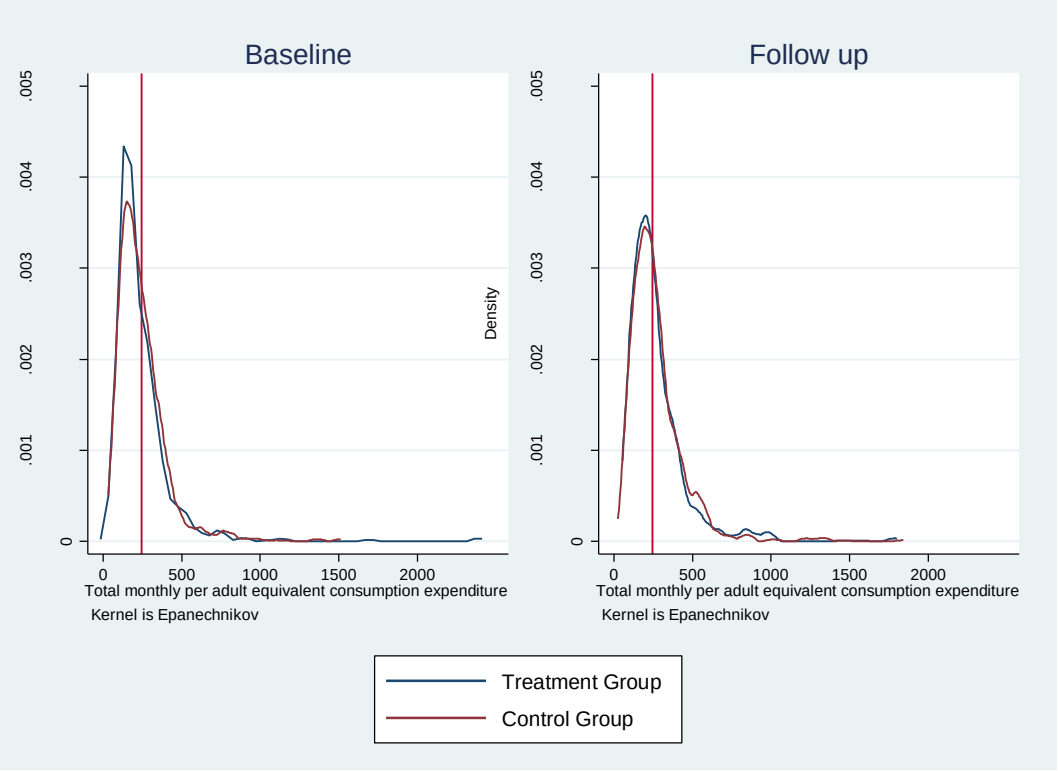
[44] A statistically significant CGP effect on per capita and per adult equivalent expenditure can be detected only when controlling for covariates, including differences in prices across different locations, though at low level of statistical significance (10%). See Annex H.

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
per household (Maloti, 2013 prices) (3) (4)						
Real monthly total consumption expenditure – per capita (Maloti, 2013 prices) (3) (4)	188.5	214.2**	198.1	217.2	6.594	2,698
Real monthly total consumption expenditure – per adult equivalent (Maloti, 2013 prices) (3) (4) (6)	235	266.2**	244.3	267.2	8.196	2,698
Main poverty indicators:						
• Poverty headcount (5)	76.2	69.1**	72.7	67.4	-1.813	2,698
• Poverty gap	31.8	26.2**	29.1	24.8*	-1.406	2,698
• Severity of poverty	16.6	12.9*	15	12.2	-0.765	2,698

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Adjusted for regional price variation across districts. (4) The average intra-survey price inflation between baseline and follow-up survey was estimated to be 18%. This is somewhat higher than reported by official CPI figures which indicate total inflation of 10.7% and food inflation of 16% for the same period. It must be borne in mind that our sample is not nationally representative and includes household with a higher share of food expenditure than average. (5) Calculated on the basis of the official poverty line from 2002/03 HBS M 149.91 per adult equivalent (2002/03 prices), updated for official inflation. (6) For details of the adult equivalent scale used see Annex C.

Figure 15 compares the consumption distribution between treatment and control groups across the two surveys. It shows a modest shift of both distributions to the right hand side, indicating that welfare, measured by using real monthly consumption expenditure, improved over time for both groups. As a result, the proportion of households above the poverty line (indicated by the red vertical line in the graph) increased.

Figure 15 – Distribution of real per adult equivalent consumption expenditure (2013 prices)



Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: the red line in the two graphs is the 2002/03 HBS poverty line corrected for inflation.

5.1.5 Resilience to economic shocks and coping strategies

Poor households face a wide range of risks (such as natural disaster, crop failure, illness, accident, employment failure) which make it harder, and often impossible, to improve and sustain their standard of living over the long term. As a recent DfID literature review on the topic of cash transfers describes, "there is an established body of evidence to show that the poor are rarely able to insure themselves against such shocks; as a result, they cope with shocks by selling productive assets, taking children out of school, and reducing nutritional intake" (DfID, 2011; Chambers, 1989). Cash transfers, however, can break this negative cycle of poverty, helping households not to engage in disruptive coping strategies that undermine their asset base.

About 40 % of the households surveyed in the CGP evaluations study reported having experienced a serious economic shock in the 12 months prior to the survey. Crop failure, as well as serious injury or death of household members or relatives, were cited as the most important events that caused financial distress to the household (**Table 21**).[45]

While shocks are to some extent inevitable, the study suggests that CGP beneficiaries are now better equipped to deal with uncertainty and less likely to engage in disruptive coping strategies at time of hardship: as a result of the programme CGP households were significantly less likely to send children to live elsewhere (-6 percentage points), send children to work (-3 percentage points) and to take children out of school (- 8 percentage points) or to reduce spending on health (- 7 percentage points) as a measure to respond to shocks in the 12 months previous to the survey.

These areas of impact will be further discussed in the following sections of the report.

[45] See Annex Table 109 for descriptive data on the main type of shocks households faced in the 12 months prior to the survey.

Table 21 Coping strategies – Household level

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate (3)	
	BL	FU	BL	FU	Est.	Obs.
Proportion of households that in the last 12 months was forced to:						
• To sell assets		4.3		6.6	-2.323	1,307
• To sell livestock		6.3		9.2	-2.913	1,297
• Seek traditional foods		43.3		46.7	-3.489	1,307
• Beg		52.4		55.8	-3.426	1,307
• Eat immature crops or seed		30.7		38.3	-7.599	1,307
• Send children for wage employment		4.0*		6.9	-2.883*	1,307
• Send children to live elsewhere		3.9***		9.4	-5.533***	1,307
• Produce charcoal for sale		9.5		9.5	-0.0342	1,307
• Reduce spending on health care		6.7***		13.9	-7.243***	1,307
• Take children out of school		4.1***		11.9	-7.785***	1,300

Source: CGP Evaluation Follow Up Survey, Community Questionnaire, Jun-Aug 2013. Notes (1) The 'Obs' column denotes the overall sample size at the follow up survey. 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 impact estimates is based on simple differences between treatment and control group at follow up (see details on the methodology in 6)

5.2 Key Child Level Outcomes

Given the focus of the CGP on children specifically, this section analyses the impact of the grant on key child level outcomes, including health, education, child deprivation and vulnerability. The next section starts by presenting the key characteristics of children (0-17) in the study population.[46]

5.2.1 Descriptive statistics on children (0-17)

Table 22 shows key demographic characteristics of children in the study population. While these indicators are important to understand the overall situation within the study population, they are not areas where one would expect to see any impact of the CGP. Overall, there were no significant differences in children demographic characteristics between treatment and control households.

Almost one third of the children in our sample were either single (21%) or double orphans (7%) and 5% were chronically ill and/or disabled. The CGP evaluation study population is comparable to national representative figures for Lesotho, as the latest figures show that 20% of children are single orphans and another 7% are double orphans (DHS, 2009). CGP eligible children have characteristics associated with vulnerability: they are more likely to be single (26%) or double orphans (10%), chronically ill (1.5%) and disabled (4%).

Table 22 also shows estimates of children with HIV-AIDS (1.3% overall and 1.8% among eligible households), though these estimates are most probably an underestimate of the actual HIV positive population (see discussion in Section 3) as it is based on un-prompted self-reporting[47].

[46] Children in this study are defined as resident and non-resident household members aged 0-17. Note that non-resident children are, for instance, children which are not permanently based in the same dwelling but, by being household members keep sharing resources with the original family. It is the case, for instance, of children attending boarding school in a different town. Their original families keep taking care of them. It is expected that the CGP transfer will reach and benefit those children as well.

[47] 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.

Table 22 – Characteristics of children (<18) in population (resident and non-resident)

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)*	Mean	Obs.
Mean age of children	8.9	9.2	9	9	9	5467
Proportion of children that are:						
• Double orphans (both parents deceased)	9.1	10.2	9.6***	6.4	7.3	5301
• Single orphans (one parent deceased)	26.2	25.7	26.0***	19.3	21.3	5301
• Born out of wedlock (father)	12.1	9.6	10.9	9.6	10	5304
• Chronically ill (excluding HIV/AIDS)	1.4	1.6	1.5	1.2	1.3	5249
• HIV / AIDS positive (un-prompted and self-reported)	1.7	2	1.8	1.1	1.3	5351
• Disabled	4.1	2.9	3.6	2.6	2.9	5444
• Chronically ill, HIV / Aids positive or disabled (all)	6.9	5.8	6.4*	4.4	5	5247

Source: CGP Evaluation Follow Up Survey, Jun-Aug 2013. 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 51% of children had an able bodied adult as a care-giver, while another half of the children had either an elderly (25%), disabled (9%) or chronically ill (8%) caregiver. A marginally higher proportion of children in the CGP eligible population had a non-household member as caregiver, partly explained by the higher proportion of orphans within beneficiary households (**Table 23**).

Table 23 – Household and care-givers' characteristics (children age 0-17)

Indicator	Treatment status		Beneficiary status		Overall	
	Treatment group (type A)	Control Group (type B)	Eligible (type A/B)	Non-eligible (type C/D)	Mean	Obs.
Proportion of children with a:						
• Elderly caregiver	23.9	24.9	24.3	25.6	25.2	5014
• Child caregiver	3.4*	1.2	2.4	1.7	1.9	5014
• Chronically ill adult caregiver	8.0**	3.8	6.1	8.3	7.6	5014
• Disabled adult caregiver	7.4	8.3	7.8	9.1	8.8	5014
• Able bodied adult caregiver	52.6	56.4	54.3	49.9	51.2	5014
• Non-resident caregiver	1.0*	2.6	1.7*	0.8	1.1	5014

Source: CGP Evaluation Follow Up Survey, Jun-Aug 2013. 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%.

5.2.2 Child health

The quantitative study shows no significant increase in the proportion of children (0-17) who consulted a health care provider or for whom any money was spent on health care. *This is also confirmed by qualitative evidence indicating. The grant was rarely used to pay for formal healthcare, since public primary healthcare is officially free, and illnesses need not coincide with the time of receiving grant payments. In some cases participants in qualitative research reported that recipients felt better able to purchase over-the-counter medicines (such as those available from small shops without prescription), but this was not detected in the quantitative survey. CGP Beneficiary households also reported being better able to meet their food needs*

and that children were better fed and were looking healthier.

When looking at children (0-5) the CGP contributed to reducing morbidity rate (defined as the proportion of children who suffered any illness in the previous 30 days), by 15 percentage points. The reduction in morbidity rate was large and significant for both boys and girls depending on the model specifications used. This is a significant and large effect and requires further analysis to determine the causes that may be driving this change. One possibility is that this is associated with households buying more clothes and footwear for children, which in turn may be associated with a reduction of respiratory infections.

Unfortunately, due to budget limitations, it was not possible to collect child anthropometrics data as part of the CGP impact evaluation study. In CGP households around 95% of children 0-36 months had a '*Bukana*' health card at follow up, almost unchanged from baseline. Noticeably only for 61% of these children there was any growth monitoring information recorded in their '*Bukana*' card at follow up. The records taken from the '*Bukana*'card on child weight and immunization appear to be quite imprecise.

This section gives an overview of the effects of the CGP on the health status of children in the study areas and children's access and usage of health services. More details on health outcomes relating to the adult population can be found in Annex G.2.2.

5.2.2.1 Children's access to healthcare

Utilisation of healthcare depends on availability of healthcare, whether children were ill or not and therefore needed healthcare and whether the household had enough money to cover healthcare costs. This sub-section analyses these issues in order to untangle the impact of the CGP on access to healthcare.

First of all, **Table 24** analyses the location of the nearest health provider as reported within the Follow-Up Community Questionnaires. As expected, most villages in the sample did not have a government health centre or government hospital within the village. Importantly, however, 78% of villages had access to a government health centre within a neighbouring village while in 79% and 73% of cases community members had to go to the nearest town to reach a government hospital and a chemist respectively (note that the distance to the nearest town can be high and prohibitive cost-wise, see **Table 7** in Section 3).

Table 24 – Location of the nearest health provider (%)

Proportion of communities reporting the nearest (….) is located:	Within the village	Neighbouring village	Closest town	Maseru	Elsewhere in Lesotho
Govt. health centre/post	9.9	77.7	5.8	4.1	2.5
Govt. hospital	3.2	4.8	79	12.1	0.8
Pharmacy/ Chemist	3.3	3.3	73.2	20.3	0
Private Hospital / Clinic	3.5	6.1	55.3	34.2	0.9
Private Doctor	4.1	14.6	70.7	10.6	0
CHAL Hospital	3	7.5	25.4	20.9	43.3
CHAL Health centre/post	8.2	39.7	21.9	13.7	16.4
Traditional healer	61.4	36	2.6	0	0

Source: CGP Evaluation Follow Up Survey, Community Questionnaire, Jun-Aug 2013. Note: figures refer to total sample of treatment and control group.

Table 25 analyses access to healthcare for children aged 0-17 over the course of the 3 months prior to the survey. It shows no significant increase in the proportion of children that consulted a health care provider or for which any money was spent on health care.

While results for the adult population are presented in Annex G.2.2 it is interesting to note that the overall trend appears to be similar.

Table 25 – Children's access to healthcare (children aged 0-17)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children 0-17 that in the last 3 months:						
• Consulted a health care provider	16.9	20.3	15.8	19.3	-0.103	7,506
• Had any money spent on health care for them	8.1	10.1	10.1	11.5	1.043	7,312
Average amount spent for children (age 0-17) if health care cost incurred (Maloti, 2013 prices) (3)	52.3	63.9	66.4	53.1	22.95	735
Average amount spent for children (age 0 - 17) across all children (Maloti, 2013 prices) (3)	4.2	6.4	6.7	6.1	2.986	7,312
Proportion of children in households that had too little money to access healthcare treatment for children who needed it	41.9	34.7	45.5	47.1	-8.541	2,547

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%. Note: indicators refer to the 3 months prior to the survey. (3) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences

5.2.2.2 Children's health status

Moving on to the analysis of health status for children 0-5, **Table 26** shows that, overall, the proportion of young children suffering any illness in the 30 days prior to the survey decreased from 39% to 31% in the treatment areas, with an impact of the CGP of 15 percentage points (partially due to the fact that illness rates appear to have risen within the control group). The reduction in morbidity rate is large and significant, and is robust across specifications and across the gender of children. [48] This is a noticeable effect and requires further analysis to determine the causes that may be driving this change.

One possibility is that this was associated with households buying more clothes and footwear for children (as reported in the previous sections of the report), which in turn may have caused a reduction of respiratory infections.[49] This is partially confirmed by **Table 27,** which shows a significant reduction of children suffering from flu and colds in treatment areas (down from 25% at

[48] Some specification point to a higher and more significant effect on boys, and some others on girls.

[49] Unfortunately we did not collect specific information on children clothing apart from school uniforms and shoes, and general expenditure on clothing and footwear for children. Hence it is difficult to determine whether this effect may be driven by children being under-clothed before or just in less good clothes.

Baseline to 15% at Follow-up). Overall, the most common illnesses reported were flu/cold, fever and diarrhoea.[50]

It should also be noted that the proportion of 0-5 year olds for whom any money was spent for health care in the last 3 months was only 14% at follow up in the Treatment Group. This was still very low considering that 31% of those same children were reported sick over that time period. Also, no significant impact of the CGP could be traced on health-related spending for children of this age.

Table 26 – Health status (children aged 0-5)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children 0-5 who suffered from any illness in the last month:	38.9	31.4	36.7	45.3	-15.38*	1,996
- Male	36.9	30.8	36.4	44.7	-12.87	1,016
- Female	41.4	32.1	37	46.1	-17.93*	980
Average number of days ill in the last month (across children 0-5 that was ill)	6.7	6	7.6	6.4	0.452	694
Average number of days ill in the last month (across all children (0-5)	2.4	1.7**	2.7	2.7	-0.694	1,997
Proportion of children 0-5 for whom any money was spent for health care in the last 3 months	12.7	13.6	17.9	17.9	1.237	2,025
Average amount spent per child on healthcare in the last 3 months (if health cost incurred) (Maloti,2013 prices) (3)	35	42.6	59	44.3	16.58	326
Average amount spent per child on healthcare in the last 3 months (across all children 0-5), (Maloti,2013 prices) (3)	4.4	5.8	10.5	7.9	3.539	2,025
Average amount spent in the last 3 months on (across all children (0-5): (Maloti,2013 prices) (3)						
- Doctor/nurse/consultation fees	2.4	2.6	4.1	3.3	0.793	2,025
- Other fees (inpatient overnight, stay, etc.)	0.2	0.3	0	0	0.123	2,025
- Additional medication (not consultation fees)	0.8	0.8	3.2	1.8	1.306	2,025
- Tests (e.g. x-ray)	0	0.1	0	0	0.0451	2,025
- Transport	0.9	1.7**	3.1	2.4	1.438	2,025
- Other	0.2	0.3	0.2	0.4	-0.165	2,025

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Table 27 – Type of illnesses suffered by children (0-5) in the last 30 days prior to the survey

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of young children 0-5 that in the 30 days prior to the survey suffered from :						

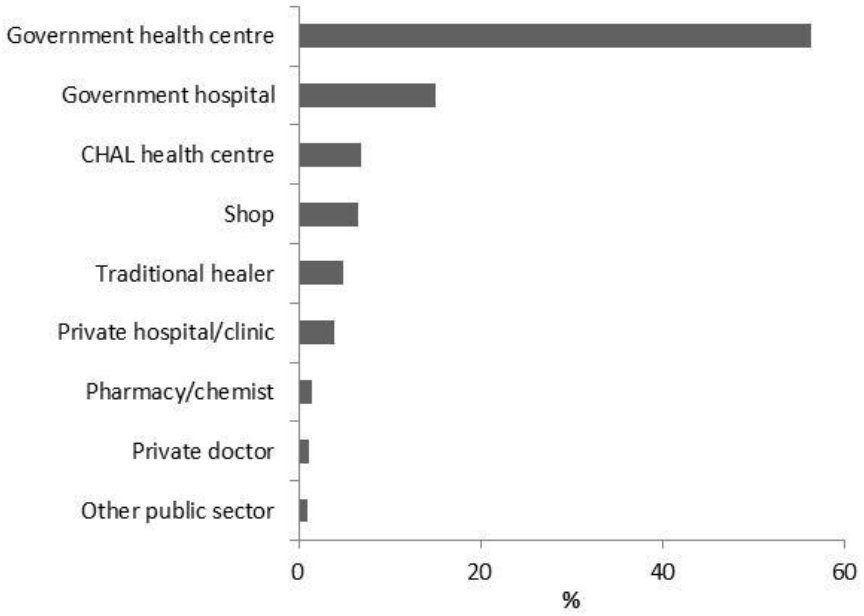
[50] Another possibility is that health improvements are associated with a reduction in malnutrition, given the gains in children food security that have been showed above. Unfortunately it is not possible to corroborate this hypothesis with nutrition data. See below.

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
Flu or cold	24.7	15.0**	23.9	20.3	-7.091	1,884
Fever	12.6	11	13.3	18.4	-7.332	1,884
Diarrhoea	4.6	5.1	2.7	7.2*	-4.393	1,884
Persistent cough	2.5	2	0.4	1.6*	-1.514	1,884
Stomach ache/vomit	1.6	2.7	2.4	3.9	0.375	1,884
Skin rash	1.6	0.8	2.2	2.5	-1.040	1,884
Prolonged fever	1.1	0.9	0.6	2	-1.623	1,884
Unhealed sores	1	0.7	0.7	1.1	-0.565	1,884
Other (3)	1.3	2.8	1.4	2	0.883	1,884

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Other categories included in the question and not reported due to low prevalence: Mouth or throat infection, Short of breath, Ear infection, Nose bleed, Other.

Regarding the type of health provider consulted for children 0-5, unsurprisingly given their easy accessibility, government health centres topped the list at just under 60%, followed by government hospitals and CHAL health centres **(Figure 16**).

Figure 16 – Type of health care provider consulted (children aged 0-17)



Source: CGP Evaluation Follow-up Survey, 2013; Note: Indicator refers to the 3 months prior to the survey.

5.2.2.3 Children's nutrition

One would anticipate that since, households exposed to CGP have shown increase in food security this will likely affect child nutritional status. Unfortunately, due to budget limitations, it was not possible to collect children anthropometrics data as part of the CGP impact evaluation study.

Table 28 presents data from children's '*Bukana'* Health Cards, the official growth monitoring tool used in health centres in Lesotho. Enumerators were asked to retrieve information form the card as part of the household interview. On the basis of the information reported in the '*Bukana'* card it is possible to determine whether children are under or over weight according to international

standards.[51] While the information from the '*Bukana'* cards is not a first-best option to report on children's nutrition, it is a second-best option given that anthropometric data could not be collected.

It should be noted that all estimates based on information from the '*Bukana'* card present very low number of observations (partially due to the fact that only children 0-36 months are included in the analysis and that the information from the card was not always available at interview, or when available the information on the card was not complete) and should therefore be taken with caution.[52]

Most children age 0-36 months had a '*Bukana'* health card (ranging around 95%), but only around 60-70% had any growth monitoring recorded. Children age 0-36 months had an average of 4 growth monitoring checks recorded in the first 12 months of their lives, and a further 2 in the second twelve months.[53] The data from the growth checks shows a fairly consistent pattern of weight gain across Baseline and Follow Up for children aged 0-36 months, with no significant impact of the CGP. The only statistically relevant result – a reduction in the probability of being underweight when six-month-olds – should be analysed with caution in light of very high baseline value for children in the Treatment group.

Based on the information recorded in the card, only about 50% of the children in the study population appear to have received full immunisation (49% of children in the treatment group and 57% in control group).

Table 28 – Bukana card and growth monitoring (children aged 0-36 months) (6)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children aged 0-36 months who:						
• Have a Bukana health card	96.5	94.3	94.8	97.2	-5.368**	1,089
• Can show Bukana health card at interview	76.6	68.7	75	64.0*	2.839	1,089
• Have any growth checks recorded in their Bukana Card	69.5	61.3	62.9	59.2	-3.964	1,089
Average number of growth monitoring checks recorded in Bukana health cards for children 0-36 month when they were:						
0-12 months		4.3		4.2	0.113	626
13 - 24 months		2		2.0	-0.00107	626
0 - 24 months	5.6	6.3	5	6.1	-0.134	1,089
Average weight (kg) according to Bukana health cards for children age 0-36 month at:						
• 0 months	3.3	3.1*	3.3	3.2**	-0.0317	517
• 6 months	6.3	6.9**	6.5	7.1***	0.00948	474
• 12 months	9.5	8.7	9	8.5	-0.395	293

[51] The Bukana Card reflects the standard design of a Road to Health Card, where weight 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 (50the percentile of the National Centre for Health Statistics standards for boys) and the lower one represents the NCHS third percentile for girls.

[52] Estimates have not been adjusted for sample selection in relation to non-response to specific questions in this module. It is partly reassuring to observe that non –response rates are similar between the treatment and control group.

[53] 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.

• 18 months	10.6	9.9	10.2	9.5***	-0.280	219
• 24 months	12.2	11.3	11.2	10.7	-0.509	125
Proportion of children age 0-36 month who was underweight when they were (5)						
• 0 month	2.6	11.8**	3.4	6.8	5.799	517
• 6 month (4)	29.2	10.6***	11	8.4	-15.60**	474
• 12 month	36.6	16.4*	39.7	23.3	-3.637	293
Proportion of children age 0-36 month who was overweight when they were: (5)						
• 0 month	14.6	5.4*	16	7.7*	-1.681	517
• 6 month (4)	4.5	2.2	0.8	2	-5.082	474
• 12 month	6	0	0	0	-6.461	293
Proportion of children who are fully immunised		49.2		57	-7.750	338

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Weight data in the table is based on growth charts available in the Bukana Card. The interviewer was instructed to make approximations when the child had not had a growth check in the exact month specified in the question (i.e. 0, 6, 12, 18 and 24). The data has been cleaned guided by WHO standards on weight-for-age to identify outliers in the data. (4) The distributions of weight at 6 months lead the proportion of underweight and overweight children in the treatment group to contradict the raw trend observed (see full distributions in Annex Figure 39). (5) Using the information reported in the Bukana card it is possible to determine whether children are under or over weight according to international standards. The Bukana Card reflects the standard design of a Road to Health Card, where weight 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 (50the percentile of the National Center for Health Statistics standards for boys) and the lower one represents the NCHS third percentile for girls. (6) the estimates in the table have not been adjusted for missing information. The proportion of missing values across the treatment and control group is roughly similar, confirming that this does not represent a significant bias to the estimates.

5.2.3 Child education

Qualitative analysis indicated that after food, education related costs absorbed the largest part of the beneficiary's household budget. These costs related to fees for pre-school for some but for many it related to cost of uniform, shoes, toiletries, examination fees and in some instances costs of school trips.

The CGP contributed significantly to increase expenditure in education, particularly by providing pupils with uniforms and shoes. The CGP had a very large and significant impact on the proportion of pupils 6-19 with uniforms and shoes (an increase by 26 percentage points) and the impact is particularly large for young children (6-12), boys and girls increase by 35 percentage points and 27 percentage points, respectively.

The impact is further confirmed by the results on expenditure. The CGP had a large impact on the proportion of children (6-19) benefitting from expenses on education (especially to buy uniform and shoes) and children (6-12) also experienced an impact on the level of spending (the direct impact of the CGP on the amount spent per pupil since the beginning of the current academic year was 70 Maloti for children age 6-12). *While primary school is free and having a uniform is not an official prerequisite for attending school, there is convincing qualitative evidence that having a new uniform and being able to go on school trips is likely to increase self-esteem and improve their experience of schooling.*[54]

The CGP had a large effect on the proportion of children (6-19) who were currently enrolled in school (impact of 5 percentage points overall). The impact is mainly driven by a large drop in enrolment level of older boys (13-17) in the control group. The CGP contributed to maintaining enrolment between 6 and 10 percentage points higher for this group, with the effect concentrated on primary school pupils. There is some indication of a similar effect also for girls (13-17).

No significant impact was found on school attendance, school progression and completion rates. Despite some improvement over time, at follow up around 70% of pupils aged 6-19 showed some delay with respect to regular school progression, meaning that they were not in the grade they should be in given their age. The

[54] See Attah et al. (2014)

proportion of children age 13-19, who completed primary school was also very low (less than 45%). *As confirmed by qualitative evidence, for secondary education, the transfer was too small to have any likely or noticeable impact unless the households were already able to meet most of their food requirements.*

This section gives an overview of the impact of the CGP on educational achievement of beneficiary children, focusing in particular on the enrolment status of school-aged children and disentangling the barriers to enrolment and attendance.

5.2.3.1 Enrolment in pre-school

The literature on Early Childhood Development shows that enrolment of children in pre-schools can positively affect their cognitive development and likelihood of further progressing through school. Nevertheless, it is difficult to expect high enrolment rates in rural areas where pre-schools are not commonly found (and where mothers are not necessarily actively engaged in labour markets and therefore in need of childcare solutions).

Some 20% of children 0-5 in beneficiary households were enrolled in pre-school at the time of the Follow Up survey, up from 14% at Baseline. The CGP does not seem to have an impact on this area (**Table 29**).

Table 29 – Enrolment in pre-school (children 0-5 years)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children 0-5 currently enrolled in pre-school	14.2	20.6**	12	17.7*	0.177	2,173
- Male	14.7	23.3**	10.3	19.2*	-1.795	1,099
- Female	13.5	17.9	13.6	16.2	2.322	1,074
Proportion of households that spent any money for crèches or nurseries (3)	2.9	4.4	1.5	2.8	0.171	2,706
➢ Average amount spent for crèches or nurseries (only for those who spent (Maloti, 2013 prices) (3) (4)	2.4	3.6	1.3	2.3		
Average amount spent on crèches or nurseries (across all households) (Maloti, 2013 prices) (3) (4)	4.8	10.6	1.7	6.7*	0.927	2,706

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Refers to the 3 months prior to the survey (4) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

5.2.3.2 Enrolment in school

Cash transfers with very similar design to the CGP and operating in other sub-Saharan countries have been found to have a significant and positive effect on school enrolment. Before analysing the impact of the CGP on school enrolment, it is worth taking a look at the overall context of access to school. Very high rates (almost 99%) of children 6-19 who have ever enrolled in primary school contrast with very low retention throughout primary and lead to a remarkable drop in the rate of ever enrolment in secondary school (around 23% ever enrolled) (see **Table 30** and Annex **Table 115**).

During the time elapsed between the baseline and follow-up study, the proportion of children (6-19) that ever enrolled in primary school significantly increased in both treatment and control households (with no detectable impact of the CGP). The improvement appears to be mainly driven by an increase in the level of enrolment of children aged 6-8.

Table 30 – School enrolment (children aged 6-19)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children aged 6-19 that have *ever enrolled* in *primary* school	96.9	98.7***	97.2	98.5*	0.486	5,951
- Male	95.6	97.9*	97.2	98	1.578	3,050
- Female	98.2	99.5**	97.1	99.1*	-0.638	2,901
Proportion of children aged 13-19 that have *ever enrolled* in *secondary*	22.1	22.8	22.5	23.9	0.377	2,888
- Male	13.4	15.9	15.3	19.1*	-0.161	1,512
- Female	31	30.5	31.3	29.1	0.233	1,376
Proportion of children aged 6-19 that are *currently enrolled* in school (3)	84.6	87.4*	84.8	82.4	5.032**	5,913
- Male	82.2	84.2	84.2	77.7***	8.063**	3,044
- Female	87.1	90.9*	85.5	87.3	1.865	2,869
Average number of academic years spent out of school if not currently enrolled	2.2	2.5	2.3	2.5	0.205	734
- Male	2.4	2.7	2.6	2.7	0.140	435
- Female	1.9	2.3	2	2.1	0.297	299

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 from the denominator those who have completed secondary school.

The CGP appears to have a large effect on the proportion of children (6-19) who are currently enrolled in school (impact of 5 percentage points). To interpret this finding it is interesting to break down the age groups a little further (**Table 31**). Specifically, current enrolment levels in treatment areas increased from 90% to 96% for children 6-8 and remained stable at 98% for children 9-12, with no detectable impact of the CGP. Where a significant impact was found was for older children. The CGP appears to have significantly contributed to maintaining enrolment higher for children 13-17 with an impact between 6 and 10 percentage points across model specifications, and the effect concentrated on boys and primary school pupils.[55]

The impact on boys can be better contextualized if one observes the large drop in enrolment level of older boys (13-17) in the control group. While the figure was stable over time (81%) for boys (13-17) in CGP households, the enrolment rate dropped from 79% to 70% in non-CGP households. The analysis of complementary model specifications - particularly the child level panel - confirms that the effect of the CGP on current enrolment may have been driven by a reduction in drop-out rates amongst boys.

[55] There is also an increase in proportion of children age 18-19 from 31.8% to 46.4% (with an estimated impact of 20 percentage points). This estimate is must be taken with caution given the fact that results are inconsistent across models.

For girls (6-19) enrolment rates increased significantly for the treatment group (from 87% to 91%), but no impact of the CGP was detected. Older girls (13-17) already at baseline had higher enrolment levels than boys across treatment and control groups.[56]

Table 31– School enrolment (children by age group)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of ***children aged 6-8*** that are currently enrolled in school (3)	90.4	96.4***	88.8	95.9**	0.0672	1,273
- Male	88	95.5	91.8	95.2	3.786	646
- Female	92.7	97.5	86.1	96.4**	-3.488	627
Proportion of ***children aged 9-12*** that are currently enrolled in school (3)	98.4	98.4	99	99	-0.0286	1,776
- Male	97.3	97.1	98.6	98.1	0.326	886
- Female	99.6	100	99.2	100.0*	-0.342	890
Proportion of ***children aged 13-17*** that are currently enrolled in school (3)	83.7	84.9	80.9	77.2	6.479*	2,223
- Male	80.6	80.6	78.7	69.8**	8.072	1,155
- Female	87.1	89.4	83.6	84.5	4.214	1,068
Proportion of ***children aged 18-19*** that are currently enrolled in school (3) (4)	32.8	46.4*	40.5	34.2	19.74**	641
- Male	27.6	42.8**	46.8	32.1*	28.99***	357
- Female	51.3	37.9	32.6	37.6	9.513	284

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 from the denominator those who have completed secondary school. (4) The results for this age group should be interpreted with caution due to the small sample size.

Table 32 adds an additional dimension to the analysis of CGP impact on enrolment: when focussing in on children 13-19 specifically, most of the effect of the CGP can be traced to boys who were late in school progression and were therefore still in primary school at age 13+. Rather than dropping out, these boys remained enrolled in school: there was an impact of 11 percentage points for boys 13-19 currently enrolled in primary school, which was mostly driven by a large drop in current enrolment in the control group.

On the contrary analysis of data shows no effect on secondary school enrolment: a result that is largely anticipated give the access to secondary school is low, constrained by severe supply side limitations and that the value of the transfer is not commensurate to expenses associated with attendance to secondary school (particularly fees).

Table 32– School enrolment (children 13-19 – by level)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children aged 13-19 that are currently enrolled in *primary school* (3)	54.7	56.9	53.3	48.4*	6.326*	2,864

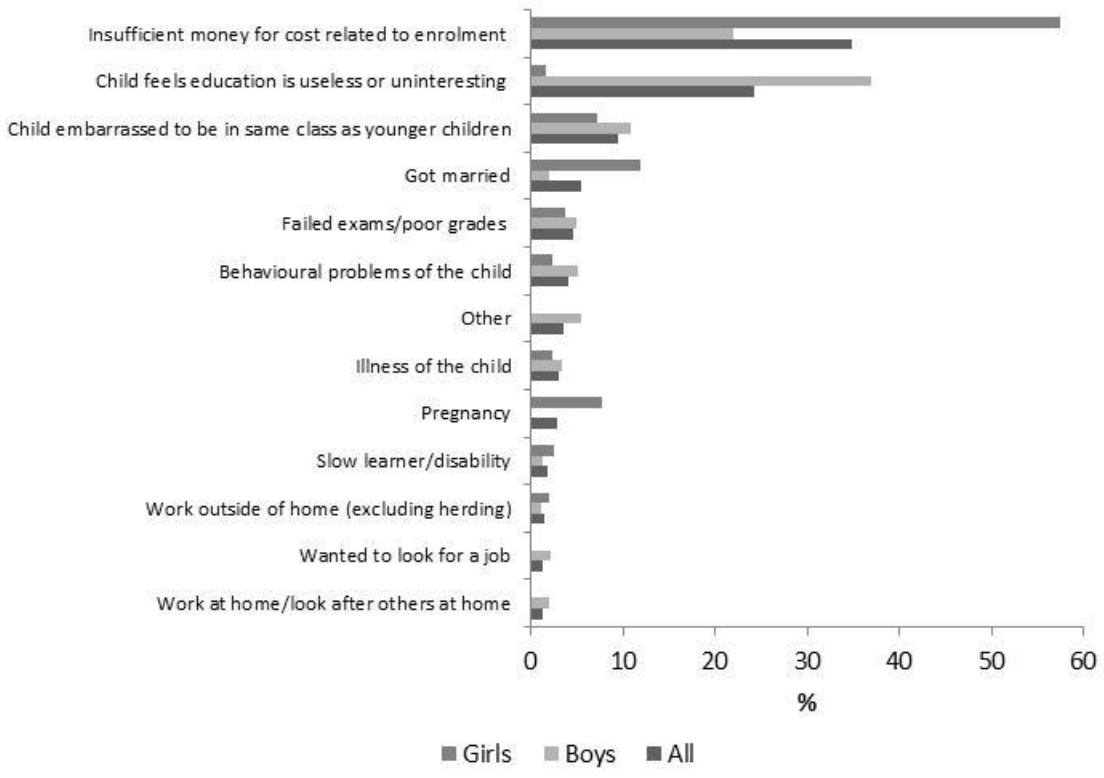
[56] Only some of the complementary model specifications suggest that girls (13-17) may have experienced a significant increase in enrolment due to the CGP (see Annex H).

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
- Male	56.8	58.7	57.8	44.7***	11.39**	1,512
- Female	52.5	55	47.7	52.4	0.887	1,352
Proportion of children aged 13-19 that are currently enrolled in *secondary school*	17.5	19.2	20	18.7	3.429	2,864
- Male	12.4	12.5	14.9	14.7	1.006	1,512
- Female	22.9	26.6	26.3	23.1	5.737	1,352

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 from the denominator those who have completed secondary school.

Figure 17 presents results on the reasons for children 13-19 not being currently enrolled in school, as reported by parents. The main reason for not having enrolled their children was having insufficient money for school fees (almost 60% of cases for girls, and just over 20% for boys). This is compatible with an effect of the CGP on enrolment for this age group, as the cash injection can help households release their financial constraints. Other reasons for non-enrolment reported were children feeling education was useless or uninteresting (with results much higher for boys than girls) and children feeling embarrassed to be in a class with much younger children (explaining why many children with slow progress end up dropping out of school).

Figure 17 – Distribution of reasons for not being enrolled (% of children 13-19 not currently enrolled)

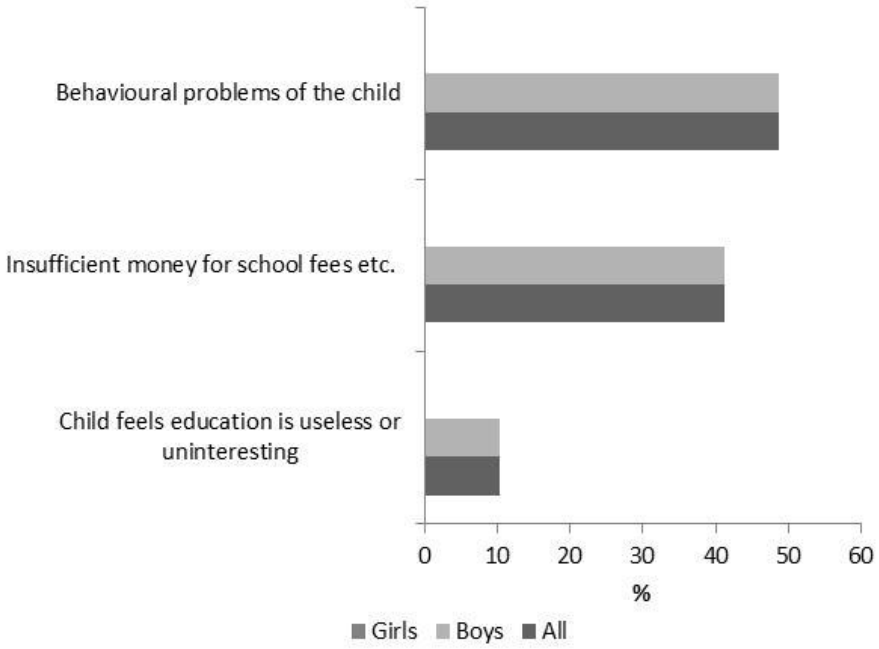


Source: CGP Evaluation Follow-up Survey, 2013.

Figure 18 shows the reasons for children aged 6-12 in school not being enrolled in school, as reported by parents. In this case motives were largely non-financial, hence the effect of the CGP

on school enrolment for this group is expected to be limited. Just under 50% reported it was because the children had behavioural problems, while the second most frequent problem was not having enough money to pay for schooling (42%). Results were consistent for boys and girls.

Figure 18 – Distribution of reasons for not being enrolled (% of children 6-12 not currently enrolled)



Source: CGP Evaluation Follow-up Survey, 2013.

The location of schools obviously affects access - **Table 33** helps to complement the analysis on school enrolment presented above, clarifying how the supply of education services affects demand. Only 32% of the villages surveyed had a government primary school within the village, falling to 14% for government secondary schools (though 58% and 63% of villages had a primary school and a secondary school respectively in a nearby village). Of course, private schools were far less frequent within the study locations – explaining why less than 2% of children frequent them – with the vast majority (66% for primary and 64% for secondary) of communities declaring the nearest one was in the closest town.[57]

[57] Distance in hours from the main primary school was included as control variable in the complementary models preseted in Annex H.

Table 33 – Location of the nearest school (%)

Proportion of communities reporting the nearest (….) is located:	Within the village	Neighbouring village	Closest town	Maseru	Elsewhere in Lesotho
Preschool / Crèche	57.9	38.8	3.3	0	0
Government Primary	32.7	58.2	4.5	1.8	2.7
Government Secondary	14.5	62.7	18.2	0.9	3.6
Private Primary	4.2	4.2	66.3	25.3	0
Private Secondary	3.1	4.1	64.3	28.6	0
Confessional Primary	42.7	48.2	5.5	2.7	0.9
Confessional Secondary	15.8	63.4	13.9	4	3

Source: CGP Evaluation Follow-up Survey, Community Questionnaire 2013. Note figures refer to treatment and control group.

Overall, children's' enrolment across different types of schools remained stable over the period between the baseline and the follow-up survey: in treatment areas at Follow Up some 59% of pupils were enrolled in public schools, 1.5% in private schools, and 39% in confessional schools (**Table 34**).[58]

Table 34 – Type of school attended (pupils aged 6-19)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Type of school attended by pupils aged 6-						
• Public	62.5	59.1	65.9	55.4**	7.008	4,872
• Private	2	1.5	1	2.9**	-2.390*	4,872
• Confessional	35.4	39.3	33	41.6	-4.521	4,872
• Other	0.1	0	0.1	0.1	-0.0977	4,872
Proportion of pupils receiving food at school	94.7	93.7	94.1	92.6	1.020	4,863

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

5.2.3.3 School attendance

The indicators of school attendance are referred to the last 30 days when school was in session and are therefore subject to being affected by the research period in question. At both baseline and follow-up the surveys happened during school holidays so respondents were asked to recall the number of missed days in the last 30 days of school; these results should be interpreted accordingly.

Overall, the proportion of pupils who had missed any school days was much lower at Follow Up than it had been at Baseline, in both Treatment (21% to 13%) and Control locations (24% to 15%) – with no significant impact of the CGP (**Table 35**). Miss rates were marginally higher for boys than for girls, as were the average number of days missed (on average 3.6 days at Follow Up in Treatment areas).

[58] A slight negative impact of the CGP in the proportion of pupils attending private school is most likely the reflection of the CGP effect on school retention being mostly concentrated amongst children enrolled in public schools.

Table 35 – School attendance (% of pupils aged 6-19)

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
Proportion of pupils 6-19 who missed school in the 30 days prior to the survey (3)	21	12.6***	23.7	14.8***	0.351	4,793
Male	22.9	15.0***	25.2	15.6**	1.497	2,374
Female	19.2	10.2***	22.2	14.1***	-0.661	2,419
Average number of days missed for children who missed school in the last 30 days prior to the survey (3)	4.5	3.6	4.4	4.2	-0.916	828
Average number of days missed (across all pupils 6-19)	0.9	0.5***	1	0.6**	-0.0983	4,793
Male	1	0.6*	1.2	0.7*	0.000191	2,374
Female	0.3***	0.8	0.6**	0.9	-0.194	2,419

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Note that data refers to the 30 days prior to the survey when school was in session.

5.2.3.4 School progression

At follow up around 70% of children aged 6-19 showed some delay with respect to regular school progression, meaning that they were not in grade they should be in given their age (had they enrolled in grade 1 in the year they turned 6 and passed every year), compared to just above 75% at baseline. The average delay amounted to almost 2 grades at Follow Up for children in the Treatment Group (number of grades behind with regard to age). Interestingly, the delay was already very high among children aged 6-10 (47.5% in Treatment areas at Follow Up) and accumulated over the years (reaching 86% for children who are currently enrolled at age 18-19 in Treatment areas at Follow up).

Such delay can be caused by three main issues: late enrolment, repetition or temporary drop out from school. Late enrolment was very frequent in the sample (around 50% of pupils), while the percentage of those temporarily dropping out of school was 5% in treatment areas at follow up. Repetition of a grade was instead one of the main drivers of delays in school progression, with 56% of children ever having repeated a year (see **Table 36**).[59]

Table 36 – Delay in school progression (children aged 6-19)

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
Proportion of currently enrolled children 6-19:						
• With a delay in school progression	76.5	70.8***	76.4	70.3***	-1.691	4,973
➢ Average delay in school progression (number of grades behind wrt to age)	1.9	1.7	1.8	1.6***	0.00786	4,973
• That enrolled late (3)	53	47.5**	54.9	47.1***	0.687	5,007
➢ Average number of academic years of late enrolment	0.9	0.8	0.9	0.7***	0.0533	4,815

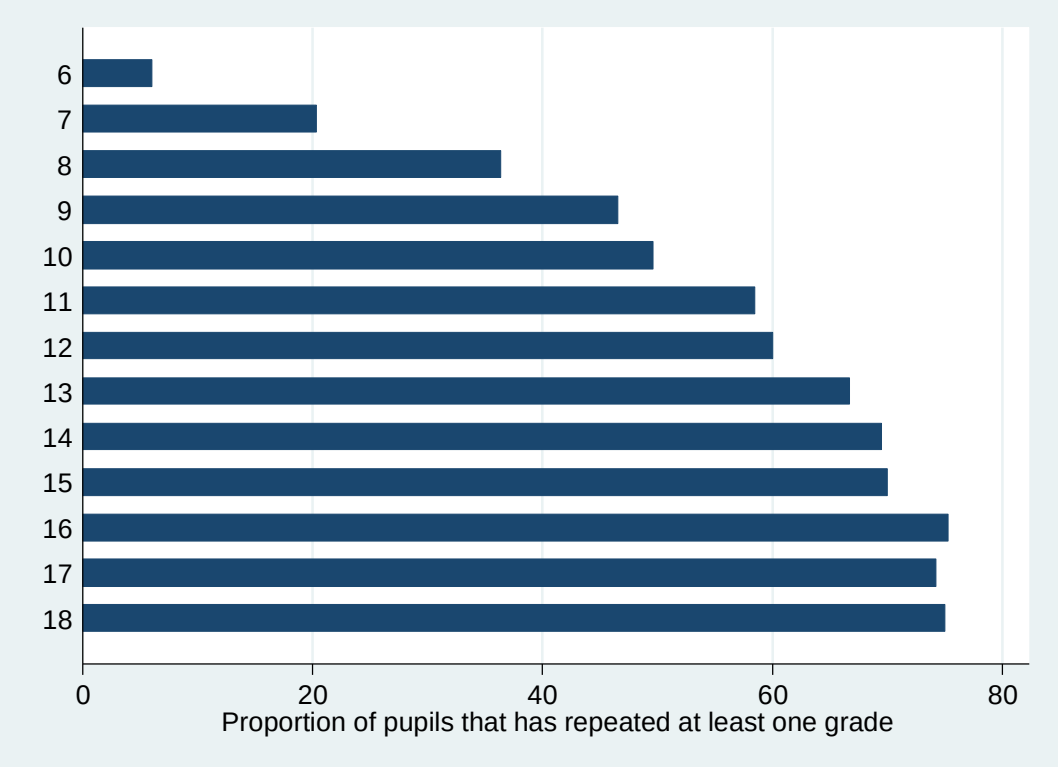
[59] This is much higher than what reported by administrative education statistics (15%). The difference is possibly partly driven by discrepancies in the definitions used for the indicator. However the fact that the evaluation covers extremely poor and vulnerable households will also explain the higher figures encountered for CGP children.

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
• That have temporarily dropped out from school	6.5	5.1	6.2	4.4	-0.117	4,945
➢ Average number of academic years out of school before enrolling again (across all pupils)	0.1	0.1	0.1	0.1	-0.00766	4,903
• Have ever repeated a school year	56.5	56	52.9	53.2	-2.336	4,970
➢ Average number of academic years repeated	0.9	0.9	0.8	0.8	-0.0120	4,944

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Late enrolment is calculated as a residual: number of years behind with regard to age minus years repeated minus years the child was out of school. (4) Gender disaggregations can be found in Annex G.

Figure 19 shows the proportion of pupils that have repeated a grade in the past by age. It shows a very sharp increase in repetition rates between age 6 and 10. Intuitively a larger share of pupil repeated a school year, the older the pupils got.

Figure 19 – Distribution of pupils that have ever repeated a school year (by age at follow up)



Source: CGP Evaluation Follow-up (2013) Survey.

The CGP did not seem to have an effect on early enrolment and repetition. While the CGP had a some effects on keeping in (primary) school children 13-17 who would have had otherwise dropped-out, it did not overall contribute to improving school progression for the vast majority of pupils remaining at school.

Indeed the programme was not designed with an explicit intention to incentivise earlier enrolment or reduce repetition, as such issues depend on an intricate set of cultural and supply side structural factors that cannot be easily addressed with a simple cash injection.

5.2.3.5 Completion rates

Primary school completion rates for children 13-19 in CGP eligible households ranged between 50% (Treatment) and 46% (Control) at Follow-up – a worrying result given the very high rates of children ever enrolled (almost 99%) which is in line with results presented in the previous section on high failure rates and drop-outs. Secondary school completion rates for 18-25 year olds, predictably, plummets down to 6% (Treatment Group) and 9% (Control Group) (**Table 37**).

The CGP has to date had no impact on completion rates – these are mostly changes that can be observed over a larger time period than just the two years allowed for this impact evaluation study.

Table 37 – School completion rate (primary and secondary school education by age cohort)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children 13-19 year olds who completed primary school	41.3	43.9	40.6	46.0**	-1.180	3,000
- Male	26.7	31	28.5	39.0***	-4.995	1,564
- Female	56	58	55.3	53.5	2.272	1,436
Proportion of adults aged 18-25 who completed secondary school	5	6.2	8	9	-0.00683	2,565
- Male	1.9	5.5**	5.3	8.4**	0.257	1,353
- Female	7.8	6.9	10.9	10	-0.203	1,212

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

5.2.3.6 Expenditure on education and the overall school experience

According to the programme theory of change, additional income would help to relax household budget constraints, meaning spending can be shifted towards less 'essential' items than providing food and sustenance. This was clearly the case for education (**Table 38**), where expenditure increased significantly in the treatment group thanks to the additional CGP money (with spending on education increasing by an average around 200 Maloti per child).[60]

The proportion of pupils incurring any type of expenditure also increased significantly from 60% to 80%, with an impact of almost 9 percentage points. The areas where expenditure linked to the CGP increased the most were expenses on uniform and school shoes. For example, there was a 19 percentage point impact of the CGP on the proportion of pupils incurring expenditure on school uniform and shoes.[61]

[60] Some impact on the size of per-child educational expenditure in the year previous to the survey was detected in alternative model specification.

[61] As a possible benchmark reference, the cost of a uniform should be around M120, and a pair of shoes between M75 and M190

Table 38 – Educational expenditure (pupils aged 6-19)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average amount spent per pupil since the beginning of the school year(Maloti) (2013 prices) (3)	193.9	424.9***	266.7	386.3***	85.22	4,899
Proportion of pupils incurring expenditure since the beginning of the school year:						
• Any expenditure	59.8	79.8***	61.6	72.2***	8.572*	4,899
• School fees for the year (either paid or owed)	9.2	16.3***	11.3	16.5***	0.585	4,848
• Exam fees & other school fees	3	4.6*	4.2	4.4	0.975	4,847
• School trips and other school activities	26.9	33.9**	29.4	31	5.087	4,845
• School maintenance and equipment	5.5	8.6	8.7	8.1	3.754	4,856
• Text books and photocopies	6.3	12.7***	7.3	13.6***	-0.710	4,851
• Stationery & school bags	24.8	40.6***	22	36.5***	0.525	4,851
• Uniform and / or school shoes	25.7	50.4***	28	33.3*	18.86***	4,855
• Other activities	10.7	7.2	11.4	7.6	0.291	4,750

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Analysing these results by age group shows that the positive impact of the CGP on school expenditure was concentrated mainly on children aged 6-12, for whom the average amount spent per pupil increased by an average of 70 Maloti per child (with a slightly higher impact visible for girls than boys). For older children, aged 13-19, no significant effect was detectable, partially due to similar increases in expenditure for the control group (**Table 39).** The apparent effect of the CGP on enrolment for this group did not seem to be driven by an increase of direct school expenditure, but may be associated with the opportunity costs of school enrolment that becomes bigger as pupils – particularly boys – grow older.

Table 39 – Educational expenditure, by age and gender (age 6-19)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average amount spent per pupil since the beginning of the school year, children 6-12 (Maloti 2013 prices) (3)	59.6	171.1***	77.7	106.4*	82.75**	2,913
• Male	57.4	148.5***	68.4	102.6	57.11**	1,446
• Female	61.8	193.9**	86.2	110	108.9*	1,467
Average amount spent per pupil since the beginning of the school year, children 13-19 (Maloti, 2013 prices) (3)	419.9	788.5***	571.1	807.9**	89.92	1,986

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
• Male	335	625.1***	464.8	739.9**	-52.21	982
• Female	501.7	948.8***	695.5	865.4	233.7	1,004

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Table 40 and **Table 41** further present a series of indicators on schooling for children aged 6-19 who were currently enrolled in educational institutions. The most interesting result regards the significant impact of the CGP on the proportion of pupils who had school uniform and shoes, which increased from 46% at baseline to 69% at follow up within the treatment group (an impact of 26 percentage points). This is coherent with the programme messaging which made it very clear that CGP funds had to be allocated to children needs, and often expressively referred to uniforms as one "preferred" use of the transfer.

Table 40 – School uniforms and shoes (pupils aged 6-19)

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
Proportion of pupils:						
• With uniform and school shoes	46.3	68.8***	48	44.7	25.63***	4,874
• With shoes	52	77.3***	54.1	58.9	20.41***	4,874
• With uniform	71.6	81.9***	74.9	64.7***	20.06***	4,874

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 41 – School uniforms and shoes, by age and gender

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
Proportion of pupils aged 6-12 with uniform and school shoes	41.3	71.4***	44.1	42.5	31.28***	2,899
- Male	35.1	69.6***	37.9	37.2	35.37***	1,440
- Female	47.3	73.3***	49.8	47.6	27.29***	1,459
Proportion of pupils aged 13-19 with uniform and school shoes	54.7	65.1***	54.5	47.9	16.61***	1,975
- Male	50	60.7*	56.1	47.3	17.83**	975
- Female	59.2	69.5**	52.5	48.4	14.68*	1,000

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

5.2.4 Child work and time use of children

The results on the CGP impacts on children time use and child work need to be analysed with extreme caution, as they are not stable across alternative model specifications and therefore require further more in depth analysis.

The CGP did not appear to have a strong impact on the way children 4-17 use their time. However, boys enrolled in schools, reported spending more time doing homework and/or studying outside school (the estimated effect corresponds to an increase of roughly 15 minutes per day, with children dedicating on average nearly 45 minutes a day to do homework and/or studying outside school).

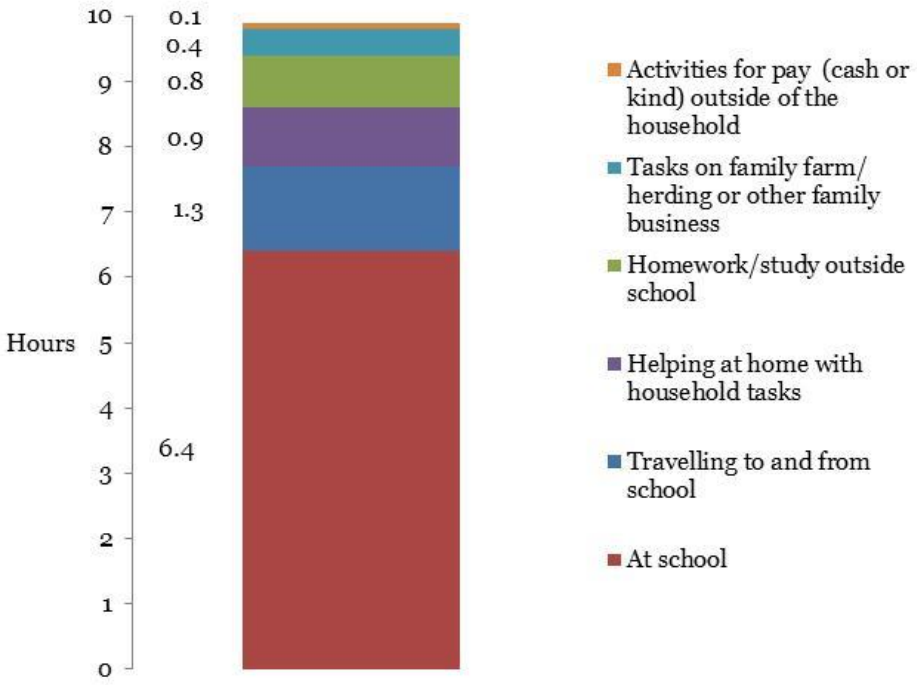
There is little consistent evidence of an impact of the CGP on rates of child work among children 6-17 as a whole. Age and gender disaggregation suggests that while boys 13-17 may have seen a reduction in the engagement in paid work outside the house (in the 12 months prior to the survey), girls have seen an increase (in the 7 days prior to the survey) due to the CGP.

When looking at the intensity of child work, little robust detectable impact of the CGP was found on the proportion of children (6-17) who engaged in labour activities in general. However impact of the CGP is associated with a reduction in children's (6-12), in particular boys, time spend in any labour activity (a reduction of around 2 hours in the last 7 days for children 6-12).

Qualitative evidence gathered from teachers confirms that children from poor families often drop out and most often do not return – commonly pulled from school to engage in forms of work (washing and child care for girls and herding and farm work for boys). The additional resources provided to families enabled some children to work less for money.

This section gives an overview of the time use and work 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. On average children between the age of 4 and 17 years spent the majority of their active time in school (**Figure 20**)

Figure 20 – Time use of children (aged 4-17) (Treatment at Follow up)



Source: CGP Evaluation Follow-up Survey, 2013.

When analysing children's (4-17) time use (**Table 42**) similar trends emerged over time in Treatment and Control locations. In particular, in both groups a significant increase was registered in the time performing homework or study outside of school.[62] The results on the CGP impacts in this area need to be analysed with extreme caution, as they are not stable across alternative model specifications and required further in depth analysis.

Some CGP impacts are detected when disaggregating the analysis by gender (see Annex **Table 121 and** Annex **Table 122**). While no impact was found for girls, there is evidence of a change in time allocation by boys (4-17). For this group the CGP was associated with an increase in both time spent studying (around 15 minutes every day).[63]

Table 42 – Time use of children (aged 4-17)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average number of hours spent on each of the following activities on a typical school day						
• Students only						
➢ Travelling to and from school	1.1	1.3*	1.1	1.3**	-0.0566	4,929
➢ At school	6.3	6.4	6.3	6.4*	-0.0941	4,944
➢ Homework/study outside school	0.6	0.8***	0.6	0.7**	0.0862	4,860
• Students and non-students						
➢ Helping at home with household tasks	0.8	0.9	0.8	0.8	0.0162	5,910
➢ Tasks on family farm/ herding or other family business	0.5	0.4	0.4	0.4	-0.101	5,926
➢ Activities for pay (cash or kind) outside of the household	0.1	0.1	0	0.1	-0.0216	5,931

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

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, on the other hand, is still a coping strategy adopted by many households, but has negative long term effects particularly when children drop out of school to work.

There is little evidence of an impact of the CGP on rates of child work among children 6-17 as a whole (**Table 43**). However, disaggregating the analysis by gender indicates a decrease in proportion of boys (6-17) engaged in paid work in the last 12 months that can possibly be attributed to the CGP.[64] Conversely there is evidence of an increased engagement of girls in paid work in the week prior to the survey and associated to the CGP.

[62] Alternative model specifications to the one displayed in Table 42 show a robust impact on time spent studying.

[63] The latter impact is detected in all alternative model specifications. There is also some mild evidence that CGP reduce the time spent by boys on family business activities and increases the time spent helping at home with households tasks.

[64] Impact is detected by one alternative model specification.

Table 43 – Child work participation rates (children aged 6-17)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children (6-17) who in the 12 months prior to the survey engaged in						
• Any labour activity	34.2	38	32.7	40.2**	-4.656	5,345
• Own non-farm business activities	1.9	1.5	2.1	1.5	0.176	5,286
• Own crop/ livestock production activities	32.7	37.2	31.2	39.2**	-4.223	5,274
• Paid work outside the household	2.4	1.7	3	2.5	-0.301	5,301
Proportion of ***boys*** (6-17) who in the 12 months prior to the survey engaged in						
• Any labour activity	46.1	48.9	43.9	53.3**	-7.290	2,715
• Own non-farm business activities	2	1.7	1.2	0.9	-0.105	2,687
• Own crop/ livestock production activities	45.2	48.2	43.3	52.4**	-6.672	2,678
• Paid work outside the household	3.4	2.0*	3.7	3.8	-1.426	2,692
Proportion of ***girls*** (6-17) who in the 12 months prior to the survey engaged in						
• Any labour activity	22.2	26.7	21.4	27.3	-2.014	2,630
• Own non-farm business activities	1.7	1.3	2.9	2	0.465	2,599
• Own crop/ livestock production activities	19.8	25.7	19.1	26.2	-1.727	2,596
• Paid work outside the household	1.3	1.3	2.3	1.3	0.853	2,609

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

Data on the intensity of child work – measured in terms of the hours spent on any labour activity in the 7 days prior to the survey – shows a similar picture, with little robust significant impact of the CGP. Only for boys 6-12, in particular boys, did the data show a positive impact corresponding in the of a reduction in hours spent on any labour activity in the 7 days prior to the survey (with a drop of around 3.5 hours).

The number of hours spent in any labour activities by boys was consistently higher compared to girls (**Table 44).** Given these numbers do not include domestic work inside the house, such difference is largely expected.

Table 44 – Intensity of child work

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average number of hours spent in any labour activity during the 7 days prior to the survey (3)						
Children 6 -17	6.8	6	6.7	6.9	-1.283	5,430
Boys	12.6	11	11.5	12.6	-2.847	2,763
Girls	0.9	0.7	1.8	1.3	0.326	2,667
Children 6 -12	5.3	4	4.1	4.5	-1.643*	3,165
Boys	10.1	7.2*	7.8	8.1	-3.156*	1,594
Girls	0.4	0.6	0.8	0.9	-0.0227	1,571

Children 13 -17	9.2	8.9	10.2	10.1	-0.948	2,265
Boys	16.3	16.4	16.1	18.6	-2.213	1,169
Girls	1.5	0.9	3.3	1.7	0.855	1,096

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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. Activities include: own non-farm business activities, own crop/livestock activities and/or paid work outside the household.

5.2.5 Children identification

The CGP contributed to increasing birth registration by 37 percentage points amongst children 0-6. This is an anticipated effect of the programme, as there is a loose requirement for children to have a birth certificate to be retained in the programme.

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). From a very low birth registration rate in the overall study population at baseline, the CGP programme increased birth registration for children (aged 0-6) by 38 percentage points in eligible households (**Table 45**).

This is an anticipated effect of the programme, as beneficiary children were requested to provide a birth certificate within six months of the enrolment into the CGP. The requirement was de facto often not enforced in the field, which explains why still about half of beneficiary children don't have a birth certificate.

The proportion of children with birth certificates in eligible households at follow up was above the national average reported in the 2009 Living Conditions Report according to which amongst all children aged 0-5 in Lesotho less than one in four had a certificate (CMS, 2009).[65] This could have positive policy implications, as improved registration may result in better access to certain rights and services, with effects also on the quality of demographic statistics.

Table 45 – Proportion of children with a birth certificate and passport

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children (0-6):						
- with a birth certificate	13.9	55.4***	12.9	18.4	37.04***	1,747
- in the process of getting a birth certificate	5.3	5.1	3.8	7.2	-3.646	1,747
Proportion of children (0-17):						
- with passport	3.4	5.7*	4	3.9	2.346	7,530

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

[65] For children aged 0-5 "45% of the births in the past five years in Lesotho are registered, which is an improvement from the 26%reported in the 2004 DHS. Children under age 2 are less likely than children age 2-4 to have a birth certificate (13% compared with 21%, respectively)". The DHS also points out that "Birth registration is positively associated with wealth quintile; 9%of children in the poorest households have birth certificates compared with 29 %of children in the richest households".

5.2.6 Child deprivation and vulnerability

Based on the information collected on a series of children and household indicators it was possible to calculate an adaptation of the multidimensional index of child deprivation developed in Gordon et al (2003), also known as the Bristol Child Deprivation index. The index covers 8 dimensions of severe deprivation, some of which are associated with long-term developmental outcomes on which the CGP is not expected to have an impact. Overall the analysis indicates that children in the sample are deprived on average in 3 dimensions, with the CGP having a significant effect on the reduction of food and health deprivation for children 0-5.

Measuring multiple deprivations among individuals and at household level is central to understanding the complex number of constraints that poor children face. Many different methods to measure multiple-dimensional poverty can be used. In this study we use the Bristol approach and the dimensions developed by Gordon et al (2003). This index was selected as it is an internationally comparable index that was developed specifically to analyse child poverty and which has thoroughly researched dimensions and cut-offs (see Annex F for more details on the measure). Although not all dimension of the index are relevant to the objectives of the CGP, the present analysis on child deprivation is also intended to generate a useful and innovative descriptive tool to measure multidimensional child poverty in Lesotho.

When analysing data on the basis of this Child Deprivation Index, we focused on two main age groups: 0-5 and 6-17. The age threshold was set to coincide with when the child enters the official school age.

For children aged 0-5 we found high levels of deprivation across a number of dimensions of the index. In particular, levels were high in the areas of inadequate shelter and sanitation, food insecurity and access to drinking water. Severe deprivations suffered by a smaller share of children aged 0-5 were health, access to information and basic services.

Significant impacts of the CGP were registered in two dimensions: severe food deprivation (decreased by 17 percentage points) and severe health deprivation (decreased by 20 percentage points) [66]. In both of these dimensions the effects were partially driven by a negative trend in the control group. Overall, the proportion of children aged 0-5 in absolute deprivation decreased from 86% to 78% in the treatment group (against a decrease from 84% to 83% in the control group). The average number of deprivations suffered by each child also decreased significantly from 2.9 to 2.6 (see **Table 46**).

Table 46 – Child deprivation index – the Bristol Approach (children age 0-5)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children (age 0-5) deprived in:						
• Severe Food Deprivation: Children in the household with food security index above 2 (4)	67.1	53.4***	69.3	72.2	-16.63**	2,220
• Severe water deprivation: Children living in household with no access to an improved drinking	31.6	38.7	28.4	29.9	5.500	2,226

[66] The significant reduction in the proportion of children suffering Severe Health Deprivation is driven by a significant positive impact of the CGP on the share of children that were reported as not need health care. Children with no reported need to see a doctor were categorised as 'not deprived'. This result is consistent with the fall in morbidity observed in section on child health.

water source						
• Severe sanitation deprivation: Children living in household without any sanitation facilities or shared/public facilities	54	49.5	55.9	51.9	-0.898	2,227
• Severe health deprivation: Children living in household without enough money to spend on child (if needed) or child was not taken to consult a doctor if ill	32.7	22.1**	31.8	41.3	-19.89**	2,071
• Severe shelter deprivation: Children living in household with a dirt, sand or dung floor or more than 5 people per room	67.4	60.7*	65.9	63.3	-4.354	2,227
• Severe information deprivation: Children living in household without access to radio, TV or landline/cell phone	23.9	20.4	25.3	23.6	-2.178	2,227
• Severe Deprivation of Access to Basic Services: Children living more than 2 hours (return journey) from primary school or more than 5 hours (return journey) from health clinic on foot	17.9	16	27.6	21.9	3.599	2,226
Proportion of children (age 0-5) in absolute deprivation (5)	86.5	77.6*	83.7	82.9	-8.121	2,065
Average number of deprivations suffered by children (0-5)	2.9	2.6**	3	3	-0.430**	2,065

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 child deprivation index is based on the methodology and dimensions developed in Gordon et al (2003) (for details see Annex F). (4) the food insecurity index is a simple average of three questions related to child food security. (5) Absolute deprivation is defined as "child being the deprived in two or more deprivation".

For the second age group, children aged 6-17, the impact of the CGP was less clear-cut (**Table 47**). Overall, while positive trends were recorded and the treatment group most often 'outperformed' the control group in terms of improvements over time[67], no significant impact of the CGP can be detected statistically. For example, the proportion of children suffering from severe food deprivation in the Treatment group decreased from 68% at baseline to 59% at follow-up.[68]

Table 47 – Child deprivation index – the Bristol Approach (children age 6-17)

	Treatment Group		Beneficiary Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children (age 6-17) deprived in:						
• Severe Food Deprivation: Children in the household with food security index above 2 (4)	67.8	58.6*	73.9	70.7	-6.103	5,384
• Severe water deprivation: Children living in household with no access to an improved drinking water source	35.7	40.2	31.3	33.1	2.814	5,399
• Severe sanitation deprivation: Children living in household without any sanitation facilities or shared/public facilities	51	42.0***	52.8	43.9**	-0.164	5,403
• Severe health deprivation: Children living in household without enough money to spend	8.6	10.9	8.2	16.2***	-5.525	5,211

[67] The exceptions are Severe Water Deprivation (Children living in household with no access to an improved drinking water source) and Severe Deprivation of Access to Basic Services: Children living more than 2 hours (return journey) from primary school or more than 5 hours (return journey) from health clinic on foot.

[68] The only evidence of increased deprivation was found for the Control group in the proportion of children suffering from severe health deprivation (children living in household without enough money to spend on health care for child). This result may require further analysis.

on child (if needed)						
• Severe shelter deprivation: Children living in household with a dirt, sand or dung floor or more than 5 people per room	66.4	60.4**	65.4	61.3*	-1.847	5,403
• Severe education deprivation: Children have never been to school and is not currently attending school	8.8	7.6	10.8	11.2	-2.004	5,283
• Severe information deprivation: Children living in household without access to radio, TV or landline/cell phone	70.8	59.6***	68.3	58.1***	-1.094	5,403
• Severe Deprivation of Access to Basic Services: Children living more than 2 hours (return journey) from primary school or more than 5 hours (return journey) from health clinic on foot	20.2	14.6**	25.3	19.4*	0.323	5,399
Proportion of children (age 6-17) in absolute poverty	89	82.2**	88	83.2*	-2.180	5,095
Average number of deprivations suffered by children (6-17)	3.3	2.9***	3.3	3.2	-0.181	5,095

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 child deprivation index is based on the methodology and dimensions developed in Gordon et al (2003) (for details see Annex F).. (4) the food insecurity index is a simple average of three questions related to child food security. (5) Absolute poverty is defined as "child being the deprived in two or more deprivation".

As discussed above, the CGP did not have an impact on the child deprivation index as measured in the present study. However, it is to note that the index is based on indicators which are not likely to change in a short time horizon, like the two year this study has looked at. Also, some of the indicators (such as time to reach the school or access to improved water source) are driven by supply side considerations on which the CGP was not expected to have an impact on.

5.3 Other Household Level Outcomes

5.3.1 Livelihood strategies and labour supply

CGP households rely on a varied range of income sources. Beneficiary households were ratified by participants in the qualitative research as being the poorest in their communities. For these households livelihood options were very limited. They often asked for support from their friends, neighbours and relatives and also engaged in piecemeal jobs and casual labour when available. Harvest from their fields was often limited and not sufficient to sustain them beyond 3-4 months. In addition to farming and piece jobs, households relied on petty trading, sale of own produce and home brewing to generate some income. According to the qualitative evidence, the transfer had little impact on beneficiaries' livelihoods strategies: they continued to do what they were doing before. This was because the transfer amount was small, meant for a specific purpose and did not come very often. Only for a small proportion did the CGP provide their main source of livelihood upon which they were fully dependent.

Transfers, wage employment and self-employment (agricultural and non-agricultural) were reported to be the most relevant sources of income for CGP households in the quantitative survey. The impact of the CGP on adult labour activity was mixed and inconclusive. Apart from a reduction in the intensity of casual labour for adults in CGP households, The CGP appears to be associated with a reduction of 8 percentage points in the proportion of households who reported wage employment as source of income.

Overall, the CGP did not appear to impact labour participation either positively or negatively, as the proportion of adults (18-59) and elderly (+59) who were active on the labour market in any activity increased significantly over time across groups. The only noticeable effect associated with the CGP was a reduction in the intensity of adults engagement in paid work as shown by data on the average number of hours spent doing paid work during the last week (with a negative impact of 4 hours)

When analysing the type of paid work adults are engaged in, it is interesting to note that most adults were engaged in occasional/irregular jobs (such as piece jobs), and the reduction in CGP households has been higher for this type of job compared to temporary or permanent/regular employment. The number of weeks spent on occasional/irregular paid work in the last 12 months reduced by 2 weeks.

In the qualitative study poor householders in the comparison communities explained how they relied on piecemeal work to make ends meet and how important this source of livelihoods was. In contrast amongst the beneficiaries, statements and comments in relation to piecemeal jobs were less explicit and less frequent. Some beneficiaries did reduce the amount of piece work / casual labour they undertook, but – according to the qualitative evidence - only marginally and only around pay dates.

The analysis also indicates that non-farm businesses operated by beneficiary households were very small scale and often operating in a sporadic way during the course of the year. The CGP seems to have somewhat reduced the regularity of beneficiary households engagement in non-farm businesses, particularity home breweries.

This section provides insights on the effect of the CGP 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.

CGP households relied on a mix of diverse income sources for their subsistence (**Table 48**). Transfer, wage employment and self-employment (agricultural and non-agricultural) were reported to be the most relevant sources of income. Transfers (which included the CGP payment itself)

were, as expected, less important in control households, who relied more on wage employment and self-employment (both agricultural and non-agricultural).

The CGP appears to be associated with a reduction of almost 8 percentage points in the proportion of households who reported wage employment as source of income, although in this case there was no baseline data with which to compare. [69] Qualitative evidence confirms that only for a small proportion the CGP provided their main source of livelihood upon which they were fully dependent.

Table 48 – Distribution of household cash income sources in the 12 months prior to the survey

	Treatment Group		Control Group		CGP Direct Impact Estimate (3)	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households reporting as source of income:						
• Wage employment (salary, casual labour)		51.8**		59.3	-7.547**	1,353
• Self-employment (agricultural)		16.9		15	1.841	1,353
• Self-employment (non-agricultural)		13.1		14.6	-1.555	1,353
• Rent		0.2*		0.8	-0.676*	1,353
• Transfers (institutional, remittances etc.)		86.8***		52.7	34.11***	1,353
• No income		1.2		3	-1.804	1,353

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 impact estimates is based on simple differences between treatment and control group at follow up (see details on the methodology in Annex A)

A common worry in programmes providing households with cash transfers is that the cash transfers will serve as a disincentive from participation of adults in income-generating activities.[70] Overall, the CGP did not appear to impact labour participation either positively or negatively, as the proportion of adults (18-59) who were active on the labour market in any activity increased significantly over time across groups (**Table 49).** Some changes in livelihood patterns were common to households in both the treatment and control groups, with the participation of adults (18-59) in own agriculture and livestock activities increasing at the expenses of work in the non-farm family businesses.

The only noticeable effect associated with the CGP – consistent with the analysis of income composition reported above – was a reduction in the proportion of adults engaged in paid work in the past 12 months (**Table 49**). This result is not robust across specifications (see Annex H), but was further corroborated by data on the average number of hours adults engaged in paid work during the last 7 days, which declined significantly more in CGP households. The impact detected corresponded to a reduction of 4 hours during the last 7 days prior to the survey.

[69] At follow up the survey instruments were improved based on the experience at baseline and technical discussions with the FAO. Changes to existing indicators affect the comparability across the two surveys: in these cases only the improved follow up indicator is reported. An attempt was made at regrouping the baseline categories into the smaller number of follow up categories, but that did not seem meaningful as baseline categories could easily have been grouped into more than one follow up category.

[70] Reduced participation of children is of course one of the key aims of such programmes

Table 49 – Adult labour supply (age 18-59)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of adults (18-59) engaged in the 12 months prior to the survey:						
• Any labour activity	81.6	85.4*	79.8	84.2*	-0.522	4,979
• Own non-farm business activities	10.6	6.2**	11.3	8.1*	-1.173	4,943
• Own crop/livestock production activities	66.9	74.3**	65.4	71.1*	1.845	4,923
• Paid work outside the household	46.6	38.6***	43.6	43.9	-8.136*	4,945
Average number of hours spent by adults (18-59) in the 7 days prior to the survey on:						
• Any labour activity	19.2	14.4***	17.5	17.9	-5.103**	4,966
• Own non-farm business activities	1.1	0.7	1.6	1.3	-0.0458	4,898
• Own crop production activities / own livestock production activities	10.3	9.5	9.8	10.4	-1.224	4,754
• Paid work outside the household	8.9	4.5***	7.3	6.6	-3.749**	4,698

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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, when investigating the types of paid work people are engaged in, the results show that the negative effect was mainly driven by reduction in irregular and occasional work (piece jobs) (**Table 50**).

The proportion of adults engaged in permanent or temporary work, among beneficiaries, did not vary significantly,[71] but a reduction in the levels of engagement in occasional and irregular occupations was observed. The number of weeks spent on occasional/irregular paid work in the last 12 months reduced by 2 weeks, and results were similar for men and women (see **Table 130** and **Table 131**). [72]

Similar results are common to several other cash transfer in the Sub-Saharan region, and indicate that the cash support effectively works as a safety net preventing households to depend on low paid and precarious occupations which are often a last resort survival strategy.

The finding on the reduction in the proportion of adults engaged in paid work deserves special attention and possibly further analysis. In fact the analysis of spill-over effects (see Chapter 7 and Annex J) reveals that there may be some structural differences in the labour market dynamics between treatment and control areas that may partly explain the observed results.

[71] While in control areas there has been a significant increase in the proportion of households engaged in permanent work (from 3% to 6%), this is not observed in treatment areas. In the case of women this translate into a negative effect of the CGP, which seems to have retained women from engaging into permanent jobs but this is not robust across alternative specifications (see Table 131).

[72] See Annex **Table 132** for analysis on elderly (aged 60 or above) where the results also show a reduction in the intensity of paid work outside the household.

Table 50 – Adult paid work (age 18-59)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of ***female*** adults engaged in paid work outside the household in the last 12 months	41.4	34.6	40.3	42.2	-8.475	2,667
Proportion of ***male*** adults engaged in paid work outside the household in the last 12 months	53	43.0***	47.6	45.7	-7.975*	2,278
Proportion of adults (18-59) who engaged in :						
• Permanent /regular work	3.3	4.2	3.3	6.3***	-2.087	4,940
• Temporary work	5.4	9.7*	5.4	8.7**	1.089	4,940
• Occasional or irregular work	37.2	24.7***	34.4	28.9	-6.882	4,940
Average number of weeks for adults that is (across all adults):						
• Permanent /regular work	1.2	1.5	1.3	2.0*	-0.392	4,866
• Temporary work	1.2	1.5	0.8	1.6***	-0.575	4,866
• Occasional or irregular work	3.8	2.6	2.2	3.3**	-2.330**	4,866

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.
Note: figures in table refer to activities undertaken in the 12 months prior to the survey.

5.3.1.1 Non-agricultural business and self-employment

Cash transfers could potentially have an effect on self-employment and non-farm enterprises by providing cash to help them start or develop small businesses.

The analysis showed that less than 20% of eligible households were engaged in such occupations. The most common types of non-farm enterprise in operations were extremely small activities, not very profitable, and engaged one (rarely up to two) people. By far the most common household business was home brewery, petty trade and bar. The average monthly profit for businesses in operation in the last 30 days prior to the survey was 344 M (at follow up).

The analysis also indicated that non-farm businesses operated by beneficiary households were often operating in a sporadic way during the course of the year. The proportion of households with business in operation halved since baseline and a similar proportion of households engaged in new businesses since then.

Overall the results already reported in **Table 49** show that the CGP did not have a significant impact on engagement in non-farm business activities. **Table 51** corroborates this finding, as the CGP did not have a significant impact on the proportion of households which operated a business in the 12 months prior to the survey, likely due to the relatively small size and unpredictability of the transfers.

However, the significant reduction in the proportion of households with an enterprise in operation in the 30 days prior to the survey (active businesses) can be interpreted as lower regularity in business operation. Further analysis suggests that the reduction was mainly driven by households engaging less frequently in home brewing, an income generating activity that is generally performed at small scale and as a last resort livelihood strategy, with activity levels dependent on the availability of crop inputs (see **Figure 43** in the Annex).

Table 51 – Non-farm enterprises and service businesses – household-level indicators

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that operated any non-farm enterprises or provided services in the 12 months prior to survey	21.7	14.2***	20.2	17.7	-5.090	2,706
➢ Average number of non-farm enterprises per household	1.1	1	1	1.1		
➢ Average number of household members that worked in the business during the last 12 months	1.4	1.4	1.4	1.2		
Proportion of households that had an enterprise in operation in the 30 days prior to the survey	16.8	8.8***	13.4	12	-6.478**	2,704
➢ Average total net monthly profit per household from these enterprises (Maloti, 2013 prices) (across all households) (3)	45	43.4	16	30.4		

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

5.3.1.2 Farming Activities

The qualitative research does not suggest that beneficiaries spend the CGP on agricultural input and assets. However the beneficiaries in the areas of research had received the Food Emergency Grant, additional money to purchase seeds and other agriculture inputs. Some beneficiaries said that they used the money to purchase seeds but others reported using this to buy additional food in bulk.

While the CGP did not affect the probability of households owning or planting land, it is worth mentioning a significant increase in the proportion of households who cultivated and planted grains, legumes and vegetables in the last 12 months. Across eligible households, the average number of crop types planted also significantly increased.

The CGP seems to have contributed to increasing the proportion of households that planted their garden plot with any vegetables or fruits and the frequency of the harvest from the garden plot. The CGP also appears to have had a positive effect on the overall volumes of household crop production, particularly maize.

A higher proportion of beneficiary households spent money on and used agricultural inputs compared to the baseline study (with a positive impact of the programme particularly on pesticides). This is probably one of the causes of the increase in crop production. Such changes in crop production and inputs may have been particularly influenced by the Food Emergency Grant which was provided to CGP beneficiaries with the specific objective of increasing agriculture production.

An increase in proportion of households owning pigs of almost 8 percentage points can be attributed to the CGP, but should be interpreted with caution as there is not clear explanation for why beneficiary households should favour pigs. The study also showed no general increase in the proportion of CGP households owning other livestock.

While a higher proportion of eligible households that engaged in livestock activities compared to baseline also reported using and spending money on inputs (such as manufactured feeds, etc.), there was no significant impact of the CGP in this area, as well as for other agricultural inputs and assets, apart from some evidence of a reduction in the purchase of fodder.

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).

Almost 90% of the eligible households interviewed in the follow up survey own any land and around 40% own a garden plot only. Interestingly, among all the households that cultivated land, 50% cultivated their garden plots only. The majority of land owners used their land to cultivate grains, legumes, vegetables or fruit and on average they used around 2 acres of land and planted 2 types of crops.

The CGP did not have a significant impact on any indicator related to access to land and land use. As a matter of descriptive trends, it is interesting to note that the average number of crop types planted slightly increased in both treatment and control households over time (**Table 52**).[73]

Table 52 – Land ownership, kitchen plot and crop production

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that owned any land	88.4	89.6	86.6	87.6	0.212	2,706
• Of which only owned kitchen / garden plot	34.9	38.4*	39.4	39.1	3.828	2,706
Proportion of households that cultivated/used any land	84.6	82.8	78.5	79.4	-2.707	2,706
• Of which only cultivated/used kitchen plot	47.4	51.8*	53.3	51	6.653	2,706
Proportion of households that planted grains, legumes, vegetables or fruit	81	84.7	75.9	82.1**	-2.489	2,704
➢ Average number of crop types planted	1.6	2.0***	1.4	1.9***	-0.0187	2,704
➢ Average area of land planted with crops for current season	2.5	2.4	1.6	2.1*		

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%. Note: figures in table refer to activities in the 12 months prior to the survey. (3) Information obtained on land area (acres) used/owned by households is of poor quality due to ta high number of missing information at baseline and the general difficulty in measuring land size (see footnote 73). Impact estimates including this variable is therefore excluded from the analysis.

Garden plots have a potential to substantially contribute to the food security of poor households. Most interviewed households have a garden plot planted with vegetables or fruit. On average, eligible households harvested 2 types of vegetables or fruits in the past 12 months and harvests

[73] However, data on land size has to be cautiously interpreted, given the difficulty for the respondents to report accurate land measurement. Land measurement is traditionally a challenging area for data collection exercises. Respondents are rarely aware of the precise estimates of their plots and they often use local measurement units, for which the conversion to international units is normally imprecise. Respondents' knowledge on land measurement seems to correlate with the area of the plots. The larger the plots (and closer to urban areas), the more respondents can provide accurate figures as they use tractors, inputs and labour to cultivate the land. In order to improve the data quality on land measurement obtained at baseline, special effort has been made during training and fieldwork of the follow-up survey to obtain more accurate data. While some of the intrinsic challenges of measuring land size still persist at follow-up, the quality and reliability of the follow-up figures have improved.

took place around twice a year. The CGP seems to have contributed to an increased proportion of CGP households planting vegetables and fruits on their garden plot (by 6 percentage points) and to have made the harvest more frequent from the garden plot (**Table 53**). With data in this area only available at follow up, the findings should be used with caution.

Table 53 - Garden plot

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that have a garden/kitchen plot in the 12 months prior to the survey	81.1	84.6*	75.3	77.9	0.907	2,697
Proportion of households that planted with any vegetables or fruits (3)		68.9*		62.2	6.701*	1,353
Average number of veg/fruit types harvested across all households (3)		2.2		1.9	0.273	1,332
Average number of seasons harvested across all households (3)		2.0**		1.6	0.341**	1,332

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 impact estimates is based on simple differences between treatment and control group at follow up (see details on the methodology in Annex A)

General trends in crop production also show a general increase in harvested main staple (**Table 54**). Maize harvest across eligible households raised by almost 100 kg on average and wheat harvest by over 10 kg. The large difference in harvest between baseline and follow up is likely to be associated by a particularly poor harvest in concurrence with the baseline data collection – due to the 2010/11 droughts.

Some of the complementary models indicate a positive impact on the size of maize harvest by around 40 kg for beneficiary households (see Annex H). This impact is likely to be linked to the Food Emergency Grant, that was given to CGP households with an emphasis on spending on agricultural input and increased crop production (see Section 4).

Table 54 – Crop production

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average size (kilograms) of crop production in specific items						
• Maize	43.3	143.9***	26.5	119.7***	15.80	2,702
• Sorghum	14.6	27.1**	10	28.3***	2.991	2,702
• Wheat	1.8	10.6*	1.6	3.2	3.838	2,702
• Beans	1.8	4.6	1.6	4.5	-0.261	2,702
• Potatoes	0	0.1	0.1	0.4	-0.210	2,702
• Sunflower	0.1	0	0.1	0.2	-0.00686	2,702
• Other crops (3)	0	0	5.8	0	2.652	2,702

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Other crop includes: barley, oats, tobacco, peas, lentils, other. (4) Impact estimates controls for whether the harvest has been completed or not.

One of the important channels through which cash transfers could contribute to increased crop production is through the purchase of inputs and assets for agriculture. A general trend common to beneficiary and non-beneficiary households was an increase in the use of seeds, pesticides, inorganic fertilizers and in the proportion of households who purchased inputs and assets between the baseline and follow-up survey.

While **Table 55** shows no significant impact of the CGP on investment on inputs and assets for crop production, some complementary models (see Annex H) indicate that the CGP may have increased the probability of households using pesticides in agriculture, which in turn can explain part of the improvements in crop production levels.

Table 55 – Crop production inputs and assets

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that in the 12 months prior to the survey that:						
• Used any of the following inputs:						
➢ Seeds/seedlings	79.8	83.6	74.5	80.8**	-2.570	2,686
➢ Pesticides	11.9	30.6***	11.9	26.7***	3.925	2,676
➢ Organic fertilizer (e.g. manure)	28.4	46.4***	34.1	52.3***	-0.246	2,683
➢ Inorganic fertilizer	21.6	24.3	16.5	20.4	-1.189	2,677
• Spent any money to purchase inputs for crop production	37.3	56.2***	29.6	54.2***	-5.720	2,706
➢ Total average amount spent to purchase inputs for crop production (Maloti, 2013 prices) (3)	70.9	100.8**	50.6	83.8**	-3.193	2,706
• Spent any money to purchase crop production assets	11.7	20.7***	9.7	18.4***	0.287	2,706
➢ Total average amount spent to purchase assets for crop production (Maloti, 2013 prices) (3)	71.4	91.5	48.4	67.0*	1.530	2,706

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.
Note: figures in table refer to activities undertaken in the 12 months prior to the survey

5.3.1.3 Livestock activities

Similar to non-farm businesses, livestock activities could also be one of the areas of investment of CGP resources, particularly in a country like Lesotho, where livestock represent such an important component of households' livelihood strategies. Evidence from other countries shows that households sometimes invest cash transfers the purchase of small domestic animals. **Table 56** shows little impact on ownership of livestock as well as investment in livestock production and inputs.

There are only a few noticeable and significant impacts that can be attributed to the CGP in terms of livestock investment and activities.

The finding suggests that some beneficiaries might have used part of the cash transfer to invest in pigs. The proportion of households owning pigs increased significantly (8 percentage points) as a result of the programme. This must be interpreted with some caution, due to low level of statistical significance and in lack of a clear explanation of why beneficiaries should favour pigs over the more typical investment in chickens.

One possibility is that this behaviour is related to the coupling of the CGP with the Food Emergency Grant which households were advised to spend on productive investments and the large amount of the latest transfer received (anecdotal evidence suggest that the price of a piglet could have been around 750M at the time of the follow up survey).[74]

Table 56 – Ownership of livestock, livestock production and inputs

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households owning any livestock in the 12 months prior to the survey	61	66.2**	57.7	62.3	0.496	2,705
Proportion of households that currently own:						
• Sheep	16.6	15.9	16.5	18.9	-2.977	2,704
• Goats	14.7	15.2	14.4	15.7	-0.833	2,704
• Horses	5.1	6.4	4	5.1	0.212	2,705
• Donkeys	17.3	19.7	17.2	18.9	0.711	2,704
• Chickens / turkeys / ducks	31.1	34.4	29.8	28.6	4.545	2,705
• Pigs	12.6	17.1*	18.2	15	7.572*	2,705
• Cattle / oxen	36.6	38.3	33	34.5	0.200	2,704
Current average Tropical Livestock Unit per household (across all households)	0.9	1.0***	0.8	0.9	0.0279	2,706
Proportion of households herding/rearing any livestock/animals in the 12 months prior to the survey	59.8	60.8	53.8	56.3	-1.526	2,705
Proportion of households that sold livestock by-products	6.1	11.0***	5.4	9.1**	1.288	2,705
Average income from sales by-products (across all households) (Maloti, 2013 prices) (3)	20.1	54.5***	30.8	27.7	37.52**	2,705

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.. Note: Unless otherwise indicated figures in table refer to activities undertaken in the 12 months prior to the survey.

Table 57 does not show any significant impact of the CGP on input and asset purchases for livestock production but indicates a large and positive trend in both treatment and control households. Some additional models show however that CGP may have had a negative impact on

[74] Participation in the CGP seems to be also associated with beneficiary households increasing the income deriving from sales of livestock by-products – particularly mohair - but the results are based on very few observations to be presented as robust finding.

the amount of purchases of fodder. This is possibly a reflection of the fact that the increased crop produced was partly used to feed animals.

Table 57 – Livestock production inputs and assets

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that in the 12 months prior to the survey that:						
• Used any of the following inputs:						
➢ Fodder	16.1	19.3	11.3	20.1***	-5.655	2,659
➢ Manufactured feeds, salt	28.5	43.0***	25.4	36.1***	3.857	2,667
➢ Veterinary Services	15.7	19.3	16.3	20.9*	-1.031	2,664
• Spent any money to purchase inputs	25.3	42.6***	24.3	35.7***	5.838	2,706
➢ Total average amount spent to purchase those inputs (Maloti, 2013 prices) (3)	32.2	61.8***	28.6	59.1***	-0.997	2,706
• Used hired labour for any activity	2.3	1.1	0.7	0.8	-1.241	2,673

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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

5.3.2 Investment in other physical and financial assets

Apart from the increased ownership of pigs and use of agricultural inputs mentioned above, there is no further evidence that the CGP had an effect on productive investment and asset accumulation. *This result is supported by qualitative findings indicating that the use of CGP for investments was minimal both because of the immediate basic needs of the households, but also because the CGP was not perceived to be 'meant' for investment and especially not for households items, with the exception of a handful of outliers.*

No detectable impact of the CGP was found on households saving behaviour. *The qualitative research also highlighted that the CGP had no impact on the creation of new savings networks or in the membership of existing ones. Many beneficiaries were already members of those networks, such as funeral societies, in which they were able to contribute in small amounts, but remained excluded from those requiring greater entry fees.*

Similarly, no impact are detected on households borrowing patterns (apart from a reduction in borrowing from community groups), although the proportion of CGP households borrowing and buying on credit increased significantly. *This result is somewhat contrary to qualitative analysis suggesting some evidence of beneficiary households paying off debts. Most beneficiary households noted being more credit worthy due to the CGP and were able to purchase items on credit. These purchases on credit were often repaid immediately after the CGP payment.*

The fact that the value of the transfer was increased in April 2013 and the CGP was coupled with the Food Emergency Grant, together with the irregularity in payment, meant that CGP transfers were, albeit less predictable, more sizeable than anticipated. A possibility is that this may have been conducive to investing resources, generating savings or increasing beneficiary households productivity over and beyond responding to immediate needs. Apart from the increased ownership of pigs and use of agricultural inputs mentioned above, there is no further evidence that the CGP had an effect on productive investment and asset accumulation.

5.3.2.1 Investment in housing characteristics and household assets

The improvement of housing conditions is one of the most common investment strategies in the southern Africa region. Some positive trends can be noted in the data in terms of housing characteristics and assets ownership in Lesotho (in both treatment and control households), such as the increased availability of sanitation facilities, electricity, better quality walls and heating, and of a larger range of household assets in the house (**Table 58**).[75]

No large impact was detected on house characteristics and households assets that can be associated with the CGP, apart from evidence of an effect on the proportion of households with good quality roof, which is however not fully robust across model specifications (see Annex H).[76] Further analysis on the effect shows that around 7 % of beneficiary households switched from wood or thatched grass' roof types to iron sheets.[77]

Data on household characteristics were collected as part of the NISSA census at baseline, and by the evaluation team at follow up, this impact could therefore be affected by comparability issues. However, it is not implausible that an investment to improve roofing (at an estimated cost of M145 to M220 per iron sheet and around M1000 for planks) could have followed from the bulky payment made by the CGP (coupled with the Food Emergency Grant) in the payment rounds prior to the follow-up survey.

Table 58 – Housing characteristics (% of households)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households with:						
• Apartment / house owned and paid	63.4	66	68	73.6	-2.929	2,701
• Piped water on premises	1.9	1.1	2.3	3.2	-1.692	2,705
• Any type of toilet	48.8	62.4***	43.1	56.3***	0.326	2,705
• Electricity connection	7.5	11.6**	9.4	14.4*	-0.971	2,706
• Good quality floor (3)	30.4	28.2	27.2	29.7	-4.680	2,706
• Good quality walls	35	43.0***	32.4	37.1**	3.319	2,701
• Good quality roof	68.5	75.3***	65.1	66.8	5.078**	2,702
• Good quality heating	3.6	8.0*	4.9	9.9***	-0.530	2,706
Average number of rooms per person	0.5	0.5***	0.5	0.5***	0.0167	2,703

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Good quality roof is defined as households with a roof on their main dwelling made of corrugated iron sheet, brick tiles, metal (Harvey) tiles, or asbestos sheets (see Annex Table 134 for more details on roof)

[75] Note that these results on housing characteristics and assets must be interpreted with caution as most of the data were collected in the NISSA questionnaire at baseline and recorded in the household questionnaire administered by OPM in the follow up, hence there may be issues of full comparability of the data sources.

[76] Good quality roof is defined as households with a roof on their main dwelling made of corrugated iron sheet, brick tiles or metal (Harvey) tiles

[77] See Table 134 for more details on roof types and Table 135 for more details on household assets.

5.3.2.2 Investment in Financial assets

In Lesotho, borrowing is very common, as more than 70% of eligible households reported to have borrowed some money in the last 12 months. Borrowing happened mainly through informal channels (family and friends account for around 60% of the total borrowing), but it is interesting to note an increase importance of micro-lenders (both in treatment and control households) which represent around 25% of the lenders.

Cash transfers could potentially affect households' financial behaviour in two ways:

- The cash transfer could provide a safeguard in case of negative shocks and protect households from the need to borrow in order to withstand the shock and consequently from the risk of falling into the vicious cycle of debt, where households have to take expensive loans;
- Conversely, cash transfer because of their predictability could potentially be seen as collateral, enabling poor households gain more access to credit, which would be otherwise denied, and use credit to face unexpected shocks and or afford expenses/investment otherwise impossible to afford.

It is difficult to interpret the quantitative results on financial behaviour among CGP beneficiaries as no detectable impact of the CGP was found neither on household propensity to save or borrow nor on the size of loans, savings or outstanding debt (**Table 59**).[78]

Table 59 –Credit

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households who:						
• Bought on credit	35.1	39.8*	34.3	39.7	-0.697	2,689
• Borrowed	68	72.7*	76	77.6	3.104	2,689
Average amount currently owed (among those who owe anything, Maloti, 2013 prices) (3)	418.8	438.6	407.4	513.8	-86.59	1,767
Average amount currently owed (among all households) (Maloti, 2013 prices) (3)	313.5	302.8	309.9	368.4	-69.13	2,485

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.
Note: Unless otherwise indicated figures in table refer to activities undertaken in the 12 months prior to the survey.

No detectable impact of the CGP was found on households saving behaviour. The proportion of households that saved money in a formal or informal institution did not change significantly over time. However, as a general trend, it is worth noting that the proportion of households contributing to burial societies and burial plans increased significantly (**Table 60**).

[78] Under one of the specifications tested for robustness checks (household level fixed effects) we find evidence of a significant impact of the CGP on the reduction of the level of outstanding debt for households who owe money. This result is however not robust across specifications.

Table 60 – Type of Savings/Insurance (households who saved/use insurance)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households who in the 12 months prior to the survey saved with or added money to:						
• A stockvel	4.7	6.7*	3.7	8.9***	-3.171	2,690
• With a church or community group	3	5.0*	4.2	5.1	1.156	2,691
• With friends or family	1.1	0.6	1.5	0.2**	0.695	2,690
• In cash in some safe place	2	1.9	1.6	0.4*	0.987	2,690
• In a formal savings account	2.3	1.8	1.1	1.7	-1.082	2,690
• In a burial society	34.5	38.6*	32.4	39.6**	-2.796	2,690
• In a burial plan	11.5	17.3**	13.1	13.1	5.740	2,689
• Any other savins place or insurance	4.9	7	2	2.7	1.456	2,689

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%. Note: Unless otherwise indicated figures in table refer to activities undertaken in the 12 months prior to the survey.

Similarly, no impacts were detected on households borrowing patterns (apart from a reduction in borrowing from community groups), although the proportion of CGP households borrowing and buying on credit increased significantly. Borrowing happened mainly through informal channels: particularly around 60% of households borrow from family and friends. It is also interesting to note an increased importance of micro-lenders (both in treatment and control households) and the fact that more households reported to buy on credit (again in both groups) (**Table 61**).

Consistently with the results in other sections on investment, the lack of impact on financial behaviour is partly explained by the irregularity of payments and the strong messaging associated with the CGP. The cash was principally utilized to meet its intended purpose, which is to respond to children needs. Moreover the lack of predictability in payments may have prevented beneficiary households to adjust their financial and investment plans on the basis of the expectation they would receive the CGP in the future.

Table 61 – Type of Lender

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households who borrowed from in the 12 months prior to the survey:						
• A bank	0.7	1.1	1.5	0.5	1.324	2,688
• A micro lender	19.2	27.0*	19.4	25.3*	1.909	2,689
• Family, friends and/or	55.4	58.8	60.1	59.6	3.976	2,689
• Community group	8.1	5.3*	8.5	11.7	-6.029**	2,689
• Stockvel	4	2.4	2.9	2.8	-1.446	2,681
• Other	1.3	0.4	2.3	2.2	-0.789	2,540

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.
Note: Unless otherwise indicated figures in table refer to activities undertaken in the 12 months prior to the survey.

5.4 The CGP in the context of a Social Protection system

The introduction of the CGP has significantly expanded the proportion of poor families reached by institutional support compared to the baseline level in the treatment group (from 14% to 95%). The proportion of households receiving formal assistance in control households remains low at around 20%. Apart from the CGP the most common institutional transfer that eligible households benefit from was the old age pension (OAP) (about 15% of eligible households). In-kind assistance was also received by about 20% of eligible households.

Apart from institutional support most households rely in informal transfer and remittances. *Qualitative research gave indications that in some instances remittances – an important source of livelihood in Lesotho – were being reduced during the payment month, this was not a generalized result. For some beneficiaries, receiving the CGP resulted in a reduction of the remittances they received and some beneficiaries were afraid to tell their non-resident family members and relatives that they were receiving the transfer for fear of having their remittance cut or reduced.* The quantitative analysis shows that the proportion of household with non-resident household members increased in the control group, while there is no significant variation in the treatment group. There was also some evidence of crowding out in so far as the CGP resulted in a reduction of the value of remittances received by beneficiary households, in line with the qualitative findings. A reduction in the amount of support in cash received by beneficiaries from family, friends and neighbours was also observed.

The CGP seemed to be enabling some beneficiaries to borrow more from one another and changing nature of their support and reliance. Some individuals were heavily reliant on the generosity of fellow neighbours, friends and relatives, often 'asking' for food rather than 'borrowing', which marginally decreased with the cash transfer as they became slightly less reliant. Beneficiaries stated they were now able to "borrow" (and not "ask" – indicating no expected repayment) both informally and through the shops – and were deemed more creditworthy. This change in the nature of reliance has potential over time to provide beneficiaries with more self-esteem and sense of self-worth.

Similar findings were reflected by the quantitative analysis. The CGP affected informal community sharing patterns to a large degree. On the one hand participating in the CGP was associated with an increase in the proportion of beneficiary households receiving informal in kind support from other family members, friends or neighbours. Consistently with the existence of strong reciprocity arrangements, at the same time the CGP had a significant impact on the proportion of beneficiary households that provided support to the rest of the community, both in terms of cash help and in-kind support. All in all this shows that the CGP had positive re-enforcing effects in terms of family and community level sharing, and that other households also indirectly benefitted from the CGP.

No significant impact was found on proportion of households who received or provided support in the form of labour or productive inputs.

This section gives an overview of the mechanisms eligible households depend on to cope with external shocks and daily expenditures, from formal institutional transfers to informal community networks. By providing an additional safety net to beneficiary households, the CGP could have both negative crowding-out and positive reinforcing effects on other social assistance support received by the same households from other institutions, as well as the traditional community level support mechanisms.

5.4.1 Other institutional transfers

This section outlines the coverage of government social protection programmes and assistance provided by other organisations.[79] Besides the CGP, two main social protection measures operate in Lesotho:

- The **Old Age Pension**, given to everyone above the age of 70, provides M1350 cash per pensioner per quarter (M450 per month). The coverage of the pension in 2010 is estimated at 83,000 people, this is 4.4% of total population, implying – except for any possible leakage in targeting - 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 M100 per household per month.[80] In 2010 there were a total of around 9,500 beneficiaries of the programme and had a total cost to the Government of M13 million.

There are at least three other social protection programmes that are relevant to many households receiving the CGP. They 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 389,000 primary school children. The Government of Lesotho provided for 299,000 children, at a cost of M218 million according to the 2010/11 Annual Budget. WFP provided for 80,000 children in 429 schools, predominantly in remote areas at approximate cost of M16 million in 20010/11. After December 2012, the government is expected to take over the funding of the full programme.

- **Secondary School Bursaries**: In 2010, some 20,000 bursaries to secondary schools were provided to orphaned and vulnerable children (OVC), 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. 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 as school fees are around M600 per quarter usually beyond the means of many poor households.

- **Food Emergency Transfer.** For details Box 3 in Section 4.

Table 62 shows the institutional transfers received by the CGP households from the government or any other institution or organisation. Due to the introduction of the CGP in Lesotho, almost 93% of eligible households in the treatment group were receiving institutional transfers at follow-up.[81] The

[79] Based on the latest World Bank Social Protection Sector Review (World Bank, 2013, Lesotho: A Safety Net to End Extreme Poverty, Report No. 77767-LS, Human Development Department, Social Protection Unit, African Region).

[80] 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).

[81] As mentioned above and in Annex A below, the treatment group in this study is defined based on the intention to treat. All treatment households were invited to enrol for the CGP, but not all did. The discrepancy between intended and actual treatment means that not all treatment households received the CGP.

proportion of households receiving some sort of institutional cash assistance in control households was remarkably lower: 19% at follow-up compared to 13% at baseline.

Apart from the CGP, the most common institutional transfer that eligible households benefitted from was the Old Age Pension (OAP): 14% of treatment and 18% of control households reported having received a pension in the last 12 months at follow up. CGP beneficiaries seemed to have had more difficulties in accessing the OAP compared to households in the control villages. This is not unlikely given that – according to a strict interpretation of the current OAP regulations – it should not be possible to cumulate the pension with another social assistance benefit. About 30% of CGP eligible households who were entitled to receive the OAP (had a household member older than 70) seemed to be excluded from the benefit, but a similar proportion was also found in control areas, suggesting this could be a reflection of structural failure of the OAP to reach the poorest households. Very few other households received other government support in cash.

In-kind assistance was a more common type of institutional support among eligible households. The proportion of treatment households that received any in-kind support in the last 12 months was around 20% in both surveys. The predominant in-kind transfers received by eligible households were in the form of agricultural inputs and tools (9% of treatment households at follow up) followed by scholarships and school bursaries (7% of treatment households as follow up). A very large proportion of children also received food at school (stable at 94% across the two surveys).

Table 62 – Institutional transfers

	Treatment Group		Control Group		Direct CGP impact estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that have received:						
• Any official cash transfer	14.3	94.9***	13.1	19.5***	74.05***	2,697
• Social welfare benefits / Public assistance	1.9	1.3	1.4	1.3	-0.466	2,706
• Pensions	11.8	13.5	10.3	17.5***	-5.405**	2,706
○ With at least one member >70 years old that received	66.5	77	65.7	79.9*	-3.699	503
• CGP (3)	0	92.9***	0	1.0*	91.90***	2,706
• Emergency Food Cash transfer (Food Emergency Grant)	0	28.7***	0	0.7	27.97***	2,706
• Other Government in Cash support	0.4	0.0*	0.8	0.0*	0.419	2,706
• Cash support from NGOs, community organisations or other	0.2	0	0	0	-0.168	2,706
• Any in-kind transfer	19.8	22.7	16.6	21.3	-1.788	2,700
Proportion of children (6-19) enrolled in school that are receiving a meal at school	94.7	93.7	94.1	92.6	1.045	4,870

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%. Note: figures in table refer to activities in the 12 months prior to the survey (3) See Footnote 81

5.4.2 Remittances, networks and informal transfers

A potential risk of any public provision of a safety net, such as cash transfers, is that it will crowd out the traditional, informal ways in which people help each other. In the particular case of the CGP, family, friends or relatives might feel that they do not need to lend money to people who are already receiving the 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 eligible household in the study area.

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 63 presents information on transfers received from household members that reside outside of the household as well as figures on transfers sent to non-resident household members. Around 40% of all households had members of the household that live elsewhere. The CGP did not have a significant impact on the probability of household members migrating and/or sending remittances. However, the results show that the proportion of household where at least one member became non-resident increased since baseline in the control group, while there was no significant variation in the treatment group.

More than half of all households with a non-resident family member reported having received assistance and around 3% of the households provided some sort of assistance to non-resident members, but no significant variation occurred between groups over time. No significant variation occurred in terms of amount of transfers sent to non-resident members in the last 12 months, however some models specifications suggest that there could have been a decrease in the value of remittances received by CGP beneficiary households of about M400 throughout the year as a result of their participation in the programme (see Annex H).

The study also found that CGP beneficiaries have experienced a fall in the amount of cash support they received from family friends and neighbours in the community (see Annex **Table 162**).

Table 63 – Transfers to and from non-resident household members

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households						
• with non-resident household members	36.5	40.1	34	44.8***		
• who received money or in-kind assistance from non-resident* members (3)	23.2	22.5	20.6	25.2	-5.271	2,697
• who sent money or in-kind assistance to non-resident members (3)	2.7	3.3	3.4	4.5	-0.408	2,697
Average amount:						

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
• received (across households that received money) (Maloti, 2013	4031.3	3139.7	2920.8	3253.8	-1,224	672
• received (across all households) (Maloti, 2013 prices) (3) (4)	986.7	704.9	614.3	815.4	-482.8	2,695
• sent (across households that sent money) (Maloti, 2013 prices) (3) (4)	7416	711.7	1228.4	1136.8	-6,613	105
• sent (across all households) (Maloti, 2013 prices) (3) (4)	206	23.5	41.5	48.2	-189.2	2,694

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) figures in table refer to activities in the 12 months prior to the survey (4) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Table 64 shows that the informal support received and provided within the community was extremely important in both treatment and control households at follow-up, as it was at baseline. Around 75% of the households in both treatment and control groups received or provided support to relatives, friends and other community members, in terms of cash, or 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.

The CGP had a strong and very significant impact (12 percentage points) on the proportion of households receiving informal in kind support from other family members, friends or neighbours in the 12 months prior to the survey. At the same time the analysis shows an equally strong and significant impact on the proportion of households that provided support to the rest of the community, both in terms of cash help and in-kind support (increased by 12 percentage points in both cases).

Furthermore, there is mild evidence (see Annex **Table 162**) of an increasing reciprocity dimension of support. In other words, more support was provided to beneficiaries with expectations of receiving something back rather than a mere unilateral gift.

All in all these results can be interpreted as stronger engagement of the beneficiaries into reciprocal community sharing networks, not only in the role of receivers as before their participation in the CGP, but also in the role of providers of support. Moreover they indicate that the effects of the CGP are enjoyed by community members beyond the direct beneficiaries, as beneficiary households are called upon for cash support more than their similarly poor counterparts in control villages. This is an area that deserves further investigation, given the richness of the dataset.

Table 64 – Community networks – support received and provided

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
Proportion of households that borrowed or received support from other family members, friends or neighbours:						
• Cash	72.4	75	76	78.1	0.513	2,554

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
• In kind	71.2	84.4***	80.1	81	12.22**	2,554
• Labour (economic activities, chores or caring needs)	11.4	14.9	11	18.1*	-3.531	2,552
• Agricultural tools, inputs, animals or equipment	47.5	49.3	49.7	53	-1.507	2,554
Proportion of households that provided support for other family members, friends or neighbours:						
• Cash	24.4	33.6**	31.1	28.5	11.83**	2,554
• In kind	46.3	59.1***	53.2	54.2	11.77**	2,554
• Labour (economic activities, chores or caring needs)	18.1	15.8	18.3	19.3	-3.302	2,554
• Agricultural tools, inputs, animals or equipment	23.1	21.4	26.4	24.1	0.682	2,554

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.
Note: figures in table refer to activities in the 12 months prior to the survey

6 CGP impact heterogeneity analysis

In this section we examine whether the impact estimates found for all beneficiaries are concentrated in a specific segment of the study population (associated with particular characteristics of CGP beneficiary households) or are similar across different household types. We perform what is called a heterogeneity analysis with aim at determining whether the CGP impact varies in accordance to two main characteristics of beneficiary households: the household size and their level of consumption expenditure.

Given the CGP has delivered for most of the evaluation period a flat transfer of 360M per quarter without any adjustment for the beneficiary household size, the per-capita transfer value has been larger in smaller household, which may have led to some difference in the magnitude and nature of the impacts. To determine this, we study whether the CGP impact varies between households with a (baseline) household size below the median, and households with a (baseline) households size above the median.[82]

Secondly, we analyse whether households who were relatively poorer at baseline amongst the CGP beneficiaries have benefitted more from participating in the programme. We do this by looking at differences in the CGP effects between households who had below-median and above-median per-adult equivalent consumption expenditure at baseline.[83]

The heterogeneity analysis was performed for a sub set of key or controversial indicators and full detail of the results can be found in Annex I.

Overall we find some mild evidence of impact heterogeneity with the following noticeable results:

- From the perspective of child health, the effect of the CGP on reducing morbidity appears to be driven largely by relatively larger households, which are likely to have a bigger number of children and also where the incidence of illness can be expected to be higher. For this group the magnitude of the CGP impact is as high as a reduction in the probability of children being ill by 24 percentage points.
- The CGP effect on increased school expenditure and ownership of uniforms and shoes is common across household types. However children in poorer households seem to have gotten the highest gains in terms of school enrolment in association to the CGP. The average school enrolment of children 13-17 increased by 14 percentage points for this group, compared to an overall average of less than 10 percentage points for the whole of the study population.
- Moving on to household level outcomes, across all household types considered, the CGP is associated with a reduction in the number of months beneficiary households have faced extreme food insecurity. However only in relatively poorer and larger household we record also a contextual increase in the number of months that households have faced some degree of food shortage (by a similar amount of almost 2 months over the 12 months prior to the survey).
- The CGP effect on livestock investment has been overall limited and mainly concentrated in poorer and larger households. Particularly in the case of purchase of pigs, the overall finding for the total sample (increase by 7 percentage points) is mainly driven by a much larger increase amongst households who were below median consumption at baseline (13 percentage points)

[82] The median applied is 5 household members based on the weighted median for all eligible paneled households at baseline.

[83] The median applied is 166 Maloti based on the weighted median for all eligible paneled households at baseline.

- Similarly the potential effect of the CGP on reducing adults participation in paid work and particular occasional piecemeal jobs is much more pronounced amongst poor (and large) households, who are more likely to rely on this source of income as last resort survival strategy. This difference in findings is consistent across different measures considered both at the intensive and the extensive margin.
- Finally the CGP effects on households' participation in informal networks - talking the form of increasing support received in kind and support provides in kind or in cash – seem to be driven mainly by a change in sharing arrangements in relatively better-off and small households.

7 Indirect impacts of the CGP

In this section we present the result of the analysis of the indirect effect of the CGP on non-eligible households in treatment areas, which are often referred in the literature as spill-over effects.

Evidently the programme's primarily objective is the improvement of living conditions of households directly receiving the CGP transfer, and particularly their children. However beneficiary households don't live in isolation: through their social and economic interactions they activate a series of transmission mechanisms that have repercussions on other households. Particularly when such linkages are strong within the same community, the CGP may hence indirectly affect the living conditions of non-beneficiary households. Through market interactions for example, CGP beneficiaries can stimulate the demand for food or goods, which in turn can lead to price inflation in the context of rigid supply, or to an increase in production, sales, income and wellbeing of local producers. Similarly by adjusting their own demand or supply of work in the community in response to the transfer, CGP beneficiaries can affect local labour markets conditions on which non-beneficiary households also rely for living. Or by increasing their use of public services like health and education, they may contribute to straining local service delivery agencies, with negative consequences in terms of the accessibility and quality of such services for non-beneficiary households as well. Finally through social networks CGP beneficiaries can share part of the transfer with other community members and relatives.

Modelling the transmission mechanisms through which a programme like the CGP can have local indirect effects can be extremely complex. A recent study has simulated the effects of the CGP on the local economy using a LEWIE (Local Economy Wide Impact Evaluation) model and concluding that for every Loti spent on the CGP, between 1 and 1.2 additional Maloti would be generated in the local economy.[84] There is also a body of qualitative evidence that local economic and social transmission mechanisms are strong and articulated in the context of rural Lesotho (OPM, 2013).

The framework for the impact evaluation of the CGP offers however an alternative approach for such analysis, as it contains a sample of non-beneficiary households both in treatment and in control areas. If the transmission mechanisms are primarily operating within communities, non-beneficiary households in treatment areas should be more subject to the CGP indirect effects, and their comparison with non-beneficiary households in control areas should provide an indication of the magnitude of such indirect effects.[85]

This approach, while it does not analyze the transmission mechanism at work, allows to determine in an experimental way whether the CGP has had indirect effects on a set of outcomes by observing changes amongst non-beneficiaries.[86] The results of the spill-over analysis are reported in Annex J for key study indicators and those for which the question of indirect effects is more interesting.

Overall the analysis suggests that the indirect effects of the CGP on non-beneficiary households were generally non-existent or minor. Further research is required to reconcile these findings with

[84] Edward Taylor, Karne Thome and Mateusz Filipski, (2012) "Evaluating local general equilibrium impacts of Lesotho's child grants programme", FAO.

[85] Non beneficiary households in treatment and control areas are by design similar in all respects but the fact of having been assigned to a treatment or control area, which was the result of a random lottery process.

[86] Of course the results are valid under a series of identifying condition. The main one is that households living in control communities are not affected by the CGP indirect effects, otherwise the magnitude of the spillovers is underestimated. While this is in practice unlikely to hold, it is plausible to assume that the indirect effects will be stronger within the treatment communities, than in control communities where the CGP does not operate. It must also be born in mind that the sample size of non-eligible household was reduced in the follow-up survey due to budgetary restriction, which reduces the statistical power of this analysis

estimates of a potentially high income multiplier that emerged from the LEWIE. Few noticeable exceptions are discussed in what follows:

- There was no evidence of an indirect effect of the CGP on the poverty status and food security of non-beneficiary households. Interestingly, although in these two dimensions non-beneficiary households were generally better-off compared to beneficiary households, poverty and food insecurity levels significantly increased over time for this group, and proportionally more in treatment areas. Read in this context, the positive effects of the CGP on the food security of direct beneficiaries discussed in Section 5.1, acquire further relevance, as the transfer had an important mitigating function.
- There was some evidence of a positive indirect effect of the CGP on the probability that children in non-eligible households enrolled for the first time in school. This result was however small in terms of the magnitude, and somewhat difficult to explain.[87]
- There was some evidence that adults in non- beneficiary households in treatment areas were less likely to engage in any work activities than their counterparts in control areas, as well as worked on occasional paid jobs for a smaller number of hours in the 7 days prior to the survey. This result has elements of similarity to what was found for CGP direct beneficiaries, who also appeared to reduce their engagement in occasional paid job as a result of the CGP.[88]
- Finally there was a positive spill-over effect on the proportion of non-beneficiary households that received support in kind from other households in the community. This result is consistent with the finding that the CGP enabled beneficiaries to more actively engage in community sharing arrangements, acting both as recipients and providers. As expected, the reinforcement of reciprocal sharing mechanisms in the community went to the benefit of non-eligible households as well.

[87] One possible interpretation is that children in non-beneficiary households who had previously never enrolled in school are now sent to school in an attempt to increase the chances of the household being selected in the CGP in the future (as the CGP is generally perceived as being associated with children schooling), or as a result of some sort of emulation or social control process that is driven by the (weak) communication and case management systems of the CGP. These hypotheses are only speculative and would have to be confirmed with qualitative or quantitative evidence which this study cannot provide.

[88] On the one hand this may suggest that there are structural differences in the labour market between the treatment and control group communities (for example a shortage of supply of paid job in the week prior to the survey which affected both CGP beneficiaries and non-beneficiary households). This would therefore put some doubts on the validity of the impact finding in this area for CGP beneficiaries as well. On the other hand it is possible that the labour inhibiting effects of the cash transfer on beneficiaries is being spread to non-beneficiaries through the increase in support to households in the community in general.

8 Conclusions and Recommendations

The Lesotho Child Grants Programme (CGP) is an unconditional social cash transfer targeted to poor and vulnerable households. It provides every quarter a regular transfer of between M360 and M750[89] to poor households with children selected through a combination of Proxy Means Testing (PMT) and Community Validation.

Oxford Policy Management (OPM) has been contracted by UNICEF to design and undertake an independent evaluation of Round 2 - Phase 1 of the CGP pilot. The purpose of the evaluation is to establish the impact, effectiveness, efficiency and sustainability of the programme.

Since 2009 the nature of the CGP has been transformed. From an exclusively donor-supported pilot, the CGP has developed institutional and operational systems for roll-out at a national scale. Funding has been taken over by the government, which is now considering nationwide expansion of the CGP and the NISSA, with the latter serving as a platform for better harmonizing social protection interventions in the country.

The CGP managed to put in place a remarkable infrastructure for the pilot operational roll-out, which led to selecting and providing payments to almost 20,000 beneficiary households in the span of less than 5 years. **The administrative tasks involved in this project have been large** and largely unprecedented for MoSD, not surprisingly the programme has experienced a number of implementation challenges. In particular payments have been quite irregular both in terms of timing and size. Moreover there has been lack of knowledge among the recipients on case management procedure and very little communication and support have been provided at community level since enrolment. In this context the core message of the CGP has been heard loud and clear: all the recipients report having received instructions to spend the cash transfer on children as these instructions most of the time are received at the pay point.

The mixed methods impact evaluation, including a randomized control trial, found that the CGP has led to a broad array of impacts.

Along a first pathway of change, by providing an injection of resources into the household economy the CGP was expected to sustain levels of consumption expenditure of goods and services, and contribute in this way to improving the overall wellbeing of household member and children in particular. There is convincing evidence that this has happened. **The programme contributed to increasing the levels of expenditure on schooling, clothing and footwear for children.** The messaging of the programme - that the CGP funds should be used in the interest of children - seemed to be strictly followed by beneficiary households, so for example the CGP had a remarkable effect on children's access to uniforms and school shoes.

On the other hand the CGP seems to have an **important protecting function by mitigating the effect of increasing food insecurity in Lesotho** as it improved beneficiary households' ability to access food throughout the year. Qualitative evidence suggests that the effects on food consumption and dietary diversity were mainly concentrated around pay dates. These effects did not translate - two years after the introduction of the programme - into a noticeable increase of overall household welfare. Possibly due to the little predictability of the transfer, we don't find evidence that the CGP significantly contributed to reducing poverty rates, although trends amongst beneficiaries are encouraging.

Through increased expenditure the CGP was further expected to affect more substantive dimensions of child wellbeing, notably in the areas of access to health services and health status

[89] The transfer value for CGP was originally set at a flat rate of M120 (US$ 12) per month per household and was disbursed every quarter. Effective from April 2013 the cash transfer has been indexed to number of children as follows: (1) Households with 1-2 children M360 (US$ 36) quarterly; (2) Households with 3-4 children M600 (US$ 60) quarterly; and, (3) Households with 5 and more children M750 (US$ 75) quarterly.

on the one hand, access to school and school progression on the other. This has happened for some indicators and compatibly with the design and nature of the intervention. While there were no effects on access to healthcare, the CGP was associated with an important increases in the rate of child registration at birth. **The programme also contributed to a significant reduction in the proportion of children 0-5 who suffered from an illness** (generally flu or cold) in the 30 days prior to the survey. This could be associated to the fact that children were bettered nourished and dressed. Unfortunately it was not possible to measure impact on nutrition.

Some positive effects of the CGP were also registered on children's enrolment in school. **The CGP contributed to retaining children 13-17 in primary school, particularly boys who would have otherwise dropped out.** The effect seemed to be concentrated on late learners who were still enrolled in primary despite being 13+. However the programme did not have any noticeable impact on other important dimensions of school progression (early enrolment, repetition, primary completion and enrolment in secondary). In some of these areas results could not be expected in the short term, as a more effective coordination of demand and supply side interventions (including demand side interventions that focus on non-financial/cultural barriers to schooling) is required.

Along a second pathway of change the study explored changes in livelihoods strategies that may have been triggered by the cash grant. By representing an additional source of income into the household the transfer could have led to adjustments in work activities. **Beneficiary households rely on a mix of different range of livelihood strategies** to make a living, including piece work, own farm and livestock activities, small scale home businesses and informal support from other community members. While the CGP is an important complement to other income sources, in most case it does not represent the main source of subsistence, and **only few beneficiary households appear to depend on the grant**.

There was some evidence of a **reduction in the intensity of adults participation in paid occasional and irregular work**, particularly piece jobs which are generally recurred to as a last resort survival strategy. These results are common to many other similar programmes in the region, and generally confirmed by qualitative evidence indicating that some beneficiaries did reduce the amount of piece work / casual labour mainly around pay dates. Households' involvement livestock activities appear to be largely unaffected by the CGP and if anything the frequency of involvement in home brewing decreased.

As for the crop production activities, the CGP seems to have contributed to increasing the frequency of the harvest from the garden plot and it had a **positive effect on the overall volumes of household crop production, particularly maize.** This effect does not seem to depend from an increase in the area of land cultivated or the time spend on field, instead the CGP may have increased the probability of households using agricultural inputs, which could in turn explain higher levels of productivity. Such changes in crop production and inputs may have been particularly influenced by the Food Emergency Grant which was provided to CGP beneficiaries with the specific objective of increasing agriculture production.

In the case of children, a reduction of child work would be seen as a positive effect of the CGP. **The evidence on the effects on child work was largely non conclusive** and not robust across model specifications, with the only clear evidence being an increase in the time spent by children doing homework.

Finally the fact of receiving the CGP may imply that other types of informal community support is reduced: the so called crowding out effect. While there is evidence that **the CGP may have reduced the value of cash remittances received by beneficiary households** from non-resident members, it also appear to have a **significant impact in strengthening the reciprocity arrangements around food sharing in the community.** Beneficiaries are more actively engaged into reciprocal community sharing networks, not only in the role of receivers as before their participation in the CGP, but also in the role of providers of support to other community members, which has positive effects on their self-esteem and sense of belonging to the community.

A third pathway of change of the CGP is through investment in productive assets. Despite this not being an explicit objective of programme, the irregularity in payment and the fact that more lumpy and sizeable transfer values were paid to beneficiaries, may have induced some households to use the grant to increase build assets, also as a way to increase resilience to shocks. Apart from the above mentioned increase in the use of agricultural inputs and an **increase in the proportion of households owning piglets,** there is **little evidence that the CGP had an effect on asset accumulation**, and no impact was registered on saving and borrowing behaviour.

All in all, however, beneficiary households reported being **more resilient to shock as they are less prone to engage in negative risk coping strategies**, like sending children to live elsewhere or remove them from school at time of hardship.

A final consideration must be made on the heterogeneity of the effects across different household types. It appears from the analysis that some of the core effects (particularly school enrolment and investment in piglets, but also a reduction of casual labour) originated mainly from relatively poorer households in the sample, for whom the transfer represented a more sizeable fraction of the monthly consumption.

Programme Level Recommendations

Few programme specific recommendations emerge from the study:

- **Improve the Predictability and Frequency of Payments.** The irregular and low frequency of payment did not allow households to plan their finances around the CGP. Most beneficiary households did not have expectations as to how much and how often they would receive the grant in the future, which defeats one of the main purposes of the grant: to help poor households smooth consumption. Improving the predictability and regularity of payments is essential. Besides the ongoing efforts to integrate payment systems with other social protection interventions, it would be interesting to explore possibilities of using new technologies in the area of payment modalities to increase the frequency of the transfer (from quarterly to at least bimonthly), 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).
- **Avoid the Erosion of the Transfer Value.** An implicit effect of the indexing of the grant amount to the number of children happened in April 2013 was that the real value of the transfer increased in real terms for an average household during the period of the evaluation. It is important to establish a more stable mechanism to increase the value of the transfer to reduce erosion by inflation. One possibility would be to link adjustments in the CGP amount to increases to the value of the Ald Age Pension amount that are decided on a yearly basis by MoF on the basis of the fiscal framework.
- **Consider whether to Broaden the Message.** The CGP's messaging has proved to be very effective and successful in terms of increasing spending on children's needs. Similarly beneficiaries appear to have been receptive of the messaging delivered around the Food Emergency Grant. Even in the absence of explicit conditionality, messaging can be a powerful instrument to strengthen the effectiveness of the grant, particularly in Lesotho. As the programme expands and beneficiaries receive support over a longer period of time, should the message be broadened to include other dimensions of the programmes objectives? One possibility could be to introduce a more structured messaging/training component that is delivered to beneficiaries together with the CGP, covering over time a wider range of issues, including child health and nutrition, food security, financial management or productive investment, etc.
- **Link the CGP with other Interventions.** It is clear from the results of the evaluation that the CGP cannot by itself resolve the major developmental challenges by which beneficiary children and households are confronted. The stimulus to the demand of social services need to be

matched with substantial investments to bring the supply closer to poor households and increase its quality. The income support provided by the grant cannot lead to sustainable economic self-reliance if not accompanied by more structural efforts to transform livelihoods and increase productivity in the context of the evolving economic landscape. The only way to respond to such multidimensional challenges is to provide a more holistic response based on the principle of complementary of different interventions. Synergies and linkages should be built between the CGP and other programmes in the area of child health, nutrition and education, but also rural and micro-enterprise development, and including a better articulation with emergency response programmes.

- **Strengthen Local Case Management Systems.** Beneficiaries felt disconnected and little informed about the programme after the initial enrolment round. Strengthening the capacity of front line services to engage with beneficiaries and communities on a more regular way is essential for the programme to be able to respond more flexibly to households circumstances and needs The creation a more comprehensive communications and case management system, has the potential not only to improve beneficiaries' experience of the programme, but also to increase its impacts, through closer monitoring, better tailored messaging and better articulation with other services.

Policy Level Recommendations

The role and importance of the CGP and its affordability should be assessed within the Government's Social Protection Strategy currently under development. The CGP was originally conceived as social protection mechanism with the implicit aim of mitigating the impact of the HIV/AIDS and OVCs. The decision to move away from the categorical definition of OVCs and target on the basis of poverty acknowledges that vulnerability is complex and hits transversally across demographic categories.

At the same time it implies that **the programme is currently targeting heterogeneous groups of households.** Possibly related to this, **the impacts of the programme were spread across several dimensions of wellbeing**, with the programme having a generic poverty mitigation function, and resources being generally spent on child welfare. The nature and objectives of the CGP would benefit from being further clarified in the context of the overarching vision of social protection that will emerge from the new strategy. At least three possible scenarios emerge, each with different policy implications.

- First, if the main focus on children is confirmed, **the CGP could be turned into a sharper instrument to protect and incentivise investment in human capital**. While adding explicit conditions may not be feasible at this point—given the challenges in monitoring and in the access and quality of supply of public education services—the CGP has proven able to increase school expenditures and enrolment through messaging. Consideration would be given to reducing monetary but also non-monetary barriers that prevent children from accessing education and health services, as well as combined actions to improve the quality of supply. A stronger inter-institutional coordination would be required to strengthen the linkages between social protection and other government social services.
- At a second level the CGP has the potential to be turned into a **protection scheme for the extreme and chronically poor**, possibly with a preferential focus on poverty relief for household with little labour capacity and/or high dependency ratios, as a complement to the Old Age Pension. 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. In this case the priority focus would be on refining the targeting and strengthening messaging around food security, as well as further developing linkages with emergency response programmes - as it has been in the case of the Food Emergency Grant.

- In a third scenario the CGP could evolve into a program which is primarily aimed at **graduating households from poverty**. The transfer could be considered as a means to protect and increase physical and human assets, stimulate further productive investment, strengthen coping mechanisms and reduce vulnerability to shock. In this case the priority would be on working with households with potential to sustainably achieve self-reliance, building linkages with productivity enhancing and asset building complementary interventions, including access to financial markets. For example the transfer component could be coupled with specific capacity building dimensions (financial literacy, money management) and coordinated with other projects aimed at improving livestock and agriculture productivity.
- Finally, as the programme also expands to urban areas it would be necessary to consider its potential role and design adaptations required to **tackle vulnerabilities that are specific to the urban poor**, particularly in the context of high youth unemployment, large levels of informality in the labour market and lack of options for private and social insurance for the vast majority of workers.

Annex A Quantitative evaluation methodology and sampling strategy

A.1 Impact Evaluation Design

The quantitative analysis of the CGP impact will be based on a comparison of changes ('difference in differences') in a range of indicators between eligible households in treatment communities (Group A in **Figure 21** below – the **treatment group households**) with eligible households in control communities (Group B in **Figure 21** – the **control group households**). By comparing the changes in welfare indicators between control and treatment households the impact of the CGP can be assessed.

Moreover, including some non-eligible households from both treatment communities (Group C in Figure 21) and control communities (Group D in Figure 21) 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 (see OPM (2012) for results on this).

Figure 21 – Categorisation breakdown of the study population, by control/treatment and beneficiary status

Treatment / control: / **Beneficiary status:**	**Treatment EDs**	**Control EDs**
Eligible for CGP	**A** TREATMENT GROUP *(Beneficiaries)*	**B** CONTROL GROUP *(Pseudo-beneficiaries)*
Not eligible for CGP	**C** *(Non-beneficiaries)*	**D** *(Pseudo-non-beneficiaries)*

A.2 Sampling Strategy: 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) two years later.

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 were called to enrol into the programme. In control communities (EDs) a set of households that are comparable to the treatment group has been identified. These are referred to as the **control group**. These households are *exactly* the ones who would have been called to enrolment by the programme had it been operating in the control community.

Not all households in the treatment communities who are eligible for the programme (i.e. the **treatment group**) were 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**) were be interviewed as part of the quantitative survey – those interviewed are referred to as the **control sample**.

A.2.1 Sampling framework

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 proxy means test scores (the 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 (see **Table 65**).

Table 65 – 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
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%
Total		**96**	**508**	**20,605**	**4,575**	**21.8%**

Source: CGP MIS Data – NISSA dataset – June 2011

Ayala Co. (2011) reports 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:

- 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 above 50% of the number of households registered in the latest Census.
- Some households may have actually relocated, moved, or extinguished.
- Some households whose dwelling was found in the field were not available for an interview at the time the NISSA census was collected (11%).

Moreover, the 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-NISSA census represents our sampling framework).

The sample drawn for this impact evaluation is only representative of the population included in the NISSA dataset. But worth noting is that all households called to enrolment as CGP beneficiaries are selected from the MIS dataset.

It must be noted that the CGP targeting process for Phase 1 – Round 2 was originally designed with the expectation of covering about 10,000 eligible households (NISSA 1 or 2 and validated by the community) across the 10 Community Councils, half of which – 5,000 – would be called to enrolment in treatment EDs. Conversely the final number of potential beneficiaries (identified in the dataset after administering the PMT and 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.2.2 Baseline Sample Design

A multi-stage stratified random cluster sample design was adopted for the baseline study. The processes of random assignment and random sampling are distinct and independent, though interlinked in practice. The steps are described below:

1. **All EDs** (Primary Sampling Unit – PSU) were paired. Each ED was 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 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)** were selected (Secondary Sampling Units - SSU)
4. In every cluster a random sample of **20 households** (10 eligible and 10 non eligible at baseline) were randomly selected and interviewed.
5. After the survey data had been collected in all evaluation EDs, **public meetings** was organised to assign the elements of each pairs (both sampled and non-sampled) to either treatment or control through a **lottery**. Not until this stage was it known which EDs were going to be covered by the Programme first (treatment EDs) and which were going to be delayed (control EDs).

The original sampling strategy is summarised in below.

Table 66 – Original baseline sampling strategy

	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
HHs per ED			
Eligible for CGP	20	20	
Non-eligible for CGP	20	20	
Total	40	40	
HHs per Cluster			
Eligible for CGP	10	10	
Non-eligible for CGP	10	10	
Total	20	20	

Theoretical target sample size (1)			
Eligible for CGP	800	800	1600
Non-eligible for CGP	800	800	1.600
Total	1,600	1,600	3,200 (1)

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[90] 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.[91] 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.[92]

First EDs were paired with each other with in 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 67 – Sample of Electoral Divisions (PSU)

District	Community Council	**Number of EDs**	**Selected EDs**

[90] The Mahalanobis distance was calculated using the Stata routine mahascores

[91] 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 012, 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.

[92] 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
Total		**96**	**80**

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 of 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[93]. 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 large.
- As soon as a village is found whose population of potential beneficiaries and non-beneficiaries is respectively smaller than 12[94], 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
- 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.

[93] 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.

[94] 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.

- 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 68 – 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
Total		**508**	**46**	**209**	**80**	**160**	**127**

Source: CGP MIS Data – NISSA dataset – June 2011 and Sampling Report (OPM, 2011).

Step 4: Selection of Households (Baseline)

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 was not any further stratification criteria for the group of non-beneficiaries.

Because of the small size of some of the EDs and clusters selected, in 10 clusters it was not possible to sample at baseline the number of potential beneficiaries and non-beneficiaries that would be required by design. This leads to a total reduction in baseline sample size from the original target of 3,200 to the achievable target of 3,102.

The intended baseline evaluation survey sample sizes are presented in the table below with the letters in the cells matching groups A–D as listed above in the document).

Table 69 – Intended baseline sample size, by population group

Beneficiary Status	Area		Total
	Treatment	Control	
Eligible for CGP	757 [A]	763 [B]	1,520
Non Eligible for CGP	783 [C]	799 [D]	1,582
Total	**1,540**	**1,562**	**3,102**

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 observation were lost while drawing the sample. Due to changes in the MIS-NISSA datasets that occurred after the sample had been selected 13 households were reclassified from non-eligible to eligible or vice versa. The table shows the definitive allocation of groups.

A.2.3 Sample Replacements at Baseline

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 at baseline (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.2.4 Final Baseline Sample

Table 70 and **Table 71** below present details of the final sample of households obtained as a result of the baseline fieldwork (after replacements). The rate of coverage of the target sample was very high (98.4% in total) and not lower than 97% for any of the four main study groups.

Table 70 – Actual baseline sample size, by population group

Beneficiary Status	Area		Total
	Treatment	Control	
Eligible for CGP	747 (98%) [A]	739 (97%) [B]	1,486 (98%)
Non Eligible for CGP	779 (100%) [C]	789 (99%) [D]	1,568 (99%)
Total	**1,526 (99%)**	**1,528 (98%)**	**3,054 (98%)**

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011. Note: Numbers vary only marginally with respect to what reported in the baseline report due to minor adjustment of the administrative information.

The rate of sample completion at baseline was 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 71 – Intended and actual baseline sample size, by community council

District	Community Council	Eligible for CGP	Not Eligible for CGP	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	202 (100.5%)	193 (96.5%)	395 (98.5%)
	Kanana	211 (97.2%)	226 (100.9%)	437 (99.1%)
Mafeteng	Metsi-Maholo	211 (98.1%)	219 (99.1%)	430 (98.6%)
	Malakeng	172 (97.2%)	178 (98.3%)	350 (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%)
	Total	**1,486 (97.6%)**	**1,568 (99.2%)**	**3,054 (98.4%)**

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011 and CGP MIS Data – NISSA dataset – June 2011. Note: Numbers vary only marginally with respect to what reported in the baseline report due to minor adjustment of the administrative information.

A.2.5 Follow-up Sample Design

In the follow-up survey the sample size of non-eligible households was reduced to roughly half of the baseline due to budgetary restrictions (**Table 72**), leading to an overall **target follow-up sample of about 2,300 households** (1,484 eligible households and 803 non-eligible). **Table 73** shows the distribution of the intended follow-up sample size across the 10 community councils that were part of the study.

Table 72 – Intended follow-up sample size, by population group

Beneficiary Status	Area		Total
	Treatment	Control	
Eligible for CGP	747 [A]	739 [B]	1,486
Non Eligible for CGP	399 [C]	404 [D]	803
Total	**1,146**	**1,143**	**2,289**

Table 73 – Intended follow-up sample size, by Community Council

District	Community Council	Eligible households	Not eligible households
Berea	Kanana	211	116
Berea	Tebe-Tebe	202	99
Leribe	Litjotjela	200	117
Leribe	Malaoaneng	128	72
Maseru	Makheka/Rapoleboea	130	66
Maseru	Qiloane	157	80
Mafeteng	Malakeng	172	91
Mafeteng	Metsi-Matso/Metsi-Maholo	211	111
Qacha's Nek	Mosenekeng	40	15
Qacha's Nek	White-Hill	35	36
Total		**1,486**	**803**

Source: CGP Evaluation Follow up Survey, Jun-Aug 2013

A.2.6 Final follow-up sample

At the end of the follow-up fieldwork 2,121 household interviews were completed, together with 127 community interviews.

The final follow-up sample was obtained as a result of attempted contact with 2,683 distinct households (**Table 74**), hence indicating an overall non-response rate of 16.1%, which was higher amongst non-eligible households (18.5%), than amongst eligible households (14.7%). The most prominent reasons for non-response were living outside the cluster in a location unknown (3.4%) or known but not accessible under existing tracking rules (4.3%).

The tracking and replacement approach differed between eligible and non-eligible households on a number of respects, which explain the relative importance of non-response rates for the two categories:

- Eligible households. Replacements were not allowed and tracking outside the cluster was allowed under restrictive parameters. The tracking was authorised solely by the Field Manager; tracking was authorised if any child of the baseline household had relocated to: the district capita, Maseru,or within 10 km or 30 min drive from their baseline village. Households were all children moved out of the original family were not interviewed. See for full details in the Box below on the tracking rules.
- Non eligible household. Replacements were allowed if a household was not available in the selected cluster, hence tracking outside the cluster was not necessary. Households with no children were interviewed and kept in the sample. For non-eligible households **replacements**

were applied following the same criteria that were adopted for the baseline survey that are reported in Section A.2.3 above.

Box 3 – Tracking protocol follow up Field Supervisors and Enumerators (from the Training Material)

It is important that we find and interview the same households interviewed at baseline.

Field teams will be provided with an information pack that includes:

1. Village cover sheet for all households the team must interview. One sheet for each village which includes all households interviewed during the baseline survey.
   - The village cover sheet contains each household's IDCODE and the name of the household head.
2. A copy of the Baseline household roster for every household identified on the village cover sheet. The roster contains the names, ages and sex of every household member as recorded in the baseline survey. The roster will contain contact details of the respondents or of key contacts as collected during baseline. This is to ensure that the right households are tracked.

We will follow two different procedures depending of the type of household we need to interview.

1) **Beneficiary households (Type A)**
   - **Follow ALL the children (aged 0 to 17) who were members of the household at baseline.**

We want to find and collect information on all the children who were members of the household at baseline. We can expect that, in most cases, the children who were members of the household at baseline still live there. However, in some cases the whole household, or one or more children, might have relocated (e.g. moved somewhere else) or the household has split (e.g. some members joined/formed another household, etc.).

For these households, the interviewer should gather information on where the household and/or the child/children relocated. Information could be sought by talking to leaders, neighbours AND using the phone details and details of contact person collected at baseline (phone and contact details can be found in the baseline household roster provided in the information pack).

It is important to gather information on where the household/children relocated:

- NAME OF THE VILLAGE
- COMMUNITY COUNCIL AND DISTRICT
- HOUSEHOLD HEAD
- CONTACT DETAILS

   -

2) **Non beneficiaries households (Type B)**
   - Follow the household head

If household head cannot be found (e.g. moved out of location, dead, etc.), then follow the replacement protocol.

The team supervisor will report these cases and the information on where the household relocated to the Fieldwork manager who will decide whether the household needs to be tracked and interviewed. **Children will be tracked and interviewed if they have relocated to: the DISTRICT CAPITAL; MASERU; or now live within 10 km/30 min drive from their baseline village.**

IMPORTANT! The fieldwork manager will give explicit permission to trace the household or to assign the household to the relevant fieldwork team (according to the new geographical location)

Source Training Manual Follow up survey

Table 74 – Household contacted and reasons for non-response (eligible vs. not-eligible)

Outcomes of interviews with households contacted at follow up:	Eligible for CGP		Not eligible for CGP		Total	
Interview completed	1,406	85.3%	806	81.5%	2,212	83.9%
Entire households absent outside the area for extended period of time	6	0.4%	7	0.7%	13	0.5%
Interview refused	1	0.1%	2	0.2%	3	0.1%
No household member at home or no competent respondent at home after 3 visits	26	1.6%	31	3.1%	57	2.2%
Household not found or lives outside the cluster (location unknown)	44	2.7%	46	4.7%	90	3.4%
Household lives outside the cluster (location known)	83	5.0%	31	3.1%	114	4.3%
Interview not administered – no children live in the household	56	3.4%	9	0.9%	65	2.5%
Other	1	0.1%	2	0.2%	3	0.1%
Do not know – household replaced	0	0.0%	44	4.4%	44	1.7%
Do not know	26	1.6%	11	1.1%	37	1.4%
Total	**1,649**	**100%**	**989**	**100%**	**2,638**	**100%**

Source: CGP Evaluation Follow up Survey, Jun-Aug 2013

Table 75 further compares the success rate and distribution of reasons for non-response between the treatment and the control group. The analysis suggests that there are some systematic differences in the sample response between the groups, which, if not accounted for, can invalidate the impact estimates obtained from the sample of complete interviews. The non-response rate is much higher in the control group, compared to the treatment, and mainly as a result of a higher proportion of households in the control group having moved outside the cluster in a location where tracking was not viable. This was corrected by adjusting sampling weights for selective non-response (see below).

Table 75 – Household contacted and reasons for non-response (treatment vs. control group)

Outcomes of interviews with households contacted at follow up:	Eligible for CGP		Not eligible for CGP		Total	
Interview completed	732	89.6%	674	81.0%	1,406	85.3%
Entire households absent outside the area for extended period of time	2	0.2%	4	0.5%	6	0.4%
Interview refused	1	0.1%	0	0.0%	1	0.1%
No household member at home or no competent respondent at home after 3 visits	10	1.2%	16	1.9%	26	1.6%
Household not found or lives outside the cluster (location unknown)	12	1.5%	32	3.8%	44	2.7%
Household lives outside the cluster (location known)	26	3.2%	57	6.9%	83	5.0%
Interview not administered – no children live in the household	26	3.2%	30	3.6%	56	3.4%
Other	0	0.0%	1	0.1%	1	0.1%
Do not know	8	1.0%	18	2.2%	26	1.6%
Total	**817**	**100%**	**832**	**100%**	**1,649**	**100%**

Source: CGP Evaluation Follow up Survey, Jun-Aug 2013

A.2.7 Split households

One of the key features of the sampling approach taken with the follow-up survey is that children who moved outside their original baseline household were also included in the follow-up survey, and their respective households counted as new observation. As a result of this the final sample of households interviewed in the follow-up survey corresponds to a smaller number of baseline households (2,212 versus 2,153).

Table 76 – Split households (contacted households – eligible vs. not eligible)**Table 76** provides an overview of the way in which household dynamics affected the structure of the sample for all households contacted in the follow-up survey. In more than 80% of contacted households children interviewed at baseline did not move out. Conversely for about 2% of contacts all children moved out of their original households, into new households[95], and another 7% is represented by households were some children stayed in the original household and some moved to a new household.

Table 76 – Split households (contacted households – eligible vs. not eligible)

Number of households contacts at follow up that are:	Eligible for CGP		Not eligible for CGP		Total	
Same households as baseline	1,280	78%	891	90%	2,171	82%
Baseline households where all baseline children moved out	41	2%	12	1%	53	2%
New households where all baseline children moved out	48	3%	17	2%	65	2%
Baseline households where some of the baseline children moved out	156	9%	39	4%	195	7%
New split households where some of the baseline children moved in	124	8%	30	3%	154	6%
Total	**1,649**	**100%**	**989**	**100%**	**2,638**	**100%**

Source: CGP Evaluation Follow up Survey, Jun-Aug 2013

Household demographic dynamics seem to have affected much more the sample size amongst eligible households, who are poorer hence more likely to engage in coping mechanisms that may involve migration. **Table 77** also indicates that children have moved out from their original households significantly more between the baseline and the follow-up in the control group, compared to the treatment group.

Table 77 – Split households (contacted households – treatment vs. control group)

Number of households contacts at follow up that are:	Treatment Group		Control Group		Total	
Same households as baseline	666	82%	614	74%	1,280	78%
Baseline households where all baseline children moved out	21	3%	20	2%	41	2%
New households where all baseline children moved out	14	2%	34	4%	48	3%
Baseline households where some of the baseline children moved out	66	8%	90	11%	156	9%
New split households where some of the baseline children moved in	50	6%	74	9%	124	8%
Total	**817**	**100%**	**832**	**100%**	**1,649**	**100%**

Source: CGP Evaluation Follow up Survey, Jun-Aug 2013

[95] Note that old households without children were kept in the sample only if not eligible for the CGP

Table 4 in the main body of the report indicates the distribution of different demographic types in the final sample of completed interviews. It is normal to see that due to restrictions around the tracking of households outside their respective cluster of selection there is in the final sample a higher representation of households where no children migrated.[96]

In case of split households, **generally only one household still receives the grant** and this is normally the one where most baseline children are currently living. As a consequence the study focused only on households that fall in this category.

A.2.8 Performance versus baseline

Table 78 shows the sample structure of the follow-up survey, compared to baseline. A baseline household is considered to have a complete interview if at least one of the children originally living in that household was interviewed at follow-up. Follow-up interviews were completed for the equivalent of 2,150 baseline household (94% of the target sample of 2,289).

Table 78 – Sample Structure compared to Baseline

	Eligible for CGP	Not eligible for CGP	Total
Baseline households	1,486	1,568	3,054
Baseline households sampled at follow up (target)	1,486	803	2,289
Baseline households with at least one complete interview at follow up	1,353 (91%)	797 (99%)	2,150 (94%)

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011, and CGP Evaluation Follow up Survey, Jun-Aug 2013. Note: Numbers vary only marginally with respect to what reported in the baseline report due to minor adjustment of the administrative information.

Table 79 further shows the performance versus baseline by community council for eligible households. For this group replacements were not available, and tracking outside the original clusters was only possible under limited circumstances based on the guidelines for tracking that are reported above. As a result of this a bit more that 90% of baseline households had at least one complete interview at follow up. **Table 80** further shows that non-response rates have been higher amongst households in the control group than in the treatment group.

For eligible households replacement was available under certain conditions, hence completion rate is much higher, close to 100% (see **Table 81**).

[96] It is also worth reminding that eligible households where all children moved out were dropped from the sample by design.

Table 79 – Performance versus baseline – by Community Council – Eligible households

Baseline District	Baseline Community Council	Baseline households sampled	Baseline households with at least one completed follow up interviews			Performance
			In clusters in study sample	Outside clusters in study sample	Total	
Berea	Kanana	211	196	3	199	94%
	Tebe-Tebe	202	180	1	181	90%
Mafeteng	Makakeng	172	158	1	159	92%
	Metsi-Matso/Metsi-Maholo	211	184	2	186	88%
Maseru	Makheka/Rapoleboea	130	120	4	124	95%
	Qiloane	157	143	1	144	92%
Leribe	Malaoaneng	128	116	1	117	91%
	Litjotjela	200	179	2	181	91%
Qacha's Neck	Mosenekeng	40	29	0	29	73%
	White Hill	35	32	1	33	94%
	Total	**1,486**	1,337	16	**1,353**	**91%**

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011, and CGP Evaluation Follow up Survey, Jun-Aug 2013.

Table 80 – Performance versus baseline – Eligible households – Treatment vs. Control group

	Baseline households sampled	Baseline households with at least one completed follow up interviews			Performance
		In same clusters as baseline	Tracked outside the baseline cluster	Total	
Treatment Group	747	637	10	706	95%
Control Group	739	700	6	647	88%
Total	**1,486**	1,337	16	**1,353**	**91%**

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011, and CGP Evaluation Follow up Survey, Jun-Aug 2013

Table 81 – Performance versus baseline – by Community Council – Non Eligible households

Baseline Community Council	Baseline households sampled	Baseline households with at least one completed follow up interviews			Performance
		From sampled	From replacements	Total	
Kanana	116	94	22	116	100%
Litjotjela	117	98	19	117	100%
Makheka/Rapoleboea	66	52	14	66	100%
Makakeng	91	75	14	89	98%
Malaoaneng	72	55	19	74	103%
Metsi-Matso/Metsi-Maholo	111	94	16	110	99%
Mosenekeng	15	10	4	14	93%
Qiloane	80	69	11	80	100%
Tebe-Tebe	99	87	9	96	97%
White Hill	36	26	9	35	97%
Total	**803**	**660**	**137**	**797**	**99%**

Source: CGP Evaluation Baseline Survey, Jun-Aug 2011, and CGP Evaluation Follow up Survey, Jun-Aug 2013

A.2.9 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.

In the baseline study household sampling weights were given by:
w(ij) = (Ai/(mi*aij)) * Nijk/nijk

where Ai is the total number of households in the sample frame of Cluster of Villages for ED i, mi is the number of Cluster of Villages sampled in ED i, aij is the number of households in Cluster ij, nijk is the number of households of type k interviewed in Cluster ij and Nijk is the total number of households of type k listed in Cluster ij.

In the follow-up study weights were further adjusted to correct for attrition bias and control for selective non response. The follow-up weights therefore comprised two probability components. The first component was constructed as in the case of the baseline weights, except that the number of completed interviews nijk was replaced by the reduced target sample for non-eligible households at follow up.

The second component (the attrition weight) was calculated as the inverse of the probability of a given household being retained in the sample at follow-up. Such probability was predicted on the basis of baseline level characteristics running a probit model for all households in the baseline sample. The set of characteristics used to calculate the attrition weight is reported in the table below. The overall R-squared of the model was 0.09.

Table 82 – Sample Selection Model

Covariate	Coefficient	P-Value
Household Size	0.088	0.018
Dependency Ratio	0.006	0.002
One Member Household	-0.515	0.165
Double Orphan lives in the Household	-0.132	0.01
Non-Resident Household Head	-0.317	0.01
Coronically Ill Member lives in the Household	-0.150	0.078
Asset Index	0.459	0.2
NISSA category	-0.121	0.026
Household has any Savings	0.135	0.077
Housheold has any Livestock	0.170	0.076
Household has any Property	0.175	0.087
Com Council_1	0.617	0.223
Com Council_2	0.780	0.231
Com Council_3	0.547	0.218
Com Council_4	0.638	0.211
Com Council_5	0.721	0.209
Com Council_6	0.709	0.211
Com Council_7	0.510	0.21
Com Council_8	0.634	0.21
Com Council_9	0.552	0.256

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

A.2.10 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 (eligible and non-eligible)

The respondent for the community questionnaire were community representatives, ideally four (4) people, some male, some female, some older, some younger, and if possible including members from the Village Assistance Committee and local health workers.

Table 83 – Intended and actual number of community questionnaires, by community council

District	Community Council	Intended	Actual
Maseru	Quiloane	14	13
	Rapoleboea	10	8
Leribe	Malaoaneng	11	11
	Litjotjela	17	17
Berea	Tebe-Tebe	17	17
	Kanana	18	18
Mafeteng	Metsi-Maholo	19	19
	Malakeng	15	15
Qacha's Neck	White-Hill	4	4
	Mosenekeng	2	2
	Total	**127**	**124**

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.3 Balance of the sample

The analysis presented in this report was based on information for panelled households only, representing a selected sample of the original baseline sample. Balance tests for key indicators and household characteristics were undertook at baseline showing that values for the treatment

and control groups were generally not significantly different, hence indicating the randomization had worked effectively.

In this section we further test whether there are significant differences across the treatment and control group for the sample of panelled households only, when using the original baseline weights and when applying the weights adjusted for non-response (attrition). Only a few indicators at baseline are significantly different for the two groups, most often this is independent of the weights applied.

A.3.1 Household and community characteristics at baseline

Table 84 – Household characteristics

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Number of households members				
• Children age 0-5	0.9***	0.8	0.9**	0.8
• Children age 6-12	1.1	1.1	1.1	1.1
• Children age 13-17	0.7	0.8	0.7	0.8
• Male adults age 18-59	1.2	1.1	1.2	1.1
• Female adults age 18-59	1.4**	1.2	1.4**	1.2
• Male elderly age +60	0.1	0.1	0.1	0.1
• Female elderly age +60	0.3	0.3	0.3	0.3
• Orphan children age 0-17	1.2	1.2	1.2	1.2
Proportion of household head that is				
• Female	46.3	49.3	46.5	48.7
• A widow	43.1	47	43.1	48
• Elderly (+65)	32.8	34.8	32.4	34.6
Age of household head	51.3	50.9	51.1	51.3
Highest level of education held by any member in the household	7.7	7.5	7.7	7.5

Source: CGP Evaluation Baseline (2011) Survey. 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 85 – Community level characteristics

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Price reported at community level:				
• Maize	4.1	3.9	4.1	3.8
• Wheat	6	5.8	6	5.8
• Sorghum	6.9	6.3	6.9	6.3
• Rice	13.7	15.1	13.7	15.3
• Milk	13.8	14.9	13.8	15
• Eggs	1.3	1.2	1.3	1.2
• Edible oil	20.6	19.8	20.6	19.9
• Dried beans	15.4	14.1	15.4	14.2

• Sugar	10.3	10.5	10.2	10.6
• Salt	7.6	8.6	7.6	8.6
• Paraffin	10.7	9.5	10.8	9.5
• Candle	2.9	2.9	2.9	2.9
• Rubber boots	107.5**	200.7	107.8**	196.7
Average daily wage for				
• Men in crop activities	23	28.3	23	28.9
• Men in livestock activities	322.2	306.8	323.4	308.6
• Women in crop activities	23.4	25.2	23.6	25.1
• Women in domestic work	246.6**	299.6	244.7**	300.4
At least 25% of households in the community was hit by:				
• Death	21.1	19.1	20.3	19.5
• Livestock death/disease	11.2	3.5	11	4
• Livestock theft	6.6	8.2	6.3	8
• Crop loss)	3.7	5.3	3.5	5.9
• Crop failure	0.7	3.5	0.7	3.5
Any household in the community was hit by:				
• Drought	43.1	39.4	44.1	40.7
• Flooding	80	88.9	78.9	88.9
• Agricultural input price shock	35.5	40.4	35.1	39.4
• Agricultural product price shock	24.6	22.7	24.4	22.2
• Livestock price shock	30.3	24	30	23.2
• Food price shock	80	78.4	78.9	78.3
• Reduced trading	22.7	22.6	22.5	21.8

Source: CGP Evaluation Baseline (2011) Household level and Community level Surveys. 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%.

A.3.2 Household level outcomes at baseline

Table 86 – Household consumption expenditure and consumption poverty

	All baseline households – baseline weights		**Panelled households – attrition adjusted weights**	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Real monthly total consumption expenditure – per adult equivalent	236.2	248.1	235	244.3
Poverty				
• Poverty headcount	75.7	71.4	76.2	72.7
• Poverty gap	31.8	28.7	31.8	29.1
• Severity of poverty	16.6	14.7	16.6	15

Source: CGP Evaluation Baseline (2011) Survey. 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) Adjusted for price variation across districts. (4) The average price inflation between baseline and follow-up survey was estimated to be 18%. This is somewhat higher than reported by official CPI figures which indicate total inflation of 10% and food inflation of 16% for the same period. It must be borne in mind that our sample is not nationally representative and includes household with a higher share of food expenditure than average. (5) Calculated on the basis of the official poverty line from 2002/03 HBS M 149.91 (2002/03 prices), updated for official inflation. (6) for details of the adult equivalent scale used see Annex C).

Table 87 – Food security

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Proportion of households, in the 12 months prior to the survey, that:	86.9	89.7	87.1	90.4
Did not have enough food to meet their needs at least for 1 month of 12				
• Average number of months in which households had *sufficient food* to meet their needs	3.4	3.3	3.4	3.2
• Average number of months in which households had *some shortage* of food to meet their needs	3.9	4.4	3.9*	4.4
• Average number of months in which households had *extreme shortage* of food to meet their needs	4.7	4.3	4.7	4.3

Source: CGP Evaluation Baseline (2011) Survey. 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 88 – Household assets

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Proportion of households with good quality roof (corrugated iron sheet, brick tiles, metal harvey tiles)	68.9	64.7	68.5	65.1
Proportion of households that own pigs	12.7**	18.5	12.6*	18.2

Source: CGP Evaluation Baseline (2011) Survey. 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 89 – Adult labour supply

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Proportion of adults (18-59) engaged in the 12 months prior to the survey in any labour activity the household	81.5	79.8	81.6	79.8
Proportion of adults (18-59) engaged in the 12 months prior to the survey in paid work outside the household	47	45.1	38.4	43
Average number of weeks adults (18-59) have been engaged in paid occasional work in the past 12 months	3.8*	2.3	2.6	3.2
Average number of hours for adults (18-59) have been engaged in paid work in the past 7 days	18.8	17.7	14.9**	17.8

Source: CGP Evaluation Baseline (2011) Survey. 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 90 – Official transfers

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Proportion of households that received any in kind transfer (official)	19.5	16.1	19.8	16.6

Source: CGP Evaluation Baseline (2011) Survey. 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%.
Note: figures in table refer to activities in the 12 months prior to the survey

Table 91 – Community networks – support received and provided

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Proportion of households that borrowed or received support from other family members, friends or neighbours in:				
• Cash	71.5	75.3	72.4	76
• In kind	71.2**	79.6	71.2**	80.1
• Labour (economic activities, chores or caring needs)	11.6	10.9	11.4	11
• Agricultural tools, inputs, animals or equipment	46.4	46.7	47.5	49.7
Proportion of households that provided support for other family members, friends or neighbours in:				
• Cash			24.4*	31.1
• In kind	23.8	29	46.3	53.2
• Labour (economic activities, chores or caring needs)	46	51.2	18.1	18.3
• Agricultural tools, inputs, animals or equipment	17.5	16.7	23.1	26.4

Source: CGP Evaluation Baseline (2011) Survey. 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%.
Note: figures in table refer to activities in the 12 months prior to the survey

A.3.3 Child level outcomes at baseline

Table 92 – Health status (children aged 0-17 / children aged 0-5)

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Proportion of children (0-17) who consulted a health care provider in the 3 months prior to the survey	17	15.9	16.9	15.8
Proportion of children (0-5) who was ill in the 30 days prior to the survey	38.3	37.5	38.9	36.7

Source: CGP Evaluation Baseline (2011) Survey. 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 93 – School enrolment, completion rates and educational expenditure

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Proportion of children aged 6-19 that have *ever enrolled* in school (3)	97	96.8	96.9	97.2
- children 6-12 (3)	95.8	95.5	95.5	95.7
- children 13-17 (3)	99.3	98.4	99.2	99.1
Proportion of children aged 6-19 that are *currently enrolled* in school (3)	84.6	83.8	84.6	84.8
- children 6-8 (3)	91	88.9	90.4	88.8
- children 9-12 (3)	98.3	98.5	98.4	99
- children 13-17 (3)	83.9	80.3	83.7	80.9
- children 18-19 (3)	33.1	37	32.8	40.5
Proportion of children 13-19 year olds who completed primary school	41	40.9	41.3	40.6
Proportion of adults aged 18-25 who completed secondary school	5.1	7.9	4.9*	8
Average amount spent per pupil since the beginning of the school year(Maloti, 2013 prices) for children (6-19) (4)	198.1*	272.1	163.8*	225.4
Proportion of pupils (6-19) with shoes AND uniform	46.6	47.2	46.3	48
Average amount spent on uniform and shoes per pupil since the beginning of the school year(Maloti, 2013 prices) for children (6-19) (4)	26.2	27.8	25.7	28

Source: CGP Evaluation Baseline (2011) Survey. 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 from the denominator those who have completed secondary school.(4) Real Values in 2013 prices: 2013 values have been deflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences

Table 94 – Child work participation rates (children aged 6-17)

	All baseline households – baseline weights		Panelled households – attrition adjusted weights	
Indicator	**Treatment Group**	**Control Group**	**Treatment Group**	**Control Group**
Proportion of children (6-17) who in the 12 months prior to the survey engaged in				
• Any labour activity	34.2	31.9	34.2	32.7
• Own non-farm business activities	2	1.9	1.9	2.1
• Own crop/ livestock production activities	32.6	30.6	32.7	31.2
• Paid work outside the household	2.6	3.1	2.4	3

Source: CGP Evaluation Baseline (2011) Survey. 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%.

A.4 Econometric approach to Impact Estimation

In combination with community randomisation, the evaluation design enables a very robust impact analysis based on the Difference-in-differences (DID) estimator 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 difference-in-differences and other impact estimators will not suffer from systematic selection bias.

A.4.1 Intention to Treat

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. The alternative would be Actual Treatment (ATT).

In fact, as shown in **Table 95** the degree of compliance within the treatment and control sample is very high. According to administrative records, almost all households called to enrol actually made it to the beneficiary lists (96%), and no eligible households in control areas were included on these lists; however, a negligible proportion of non-eligible households somehow managed to be enrolled (less than 2%). In the follow up questionnaire households were asked about their treatment status. The outcome of this question is differs marginally from the administrative data, only a slightly smaller proportion of households called to enrol (self) reported to be actual beneficiaries (93%). Evidence that self-selection out of the programme or poor management has happened in limited cases.

Table 95 – Actual treatment vs intention to treat at follow up

	Eligible Households (Treatment areas)	Eligible Households – (Control areas)	Non-eligible Households (Treatment and Control areas)	Total
Indicator	**FU**	**FU**	**FU**	
Proportion of actual beneficiaries (Self-reported)	654 (92.63%)	5 (0.77%)	14 (3.59%)	
Proportion of actual beneficiaries (Administrative data)	678 (96.03%)	0 (0.00%)	7 (1.77%)	

Source: CGP Evaluation Follow-up (2013) Surveys

For robustness we have also calculated adjusted estimates of the ATT by instrumenting the actual treatment status by the randomization. Results are fully consistent to those indicated by the ITT models, and the magnitudes of effects are only marginally higher, hence we have decided not to report these.

A.4.2 Main impact evaluation method: the Difference-in-differences estimator

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. The panel structure of the data is exploited to condition out time invariant unobservable differences which could have affected outcome variables post the introduction of the programme.

The 'before and after' nature of Difference-in-differences (DID) estimator implies that any non-varying household-specific characteristics (averaged at the group level) which might, in addition to the cash transfer, have a potential influence on the impact indicators being measured, are controlled for (in expectation) in the difference-in-difference estimates of impact.

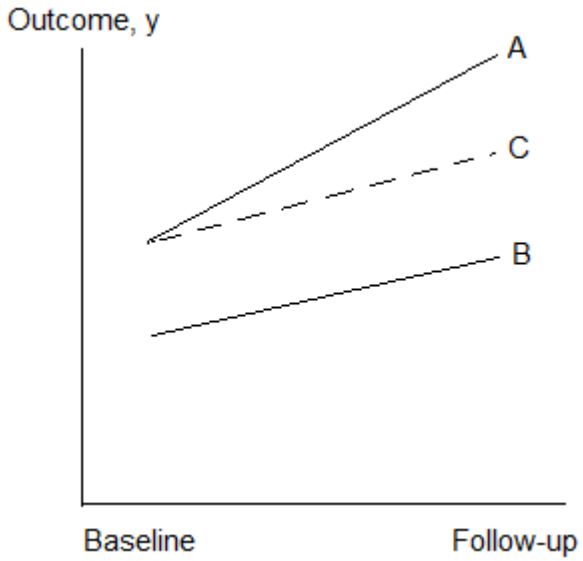
A.4.2.1 Assumption of the DID estimator: common trend

The assumption specifies that control households must evolve from the baseline to the follow-up period in the same way treatments would have done had they not been treated. This assumption, which is needed for the consistency of the DID estimator, imply that treatment and control

households are affected in the same way by macro shocks. This is often difficult to justify when using non-experimental data, unlike the case of this study.

A graphical representation of common trend is presented in the figure below. When applying first difference in outcome, the trend of the control (line B) is substituted for the counterfactual situation for the treatment households (non-treatment) (or line C). If this assumption holds the unbiased estimate becomes the difference in the trend between line A and C.

Figure 22 Illustration of Difference-in-Differences



The 'before and after' nature of DID estimator means that any time invariant household-specific characteristics which might influence on the impact indicators being measured in addition to the cash transfer are accounted.

A.4.3 Alternative model specifications applied

This section describes in brief the econometric models is estimated which attempt to control for other (time-varying) factors that may co-determine outcomes of interest.

All models were: estimated by OLS, using sampling weights adjusted for selective non response and clustering standard errors at the level of village clusters, estimated for all for panelled households only, excluding split households not likely to receive the CGP, and based on ITT.

Terminology

Y_{it} = Outcome variable of person i measured at time t
X_{it} = Vector of control variables of person i measured at time t
T_i = Treatment dummy indicated if person i was treated or not

- Control: $T_i = 0$
- Treated: $T_i = 1$

H_{it} = Time dummy variable indicating if observation is from baseline or follow-up

- Observation from baseline: $H_{i0} = 0$
- Observation from follow-up: $H_{i1} = 1$

M_i = Set of dummy variables indicating blocks if randomisation was stratified for person i.

The DID estimator can be specified in various different ways depending on whether time-invariant characteristics (fixed effects) are set to be common at the group/community (treatment vs. control), household or individual level. Each econometric approach relies on a set of alternative assumptions that it is not possible to test. For this reason, while presenting in the main body of this report results from one main specification, we also include in the details of the estimates obtained under alternative specifications, in this way testing for the robustness of findings for key outcome variables.

Main DID model

The core specification presented in the main body of the report is based on a group level crude DID estimate that pools observations across all panelled households/individuals sampled in the treatment and control communities (respectively for eligible and non-eligible households). The core specification does not include additional covariates for household level models and includes individual covariates only (age and gender) for individual level models.

The functional form of the "crude" DID model for household level indicators:

$$Y_{it} = \alpha + \beta T_i + \theta H_{it} + \sigma T_i H_{it} + \varepsilon_{it}$$

We include key individual characteristics for individual level indicators. The functional form of the "crude" DID model for individual level indicators becomes:

$$Y_{it} = \alpha + \beta T_i + \theta H_{it} + \sigma T_i H_{it} + \partial age_{it} + \gamma_1 gender_{i1} + \gamma_0 gender_{i0} \; + \varepsilon_{it}$$

As a way to perform robustness checks of the main results, additional models have been estimated to control for time-varying characteristics (covariates at the household and community level) that may co-determine outcomes of interest, and also to account for alternative model specifications with household and individual fixed effects.

The following other models were used to enables robustness checks of the findings in the main model specification:

For individual level estimates:

- DID with covariates;
- Household level Fixed Effect;
- Individual Fixed Effect; and
- Lagged dependent variable.

For household level estimates:

- DID with covariates;
- Household level Fixed Effect; and
- Lagged dependent variable.

In the section the alternative model specifications are described.

DID with covariates

Controlling for baseline values of covariates likely to influence or predict the outcome does not affect the expected value of an estimator of β, but it *can* reduce its variance by reducing the residual variance. Covariates included are baseline as well as follow up values for selected households characteristics (see details below).

$$Y_{it} = \alpha + \beta T_i + \theta H_{it} + \sigma T_i H_{it} + \gamma X_{it} H_{it} + \vartheta X_{it} + \varepsilon_{it}$$

The covariates included in this model include household-level covariates (and additional individual-level covariates for individual level outcomes) and community-level covariates.

The version of the model for individual level indicators becomes
$Y_{it} = \alpha + \beta T_i + \theta H_{it} + \sigma T_i H_{it} + \gamma X_{it} H_{it} + \vartheta X_{it} + \partial age_{i1} + \gamma_1 gender_{i1} + \gamma_0 gender_{i0} + \varepsilon_{it}$

Covariates included:

Community Prices for individual items (ϑX_{it})	Community Wages (ϑX_{it})	Household characteristics interacted with time dummy ($\gamma X_{it} H_{it}$)
Maize	Average daily wage for men in crop activities	Number of household members age 0-5
Wheat	Average monthly wage for men in livestock activities	Number of household members age 6-12
Sorghum	Average daily wage for women in crop activities	Number of household members age 13-17
Rice	Average monthly wage for women in domestic work	Number of male household members age 18-59
Milk	**Community Shocks (ϑX_{it})**	Number of female household members age 18-59
Eggs	At least 25% of households in the community experienced death in community	Number of elderly male household members age +60
Oil	At least 25% of households in the community experienced livestock death/disease	Number of elderly female household members age +60
Beans	At least 25% of households in the community experienced livestock theft	Number of orphans
Sugar	At least 25% of households in the community experienced crop loss	Highest level of education held by any person in the household
Salt	At least 25% of households in the community experienced crop failure	Household head is female
Paraffin	Any household in the community experienced drought	Age of household head
Candle	Any household in the community experienced flooding	Household head is a widow
Rubber boots	Any household in the community experienced agricultural input price shock	Household head is elderly
	Any household in the community experienced agricultural product price shock	Series of District Dummies
	Any household in the community experienced livestock price shock	Distance from closest Primary School (for schooling outcomes only)
	Any household in the community experienced food price shock	
	Any household in the community experienced reduced trading	

Lag Dependent Variable Model

This version of the DID estimator is called the ANCOVA DID estimator. The AVCOVA estimator gives the smallest variance of β in the case where there is outcome variables are strongly correlated over time.

$$Y_{i1} = \alpha + \beta T_i + \pi Y_{i0} + \varepsilon_{it}$$

The version of the model used for individual level indicators becomes:
$$Y_{i1} = \alpha + \beta T_i + \pi Y_{i0} + \partial age_{i1} + \gamma_1 gender_{i1} + \gamma_0 gender_{i0} + \varepsilon_{it}$$

Household level Fixed Effect

To provide further robustness check the measures are also estimated controlling for fixed effects at the household-level (i.e. estimate the model in first differences), which fully exploits the panelled nature of the sample. Similarly to the DID estimator it aims to control for unobserved heterogeneity at the household level when this heterogeneity is constant over time and correlated with independent variables, hence a fixed effect. The fixed effects controls for observable and/or unobservable factors constant over time.

$$Y_{it} = (\alpha + \partial_i) + \beta T_i + \theta H_{it} + \varepsilon_{it}$$

The version of the model used for individual level indicators
$$Y_{it} = (\alpha + \partial_i) + \beta T_i + \theta H_{it} + \partial age_{it} + \gamma_1 gender_{i1} + \gamma_0 gender_{i0} + \varepsilon_{it}$$

Where ∂_i denote the household fixed effect, which is essentially a dummy variable for each household.

Individual level Fixed Effect

The individual level fixed effect model is similar to the functional form of the household level fixed effect. The difference being that ∂_i now denotes a dummy variable for each individual in the sample.

A.4.3.1 Model specification for pure follow up indicators

For some indicators data was not collected at baselines. In these cases it was not possible to apply the DID estimator. Instead a simple difference estimate for values at follow up is reported for these indicators. In the main body of the report it is clearly indicated when this model specification is used.

With a successful randomization this estimator should not be biased. With a randomised cluster design, all potential confounding factors, both observable and non-observable, should be orthogonal and independent from programme assignment, simple difference of averages of key outcome will provide an unbiased estimate of the true programme effect.

Simple comparison of treated vs controls at follow-up

$$Y_{i2} = \alpha + \beta T_i + \varepsilon_{i2}$$

A.4.3.2 Model specification for heterogeneity analysis

We perform a heterogeneity analysis to examine whether the impact estimates found for all beneficiaries are concentrated in a specific segment of the study population (associated with particular characteristics of CGP beneficiary households) or are comparable across these groups.

We perform what is called a heterogeneity analysis with aim at determining whether the CGP impact varies in accordance to two characteristics of beneficiary households: the household size and their level of consumption expenditure.

Additional terminology

C_{i0} = Dummy indicated if person i has a higher than median consumption expenditure or live in a household with a higher than median households size at baseline:

- Below median value: $C_{i0} = 1$
- Above median value: $C_{i0} = 0$

Heterogeneity model

$$Y_{it} = \alpha + \beta_1 T_i C_{i0} + \theta_1 H_{it} C_{i0} + \sigma_1 T_i H_{it} C_{i0} + \beta_2 T_i (1 - C_{i0}) + \theta_2 H_{it} (1 - C_{i0}) + \sigma_2 H_{it} (1 - C_{i0}) + \epsilon C_{i0} + \varepsilon_{it}$$

The version of the model used for individual level indicators

$$Y_{it} = \alpha + \beta_1 T_i C_{i0} + \theta_1 H_{it} C_{i0} + \sigma_1 T_i H_{it} C_{i0} + \beta_2 T_i (1 - C_{i0}) + \theta_2 H_{it} (1 - C_{i0}) + \sigma_2 H_{it} (1 - C_{i0}) + \epsilon C_{i0} + \partial age_{it} + \gamma_1 gender_{i1} + \gamma_0 gender_{i0} + \varepsilon_{it}$$

A.4.3.3 Model specification for spill over analysis

The specification shown in the spill over analysis is similar to the core specification presented in the main body of the report. For the spill over analysis, it is based on a group level crude DID that pools observations across all panelled non-eligible households/individuals sampled in the treatment and control communities. The core specification does not include additional covariates for household level models and includes individual covariates only (age and gender) for individual level models (see more details above).

DID model for spill over analysis

$$Y_{jt} = \alpha + \beta T_j + \theta H_{jt} + \sigma T_j H_{jt} + \varepsilon_{jt}$$ where *j* represent non-eligible households

The version of the model used for individual level indicators

$$Y_{jt} = \alpha + \beta T_j + \theta H_{jt} + \sigma T_j H_{jt} + \partial age_{jt} + \gamma_1 gender_{j1} + \gamma_0 gender_{j0} + \varepsilon_{jt}$$

where *j* represent individuals in non-eligible households

Annex B Fieldwork and data processing procedures

The follow-up survey fieldwork took place between the 19th of June and the 1st of August 2013 in the same five Districts as for the baseline survey: Qacha's Nek, Maseru, Leribe, Berea and Mafeteng. Similar to the baseline fieldwork, the follow-up fieldwork was undertaken by Sechaba Consultants in direct liaison with OPM. Detail of the fieldwork and data processing procedures used for the baseline survey can be found as Annex to the Baseline Report (OPM, 2012). The approach and methods followed were consistent, except when otherwise noted.

This Annex describes the follow-up survey process, highlighting the challenges that arose in the course of undertaking it, especially those that may have impacted on the results obtained. It covers the planning, preparation and training phase through to completion of the fieldwork.

B.1 Survey planning and preparation

B.1.1 Respondent and replacement lists

The follow-up survey was based on the sampling strategy OPM adopted for the baseline survey (multi-stage stratified clustered random sample). However, the overall sample size for non-eligible households has been reduced due to budget considerations (see Annex A for details). The revised sample has been used to generate the respondent lists: a list of target sampled households for each cluster of villages (SSU) 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 replacement procedures are available in the Annex A.

B.1.1.1 Questionnaire translation

After the household questionnaire was finalised 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 Sesotho as opposed to formally grammatical correct Sesotho. Furthermore, the version translated into Sesotho was back-translated into English for validation purposes and harmonised to convey the correct meanings of the questions. The community questionnaire was not translated to Sesotho, as they were administered by the team supervisors who could translate on the spot as necessary.

B.1.1.2 Pre-testing of the survey instruments

One round of pretesting took place in the process of developing the English version of the two instruments before the training. The pre-testing mission was carried out by OPM (Marta Moratti and Maja Jakobsen) in collaboration with two Fieldwork Supervisors from Sechaba. The pre-testing took place in three different locations (Ha Lepipi and Ha Ratsilon (Makhoarana) and Ha Mokone (Berea)). During the pre-testing mission, the team visited six households and three communities.

The pre-testing mission focused on:

- Testing new modules: Programme's operations in the Household and Community Questionnaires and a module on Kitchen Plots;
- Testing new questions to improve the range of child-specific indicators the instruments can report on (in particular the Child Deprivation Index and coping mechanisms related to behaviour towards children);

- Testing questions related to different types of constraints faced by the households in the areas of credit, input, labour etc.

- Improving data gathering on specific questions which had proven difficult during the baseline (in particular on land size measurement).

B.1.2 Field personnel

B.1.2.1 Supervisory team

The supervisory team comprised of OPM Project Manager, Sechaba Consultants Team Leader, the Field Operations Manager and Fieldwork Supervisors whose responsibilities are defined as follows:

OPM Project Manager – her main role was to:

- Organise the training of the field force
- Oversee the whole data collection process
- Organise and oversee external field quality control

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:

- Perform 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.

Team Leaders – 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. Each Team leader supervised no more than three interviewers. The main role of a Team leader was to:

- Coordinate team logistics
- Establish and maintain good relationships with the communities visited
- Maintain fieldwork discipline
- Organise the interviewing schedules
- Compile field reports and progress updates
- Conduct all 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
- Reported directly to the Field Supervisor.

B.1.2.2 Interviewing team

The interviewers were recruited on the basis of interest, physical fitness, personality, intelligence, enthusiasm and adaptability among other qualities. The team comprised of experienced interviewers. In consideration of the survey timelines, a suitable team of 36 interviewers was selected for training (8 supervisors, 24 enumerators and 4 reserves).

The final field team was selected at the end of the training on the basis of performance. All enumerators were scored on their interviewing skills, completeness in filling the pilot questionnaires, basic mathematical skills and general understanding of key concept of the questionnaire.

Based this basis, 24 interviewers and 8 supervisors were selected to carry out the fieldwork. The remaining four interviewers were maintained as backup in the event of dropouts during fieldwork.

B.2 Training of the field team

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.

Two OPM consultants and two FAO officials were present for the full duration of the field team training. An OPM consultants and a FAO official 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.2.1 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 covered the following areas:

- 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; and
- quality control.

B.2.2 Questionnaire training

Briefing on the questionnaire was conducted over a period of five days. The field team was briefed on the entire questionnaire, on a question-by-question basis. Special emphasis was laid to the following issues:

- introduction to the questionnaires;
- general concepts and procedures (format, response types, skips, order, respondents, consent forms, etc.);
- introduction to the respondent before starting the interview;
- Detailed discussion of each module in the household questionnaire;
- 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, household ids, etc.)
- ethical issues
- insights from the qualitative research that may inform understanding of questions
- procedures for calculating key information (time taken for xxx, value of xxx, etc.)

During the training, supervisors had additional sessions on the Community questionnaire, as well as a refresher on logistics and finding strategy the day before going to field.

B.2.2.1 Pilot undertaken as part of the 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 themselves with the instruments, assess their reliability (i.e. consistency and clarity in terms of yielding the desired data, language composition, etc.) and tested planned logistics.

The pilot was executed by all 36 participants to the training (8 supervisors, 24 enumerators and 4 reserves) plus staff from OPM, Sechaba and FAO. The following tasks were undertaken by different groups: to identify households using household list and to administer the household questionnaire.

Furthermore, 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. This was part of the training to discuss corrections and improvements. Individual feedback on the way the questionnaires were filled (skip patterns, etc.) were also given.

The pilot was useful in polishing the team's fieldwork logistics and interviewing skills. Furthermore, it was a good opportunities to test different potential supervisors in their organisational and management skills. All the training requirements were re-emphasised in an additional session after the pilot.

B.2.2.2 Fieldwork manual

A detailed fieldwork manual was provided to each team member and served as 'in the field' reference to remind supervisors and interviewers of 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 two main instruments. In the fieldwork manual special attention was given to the tracking and replacement protocols, and how to fill the roster using information from baseline.

B.2.3 Fieldwork organization

The fieldwork was undertaken by 8 teams of 4 members: one supervisor and 4 interviewers. Each team was accompanied by a driver and a dedicated 4X4 vehicle for the whole duration of the fieldwork.

In total, the fieldwork covered five districts and ten Community Councils in Lesotho. The sample covered 80 Electoral Divisions (ED) with a target of 2289 household interviews. Each ED 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, for a total of 127 clusters (see details above in Annex A).

B.2.3.1 Targets for field teams

Enumerators:

- the enumerators were expected to conduct a total of 9 household questionnaires per cluster, doing a minimum of three per day each. For each team this totals to 27 interviews per 3 days.

Supervisor

Per cluster of villages the supervisor was expected to spend time according to these guidelines:

- Conduct the remaining 5 households interviews (1.25 days)
- Conduct 1 Community Questionnaire (0.25 day)
- Perform quality control of enumerators work (1.5 days)

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 moved 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.

Table 96 – Questionnaires and check lists

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
Respondent List	- One per Cluster of Villages, completed in each row
Replacement List	- One per Cluster of Villages, completed where replacements have been made
Split household list	- One per Cluster of Villages, completed if households had split since baseline

B.3 Fieldwork execution

B.3.1 Fieldwork schedule

The fieldwork took place over a period of 6 weeks from the 19th of June to the 1st of August 2013 and covered five districts and ten Community Councils in Lesotho. The 8 field work teams were paired 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 finalised data collection in Maseru and Leribe. Generally, all teams focussed on one community council at the time.

All field teams finished on schedule despite the challenges faced in some districts to reach very isolated villages and the logistical effort of tracing children who moved away from the baseline households. 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.

There were split households in all the sampled community councils, whereby some or all of the follow-up children have left their baseline homes to live elsewhere. All teams also had incidences where they had to replace Type B households that could not be located or whereby the members had died.

B.4 Fieldwork quality control procedures

Similar to the baseline survey, 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.

B.4.1 Use of local language

During the fieldwork, the field 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.4.2 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
- 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.4.3 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.4.4 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.4.5 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 be 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.5 Survey data processing

B.5.1 Data entry

Data entry started in parallel with fieldwork. Data collection (household and community 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 June 28 for the pilot and finished July 3. The data entry team worked on batch 1-3 of the main survey data from July 5 until September 4. The first batch of 427 household questionnaires had been entered by August 12. The data entry team used a double entry method so that data was entered twice, then cross-checked for inconsistencies.

The data entry team comprised of 10 data entry clerks led by a highly experienced data entry supervisor. The 10 were split into 2 teams of 5 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 teams worked by taking turns to enter the same batch of questionnaires coming in from the field so that each team 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).

All data entry was completed by the September 4, and the cleaned data was ready October 14. 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.5.2 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 Round 1 and Round 2 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 Round 1 or Round 2, 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 (Round 1 and Round 2) 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 Round 1 and Round 2 data was identical.[97]

B.5.3 Identifier errors check and reconciliation

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; and individual household members between sections (via household roster idcode). This step was done with specifically programmed do-files in Stata.

Particular focus was paid to ensuring comparability between modules in the questionnaire. For all individual modules, the individual identifier and age (which was obtained for each relavant module) Where individuals were recorded on an incorrect line (whether on paper or during data entry), it was corrected.

In addition to the identifier checks done at baseline, the data entry time at follow up checked that if the follow up questionnaire reported a new person, this individual identifier had not been used at baseline.

Further to these check, reconciliation of baseline and follow up data was performed on individual's names, gender and age. Checking comparability of these variables ensured that individuals had not been changed identifier. On gender error, i.e. difference in gender across surveys, the data entry guided the decision on the gender of the individual.

Age is often for respondents to remember and often they might not know the exact age. At follow up, it became apparent that a large number of individuals were recorded to have increased the age by less than one year or more than three, implausible given the time between the two surveys.

[97] 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.

Given that the enumerators at follow up had the name and age of all individuals recorded at baseline, it was possible for them to double check the baseline age; it was decided to adjust the age at baseline based on the follow up age.

B.5.4 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.

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.[98] 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. Maximum consistency with the HBS 2002/03 consumption module was sought to ensure comparability with national statistics.

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.

[98] Because of problems with the estimation of unit values and costs, the expenditure on tea and salt was disregarded for the calculation of the consumption aggregate.

Table 97 – Mean total household consumption expenditure and budget shares by expenditure item (Eligible and Non-Eligible households)

	Mean total monthly household consumption expenditure – Follow-up (Maloti 2013 prices)	Mean budget Share – Follow-up (%)	Mean budget share - Baseline (%)
Cereals	247.7	26.4	24.7
Bread	20.2	1.7	2.3
Tubers	10	1	2.0
Poultry	38	2.9	3.4
Meat	61.8	3.8	4.1
Fish	3.9	0.3	0.3
Milk and eggs	22.1	1.8	2.0
Oil and fats	36.2	4.1	3.5
Fruits	12.1	0.9	0.9
Vegetables	86	10.2	12.1
Pulses	32.5	3.4	2.7
Sugar	17.7	1.5	1.4
Non-alcoholic beverages	2.5	0.1	0.1
Alcohol	4.9	0.4	0.4
Restaurants	23.7	2.3	1.6
Spices and condiments	3.2	0.3	0.3
Tobacco	7.3	0.7	0.8
House utilities	7.9	0.6	0.5
Fuels	127.1	13.1	16.4
Clothing and footwear	60.5	3.9	2.6
Household and personal care	72.2	7.4	7.2
Maintenance	0.6	0	0.0
Transportation	39	3.1	2.6
Communication	23.3	1.9	1.4
Services	5.5	0.3	0.5
Education	67.4	5.6	3.7
Health	25.4	2.3	2.3
Total	**1058.7 (1)**	**100**	100

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. *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. (1) The figure reported here is calculated including both eligible and non-eligible households, hence why it is higher than the value of total consumption reported in the main body which referts to eligible households only.

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 was 58% at baseline and 61% at follow-up.

The list of consumption items included in the calculation of the Paasche price index was 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 average intra-survey price inflation between baseline and follow-up survey was estimated to be 18%. This is somewhat higher than reported by official CPI figures which indicate total inflation of 10.7% and food inflation of 16% for the same period. It must be borne in mind that the sample for the evaluation was not nationally representative and includes household with a higher share of food expenditure than average.

The price adjusted (real) monthly consumption expenditure was 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 98 – Equivalence scales

Age	Equivalence Scale *Males*	Equivalence Scale *Females*
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.

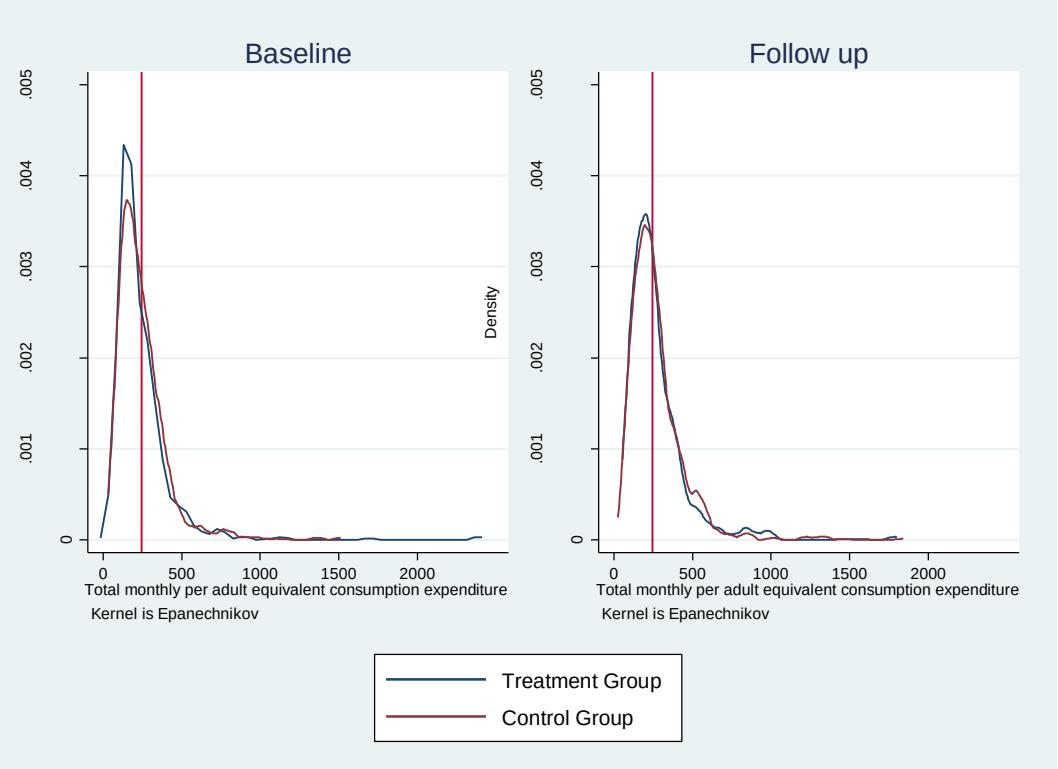
Table 99 – Households welfare indicators by consumption quintile (Follow up sample)

	Quintile 1 (less well off)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (better off)
Consumption expenditure					
Mean monthly real consumption expenditure per adult equivalent (Maloti, 2013 prices)	118.4	185.3	246.8	329.6	687.4
Household characteristics					
Mean household size	6.1	5.9	5.2	5.1	4.1
Rooms per household member	0.6	0.6	0.7	0.7	1.1
Proportion of households with a head that has completed the primary school	28.3	32.2	32	43.7	40.2
Proportion of households with at least one disabled member	20.9	18.7	21.9	13.3	17.5
Household dwelling - proportion of households with					

Good quality walls	49	48.2	56	59.5	65
Good quality roofs	85.1	77.4	77.2	78.8	80
Good quality floors	35.8	37.3	44	43.4	52.2
Access to electricity	15.7	23.9	24.4	30.6	39.5
Household assets - proportion of households that own					
Electric or gas stove	35.5	46	44.4	55.5	70
Refrigerator/freezer	3.5	8.4	11	16.4	22
TV	10.1	13.6	17.8	20.6	33.6
Radio	45.6	52.8	54.2	65.5	67.8
Cell phone	68.5	78.5	78.8	77.1	83.3
Landline	0	0	0.2	1.2	3
Sewing or knitting machine	4.2	6.3	6.6	4.4	13.3
Motorised vehicle	2.2	1.4	3.4	4.6	9
Lounge suite	16	15.1	19.9	23.1	32.4

Source: CGP Evaluation Baseline Survey, Jun-Aug 2013. *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 23 – Distribution of real consumption expenditure per adult equivalent



Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. *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. (4) The red line in the two graphs is the 2002/03 HBS poverty line corrected for inflation.

Annex D Tropical Livestock Units

A Tropical Livestock Unit (TLU) provides a convenient method for quantifying a wide range of different livestock types and sizes in a standardised manner. For a number of applications there is a need to use a common unit to describe livestock numbers of various species as a single figure that expresses the total amount of livestock owned by a household – irrespective of the specific composition. In order to do this, the concept of an "exchange ratio" has been developed, whereby different species can be compared and described in relation to the common unit (TLU).

Our application of TLUs is only an approximation, as we do not know the weight of each livestock, and livestock in our sample most likely varies in both type and size**.** Despite this, TLUs provides a measure of the total amount of livestock present, irrespective of the species composition. We use it to monitor trends in livestock resources in our sample.

To get the best relative in our sample, without access to information about the livestock's weight, we apply Livestock Units developed specifically for Sub-Saharan Africa.

Table 100 Livestock Unit

Livestock	Livestock Unit	Available in CGP
Cow	0.5	Yes (cattle/oxon)
Sheep	0.1	Yes
Goat	0.1	Yes
Pig	0.2	Yes
Asse	0.3	
Horse	0.5	Yes
Mule	0.6	Yes (donkey)
Camel	0.7	
Poultry	0.01	Yes (chickens/turkeys/ducks)

Source: FAO (1987)

Annex E Food Consumption Score

The Food Consumption Score (FCS) is an indicator of dietary diversity built from an approach used by the World Food program (WFP). [99] It is build using the frequency of consumption of food items in the last 7 days recorded in the survey's consumption module. To construct the measure food items are grouped into eight standard food groups (see **Table 101**). The food consumption score is the weighted sum of the consumption frequency of each food group (also specified in **Table 101)** . It captures both dietary diversity[100] and food frequency.

The Food Consumption Score has a maximum possible score of 112 point. The maximum score is recorded if the household has consumed at least one food item in each of the eight food groups every day in the 7 days preceding the interview. Following the WFP's definitions, poor food consumption is categorised as a score below 21, borderline food consumption is categorised as a score between 21 and 35, and acceptable food consumption is defined as a score above 35.

Table 101 – Food groups, items and weight used in Food Consumption Score

Food group	Food items	Weight
Main staples	Bread, cake flour, wheat meal/grain, bread flour, maize meal/grain, macaroni, noodles, rice, samp, sorghum meal/grain, malt, other1 cerials/grains	2
Pulses	Dried beans, dried peas, green peas (fresh, chilled, frozen / f-c-f)	3
Vegetables	Cabbage (f-c-f), spinach (f-c-f), other leaf and stem vegetables (f-c-f), tomatoes (f-c-f), onions (f-c-f), pumpkins (f-c-f), radish (f-c-f), potatoes (f-c-f), other fresh (f-c-f), processed vegatables or tubers.	1
Fruit	Apples (f-c-f), oranges (f-c-f), peaches (f-c-f), other fresh (f-c-f), dried or preserbed fruits (f-c-f)	1
Meat, Fish and Egg	Beef (f-c-f), mutton (f-c-f), offal (f-c-f), pork (f-c-f), poultry (f-c-f), other preserved or processed meat and meat preparations (f-c-f), other edible meat, fish (f-c-f), tinned fish and other preserved/processed fish, egg	4
Diary products	Milk (whole and low-fat), preserved milk, other milk products	4
Sugar	Sugar, other sugar products	0.5
Oil	Olive oil, edible oil, other edible fat	0.5
Condiments	Salt, tea, spices	0

Source: World Food Programme (2007)

[99] For a validation of the FCS see Wiesmann et al. (2009).

[100] Dietary diversity is defined as the number of different foods or food groups eaten over a reference time period, not regarding the frequency of consumption (World Food Programme, 2007).

In we validate the Food Consumption Score for our sample by presenting the correlation between Food Consumption Score and other measures of food consumption and food security. The table shows that per capita total consumption expenditure and per capita food consumption expenditure for the CGP pooled sample, as wells as for the baseline and the follow up samples, is significantly correlated with the FCS.

Table 102 – Pairwise Correlation between FCS score and per capita consumption expenditure

	Pooled Sample	FU	BL
Real per capita consumption expenditure	0.4988*	0.5009*	0.4973*
Per capita food consumption	0.5251*	0.5014*	0.5554*

Annex F Child deprivation index

F.1 Background

Measuring multiple deprivations among individuals and at household level is central to understand the complex number of constraints that the poor face. Different methods to measure multiple-dimensional poverty are published.

In this study we use the Bristol approach and the dimensions developed by Gordon et al (2003). This index was selected based on three main criteria:

- It is an international comparable index;
- It has been developed to analyse child poverty; and
- It is an index with thoroughly researched dimensions and cut-offs.

Overall the Bristol approach provides a methodology for measuring multidimensional child poverty. Developed by a research team at University of Bristol, the Bristol approach was used to produce the first internationally comparable estimates of child poverty across a large number of developing countries (Gordon et al., 2003; Gordon et al., 2001; UNICEF, 2004).

This measure developed propose a way to align child poverty measurement with the child rights approach and to implement, insofar as data permit, indicators and cut-offs for child poverty that reflect the definition agreed in the World Social Summit in Copenhagen (Manual and Alkire, 2011).

F.2 Methodology

The Bristol approach belongs to the 'counting' tradition of poverty measures used in Europe and in Basic Needs Approaches[101] (Erikson, 1993; Feres and Mancero, 2001; Nolan and Whelan, 1996)[102]. It identifies the poor according to the total number of dimensions in which they are deprived and reports the percentage of children, who has been identified as multi-dimensionally poor (or the poverty headcount ratio). The interpretation of this measure is analogous to the traditional income headcount ratio (Manual and Alkire, 2011).

To identify who is poor among our sample of children we use the same cut off as Gordon et al. (2003): a child is considered poor if he/she is deprived in two or more dimensions. The cut offs applied to each dimension (or deprivation) is specified in **Table 103** below.

A drawback of the Bristol Approach is the lack of incentives provided for policy makers to prioritise the poorest children of all. The headcount ratio remains unchanged when the depth of poverty experienced by children increases (Manual and Alkire, 2011). The Alkire-Foster method has accounted for this, but the method has yet to be applied to an international measure of child poverty. It is outside the scope of this study to develop a new measure suitable for Lesotho based on this method.

F.3 The dimensions of the index

The measure developed by Gordon et al (2003) used Demographic and Health Surveys (DHS) and can be applied to UNICEF's Multiple Indicator Cluster Surveys (MICS). The data for the CGP

[101] 1. Calculate percentage of children deprived in each dimension. 2. Count households with 0, 1, 2, 3, 4 etc. deprivations, defining X deprivations as the cut off for absolute poverty. Combine different pairs of deprivations (Gordon et al, 2003).

[102] From Manual and Alkire (2011)

impact study is almost compatible with these international surveys making it possible to apply the Bristol approach and the dimensions developed by Gordon el at (2003).

The set of dimensions selected by Gordon et al (2003) is based on definitions of severe deprivation of basic human need adjusted according to information available in international comparable survey data. Despite adjustments, Gordon et al (2003) state that “the severe deprivation measures that were available are conceptually very close to our idealised measures”.

Table 103 shows the dimensions used in this study as well as the cut-offs applied (e.i. the threshold used to determine whether a child was deprived/poor in the individual dimension). We have made adjustments to some of the dimensions as the indicator used by Gordon et al was not available in the CGP survey. To make adjustments is not uncommon, as households questionnaires differ in structure.

Table 103 – Child deprivation index dimensions – comparison with Gordon et al (2003)

Dimension	Survey/Source	Applied measure
Severe Food Deprivation	Gordon et al	Children whose heights and weights for their age were more than -3 standard deviations below the median of the international reference population e.g. severe anthropometric failure.
	CGP	Children in the household with food security index above 2
Severe Water Deprivation	Gordon et al	Children who only had access to surface water (e.g. rivers) for drinking or who lived in households where the nearest source of water was more than 15 minutes away (e.g. indicators of severe deprivation of water quality or quantity).
	CGP	Identical (adjusted water source categories)
Severe Deprivation of Sanitation Facilities	Gordon et al	Children who had no access to a toilet of any kind in the vicinity of their dwelling, e.g. no private or communal toilets or latrines.
	CGP	Identical
Severe Shelter Deprivation	Gordon et al	Children in dwellings with more than five people per room (severe overcrowding) or with no flooring material (e.g. a mud floor).
	CGP	Identical
Severe Information Deprivation	Gordon et al	Children aged between 3 and 18 with no access to, radio, television, telephone or newspapers at home.
	CGP	Identical.
Severe Deprivation in Access to Services	Gordon et al	Children living 20 kilometres or more from any type of school or 50 kilometres or more from any medical facility with doctors.
	CGP	Children living more than 2 hours (return journey) from primary school or more than 5 hours (return journey) from health clinic on foot
Severe Health Deprivation *Only children 0-5*	Gordon et al	Children who had not been immunised against any diseases or young children who had a recent illness involving diarrhoea and had not received any medical advice or treatment.
	CGP	Children living in households that did not have enough money to spend on child (if needed) or child was not taken to consult a doctor if ill
Severe Health Deprivation *Only children 6-17*	Gordon et al	Children who had not been immunised against any diseases or young children who had a recent illness involving diarrhoea and had not received any medical advice or treatment.
	CGP	Children living in households that did not have enough money to spend on child (if needed).
Severe Education Deprivation *Only children 6-17*	Gordon et al	Children aged between 7 and 18 who had never been to school and were not currently attending school (e.g. no professional education of any kind).
	CGP	Identical (adjusted to cover the relevant school age group in Lesotho and definition of children (6-17)).

Source: Gordon et al (2003) and authors.

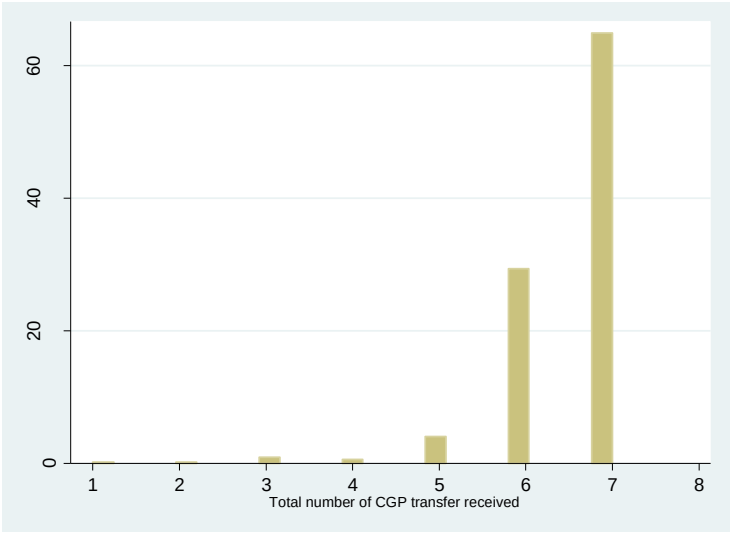
The following changes has been made:

- **Severe Food Deprivation**: the CGP survey does not include anthropometric data. Instead we measure food deprivation with data from the food security module focused especially on the adequacy of children's food consumption.
- **Severe Health Deprivation**: the CGP survey does not include immunisation data at baseline. Instead we measure children as deprived in health if their household did not have enough money to spend on them (if needed) or they was not taken to consult a doctor if ill.
- **Severe Deprivation in Access to Services**: the CGP survey measures distances in travel time. We therefore include return journey in hours instead of in kilometres.

Annex G Annex tables

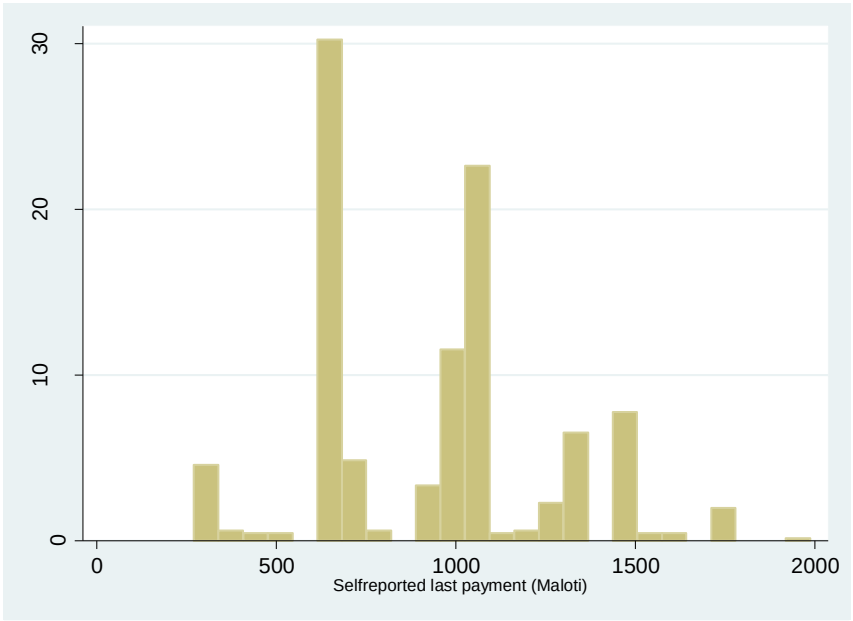
G.1 Qualifying the treatment: how was the CGP implemented?

Figure 24 – Total number of CGP payments received by household



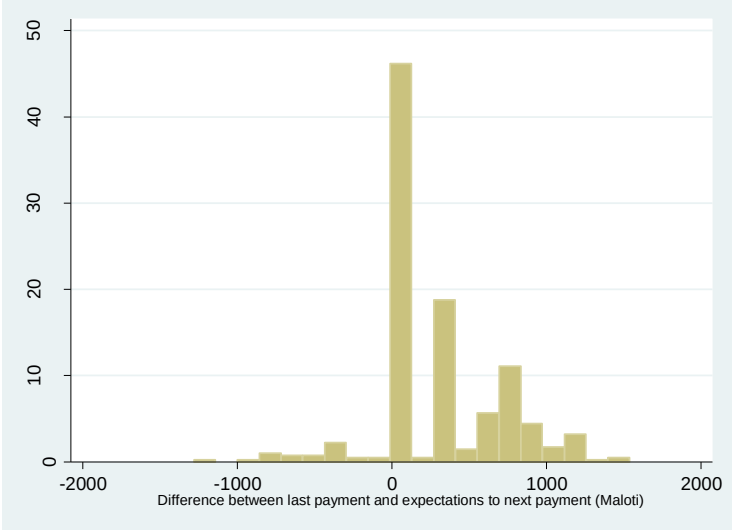
Source: CGP Programme Note: 705 observations

Figure 25 – Self-reported size of last payment (Maloti)



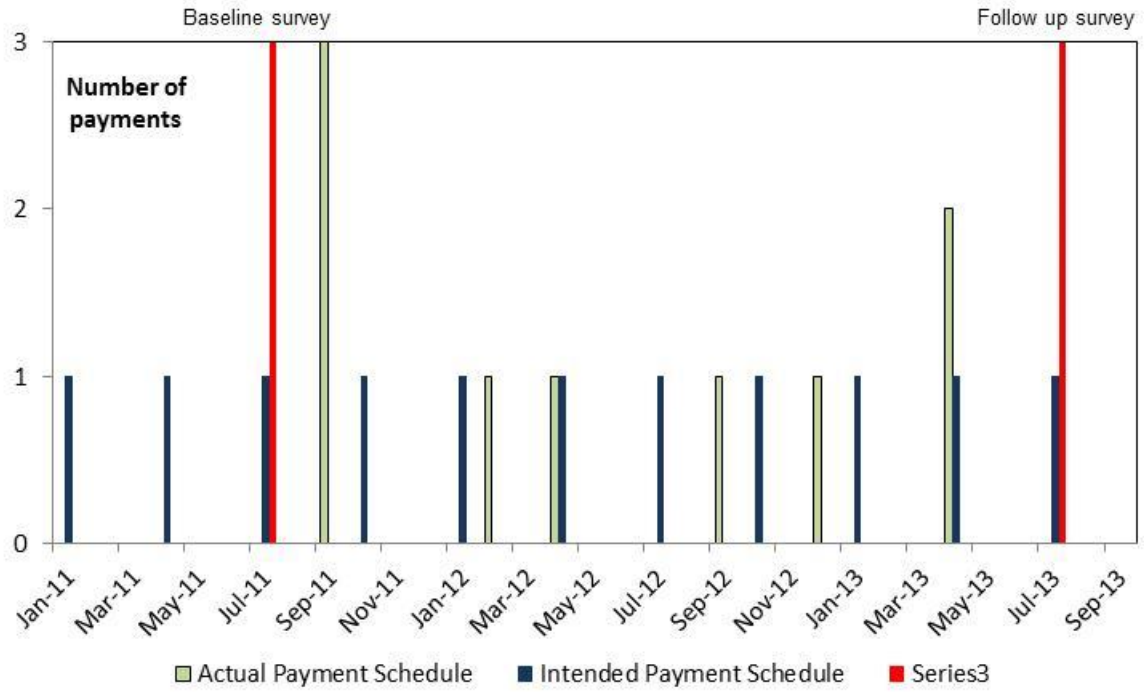
Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). Note: exclude households with no expectations. Number of observations are 658 households

Figure 26 – Difference between actual last CGP payment and recipient households expectations to the next payment



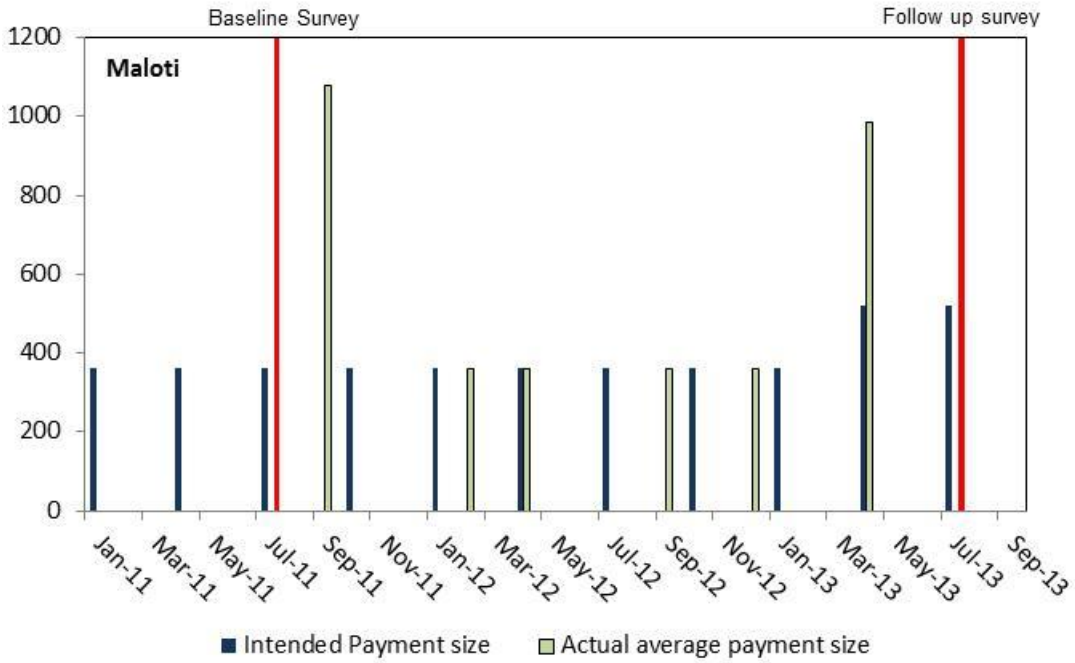
Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). (2) Nominal values. Note: exclude households with no expectations. Number of observations is 405 households

Figure 27 – Intended vs Actual Payment schedule for CGP households in the evaluation study



Source: CGP Programme, MIS data (received from Ayala). Note: Payment months indicate the month where the majority of recipients in the sample received the transfer. (1) This does not include the Food Emergency Grant

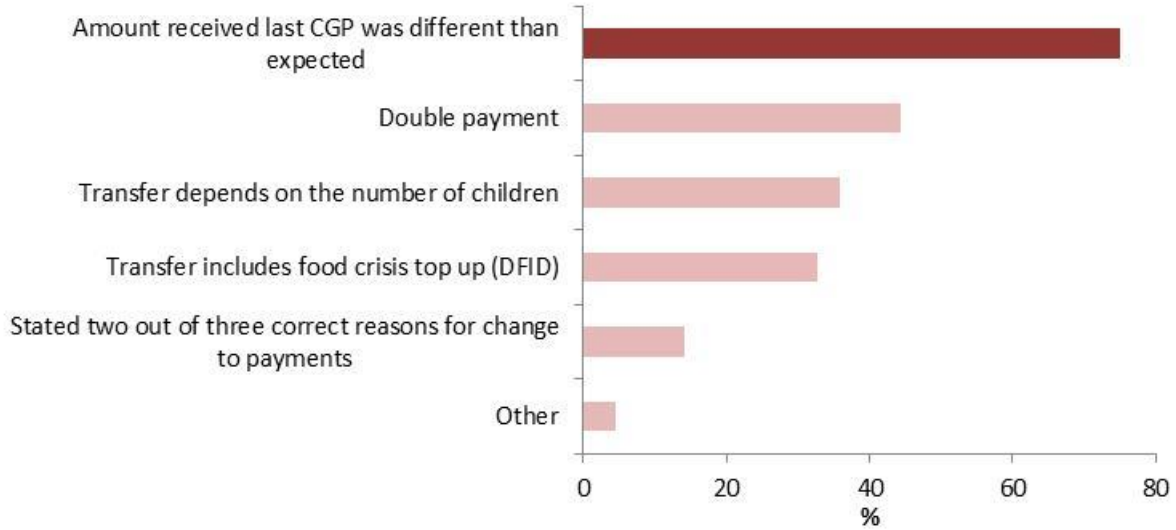
Figure 28 – Intended vs Actual Payment size



Source: CGP Programme, MIS data (received from Ayala). Note: the intended payment from April 2013 is the average of the payment intended for different household sizes (520 Maloti). Similarly the actual payment in April 2013 is an average across households of different sizes. Payment months indicate the month where the majority of recipients in the sample received the transfer. (1) This does not include the Food Emergency Grant

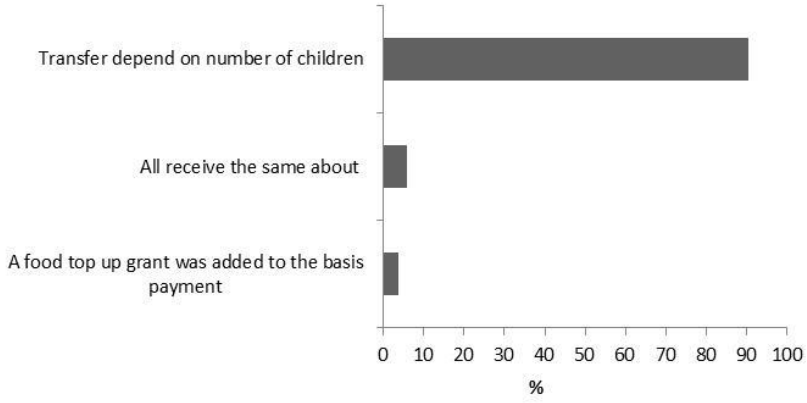
G.1.1 Recipients' and communities' knowledge of the CGP

Figure 29 – Knowledge of change in payment schedule and size



Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). Note: number of observations 653 households.

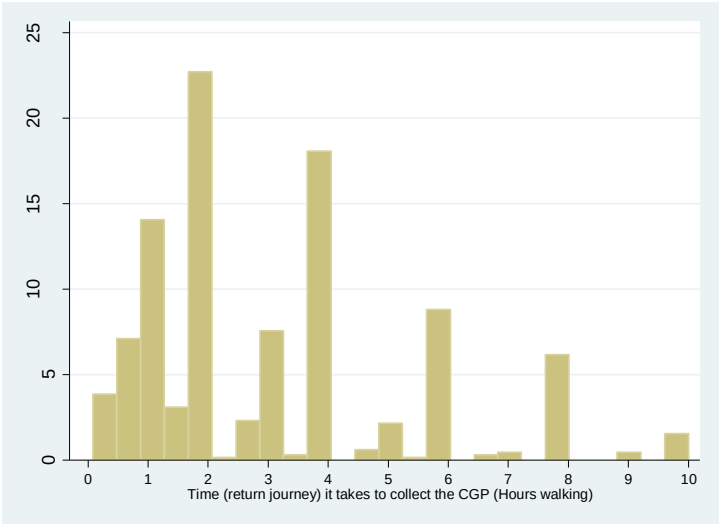
Figure 30 – Community knowledge of payment schedule



Source: CGP Evaluation Follow-up (2013) Surveys. Note: number of observations 52

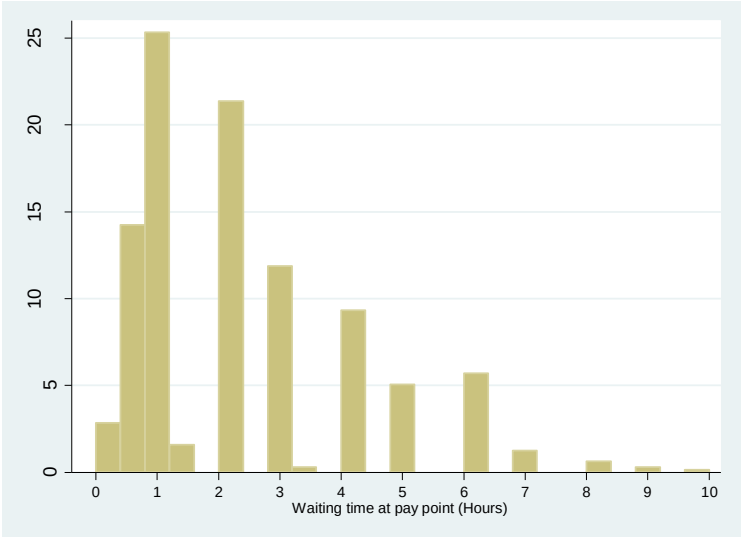
G.1.2 Experience of the payment system

Figure 31 – Time of return journey to collect the CGP payment (Hours walking)



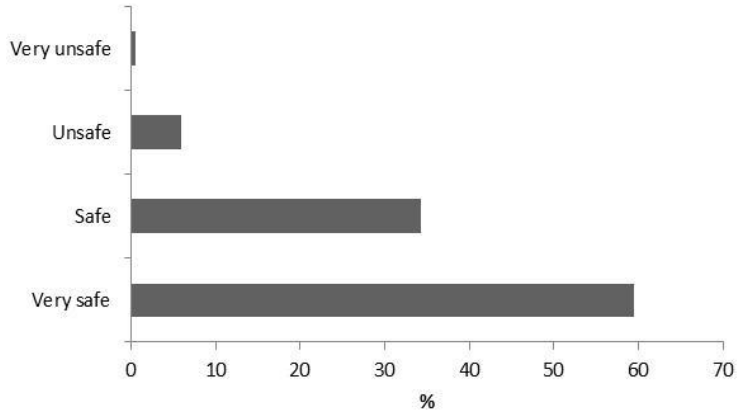
Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). Note: number of observations 649

Figure 32 – Time spend waiting at the CGP pay point (Hours)



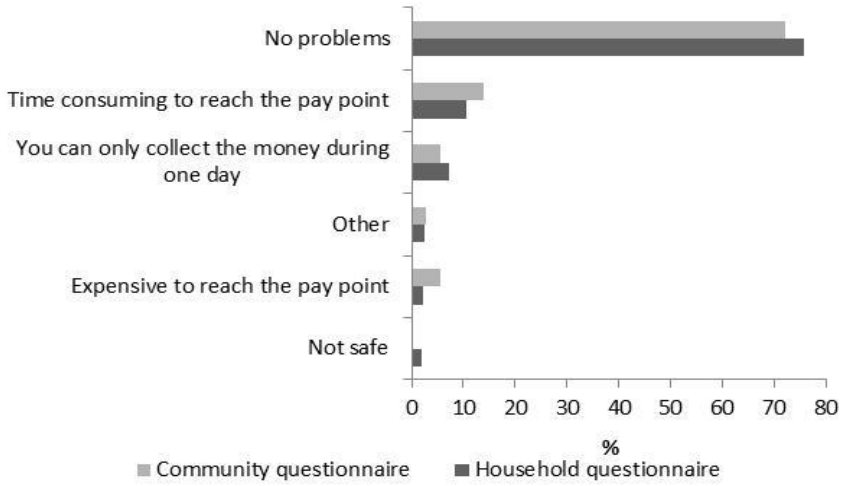
Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). Note: number of observations 632

Figure 33 – How safe do recipients feel?



Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). Note: number of observations 666 households.

Figure 34 – Main problem with the current CGP payment mechanism



Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire). Note: 647 observations in household questionnaire, 36 observations in community questionnaire

G.1.3 Case management

Box 4 – Case management system

The CGP provides an elaborate process for Case Management (CM) that is meant to be undertaken by the CGP Operations Unit (CGP-OU), with the aid of Village Assistance Committees (VACs) and a Partner Organisation (PO). It is meant to enable beneficiaries to file appeals and complaints about CGP processes and services, and allow beneficiaries to update their information. The CM is grouped into demand- and supply-side categories that deal with the following specific issues.

A. Demand-side: Cases initiated by households. These include:

3. Information updates;
4. Payment complaints – in relation to incorrect payment or non-payment;
5. Quality complaints – relating to quality of service and treatment of beneficiary;
6. Appeals – targeted mainly to non-beneficiaries in case they were not interviewed for NISSA, interviewed

but not selected, are very poor but not validated by the VAC, or their conditions have changed. Also aimed at beneficiaries who may have been suspended by the programme;

7. Denouncements – notifying the CGP programme of misuse of funds or inclusion errors; and,
8. Request for replacement identification document or payment book.

B. Supply-side: Cases that arise as alerts generated by the CM staff. These include:

9. Restriction of households from the programme – suspending them from the programme if they are misusing funds, move away from target area, no longer have children, fail to present birth certificates within six months of the first payment, miss three consecutive payment;
10. Activation of households that have been restricted or rejected; and,
11. Alerts – reacting to regular monitoring information to reduce incidence of errors, fraud, complaints, delays or non-response.

The programme has a detailed set of protocol on the roles and responsibilities of all stakeholders involved and how each specific complaint should be dealt with. Implementation challenges of the CM system and how it impacts on communities and stakeholders.

Source: (directly) Ayala Consulting, (2011), 'Annex E – The Case Management Manual', prepared for UNICEF & Government of Lesotho, October.

Box 5 – Roles and functions of Village Assistant Committees

The VACs were set up with the objective of supporting the overall implementation of the NISSA and CGP at the village level. They consist of a village chief, community councillor, two respected members of the community and an auxiliary CGP operations assistant. Their main roles according to the CGP beneficiary selection manual are to:

- 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 responsibilities of the VAC in relation to appeals and complaints are to:

- Fill in case management forms with HHs and turn-in all completed forms on a bi-weekly basis to the operations assistant in their community council;
- If necessary, accompany the programme partners and/or operations assistance on interviews with households that have appealed; and,
- Provide the case management officer with useful information upon request.

Source: Village Assistance Committee Guidelines, Child Grant Programme (CGP) beneficiary Selection Manual. Adapted from the baseline evaluation report OPM (2012) & Ayala Consulting (2011) op cit, p38-39.

Table 104 – Activity level and characteristics of the VACs

	CGP Recipients (1)	
	FU	
Indicator	**Est.**	**Obs**
Proportion of recipient households (with knowledge of active VAC) saying active VACs include members who are:		

	CGP Recipients (1)	
	FU	
Indicator	**Est.**	**Obs**
• Respected people from the village	67.3	137
• Chief/village leader	16.3	137
• Health worker / support group member	21.2	137
• Community council members	13.4	137
• CGP operations assistance	0.9	137
• Social workers	2.9	137
• World Vision	1.5	137
• Other	8.8	137
Proportion of recipient households (with knowledge of active VAC) saying active VACs perform the following tasks:		
• Take complaints and appeals of beneficiaries forward	17.2	132
• Collect data on households	6.6	132
• Provide information to the community about the CGP	13.4	132
• Monitor the beneficiaries to make sure CGP is used appropriately	83.3	132
• Other	0.8	132

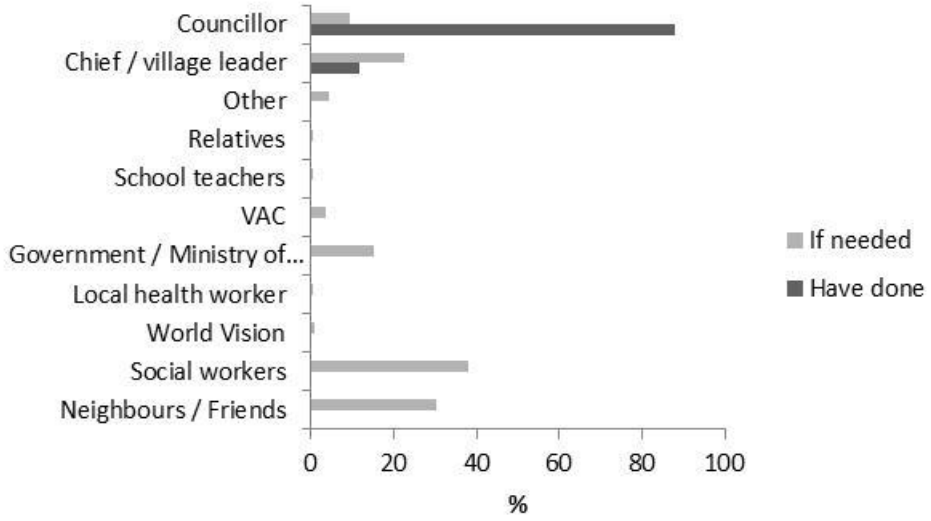
Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

Table 105 – Community perception: activity level and characteristics of the VACs

	Community Questionnaire	
Indicator	**FU**	
	Est.	**Obs.**
Proportion of communities stating they have heard about the VAC	50	54
• Of which are aware of VAC doing tasks related to the CGP	56	25
Proportion of communities stating that active VACs perform the following tasks:		
• Take complaints and appeals of beneficiaries forward	6.7	15
• Collect data on households	20	15
• Provide information to the community about the CGP	0	15
• Monitor the beneficiaries to make sure CGP is used appropriately	93.3	15
• Other	0	15

Source: CGP Evaluation Follow-up (2013) Surveys.

Figure 35 – Stakeholders involved in case management: contact point for formal complaints



Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).
Note: Have done is based on 5 observations, if needed is based on 665 observations.

G.1.4 Informal and formal complaints

Table 106 – Formal complaints

Indicator	CGP Recipients (1) FU	
	Est.	Obs.
Of recipients who that submitted a formal complaint, proportion complaining about:		
• Payment amount	55.5	5
• Selection criteria / targeting	0	5
• Frequency of payment	0	5
• Update of registered MIS data	32.6	5
• Other	11.9	5

Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

Table 107 – Community perception: informal complaints / "gossip" from beneficiaries

Indicator	Community Questionnaire FU	
	Est.	Obs.
Proportion of communities that state it is common for beneficiaries for complain	31.5	54
• Problems with collection of the CGP payment	25	16
• Payment is too irregular	31.3	16
• Payment is too small	25	16

• Dysfunctional VACS	12.5	16
• Happy about receiving free money	12.5	16
• Other	12.5	16

Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

Table 108 – Community perception: informal complaints / "gossip" from non-beneficiaries

Indicator	Community Questionnaire FU	
	Est.	Obs.
Proportion of communities that state it is common for non-beneficiaries for complain	87	54
• Not all poor households receive the payment	70.2	47
• Some non-poor households receive the payment	38.3	47
• Beneficiaries do not use the CGP on their children, as they should	21.3	47
• Do not know why they were not selected	55.3	47

Source: CGP Evaluation Follow-up (2013) Surveys. (1) CGP Recipients refers to the group of households that reported to have received the CGP (in the operational module of the household questionnaire).

G.2 The impact of the CGP transfer

G.2.1 Consumption, Poverty, Food Security and Vulnerability

Table 109 – Economic shocks

Indicator	Treatment Group		Control Group	
	BL	FU	BL	FU
Affected by a serious economic shock in the last 12 months (3)	62	40.4***	55.6	41.3***
Type of shock:				
• Death of a household member	19.2	24.3*	26.9	19.1
• Death of a friend or relative that provided financial assistance	7.6	12.6	6.4	14.4***
• Serious injury or illness	19	21	20.7	24.8
• Theft or destruction of property	4	5.6	3.8	6.1
• Increase in food prices	18.1	21.5	12.1	14.2
• Crop failure	51.6	20.1***	46	19.1***
• HH member lost regular job	1.9	1.8	3.5	6
• Other	16.4	20.3	12.8	16.7

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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.

G.2.2 Health

Table 110 – Chronic illnesses, HIV and disability (children 0-5)

Indicator	Treatment status		Beneficiary status		Overall	
	Treatment group	Control Group	Eligible	Non-eligible	Mean	Obs.
Proportion of children (0-5) that are:						
• Chronically ill (excluding HIV-AIDS)	0.8	1.2	1	1.2	1.1	1,488
• HIV / AIDS positive (un-prompted and self-reported)	1.3	0.6	1	1	1	1,521
• Disabled	1.6	1.1	1.4	3.6	2.9	1,546
• Chronically ill, HIV / Aids positive or disabled (all)	3.5	2.9	3.3	5.5	4.8	1,487

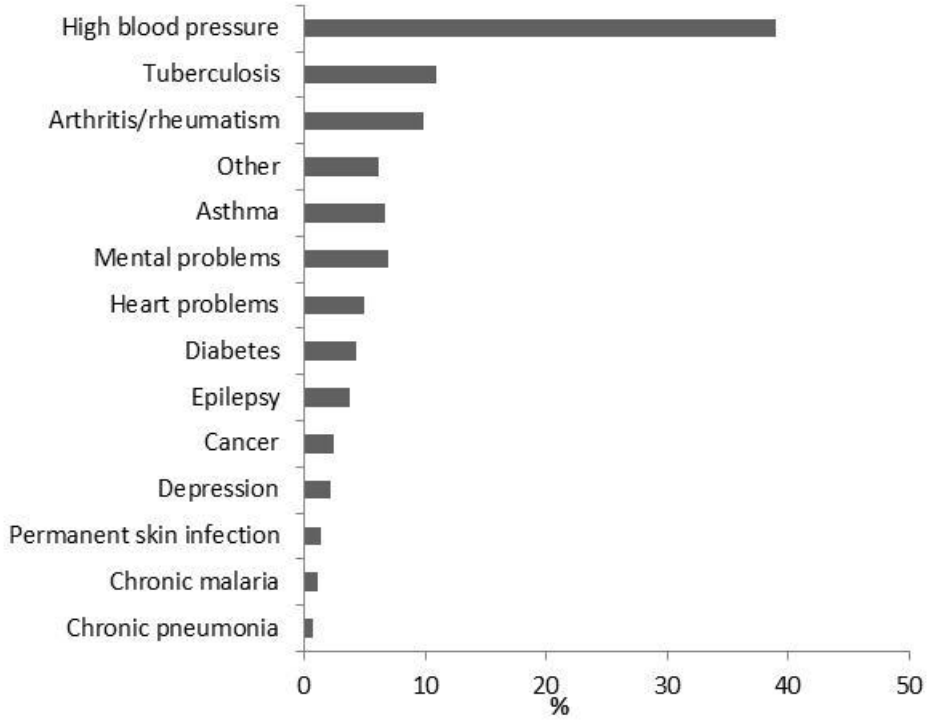
Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (*) indicate that an estimate is significantly different to the relevant comparator: *** = 99%; ** = 95%; * = 90%.

Table 111 – Chronic illnesses, HIV and disability (whole population)

Indicator	Treatment status		Beneficiary status		Overall	
	Treatment group	Control Group	Eligible	Non-eligible	Mean	Obs.
Proportion of population that are:						
• Chronically ill (excluding HIV-AIDS)	6.6	6.2	6.4***	8.8	8.2	10,088
• HIV / AIDS positive (un-prompted and self-reported)	4.4	3.8	4.1	3.6	3.8	10,246
• Disabled	5.7	4.4	5.1	4.8	4.9	10,423
• Chronically ill, HIV / Aids positive or disabled (all)	15.1	13.2	14.2	15.9	15.4	10,086

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

Figure 36 – Distribution of chronic illnesses (excluding HIV-AIDS) suffered in population:



Source: CGP Evaluation Follow-up Survey, 2013.

Table 112 – Adults' (18-59) health status (% of adult population)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of adults aged 18-59 who:						
• Consulted a health care provider	25	30.7***	25.5	26	5.196	4,901
• Had any money spent on health care for them	13.5	16.9**	15.2	17.7	0.934	4,839
➢ Average amount spent (if health care cost incurred, Maloti) (2013 prices) (3)	161.5	135.3	146.9	96.8	24.23	777
• Average amount spent (across adults 18-59) (2013 prices) (3)	21.8	22.8	22.4	17.1	6.440	4,841
• Had too little money for them to access healthcare treatment (for those who needed it)	51.2	42.7*	51.2	50.3	-7.108	1,796

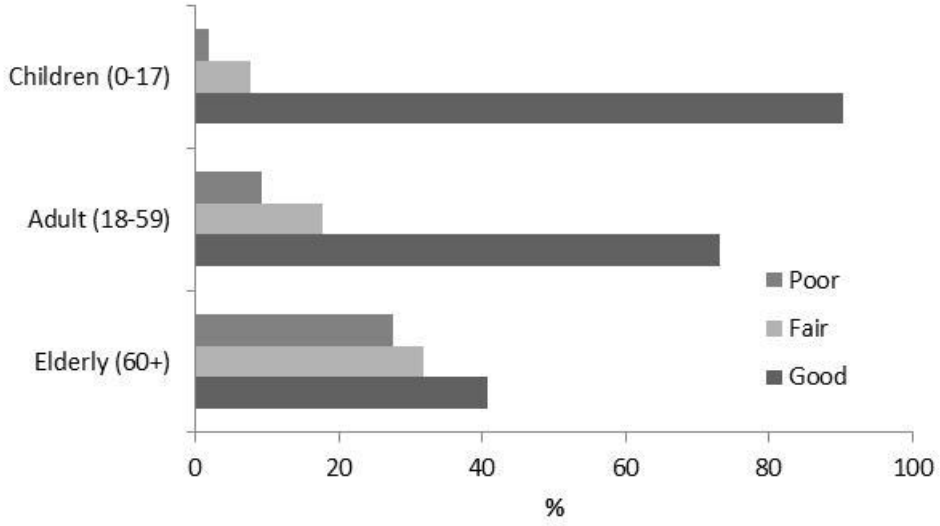
Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (*) indicate that an estimate is significantly different to the relevant comparator: *** = 99%; ** = 95%; * = 90%. (3) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences. Note: indicators (apart from HIV/AIDS) refers to the 3 months prior to the survey

Table 113 – Elderly (+59) health status (% of elderly population)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of adults aged +59 who:						
• Consulted a health care provider	42.3	51.2**	40.3	50.1**	-0.860	1,216
• Had any money spent on health care for them	23.9	26.2	23.2	26.4	-0.475	1,200
➢ Average amount spent (if health care cost incurred) (Maloti 2013 prices) (3)	148	89.8*	103.1	142	-91.92*	331
• Average amount spent (across adults +-59) (Maloti, 2013 prices) (3)	35.4	23.6	23.9	37.5	-24.83*	1,200
• Had too little money for them to access healthcare treatment (for those who needed it)	59.6	47	56.8	54.7	-10.92	705

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences. Note: indicators (apart from HIV/AIDS) refers to the 3 months prior to the survey

Figure 37 – Perception of household members' health status (fu treatment))



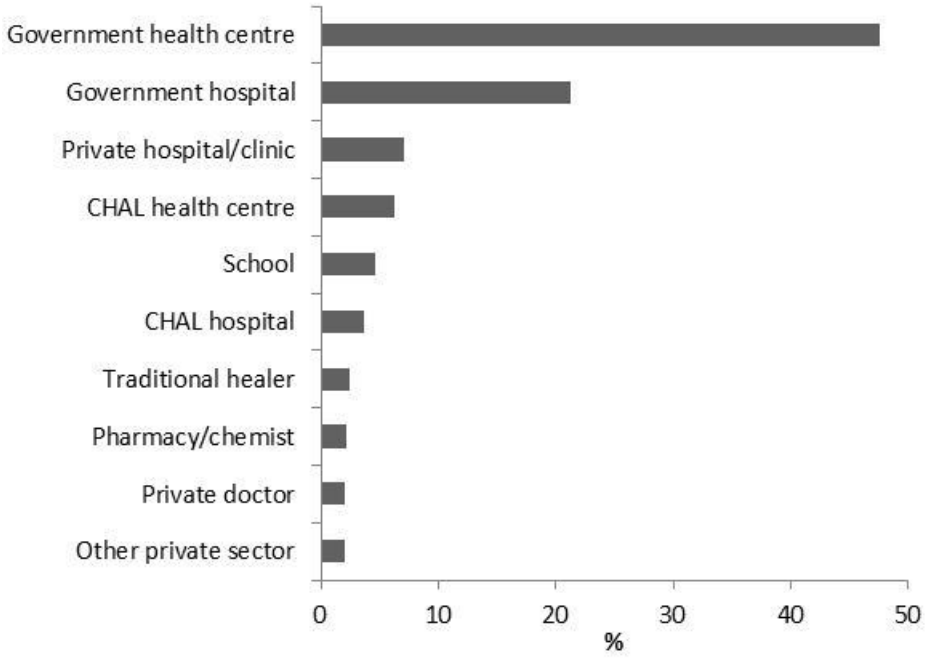
Source: CGP Evaluation Baseline Survey, Jun-Aug 2013.

Table 114 – Perception of household members' health status

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children (0-17) who rate their health as						
• Good	89.6	90.4	91.6	89.3*	3.074	7,588
• Fair	8.2	7.8	6.3	8.9*	-2.921	7,588
• Poor	2.3	1.8	2.1	1.8	-0.153	7,588
Proportion of adults (18-59) who rate their health as						
• Good	73.3	73	77.7	78.4	-1.271	4,946
• Fair	18.2	17.8	15.4	15	0.301	4,946
• Poor	8.5	9.2	6.9	6.6	0.969	4,946
Proportion of elderly (+59) who rate their health as						
• Good	37.7	40.7	38.4	34.9	6.279	1,220
• Fair	37.6	31.8	40.6	33.6	1.066	1,220
• Poor	24.8	27.5	21	31.5***	-7.345	1,220

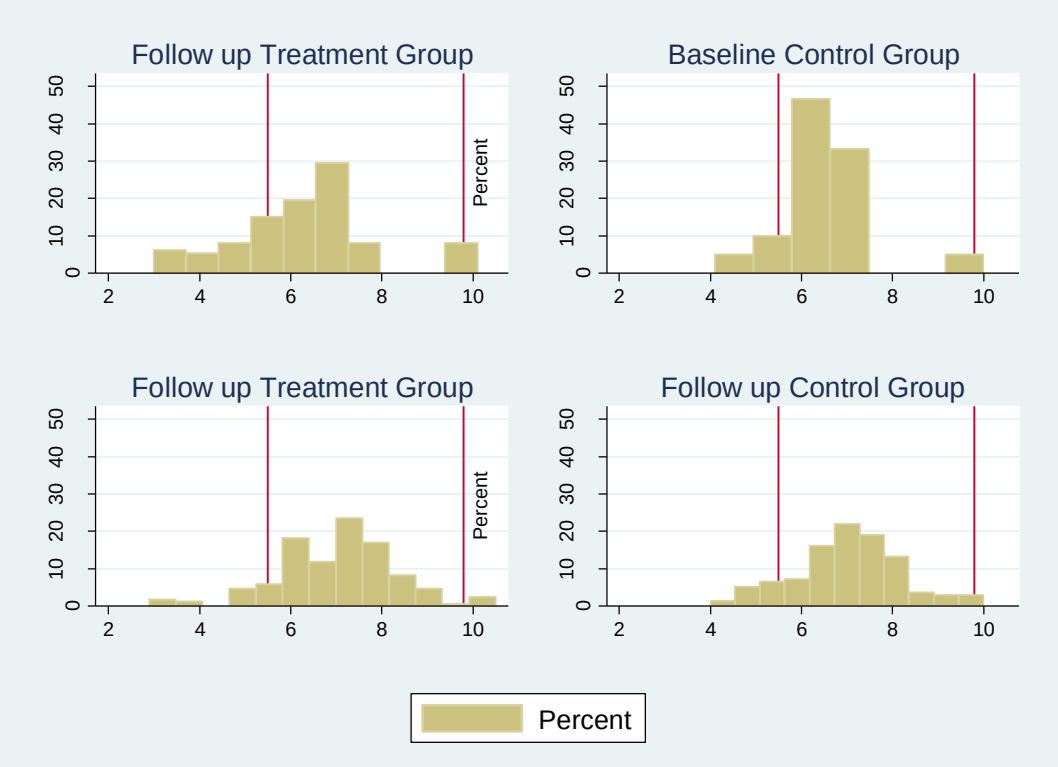
Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (*) indicate that an estimate is significantly different to the relevant comparator: *** = 99%; ** = 95%; * = 90%.

Figure 38 – Distribution of type of health care provider consulted by adults (18+)



Source: CGP Evaluation Survey, 2013, Note: figure refers to activities undertaken in the 3 months prior to the survey.

Figure 39 – Distribution of weight at 6 month (children aged 0-36 months)



Source: CGP Evaluation Survey, 2013. Note: weight obtained from information in Bukana card. (1) The lower red line indicates the threshold for underweight 5.5kg. The upper red line indicates the threshold for overweight 9.8kg.

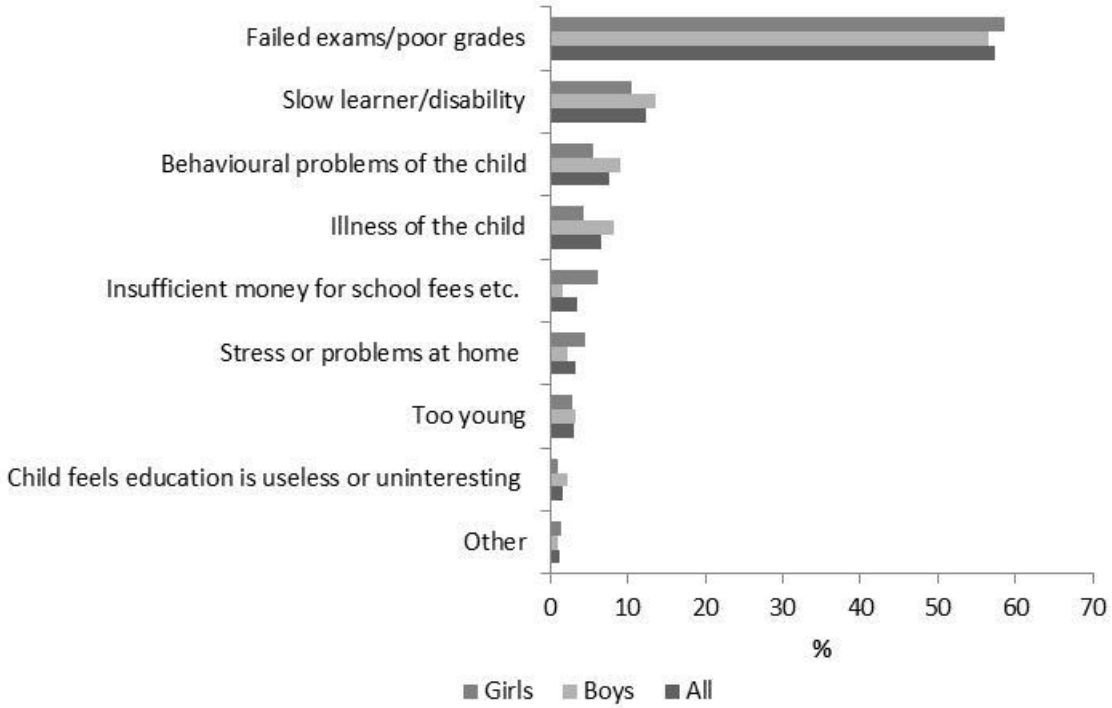
G.2.3 Education

Table 115– School enrolment (children 6-19 who ever enrolled in school, by age group)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children aged 6-8 that have *ever enrolled* in *primary* school	90.7	97.1**	89.9	96.1**	1.224	1,279
- Male	88	95.5	91.9	95.2	3.844	648
- Female	93.3	99.0**	88	96.9**	-1.287	631
Proportion of children aged 9-12 that have *ever enrolled* in *primary* school	98.9	99.3	99.6	99.7	0.167	1,780
- Male	98.3	98.5	99.1	99.4	-0.0647	887
- Female	99.6	100	100	100	0.414	893
Proportion of children aged 13-17 that have *ever enrolled* in *primary* school	99.2	99.4	99.1	99.5	-0.221	2,228
- Male	98.7	99.4	98.4	99.2	-0.000470	1,155
- Female	99.9	99.3	99.8	99.8	-0.475	1,073
Proportion of children aged 13-17 that have *ever enrolled* in *secondary*	15.2	16.7	18.9	17.6	2.037	2,224
Male	10.2	9.6	11.1	12.8	-2.032	1,152
Female	20.6	24.1	28.5	22.4	5.363	1,072
Proportion of children aged 18-19 that have *ever enrolled* in *primary* school	95.9	97.7	98.1	97.5	2.674	664
- Male	92.3	96.3	97.4	96.3	5.181	360
- Female	99.4	99.1	99	99.2	0.0208	304
Proportion of children aged 18-19 that have *ever enrolled* in *secondary*	44.9	43	37.7	43	-5.996	664
Male	25.1	34.5	33.5	35	7.169	360
Female	62.5	62.5	42.6	54.7	-20.01	304

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Excluing from the denominator those who have completed secondary school

Figure 40 – Distribution of reasons for repeating a school year (% of children 6-19)



Source: CGP Evaluation Follow-up Survey, 2013.

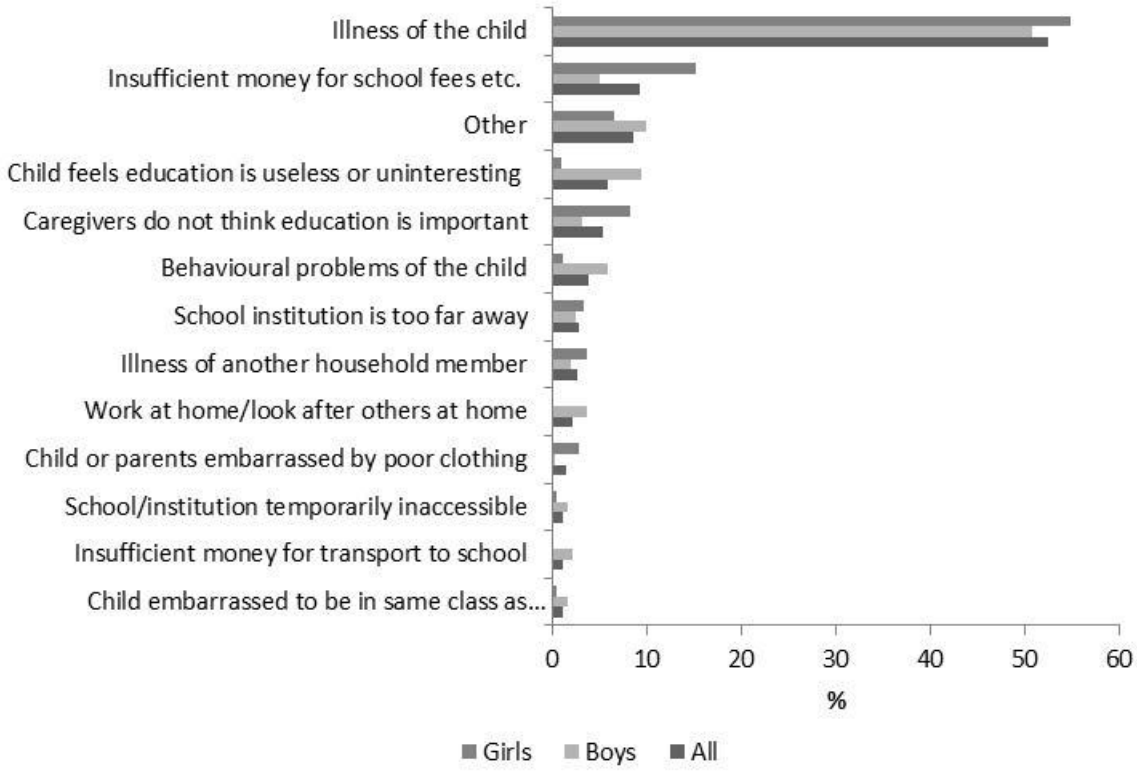
G.2.3.1 School attendance

Table 116 – School attendance (% of children aged 6-19 in primary school)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of pupils (6-19) in *primary school* who missed school in the 30 days prior to the survey	21	11.6***	25.6	15.0***	0.981	3,929
➢ Average number of days missed	4.1	3.4	4.3	4	-0.307	691
Average number of days missed (across all pupils (6-19) in primary school)	0.8	0.4***	1.1	0.6**	0.0495	3,929

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.
Note: the data refers to the 30 days prior to the survey when school was in session

Figure 41 – 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 Follow-Up Survey, Jun-Aug 2013.

G.2.3.2 School progression

Table 117 – School progression (male aged 6-19)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of currently enrolled boys 6-19:						
• With a delay in school progression	82.4	77.0**	81.4	76.0***	-1.791	2,478
➢ Average delay in school progression (number of grades	2.2	2	2.2	1.9***	-0.0340	2,478
• That enrolled late	55.3	50.4	56.8	49.9***	0.119	2,495
➢ Average number of academic years of late enrolment (3)	1	0.8	1.1	0.8***	0.0438	2,388
• That have temporarily dropped out	6.9	6.1	8	5.9	0.588	2,457
➢ Average number of academic years out of school before enrolling again	0.1	0.1	0.1	0.1	-0.0149	2,434
• Have ever repeated a school year	63.7	62	60.7	59.6	-2.340	2,477
➢ Average number of academic years	1.1	1.1	1	1	-0.00124	2,463

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Late enrolment indicates whether the child enrolled in school later than the age of 6 (the official school age). The variables is calculated as the difference between the "Should

be"-grade and the actual maximum grad the child has achieved. From this difference, the number of years repeated and the number of years out of school is subtracted. The remaining number of years, the residual, then become the number of years that the child enrolled late.

Table 118 – School progression (female aged 6-19)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of currently enrolled girls 6-19:						
• With a delay in school progression	70.9	64.6***	71.2	65.0***	-1.477	2,495
➢ Average delay in school progression (number of grades	1.5	1.4	1.4	1.2***	0.0439	2,495
• That enrolled late	50.7	44.7**	53	44.6***	1.371	2,512
➢ Average number of academic years of late enrolment	0.8	0.7	0.8	0.6***	0.0596	2,427
• That have temporarily dropped out	6.1	4.2*	4.4	3.1	-0.857	2,488
➢ Average number of academic years out of school before enrolling	0.1	0.1	0	0	-0.00134	2,469
• Have ever repeated a school year	49.4	49.9	44.8	47.2	-2.432	2,493
➢ Average number of academic	0.7	0.7	0.6	0.6	-0.0284	2,481

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

G.2.3.3 The overall school experience

Table 119 – Educational expenditure (male age 6-19)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average amount spent per pupil since the beginning of the school year (Maloti, 2013 prices) (3)	160.7	342.9***	231.9	346.8**	29.83	2,428
Proportion of pupils incurring						
• Any expenditure	54.4	79.5***	62.4	70.3**	16.26***	2,428
• School fees for the year (either paid or owed)	7.5	12.3***	10.3	14.3**	-1.043	2,406
• Exam fees & other school	1.8	3.5**	3.2	3.9	0.674	2,406
• School trips and other school activities	24.8	32.3**	28.4	29.8	5.565	2,404
• School maintenance and equipment	3.4	10.4***	7.8	7.2	7.807***	2,408
• Text books and photocopies	4.7	9.7***	6.9	11.7**	-0.917	2,403
• Stationery & school bags	19.4	39.6***	21.6	33.8***	6.682	2,403
• Uniform and / or school	21.5	53.4***	27.4	33.6*	25.08***	2,401
• Other activities	11.5	5.7**	13	9.5	-2.267	2,358

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Table 120 – Educational expenditure (female age 6-19)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average amount spent per pupil since the beginning of the school year(Maloti, 2013 prices) (3)	226	506.5***	301.7	422.3**	142.2	2,471
Proportion of pupils incurring						
• Any expenditure	65.1	80.1***	60.7	73.9***	1.208	2,471
• School fees for the year (either paid or owed)	10.9	20.4***	12.2	18.6***	2.285	2,442
• Exam fees & other school	4.1	5.6	5.1	4.9	1.382	2,441
• School trips and other school activities	28.8	35.6*	30.5	32	4.759	2,441
• School maintenance and equipment	7.5	6.9	9.5	8.9	-0.0601	2,448
• Text books and photocopies	7.8	15.8***	7.7	15.3***	-0.333	2,448
• Stationery & school bags	30	41.6***	22.4	38.9***	-5.339	2,452
• Uniform and / or school	29.8	47.3***	28.7	33.1	12.91***	2,443
• Other activities	9.9	8.6	9.9	5.8	2.702	2,392

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

G.2.4 Child work and time use of children

Table 121 – Time use of children (aged 4-17) - Boys

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average number of hours spent on each of the following activities on a						
• Students only						
➢ Travelling to and from school	1	1.2**	1	1.2***	-0.0443	2,442
➢ At school	6.2	6.4	6.2	6.3	-0.0394	2,452
➢ Homework/study outside school	0.5	0.7***	0.5	0.6	0.143**	2,415
• Students and non-students						
➢ Helping at home with household tasks	0.6	0.8**	0.6	0.6	0.142	3,003
➢ Tasks on family farm/ herding or other family business	0.9	0.7	0.7	0.8	-0.290	3,005
➢ Activities for pay (cash or kind) outside of the	0.1	0.1	0.1	0.1	-0.0376	3,008

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 122 – Time use of children (aged 4-17) - Girls

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average number of hours spent on each of the following activities on a typical school day :						
• Students only						
➢ Travelling to and from school	1.2	1.3	1.1	1.3	-0.0598	2,487
➢ At school	6.4	6.4	6.4	6.5	-0.133	2,492
➢ Homework/study outside school	0.6	0.8***	0.6	0.8**	0.0360	2,445
• Students and non-students						
➢ Helping at home with household tasks	0.9	1	0.9	1.0*	-0.0997	2,907
➢ Tasks on family farm/ herding or other family business	0.1	0.1	0.1	0.1	0.0725	2,921
➢ Activities for pay (cash or kind) outside of the household	0	0	0	0	-0.00910	2,923

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 123 – Time use of children (age 4-12)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average number of hours spent on each of the following activities on a typical school day :						
• Students only						
➢ Travelling to and from	1.1	1.2	1	1.2**	-0.0967	3,231
➢ At school	6	6	6	6.1	-0.108	3,237
➢ Homework/study outside school	0.4	0.6***	0.4	0.5*	0.0934	3,193
• Students and non-students						
➢ Helping at home with household tasks	0.5	0.6*	0.6	0.5	0.108*	3,856
➢ Tasks on family farm/ herding or other family	0.4	0.2	0.2	0.2	-0.169	3,865
➢ Activities for pay (cash or kind) outside of the	0	0	0	0	-0.00187	3,862

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 124 – Time use of children (13-17)

	Treatment Group	Control Group	CGP Direct Impact Estimate

Indicator	BL	FU	BL	FU	Est.	Obs.
Average number of hours spent on each of the following activities on a typical school day						
Students only						
• Travelling to and from school	1.2	1.4**	1.2	1.4	0.0284	1,698
• At school	6.9	7.2**	6.9	7.1**	-0.0644	1,707
• Homework/study outside school	0.9	1.2***	0.9	1.1*	0.0805	1,667
Students and non-students						
• Helping at home with household tasks	1.4	1.4	1.2	1.4	-0.148	2,054
• Tasks on family farm/ herding or other family business	0.6	0.6	0.8	0.8	0.00850	2,061
• Activities for pay (cash or kind) outside of the household	0.1	0.1	0.1	0.2	-0.0775	2,069

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 125 – Child work (children 6-12)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	BL	FU	BL	FU	Est.	Obs.
Proportion of children (6-12) who in the 12 months prior to the survey engaged in						
• Any labour activity	26.1	27.1	23.2	27.9	-4.339	3,139
• Own non-farm business activities	0.7	1.2	1.3	0.5	1.193	3,104
• Own crop/ livestock production activities	25.7	26.5	22.8	28.3	-5.242	3,096
• Paid work outside the household	0.3	0.5	0.2	0.3	0.128	3,108
Proportion of children (6-12) who in the 7 days prior to the survey engaged in						
• Any labour activity	16	17.6	15.6	20.5*	-3.640	3,139
• Own non-farm business activities	0.1	0.9	0.6	0.3	0.984	3,102
• Own crop/ livestock production activities	15	16.6	14.9	20.8*	-4.387	3,082
• Paid work outside the household	0.3	0.5	0.2	0.1	0.343	3,107
Average number of hours spent by children (6-12) during the 7 days prior to the survey on Any labour activity (3)	5.3	4	4.2	4.5	-1.677*	3,156

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 126 – Child work (children age 13-17)

	Treatment Group	Control Group	CGP Direct Impact Estimate

Indicator	BL	FU	BL	FU	Est.	Obs.
Proportion of children (13-17) who in the 12 months prior to the survey engaged in						
• Any labour activity	47.2	54.1	46.8	56.7**	-5.094	2,206
• Own non-farm business activities	3.8	2	3.2	2.8	-1.368	2,182
• Own crop/ livestock production activities	43.9	53.1*	43.6	53.7**	-2.627	2,178
• Paid work outside the household	5.7	3.3*	7	5.5	-1.117	2,193
Proportion of children (13-17) who in the 7 days prior to the survey engaged in						
• Any labour activity	27.7	29.6	28.8	36.5**	-7.618	2,206
• Own non-farm business activities	1.5	1.2	0.7	1	-0.568	2,178
• Own crop/ livestock production activities	26.1	29	24.7	34.6***	-8.322	2,139
• Paid work outside the household	2.1	1.4	5.9	3.2	1.818	2,189
Average number of hours spent by children (13-17) during the 7 days prior to the survey on any labour activity (3)	8.9	8.9	10.4	10.1	-0.478	2,213

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 127 – Child work (children 13-17) male

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	BL	FU	BL	FU	Est.	Obs.
Proportion of children (13-17) who in the 12 months prior to the survey engaged in						
• Any labour activity	61.9	64.8	56.1	72.0***	-12.73	1,136
• Own non-farm business activities	4.5	2.1	1.9	1.9	-2.556	1,125
• Own crop/ livestock production activities	59.6	64.2	54.3	69.0***	-9.814	1,121
• Paid work outside the household	7.7	3.5**	7.8	8	-3.967	1,130

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 128 – Child work (children 13-17) female

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	BL	FU	BL	FU	Est.	Obs.
Proportion of children (13-17) who in the 12 months prior to the survey engaged in						
• Any labour activity	32.2	42.8	35.8	41.5	3.461	1,070
• Own non-farm business activities	3	1.9	4.9	3.7	-0.00790	1,057
• Own crop/ livestock production activities	27.5	41.4**	31.3	38.6	5.294	1,057
• Paid work outside the household	3.5	3.1	6.2	3	2.334	1,063

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

G.2.5 Other household level outcomes

Table 129 – Adult labour supply (age 18-59) - 7 days prior to the survey

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of adults engaged in						
• Any labour activity	52	46.8***	51.5	52.2	-5.687	4,979
• Own non-farm business activities	3.7	3	5.6	4.4	0.592	4,924
• Own crop/livestock production activities	35.3	35.8	32.9	37.7	-3.984	4,784
• Paid work outside the household	25.3	13.8***	25.9	18.2*	-3.731	4,867

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%. Note: figures in table refer to activities undertaken in the 7 days prior to the survey.

Table 130 – Adult paid work (male age 18-59)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of adults during the 12 months prior to the survey who engaged in:						
• Permanent /regular work	3.2	4.7	3.8	6.1	-0.768	2,275
• Temporary work	6.3	11.9*	4.4	9.7***	0.330	2,275
• Occasional or irregular work	42.9	26.4***	38.6	29.8**	-7.594	2,275
Average number of weeks adults (all 18-59) engaged in paid work in the 12 months prior to the survey:						
• Permanent /regular work	1.3	1.6	1.6	1.6	0.255	2,235
• Temporary work	1.6	1.9	0.6	1.9***	-0.931	2,235
• Occasional or irregular work	4.7	2.9	2.7	3.6	-2.629*	2,235

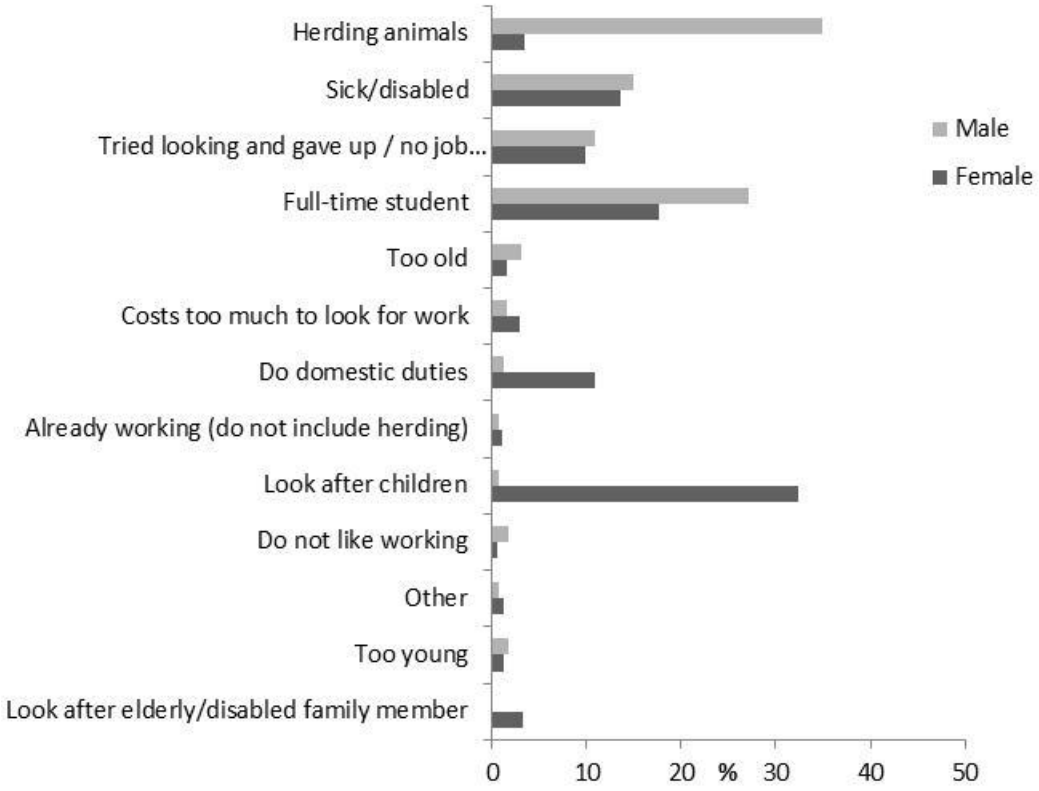
Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (*) indicate that an estimate is significantly different to the relevant comparator: *** = 99%; ** = 95%; * = 90%.

Table 131 – Adult paid work (female age 18-59)

	Treatment		Control		Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of adults during the 12 months prior to the survey who engaged in:						
• Permanent /regular work	3.5	3.7	2.9	6.4***	-3.251**	2,665
• Temporary work	4.7	7.7	6.3	7.7	1.613	2,665
• Occasional or irregular work	32.6	23.3**	30.8	28.1	-6.319	2,665
Average number of weeks adults (all 18-59) engaged in paid work in the 12 months prior to the survey						
• Permanent /regular work	1.2	1.4	1.1	2.3***	-0.973*	2,631
• Temporary work	0.9	1.1	0.9	1.4	-0.293	2,631
• Occasional or irregular work	3.1	2.3	1.7	3.0**	-2.078**	2,631

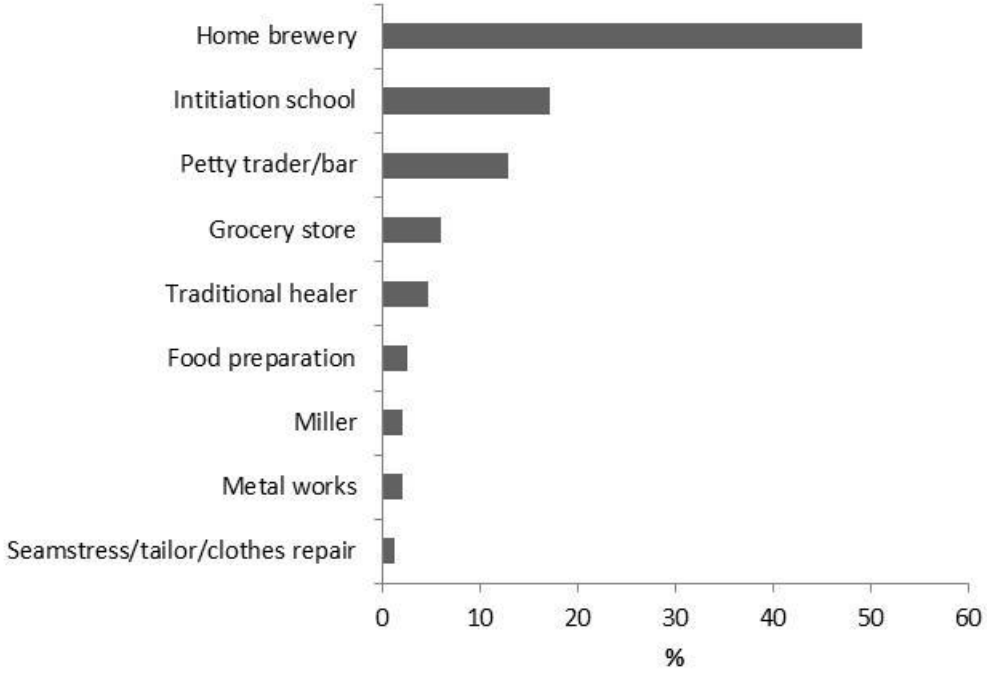
Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) The 'Obs' column denotes the overall sample size. The sample sizes for the disaggregated estimates in other columns are based on smaller sample sizes. (2) Asterisks (*) indicate that an estimate is significantly different to the relevant comparator: *** = 99%; ** = 95%; * = 90%.

Figure 42 – Reasons for unemployed adults (18-59) not to activity seek a job



Source: CGP Evaluation Follow-up Survey, 2013.

Figure 43 – Distribution of type of own non-farm business (%)



Source: CGP Evaluation Follow-up Survey, 2013.

Table 132 – Elderly paid work (age 60 and above)

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of elderly (>60) engaged in paid work outside the household in the last 12 months	28	22.4	24.3	24.6	-6.286	1,219
Proportion of elderly (>60) who in the 12 months prior to the survey in engaged in :						
• Permanent /regular work	0.6	0.3	1.5	1.6	-0.474	1,219
• Temporary work	2	4.6*	1.5	2.9	1.212	1,219
• Occasional or irregular work	25.4	17.5	20.7	20.1	-7.663	1,219

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 133 – Land ownership

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Average total area of land owned and cultivated/used by the household (acres)	1.6	1.4	1.1	1.1		
Average total area of land owned and not cultivated/used by the household (acres) (3)	1	1.4**	0.8	1.3***		
Average total area of land cultivated/used by the household and not owned (acres) (3)	0.4	0.5	0.3	0.4		

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Information obtained on land area (acres) used/owned by households is of poor quality due to ta high number of missing information at baseline and the general difficulty in measuring land size. Impact estimates including this variable is therefore excluded from the analysis.

Table 134 – Type of roof

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households with roof made of:						
• Brick tiles	0.6	0.6	0.1	1.1**	-1.007*	2,702
• Iron sheet	67.5	74.2***	64	65.3	5.401**	2,702
• Harvey metal	0.2	0.5	1	0.4	0.872*	2,702
• Thatched grass	30.9	24.6***	34.7	32.3	-3.901*	2,702
• Wood	0.5	0.1*	0.2	0.9	-1.177*	2,702
• No roof	0.3	0	0.1	0	-0.188	2,702

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

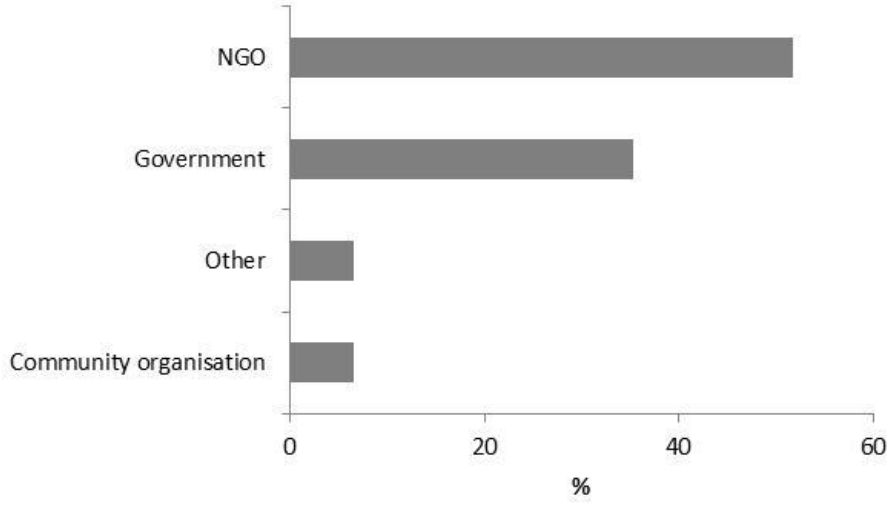
Table 135 – Household assets

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
Proportion of households that own:						
• Electric or gas stove	29.3	34.8**	27	33.1***	-0.485	2,706
• Refrigerator/freezer	2.3	2.8	2.2	5.0***	-2.301*	2,706
• Television	3.7	6.2***	3.9	8.0***	-1.611	2,706
• Radio/ audio equipment	38.5	46.6***	40.1	44.5	3.776	2,706
• Cell phone	55.1	74.8***	55.1	75.5***	-0.762	2,706
• Landline (telephone)	0.1	0.3	0.2	0.3	0.0734	2,705
• Sewing or knitting machine	5	4	2.5	2.5	-0.898	2,705
• Motorized vehicle (used or new)	0	0.6**	0	0.3*	0.251	2,696
• Lounge suite	7.9	10.2*	5.9	8.8***	-0.722	2,705

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

G.2.6 CGP in the context of a Social protection system

Figure 44 – Distribution of in-kind assistance received, by (a) type and (b) source



Source: CGP Evaluation Follow Up Survey, Jun-Aug 2013.

Table 136 – Community networks – support received from family members, friends or neighbours

Indicator	Treatment Group		Control Group		CGP Direct Impact Estimate	
	BL	FU	BL	FU	Est.	Obs.
Proportion of households that borrowed or received support in cash	72.4	75	76	78.1	0.513	2,554
• Average value of the support received (Maloti, 2013 prices) (4)	310.4	290.3	277.5	395.2**	-137.8*	2,554

• Average number of contributors (3)	1.5	1.4*	1.4	1.4	-0.0905	2,554
• Proportion of contributors residing in the same village	69.5	70.7	73.7	67.4	3.078	846
• Proportion of contributors that will have to be reciprocated	79.3	81.1	75.7	75.7	-4.713	843
Proportion of households that received support in kind (food or other consumables)	71.2	84.4***	80.1	81	12.22**	2,554
• Average number of contributors (3)	1.5	1.3***	1.4	1.4	-0.136**	2,554
• Proportion of contributors that will have to be reciprocated	82.5	83.1	82.5	88.2***	1.093	1,658
• Proportion of contributors to whom the household that will have to give something back in return	30.8	42.4**	37.5	37.4	4.525	1,651
Proportion of households that received support in labour	11.4	14.9	11	18.1*	-3.531	2,552
• Average number of contributors (3)	1.9	1.9	1.9	1.8**	0.0402	2,554
• Proportion of contributors residing in the same village	84.9	82.8	81.7	82.6	-5.090	464
• Proportion of contributors that will have to be reciprocated	7.7	17.1	14	29.0*	5.889	465
Proportion of households that received support in agricultural tools, inputs, animals or equipment	47.5	49.3	49.7	53	-1.507	2,554
• Average number of contributors (3)	1.6	1.5	1.5	1.5	-0.0146	2,554
• Proportion of contributors residing in the same village	77.6	81	87.9	85.3	6.147	678
• Proportion of contributions received as part of a mutual sharing arrangement	27.2	37.8	27.3	30.4	5.635	680

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Number of contributors can take the value one or two. Note: figure in table refer to activities in the 12 months prior to the survey.(4) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Table 137 – Community networks – support provided to family members, friends or neighbours

	Treatment Group		Control Group		CGP Direct Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that lent or provided support in cash	24.4	33.6**	31.1	28.5	11.83**	2,554
• Average value of the support received (Maloti, 2013 prices) (4)	31.5	49.6**	43.4	47.3	14.19	2,554
• Average number of contributors (3)	1.8	1.7**	1.7	1.7	-0.0910*	2,554
• Proportion of contributors residing in the same village	82.7	88.4	83.9	86.5	3.078	846
• Proportion of contributors that will have to be reciprocated	88.4	89.4	83.9	89.6	-4.713	843
Proportion of households that provided support in kind (food or other consumables)	46.3	59.1***	54.2	46.3	11.77**	2,554
• Average number of contributors (3)	1.6	1.5***	1.6	1.6	-0.0979*	2,554
• Proportion of contributors that will have to be reciprocated	82.5	83.1	82.5	88.2***	1.093	1,658
• Proportion of contributors to whom the household that will have to give something back in return	30.8	42.4**	37.5	37.4	4.525	1,651
Proportion of households that provided support in labour	18.1	15.8	18.3	19.3	-3.302	2,554
• Average number of contributors (3)	1.8	1.8	1.8	1.8	0.0233	2,554
• Proportion of contributors residing in the same village	84.3	81.7	89.7	92.1	-5.090	464
• Proportion of contributors that will have to be reciprocated	14.3	19.1	21.9	20.7	5.889	465
Proportion of households that provided	23.1	21.4	26.4	24.1	0.682	2,554

support in agricultural tools, inputs, animals or equipment						
• Average number of contributors (3)	1.8	1.8	1.8	1.8	0.00959	2,554
• Proportion of contributors residing in the same village	84.9	92.0*	88.4	89.3	6.147	678
• Proportion of contributions received as part of a mutual sharing arrangement	29.5	37.3	23.8	25.9	5.635	680

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Number of contributors can take the value one or two. Note: figure in table refer to activities in the 12 months prior to the survey. (4) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Annex H Robustness Check Results

As robustness checks, we report impact estimates, p-values and number of observations for key and controversial indicators.

The models (all for panelled households only, excluding split households not likely to receive the CGP, and based on ITT) used for robustness checks are:

For individual level estimates

- DID with covariates
- Household level Fixed Effect
- Individual Fixed Effect
- Lagged dependent variable

For household level estimates

- DID with covariates
- Household level Fixed Effect
- Lagged dependent variable

H.1 Household level outcomes

Table 138 – Household consumption expenditure and consumption poverty

Indicator		CGP Direct Impact Estimate			
		DID	DID with covariates	Household level Fixed Effect	Lagged dependent variable
Real monthly total consumption expenditure – per adult equivalent (Maloti, 2013 prices) (2) (5)	Est.	8.196	26.30*	7.541	0.105
	p-value	(0.677)	(0.0932)	(0.699)	(0.994)
	Obs	2,698	2,698	2,690	1,345
Real total food consumption (Maloti, 2013 prices)	Est.	31.06	76.81*	31.55	17.90
	p-value	(0.537)	(0.0986)	(0.531)	(0.648)
	Obs	2,701	2,701	2,696	1,348
Poverty (4)					
Poverty headcount	Est.	-1.813	-6.113	-1.833	1.168
	P-value	(0.724)	(0.161)	(0.719)	(0.776)
	Obs	2,698	2,698	2,690	1,345
Poverty gap	Est.	-1.406	-3.360	-1.204	1.147
	P-value	(0.691)	(0.238)	(0.730)	(0.661)
	Obs	2,698	2,698	2,690	1,345
Severity of poverty	Est.	-0.765	-1.890	-0.588	0.805
	P-value	(0.762)	(0.357)	(0.814)	(0.641)
	Obs	2,698	2,698	2,690	1,345

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%. (2) Adjusted for price variation across districts. (3) The average price inflation between baseline and follow-up survey was estimated to be 18%. This is somewhat higher than reported by official CPI figures which indicate total inflation of 10% and food inflation of 16% for the same period. It must be borne in mind that our sample is not nationally representative and includes household with a higher share of food expenditure than average. (4) Calculated on the basis of the official poverty line from 2002/03 HBS M 149.91 (2002/03 prices), updated for official inflation. (5) for details of the adult equivalent scale used see Annex C).

Table 139 – Food security

Indicator		CGP Direct Impact Estimate			
		DID	**DID with covariates**	**Household level Fixed Effect**	**Lagged dependent variable**
Proportion of households that did not have enough food to meet their needs at least for 1 month of 12 in in the 12 months prior to the survey	Est.	-4.582	-4.483	-4.634	-7.368***
	P-value	(0.173)	(0.172)	(0.170)	(0.00976)
	Obs	2,697	2,697	2,688	1,344
• Average number of months in which households had sufficient food to meet their needs	Est.	0.657	0.802*	0.685	0.824***
	P-value	(0.149)	(0.0712)	(0.130)	(0.00992)
	Obs	2,681	2,681	2,656	1,328
• Average number of months in which households had some shortage of food to meet their needs	Est.	0.878*	0.959***	0.843*	0.336
	P-value	(0.0576)	(0.00959)	(0.0606)	(0.277)
	Obs	2,681	2,681	2,656	1,328
• Average number of months in which households had extreme shortage of food to meet their needs	Est.	-1.534***	-1.761***	-1.528***	-1.211***
	P-value	(0.00169)	(3.25e-05)	(0.00215)	(0.000366)
	Obs	2,681	2,681	2,656	1,328

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%.

Table 140 – Household assets

Indicator		CGP Direct Impact Estimates			
		DID	**DID with covariates**	**Household level Fixed Effect**	**Lagged dependent variable**
Proportion of households with good quality roof (corrugated iron sheet, brick tiles, metal harvey tiles)	Est.	5.078**	0.0890	4.762*	5.800**
	P-value	(0.0391)	(0.984)	(0.0740)	(0.0281)
	Obs	2,702	2,702	2,698	1,349
Proportion of households that own pigs	Est.	7.572*	7.767**	7.592*	2.836
	P-value	(0.0529)	(0.0353)	(0.0583)	(0.361)
	Obs	2,705	2,705	2,704	1,352

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%.

Table 141 – Crop production

Indicator		CGP Direct Impact Estimates			
		DID	**DID with covariates**	**Household level Fixed Effect**	**Lagged dependent variable**
Average size (kilograms) of crop production of *maize* (2)	Est.	15.80	40.00**	15.43	5.693
	P-value	(0.542)	(0.0321)	(0.541)	(0.792)
	Obs	2,702	2,702	2,698	1,349
Proportion of households that in the 12 months prior to the survey that used pesticides	Est.	3.925	7.307*	4.045	3.984
	P-value	(0.319)	(0.0566)	(0.315)	(0.319)
	Obs	2,676	2,676	2,646	1,323

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%. (2) Impact estimates controls for whether the harvest has been completed or not.

Table 142 – Adult labour supply

Indicator		CGP Direct Impact Estimate				
		DID	**DID with covariates**	**Household level Fixed Effect**	**Individual Fixed Effect**	**Lagged dependent variable**
Proportion of adults (18-59) engaged in the 12 months prior to the survey in any labour activity the household	Est.	-0.522	3.101	-0.159	-0.636	1.010
	P-value	(0.877)	(0.270)	(0.963)	(0.834)	(0.710)
	Obs	4,979	4,979	5,057	4,779	4,778
Proportion of adults (18-59) engaged in the 12 months prior to the survey in paid work outside the household	Est.	-8.136*	-5.201	-7.663	-4.551	-7.254**
	P-value	(0.0653)	(0.152)	(0.116)	(0.163)	(0.0470)
	Obs	4,945	4,945	4,732	3,890	1,945
Average number of weeks adults (18-59) have been engaged in paid occasional work in the past 12 months	Est.	-2.330**	-2.020***	-2.162**	-2.337**	-1.679***
	P-value	(0.0317)	(0.00223)	(0.0470)	(0.0482)	(0.00256)
	Obs	4,866	4,866	4,944	4,629	4,628
Average number of hours for adults (18-59) have been engaged in paid work in the past 7 days	Est.	-3.749**	-2.652*	-3.189*	-3.263*	-2.949**
	P-value	(0.0436)	(0.0839)	(0.0836)	(0.0529)	(0.0341)
	Obs	4,698	4,698	4,382	3,508	1,754

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%.

Table 143 – Official transfers

Indicator		CGP Direct Impact Estimate			
		DID	DID with covariates	Household level Fixed Effect	Lagged dependent variable
Proportion of households that received any in kind transfer (official)	Est.	-1.788	-5.491	-1.894	1.333
	P-value	(0.732)	(0.181)	(0.718)	(0.746)
	Obs	2,700	2,700	2,694	1,347

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%. Note: figures in table refer to activities in the 12 months prior to the survey

Table 144 – Community networks – support received and provided

Indicator		CGP Direct Impact Estimate			
		DID	DID with covariates	Household level Fixed Effect	Lagged dependent variable
Proportion of households that borrowed or received support from other family members, friends or neighbours in:					
Cash	Est.	0.513	3.676	0.513	-2.655
	P-value	(0.911)	(0.366)	(0.911)	(0.394)
	Obs	2,554	2,554	2,554	1,277
In kind	Est.	12.22**	13.07***	12.22**	3.482
	P-value	(0.0147)	(0.000816)	(0.0143)	(0.181)
	Obs	2,554	2,554	2,554	1,277
Labour (economic activities, chores or caring needs)	Est.	-3.531	-3.420	-3.488	-3.172
	P-value	(0.484)	(0.437)	(0.488)	(0.381)
	Obs	2,552	2,552	2,550	1,275
Agricultural tools, inputs, animals or equipment	Est.	-1.507	2.072	-1.507	-3.337
	P-value	(0.746)	(0.700)	(0.754)	(0.460)
	Obs	2,554	2,554	2,554	1,277
Proportion of households that provided support for other family members, friends or neighbours in:					
Cash	Est.	11.83**	10.44**	11.83**	6.088*
	P-value	(0.0203)	(0.0266)	(0.0199)	(0.0999)
	Obs	2,554	2,554	2,554	1,277
In kind	Est.	11.77**	17.31***	11.77**	5.680
	P-value	(0.0291)	(0.00238)	(0.0257)	(0.235)
	Obs	2,554	2,554	2,554	1,277
Labour (economic activities, chores or caring needs)	Est.	-3.302	-1.106	-3.302	-3.466
	P-value	(0.524)	(0.792)	(0.521)	(0.386)
	Obs	2,554	2,554	2,554	1,277
Agricultural tools, inputs, animals or equipment	Est.	0.682	1.893	0.682	-2.307
	P-value	(0.865)	(0.670)	(0.864)	(0.510)
	Obs	2,554	2,554	2,554	1,277

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%. Note: figures in table refer to activities in the 12 months prior to the survey

H.2 Child level indicators

Table 145 – Health status (children aged 0-17 / children aged 0-5)

Indicator		CGP Direct Impact Estimate				
		DID	**DID with covariates**	**Household level Fixed Effect**	**Individual Fixed Effect**	**Lagged dependent variable**
Proportion of children (0-17) who consulted a health care provider in the 3 months prior to the survey	Est.	-0.103	0.255	0.0343	0.0860	0.483
	P-value	(0.976)	(0.923)	(0.993)	(0.981)	(0.848)
	Obs	7,506	7,506	7,417	6,154	3,077
Proportion of children (0-5) who was ill in the 30 days prior to the survey	Est.	-15.38*	-17.02***	-15.57*	-19.17**	-16.32**
	P-value	(0.0539)	(0.00802)	(0.0573)	(0.0376)	(0.0115)
	Obs	1,996	1,996	1,643	1,164	582

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%.

Table 146 – School enrolment, completion rates and educational expenditure

Indicator		CGP Direct Impact Estimate				
		DID	**DID with covariates**	**Household level Fixed Effect**	**Individual Fixed Effect**	**Lagged dependent variable**
Proportion of children aged 6-19 that are *currently enrolled* in school (3)	Est.	5.032**	3.144	5.722**	4.644**	4.662**
	P-value	(0.0332)	(0.188)	(0.0213)	(0.0431)	(0.0207)
	Obs	5,913	5,886	5,794	4,728	2,364
Proportion of children aged 6-8 that are *currently enrolled* in school (3)	Est.	0.0672	0.760	-0.330	-5.340	0.647
	P-value	(0.984)	(0.825)	(0.942)	(0.376)	(0.316)
	Obs	1,273	1,266	765	420	210
Proportion of children aged 9-12 that are *currently enrolled* in school (3)	Est.	-0.0286	0.0727	-0.814	0.688	-0.260
	P-value	(0.979)	(0.952)	(0.554)	(0.598)	(0.771)
	Obs	1,776	1,766	1,337	1,594	797
Proportion of children aged 13-17 that are *currently enrolled* in school (3)	Est.	6.479*	5.739	8.752**	9.612***	9.397***
	P-value	(0.0959)	(0.134)	(0.0362)	(0.00927)	(0.00603)
	Obs	2,223	2,216	1,847	2,088	1,044
Proportion of boys aged 13-17 that are *currently enrolled* in school (3)	Est.	8.072	2.931	11.35*	11.51**	10.77**
	P-value	(0.133)	(0.593)	(0.0603)	(0.0323)	(0.0256)
	Obs	1,155	1,151	861	1,090	545
Proportion of girls aged 13-17 that are *currently enrolled* in school (3)	Est.	4.214	8.527	8.012	7.519*	7.339*
	P-value	(0.378)	(0.128)	(0.157)	(0.0790)	(0.0608)
	Obs	1,068	1,065	743	998	499
Proportion of children aged 18-19 that are *currently*	Est.	19.74**	17.18**	47.05***	4.647	7.060

enrolled in school (3)						
	P-value	(0.0214)	(0.0370)	(6.34e-05)	(0.475)	(0.213)
	Obs	641	638	170	626	313
Proportion of children aged 13-19 that are currently enrolled in *primary school* (3)	Est.	6.326*	6.224*	6.834*	6.485*	7.966***
	P-value	(0.0700)	(0.0501)	(0.0876)	(0.0721)	(0.00706)
	Obs	2,864	2,854	2,594	2,714	1,357
Proportion of boys aged 13-19 that are currently enrolled in *primary school* (3)	Est.	11.39**	9.891**	9.655*	10.64**	9.998**
	P-value	(0.0192)	(0.0433)	(0.0619)	(0.0228)	(0.0152)
	Obs	1,512	1,507	1,266	1,450	725
Proportion of girls aged 13-19 that are currently enrolled in *primary school* (3)	Est.	0.887	3.631	1.866	1.591	5.908
	P-value	(0.839)	(0.451)	(0.735)	(0.745)	(0.156)
	Obs	1,352	1,347	1,060	1,264	632
Proportion of pupils (6-19) incurring expenditure on shoes and uniform since the beginning of the school year	Est.	18.86***	18.21***	20.24***	19.09***	15.47***
	P-value	(5.41e-06)	(3.84e-06)	(1.30e-06)	(2.43e-05)	(8.89e-05)
	Obs	4,844	4,824	4,658	3,660	1,830
Average amount spent per pupil since the beginning of the school year(Maloti, 2013 prices) for children (6-19) (3)	Est.	72.01	65.06	85.17**	85.91**	53.47
	P-value	(0.111)	(0.160)	(0.0448)	(0.0212)	(0.115)
	Obs	4,899	4,879	4,736	3,744	1,872
Proportion of pupils (6-19) with shoes AND uniform	Est.	25.63***	21.61***	25.76***	24.28***	23.23***
	P-value	(1.68e-07)	(4.92e-07)	(2.24e-07)	(4.45e-06)	(2.10e-08)
	Obs	4,874	4,854	4,701	3,712	1,856

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%. (2) Excluding from the denominator those who have completed secondary school. (3) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Table 147 – Child work participation rates (children aged 6-17)

		CGP Direct Impact Estimate				
Indicator		**DID**	**DID with covariates**	**Household level Fixed Effect**	**Individual Fixed Effect**	**Lagged dependent variable**
Proportion of children (6-17) who in the 12 months prior to the survey engaged in						
• Any labour activity	Est.	-4.656	-2.392	-4.626	-6.326	-3.413
	P-value	(0.397)	(0.540)	(0.395)	(0.288)	(0.467)
	Obs	5,345	5,345	5,237	4,216	2,108
• Own non-farm business activities	Est.	0.176	-0.194	0.135	0.403	-0.0921
	P-value	(0.911)	(0.894)	(0.932)	(0.817)	(0.930)
	Obs	5,286	5,286	5,127	4,124	2,062
• Own crop/ livestock production	Est.	-4.223	-1.766	-3.345	-3.990	-2.581
	P-value	(0.429)	(0.635)	(0.519)	(0.482)	(0.578)

	Obs	5,274	5,274	5,114	4,102	2,051
• Paid work outside the household	Est.	-0.301	0.0709	-0.484	-0.981	-0.726
	P-value	(0.768)	(0.944)	(0.631)	(0.334)	(0.418)
	Obs	5,301	5,301	5,173	4,146	2,073

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. Notes: (1) Asterisks (*) indicate that an estimate is significant impact estimate: *** = 99%; ** = 95%; * = 90%.

Annex I Heterogeneity Analysis Results

I.1 Household level outcomes

Table 148 – Household consumption expenditure and consumption poverty

	CGP Direct Impact Estimate							
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample	
	Below median	Above median		Below median	Above median			
Indicator	**Est.**	**Est.**	**Obs.**	**Est.**	**Est.**	**Obs.**	**Est.**	**Obs.**
Real monthly total consumption expenditure – per adult equivalent (Maloti, 2013 prices)	-2.012	-4.945	2,698	8.072	6.452	2,698	8.196	2,698
Poverty								
• Poverty headcount	-0*** (7)	1.412	2,698	-2.897	-0.841	2,698	-1.813	2,698
• Poverty gap	0.698	0.792	2,698	-1.152	-1.074	2,698	-1.406	2,698
• Severity of poverty	0.925	0.198	2,698	-0.226	-0.708	2,698	-0.765	2,698

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Adjusted for price variation across districts. (4) The average price inflation between baseline and follow-up survey was estimated to be 18%. This is somewhat higher than reported by official CPI figures which indicate total inflation of 10% and food inflation of 16% for the same period. It must be borne in mind that our sample is not nationally representative and includes household with a higher share of food expenditure than average. (5) Calculated on the basis of the official poverty line from 2002/03 HBS M 149.91 (2002/03 prices), updated for official inflation. (6) for details of the adult equivalent scale used see Annex C). (7) Note that the poverty rate was zero for household below the median consumption at baseline

Table 149 – Food security

	CGP Direct Impact Estimate							
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample	
	Below median	Above median		Below median	Above median			
Indicator	**Est.**	**Est.**	**Obs.**	**Est.**	**Est.**	**Obs.**	**Est.**	**Obs.**
Proportion of households, in the 12 months prior to the survey, that:								
Did not have enough food to meet their needs at least for 1 month of 12	0.679	-3.218	2,689	-5.603	-3.973	2,697	-4.582	2,697
• Average number of months in which households had sufficient food to meet their needs	-0.119	0.787	2,673	0.687	0.640	2,681	0.657	2,681
• Average number of months in which households had some shortage of food to	1.970***	0.442	2,673	0.826	0.929*	2,681	0.878*	2,681

meet their needs								
• Average number of months in which households had extreme shortage of food to meet their needs	-1.851**	-1.229**	2,673	-1.513**	-1.569***	2,681	1.534***	2,681

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 150 – Household assets

	CGP Direct Impact Estimate							
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample	
	Below median	Above median		Below median	Above median			
Indicator	**Est.**	**Est.**	**Obs.**	**Est.**	**Est.**	**Obs.**	**Est.**	**Obs.**
Proportion of households with good quality roof (corrugated iron sheet, brick tiles, metal harvey tiles)	2.423	4.859	2,694	6.710	4.201*	2,702	5.078**	2,702
Proportion of households that own pigs	13.27**	3.348	2,697	-0.476	12.58**	2,705	7.572*	2,705

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 151 – Adult labour supply

	CGP Direct Impact Estimate							
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample	
	Below median	Above median		Below median	Above median			
Indicator	**Est.**	**Est.**	**Obs.**	**Est.**	**Est.**	**Obs.**	**Est.**	**Obs.**
Proportion of adults (18-59) engaged in the 12 months prior to the survey in any labour activity the household	-0.467	-0.0228	4,970	2.725	-2.709	4,981	-0.522	4,979
Proportion of adults (18-59) engaged in the 12 months prior to the survey in paid work outside the household	-13.04*	-7.449	4,962	-1.755	-10.96**	4,971	-8.136*	4,945
Average number of weeks adults (18-59) have been engaged in paid occasional work in the past 12 months	-2.883***	-2.437*	4,883	-1.172	-2.861**	4,892	-2.330**	4,866
Average number of hours for adults (18-59) have been engaged in paid work in the past 7 days	-5.184**	-2.557	4,715	-4.118*	-3.589*	4,724	-3.749**	4,698

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 152 – Official transfers

	CGP Direct Impact Estimate							
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample	
	Below median	Above median		Below median	Above median			
Indicator	**Est.**	**Est.**	**Obs.**	**Est.**	**Est.**	**Obs.**	**Est.**	**Obs.**
Proportion of households that received any in kind transfer (official)	-2.882	-3.021	2,692	-2.771	-0.956	2,700	-1.788	2,700

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.
Note: figures in table refer to activities in the 12 months prior to the survey

Table 153 – Community networks – support received and provided

	CGP Direct Impact Estimate							
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample	
	Below median	Above median		Below median	Above median			
Indicator	**Est.**	**Est.**	**Obs.**	**Est.**	**Est.**	**Obs.**	**Est.**	**Obs.**
Proportion of households that borrowed or received support from other family members, friends or neighbours in:								
Cash	-0.717	-0.320	2,546	5.797	-2.620	2,554	0.513	2,554
In kind	7.788	11.86*	2,546	28.10***	2.505	2,554	12.22**	2,554
Labour (economic activities, chores or caring needs)	-5.446	-3.968	2,544	-8.087	-0.739	2,552	-3.531	2,552
Agricultural tools, inputs, animals or equipment	-4.051	1.481	2,546	7.503	-6.523	2,554	-1.507	2,554
Proportion of households that provided support for other family members, friends or neighbours in:								
Cash	7.075	13.32**	2,546	18.31***	7.725	2,554	11.83**	2,554
In kind	7.906	12.20*	2,546	19.10**	7.141	2,554	11.77**	2,554
Labour (economic activities, chores or caring needs)	-5.922	-1.782	2,546	0.970	-5.896	2,554	-3.302	2,554
Agricultural tools, inputs, animals or equipment	0.463	-0.772	2,546	7.477	-3.422	2,554	0.682	2,554

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.
Note: figures in table refer to activities in the 12 months prior to the survey

I.2 Child level outcomes

Table 154 – Health status (children aged 0-17 / children aged 0-5)

	CGP Direct Impact Estimate						
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample
	Below median	Above median		Below median	Above median		

Indicator	Est.	Est.	Obs.	Est.	Est.	Obs.	Est.	Obs.
Proportion of children (0-17) who consulted a health care provider in the 3 months prior to the survey	2.888	-1.118	7,506	2.888	-1.118	7,506	-0.103	7,506
Proportion of children (0-5) who was ill in the 30 days prior to the survey	-15.49*	-15.41	1,992	-2.491	-24.56***	1,996	-15.38*	1,996

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 155 – School enrolment, completion rates and educational expenditure

	CGP Direct Impact Estimate							
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample	
	Below median	Above median		Below median	Above median			
Indicator	Est.	Est.	Obs.	Est.	Est.	Obs.	Est.	Obs.
Proportion of children aged 6-19 that are *currently enrolled* in school (3)	7.160**	2.581	5,902	5.963	3.350*	5,913	5.032**	5,913
Proportion of children aged 6-8 that are *currently enrolled* in school (3)	-7.745	4.875	1,272	8.655	-4.222	1,273	0.0672	1,273
Proportion of children aged 9-12 that are *currently enrolled* in school (3)	0.214	-0.194	1,773	-0.146	-0.225	1,776	-0.0286	1,776
Proportion of children aged 13-17 that are *currently enrolled* in school (3)	15.19*	1.900	2,218	8.142	4.820	2,223	6.479*	2,223
Proportion of children aged 18-19 hat are *currently enrolled* in school (3)	31.32*	9.730	639	13.45	24.46**	641	19.74**	641
Proportion of children 13-19 year olds who completed primary school	-6.881	-0.864	2,992	-0.0440	-1.923	3,000	-1.180	3,000
Proportion of adults aged 18-25 who completed secondary school	4.891	-2.901	2,559	-2.151	1.567	2,565	-0.00683	2,565
Average amount spent per pupil since the beginning of the school year(Maloti, 2013 prices) for children (6-19) (4)	117.1	63.25	4,892	123.0**	45.51	4,899	85.22	4,899
Proportion of pupils (6-19) with shoes AND uniform	20.33**	27.87***	4,867	27.58***	25.28***	4,874	25.63***	4,874
Proportion of pupils (6-19) incurring expenditure on shoes and uniform since the beginning of the school year	26.82***	13.38**	4,837	13.65*	22.10***	4,844	18.86***	4,844

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Excluing from the denominator those who have completed secondary school. (4) (3) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Table 156 – Child work participation rates (children aged 6-17)

	CGP Direct Impact Estimate							
	For households with adult equivalent consumption expenditure			For households with household size			Total Sample	
	Below median	Above median		Below	Above median			

				median				
Indicator	**Est.**	**Est.**	**Obs.**	**Est.**	**Est.**	**Obs.**	**Est.**	**Obs.**
Proportion of children (6-17) who in the 12 months prior to the survey engaged in								
Any labour activity	-1.912	-5.703	5,346	-1.912	-5.703	5,346	-4.656	5,345
Own non-farm business activities	-1.787	1.444	5,323	-1.787	1.444	5,323	0.176	5,286
Own crop/ livestock production activities	-1.068	-6.038	5,309	-1.068	-6.038	5,309	-4.223	5,274
Paid work outside the household	-0.285	-0.198	5,324	-0.285	-0.198	5,324	-0.301	5,301

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

Annex J Spill-overs Analysis Results

J.1 Household level outcomes

Table 157 – Household consumption expenditure and consumption poverty

	Non-eligible households in treatment areas		Non-eligible households in control areas		Indirect CGP Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Real monthly total consumption expenditure – per adult equivalent (Maloti, 2013 prices)	400.6	362	397	407.6	-49.11	1,592
Poverty						
• Poverty headcount	45.3	54.7*	43.7	44.8	8.275	1,592
• Poverty gap	17.1	18.6	14.1	14.3	1.256	1,592
• Severity of poverty	8.3	8.6	6.4	6.3	0.365	1,592

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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) Adjusted for price variation across districts. (4) The average price inflation between baseline and follow-up survey was estimated to be 18%. This is somewhat higher than reported by official CPI figures which indicate total inflation of 10% and food inflation of 16% for the same period. It must be borne in mind that our sample is not nationally representative and includes household with a higher share of food expenditure than average. (5) Calculated on the basis of the official poverty line from 2002/03 HBS M 149.91 (2002/03 prices), updated for official inflation. (6) for details of the adult equivalent scale used see Annex C).

Table 158 – Food security

	Non-eligible households in treatment areas		Non-eligible households in control areas		Indirect CGP Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households, in the 12 months prior to the survey, that:						
Did not have enough food to meet their needs at least for 1 month of 12	64.1	73.4***	64.6	70.9*	3.016	1,587
• Average number of months in which households had *sufficient food* to meet their needs	6.1	4.5***	6.2	4.8***	-0.311	1,573
• Average number of months in which households had *some shortage* of food to meet their needs	3.1	4.1**	3.2	4.1***	0.00540	1,573
• Average number of months in which households had *extreme shortage* of food to meet their needs	2.8	3.5**	2.7	3	0.305	1,573

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 159 – Household assets

	Non-eligible households in treatment areas		Non-eligible households in control areas		Indirect CGP Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households with good quality roof (corrugated iron sheet, brick tiles, metal harvey tiles)	80.1	82	78.9	82.1**	-1.300	1,592
Proportion of households that own pigs	18.2	16.8	16	12.2**	2.353	1,594

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 160 – Adult labour supply

	Non-eligible households in treatment areas		Non-eligible households in control areas		Indirect CGP Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of adults (18-59) engaged in the 12 months prior to the survey in any labour activity the household	80	79.2	76	83.8***	-8.175**	3,025
Proportion of adults (18-59) engaged in the 12 months prior to the survey in paid work outside the household	33.8	29.1	35.4	36.5	-5.416	3,002
Average number of weeks adults (18-59) have been engaged in paid occasional work in the past 12 months	2.3	2	2.3	2.6	-0.659	2,960
Average number of hours for adults (18-59) have been engaged in paid work in the past 7 days	6.8	5	6.7	8.6	-3.596**	2,895

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 161 – Official transfers

	Non-eligible households in treatment areas		Non-eligible households in control areas		Indirect CGP Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that received any in kind transfer (official)	13.7	20.2*	11.8	11.6	6.730	1,593

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.
Note: figures in table refer to activities in the 12 months prior to the survey

Table 162 – Community networks – support received and provided

	Non-eligible households in treatment areas		Non-eligible households in control areas		Indirect CGP Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of households that borrowed or received support from other family members, friends or neighbours in:						
• Cash	70.7	74.1	70.1	71.8	1.679	1,470
• In kind	61.2	72.5***	75.5	71.1	15.73***	1,470
• Labour (economic activities, chores or caring needs)	17.5	15	14.6	16	-3.906	1,470
• Agricultural tools, inputs, animals or equipment	41.4	47.3	35.1	35.1	2.101	1,470
Proportion of households that provided support for other family members, friends or neighbours in:						
• Cash	43.5	41.4	49.2	48.8	-1.639	1,468
• In kind	55.4	58.9	64.9	57.9	10.49	1,470
• Labour (economic activities, chores	20.5	14.4	19.6	12.5**	1.121	1,470

or caring needs)						
• Agricultural tools, inputs, animals or equipment	30.4	28.9	28.8	21.4**	5.867	1,470

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.
Note: figures in table refer to activities in the 12 months prior to the survey

J.2 Child level outcomes

Table 163 – Health status (children aged 0-17 / children aged 0-5)

	Non-eligible households in treatment areas		Non-eligible households in control areas		Indirect CGP Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children (0-17) who consulted a health care provider in the 3 months prior to the survey	18	24.0**	17.4	22.8*	0.00717	3,138
Proportion of children (0-5) who was ill in the 30 days prior to the survey	42	54.6*	42.2	49.6	4.645	828

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 164 – School enrolment, completion rates and educational expenditure

	Non-eligible households in treatment areas		Non-eligible households in control areas		Indirect CGP Impact Estimate	
Indicator	**BL**	**FU**	**BL**	**FU**	**Est.**	**Obs.**
Proportion of children aged 6-19 that have *ever enrolled* in school (3)	98.2	99.7**	99.1	98.8	1.786*	2,518
- children 6-12 (3)	97.6	98.1	98.6	98.4	2.794*	1,205
- children 13-17 (3)	98.3	100.0*	99.6	99.6	1.627*	983
Proportion of children aged 6-19 that are *currently enrolled* in school (3)	87.1	86.7	88.5	88.9	-0.919	2,492
- children 6-8 (3)	93.8	97.1	98.7	96.4	4.541	501
- children 9-12 (3)	99	98.9	98.5	100.0*	-1.539	703
- children 13-17 (3)	85.9	85.7	87.5	90.1	-2.405	981
- children 18-19 (3)	56.6	45.3	48.9	47.6	-9.840	307
Proportion of children 13-19 year olds who completed primary school	58.5	62.2	54.5	57.9	-0.824	1,384
Proportion of adults aged 18-25 who completed secondary school	17.8	17.1	16.3	19.3	-3.850	1,480
Average amount spent per pupil since the beginning of the school year(Maloti, 2013 prices) for children (6-19) (4)	489.8	538.3	468.4	611.9***	-102.4	2,099
Proportion of pupils (6-19) with shoes AND uniform	69.2	59.6**	72.3	57.9***	4.830	2,079
Proportion of pupils (6-19) incurring expenditure on shoes and uniform since the beginning of the school year	38.9	41	43.9	42.1	3.396	2,074

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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 from the denominator those who have completed secondary school.(4) Real Values in 2013 prices: 2011 values have been inflated by the total intra-survey inflation calculated at 18%. Values have not been adjusted for regional price differences.

Table 165 – Child work participation rates (children aged 6-17)

	Non-eligible households in treatment areas	Non-eligible households in control areas	Indirect CGP Impact Estimate

Indicator	BL	FU	BL	FU	Est.	Obs.
Proportion of children (6-17) who in the 12 months prior to the survey engaged in						
• Any labour activity	39.6	42.2	33.2	38.5	-1.292	2,182
• Own non-farm business activities	1.3	1.1	1.1	1.2	-0.364	2,163
• Own crop/ livestock production activities	39	42	32.6	39	-1.852	2,128
• Paid work outside the household	2.6	2.2	1	1.3	-0.693	2,164

Source: CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys. 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%.

References

Alkire, S. & Roche, J.M. (2011) Beyond headcount: Measures that reflect the breadth and components of child poverty. OPHI Working Paper 45.

Attah, R., Barca, V., Kardan, A., MacAuslan, I., Merttens, F. and Pellerano, L. (2014), “Can social protection affect psychosocial wellbeing and why does this matter? Lessons from cash transfers in Sub Saharan Africa”, OPM.

Chambers, R. 1989 “Vulnerability, coping and policy” Editors introduction to IDS Bulletin Special Issue on Vulnerability Volume 20 Number 2.

Dercon, S., 2005 Vulnerability: a micro perspective. Oxford University QEH Working Paper no. 149

DfID (2011) Cash Transfers Evidence Paper, Policy Division, London.

DHS (2009), Lesotho Demographic and Health Survey 2009, Ministry of Health and Social Welfare, Maseru, Lesotho and ICF Macro, Calverton, Maryland, USA, November 2010

Food and Agriculture Organisation (FAO) (1987). ICS-data, Statistical Division, FAO, Rome.

Food and Agriculture Organisation (FAO) (1996), Rome Declaration on World Food Security, November 1996

Gordon, D., Nandy, S., Pantazis, C., Pemberton, S. and Townsend, P. (2003), the Distribution of Child Poverty in the Developing World, Policy Press, Centre for International Poverty Research, University of Bristol, July 2003

Gordon, D., C. Pantazis, P. Townsend, (With A. Minujing and J. Vandemoortele and C. Namizie) (2001), Child Rights and Child Poverty in Developing Countries, Bristol, University of Bristol

HBS (2003), 2002/03 Household Budget Survey Report, Bureau of Statistics, Maseru.

Holmes, R. and Bhuvanendra, D. (2013), Social Protection and Resilitent food systems: the role of cash transfers, Overseas Development Institute, March 2013 available at http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8601.pdf

CMS (2009), Living conditions in Lesotho 2009, Results from the first round of the new Continuous Multipurpose Survey, Bureau of Statistics, Maseru

OECD (1991), ‘The DAC Principles for the Evaluation of Development Assistance’.
Manual of operation in use for round 1A of the CGP pilot. November 2008

OPM (2013), Qualitative research and analyses of the economic impacts of cash transfer programmes in Sub Saharan Africa, Lesotho Country Case Study Report, *From Protection to Production (P to P)* project, September 2013,

OPM (2012), “CGP Impact Evaluation - Targeting and baseline evaluation report”, Oxford

OPM (2011), “CGP Impact Evaluation - Sampling Report”, Oxford

OPM (2011),”CGP Rapid Assessment Report”, Oxford.

Pellerano, L. and Barca, V. (2013), "Does one size fit all? The Conditions for Conditionality in Cash Transfers”, OPM working paper.

Schuring, E. (2010), Conditions, Conditionality, Conditionalities, Responsibilities – Finding Common Ground. Maastricht Graduate School of Governance Working Paper.

UNICEF (2004) The State of the World's Children 2005: Childhood Under Threat, New York, The United Nations Children's Fund (UNICEF).

United Nations (1989) International Convention of the Rights of the Child, available at http://www.unicef.org/crc/index_30177.html

United States Department of Agriculture 'Guide to Measuring Household Food Security' (2000)

Wiesmann, D. Bassett, L., Benson, T. and Hoddinot, J.. (2009), Validation of the World Food Programme's Food Consumption Score and Alternative Indicators of Household Food Security, IFPRI Discussion Paper 00870, Poverty, Health and Nutrition Division, June 2009, available at http://www.ifpri.org/sites/default/files/publications/ifpridp00870.pdf

World Food Programme (WFP) (2007), Technical Guidance Sheet: Food Consumption Analysis, available at http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp197216.pdf

World Bank (2013), World Bank Social protection sector review, Report No. 77767-LS LESOTHO: A Safety Net to End Extreme Poverty Human Development Department Social Protection Unit Africa Region, World Bank