

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

## Final Inception Report

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## Acknowledgements

During the inception period Oxford Policy Management engaged with UNICEF Lesotho, the European Union, and stakeholders within the Ministry of Social Development to discuss the purpose and research focus of the evaluation, as well as the methodology. This greatly contributed to the drafting of this report.

Oxford Policy Management would like to thank all of those institutions and individuals who were interviewed during the inception phase and as part of the inception visit, who have provided crucial information for the design of this evaluation. A particular thank you goes to all the individuals who actively participated in the inception workshop that took place during the inception visit.

## Executive summary

The Child Grants Programme (CGP) is an unconditional cash transfer programme that has been implemented by the Ministry of Social Development (MoSD) of the Government of Lesotho (GoL) since 2009.

Oxford Policy Management (OPM) and Sechaba Consultants have been contracted by the United Nations Children’s Fund (UNICEF), in the name of MoSD, to conduct an evaluation of the CGP. OPM and Sechaba also conducted the last evaluation of the programme in 2013. Since then, the CGP, as well as the wider social protection sector and the socioeconomic environment in Lesotho, have changed significantly, highlighting the need for a follow-up evaluation to take stock of the programmes’ progress over the past eight years.

The present report summarises the results of the inception phase of the CGP evaluation, which was conducted between June and July 2022 and included a one-week inception mission to Maseru, Lesotho. The objective of the inception phase was to design the CGP evaluation, taking account of stakeholders’ priorities and ensuring the feasibility of the evaluation.

### Inception findings

**Evolution of the CGP:** Since its last evaluation in 2013, significant progress has been made in terms of the legislative, policy, and institutional environment in Lesotho. The Department of Social Assistance has been established under MoSD, and now manages all social assistance programmes, including the CGP and the Old-Age Pension (OAP).

The CGP transfer amount has not changed since 2010 but several approaches for linkages and complementary interventions to the CGP have been piloted, especially related to livelihoods. A community development model (CDM) has been developed but its implementation remains limited in coverage and scope. The CGP and the Orphans and Vulnerable Children (OVC) Bursary have been integrated. The targeting methodology used by the National Information System for Social Assistance (NISSA) has been reviewed and updated. Both the CGP and NISSA coverage have been expanded considerably. The NISSA now covers the whole of Lesotho, including urban areas, and the CGP reaches all rural community councils.

There have also been several changes to CGP delivery systems and processes. Mobile phone payments are being piloted in 10 community councils and in some places the payments process for CGP and Public Assistance (PA) have been integrated. The number of auxiliary social workers deployed across Lesotho has increased significantly but Village Assistance Committees (VACs) have been deactivated. Despite some investments, little progress appears to have been made in terms of the case management and grievance mechanisms. Since 2016 the CGP has been used as a shock-responsive programme, having expanded both vertically and horizontally several times, in response to climatic shocks and COVID-19.

**Updated theory of change (ToC):** During the inception phase, the CGP ToC was updated in the context of a ToC workshop that was attended by approximately 20 stakeholders from

MoSD and UNICEF. The key changes include the inclusion of systematic complementary support to CGP beneficiaries at the output level, including the automatic entitlement to the OVC secondary school bursary and emergency top-ups in response to shocks. While the original ToC had three impact pathways, the revised ToC focuses on one primary impact pathway, which relates to boosting household expenditure and expenditure on children, which in turn is expected to improve short-term and long-term outcomes related to children's education, nutrition, and health.

During the ToC workshop, consensus emerged that the programme cannot be expected to have any discernible impact on livelihoods, income, or assets, mainly due to the small CGP transfer amount (which has decreased in real terms due to inflation), and the lack of systematic delivery of other targeted interventions aimed at enhancing beneficiary households' livelihoods. Hence, impact pathways 2 and 3 of the original ToC were removed and will not be investigated in detail through the current impact evaluation. One exception to this concerns the impact on coping strategies and resilience to shocks, which is, however, expected to derive from the emergency top-ups. The new ToC has added a set of assumptions underpinning the CGP's implementation and the relationships between activities, outputs, and outcomes, which will be tested by this evaluation.

**Evaluation use and priorities:** MoSD, UNICEF, and the European Union (EU) plan to use the evaluation findings for (1) strategic decision-making about the design and expansion of the CGP, (2) making targeted improvements to the CGP operational processes, (3) advocacy and influencing other stakeholders, and (4) documenting the programme's results.

In terms of *programme design*, the key evaluation users would like the evaluation to focus on assessing the following: whether the benefit value is still relevant as regards to achieving the intended objectives; whether there are any services available that CGP beneficiaries could be linked to; whether the CGP is shock-responsive; and to what extent the CGP reaches children with disabilities. It was clarified during the inception workshop that all questions related to programme design will be addressed in a light-touch way.

In terms of *delivery systems and processes*, the key processes that the primary evaluation users would like the evaluation to focus on include the following: the effectiveness, efficiency, and relevance of the payment modalities (including digitisation pilots); the NISSA, including updating and recertification (without an assessment of inclusion and exclusion errors); and the case management and grievances mechanism. A cost-effectiveness analysis of the CGP is not deemed a priority. In terms of sustainability and external funding support, the focus should be on assessing if and how MoSD's capacity needs to be developed for NISSA operations, rather than assessing the GoL's ability to manage direct budget support.

Finally, in terms of *impact*, a priority that emerged is establishing the CGP's impact on children's education and health outcomes, child labour, household food security outcomes, and households' resilience to shocks, in addition to any unintended impacts at the community and household levels. A clear interest was also expressed in the evaluation assessing the sustainability of the impact, which includes evaluating the impacts on longer-term outcomes and multi-dimensional child poverty. UNICEF and the Disability Department of MoSD are interested in establishing the impact the CGP is having for families of children with disabilities.

## Evaluation approach and methodology

Based on the inception findings an evaluation matrix was developed, which presents the proposed evaluation questions and sub-questions, as well as the quantitative and qualitative data sources that will be used to answer each question. The overall evaluation approach will include two mixed-methods evaluation workstreams: an impact evaluation and a process review. Together, these workstreams will address evaluation questions related to relevance, effectiveness, efficiency, impact, sustainability, coherence, and partnership.

### Impact evaluation design

The impact evaluation has been designed to answer evaluation questions related to impact, sustainability, and relevance. We propose a mixed-methods impact evaluation design, featuring a quantitative and qualitative component and drawing on the strengths of each method.

**The quantitative impact evaluation** will be based on a quasi-experimental approach that will provide an estimation of the impact that is directly attributable to the CGP. In particular, the proposed quasi-experimental approach will measure impact across two evaluation groups – the overall treatment group and the sustainability treatment group – which will be matched to their respective control groups. The overall treatment group will consist of a representative sample of the current CGP beneficiary households, while the sustainability treatment group will be a sub-sample of the overall treatment group and will consist only of households that were part of the treatment sample in the previous OPM CGP follow-up evaluation in 2013. This design structure will allow us to measure both the current impact of the CGP and the sustainability of its impact over time. The approach used for measuring the latter will depend on the number of households that can be traced back to the 2013 CGP follow-up evaluation sample.

The sample for the quantitative impact evaluation will be drawn using a multi-stage sampling strategy, including the selection of districts, community councils, villages, and households. The sampling at the different stages will be based on sampling selection techniques that will ensure that the final sample of beneficiary households is representative of the CGP target population. The total sample size will be 1,800 households, distributed across 180 villages. Data will be collected through surveys administered at the household and community levels.

**The qualitative research** will complement the quantitative impact evaluation by (i) providing a voice to beneficiaries regarding the relevance of the programme outputs (e.g. change in the use of the grant over time, experience with emergency top-ups, the needs of specific beneficiary groups), (ii) answering some sub-questions that cannot fully be answered by the quantitative part alone (e.g. unintended effects on beneficiaries and communities); and (iii) explaining the quantitative results on impact (e.g. why impact pathways have unfolded (or not), long-term impacts, and differing impacts based on length of and age at CGP exposure).

The six qualitative research villages will be chosen based on the following criteria: (i) overlap with villages sampled by the quantitative survey; (ii) length of CGP exposure; (iii) agroecological zones; (iv) remoteness; and (v) payment modality. Beneficiaries who will be invited to take part in focus group discussions (FGDs) and in-depth interviews (IDIs) will be sampled from the list of households sampled by the quantitative survey. Where interviews

require beneficiaries with specific characteristics (e.g., households with children with disabilities, former beneficiaries, or households with adult children), community leaders will be asked to draw up lists from which researchers will sample participants at random.

## **Process review design**

The process review workstream will address evaluation questions related to relevance, coherence, effectiveness, efficiency, sustainability, and partnership. This workstream will be structured around two activities: operational research and programme design research. While the evaluation questions related to the operational research will be addressed through process mapping, including an assessment of where and why certain bottlenecks exist, the evaluation questions related to the design research will be addressed in a light-touch way, based on a review of other existing studies.

The operational research will focus on four key implementation processes: case management; grievances and complaints; payments; and registration and enrolment. The design research will focus on exploring the options for complementary services and linkages (without undertaking a comprehensive mapping), the shock-responsiveness of the CGP (based on secondary research); and the partnership between UNICEF and MoSD.

The process review will draw on a range of data sources, including the following: a review of secondary literature and programme documents; key informant interviews (KIIs) with programme implementers and policymakers at national, district, community council, and village levels; the quantitative household and community surveys; the qualitative FGDs and IDIs with current and former beneficiaries; and programme monitoring data (if available within the timeframe).

## **Approach to data collection**

### **Quantitative data collection**

The main quantitative data collection tool for the CGP evaluation will be a household-level survey, which will be complemented by a community-level survey. The design of the household questionnaire has been informed by the OPM 2013 CGP follow-up instruments and incorporates additional questions that address the new evidence needs for both the impact evaluation and the process review. Community-level interviews with community leaders will be conducted before the household-level interviews. The community entry tool is a short questionnaire that has been designed to gain general information on the sampled communities.

Quantitative survey tools will be pre-tested and enumerators will be trained for five days by OPM's survey specialist. This will include a field pilot. Data collection will be undertaken by Sechaba Consultants and will take approximately six weeks. In addition to quality control in the field, during the whole duration of the fieldwork, OPM will use computer-assisted personal interviewing- (CAPI-) based checks (implemented remotely by the OPM team survey specialists) to ensure that the data collected meet the required standard. Once the data have been collected, secondary cleaning will be conducted by the OPM team of quantitative data analysts, who will also construct indicators, in accordance with a detailed analysis plan. Data analysis will be carried out using STATA and/or R statistical software.

## Qualitative data collection

The qualitative component will collect data both for the impact evaluation and the process review and will collect data via KIIs with central-level programme implementers and policymakers, district-level and community council-level programme implementers (e.g., district managers, social welfare officers, (auxiliary) social workers), and community leaders (e.g., community councillors and village chiefs). FGDs will be conducted with current beneficiaries and IDIs will be conducted with current beneficiaries who have children with disabilities, current beneficiaries who have three or more children, and former beneficiaries with adult children.

All field researchers will be trained by OPM and the data collection tools will be piloted. The qualitative data collection will last about four weeks. Interviews and FGDs will be recorded and transcribed in English. A deductive coding framework will be developed based on the evaluation questions and transcripts will be coded using NVivo. During the analysis there will be a deliberate focus on mixing the quantitative and qualitative results, and during the report writing both research streams will develop a common narrative for the evaluation findings.

## Evaluation timeline and management

The evaluation of the CGP started in June 2022 and will be concluded by December 2022. The draft mixed-methods evaluation report will be submitted on 20 November 2022. Following a presentation to MoSD and UNICEF and the receipt of written comments on the draft, the final version of the evaluation report will be submitted on 9 December 2022. In December we will also submit a slide deck with key evaluation findings, a policy brief with infographics, and the final clean datasets.

The timelines for the evaluation are very tight to enable the submission of the final evaluation report by early December. To make sure these timelines can be adhered to the validation process for the products will need to be streamlined to include an option for oral comments following a presentation and written comments that must be received within a week of submission.

During the inception phase, it was decided together with UNICEF and MoSD that this study would not be required to be submitted to a national ethical review board or an institutional review. However, the research methodology for this evaluation, including data collection protocols and data collection tools, will be submitted to an internal OPM ethical review committee to ensure that the research for this assignment abides by the highest international research ethics standards. The review committee will provide recommendations, should these be required, and will then issue an ethical approval letter that will be shared with UNICEF prior to the start of fieldwork.

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## List of abbreviations

CBC	Community-based categorisation
CCT	Conditional cash transfer
CGP	Child Grant Programme
CIT	Cash-in-transit
CS	Community survey
DAC	Development Assistance Committee
DID	Difference-in-differences
EPRI	Economic Policy Research Institute
EU	European Union
FAO	United Nations Food and Agriculture Organization
FGD	Focus group discussion
GoL	Government of Lesotho
HS	Household survey
IDI	In-depth interview
ISSN	Integrated Social Safety Nets
KII	Key informant interview
LR	Literature review
LSL	Lesotho Loti
M&E	Monitoring and evaluation
MIS	Management information system
MISSA	Management Information System for Social Assistance
MNOs	Mobile network operators
MoF	Ministry of Finance
MoSD	Ministry of Social Development
NISSA	National Information System for Social Assistance
NSPS	National Social Protection Strategy

OAP	Old-Age Pensions
OECD	Organisation for Economic Co-operation and Development
OPM	Oxford Policy Management
OVC	Orphans and vulnerable children
PA	Public Assistance
PMT	Proxy means test
PSM	Propensity score matching
QL	Qualitative data
QT	Quantitative data
SPRINGS	Sustainable Poverty Reduction through Income, Nutrition and Access to Government Services
ToC	Theory of change
ToR	Terms of reference
UNICEF	United Nations Children's Fund
VACs	Village Assistance Committees

# 1 Introduction and background

## 1.1 About the CGP

The CGP is an unconditional cash transfer programme implemented by MoSD of the GoL. The CGP targets poor and vulnerable households that have at least one child between the age of zero and 17 years. The programme provides regular quarterly cash transfers of between Lesotho Loti (LSL) 360 and LSL 750, indexed by the number of children in the household. The primary objective of the CGP is to improve the living standards of Orphans and Vulnerable Children (OVCs) to reduce malnutrition, improve health status and increase school enrolment by supplementing household income.

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

## 1.2 About the CGP evaluation

OPM and Sechaba Consultants have been contracted by UNICEF, on behalf of MoSD, to conduct an evaluation of the CGP. The last evaluation of the programme was conducted between 2011 and 2013 and assessed its impact, effectiveness, efficiency, and sustainability (see Box 1 for a summary of the main findings). Since then, the CGP, as well as the wider social protection sector and the socioeconomic environment in Lesotho, have changed significantly. While an impact evaluation of the cash plus intervention titled Sustainable Poverty Reduction through Income, Nutrition and Access to Government Services (SPRINGS) was conducted in 2017, which was linked to the CGP, this focused on evaluating the impact of a complementary livelihood component, rather than the wider programme. Thus, the CGP has not been evaluated since 2013, highlighting the need for a follow-up evaluation to take stock of the programme's progress over the past nine years.

The present evaluation will be structured around two mixed-method workstreams: (i) an impact evaluation; and (ii) a process review. While the impact evaluation will focus on assessing the impact that the CGP has on its beneficiaries, including to what extent this impact has been sustained or has changed over time, the process review will assess the key implementation and operational processes and systems of the CGP and will uncover successes and challenges, including with regard to issues related to the programme's coherence, relevance, efficiency, effectiveness, sustainability, and partnerships. The two evaluation workstreams are described in more detail in Section 3 on the evaluation approach and methodology.

### **Box 1: Overview of findings of the first CGP evaluation (2011–13)**

#### **Positive and significant impacts on:**

- levels of expenditure on children's schooling, clothing, and footwear, and on the proportion of children enrolled in school;
- households' food security, both for adults and children, as well as the proportion of children who suffered from illnesses;
- the use of crop inputs and agricultural productivity (though this may have been due to the Food Security Grant that households received at the same time);
- reducing the proportion of households that engage in asset-depleting risk-coping strategies, making them less prone to shocks.

#### **No impact or inconclusive evidence on:**

- poverty rates, access to health services, and school progression;
- children's and adults' time use and labour participation;
- productive investments, asset accumulation, savings behaviour, and borrowing patterns.

#### **Process and programme experiences:**

- By 2013, the average transfer value represented about 21% of households' monthly consumption.
- Beneficiaries received the total intended amount, but payments were more irregular and lumpier than expected, compromising their predictability.
- Payments were made manually, with beneficiaries taking three hours on average to travel to payment points.
- Beneficiaries received very effective messaging that the cash transfer should be spent on children.
- The case management system was poorly understood by beneficiaries and there was no effective system to gather and address complaints.
- The CGP targeting resulted in limited inclusion errors, meaning that most beneficiary households were found to be poor, but exclusion errors were large, with the CGP only covering about 22% of the population in the evaluation areas, while the poverty rate was estimated to be about 50%.

Source: OPM (2014)

## **1.3 Inception activities**

The present report summarises the results of the inception phase of the CGP evaluation. The inception phase was conducted between June and July 2022 and included a one-week inception mission to Maseru, Lesotho. The objective of the inception phase was to gather information about the evolution of the CGP, the priorities of key stakeholders, the feasibility of the proposed evaluation design, and the availability and accessibility of a range of different data sources, including key literature and the NISSA and Management Information System for Social Assistance (MISSA) data.

The following activities were conducted during the inception phase, which fed into the development of this report:

- **Desk review of key literature:** A full list of the documents that were reviewed during the inception phase is provided in the bibliography at the end of this report. A more in-depth literature review will be conducted during the process review part of the evaluation.
- **Formative research visits to two districts in Lesotho:** In the week prior to the inception mission, visits were conducted in two districts (Leribe and Mafeteng) to conduct interviews and discussions with district managers, community councillors, village chiefs, auxiliary social workers, and beneficiaries, in order to gather information about the evolution of the CGP since 2013, key successes and challenges, and views on evaluation priorities.
- **KIIs at the central level:** A range of KIIs and discussions were conducted virtually and in person during the inception mission to Maseru. A full list of interviews held, at the central, district, and community levels, is presented in Annex A.
- **Assessment of the usability of the NISSA data:** The evaluation team gained access to the NISSA and MISSA data in order to assess their usability as a sample frame for both treatment and control groups. The team was supported in this by the NISSA Manager and IT officers at MoSD.
- **Inception workshop with MoSD and UNICEF:** An inception workshop was conducted with 19 key stakeholders from MoSD and UNICEF on Thursday 30 June 2022 and Friday 1 July 2022. The workshop objectives and agenda, and a list of the participants, can be found in Annex B.

## 1.4 Structure of the report

After this introduction, the remainder of the inception report is structured as follows:

- Section 2 summarises the key findings from the inception phase activities, including the evolution of the CGP since the last evaluation in 2013, the updated CGP ToC, and the primary evaluation uses and priorities.
- Section 3 lays out the refined evaluation questions and matrix, and the finalised design for both the impact evaluation and the process review.
- Section 4 explains the approach to the quantitative and qualitative data collection, including issues related to sampling and data collection instruments. The quantitative household survey questionnaire and the qualitative question guides are shared separately to this inception report.
- Section 5 presents the evaluation timelines and management processes, including a detailed workplan, the approach to stakeholder management and validation, and management of research ethics and clearances.

## 2 Inception findings

### 2.1 Evolution of the CGP

Since the last evaluation of the CGP in 2013, the programme, as well as the wider social protection sector in Lesotho, have both evolved significantly. Progress has been made in terms of the legislative, policy, and institutional environment, CGP coverage has expanded considerably, and several changes to the programme's design, delivery systems, and processes have been piloted. The CGP has also started to be used as a shock-responsive programme, having expanded both vertically and horizontally several times, in response to an increasing number of climatic shocks and to COVID-19.

This section summarises the key events and changes that have affected the CGP over the past eight years, drawing on information gathered through a rapid literature review and inception phase interviews and discussions both at the central and district levels. During the inception workshop with key stakeholders from MoSD and UNICEF, a timeline for the CGP was constructed (2009–22), which can be found in Annex C.

#### 2.1.1 Legislation, policy, and institutional environment

Advances in terms of the legislative, policy, and institutional environment that have taken place since the last evaluation of the CGP include the following:

- **National Social Protection Strategy I (NSPS I):** Lesotho's first NSPS was approved in 2014, covering the period 2015 to 2019 (GoL, 2015). NSPS I was an ambitious strategy which recognised the importance of addressing the life-cycle vulnerabilities that lead to poverty and was accordingly structured around four key life-cycle stages: pregnancy and early childhood; school age and youth; working age; and old age. In addition, it also considered disability and chronic illness, such as HIV/Aids, as risk factors that may impact people at any stage of life. The overarching objective of NSPS I was to ensure the efficiency and effectiveness of social protection programmes by harmonising their delivery and operational systems. However, NSPS I focused primarily on protective measures and less so on the shock-responsive, prevention, and promotion elements of social protection.
- **NSPS II:** NSPS II (2020–31) was approved in 2021 and is also structured around the life-cycle approach but places an increased focus on school-age children as a separate fifth life-cycle stage, in a bid to address child poverty (GoL, 2021). It also aims to promote 'child-sensitive' social protection by enhancing the CGP through an increased benefit size, and protective and promotive complementary interventions (i.e. cash plus). NSPS II envisions a focus on shock-responsive social protection, by reforming PA into a shock-responsive programme with the capacity to expand vertically and horizontally in response to emergencies.
- **National Social Protection Coordination Mechanism:** A mechanism for coordinating social protection interventions was approved by the Cabinet in 2016, following the approval of NSPS I. As a result, a range of coordination committees were established at different levels of government to 'ensure effective management of the social protection

programmes in Lesotho' (MoSD, 2017). However, the social protection coordination committees that emerged from NSNP I were found to be ineffective and lacking sufficient resources and focal points (Economic Policy Research Institute (EPRI), 2022). As a result, the updated NSPS II outlined the need for coordination across ministries and sectors through the proposed social protection coordination framework (EPRI, 2022). This includes, at the national level, a Social Assistance Working Group to coordinate and oversee the core and complementary social assistance programmes (EPRI, 2022).

- **Establishment of the Social Assistance Department and consolidation of social assistance programmes:** The Department for Social Assistance under MoSD was established in 2017. Since its establishment the delivery of Lesotho's core social assistance programmes have been transferred from external ministries and internal MoSD departments to this department. These include the OVC Bursary from the Ministry of Education and Training, the PA and the CGP from MoSD's Child Protection Department, and more recently in 2021 the Old-Age Pensions (OAP) from the Ministry of Finance (MoF). The Disability Grant, which was launched in 2021 (see below), is also delivered by the Social Assistance Department.
- **Strategies and manuals for social assistance integration and harmonisation:** In 2014, GoL launched the Integrated Social Safety Nets (ISSN) pilot, with the objective of testing and demonstrating the GoL's capacity to deliver social safety nets, developing the requisite tools for integration, and increasing the efficiency of the four main social assistance programmes (the CGP, the OVC Bursary, the OAP, and PA). These specific programmes were chosen as they shared similarities in design and delivery. An operational manual for ISSN was developed in 2014 to guide the programme operations and functions to be performed by the different levels of government – the central, district, community council, electoral division, and village levels. However, a review of the ISSN in 2016 found that the ISSN operations manual was never used as a single manual for all programmes (GoL and UNICEF, 2020a). Following the ISSN pilot between 2014 and 2016, a renewed Strategy for Strengthening Integration and Harmonisation of Social Safety Nets in Lesotho was approved in 2021 (GoL and UNICEF, 2020a). This strategy was accompanied by a new *Operational Manual for the Delivery of Integrated and Harmonised Social Safety Nets* (EPRI, 2021).
- **Pilot of a Disability Grant:** A pilot of a Disability Grant started in 2021 across five districts of Lesotho. Its design is guided by the Persons of Disability Equity Act of 2021. The Disability Grant has two components – one for adults with severe disabilities (18 – 69 years) and one for children with severe disabilities (0–17 years). Eligible households are targeted through the NISSA, in addition to self-targeting campaigns. After a verification of households' poverty status, medical disability assessments are conducted with applicants before their enrolment in the programme. A household may not receive the Disability Grant in combination with another grant. Difficulties have been reported in regard to reaching the pilot target of 2,000 households, due to the very low number of doctors who are trained in conducting medical disability assessments, which is needed to verify eligibility for the grant.
- **Development of a Social Assistance Policy:** MoSD is currently developing a Social Assistance Policy with support from UNICEF and the EU. A final draft was submitted in July 2022 and is due to be approved by the Cabinet. The Social Assistance Policy aims to fill an important gap in Lesotho's legislative framework, rendering social assistance more rights based (EPRI, 2022).

## 2.1.2 CGP design and linkages

The key features of the CGP's design, and its development over the years, as well as its linkages, include the following:

- **Benefit value:** When the CGP was first piloted in 2009 all households received a transfer of LSL 360 per quarter, irrespective of the number of children they had. In 2010, the transfer value was indexed to the number of children per household, ranging from quarterly payments of LSL 360 for one to two children, LSL 600 for three to four children, and LSL 750 for five or more children. Since then, the transfer value of the CGP has not changed. The CGP benefit value is the lowest among the cash transfer programmes in Lesotho. PA beneficiaries receive LSL 750 per quarter, while Disability Grant beneficiaries receive LSL 400–550 per month and OAP beneficiaries receive LSL 800 per month (GoL, 2021a). Some stakeholders interviewed during the inception phase attributed the stagnation of the CGP transfer value to trade-offs between expansion of coverage and adequacy of the payment (i.e. transfer value).
- **Linkage with health services, PA in-kind and complementary services:** Access to free health services is provided through the PA in-kind, particularly in the form of medical exemption letters granted by social workers to eligible beneficiaries who are deemed to be vulnerable and unable to pay for their own medical bills. This is an arrangement that dates back to when MoSD (then the Department of Social Welfare) was still under the Ministry of Health. This arrangement is in theory available to all MoSD clients, not just CGP beneficiaries. Additionally, CGP households have access to other components of PA in-kind, which include disability assistive devices, food packages, nappies, hygiene kits, baby formula, coffins etc. Some CGP households are also referred to external partners through District Child Protection Teams for services on counselling, home placement, protection of property for minors, child abuse and neglect, psychosocial support, children's rights, and advocacy, provided by partners such as World Vision, Master for High Court, Karabo ea Bophelo for psychosocial support, Child and Gender Protection, and others.
- **Integration of the CGP and the OVC Bursary:** Following the ISSN initiative, the delivery systems of the CGP and the OVC Bursary programme were integrated so that all children in CGP households are automatically enrolled in the OVC Bursary, which awards scholarships in post-primary schools and covers tuition fees, feeding, boarding, stationery, registration fees, examination fees, textbooks, and sometimes hygiene kits and school uniforms. Eligibility for the OVC Bursary scheme is determined based on households' being classified in the NISSA 1 or NISSA 2 category, in line with the CGP's targeting, but does not require further community validation (Blank and Ocampo, 2015). However, enrolment in the OVC Bursary is still self-targeted in some districts (MoSD Memo).
- **Conditional cash transfer (CCT) pilot:** Conditionalities were introduced to the CGP in 2013/14 as part of a CCT pilot. The pilot was implemented in three districts, across six community councils, with conditionalities linked to the immunisation of children, in addition to growth monitoring and school enrolment and attendance (Blank and Ocampo, 2015). The beneficiaries were monitored and followed up with support from the education and health ministries. There were significant challenges with the monitoring of health-linked compliance conditions, which led to the health compliance monitoring being

terminated prematurely. The challenges were the result of capacity gaps and poor stakeholder mobilisation across the different levels of the coordinating ministries. The education compliance conditions were easier to monitor, with CCT pilot staff providing support to principals and teachers in the completion of the monitoring forms. However, there was minimal follow-up with households that were not compliant. One of the major challenges the pilot faced was the integration of the case management information in the management information system (MIS). Following an in-depth process evaluation of the CGP CCT pilot in 2016, the conditionalities were not rolled out and the CCT pilot was discontinued.

- **CDM:** A CDM was designed in 2015 (OPM, 2015) and an Action Plan followed in 2017 (GoL, 2017). The objective of the CDM and plan was to link social assistance programmes with other programmes or initiatives that could promote sustainable livelihoods for the poor. The CDM Action Plan acknowledged that the first impact evaluation of the CGP showed that the programme had little to no effect on livelihoods, the accumulation of assets, and levels of saving or borrowing (OPM, 2015). The CDM was based on a 'push and pull' framework that centred around three main types of interventions: (i) push interventions, focusing on household-level incomes and income-generating activities; (ii) pull interventions, focusing on creating inclusive value chains that encourage and equip people to engage with markets; and (iii) a combination of both strategies to create an environment in which people are able to adopt meaningful livelihood strategies (OPM, 2015). In practice, the CDM is not being implemented, at least not in its entirety and only on a very limited scale. According to the Department for Community Development, support is currently provided to around 60 community development groups. Each group includes between 15 and 20 members on average, most of whom are PA beneficiaries, and to a much lesser extent CGP beneficiaries. In 2020, a number of community development assistants were recruited who are responsible for monitoring and facilitating the groups – tasks that were previously executed by district social workers. According to MoSD a new World Bank programme will include a pilot of a scaled up livelihoods programme based on the BRAC CDM. The engagement of a non-government organisation partner to support its implementation, and the development of an operational model, is pending.
- **Cash plus livelihoods pilot:** In 2015, UNICEF, MoSD, and Catholic Relief Services implemented a pilot called SPRINGS – a comprehensive cash plus livelihoods programme – with the goal of strengthening the livelihoods impacts of the CGP. SPRINGS delivered a bundle of complementary services to CGP beneficiaries, including financial education and literacy training, the formation of community-based savings groups, homestead gardening support with seed provision, nutrition trainings, market clubs for training on markets access, and one-stop shop and citizen services outreach days. The SPRINGS pilot ended in September 2018 and an impact evaluation showed significant positive effects on households' non-food consumption levels, dietary diversity, savings and access to credit, and children's wellbeing in terms of nutrition and education (Pace *et al.*, 2021). Despite the positive impact, the programme was neither continued nor scaled up.

### 2.1.3 The NISSA, targeting, and coverage

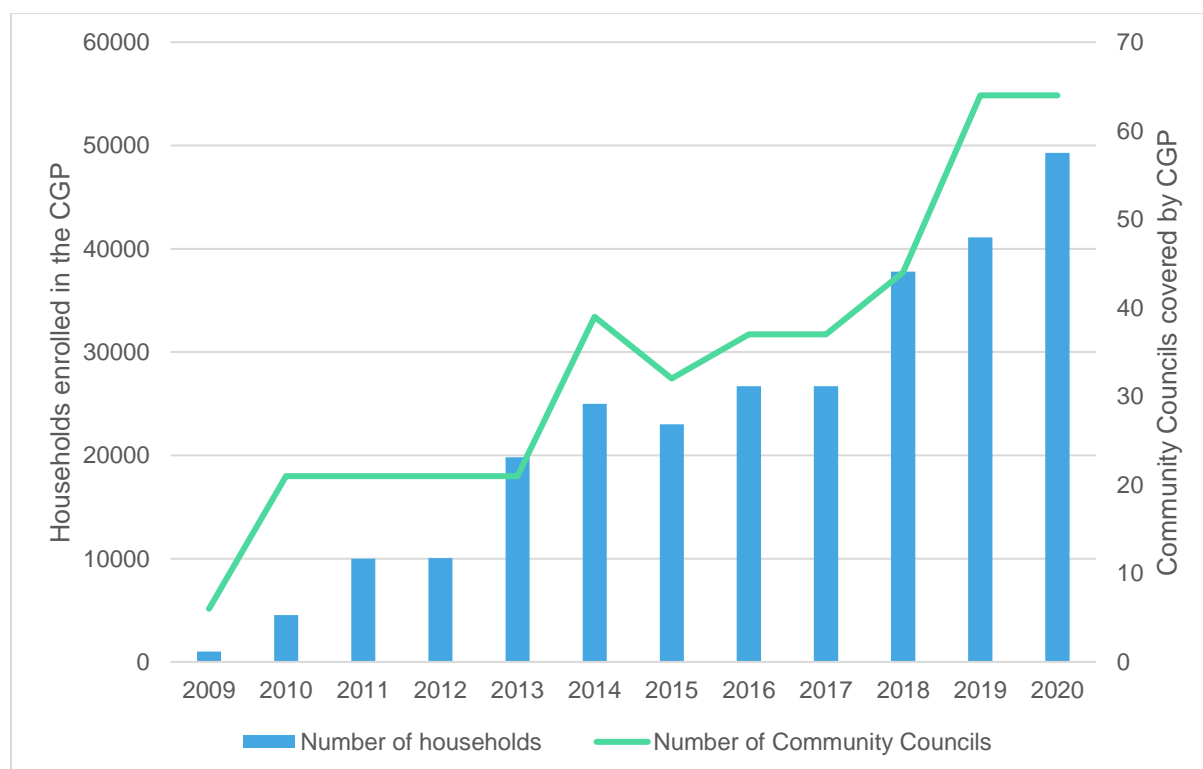
The NISSA is the main social registry in Lesotho, providing household-level data for the targeting of social assistance programmes, including the CGP. The NISSA has evolved significantly since its inception in 2009, both in terms of the methodology used for targeting and in terms of coverage. The CGP coverage has also expanded in line with the expansion of the NISSA coverage.

- **NISSA review:** Initially, CGP households were selected through a combination of a proxy means test (PMT) and a subsequent community validation process carried out by Village Assistance Committees (VACs). In 2014, a review of the NISSA methodology was conducted and recommended a revised methodology which would limit the use of the PMT to screen out better-off households and introduce a community-based targeting element that would result in a wealth ranking (OPM, 2014). A community-based categorisation (CBC) manual was subsequently developed in 2015 (Ulrichs *et al.*, 2015), which introduced the CBC as a first step to classify households into four categories based on a wellbeing chart. The recommendation was to survey those households classified as ‘ultra-poor’ and ‘poor’ by the community and to use PMT results to correct exclusion and inclusion errors (GoL and UNICEF, 2020c).
- **NISSA expansion and updating:** The number of households and community councils covered by the NISSA has gradually expanded over the years. By 2014, approximately 28% of all rural households were included in the NISSA, constituting around 21% of all households in Lesotho (OPM, 2020). Between 2016 and 2019 a large-scale survey was conducted that collected data from all rural community councils in Lesotho. This exercise served to (i) update the existing data in the NISSA based on the new NISSA targeting methodology (see above) and (ii) expand the coverage of households included in the NISSA. The survey collected both household-level data using the PMT form and community-based targeting data using the CBC for all households. By 2019, all 64 rural community councils, comprising approximately 331,000 households, were covered by the NISSA. Data collection in all remaining urban councils, covering about 220,000 households, was completed in 2021, which means that by 2022 the NISSA has reached close to full coverage of all community councils and households in Lesotho (GoL and UNICEF, 2020c). The NISSA surveys were conducted by external service providers, including the 2016–19 survey. While this was regarded as providing high-quality data, it was very expensive and failed to build local capacities, thus being judged as not sustainable or repeatable (GoL and UNICEF, 2020c). Pilots for updating the NISSA in a more sustainable and consistent way are currently in progress, based on a method for updating the NISSA that was developed in 2020 (GoL and UNICEF, 2020c).
- **Recertification and programme exit:** After the introduction and data collection under the new NISSA methodology (i.e. the 2016–19 survey), a recertification exercise was undertaken to verify that households were still eligible when subjected to the CBC and PMT methodology. As a result, a number of households were ‘exited’ from the programme in 2020 as they no longer fell under the ‘poor’ or ‘ultra-poor’ categories. However, this recertification exercise was not applied consistently across all community councils: according to an official at MoSD, it was the capacity of each council that determined whether or not they recertified households based on the new NISSA data. Anecdotal evidence from the inception consultation in the two districts indicates that the

recertification process may have caused some confusion and discontent at the community level. Many beneficiaries were not aware of the possibility of exiting from the programme due to changes in their poverty status and assumed that they would only exit the programme when the last of their children turned 18 years old. In addition, there are concerns that many of the recertified households will have fallen back into poverty as a result of the economic challenges of the drought in 2019 and the COVID-19 pandemic in 2020/21. MoSD indicated that recertification in the remaining councils might only be done once the updating of the NISSA is finalised, given that the data from the 2016–19 survey are currently outdated.

- CGP coverage expansion:** In line with the NISSA expansion, the coverage of the CGP has grown significantly since the programme first started in 2009. The CGP pilot started with 1,000 households, covering 2,500 children, in six community councils. By 2020, the CGP was covering 49,300 households, reaching 125,250 children, in all 64 rural community councils of Lesotho (Figure 1). Between 2020 and 2022 the number of beneficiary households stagnated due to a combination of recertification, regular programme exit, and delays in targeting and enrolment. While the NISSA data collection in urban community councils has been completed, eligible urban households have not yet been enrolled in the CGP.

**Figure 1: Evolution of CGP coverage (2009–20)**



Source: MoSD data on number of CGP beneficiary households

### 2.1.4 Delivery systems and processes

Since 2014, the key CGP delivery systems and processes have evolved in the following ways:

- Digitisation of payments:** Since the programme's inception in 2009, CGP payments have been delivered through a sub-contracted company called G4S. Like the remaining social assistance programmes, the delivery of CGP payments is heavily reliant on cash-in-transit (CIT). Different programmes use different CIT payment providers, which leads to further inefficiencies in delivering social assistance payments. There has recently been a successful pilot that has integrated PA and CGP payments in a bid to decrease overall administrative costs (GoL and UNICEF, 2020a). However, studies found that CIT costs are 1.5 to seven times higher than the costs of mobile payment deliveries (GoL and UNICEF, 2020a). Since 2015 there have been several attempts at digitising payments of the CGP and other social assistance programmes. In 2015 and 2016, MoSD undertook a mobile payments pilot, delivering CGP payments to about 6,000 households in peri-urban areas through the mobile network operators (MNOs) Vodacom M-Pesa and EcoCash. However, in 2020 and 2021 these households migrated back to CIT payments as the MIS was not designed to accommodate mobile payments. As a result of this incompatibility, mobile payments and all linked operations were implemented outside of the system. This included the lists that were used to issue the payments, which were created in Excel and required regular manual reconciliation with the MNOs. Since 2020, the MIS has been updated with the help of a consultant, to accommodate the reconciliation of mobile payments. A new mobile payments pilot started in 2022 and, at the time of writing, 2,600 CGP households were being paid through mobile payments, with another 2,500 being added in the third quarter of 2022.
- Deployment of auxiliary social workers and deactivation of VACs:** Since 2014 the number of auxiliary social workers deployed by MoSD to community councils has increased significantly. According to stakeholders at MoSD, there are now over 130 auxiliary social workers across Lesotho, with a minimum of one auxiliary social worker per community council. At the same time, there are reports that the VACs have ceased their engagement in supporting the delivery and management of the CGP. Most VAC members used to be community volunteers. Negotiations on formalising their role by providing incentives were not successful so they finally ceased their engagement. VACs used to support the implementation of the NISSA and the CGP through communication and sensitisation during targeting and enrolment, payment, and case management. MoSD now relies mostly on the community councillors, village chiefs, and auxiliary social workers and social workers for these tasks.
- Case management:** The CGP's case management system continues to be mostly manual and centralised, and beneficiaries' awareness of case management modalities has been found to be poor (GoL and UNICEF, 2020a). Case management issues are often recorded at payment points and/or by auxiliary social workers, village chiefs, community counsellors, or district officers. An electronic case management system is not functional yet and so CGP case management involves completing forms at the community and district levels, which are then sent to the central level for manual entry into the digital MIS. Despite reports from UNICEF that district capacities – both in terms of human resources and material resources – have been strengthened in recent years, several stakeholders reported that there are difficulties with regard to obtaining reliable access to the CGP MIS at the district and council levels. There are also no dedicated case management officers at the district level, which delays and disrupts the case management procedures. VACs were initially supposed to play a role in bridging this gap and providing continuous case management and grievance response; however, they

became inactive due to receiving no remuneration for their services. Due to the manual process, cases were often resolved or dealt with without being recorded or brought to the attention of the central office (GoL and UNICEF, 2020a). MIS modules and mobile applications for CGP case management are under development (GoL and UNICEF, 2020a) but it is not clear to what extent these have been rolled out.

- **Grievances and redress:** There are no formal grievance mechanisms in place for any of the MoSD social assistance programmes, including the CGP (GoL and UNICEF, 2020a) and non-beneficiaries who feel wrongfully excluded are not aware of how to make an appeal (GoL and UNICEF, 2020a). Councillors and chiefs expressed that a lot of grievances are reported to them but that they lack the means to address these. They sometimes refer them to MoSD through auxiliary social workers, but it is not clear how and if they reach a resolution in this way. According to stakeholders interviewed in the districts, most grievances centre around beneficiaries not receiving their payments on time and their exit from the programme. A number of beneficiaries reported that they were uncertain about whom, where, and how to report their complaints and grievances.
- **Community sensitisation and piloting of ‘one-stop shops’:** As part of SPRINGS, in 2016, one-stop shops (Citizen Service Centres) were piloted, with the aim of providing stronger community sensitisation and service delivery. These centres included permanent structures at community councils from which outreach services from various sectors would be provided. With decision-making still highly centralised, these Citizen Service Centres were not successful because the local governments often lacked the capacity and resources to carry out their full function (GoL and UNICEF, 2020a).

### 2.1.5 Shock-responsiveness

Climate shocks, such as drought and floods, are common in Lesotho and are expected to become more frequent in the future (Kardan and O’Brien, 2017). In the absence of a scalable safety net system, the delivery mechanisms of the CGP have been used to respond to various covariate shocks that have affected Lesotho over the past eight years:

- **Responses to the El Niño-induced drought of 2015/16:** Late-onset rains, and uneven distribution of rain, caused one of the largest shocks to recently affect Lesotho – the drought of 2015/16. In response, the CGP was scaled up vertically, with UNICEF providing quarterly cash top-ups of LSL 500 to all 26,681 CGP beneficiary households during 2016 (World Bank, 2021). By piggybacking on beneficiary lists, CGP households were also provided with food packages, seeds, nutrition, and home gardening programmes by other actors in response to food insecurity (World Bank, 2021). In addition, the CGP also expanded horizontally to cover 1,932 non-CGP beneficiaries who received a one-off payment of LSL 900 in three community councils across three districts. These beneficiaries were identified through the NISSA database (MoSD memo, 2016).
- **Responses to the 2019 drought:** In 2019, the CGP was again expanded vertically in response to drought, with UNICEF and MoSD providing one-off top-up payments to over 28,000 CGP households, who each received an additional LSL 1,800–LSL 2,400 in 2020 (World Bank, 2021). Using the NISSA database for targeting, the CGP was also expanded horizontally to provide temporary support to 10,000 new households. However, the process of identifying, enrolling, and paying new households took over

seven months and the first drought response payments were only made in July 2020 (World Bank, 2021). Finally, through piggybacking on CGP lists, the United Nations Food and Agriculture Organization (FAO) provided one-off in-kind transfers, such as shade nets and seeds, to existing CGP beneficiary households.

- **Response to COVID-19:** In response to the negative economic impacts of COVID-19, in 2021, UNICEF and MoSD provided a one-off top-up of LSL 1500 to each CGP household for one quarter. The CGP was also expanded horizontally to support over 8,000 new households that had been pushed into poverty by COVID-19 with a transfer of LSL 2,268 for one quarter.

To strengthen the shock-responsiveness of the social protection system in Lesotho, a scalability framework was prepared in 2019 (GoL and UNICEF, 2020b). The Social Protection Scalability Framework outlines the principles for scaling, a model for scaling, and standard operating procedures. The framework focuses on the CGP but may be extended to other social assistance programmes as they begin to use the NISSA.

## 2.2 Updated CGP ToC

This section provides a reassessment and revision of the CGP's ToC. A ToC is a comprehensive description and illustration of how and why desired impacts are expected to happen as a result of an intervention, in a particular context. The original ToC for the CGP in Lesotho was developed as part of the 2013 follow-up evaluation of the programme conducted by OPM (the original ToC diagram is included in Annex D). During the inception phase of the current evaluation, it emerged that the understanding of the programme's expected impacts and impact pathways has changed over time. A revision of the CGP ToC, also suggested in the evaluation proposal, was thus deemed necessary. Specifically, the ToC revision was informed by both the experiences of donors and policymakers in implementing the programme, as well as the evidence produced by the 2013 follow-up evaluation on the impact (or lack thereof) of the CGP on beneficiaries.

The revision of the ToC was undertaken in a participatory manner during the inception visit of the OPM evaluation team in Maseru, which took place at the end of June 2022. A ToC workshop was held in the Lesotho UNICEF office on 30 June and 1<sup>st</sup> July, with the participation of the UNICEF Social Policy team and a large range of government stakeholders from MoSD (see Annex B for a list of participants). In the workshop, the OPM team presented the original CGP ToC, with a description of its core components and of the envisaged causal mechanisms linking the programme activities and outputs with its intended outcomes and impacts. The workshop participants were then split into different groups, which proceeded to review the original ToC's components and causal links on the basis of their experiences and existing evidence. The product of this participatory exercise is a revised and consolidated ToC, which is visually represented in Figure 2. Its key features are explained below.

The revision of the CGP ToC helped finalise the evaluation questions and research focus that will guide our evaluation analysis across the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) criteria, as detailed in the evaluation matrix (see Section 3.2).

## 2.2.1 Activities and outputs

The first set of changes and updates to the CGP ToC concern the type of activities and related outputs underpinning the programme implementation. While the original ToC only mentioned targeting, payment, and the cash transfer itself, the inception workshop discussion pointed towards the need to include a number of features that have emerged as central to programme implementation since the last evaluation. In particular, the cash transfer is delivered either manually (CIT) or digitally (mobile payments), and it is meant to be paid quarterly (not monthly, as per the original ToC). Although our evaluation design will not allow us to differentiate between the impact attributable to manual payments and to digital payments, we will nonetheless aim to disaggregate our descriptive findings by type of payment to attempt to investigate any difference in the profile characteristics and resulting indicator levels of households receiving either type of payment. Qualitative research will also explore differences in the experiences of beneficiaries receiving mobile versus manual payments. Finally, the process review will investigate to what extent mobile payments are more efficient than manual payments, as well as to what extent they are also effective and adequate, considering the characteristics and preferences of CGP beneficiary households.

Another important addition to the original ToC is the inclusion of complementary support activities that are systematically delivered to programme beneficiary households in conjunction with the CGP cash transfer. The revised ToC highlights the existence of shock-responsive measures that can be triggered, in the form of emergency cash top-ups, when extreme shocks occur. Such shocks have included severe droughts (e.g. the El Niño event of 2015/16) and also the recent COVID-19 pandemic. The emergency top-ups need to be included in the ToC as they affect CGP beneficiaries' ability to cope with these shocks. Similarly, CGP beneficiaries are also entitled to receive an educational bursary to cover secondary school costs, which in turn is expected to affect their school-related outcomes. These changes and additions to the activities and outputs have been graphically represented in the ToC diagram in Figure 2 below, together with the direction of the casual mechanisms that are expected to ultimately lead to impacts in the short, medium, and long term on outcome indicators of interest. It is important to note that, while there are a range of other complementary services and linkages that some CGP households may benefit from (e.g. counselling and child protection services, community development group memberships, etc.), these are currently not delivered systematically to all CGP beneficiaries and hence are not included as outputs in the ToC.

## 2.2.2 Outcomes and impacts

The original CGP ToC listed three separate impact pathways through which the programme was expected to positively affect beneficiary households' outcomes: 1) increases in consumption expenditure on goods and services to meet core households needs; 2) adjustment of livelihoods strategies, with positive impacts on labour participation and income; and 3) increases in productivity and assets, boosting household resilience to shocks. Both the evaluative evidence produced in 2013 (OPM, 2014) and the results of the inception workshop group exercises and discussions clearly demonstrate that pathways 2 and 3 are neither feasible nor realistic given the programme's outputs. In particular, the programme cannot be expected to have any discernible impact on livelihoods, income, or assets, mainly due to the small amount of cash that is disbursed through CGP (which has

not changed and has thus decreased in real terms due to inflation), and the lack of systematic delivery of other targeted interventions aimed at enhancing beneficiary households' livelihoods (e.g. financial literacy and business skills trainings, savings groups, asset transfers, mentoring, linkages to markets, etc.). Hence, impact pathways 2 and 3 have been removed from the revised ToC and will not be investigated in detail through the current impact evaluation. One exception to this concerns the impact on coping strategies and resilience to shocks, which is, however, expected to derive directly from the emergency top-ups discussed above, and not from the regular CGP transfer only. Moreover, this refers to resilience to the extreme covariate shocks that trigger the top-ups, while resilience to idiosyncratic shocks, such as theft or the death of a household member, is unlikely to be positively affected by the CGP transfer itself.

There was unanimous consensus among the workshop participants about the CGP's positive ability to boost household expenditure, and in turn improve health, food security, and schooling indicators. These are also considered by both the UNICEF and MoSD stakeholders as the core objectives of the programme, which should indeed focus on improving children's educational attainment, and their nutrition and health status. Accordingly, the revised ToC gives prominence to these outcomes, unpacking the causal links over the short-, medium-, and long-term periods (this differs slightly from the original ToC's focus on first-, second-, and third-order outcomes). As a result, the quantitative household survey tools will strive to collect extensive data on these domains, including awareness and access to available health services, school enrolment and attendance, and poverty, through the multi-dimensional child poverty index. Similarly, qualitative research at the beneficiary level will attempt to shed light on people's perceptions and experiences in these areas, which may help understand the determinants behind any impact (or absence of impact) detected.

Finally, it is also important to point out that another medium-term impact that is still expected from an increase in expenditure on children is an adjustment in children's time allocation. In the original ToC, this potential change was included in pathway 2, as part of a broader impact on both adults' and children's work patterns. However, this child-specific adjustment is now envisioned as emerging from a combination of child-specific expenditure and schooling-related effects. As shown in Figure 2 below, we consider the possibility of a composite causal mechanism affecting schooling and child labour. More expenditure on children leads to both less child labour and more school attendance, which, in turn, can also affect each other, thus reinforcing the programme's impact pathway on these outcomes.

### **2.2.3 Assumptions**

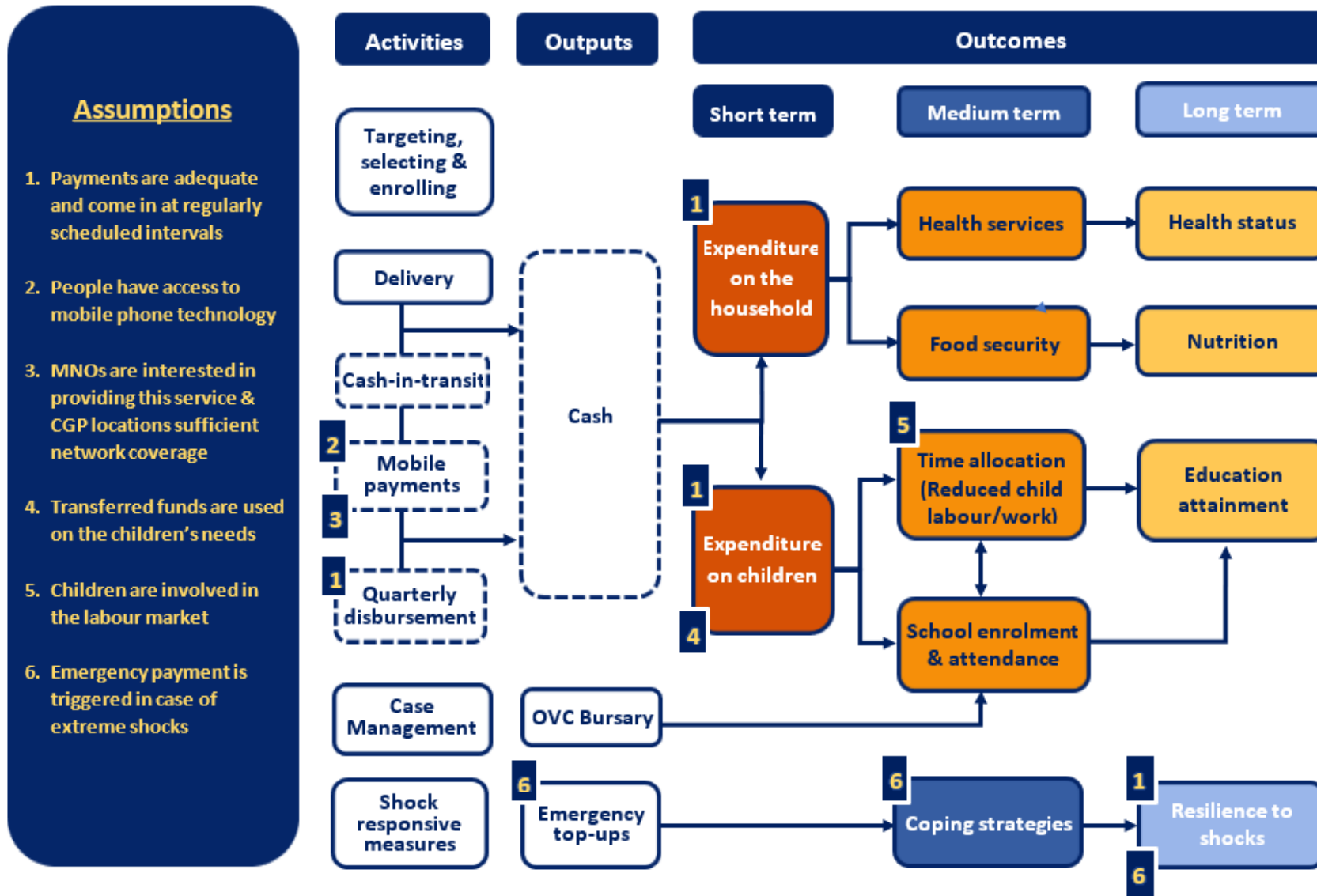
An important element of the ToC that was further developed during the inception workshop concerns the set of assumptions underpinning the CGP implementation process, as well as the relationships between activities, outputs, and outcomes. From a theoretical perspective, the ToC's assumptions are the conditions under which the programme activities can take place, the causal links can unfold as intended, and the impacts on outcomes of interest can ultimately be achieved. In the revised ToC visualised in Figure 2, a list of six key assumptions is reported on the left-hand side of the diagram. Each (numbered) assumption is then associated with the relevant component of the ToC and/or causal mechanism which depend on that same assumption being upheld.

Crucially, the expected boost in household expenditure leading to improvements in consumption, health, education, and ultimately child poverty status, can only materialise if the CGP transfer is received reliably and on time at the scheduled quarterly intervals. We also include as part of the same assumption the adequacy of the payment itself. Although we will not implement a specific value adequacy analysis, we will investigate the potential erosion of the cash transfer amount over time in terms of expenditure needs that the transfer is able to cover, especially from a qualitative perspective, focusing on people's perceptions. On a related note, digital payments can represent an effective alternative to the manual CIT payments only if, on the one hand, beneficiary households have access to mobile phone technology and are able to use it, and, on the other hand, MNOs are interested in providing the service and have sufficient network coverage in the CGP villages.

Further along the ToC causal chain, an important assumption relates to the use of the funds within the beneficiary households. Improvements in schooling and education, and a potential reduction in child labour, depend on the cash transfer funds being used on expenditures that are specific to children's needs (one the core short-term outcomes included in the programme's ToC). Interviews and discussions with stakeholders revealed concerns about the way in which the cash transfer is used by beneficiaries which could lead to negative unintended outcomes of the programme. Both the quantitative and qualitative research will investigate how CGP beneficiary households spend the transfer, and the qualitative investigation, in particular, will aim to uncover any unintended effects of the transfer (negative or positive). Similarly, the adjustment in time allocation at the child level, with the expected reduction in child labour, can also be measured and detected if children are indeed actively involved in the labour market. As per the indications emerging from the ToC workshop, the current evaluation will aim to investigate both the existence of children engaging in work activities, as well as any impact of the programme on their prevalence.

One final assumption that is worth highlighting concerns the shock-responsive feature of the programme, and its related ability to help beneficiaries cope with extreme shocks. As discussed above, emergency top-up payments disbursed to CGP beneficiary households (and households that are recipients of other core social assistance programmes) are expected to positively affect the type and number of coping strategies deployed by households, and ultimately their resilience to (extreme) shocks. However, this causal mechanism can be fulfilled only if the emergency top-ups are indeed delivered in a timely manner when the shock occurs and reach the intended beneficiaries. This is a crucial assumption, which complements the assumptions on the reliability and accessibility of the main CGP transfer.

Figure 2: Revised CGP ToC



## 2.3 Evaluation purpose, objectives and scope

The evaluation of the CGP will be designed and conducted following the principles of utilisation-focused evaluations, which place a focus on the intended evaluation users and their evidence needs to determine the scope of the evaluation. For this evaluation, the intended primary evaluation users are MoSD (and more specifically the Department of Planning and the Department of Social Assistance), UNICEF Lesotho, and the representatives of the EU Commission in Lesotho.

To design an evaluation that is as useful as possible to its primary users, the inception phase activities aimed to identify (i) how the primary users are intending to use the evaluation findings and (ii) their resulting priority evidence needs (scope). Information to answer these two questions was gathered through bilateral discussions and a two-hour session on the second day of the inception workshop, during which stakeholders from MoSD and UNICEF shared and discussed their views.

The findings on the intended use of the evaluation results (i.e. the objectives of the stakeholders) and the priorities for evidence needs helped refine the evaluation matrix, including its questions, sub-questions, and indicators (see Section 3.2). In turn, the refined evaluation matrix guided the development of the final design of the impact evaluation and process review, including the data collection tools (see Sections 3.3 and 3.4).

### 2.3.1 Evaluation use

MoSD, UNICEF, and the EU plan to use the evaluation finding in the following ways:

#### 1. Strategic decision-making

MoSD intends to use the evaluation results to take strategic decisions related to the design of the CGP, including regarding its interactions with other programmes and initiatives that fall under the remit of the ministry. This relates to using the evidence to determine the strategic direction with regard to harmonisation and integration of the CGP with other social assistance programmes and the establishment of linkages with other complementary interventions, such as community development initiatives.

Both UNICEF and the EU are planning to invest further in cash plus approaches in the coming years to help address multi-dimensional poverty and would like to use the evaluation results to help identify options for complementary programmes and linkages.

The impact results may also be used for strategic planning purposes with regard to programme expansion. This would subsequently be supported by use of the evaluation results for advocacy and influencing (see point 3 below).

#### 2. Improvement of implementation processes and capacity

MoSD's Social Assistance Department aims to use the results from the process review to improve the implementation and delivery processes of the CGP. By identifying the key bottlenecks that constrain an effective and efficient delivery of the programme, the

evaluation should deliver the evidence that will allow the Social Assistance Department to pinpoint areas in need of capacity reinforcement and strengthening.

In 2023, UNICEF will embark on its second phase of technical support to MoSD and the CGP, with financial support from the EU. Much of this support will be focused on capacity building and systems strengthening. Therefore, UNICEF is intending to use the findings from the evaluation to define the focus of the next phase of its technical support programme. According to key stakeholders at UNICEF, they are already aware of a lot of the bottlenecks in terms of processes, systems, and capacity. However, the expectation is that the evaluation will confirm and provide evidence in support of what is already known, challenge some existing assumptions, and potentially identify previously overlooked issues.

### **3. Advocacy and influencing of other stakeholders**

All stakeholders intend to use the evaluation results for advocacy and influencing. MoSD highlighted the importance of using the evaluation results to maintain and increase political will in favour of continued and expanded investment in the CGP by the GoL. This is especially crucial during the current year, which is an election year, as the new government will need to be briefed on the CGP's importance for, and contribution to, reaching the country's development goals.

Within MoSD, the Planning and Social Assistance Departments intend to relay the findings of the evaluation to the Principal Secretary, who, in turn, will inform the Minister about the evaluation results so that she can take them to Cabinet. Within parliament, the results might also be presented to the Social Cluster Committee. For this purpose, MoSD stressed the importance of producing concise and policy-friendly evaluation outputs, in addition to the main evaluation report.

All stakeholders also flagged the importance of robust evaluation findings to support discussions with MoF, especially in terms of programme expansion and the reliability of disbursements. UNICEF highlighted that for discussions with MoF, quantitative and qualitative evidence on the long-term impact of the CGP will be particularly valuable.

### **4. Documentation of programme results**

The final use for the evaluation findings that was identified through discussions with key stakeholders relates to the need to document the CGP programme results. With the last evaluation having been conducted over eight years ago, and limitations in MoSD's monitoring and evaluation (M&E) capabilities, there is a lack of documentation on the results that the CGP is achieving. Comparing the results of this evaluation to the results of the previous one will also allow MoSD and UNICEF to assess the progress that has been made over the past eight years.

Finally, a range of secondary users of the evaluation were identified by the primary evaluation users, such as journalists, the media, and academics, who may want to disseminate the results further to help foster awareness of the programme among the general public and the academic community.

## 2.3.2 Scope of the evaluation

Given the potentially large scope of the evaluation, both in terms of the impact evaluation and the process review, we asked key stakeholders to prioritise the key questions that they would like to see answered by the evaluation in order to ensure that the scope meets the evaluation objectives and the intended purpose.

### Programme design

In terms of the CGP's programme design, the following areas of interest were identified:

- **Adequacy of benefit value:** Given that the CGP benefit value has not been adjusted since 2010, there is a need to review whether this value is still adequate as regards the CGP achieving its intended objectives. Although it was clarified that a detailed and comprehensive analysis of the overall adequacy of the CGP transfer is beyond the scope of this assignment, the evaluation's quantitative and, especially, qualitative research components will be able to investigate the potential erosion of the transfer value over time.
- **Complementary services and linkages:** With the emergence of the cash plus agenda, a priority will be to establish to what extent CGP beneficiaries are currently accessing complementary services and to what extent services exist that beneficiaries could be linked to. While it was clarified that an in-depth mapping on options for cash plus designs would be outside the scope of this assignment, there was strong interest in leveraging the evaluation to at least gain an indication on the feasibility of potential cash plus options.
- **Adaptiveness and shock response:** In the past years, the CGP has been expanded in several instances to respond to shocks. There is a strong interest in establishing if and how the CGP could become more shock-responsive, and what role the programme should be playing in Lesotho's emerging shock-responsive social protection system. Again, it was clarified that rather than an in-depth study this issue would be analysed based on the available literature and information that can be gathered through KIIs.
- **Disability sensitivity:** While a new Disability Grant is being piloted, this will only target children with severe disabilities. Children with milder disabilities will continue to receive support through the CGP and there is a need to review the effectiveness and appropriateness of the CGP's design in regard to addressing the needs of children with disabilities.

### Delivery systems and processes

In terms of the CGP's delivery systems and processes, key stakeholders from MoSD, UNICEF, and the EU expressed an interest in a review of the following delivery processes and systems:

- **Payments:** An assessment of the effectiveness, cost-efficiency, and relevance of the payment modalities used by the CGP emerged as a key priority, both in terms of the current manual CIT and the digitisation pilots. A review of the emerging integration of the CGP's delivery processes with those of other programmes is also of interest as the integration of key delivery processes is seen as an opportunity for reducing MoSD's

administrative costs, with the aim of freeing up budget to expand the coverage and adequacy of the CGP and other social assistance programmes.

- **Targeting (including updating the NISSA):** The NISSA is the key tool for targeting of the CGP and other social assistance programmes in Lesotho and significant investments have been made in its development. Stakeholders from MoSD and UNICEF raised several questions about its effectiveness and efficiency. While a detailed assessment of inclusion and exclusion errors is outside the scope of this evaluation, it was agreed that the process review could explore communities' experiences and views of the targeting process and their understanding of the eligibility criteria. This may include a review of the recent recertification process that led to the exit of various beneficiaries that were no longer eligible. In addition, especially the EU and the Social Assistance Department at MoSD flagged the need for evidence and recommendations related to the sustainability of the NISSA, especially in terms of MoSD's capacity to continue to update the system. The technical assistance funds channelled from the EU via UNICEF still support significant parts of the NISSA's operations, including the funding of various key positions in the NISSA Department.
- **Case management:** Some efforts have been made in recent years to develop and decentralise the CGP's case management system. Stakeholders from both MoSD and UNICEF voiced an interest in evidence on the effectiveness and relevance of the current case management system and MoSD's capacity to operate it. This should result in recommendations for how to strengthen it.
- **Grievances and redress:** Similarly to the case management system, some efforts have been made to strengthen the grievances and redress function of the CGP and to integrate it with other social assistance programmes. Questions remain about the effectiveness of the system and its current limitations, including potential solutions for how address those.
- **Data analysis and M&E:** Both the NISSA and the MISSA generate and contain vast amounts of data that could be used for M&E of the CGP and other social assistance programmes. Efforts are underway to develop the interoperability of the NISSA with MISs from other government departments in Lesotho. At the same time, there are concerns that the M&E function and capacity within MoSD is insufficient so that a lot of data remain unused. Stakeholders expressed the need to review monitoring activities related to the CGP and to identify ways to strengthen M&E systems and processes.

## Impact

In alignment with the revised CGP ToC (see Section 2.2), the agreed priorities for the impact evaluation are to establish the programme's impact in terms of the following:

- **Children's education outcomes** in terms of school attendance and enrolment, retention, progression, access to school, and hygiene materials.
- **Food security outcomes**, both for children and for the household, in terms of dietary diversity, and frequency and number of meals.
- **Children's health outcomes**, in terms of access to healthcare and healthcare status and immunisations.

- **Child labour**, in terms of children's time use and participation in labour activities, both on the extensive and intensive margins (i.e. if children engage in child labour and if so, how much).
- **Households' resilience to shocks** and use of negative coping strategies, in the face of both idiosyncratic shocks and larger covariate shocks that have elicited top-ups as part of shock-responsive actions.

UNICEF also specified an interest in the evaluation estimating the CGP's impact on child poverty through a multi-dimensional child poverty measure. In addition, a clear interest was expressed in the evaluation assessing the sustainability of the programme's impact on beneficiaries who were part of the CGP over 10 years ago when the first impact evaluation was conducted. This also includes an evaluation of the impacts on longer-term outcomes, such as school progression, that may not have been picked up by the first impact evaluation.

UNICEF and the Disability Department of MoSD are also interested in establishing the impact the CGP is having for families of children with disabilities, to determine whether the programme is able to accommodate the needs of such families (see previous section).

Finally, inception meetings and the workshop revealed a need for the impact evaluation to assess whether the CGP was having any unintended effects on its beneficiaries. Several stakeholders from MoSD voiced concerns about the misuse of funds for alcohol or gambling, which may in turn worsen outcomes for children. Stakeholders also expressed a need to ascertain that the cash benefits are reaching its intended beneficiaries (i.e. children).

## 3 Evaluation approach and methodology

### 3.1 Evaluation purpose and objectives

In line with the evaluation scope and priorities discussed in section 2.3, the purpose of this evaluation is to provide an evaluative judgement of the CGP across the full range of DAC evaluation criteria, including relevance, effectiveness, efficiency, impact, sustainability, coherence, and partnership. To achieve this, the overall evaluation approach will include a mix of evaluation workstreams that attempt to address the key evaluation questions of interest to both programme and evaluation, across all DAC evaluation criteria.

The final set of evaluation questions refined during the inception phase of the evaluation is presented in Section 3.2 below in the form of a simplified evaluation matrix. The refinement and finalisation of the evaluation matrix was further informed by the revised ToC of the CGP, which was also developed during the inception phase and is presented in Section 2.2 above. The evaluation matrix also includes an indication of which component of the evaluation will address which question, through which methods.

The two-key components of our evaluation approach are: 1) a mixed-methods impact evaluation workstream; and 2) a process review workstream. The main objectives of these two evaluation workstreams can be summarised as follows:

- **A mixed-methods impact evaluation:** The main objectives of the mixed-methods impact evaluation are to measure the impact of the CGP on its target population of beneficiary households, as well as to assess the programme's relevance for beneficiary households and investigate the sustainability of its impact over time. To achieve these objectives, it will comprise a quantitative counterfactual-based design measuring the impact attributable to the CGP, and a qualitative research component aiming to further explain the findings of the quantitative impact evaluation and provide a voice to the beneficiaries by representing their views and perceptions on the programme.
- **A process review:** The main objectives of the process review are to assess how the CGP was implemented over the years and how and whether the programme learned and adapted to changing circumstances. It will also include qualitative assessments linked to further strengthening the focus and design of the programme, including an assessment of the extent to which the programme can evolve over time and continue to be delivered successfully. To achieve these objectives, research activities under this workstream will be divided into two categories: operational research and research on programme design.

The impact evaluation workstream, including quantitative and qualitative designs, is described in detail in Section 3.3, while the process review is discussed in Section 3.4.

### 3.2 Refined evaluation questions and matrix

An indicative evaluation matrix was presented in the ToR for this assignment and in our technical proposal. During the inception phase, the evaluation team revised the evaluation matrix taking into consideration the following:

- the revised ToC of the CGP (see Section 2.2);
- the intended evaluation uses and priorities of the primary evaluation users (MoSD, UNICEF, and EU) that were identified during the inception phase (see Section 2.3); and
- feasibility in terms of the availability of existing data and secondary research, and the available evaluation resources and time.

The revised evaluation matrix, including the proposed evaluation questions and sub-questions that this evaluation intends to answer, can be found in Table 1 below. The evaluation matrix is structured according to the OECD-DAC criteria, while also retaining the additional criterion of ‘partnerships’, as per the indicative matrix in the ToR.

The matrix indicates which evaluation workstream will answer which evaluation question, following a colour-coded key:

	Impact evaluation
	Process review

Section 3.3 describes in further detail the methodology of the impact evaluation workstream and Section 3.4 describes the approach and methodology of the process review.

Finally, the evaluation matrix indicates which data sources we intend to draw on for answering the evaluation sub-questions, specifying whether the question will be answered with the help of quantitative data (QT), qualitative data (QL), or both. The range of data sources that we intend to draw on for answering the evaluation questions and sub-questions include:

- a quantitative household survey (HS) with treatment (i.e. CGP beneficiary) and control (i.e. non-beneficiary) households;
- a quantitative community survey (CS) in all communities sampled for the survey;
- IDIs with targeted types of current and former beneficiaries;
- qualitative FGDs with CGP beneficiaries;
- qualitative KIIs at the community and district levels (KII Comm) with community leaders, councillors, auxiliary social workers, and district managers;
- qualitative KIIs at the central level (KII Cent); and
- a review of the existing literature, secondary research, and studies (LR).

Sections 4.1 and 4.2 lay out in detail our proposed approach to the qualitative and quantitative data collection. A mapping of quantitative and qualitative indicators to evaluation questions and sub-questions can be found in Annex E. It is important to note that due to the extremely high number of indicators, the list of indicators presented in the matrix is not exhaustive. Key indicators are presented only.

### 3.2.1 Evaluation scope relative to ToR

Overall, the scope of the evaluation, as summarised in section 3.1 and the evaluation matrix in this section is very closely aligned to the scope expected in the original ToR for this assignment.

However, some evaluation questions and sub-questions presented in the ToR were re-formulated and narrowed down to bring them in line with the priorities of the main evaluation users identified during the inception phase (see section 2.3). The following summarises the main points of refinement:

- All questions related to the relevance, efficiency, coherence, effectiveness, and sustainability of the CGP implementation processes will be broadly focussed around four key implementation processes identified as priorities by key stakeholders: payments, targeting (including NISSA updating and recertification), case management and grievances and redress mechanisms;
- For efficiency purposes, the relevance questions are clustered around two main themes: (i) appropriateness of design to meet the needs of beneficiaries and (ii) appropriateness of key implementation processes;
- In the ToR one of the sub-questions related to efficiency asked to what extent the CGP is cost-effective. However, during the inception phase it was established that a cost-effectiveness analysis of the CGP was not a priority for UNICEF or MoSD and that instead the efficiency of the CGP should be assessed with relation to the efficiency of the four key implementation processes (see above);
- Contrary to what the terms of reference (ToR) suggest, it was clarified that the evaluation is not expected to assess the GoL's ability to manage direct budget support from the EU or any other donor. The EU is currently not providing direct budget support to the GoL, and the CGP is fully government financed. Any sustainability questions related to EU funding support will be focused on if and how MoSD's capacity can be developed so that it can continue operating and updating the NISSA without the need for external support.
- In terms of sustainability, the proposed evaluation design and questions expand the scope of the original ToR also aiming to assess the sustainability of the CGP's impact, both quantitatively and qualitatively. The details of how the design intends to do this is explained in section 3.3.

### Mainstreaming of gender, equity, and human rights

In line with the expectations of the ToR, this evaluation design is fully cognisant of issues related to gender, equity and human rights which were mainstreamed into the evaluation design, data collection and analysis in the following ways:

- **Design:** As outlined in the sections 1 and 2, the design of this evaluation methodology resulted from a participatory inception phase during which we consulted not only key stakeholders on the national level about their priorities but also local programme implementer and current CGP beneficiaries during a formative research

exercise. This allowed us to design an evaluation which reflects the voice of both men and women from vulnerable households. Many evaluation questions are focussed directly or indirectly on assessing outcomes for vulnerable groups, including children from poor households, households with people with disabilities and women and girls. Both quantitative and qualitative data collection tools have been designed in a way to tease out differences in beneficiaries' experiences that are driven by their gender, disability status and age.

- **Data Collection:** Our approach to data collection, including the sampling strategies will guarantee that we will speak to a diverse group of respondents, which will allow us to take into consideration both the opinions and experiences of women and men. The qualitative research will purposefully sample beneficiary households with children with disabilities to ensure that their experiences are reflected also. Data collectors will be trained in research ethics (see section 5.3 and Annex F) to make sure that data collection will be implemented in a sensitive and respectful manner, mitigating the risks to vulnerable respondents, while guaranteeing their safety.
- **Analysis:** During the analysis stage we will take care to disaggregate all quantitative findings by children's gender and disability status. In addition, we will look at any differences in outcomes for female versus male headed households. A framework for assessing the disability-sensitivity of the CGP will be conducted and all qualitative findings will be interpreted considering respondents' gendered experiences. The final evaluation report will be reviewed by a GESI expert to ensure that all findings are nuanced in terms of issues related to gender, equity, and human rights.

**Table 1: Proposed evaluation matrix for the evaluation of the CGP**

#	Evaluation question	#	Sub-evaluation questions	Data sources	
				QT	QL
<b>RELEVANCE</b>					
A.1	Are the CGP's interventions appropriate as regards meeting the needs of the beneficiaries and the programme's intended outcomes?	A.1.1	What proportion of households in the CGP are poor both in terms of monetary poverty and multi-dimensional poverty?	HS	
		A.1.2	How does the current transfer value compare to the reported consumption expenditure of CGP beneficiary households?	HS	
		A.1.3	To what extent are CGP beneficiary households vulnerable to shocks?	HS, CS	FGDs, IDIs, KIIs Comm
		A.1.4	To what extent does the CGP reach households with children with disabilities and to what extent is it able to respond to their needs?	HS	IDIs
A.2	To what extent are the programme's targeting, payment modalities, grievances and complaints processes, and case management systems appropriate as regards delivering the programme and achieving its objectives?	A.2.1	To what extent are the current and piloted payment modalities appropriate given beneficiaries' preferences and experiences?	HS, CS	FGDs, KIIs
		A.2.2	To what extent are the current and piloted payment modalities appropriate given the local infrastructure and the availability of payment options?	HS, CS	FGDs, KIIs
		A.2.3	To what extent are the case management and grievances systems appropriate given local capacities?	HS, CS	FGDs, KIIs
		A.2.4	To what extent is the recertification process appropriate?	HS, CS	FGDs, KIIs
<b>COHERENCE</b>					
B.1	Has the CGP been complementary to other interventions carried out by MoSD or other external actors?	B.1.1	To what extent are current CGP beneficiaries accessing complementary services?	HS	FGDs and IDIs
B.2	To what extent could CGP beneficiaries be linked to other complementary services?	B.2.1	What complementary interventions currently exist at the district and community levels and are there any challenges in access?	HS, CS	FGDs, KIIs, IDIs
		B.2.2	To what extent does the CGP have an impact on multi-dimensional poverty and its specific domains?	HS	
B.3	To what extent has the CGP added value while avoiding duplication of other similar interventions in the country?	B.3.1	To what extent is the delivery of the CGP harmonised and integrated with the delivery of other similar interventions?		LR, KIIs
<b>EFFECTIVENESS</b>					

#	Evaluation question	#	Sub-evaluation questions	Data sources	
				QT	QL
C.1	To what extent are the current key CGP implementation processes effective?	C.1.1	To what extent are the payments processes working and effective? (i.e. payments are timely and complete)?	HS, CS	FGDs, KIIs
		C.1.2	To what extent are the case management and grievances processes effective?	HS, CS	FGDs, KIIs
		C.1.3	To what extent is enrolment effective?	HS, CS	FGDs, KIIs
		C.1.4	To what extent is the CGP's communication in relation to key implementation processes effective?	HS, CS	FGDs, KIIs
C.2	How effectively has the programme responded to the findings of the last evaluation?	C.2.1	To what extent did the CGP adapt its programme design and operations, based on the recommendations of the last evaluation?		LR, KIIs
<b>EFFICIENCY</b>					
D.1	How efficient are the current key CGP implementation processes?	D.1.1	How efficient is the current registration, targeting, and recertification process through the NISSA?		LR, KIIs
		D.1.2	How efficient is the current process of delivering CGP payments?		LR, KIIs
		D.1.3	How efficient are the current processes around case management and grievances?		LR, KIIs
D.2	To what extent are current efforts to increase the efficiency of key CGP implementation processes sufficient?	D.2.1	To what extent have existing efforts at integrating the delivery process of the CGP with other social assistance programmes been effective?		LR, KIIs
		D.2.2	How effective and feasible are the current efforts to pilot and scale up mobile phone payments?	HS, CS	LR, KIIs, FGDs
<b>SUSTAINABILITY</b>					
E.1	Will the GoL be able to maintain the CGP as operational and well-functioning without external support?	E.1.1	Are current capacities and processes sufficient to keep the NISSA functioning without additional technical and financial support?		LR, KIIs
		E.1.2	Are current capacities and processes sufficient to continue updating the NISSA without additional technical and financial support?		LR, KIIs
E.2	How sustainable is the impact of the CGP on its target beneficiaries?	E.2.1	What are the CGP's impacts on long-term outcome indicators related to children's educational attainment, health, and nutrition?	HS	IDIs, FGDs
		E.2.2	How do the effects of the CGP change over time, depending on how long households and their communities are exposed to the programme?	HS	IDIs, FGDs
E.3		E.3.1	To what extent is the CGP designed in a flexible and shock-responsive way?		LR, KIIs

#	Evaluation question	#	Sub-evaluation questions	Data sources	
				QT	QL
	How shock-responsive is the current CGP?	E.3.2	To what extent has the CGP been used to respond to shocks, and to what extent have current CGP beneficiaries and non-beneficiaries been reached by emergency top-ups?	HS, CS	FGDs, KIs
<b>IMPACT</b>					
<b>F.1</b>	To what extent has the CGP resulted in improved outcomes for the children of the beneficiary households?	F.1.1	To what extent has the CGP had an impact on children’s education, health, and nutrition outcomes?	HS	
		F.1.2	Why has the CGP had (or not had) an impact on children’s education, health, and nutrition outcomes?		FGDs, KIs, IDIs
		F.1.3	To what extent has the CGP had an impact on child time use and labour?	HS	
		F.1.4	Why has the CGP had (or not had) an impact on child time use and labour?		FGDs, KIs, IDIs
<b>F.2</b>	To what extent has the CGP resulted in improved outcomes for the beneficiary households?	F.2.1	To what extent has the CGP had an impact on household monetary and multi-dimensional poverty?	HS	
		F.2.2	To what extent has the CGP had an impact on households’ food security?	HS	
		F.2.3	Why has the CGP had (or not had) an impact on households’ food security?		FGDs, KIs, IDIs
		F.2.4	To what extent has the CGP had an impact on households’ coping strategies and resilience to shocks?	HS	
		F.2.5	Why has the CGP had (or not had) an impact on households’ coping strategies and resilience to shocks?		FGDs, KIs, IDIs
<b>F.3</b>	Were there any unintended positive and/or negative consequences resulting from the CGP? If so, what are they?	F.3.1	To what extent is beneficiaries’ spending of the grant aligned with the intended use? What are the consequences of any unintended uses of the grant (positive or negative)?	HS	FGDs, IDIs
		F.3.2	Are there any unintended positive and/or negative consequences at the community level resulting from the CGP? If so, what are they?		KIs Comm, FGDs
<b>PARTNERSHIP</b>					
<b>G.1</b>	To what extent has the partnership between UNICEF and MoSD been relevant and effective?	G.1.1	Has the UNICEF technical support to the CGP and MoSD responded to its needs?		LR, KIs Cent
		G.1.2	Has the technical support to the CGP and MoSD been effective?		LR, KIs Cent

#	Evaluation question	#	Sub-evaluation questions	Data sources	
				QT	QL
		G.1.3	How can UNICEF's technical support to the CGP and MoSD be more relevant and effective going forward?		LR, KIs Cent

### 3.3 Impact evaluation design

We propose a mixed-methods impact evaluation design, featuring both a quantitative and a qualitative component, drawing on the strengths of the respective research methods. This section introduces the overall design objectives, before detailing the quantitative and qualitative approaches and the ways in which they will integrate each other.

A first follow-up impact evaluation of CGP was conducted in 2013. This was followed in 2018 by an impact evaluation of the combined impact of CGP and SPRINGS. While the latter was conducted by FAO, the 2013 CGP impact evaluation was designed and implemented by OPM. In the latter, OPM assessed the CGP's impact on a large range of household wellbeing and livelihood indicators.

Against the backdrop of this programme's evaluation history, and within the mixed-methods framework, which also includes qualitative research at the beneficiary and community levels, the impact evaluation will focus on questions related to the relevance, impact, and sustainability of the CGP. While the specific impact evaluation questions are reported and articulated as sub-questions in the refined evaluation matrix in Section 3.2 above, the three DAC criteria covered by the impact evaluation can be summarised as follows:

- **Relevance:** The impact evaluation aims to determine whether the CGP is addressing the priorities and the most stringent needs of its target population. This will involve assessing whether and to what extent CGP beneficiary households and their children are facing a condition of poverty and vulnerability in areas such as consumption, disability, and exposure to shocks, which entails the need for support.
- **Impact:** The core aim of the impact evaluation will be to estimate the impact on CGP beneficiaries that can be attributed to the programme. This includes the impact on outcomes mainly related to poverty, education, health, and nutrition, as well as children's time allocation and households' ability to cope with shocks. The impact evaluation will also look at the reasons why these impacts do or do not materialise and will also try to investigate any positive or negative unintended impacts of the programme.
- **Sustainability:** The impact evaluation will also aim to assess whether and to what extent the effects of the programme change over time and differ depending on how long beneficiary households have been receiving the cash transfer. This focus on the sustainability of programme impact will also involve an investigation of the longer-term impacts that the CGP can achieve in the outcome areas mentioned above.

Measuring both the overall programme impact and the sustainability of that impact will add great value to the existing evidence on the effects of the CGP on its target beneficiaries. On the one hand, the OPM 2013 CGP evaluation measured the short- to medium-term impact of the CGP with only two years separating its baseline (2011) and follow-up (2013) survey rounds. On the other hand, the FAO impact evaluation deliberately excluded households living in areas where the CGP had been implemented for more than seven years. Our impact evaluation approach will therefore expand on the scope of these previous research studies and will add new evaluative evidence on the current impact of the CGP, a mature programme that has now been implemented for several years, with an additional and specific focus on the degree of sustainability over time of any previously observed impacts attributable to the programme.

Our proposed qualitative design also includes IDIs with households who have children who benefitted from the CGP since the first few years of its inception and whose children are now nearing adult age. These interviews will allow us to present the life stories of long-term beneficiaries and explore how the CGP may or may not have contributed to changing the life trajectories of their children, thus enabling them to get to where they currently are. Together with our proposed quantitative analysis of impact sustainability, this qualitative research should generate some interesting and powerful insights into the long-term impact of the CGP on its beneficiaries.

The section proceeds with a detailed description of the quantitative impact evaluation design in Section 3.3.1, followed by a description of the qualitative research design in Section 3.3.2. The section then concludes with an indication of some key limitations of the impact evaluation design in Section 3.3.3.

### 3.3.1 Quantitative impact evaluation design

The challenge of any rigorous impact evaluation is essentially a problem of missing information. As discussed in the technical proposal, in the case of the CGP the evaluation will interview a set of CGP beneficiary households to measure the effects that the programme has had on them. However, it will not be possible to know what would have happened to those same households if they had not been targeted by the programme. This is known as the 'problem of the counterfactual'.

A randomised controlled trial (RCT) is generally considered the most rigorous way of determining treatment and control groups because it minimises allocation bias, ensuring that treatment and control groups are comparable. However, it is not possible to implement an RCT for the current evaluation of the CGP, given that the allocation of the programme to beneficiary household cannot be randomised. As an alternative, we are proposing to use a quasi-experimental impact evaluation design. This type of design is known as quasi-experimental since it attempts to approximate an experimental approach by building a comparison group through econometric techniques.

In this section, we present the quasi-experimental approach that will allow us to address this problem of missing information, deal with selection bias, and thus enable us to provide a robust estimate of the impact on programme beneficiaries that is directly attributable to the CGP. Additionally, the section also presents the approach to producing a quantitative measure of the sustainability of the CGP's impact over time.

#### Evaluation groups

In line with the focus of the evaluation on the short-, medium-, and long-term effects of the CGP, the impact evaluation will measure impact across the following evaluation groups:

- **The overall treatment group:** This group will consist of a representative sample of the current CGP target population, including both beneficiary households and communities that were part of the treatment sample in the OPM 2013 CGP follow-up evaluation, and beneficiary households and communities that were added to CGP more recently.

- **The sustainability treatment group:** This group will be a sub-sample of the overall treatment group and will consist only of households that were part of the treatment sample in the OPM 2013 CGP follow-up evaluation.
- **The overall control group:** This group will consist of households that are not currently covered by the CGP's implementation, which can be considered as a valid counterfactual for the overall treatment group. As discussed more in detail in the section below on the quantitative sampling strategy, control households consist of households that can be considered similar to treatment households in terms of poverty status (based on their poverty score), but that are not enrolled in the CGP.
  - **The sustainability control group:** This group will be a sub-sample of the overall control group, which is intended to provide a valid counterfactual to the sustainability treatment group and will comprise newly identified control households. It is not advisable to attempt to use the same control households part of the OPM 2013 CGP follow-up evaluation, as it is very likely that a large proportion of that control group would now be covered by the CGP, given the programme expansion since 2014.

OPM has engaged with the NISSA team throughout the inception phase in an effort to obtain the data necessary to observe the contemporary status of the households that featured in the OPM 2013 CGP follow-up evaluation. At the time of writing, it is unclear the extent to which it will be possible to link the 2013 data with the updated NISSA data. While OPM still aims to conduct the aforementioned sustainability analysis, whether this will be possible will ultimately depend on the type and quality of data that it is possible to retrieve from NISSA.

In particular, the type of sustainability analysis that can be performed from a quantitative perspective will depend on the number of households that can be traced back to the 2013 follow-up round. In terms of sampling strategy, our approach will be to attempt to find and interview as many households that featured in the OPM 2013 CGP evaluation as possible, but we will also have a replacement protocol in place that will allow us to select alternative CGP beneficiary households for each 2013 household that cannot be found (or do not give their consent to being interviewed again). Hence, the final number of 2013 households that will end up in the sample of the current evaluation will depend on both the number of households that can be traced back, as well as the extent to which the replacement protocol is used.

### **Impact estimation approach**

The most suitable quasi-experimental design for addressing the two proposed evaluation themes of impact and sustainability is a matching approach. Specifically, we will make use of propensity score matching (PSM), which can also be integrated with a difference-in-differences (DID) analysis in order to exploit the longitudinal nature of part of the study.

PSM tackles the problem of selection bias by using data from the control group to construct appropriate comparisons to the beneficiary households in the treatment group, thus building a valid counterfactual. This happens by matching and comparing outcomes for units in the treatment group (i.e. CGP beneficiary households) with control units (i.e. non-beneficiary

households) that are as similar as possible to each other according to a set of relevant<sup>1</sup> observable characteristics. If there are imbalances remaining after PSM, selection bias may persist. Increasingly, researchers combine PSM and DID to counter such imbalances. Once a valid counterfactual is robustly constructed, using the PSM approach, DID can be employed to obtain a stronger estimate of the impact of the intervention by removing any residual difference between treatment and comparison groups due to observable and unobservable time-invariant characteristics that existed before the intervention began.

The quantitative approach will also include a trend analysis based on a panel regression setting for the impact sustainability part. The recommended evaluation approaches by evaluation theme can be summarised as follows:

**Table 2: Proposed approaches to the CGP impact evaluation**

Evaluation theme	Impact estimation approach	Data sources
Overall impact	PSM	NISSA and household survey
Impact sustainability	PSM + DID	OPM 2013 CGP, NISSA, and household survey
	Panel regression	OPM 2013 CGP, NISSA, and household survey

### Overall impact

The treatment and control households selected for the estimation of the overall CGP impact will be matched on the basis of NISSA data and our own household survey data (not affected by the programme) across household characteristics that are indicative of their likelihood to be eligible for programme selection and that are likely to influence key outcome indicators of interest for the evaluation.<sup>2</sup> Treatment households will include both households that were part of the OPM 2013 CGP evaluation and households that were selected for CGP after 2013. The latter will be selected in a way that ensures an overall treatment sample that is as representative as possible of the beneficiary population currently covered by the CGP.

Control households will be selected from areas<sup>3</sup> that are not saturated by the CGP but for which NISSA data are available. This may include control households from the OPM 2013 CGP evaluation, but the 2013 control households will not be deliberately targeted for selection, given both the challenge in tracking them down as well as the likelihood of them having been enrolled in the CGP since 2013, given the programme's expansion. More specifically, control households will be identified as those not enrolled into the programme (i.e. not receiving the CGP cash transfer) but comparable to treatment households in terms of poverty status (based on their PMT score) and presence of children in the household.

<sup>1</sup> Relevant characteristics are those that are thought to be driving the selection bias. These are characteristics that are systematically different across the treatment and control groups and that are related to outcome measures of interest: for example, differences in household education levels may confound the impact on child education outcomes.

<sup>2</sup> We believe that this two-tiered variable selection approach may represent an improvement on alternative matching approaches that tend to focus only on the probability or propensity towards programme inclusion. We discuss this in more detail in a working paper on the PSM routine that we built in-house at OPM.

<sup>3</sup> This may be villages or more likely Evaluation Areas, which consist of a group of villages. The final decision on this will depend on the available sampling data at the different levels, as well as fieldwork logistic considerations.

Once matching is undertaken, the estimation of the CGP's impact will be carried out by applying the PSM algorithm to the new primary data collected as part of this evaluation.

### **Impact sustainability**

The sub-set of treatment households used for the estimation of the sustainability of programme impact will be derived directly from the OPM 2013 CGP evaluation sample. As mentioned above, the control group for this part of the analysis will represent a sub-set of the overall control group, which can be matched specifically to the 2013 treatment households.

However, this is provided that a sufficient number of the sampled 2013 beneficiaries can be tracked and interviewed and a robust estimation of whether any impact detected in 2013 has been sustained over time can therefore be calculated by comparing the difference between treatment and control groups in 2013 with the difference between the matched treatment and control groups measured on the basis of today's data. As mentioned above, this will be achieved through a PSM with DID analysis. PSM will be used to match treatment and control households, while DID will be used to calculate the intertemporal difference between the two groups over time. Crucially, our PSM with DID approach, which was developed in-house at OPM,<sup>4</sup> can be applied to either a panel of households (i.e. data from the same households at two points in time are used for the impact estimation) or indeed a repeated cross-section of households (i.e. data from different households, but living in the same villages), which may be necessary if some 2013 CGP households have ceased to be CGP beneficiaries<sup>5</sup>.

If the number of treatment households that can be traced and re-interviewed from the 2013 CGP follow-up evaluation falls short of the expected sample size (i.e. 650 households as per the original sample size calculations),<sup>6</sup> the sustainability analysis will not be based on a counterfactual design and will revert to a trend analysis of impact. Specifically, the econometric approach will consist of a panel estimation strategy based on a fixed-effects model, which will still allow us to isolate the impact of the CGP and of other factors affecting the outcomes of interest, while controlling for the effect of all observable and unobservable time-invariant confounders, as well as the effect of some time-variant confounders. However, the lack of a counterfactual means the quantitative estimates of impact sustainability obtained with the econometric techniques adopted (i.e. panel regression model with time-invariant fixed individual and cluster effects, and time-variant covariates) will not be able to be directly or fully attributed to the CGP. Rather, they would represent estimates of the effect of receiving the CGP transfer over time, when also controlling for the simultaneous effect of other influencing factors and confounders. This would still represent a valuable indication of the effect of the CGP over time (i.e. the contribution of CGP to any changes detected in outcome indicators of interest) and of the sustainability of its effect, but it would not amount to attributable impact.

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<sup>4</sup> Binci *et al.* (2018) 'Matching, differencing on repeat', OPM working paper, Oxford, UK.

<sup>5</sup> Although interesting, a separate analysis of CGP households that have ceased to be CGP beneficiaries (since 2014) will not be carried out. This is outside the scope of the quantitative component of the impact evaluation, in terms of budget and research focus.

<sup>6</sup> Detailed power calculations on the final sample size for the evaluation are included in a technical note shared with UNICEF as part of the pre-inception phase of the evaluation. See OPM (2022) 'Evaluation of the Child Grant Programme in Lesotho: Revised Technical Proposal', Oxford, UK.

This two-tier quantitative impact estimation approach, which will be further enriched by our qualitative research workstream as mentioned above and as described in Section 3.3.2, will efficiently make use of existing as well as new primary evaluation and programme data. We are proposing to make use of and to integrate three sources of quantitative data: 1) the OPM 2013 CGP evaluation data; 2) the latest available NISSA datasets; and 3) the primary data that will be collected through a new quantitative household survey. The evaluation matrix included in Section 3.2 maps these quantitative data sources, together with other evaluation data sources, against some of the key research questions that will be addressed by the evaluation.

### **Use of NISSA data for sampling**

As discussed above, the impact evaluation will aim to select treatment and control households to answer questions around the impact of the CGP and the sustainability of that impact. In an ideal scenario, the selection of households that will be used to estimate the overall CGP impact and the sustainability of that impact will make use of information on the poverty score used to determine CGP eligibility and on current beneficiary status for all households for which NISSA data were collected. The poverty score is a proxy for household-level consumption and thus poverty computed using information on household characteristics collected through the NISSA form and coefficients based on PMT methodology.

In addition, the evaluation team will need to access household-level information on the geographical location of the household (i.e. district, community council, village), household composition, and, where possible, mobile phone numbers, to be able to find all the sampled households in the target villages.

Inception discussions with the NISSA and CGP payment team<sup>7</sup> were used to identify the exact nature and location of the information outlined above. Specifically, it was determined that to implement the proposed evaluation design and sampling strategy the evaluation team would have to gain access to the country-wide NISSA database in conjunction with country-wide information on CGP payment status from the ISSN system. Multiple exchanges of data took place at the inception stage between the evaluation team and the NISSA and ISSN team to reach the required level of data sharing. However, despite the full availability and responsiveness of the national counterparts, it was not possible to gain access to the full set of required information. Technical issues related to the lengthy process of data extraction from the NISSA meant the evaluation team were able to gain access only to data from a reduced number of community councils. Although limited by the availability of information at national level, the sampling of districts followed the criterion of geographical representativeness in terms of ecological zones and the selection of community councils within districts was based on a random approach. Moreover, the team were able to gain access only to limited information on household composition: namely to the name of the household head and of the person who receives the CGP payment.

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<sup>7</sup> The team had discussions with the NISSA manager, the IT department manager, and the IT staff at MoSD, and with the CGP payment coordinator.

Through the inception discussion, the evaluation team was also made aware that the various waves of NISSA recertification have involved the majority of the community councils that were part of the OPM 2013 evaluation sample. As part of the recertification, updated NISSA information was collected and entered into the system, creating a new record for each recertified household. For each recertified household, a so-called 'legacy' record was created in the NISSA, storing all information collected through the first round of NISSA data collection. However, the NISSA records for recertified households cannot be linked to the corresponding 'legacy' records because the household-level identifier was changed.

This implies that the evaluation team cannot track treatment households from the 2013 OPM evaluation sample using the NISSA identifier but must rely on the household head's name and geographical location of the household in all community councils that were recertified. The lack of consistent unique identifiers is likely to reduce the ability of the evaluation team to track the full sustainability sample. Moreover, it is possible that errors might occur when using household heads' names and village information to track households, due to duplications and misspelling.

## **Quantitative sampling strategy**

As discussed above, the sample for the quantitative component of the impact evaluation can be categorised both into treatment and control groups, and into two analytical parts: 1) the overall sample; and 2) the sustainability of impact sample. The sample for analysis of the sustainability of impact will be constructed as a panel, by tracing back CGP households which were covered during the OPM 2013 CGP follow-up evaluation survey.<sup>8</sup>

For the additional sample derived from the current CGP reference population of beneficiary households (which feeds into the overall sample, together with the sustainability of impact sample), a sampling frame will be constructed on the basis of the data sources and data gathering exercise described in the previous section. A multi-stage sampling strategy will then be implemented to draw the additional household sample from this sampling frame.

The key steps of the multi-stage sampling strategy will be as follows:

### **1. Selection of districts**

There are a total of 10 districts in Lesotho. Five districts will be included in our sample by design, given that they were part of the 2013 follow-up sample. Three additional districts will be selected from the remaining five districts (i.e. districts which were not part of the 2013 follow-up survey). Since there are three main ecological zones in Lesotho<sup>9</sup>, one district will be randomly selected from each ecological zone to get a representative distribution.

### **2. Selection of community councils**

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<sup>8</sup> As per the latest sample size calculations (see OPM (2022) 'Evaluation of the Child Grant Programme in Lesotho: Revised Technical Proposal', Oxford, UK), and as discussed in the design sections, we aim to achieve a sample size of 650 treatment households derived from the 2013 follow-up survey. This will entail an acceptable attrition of around 10% compared to the original 2013 follow-up treatment sample. As also discussed in the limitations section, if the sample achieved is lower than 650, a trend analysis will be more likely to be used as an estimation strategy than a counterfactual-based design. This will be detailed in the final evaluation report.

<sup>9</sup> Across the four ecological zones, we are treating in this case foothill and lowlands as one ecological zone.

After the district selection, two community councils from each sampled district will be selected using a simple random sampling technique. The list of sampled community councils will then be shared with the MoSD IT Department to obtain a list of villages and a list of beneficiary households in sample councils.<sup>10</sup>

### 3. Selection of villages

Once village-level data for these newly sampled community councils across the newly selected districts are received, 50 villages (25 treatment and 25 control) will be selected from the total list of villages across these community councils. This will be in addition to the 130 villages that were included in the 2013 sample, which we will attempt to cover again. Villages will be selected using probability proportionate to size. The measure of size for the selection of the 25 treatment villages will be the number of beneficiary households currently enrolled in the CGP; for the selection of control villages, the measure of size will be the number of households that are eligible in terms of poverty score but that are not yet enrolled in the programme.<sup>11</sup>

### 4. Selection of households

From each sampled village (in both treatment and control groups), 10 households will be randomly selected by using systematic random sampling where every  $k^{\text{th}}$  (the numeric interval used in the sampling) household will be selected from the list. Before the selection, the list of households in each sampled village will be ordered by poverty score (in ascending order). This will maximise the representativeness of the sample in terms of poverty status.

Table 3 below provides an overview of the indicative sample distribution that would emerge from the proposed sampling strategy. This should only be considered as indicative at this stage, given that the final numbers will depend on the number of households (and villages in which they are located) that are successfully traced back to the 2013 follow-up round.

**Table 3: Indicative distribution of the sample on the basis of the proposed sampling strategy**

Sample units	Treatment	Control	Total
<b>Overall sample</b>			
<b>Total districts</b>	8	8	8
<b>Community councils</b>	17	17	17
<b>Villages</b>	90	90	180
<b>Households</b>	900	900	<b>1800</b>
<b>Sustainability of impact sample</b>			
<b>Total districts</b>	5	5	5
<b>Community councils</b>	11	11	11
<b>Villages</b>	65	65	130
<b>Households</b>	650	650	<b>1300</b>

<sup>10</sup> A number of community councils have changed their designation over time, so the name of the council in the current list does not necessarily correspond to the name included in the 2013 follow-up sample.

<sup>11</sup> An assessment of the NISSA data indicates that there are a sizeable number of households in this category.

## Replacement strategy

The sustainability of impact analysis will rely on our ability to trace the same households that were covered as part of the 2013 follow-up evaluation and to interview them again for the current impact evaluation. However, as discussed above, it is possible that we will not be able to find all treatment households from the 2013 follow-up evaluation. In that case, we propose to employ a replacement strategy for the following scenarios:

- **If 2013 treatment households cannot be found<sup>12</sup> in the sample villages**, the same number of households that cannot be found will be replaced by new treatment households currently enrolled in the CGP. This replacement list will be derived from the list of enrolled/paid CGP households included in the village-level NISSA data.
- **If no other CGP households are found in the sample villages**, the same number of households that cannot be replaced in villages where there is an insufficient number of either 2013 or current CGP households will be selected in other sample villages within the same community council as the original sample village.

This replacement strategy aims to maintain the full sample size for the overall impact evaluation so as to ensure that the impact estimation is powered to detect attributable impact to CGP. It will also ensure that the sample remains representative of the current CGP reference population, even if post-estimation weights might have to be adopted to adjust the distribution of the final sample to that of the CGP reference population. However, it is possible that the sub-sample for the sustainability of impact sample will be reduced to the extent that a counterfactual-based analysis is no longer possible, as discussed in Section 3.3.3 on the limitations of the evaluation.

### 3.3.2 Qualitative research design

#### Objectives and focus

The qualitative research component will contribute to answering the evaluation questions and sub-questions related to relevance, sustainability, and impact in the following ways:

On relevance, the qualitative research will provide a voice to the beneficiaries by representing their views and perceptions on the programme, its outputs, and how this responds to their needs, i.e. to collect data on impact-related relevance questions (e.g. A1.3 and A1.4) on whether the programme's outputs are what beneficiaries require to achieve the desired outcomes. Specifically, the qualitative research will focus on the following areas:

- Understanding whether the beneficiaries view the CGP grant as sufficient for improving their children's welfare, and whether the way in which they use the grant has changed over time.

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<sup>12</sup> This may be due to the household relocating, as we are not planning to track households outside their original village. It may also be due to the household not being available or willing to be interviewed. Finally, it may be that households that were part of the CGP in 2013 are not part of the programme anymore but are still identified as enrolled and paid in the payment register. In that case, we will determine on a case-by-case basis how long the household has been outside of the programme and we will decide whether it should still be part of the treatment sample (as the sustainability of impact could be measured based on former CGP households too).

- Exploring CGP beneficiaries' experiences with shocks and the means they have employed for coping with them. This may also involve an investigation of beneficiaries' and communities' experiences with emergency top-ups to the extent that these can be recalled by the respondents.
- Understanding the experience of families with children with disabilities, exploring the needs that their children face, how they are spending the grant, and to what extent the grant is or is not helping them to address the disability-specific needs of their child(ren).

**On sustainability**, the qualitative research component of the impact evaluation will provide evidence to complement the quantitative evidence and to help answer some of the evaluation sub-questions that cannot be fully answered through the quantitative component alone. In particular, the qualitative research will aim to:

- explore ways in which the CGP may have changed the long-term outcomes and life trajectories of children from former beneficiary families that have since become adults; and
- understand whether the CGP may have differing impacts on children depending on the length of time and age at which they have been exposed to the CGP payments.

**On impact**, the qualitative research will help explain the findings from the qualitative impact evaluation and to answer some questions that the quantitative impact evaluation might not be able to answer by:

- examining contextual factors and investigating assumptions to uncover why the CGP has (or has not) had the desired impact, and, if so, through what pathways;
- exploring whether there have been any unintended outcomes at the household level by investigating how the CGP grant is spent; and
- exploring whether there have been any unintended outcomes at the community level by probing for potential spill-over effects and the communities' perceptions of the programme, including its effect on social cohesion.

## Respondent groups

### Key informants

For the qualitative research we will interview key informants from several levels: at the central level, the district level, the community council level, and the village level.

Central-level interviews will focus mostly on collecting data to answer the evaluation questions that will be addressed by the process review. District-level, community council-level, and village-level KIIs will collect data in response to questions answered by both the process review and the impact evaluation.

Respondents at the central level will include key officials in the Social Assistance Department and Planning Department of MoSD, and especially those who are working on the key implementation features of the CGP, including payments, targeting and the NISSA, case management and grievances, and communications and enrolment. Respondents might also include officials from other departments at MoSD, other ministries, and development partners.

Respondents at the district, community council, and village levels will include key CGP implementers and community leaders, including district managers, social workers and auxiliary social workers, community councillors, and village chiefs.

### **CGP beneficiaries**

The qualitative research will involve conducting FGDs with current CGP beneficiaries and IDIs with current and former CGP beneficiaries.

The IDIs with current and former CGP beneficiaries will focus on different types of beneficiaries whose unique experiences and characteristics can help us collect targeted information to answer some of the questions around relevance and sustainability. In particular, we will attempt to interview the following groups of beneficiaries:

- 1. CGP beneficiary households with children with disabilities:** The experiences of households with children with disabilities are unique, as are their needs. By exploring if and how the CGP can contribute to addressing their needs, the research will be able to indicate to what extent the programme's design is relevant for them.
- 2. CGP beneficiary households with more than three children (with a minimum gap of at least five years between the first and last child):** By interviewing these beneficiaries we aim to investigate aspects related to the sustainability of the CGP's effects by exploiting the differing degrees of exposure that different children in the same household might have had to the CGP, depending on their age when the household joined the programme. This means that in families with many children of different ages, some children may have benefitted from the programme for much longer than others. Some families may have older children who had already left the house by the time they started receiving the CGP, which will have then only benefitted the younger children. During interviews with these types of families, we will aim to unpack how the trajectory of different children in the same families may have been impacted depending on the intensity (i.e. number of years) of their exposure to the CGP.
- 3. Former CGP beneficiary households:** These will be households who have exited the CGP in recent years because their child(ren) have turned 18 and have become adults. Using a life story approach, we will aim to uncover how the household has or has not been using the CGP grant to support the development and welfare of the child over the years, and how it may or may not have contributed to their current situation. Also, in this case, interviewing this group of beneficiary households will allow us to assess how sustained the effects of the programme on its beneficiaries are over time. In addition, we will aim to conduct a smaller number of IDIs with former beneficiaries who exited the programme because they were recertified (i.e. no longer assessed to be 'poor' or 'ultra poor'). The focus of these interviews will be to gather information regarding their experience with recertification as part of the operational research (see section 3.4.1), but without assessing the *impact* of the recertification on the household. However, it is important to note that such interviews will only be conducted if there are households that were recertified in the sampled qualitative research villages. Given that there is already a high number of sampling criteria and the difficulty in accessing the administrative data that would be required for this, it will not be possible to explicitly sample villages where we know for certain that

recertification took place. Should it not be possible to identify recertified households in the sampled villages, we will reallocate the IDI to one of the other respondent groups.

## Qualitative sampling strategy

As explained in Section 3.2, the qualitative research will provide data to help answer a range of evaluation questions, both for the impact evaluation and the process review workstreams. Therefore, the proposed sampling strategy for the qualitative research has been designed so as to respond to the data needs of both evaluation workstreams.

### Sampling of research villages

For the qualitative research, we suggest visiting a total of six villages across three community councils in three different districts across Lesotho. In line with the objectives of the qualitative research, both in terms of the impact evaluation and the process review, the sampling of the research villages will be guided by the following criteria:

- 1. Overlap with quantitative sample:** We propose to sample a sub-set of villages and community councils that have also been sampled by the quantitative arm of the impact evaluation (see Section 01). The rationale for this is so as to be able to take full advantage of the mixed-methods evaluation design and to use the qualitative research to explain, further unpack, and complement some of the findings of the quantitative research (both for impact and for process).
- 2. A mixture of 'old' and 'new' CGP households:** Especially in relation to the questions around the sustainability of impact, one of the key objectives of the qualitative research is to explore the long-term impact of the CGP on the life trajectories of children from households who started benefitting from the CGP many years ago. The qualitative research might also investigate how the use of the CGP grant may have changed over time, and how some changes in the programme's operations are perceived by the programme communities. Therefore, and in line with the proportions in the quantitative sample, we propose that two of the three districts and community councils will be districts/community councils that were already part of the CGP at the time of the first evaluation in 2013.
- 3. Payment modality:** Part of the focus of the operational research will be to assess the relevance, efficiency, and effectiveness of the CGP's payment modality, which will include a review of the current mobile payment pilot.
- 4. Agroecological zones:** People's livelihoods, and as a result the way in which people interact with the programme and can benefit from it, may differ across the agroecological zones. Therefore, we propose that the qualitative data collection will be conducted in one community council from each of Lesotho's three different agroecological zones – mountains, foothills/lowlands and Senqu river.
- 5. Remoteness:** Beneficiaries' experiences and interactions with the programme, as well as their ability to generate and maintain the expected outcomes, may be affected by their proximity to markets and services. Therefore, we propose that in each of the three sampled community councils, we will visit one remote village and

one less remote village, which means that in total our sample will include three remote and three less remote villages.

The exact list of research villages will be selected based on the above criteria, once the quantitative sample has been drawn.

## Sampling of respondents

### 1. Selection of key informants

Key informants will be selected because they have access to information that other people might not have, due to their profession, their role in the community, or their role in an organisation. Therefore, key informants will be sampled *purposefully*.

### 2. Selection of beneficiaries for FGDs and IDIs

The participants for the FGDs and IDIs will be existing CGP beneficiaries in the research villages. We propose to sample CGP participants for the qualitative research from the list of households selected by the quantitative survey (see above). The qualitative researchers will be provided with the selected list of beneficiaries for each of the six study villages (including replacements).

**For the FGDs**, the qualitative researchers will randomly select four to six participants from the list. We aim to conduct two types of FGDs: (i) FGD with CGP beneficiaries, focused on CGP operational questions; and (ii) FGDs with CGP beneficiaries, focused on use of the CGP grant, and impact questions. When recruiting participants for the first type of FGDs, recruiters will be instructed to ask households to nominate the person in the household who is the recipient of the CGP (i.e. the person who usually collects the payment/receives the payment). For the second group, the instructions will be to ask households to nominate the person who knows how the household spends its money and who knows about the welfare of the children of the household (i.e. what they eat, where they go to school, their health, etc). It is expected that for both groups, this will be the female adult in the household in most instances. To limit the time burden on respondents, we propose that there will be different sets of respondents for the two types of FGDs.

**For the IDIs with current beneficiaries**, researchers will ask the village chief to identify from the list of the quantitative sample households that are CGP beneficiaries and (i) have one or several children with a disability, or (ii) have three or more children with a significant age gap (minimum five years) between the first and last child.

**For the IDIs with former beneficiaries**, the researchers will ask the village chief to provide them with a list of about 10 households from the village who used to receive the CGP but are no longer part of the programme.

It is important to note that the above would be the ideal scenario for sampling participants. It is possible that in some villages there will not be sufficient CGP beneficiaries available from the list of the quantitative sample, or that there will not be any from the list of the quantitative sample that have the right characteristics. In this case, the researchers will be instructed to ask the village chiefs to also provide them with a list of current CGP beneficiaries that have the desired characteristics for the FGDs and other IDIs noted above. Again, the researchers will then select some participants at random from the list provided by the chiefs.

### 3.3.3 Limitations

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

- In relation to the quantitative component of the impact evaluation, it is possible that a counterfactual cannot be constructed for the estimation of the sustainability of impact. As already discussed in Section 3.3.1, the lack of a counterfactual would mean that the quantitative estimates of impact sustainability would be obtained with a panel regression model. This would include time-invariant fixed individual and cluster effects models, as well as time-variant covariates. Crucially, this would also mean that the resulting estimates of impact sustainability cannot be directly or fully attributed to CGP. Rather, they would represent estimates of the effect of receiving the CGP transfer over time, when also controlling for the simultaneous effect of other influencing factors and confounders. This still represents a valuable indication of the CGP's effects over time (i.e. the contribution of CGP to any changes detected in outcome indicators of interest) and of their sustainability, but does not amount to attributable impact.
- Access to a limited sub-set of NISSA data has reduced the ability to conduct sampling across all community councils in Lesotho. While attempts have been made to maximise representativeness, there is a risk that some areas of the country will be underrepresented, as not all NISSA data across all districts and community councils could be shared with us. In addition, the lack of access to the information on household composition and contact information, such as address or mobile phone numbers, will greatly increase the difficulties in finding sampled households in the field. This will be particularly problematic for the sustainability sample.
- Another limitation relates to the level of comparability between the questionnaires used for the CGP evaluation in 2013 and those which will be used for the current evaluation. As discussed in Section 4.1.1, efforts have been made to keep the questionnaires as consistent as possible. However, due to changes in the evidence requirements of the current evaluation, several questionnaire sections have been reduced or removed, while others have been added to capture information on priority interest areas. Differences may also occur due to changes in technology relating to data capture, especially as the 2013 survey was conducted using pen-and-paper personal interviewing, whereas the 2022 survey will be conducted using CAPI.

## 3.4 Process review design

As stated above, the overall objective of the process review is to assess how the CGP was implemented over the years, and how and whether the programme learned and adapted to changing circumstances. It will also include qualitative assessments linked to further strengthening the focus and design of the programme, including an assessment of the extent to which the programme can evolve over time and continue to be delivered successfully.

As detailed in the evaluation matrix included in Section 3.2, under the process review workstream we will be looking at evaluation questions across the following five DAC criteria: relevance, coherence, effectiveness, efficiency, and sustainability. In addition, we will also be looking at whether the partnership between UNICEF and MoSD has been effective, and what the future focus of this partnership should be.

### 3.4.1 Objective and research focus

Given the breadth of topics to cover, a range of different methodologies and approaches will need to be used. Some evaluation questions will merely be addressed in a light-touch manner based on the review of other existing studies, while other research questions linked to programme operations will take the form of a proper process-mapping exercise, including an assessment of where and why certain bottlenecks exist and what could be done to overcome them. We have therefore divided the research activities under this workstream into two categories:

- **Operational research:** As previously mentioned, MoSD's Social Assistance Department aims to use the results from the process review to improve the CGP's implementation and delivery processes. Here the objective is to identify the key bottlenecks that constrain an effective and efficient delivery of the programme, and to pinpoint areas in need of capacity reinforcement and strengthening. During the inception mission, grievance and complaints, case management, payments, and targeting and enrolment were identified as key processes of interest to focus on.
- **Research on programme design:** As previously mentioned, MoSD also intends to use the evaluation results to take strategic decisions related to the design of the CGP, including regarding its interactions with other programmes and initiatives that fall under the remit of the ministry. During the inception mission it was agreed that the focus would lie on linkages with other programmes, shock-responsiveness, and the partnership between UNICEF and MoSD.

The overall evaluation matrix presented in Section 3.2 sets out the evaluation questions linked to the process review, organised by DAC criteria. It also presented the data sources that will be used to answer each question. For ease of reading, this section has regrouped the research questions into operational and programme design questions and areas of interest. Each implementation process that is being assessed and each design topic that is being explored is presented separately, including a brief description of how the analysis will be approached and what data it will draw on.

### 3.4.2 Methods

The process review will draw on a number of data collection methods and tools:

- **Review of programme documentation, including design documents, operational manuals, and other relevant reports:** Relevant programme documentation will be reviewed to gain an understanding of the programme, including mapping out implementation processes, understanding what stakeholders are involved and at what stage, and what lessons have been learned. This will also include a review of other studies on relevant implementation processes conducted in the past, as well as reports that can help address the programme design-level questions or the questions on the effectiveness of the partnership between UNICEF and MoSD.
- **KIIs:** KIIs will be held with staff at the national, community council, and village levels who are involved in the implementation of the core processes the operational research is looking at. In addition, KIIs at the national level will be used to explore some of the more forward-looking programme design questions.

- **Quantitative and qualitative data collected as part of the impact evaluation:** The process review workstream will draw very heavily on the data collected as part of the qualitative and quantitative data collection for the impact evaluation, which will include extensive modules linked to programme operations and will explore beneficiary experiences of the processes and systems of interest.
- **Programme monitoring data:** Programme monitoring data will be used if available within the timeframes (and if relevant) in order to assess, in particular, the grievances and complaints core process. This analysis will also be used to identify certain patterns that could point to implementation challenges that will be picked up as part of the qualitative research – timeframes permitting.

### 3.4.3 Operational research focus

The operational research will focus on four key implementation processes. Given time and resource constraints, and in line with the identified priorities, these will be looked at using different data sources and approaches, and the analysis will therefore be of varying levels of comprehensiveness.

**Grievances and complaints and case management:** Here, the focus will be on providing a detailed mapping of the grievances and complaints and case management processes, and exploring who does what, and where it breaks down (if it does). Beneficiary knowledge of the processes and perceptions of their integrity will also be explored. The following research questions from the evaluation matrix will be addressed as part of this:

- To what extent are the case management and grievances systems appropriate given local capacities? (A.2.3)
- To what extent are the case management and grievances processes working and effective? (C.1.2)
- How efficient are the current processes around case management and complaints and grievances? (D.1.3)
- To what extent is the CGP's communication on grievances and complaints and case management effective and understood? (C.1.4)

For the analysis, the research will implement the following steps:

- **Gain an understanding of how the processes were designed to be implemented:** i.e. how were the processes meant to be implemented?
- **Gain an understanding of how the processes are being implemented:** How are the processes implemented in practice? Have they reached their intended scale? Have they been implemented within the planned timeslines? What – if anything – has changed over time and why?
- **Document key challenges and lessons learned:** What are the key challenges that have emerged during the implementation of these processes and why? What has gone well and why? What are the key lessons that have been learned?
- **Assess and discuss whether cross-cutting issues have emerged across the different processes we are examining:** Are we seeing patterns emerge across the

different processes? What does this tell us about the implementation modalities, systems, and capacity?

The analysis will draw on programme documentation, quantitative survey data from the household and community levels, FGDs with beneficiaries, and KIs with stakeholders involved in the implementation of these key programme processes.

**Payments, including comparing the different payment modalities that are in place:**

This core implementation process will be looked at from the beneficiary perspective, i.e. beneficiaries' experience of engaging with the different payment modalities. The aim is to better understand from the beneficiary perspective what works well and for whom, and under what circumstances. The following research questions from the evaluation matrix will be addressed as part of this:

- To what extent are the current and piloted payment modalities appropriate given beneficiaries' preferences and experiences? (A.2.1)
- To what extent are the current and piloted payment modalities appropriate given the local infrastructure and the availability of payment options? (A.2.2)
- To what extent are the payment processes (current CIT and piloted mobile) working and effective from the beneficiary perspective (i.e. **payments are timely**, predictable and complete)? (C.1.1)
- How efficient is the current process of delivering CGP payments? (D.1.2)
- How effective and feasible are the current efforts to pilot and scale up mobile phone payments? (D.2.2)
- To what extent is the CGP's communication on payments effective and understood? (C.1.4)

The analysis will draw on programme documentation, quantitative survey data from the household and community levels, and FGDs with beneficiaries.

**Registration and enrolment:** As previously set out, a detailed assessment of inclusion and exclusion errors as a result of the targeting is outside the scope of this evaluation. Instead, we will explore communities' experiences and views of the targeting process and their understanding of the eligibility criteria (beneficiary perspectives). This will also include the recertification process where relevant. The following research questions from the evaluation matrix will be addressed as part of this:

- To what extent is the targeting and recertification process appropriate? (A.2.4)
- To what extent is the enrolment and recertification effective? (C.1.3)
- How efficient is the current registration, targeting, and recertification process through the NISSA? (D.1.1)
- Are current capacities and processes sufficient to keep the NISSA functioning without additional technical and financial support? (E.1.1)
- Are current capacities and processes sufficient to continue updating the NISSA without additional technical and financial support? (E.1.2)
- To what extent is the CGP's communication on enrolment and targeting effective and understood? (C.1.4)

The analysis will draw on programme documentation, quantitative survey data from the household and community levels, FGDs with beneficiaries, KIIs at the community level, and KIIs at the national level to explore capacity and systems related to the NISSA.

### 3.4.4 Programme design research focus

**Complementary services and linkages:** As previously mentioned, stakeholders are very keen to better understand to what extent CGP beneficiaries are currently accessing complementary services and to what extent services exist that beneficiaries could be linked to. While it was clarified that an in-depth mapping of options for cash plus designs would be outside the scope of this assignment, there is strong interest in leveraging the evaluation to at least gain an indication on the feasibility of potential cash plus options. As such, the evaluation will assess what services beneficiaries are currently accessing and whether other services are available within the area that they could access but are currently not accessing. This will allow for an initial understanding of whether the cash plus agenda would require the building of extensive additional services, or whether this is primarily an issue of linking beneficiaries to other available services and programmes. The following research questions from the evaluation matrix will be addressed as part of this:

- To what extent are current CGP beneficiaries accessing complementary services? (B.1.1)
- What complementary interventions currently exist at the district and community levels and are there any challenges in access? (B.2.1)
- To what extent is the delivery of the CGP harmonised and integrated with the delivery of other similar interventions? (B.3.1)
- To what extent have existing efforts at integrating the delivery process of the CGP with other social assistance programmes been effective? (D.2.1)

The analysis will draw on quantitative survey data from the household and community levels, FGDs with beneficiaries, KIIs at the community level, KIIs at the community council, and KIIs at the national level with MoSD staff and (time permitting) implementers of relevant complementary programmes.

**Adaptiveness and shock response:** As previously mentioned, there is a strong interest in establishing if and how the CGP could become more shock-responsive, and what role the programme should be playing in Lesotho's emerging shock-responsive social protection system. Given that a lot of research has already been conducted on this, it was agreed that the evaluation will merely review existing literature. Again, it was clarified that rather than an in-depth study, this issue would be analysed based on the available literature and information that can be gathered through a few select KIIs. The following research questions from the evaluation matrix will be addressed in a very high-level manner as part of this:

- To what extent is the CGP designed in a flexible and shock-responsive way? (E.3.1)
- To what extent has the CGP been used to respond to shocks and to what extent have current CGP beneficiaries and non-beneficiaries been reached by emergency top-ups? (E.3.2)

The analysis will be based on a review of existing reports and a couple of KIIs at national level.

**Partnership between UNICEF and MoSD:** As the current phase of the partnership between UNICEF and the MoSD comes to an end, stakeholders have expressed an interest in exploring the extent to which the partnership between MoSD and UNICEF has been effective to achieve its goals and what future support could potentially focus on. The following research questions from the evaluation matrix will be addressed as part of this:

- Has the UNICEF technical support to the CGP and MoSD responded to its needs? (G.1.1)
- Has the technical support to the CGP and MoSD been effective? (G.1.2)
- How can UNICEF's technical support to the CGP and MoSD be more relevant and effective going forward? (G.1.3)
- To what extent did the CGP adapt its programme design and operations, based on the recommendations of the last evaluation? (C.2.1)

The analysis will have to remain quite high-level. The proposed approach is to conduct KIIs with MoSD and UNICEF staff to assess the extent to which the objectives set in their annual plans were met and, if not, why not. The emphasis will be on lessons learned and identifying priorities for a potential future partnership.

## 4 Approach to data collection

This section outlines our planned approach to both the quantitative and qualitative data collection. For each data collection component, it provides an overview of the data collection tool and the process that will be followed.

### 4.1 Quantitative data collection

#### 4.1.1 Survey tool and key impact indicators

The main quantitative data collection tool for the proposed CGP impact evaluation is a household-level survey, which will be complemented by a community-level survey.

##### Household questionnaire

The design of the household questionnaire has been informed by the OPM 2013 CGP follow-up evaluation instruments, but also incorporates additional questions that speak to the new strands of the proposed impact evaluation (e.g. sustainability of impact) and that respond to the new evidence needs of the proposed process review and of the programme implementers (see also Section 2.2 on the updated CGP ToC). The evaluation expert who led the 2013 follow-up evaluation has reviewed the proposed tool to ensure that it is consistent with and comparable to the 2013 follow-up questionnaire.

While consistency with the OPM 2013 CGP survey has been maintained, when possible, the proposed tool presents some significant differences with respect to the survey that was previously used. On the one hand, sections on areas of impact that are no longer considered a priority for the evaluation have been dropped or drastically reduced, as is the case for the sections on climate change, transfers from informal networks, financial inclusion, and income from livelihoods activities. On the other hand, new sections have been added to address newly highlighted priority areas of interest.

New priority areas of interest of the evaluation include child disability, multi-dimensional poverty among children, and the COVID-19 pandemic's impact on households' wellbeing. The proposed tool will consistently collect information on child disability using the Washington Group child functioning module for children aged two to four years old and the Washington Group short set of questions on disability to collect information on children above five years old.<sup>13</sup> Next, various questions have been added throughout the survey (notably on immunisation and domestic violence) to allow the computation of multi-dimensional child poverty, following the methodology used recently by UNICEF (see UNICEF (2021)).<sup>14</sup> Finally, a module has been added to gather evidence on the impact of

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<sup>13</sup> The child functioning module for children aged 5 to 17 was deemed too time-consuming to be integrated into the survey.

<sup>14</sup> Data on nutrition for children aged zero to 23 months required to compute the nutritional dimension will not be collected because the corresponding modules are deemed too time-consuming to be integrated into the survey.

the COVID-19 pandemic on households' wellbeing in terms of employment, income, and children's school enrolment and attendance.

Table 4 gives an overview of the household survey questionnaire in terms of the content of each module and of the key evaluation questions that will be addressed by each module. Evidence emerging from the household survey will be used to answer specific evaluation questions, as detailed in Section 3.2, as well as to inform and complement the findings from the process review and the qualitative evaluation workstream.

**Table 4: Overview of household survey structure and of topics covered and key evaluation questions addressed by each module**

Module	Topics covered	Key evaluation questions
<b>Household roster and demographic information</b>	Demographic characteristics Household composition Children's registration information	A1 D.1.1
<b>Household's health</b>	Chronic illness Access to healthcare	F.1 F.2
<b>Children's health</b>	Chronic illness Access to healthcare Immunisation history Nutritional status Reported disability	F.1 F.1.1 F.1.2
<b>Child education</b>	School enrolment School attendance School progression Education expenditure	F.1 F.1.1 F.1.2
<b>Household income source and livelihoods activities</b>	Main income sources Livelihood activities (non-farm business, crop production, livestock rearing)	Not a key evaluation question anymore, extent of data collected on this has been reduced
<b>Labour</b>	Employment activities Child labour	A.1 F.1 F.1.3 F.1.4
<b>Child time use and labour</b>	Time use of children Domestic work of children	F.1 F.1.3 F.1.4
<b>Housing characteristics and ownership of assets</b>	Housing Assets	A.1
<b>Food security</b>	Household food security	F.2 F.2.2 F.2.3
<b>Economic shocks</b>	Economic shocks Coping strategies	A.1.3 F.2 F.2.4

Module	Topics covered	Key evaluation questions
		F.2.5 E.3
<b>COVID-19 shock</b>	Impact on employment Impact on income Impact on schooling	A.1.3
<b>Institutional transfers</b>	MoSD complementary programmes received Non-government organisations'/civil society organisations' complementary programmes received Shock-responsive payments	B.1.1 B.2.1 B.3.1
<b>Consumption expenditure</b>	Food consumption expenditure Non-food consumption expenditure	A.1.1 A.1.2 F.2.1 F.2.2 F.2.3
<b>Domestic violence</b>	Attitudes towards domestic violence	A.1.1 F.2.1
<b>CGP operation – beneficiaries</b>	Use of transfer Experience with payments	A.2 C.1.1 D.1.2
<b>CGP operation – exited beneficiaries</b>	Experience with exiting procedures	C.1 A.2.4
<b>CGP operation – all</b>	Experience with targeting and enrolment Experience with case management Experience with grievances and complaints Experience with communication from the programme	A.2 C.1 D.1

## Community questionnaire

Community-level interviews with local community leaders will be conducted before the household-level interviews are conducted. The community entry tool is intended as a short questionnaire that is designed to obtain general information on the communities we will visit to conduct household interviews. The focus of the community interviews will be on the type of school and health facilities available for community members, distances from key amenities and markets, shocks experienced at the community level, and awareness of and experience with the key processes of the CGP transfer.

Table 5 gives an overview of the community questionnaire in terms of the content of each module and of the key evaluation questions addressed by each module. Evidence emerging from the household survey will be useful to integrate findings from the household-level

survey to ascertain whether the CGP is relevant to the context in which beneficiaries live and whether it has impacted social cohesion. As will be the case for the household-level information, evidence from the community will also inform and complement findings from the process review and the qualitative evaluation workstream.

**Table 5: Overview of community survey structure and of topics covered and key evaluation questions addressed by each module**

Module	Topics covered	Key evaluation questions
<b>Civil infrastructure and seasonality</b>	Accessibility Available services	A.2
<b>Shocks</b>	Shocks experienced	A.1.3 E.3
<b>Service provision – schooling</b>	Availability of schools Distance from schools Costs related to schooling Quality of schooling	A.1 B.1
<b>Service provision – health</b>	Availability of service facilities and medicines Distance from health facilities	A.1 B.1
<b>CGP operation</b>	Perceptions on the use of the transfer Awareness of CGP processes CGP's impact on the community	C.1 D.1 F.1 F.2 F.3

#### 4.1.2 Quantitative data collection process

The quantitative data collection process will proceed across a number of stages, as summarised in Box 2. Each of these phases is discussed below.

**Box 2: Quantitative data collection process**

1. Review of questionnaires
2. Pre-testing
3. Training and piloting
4. Data collection
5. Data quality monitoring
6. Data cleaning and analysis

#### Review and programming of questionnaires

The OPM 2013 CGP follow-up evaluation instruments were reviewed, with relevant modules maintained and additional questions incorporated so as to ensure all indicators that contribute to the Multi-dimensional Poverty Index are included. The existing operational module was also revised to respond to some evidence needs of the process review. New

modules were also added to measure child health (immunisation and disability), gender-based violence, coping strategies, and shock response. The tool has been designed to be inclusive of gender and disability, and to determine the disability status of children.

Once completed, the tools were shared with our evaluation expert, who led the 2013 follow-up evaluation, Marta Moratti, to ensure that they are consistent with and comparable to the 2013 follow-up questionnaires.

The questionnaires have been coded into SurveySolutions, the CAPI software which has been selected for this evaluation. This will enable the enumerators to collect data in an electronic format, facilitating logic checks, skip patterns, and validations during the interviews.

## **Pre-testing**

The overall objective of the pre-test is to improve the design and translation of the quantitative tools, as well as to gain a better understanding of the likely challenges in fieldwork implementation in the context of the CGP evaluation.

The pre-test will therefore help to identify potential risks to the quality of data collection. It is intended to focus on the suitability and efficiency of the quantitative instruments, including CAPI design, question options and phrasing, and overall questionnaire flow. Valuable information relating to context and possible logistical challenges will be gathered during the pre-test process.

Prior to the beginning of the pre-test, supervisors from the data collection team will receive four days of training, beginning on 9 August. This training will be delivered remotely by OPM staff, including a survey and a fieldwork management specialist from the evaluation team, with in-person support provided by Sechaba Consultants.

The three-day pre-test will begin on 15 August. A survey specialist from the evaluation team will be present in Lesotho throughout the process. Debrief sessions will be held each evening, to discuss the challenges and issues encountered throughout the day. Final adjustments to the tools, translations, and training materials will be made on 18 and 19 August, prior to the beginning of the main enumerator training.

## **Training and piloting**

The data collection team will be trained for five days, beginning on 21 August. The training will provide field staff with an overview of the intervention and evaluation approach. It will cover interviewing techniques and the use of assessment tools, and it will outline ethical, safeguarding, and COVID-19 protocols which will be followed during the data collection activities.

During the training, trainees will learn and practise through mock interviews and role plays. Sechaba has recruited additional people for the training to be used as backup and support. At the end of the training, a final test will be administered and the best among the trainees will be selected for the actual data collection.

Training will be conducted in a single venue where all supervisors and enumerators will congregate. The training will be led by an OPM survey specialist, with support from the Sechaba team.

Following the training, the quantitative tools will be piloted by the research team on 26 August, in the presence of the OPM survey specialist. This will allow trainees to have the opportunity to practise their knowledge in the field, ensuring that interviewers are well acquainted with the questions, while also informing the finalisation of the tools on the basis of feedback emerging from the pilot.

Any final adjustments to the tool will be made prior to the beginning of data collection on 29 August.

## **Data collection**

Data collection exercises will be undertaken by Sechaba Consultants. According to the current sampling plans and fieldwork model, they will recruit six teams to undertake the survey. Each team will consist of a supervisor and two enumerators. Staff have been recruited from a pool of well-trained and experienced staff, including both enumerators and supervisors who have worked with Sechaba in the past. Additionally, two team members who participated in the 2013 CGP evaluation have been recruited. This fieldwork model will be refined once the sampling is completed.

It is anticipated that the data collection activities will be completed in approximately six weeks, with data collection beginning on 29 August and finishing by 9 October.

## **Data quality monitoring: field team**

The field team supervisors will have a key role in maintaining quality control during the fieldwork. Sechaba's training and fieldwork models will ensure that this quality control is implemented robustly.

During at least the first week of fieldwork (and possibly at other times), each field team will be supported by a project team member, who will facilitate the resolution of any issue or doubt concerning the survey tools. Supervisors will observe each team in the field, check all questionnaires on a daily basis, and give feedback to the enumerators and the rest of the Sechaba fieldwork management team.

OPM team members specialising in survey management will also support Sechaba's fieldwork team remotely during the entirety of the data collection process. Most of the checks will already be programmed into the CAPI instruments by OPM, and interviewers will receive error messages if there is any inconsistency in responses. Each evening, each team will have a debrief meeting to discuss the day's experiences with, and seek clarifications from, supervisors in the field, as well as OPM team members connected remotely, when necessary. The field team supervisor will work with each enumerator individually throughout the fieldwork period in order to build and maintain their capacity and the quality of their work. This mode of operating is the best way of ensuring that the frequency of mistakes is reduced throughout the life cycle of the survey.

Completed questionnaires will be uploaded to a server on a daily basis for data monitoring. Data monitoring will start immediately upon receipt of the questionnaires and will be a continuous process throughout the fieldwork period. This will help to identify errors and will provide a chance to correct identified mistakes while field teams are still in the field.

### **Data quality monitoring: systems**

In addition to these quality control mechanisms in the field, during the whole duration of the fieldwork, OPM will also use two complementary groups of CAPI-based checks (which will be implemented remotely by OPM team survey specialists) to ensure that the data collected meet the required standard.

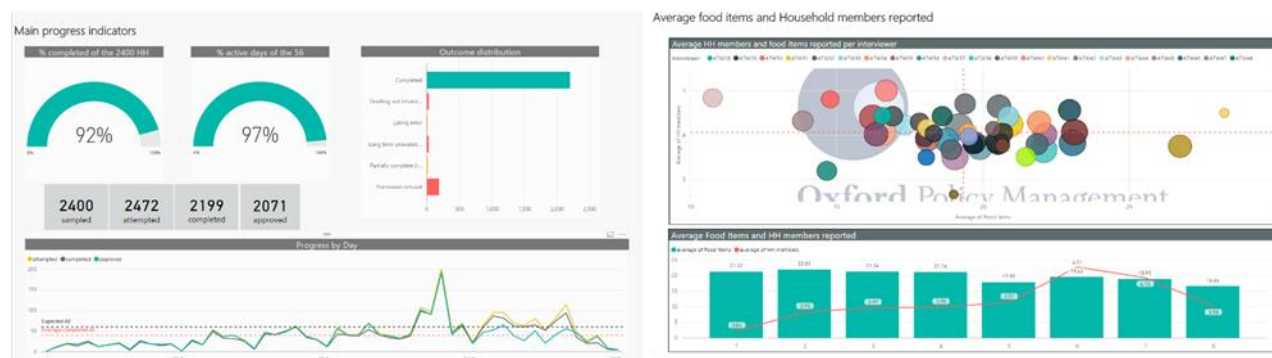
Primary in-interview consistency checks built into the CAPI instruments will provide instant feedback to the interviewers, and a secondary set of consistency checks will be administered post-interviewing by the central data management unit. During the questionnaire development phase, a list of consistency checks will be built with input from all stakeholders and the checks will be assigned to either group of checks. This list of checks can be delivered together with the final datasets.

Apart from checking data consistency, the central data management unit will also check field worker performance by creating interviewer-level summaries, such as answers to gating questions or questions given special attention, and by utilising electronically collected interview dates, times, and GPS locations.

Data monitoring and quality assurance will be facilitated by OPM's data quality assurance system written in STATA and displayed using an online available visualisation tool called *PowerBi* in order to i) monitor fieldwork progress and ensure teams are being deployed effectively, ii) check interviewers' performance on key survey modules or research variables, and iii) identify inconsistencies or uncommon patterns in individual interviews to provide timely training and feedback. The main objective of this system is to provide timely feedback and to implement course-correction processes that will significantly improve data quality.

Figure 3 displays examples of OPM's quality assurance system, which helps field managers to accomplish data collection on time and take informed decisions on the go (left panel) and data managers to track performance and identify any uncommon pattern or behaviour that needs to be corrected (right panel).

**Figure 3: Quality assurance using the dashboard**



## Data cleaning and analysis

Finally, once data have been collected and have undergone a primary level of cleaning through the in-built CAPI-based checks, the OPM team of quantitative data analysts will proceed to complete a further round of secondary data cleaning, which will ensure the highest possible degree of confidence in the robustness and reliability of the data in the cleaned dataset.

Indicators will then be constructed on the basis of the cleaned datasets and following the requirements of the analysis, as contained in a detailed analysis plan. The indicator creation protocol will follow a folder structure that mimics the outcome and impact areas that will be investigated as part of the analysis. This will further ensure that data are stored efficiently and correctly so as to facilitate the analytical process.

Data analysis will then be carried out using STATA and/or R statistical software. The results of the data analysis will ultimately be outputted in the form of tabulations and graphs that will be added to the evaluation reports.

## 4.2 Qualitative data collection

### 4.2.1 Data collection tools

The qualitative component will collect data for both the impact evaluation and the process review. An overview of the data collection tools and the themes that will be covered in each can be found in the table below.

**Table 6: Overview of qualitative data collection tools**

Type of tool	Respondent group	Key themes covered
<b>KIIs</b>	<b>Central programme implementers</b>	Efficiency, effectiveness, and relevance of key implementation processes, including integration Availability of complementary services, and degree to which these are accessed Partnership and capacity building

Type of tool	Respondent group	Key themes covered
	<b>Local programme implementers:</b> district managers, social workers and auxiliary social workers	Key implementation challenges related to targeting, recertification, enrolment, case management and grievances, payments and communications Availability of complementary services, and degree to which they are accessed, and associated challenges
	<b>Local leaders:</b> community councillors and village chiefs	Community impact and cohesion Intended or unintended outcomes, contextual factors around education, health, and nutrition outcomes Livelihoods and resilience to shocks Key implementation challenges related to targeting, recertification, enrolment, case management and grievances, payments and communications
FGDs	<b>Current CGP beneficiaries:</b> those who collect/receive payments	For mobile money councils: experience with mobile payments Preferences regarding payment modalities and associated challenges Perceptions of targeting and recertification, social cohesion, and communication Knowledge about case management and grievances
	<b>Current CGP beneficiaries:</b> those who know about household expenditure and children's welfare	Use of transfer (intended and unintended) and change in use over time Associated outcomes for children and the household Access to complementary services Livelihoods and resilience to shocks
IDIs	<b>CGP beneficiary households with a child with a disability</b>	Needs of child with disability, including ways in which they are met or not met Use of CGP transfer and access to complementary services Short-term and long-term outcomes for the child Contextual factors that may have impacted outcomes Programme experience
	<b>CGP beneficiary households with three or more children</b> (with age gap of five years minimum)	History of programme participation Level of exposure of different children in the household (length for which, and age at which, they benefitted from CGP) Use of CGP transfer and change in use of transfer over time Comparative short-term and long-term outcomes for each child Contextual factors that may have impacted outcomes Resilience to shocks and emergency payments
	<b>Former CGP beneficiaries</b> (with children that are now above the age of 18)	History of programme participation Use of CGP transfer and change in use of transfer over time Long-term education, health, nutrition, and other life outcomes Contextual factors that may have impacted long-term outcomes Life trajectory of beneficiary child(ren) Resilience to shocks and emergency payments

Type of tool	Respondent group	Key themes covered
	<b>Former CGP beneficiaries</b> (those that were recertified)	History of programme participation Overall experience with CGP Experience with recertification process, including communications, perceptions, and expectations

## 4.2.2 Data collection process

### Training and piloting

Field researchers will be recruited by Sechaba and trained by OPM in the last week of August. All researchers will be adequately trained prior to the start of administering data collection, including having extensive practice with the protocols and qualitative data collection instruments, through field practice during training. The field practice will include a piloting exercise for all instruments to familiarise the senior and junior researchers with the interview guides and also the data collection protocols they need to follow, including for the recruitment of participants. The training will also place a focus on research ethics and safeguarding protocols that researchers must follow, should they receive information regarding cases of abuse, violence, etc during the data collection (see Annex E.4).

During the pilot, the research teams will also make a critical assessment of each of the questions in each guide and will reflect on possible changes that could be made to the questionnaires in order to improve the flow of the discussion and elicit greater and more open engagement. The experiences and reflections will then be discussed, and decisions made on any final changes to the guides before the data collection begins.

A total of four days will be spent on training for the qualitative fieldwork, in addition to one day of piloting. The team leader and qualitative analyst will travel to Maseru to lead the training and the pilot.

### Data collection

The qualitative data collection will start straight after the training and pilot, in the first week of September. The team will consist of two senior researchers, two junior researchers, and one recruiter. The two senior researchers will facilitate the FGDs and interviews, while the junior researchers will act as notetakers. The team will be accompanied by one of the OPM team members to the first research village in order to strengthen the learning from the training. The teams will spend about three days in each village and some days travelling between villages. In total, the qualitative data collection is expected to last four weeks and to be finished by the beginning of October.

### Data analysis and mixing

While all FGDs and some interviews will be conducted in Sesotho or other local languages, data will be captured in English in bespoke note-taking templates designed to accompany the research instruments, and subsequently transcribed to Microsoft Word documents. Where acceptable and ethical, digital recordings will be made, to be used for validation

purposes. Based on the evaluation questions and sub-questions, a deductive coding framework will be developed and validated. This will be used to code the raw field data systematically using the NVivo qualitative data analysis package. Coded data outputs will then be used to answer the evaluation questions in the main evaluation report.

During the analysis stage, there will be a deliberate focus on mixing the quantitative and qualitative results. The research teams will share findings with each other, and these findings will inform the interpretation of the evidence used to answer each question in detail. Teams will work closely together at this stage to ensure the findings from each workstream inform the analysis. Finally, in the report writing phase, both workstreams will focus on developing a narrative regarding the relevance, coherence, effectiveness, efficiency, impact, and sustainability of the CGP, which will draw on both the qualitative and quantitative findings. The teams will write up their findings together, pairing up with qualitative and quantitative specialists at each stage.

## 5 Evaluation timelines and management

### 5.1 Workplan and products

This evaluation will result in the draft and final products summarised in the table below.

**Table 7: Evaluation products and timings.**

Product	Timing (draft)	Timing (final)
Inception report	29 July 2022	12 August 2022
Fieldwork completion report and final quantitative and qualitative tools		21 October 2022
Evaluation report	20 November 2022	09 December 2022
Summary slides on evaluation findings	04 December 2022	09 December 2022
Policy brief on evaluation findings		09 December 2022
Final clean datasets, including analysis code		09 December 2022

An updated detailed workplan for the evaluation can be found in Table 8.

### 5.2 Stakeholder management and validation processes

As is evident from the workplan, the timelines for this evaluation are very tight. They were designed to respond to UNICEF's needs, which require the submission of a final evaluation report by early December.

To make sure that these timelines can be adhered to, we propose a more streamlined process for the validation of key evaluation outputs by the stakeholders. For most deliverables, including this inception report, the workplan can only accommodate one week for client review. This also includes the review by MoSD.

Therefore, we propose that instead of (or in addition to) collecting written comments from both UNICEF and MoSD that all key deliverables will also be validated through a brief presentation to the evaluation reference group (ERG), which will allow for the provision of oral comments.

We will also welcome written comments; however, we will only be able to consider comments that are submitted within one week of the submission of each deliverable.

**Table 8: Evaluation workplan and key deliverables**

Work Phase / Activity / Deliverables (D)	Month 0	June	July	August	September	October	November	December
<b>INCEPTION PHASE</b>								
Kick-off meeting with UNICEF and inception mission planning								
Document review & stakeholder mapping								
<b>Inception mission</b>								
Formative research in communities and Klls at central level								
Assessment of feasibility and objectives of (impact) evaluation design and additional studies on sustainability and efficiency								
Assessment of usability of NISSA data as evidence source								
Internal analysis of formative findings and workshop preparation								
Workshop with MoSD/UNICEF to revise TOC and refine evaluation matrix								
Preparing draft quantitative and qualitative data collection tools								
Preparation and submission of draft Inception Report								
Client review and feedback								
Inception Report (D1)								
Draft quantitative and qualitative data collection tools (D2)								
<b>IMPLEMENTATION PHASE: DATA COLLECTION</b>								
<b>Quantitative survey</b>								
Sample selection								
Translation of data collection tools								
Pre-test training								
Pre-test								
Preparation of training								
Training of enumerators								
Pilot and finalisation of data collection tools								
Data collection								
Data monitoring system								

Work Phase / Activity / Deliverables (D)	Month 0	June	July	August	September	October	November	December
<b>Qualitative KIIs and FGDs</b>								
Preparation of training				■	■			
Finalisation and translation of tools				■	■			
Training of qualitative researchers and pilot				■	■			
Fieldwork (central level and community level)					■	■		
Final quantitative and qualitative data collection tools (D3)						■		
Monthly fieldwork progress reports (D4)						■		
<b>IMPLEMENTATION PHASE: DATA ANALYSIS &amp; REPORT WRITING</b>								
Quantitative data cleaning and analysis					■	■		
Qualitative coding and analysis					■	■		
Secondary data analysis (lit review) for process review, incl NISSA data					■	■		
Mixing workshop							■	
Preparation of mixed methods evaluation report						■	■	
Draft Evaluation Report (D5)							■	
Develop powerpoint presentation on key findings and conclusions							■	
Dissemination workshop with key stakeholders							■	
Produce infographics on key findings, etc							■	
Produce policy brief on key findings, etc							■	
Client review and feedback							■	
Finalisation of deliverables based on feedback							■	
Final Evaluation Report (D6)								■
Final Power Point Presentation (D7)								■
Final Quantitative and Qualitative Datasets (D8)								■
Policy Brief with infographics (D9)								■
	Activity	Mission	Client Review	Deliverable				

### 5.3 Research ethics and clearances

OPM and Sechaba Consultants regularly carry out research studies where primary data are collected from human subjects. As value-driven organisations, the rights and safety of the participants in their research work are a key priority for OPM and Sechaba.

OPM and Sechaba designed the ethics protocols for their assignment in line with the UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021). Ethical protocols were developed to guide (i) informed consent, (ii) subject risk and mitigation, (iii) safeguarding, (iv) subject safety, privacy and confidentiality. In the development of these protocols and the research tools we were guided by the principals of respect, beneficence, justice, integrity and accountability. The ethics protocol that will be followed in this evaluation and associated primary research can be found in Annex F. The consent forms are in Annex G.

During the inception phase, it was decided together with UNICEF and MoSD that this study would not be required to be submitted to a national ethical review board or an institutional review. However, to ensure that our research methodology and developed instruments for this assignment abide by the highest international research ethics standards, it was agreed between UNICEF, MoSD and OPM that all relevant documentation will be submitted to an internal OPM ethical review committee for a comprehensive review. Members of the ethical review committees are senior researchers in our Research and Evidence practice with extensive experience in applying the UNICEF Procedure on Ethical Standards. Should the submitted documentation not comply with all necessary standards, the committee will provide recommendations to the evaluation team on any modifications that might be necessary.

The committee will hold a panel discussion with the evaluation team to solicit any clarifications that may be needed. Once all protocols and tools are deemed to have met the required standards, the internal OPM ethical review committee will provide the evaluation team with an ethical approval letter. The final approval letter, in addition to any recommendations that the review committee might have made and a summary of how we have addressed these, will be shared with UNICEF prior to the start of fieldwork.

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# Annex A Inception KIIs

## A.1 Central level

	Stakeholder name and title	Organisation	Date of interview
1	Mme Marisa Foraci, Chief of Social Policy Mme Mookho Thaane, Social Policy Officer Mme Sophie Shawa, Social Protection Specialist Mme Celine Sieu, Research and Evaluation Specialist	UNICEF	23 June 2022 and 28 June 2022
2	Ntate Mario-Giuseppe Varrenti	EU	23 June 2022
3	Mme 'Maeaea Mokhethi, Director of Social Assistance	MoSD	28 June 2022
4	Ntate Balone Mokete, Senior Social Assistance Officer	MoSD	28 June 2022
5	Ntate Mosala Itumeleng, Chief Economic Planner Ntate Maphomane Tlali, M&E Officer	MoSD	29 June 2022
6	Mme Khabane Mofoka, Social Assistance Manager Mme 'Mona Hlasoa, Community Development Manager Mme Lineo Lephoto, Child Welfare Officer Ntate Benedict Makau, Social Welfare Officer	MoSD	29 June 2022
7	Ntate Monyane Mahlomi, Analyst Programmer	MoSD	29 June 2022
8	Mme Palesa Mofubelu, Rehabilitation Officer	MoSD	07 July 2022
9	Ntate Setlaba Phalatsi, NISSA Manager	MoSD	11 July 2022

## A.2 District and community council levels

District	Community council	Respondents	Date of interview
<b>Mafeteng</b> <i>(No digital payments)</i>	Tsala-Talane	<b>Sehlomeng Mokenela</b> Senior Child Welfare Officer on behalf of the District Manager (district-level staff) <b>'Mankati Mosoeunyane</b> Community Councillor <b>'Mabasia Seetsi</b> Village chief - Five new CGP beneficiaries - Five old CGP beneficiaries	23 June 2022
<b>Leribe</b>	Litjotjela <i>(digital payments)</i>	<b>Mosa Matela</b> Social Welfare Officer on behalf of the District Manager (district-level staff) <b>Morema Phitsane</b> Child Welfare Officer (district-level staff) <b>Makhajane Sekonyela (Chairman) and Motselekatse Nkhetse (Assistant Chairman)</b> Community Councillor <b>Ramatekoa</b>	22 June 2022

District	Community council	Respondents	Date of interview
		Village chief - Nine CGP beneficiaries	
	Menkhoaneng <i>(CIT payments)</i>	<b>Mosa Matela</b> Social Welfare Officer on behalf of the District Manager (district-level staff) - 10 CGP beneficiaries	21 June 2022

## Annex B Inception workshop

### B.1 Workshop objectives

The primary objective of the inception workshop was to reach consensus about the objectives of the CGP and its evaluation among the primary evaluation users (i.e. MoSD, UNICEF, and the EU). It was also an opportunity for the evaluation team to understand the key priorities and expectations for the evaluation on the part of the primary evaluation users.

More specifically, the expected outcomes of the workshop were:

- an updated ToC of the CGP that all primary evaluation users agree with;
- a timeline, with the key changes and milestones of the CGP between the last evaluation (2013/14) and today (2022);
- mutually agreed key priorities for the information and evidence that the CGP evaluation needs to provide; and
- the agreed scope and design of the CGP evaluation.

The above outcomes were expected to allow the evaluation team to finalise the evaluation design, including the evaluation matrix, questions, indicators, and data sources which will be presented in the inception report.

It was considered that the above objectives could be best achieved through a multi-stakeholder workshop. This was confirmed by our own extensive experience in conducting complex mixed-methods and multi-disciplinary evaluations, but also by the recommendations and lessons learnt from previous evaluations conducted on the CGP in Lesotho. For example, the FAO evaluation report of SPRINGS recommended the following:

*‘Discussions during inception should not be confined to bilateral meetings but should include a three- or four-day workshop with all key actors. This would allow them to agree not only on the objective of the evaluation but also its design, theory of change and priority indicators.’*

### B.2 Workshop agenda

#### Day 1 – Thursday 30 June 2022

Timing	Session	Responsible
08:30am – 09:00am	Arrival of workshop participants	
09:00am – 09:15am	Opening of the workshop	Director of Planning (MoSD) and Chief of Social Policy (UNICEF)

Timing	Session	Responsible
09:15am – 09:45am	Introduction to workshop and energiser	OPM
09:45am – 11:15am	Session 1: Timeline of key CGP events and changes (2014–22)	OPM
11:15am – 11:45am	<i>Coffee break</i>	
11:45am – 01:00pm	Session 2: ToC workshop (1)	OPM
01:00pm – 02:00pm	<i>Lunch break</i>	
02:00pm – 03:30pm	Session 3: ToC workshop (2)	OPM

### Day 2 – Friday 1 July 2022

Timing	Session	Responsible
09:00 – 11:00	Session 4: Priorities for CGP evaluation	OPM
11:00 – 11:30	<i>Coffee break</i>	
11:30 – 12:00	Wrap-up, next steps, and closure	OPM and UNICEF

## B.3 Workshop participants

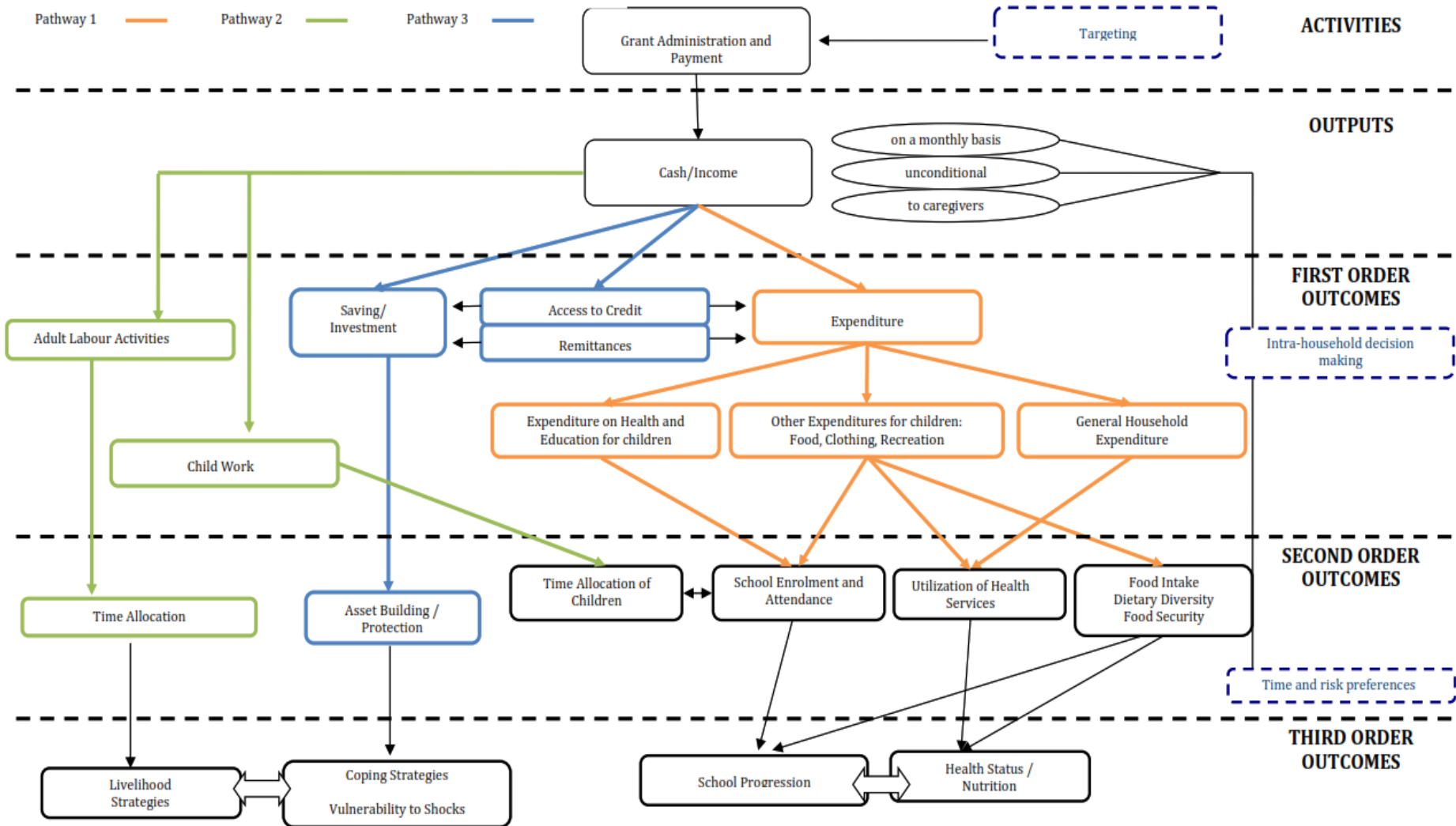
Title	Name	Organisation/department
Chief Social Policy	Marisa Foraci	UNICEF
Social Protection Specialist	Sophie Shawa	UNICEF
Social Policy Officer	Mookho Thaane	UNICEF
Social Protection Specialist	Yoshiko Tokuchi	UNICEF
Research and Evaluation Specialist	Celine Sieu	UNICEF
Director Social Assistance	'Maeaea Mokhethi	MoSD/Social Assistance
Social Assistance Manager	Khabane Mofoka	MoSD/Social Assistance
Senior Social Assistance Officer	Balone Mokete	MoSD/Social Assistance
Child Welfare Officer	Letsema Kampong	MoSD/Social Assistance
Social Welfare Officer	Benedict Makau	MoSD/Social Assistance
Social Welfare Officer	'Mankoebe Khiba	MoSD/Social Assistance
Director Planning	Linko 'Mankhatho	MoSD/Planning
Chief Economic Planner	Mosala Itumeleng	MoSD/Planning

<b>Title</b>	<b>Name</b>	<b>Organisation/department</b>
M&E Officer	Maphomane Tlali	MoSD/Planning
IT Manager	Lerato Phitsane	MoSD/IT
Director Community Development	Pakela Refuoe	MoSD/Community Development
Maseru – Manager for Social Development Services	Takatso Shale	MoSD/Maseru District
Quthing – Manager for Social Development Services	Mmasialimo Marumo	MoSD/Quthing District
Leribe – Manager for Social Development Services	Mokhoabo Molisana	MoSD/Leribe District
Principal Investigator and Impact Evaluation Workstream Lead	Dr Michele Binci	OPM
Senior Consultant, Poverty and Social Protection Practice	Jana Bischler	OPM
Qualitative Research Lead	Anita Ntale	OPM
National Social Protection Expert and Stakeholder Engagement Lead	Pontso Tsoeunyane	OPM

## Annex C CGP timeline: 2009–22

	Changes in targeting and expansion of coverage	Changes in delivery systems and management	Changes in governance and legal framework	Complementarities and adaptiveness
2009	Start of the CGP	<ul style="list-style-type: none"> <li>- Case management through VACs</li> <li>- Cash in Transit through G4S</li> <li>- All benefit amounts at 360</li> </ul>	<ul style="list-style-type: none"> <li>- District child protection teams</li> <li>- National OVC coordination committees</li> </ul>	
2010		<ul style="list-style-type: none"> <li>- Benefit amount indexed to the number of children</li> </ul>	<ul style="list-style-type: none"> <li>- Child Protection Welfare Act</li> </ul>	<ul style="list-style-type: none"> <li>- Change from M360 payment for all beneficiaries to payment being indexed to number of children.</li> </ul>
2011				
2012			<ul style="list-style-type: none"> <li>- Formulation of MoSD</li> <li>- National Child Protection Strategic Plan</li> </ul>	
2013			<ul style="list-style-type: none"> <li>- ECCD Policy</li> </ul>	
2014	<ul style="list-style-type: none"> <li>- Shift from manual to digital data collection</li> </ul>		<ul style="list-style-type: none"> <li>- National social development policy &amp; strategy</li> <li>- Multistakeholder child protection strategy</li> </ul>	<ul style="list-style-type: none"> <li>- Pilot of Conditional Cash transfer</li> <li>- Top-up for drought response</li> </ul>
2015	<ul style="list-style-type: none"> <li>- Mobile numbers added to MIS</li> </ul>	<ul style="list-style-type: none"> <li>- Digital payment pilot</li> </ul>	<ul style="list-style-type: none"> <li>- School feeding program/policy</li> </ul>	
2016			<ul style="list-style-type: none"> <li>- Community development model</li> <li>- National SP coordination mechanism</li> <li>- ISSN review &amp; CCT process evaluation</li> <li>- Deployment of ASWs at community level</li> </ul>	<ul style="list-style-type: none"> <li>- School bursary linked to CGP (2016/7)</li> </ul>
2017	<ul style="list-style-type: none"> <li>- CBC added to NISSA</li> <li>- New NISSA data, methodology &amp; management</li> <li>- MIS captured with new NISSA</li> </ul>	<ul style="list-style-type: none"> <li>- New case management system</li> <li>- Introduction of exit communications</li> <li>- Warning letters &amp; notifications</li> </ul>	<ul style="list-style-type: none"> <li>- Establishment of Social Assistance department</li> </ul>	<ul style="list-style-type: none"> <li>- Top-up El-nino response</li> <li>- Horizontal expansion (El-nino)</li> <li>- Cash-plus springs</li> </ul>
2018			<ul style="list-style-type: none"> <li>- Community council child protection teams</li> <li>- Community development action plan</li> </ul>	
2019	<ul style="list-style-type: none"> <li>- ALL rural councils added to CGP</li> </ul>		<ul style="list-style-type: none"> <li>- Scalability framework</li> </ul>	
2020	<ul style="list-style-type: none"> <li>- Data collection for urban councils</li> </ul>	<ul style="list-style-type: none"> <li>- Reduction in scope of digital payments</li> <li>- Case management integrated</li> </ul>	<ul style="list-style-type: none"> <li>- Social assistance integration strategy manual</li> </ul>	<ul style="list-style-type: none"> <li>- Top-up COVID response</li> <li>- Horizontal expansion (COVID)</li> </ul>
2021		<ul style="list-style-type: none"> <li>- Grievance mechanism developed (new structure)</li> <li>- Revisit of digital expansion</li> </ul>	<ul style="list-style-type: none"> <li>- NSPS II</li> <li>- Harmonization strategy (GOLSABS)</li> <li>- <u>2022</u> - Draft social assistance policy</li> </ul>	

# Annex D Original CGP ToC



## Annex E Evaluation matrix with indicators

#	Evaluation question	#	Sub-evaluation questions	Indicators	
				QT	QL
<b>RELEVANCE</b>					
<b>A.1</b>	Are the CGP's interventions appropriate as regards meeting the needs of the beneficiaries and the programme's intended outcomes?	A.1.1	What proportion of households in the CGP are poor both in terms of monetary poverty and multi-dimensional poverty?	<ul style="list-style-type: none"> <li>Proportion of treatment households living in monetary poverty</li> <li>Proportion of treatment households with children that are multi-dimensionally poor</li> </ul>	
		A.1.2	How does the current transfer value compare to the reported consumption expenditure of CGP beneficiary households?	<ul style="list-style-type: none"> <li>Share of transfer of monthly and annual equivalent consumption (%)</li> </ul>	
		A.1.3	To what extent are CGP beneficiary households vulnerable to shocks?	<ul style="list-style-type: none"> <li>Proportion of treatment households affected by a serious shock in last 12 months</li> <li>Three most significant shocks in last 12 months</li> <li>Proportion of treatment households using negative coping strategies</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries' experiences of shocks</li> <li>Beneficiaries' reported coping strategies</li> <li>Community leaders' views on households' experiences with shocks and coping strategies</li> </ul>
		A.1.4	To what extent does the CGP reach households with children with disabilities and to what extent is it able to respond to their needs?	<ul style="list-style-type: none"> <li>Proportion of treatment households who have at least one child with a disability</li> </ul>	<ul style="list-style-type: none"> <li>Range of needs reported by households with children with disabilities</li> <li>Perceptions about extent to which CGP is helping to meet those needs</li> </ul>
<b>A.2</b>	To what extent are the programme's targeting, payment modalities, grievances and complaints processes, and case management systems appropriate as regards delivering the	A.2.1	To what extent are the current and piloted payment modalities appropriate given beneficiaries' preferences and experiences?	<ul style="list-style-type: none"> <li>Proportion of treatment households receiving payment through their stated preferred payment modality</li> <li>Type of payment modality preferred by treatment households</li> </ul>	<ul style="list-style-type: none"> <li>Positive and negative experiences reported with CIT and mobile payment modalities</li> <li>Expressed preferences for payment modalities</li> </ul>
		A.2.2	To what extent are the current and piloted payment modalities appropriate given the local infrastructure and	<ul style="list-style-type: none"> <li>Proportion of communities with adequate access to mobile networks</li> </ul>	<ul style="list-style-type: none"> <li>Reported access to and challenges with payment infrastructures and services</li> </ul>

#	Evaluation question	#	Sub-evaluation questions	Indicators	
				QT	QL
	programme and achieving its objectives?		the availability of payment options?	<ul style="list-style-type: none"> <li>Proportion of communities with mobile money agent</li> <li>Proportion of communities with bank branch</li> <li>Average amount of time taken to nearest mobile money agent</li> <li>Average amount of time taken to nearest bank branch</li> <li>Average amount of time taken to nearest CIT payment point</li> </ul>	
		A.2.3	To what extent are the case management and grievances systems appropriate given local capacities?	<ul style="list-style-type: none"> <li>Proportion of treatment households who report having asked a question about the CGP and having gotten a satisfactory answer</li> <li>Proportion of households reporting that the delivery of CGP got better/worse since deactivation of VACs</li> </ul>	<ul style="list-style-type: none"> <li>Positive and negative experiences reported by beneficiaries, local leaders and CGP implementers related to case management and grievances</li> </ul>
		A.2.4	To what extent is the recertification process appropriate?	<ul style="list-style-type: none"> <li>Proportion of households who expected the exit from the programme</li> <li>Proportion of households who think that the exiting process is transparent</li> </ul>	<ul style="list-style-type: none"> <li>Views reported by beneficiaries, local leaders and CGP implementers related to recertification</li> </ul>
<b>COHERENCE</b>					
<b>B.1</b>	Has the CGP been complementary to other interventions carried out by MoSD or other external actors?	B.1.1	To what extent are current CGP beneficiaries accessing complementary services?	<ul style="list-style-type: none"> <li>Proportion of treatment households accessing MoSD complementary services and programmes</li> <li>Proportion of treatment households accessing NGO complementary services and programmes</li> </ul>	<ul style="list-style-type: none"> <li>Experience with accessing complementary services and programmes</li> </ul>
<b>B.2</b>	To what extent could CGP beneficiaries be linked to other complementary services?	B.2.1	What complementary interventions currently exist at the district and community levels and are there any challenges in access?	<ul style="list-style-type: none"> <li>Distribution of types of MoSD complementary services and programmes currently accessed by households</li> <li>Distribution of types of NGO</li> </ul>	<ul style="list-style-type: none"> <li>Reported availability of types of complementary services and programmes</li> <li>Reported barriers to accessing complementary services and programmes</li> </ul>

#	Evaluation question	#	Sub-evaluation questions	Indicators	
				QT	QL
				<ul style="list-style-type: none"> <li>complementary services and programmes currently accessed by households</li> </ul>	
		B.2.2	To what extent does the CGP have an impact on multi-dimensional poverty and its specific domains?	<ul style="list-style-type: none"> <li>Multidimensional child deprivation index including break-down of dimensions</li> </ul>	
<b>B.3</b>	To what extent has the CGP added value while avoiding duplication of other similar interventions in the country?	B.3.1	To what extent is the delivery of the CGP harmonised and integrated with the delivery of other similar interventions?		<ul style="list-style-type: none"> <li>Stakeholders' views on the degree of the implementation of the social safety net integration strategy</li> </ul>
<b>EFFECTIVENESS</b>					
<b>C.1</b>	To what extent are the current key CGP implementation processes effective?	C.1.1	To what extent are the payments processes working and effective? (i.e. payments are timely and complete)?	<ul style="list-style-type: none"> <li>Proportion of treatment households reporting missing payments</li> <li>Proportion of treatment households reporting delayed payments</li> <li>Proportion of treatment households reporting problems with payments</li> <li>Type of problems reported</li> <li>Proportion of households feeling safe at payment points</li> </ul>	<ul style="list-style-type: none"> <li>Positive and negative experiences with the payments process (mobile versus CIT)</li> <li>Inclusion considerations and payments effectiveness</li> </ul>
		C.1.2	To what extent are the case management and grievances processes effective?	<ul style="list-style-type: none"> <li>Proportion of households whose quarterly payments were adjusted when they had more children</li> <li>Proportion of households who ever asked a question about the CGP and whose question was answered</li> <li>Proportion of households who ever submitted a formal complaint</li> <li>Proportion of households who submitted a formal complaint and received a satisfactory answer</li> </ul>	<ul style="list-style-type: none"> <li>Positive and negative experiences with the case management and grievances process</li> <li>Inclusion considerations and case management/grievances</li> </ul>

#	Evaluation question	#	Sub-evaluation questions	Indicators	
				QT	QL
		C.1.3	To what extent is enrolment effective?		<ul style="list-style-type: none"> <li>Positive experiences and challenges/bottlenecks in enrolment</li> </ul>
		C.1.4	To what extent is the CGP's communication in relation to key implementation processes effective?	<ul style="list-style-type: none"> <li>Proportion of households who know when they will receive their next payment</li> <li>Proportion of households who know why a household would exit from the CGP</li> <li>Proportion of households who expected exit from programme</li> <li>Proportion of households who exited and received communication about it</li> <li>Proportion of households who know how to update their information</li> <li>Proportion of households who know how to submit a complaint</li> </ul>	<ul style="list-style-type: none"> <li>Perceptions of CGP communication effectiveness</li> <li>Challenges (if any) encountered with CGP communication</li> </ul>
<b>C.2</b>	How effectively has the programme responded to the findings of the last evaluation?	C.2.1	To what extent did the CGP adapt its programme design and operations, based on the recommendations of the last evaluation?		<ul style="list-style-type: none"> <li>Number of recommendations fully, partly and not at all implemented</li> </ul>
<b>EFFICIENCY</b>					
<b>D.1</b>	How efficient are the current key CGP implementation processes?	D.1.1	How efficient is the current registration, targeting, and recertification process through the NISSA?		<ul style="list-style-type: none"> <li>Stakeholders' perceptions about efficiency of NISSA</li> <li>Identification of potential inefficiencies</li> <li>Comparison of actual reported timelines and costs and expected timelines and costs (without VFM)</li> </ul>
		D.1.2	How efficient is the current process of delivering CGP payments?		<ul style="list-style-type: none"> <li>Stakeholders' perceptions about the efficiency in payments</li> <li>Identification of potential sources of inefficiencies</li> <li>Comparison of actual timelines and costs (reported) to expected timelines and costs</li> <li>Analysis of secondary comparative cost</li> </ul>

#	Evaluation question	#	Sub-evaluation questions	Indicators	
				QT	QL
					estimates of mobile versus CIT
		D.1.3	How efficient are the current processes around case management and grievances?		<ul style="list-style-type: none"> <li>Stakeholders' perceptions about efficiency of case management and grievances</li> <li>Identification of potential inefficiencies</li> <li>Comparison of actual reported timelines and expected timelines</li> </ul>
D.2	To what extent are current efforts to increase the efficiency of key CGP implementation processes sufficient?	D.2.1	To what extent have existing efforts at integrating the delivery process of the CGP with other social assistance programmes been effective?		<ul style="list-style-type: none"> <li>Stakeholders' reports on progress on the integration strategy with relation to payments, registration, grievances and case management</li> </ul>
		D.2.2	How effective and feasible are the current efforts to pilot and scale up mobile phone payments?	<ul style="list-style-type: none"> <li>Proportion of households reporting problems with mobile payments</li> <li>Type of problems reported</li> <li>Proportion of communities with adequate access to mobile networks</li> <li>Proportion of communities with mobile money agent</li> <li>Average amount of time taken to nearest mobile money agent</li> <li>Proportion of households who would prefer mobile payments</li> </ul>	<ul style="list-style-type: none"> <li>Reported successes and bottlenecks with mobile pilots</li> <li>Beneficiaries' experiences with mobile pilots</li> <li>CGP local and national implementers with mobile pilots</li> <li>Implementers perceptions on feasibility of expanding mobile payments</li> </ul>
<b>SUSTAINABILITY</b>					
E.1	Will the GoL be able to maintain the CGP as operational and well-functioning without external support?	E.1.1	Are current capacities and processes sufficient to keep the NISSA functioning without additional technical and financial support?		<ul style="list-style-type: none"> <li>Current technical and financial support versus expectations of future support</li> <li>Ability to formulate long-term transition plans</li> <li>Reported capacity bottlenecks for NISSA maintenance</li> </ul>
		E.1.2	Are current capacities and processes sufficient to continue updating the NISSA without additional technical and financial support?		<ul style="list-style-type: none"> <li>Progress made on updating pilots</li> <li>Challenges of updating pilots and plans to overcome these</li> <li>Cost of past NISSA updating versus expected future cost of NISSA updating</li> <li>Reported capacity bottlenecks for NISSA updating</li> </ul>

#	Evaluation question	#	Sub-evaluation questions	Indicators	
				QT	QL
E.2	How sustainable is the impact of the CGP on its target beneficiaries?	E.2.1	What are the CGP's impacts on long-term outcome indicators related to children's educational attainment, health, and nutrition?	<ul style="list-style-type: none"> <li>Highest level of education achieved</li> <li>Health status</li> </ul>	
		E.2.2	How do the effects of the CGP change over time, depending on how long households and their communities are exposed to the programme?	<ul style="list-style-type: none"> <li>Comparison of key impact indicators for treatment households with different lengths of CGP exposure</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
E.3	How shock-responsive is the current CGP?	E.3.1	To what extent is the CGP designed in a flexible and shock-responsive way?		<ul style="list-style-type: none"> <li>Secondary assessment with regards to shock-responsiveness of CGP in terms of key shock-responsive indicators</li> </ul>
		E.3.2	To what extent has the CGP been used to respond to shocks, and to what extent have current CGP beneficiaries and non-beneficiaries been reached by emergency top-ups?	<ul style="list-style-type: none"> <li>Proportion of treatment households reported having received emergency top-ups</li> <li>Proportion of control households reported having received emergency top-ups</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries' and communities' experiences with emergency payments and perceptions of adequacy, timeliness, coverage and inclusion</li> <li>Secondary data on coverage, timeliness, adequacy and inclusion of past shock responses</li> </ul>
<b>IMPACT</b>					
F.1	To what extent has the CGP resulted in improved outcomes for the children of the beneficiary households?	F.1.1	To what extent has the CGP had an impact on children's education, health, and nutrition outcomes?	<p><i>(selection only)</i></p> <ul style="list-style-type: none"> <li>Proportion of children enrolled in school by gender</li> <li>Proportion of children who missed school in 30 days prior to survey by gender</li> <li>Proportion of households that report that children went to bed hungry in past 30 days</li> <li>Proportion of households with children who are fully immunised</li> <li>Average number of days ill in 30 days prior to survey</li> </ul>	
		F.1.2	Why has the CGP had (or not had) an impact on children's education, health, and nutrition outcomes?		<ul style="list-style-type: none"> <li>Household experiences and challenges with school access and education</li> <li>Household experiences and challenges with health care access</li> <li>Household experiences and challenges with food security</li> </ul>

#	Evaluation question	#	Sub-evaluation questions	Indicators	
				QT	QL
					<ul style="list-style-type: none"> <li>Communities' access to education and health services</li> <li>Households' use of the transfer and perceptions of adequacy of transfer value</li> </ul>
		F.1.3	To what extent has the CGP had an impact on child time use and labour?	<ul style="list-style-type: none"> <li>Proportion of children engaged in child labour</li> <li>Proportion of children who spend time working for the households (and average daily hours)</li> <li>Proportion of children who spend time working outside the household (and average daily hours)</li> </ul>	
		F.1.4	Why has the CGP had (or not had) an impact on child time use and labour?		<ul style="list-style-type: none"> <li>Livelihood experiences and challenges of household</li> <li>Perceptions around adequacy of transfer to stop children from working</li> <li>Experiences with and perceptions of child labour</li> </ul>
F.2	To what extent has the CGP resulted in improved outcomes for the beneficiary households?	F.2.1	To what extent has the CGP had an impact on household monetary and multi-dimensional poverty?	<ul style="list-style-type: none"> <li>Proportion of households living in monetary poverty</li> <li>Proportion of households with children that are multi-dimensionally poor</li> </ul>	
		F.2.2	To what extent has the CGP had an impact on households' food security?	<ul style="list-style-type: none"> <li>Average number of months in which household had (extreme) shortage of food</li> <li>Proportion of households in which in 3 months prior to survey an adult / child had to eat fewer meals because there was not enough food</li> </ul>	
		F.2.3	Why has the CGP had (or not had) an impact on households' food security?		<ul style="list-style-type: none"> <li>Beneficiaries' reported use of the transfer</li> <li>Beneficiaries' perceptions about adequacy of transfer</li> <li>Reported challenges with food access</li> </ul>
		F.2.4	To what extent has the CGP had an impact on households' coping	<ul style="list-style-type: none"> <li>Distribution of types of coping strategies</li> </ul>	

#	Evaluation question	#	Sub-evaluation questions	Indicators	
				QT	QL
			strategies and resilience to shocks?	(positive and negative)	
		F.2.5	Why has the CGP had (or not had) an impact on households' coping strategies and resilience to shocks?		<ul style="list-style-type: none"> <li>Beneficiaries' perceptions of adequacy of regular CGP payment for cushioning them from shocks</li> <li>Beneficiaries' use of transfer</li> <li>Beneficiaries' experiences with emergency payments including timeliness and adequacy</li> </ul>
F.3	Were there any unintended positive and/or negative consequences resulting from the CGP? If so, what are they?	F.3.1	To what extent is beneficiaries' spending of the grant aligned with the intended use? What are the consequences of any unintended uses of the grant (positive or negative)?	<ul style="list-style-type: none"> <li>Distribution of the types of transfer uses</li> </ul>	<ul style="list-style-type: none"> <li>Reported use of the CGP grant – common and uncommon use types</li> <li>Reported results of grant usage</li> </ul>
		F.3.2	Are there any unintended positive and/or negative consequences at the community level resulting from the CGP? If so, what are they?		<ul style="list-style-type: none"> <li>Reported CGP impact on community (positive and negative)</li> </ul>
<b>PARTNERSHIP</b>					
G.1	To what extent has the partnership between UNICEF and MoSD been relevant and effective?	G.1.1	Has the UNICEF technical support to the CGP and MoSD responded to its needs?		<ul style="list-style-type: none"> <li>Identification of past capacity strengthening needs – comparison with delivered technical support package</li> <li>Stakeholders' perceptions about the extent to which the needs were met</li> </ul>
		G.1.2	Has the technical support to the CGP and MoSD been effective?		<ul style="list-style-type: none"> <li>Review of results from annual reports</li> <li>Perceptions around effectiveness</li> </ul>
		G.1.3	How can UNICEF's technical support to the CGP and MoSD be more relevant and effective going forward?		<ul style="list-style-type: none"> <li>Perceptions and recommendations from key stakeholders</li> <li>Recommendations developed on the basis of process review results</li> </ul>

## Annex F Ethics protocol

### F.1 Informed consent

Informed consent will be obtained from each research participant prior to the start of the interview or FGD. The enumerators or researchers will read the consent statement to the participants and each participant will receive a hard copy to keep for their records. Participants will be assured that participation is voluntary and will be asked to confirm that they agree to participate by signing two copies of the consent form – their own and a copy that will be kept by the research team. For the qualitative research, participants will also be asked to explicitly give their consent for the interview/FGD being recorded. They will be informed as to why this is necessary and also reassured that the recordings will be deleted as soon as interview transcripts are finalised. If a participant does not agree to the recording, the interview or FGD will be conducted without it. Prior to signing the consent statement, participants will be given space to ask questions about the research. Finally, the consent form will also provide background information on the research, in addition to the contact details of the study focal point so that participants can get in touch with further questions should they have any. The consent forms can be found in Annex F.

### F.2 Subject risks and mitigation

Our data collection methodology for the impact evaluation exercise includes interviews with CGP beneficiaries and non-beneficiaries. The risks to participants associated with this assessment are considered minimal and limited to the time participants will spend in answering our questions. However, participation will be explicitly voluntary, and participants will be informed about how much time each interview will take before agreeing to it. The importance and benefits of the knowledge that will be gained through the research greatly exceed the potential risk that subjects may face due to participation in the evaluation.

In order to decrease levels of potential discomfort and encourage open discussions, participants will be assured that if they are uncomfortable answering any question, it can be skipped, and that they can stop or leave the interview at any time. To make sure that participation is enjoyable for participants, we will aim to design the FGDs in a participatory manner.

### F.3 Subject selection

Respondents for the quantitative survey will be randomly selected from a sampling frame that will be constructed based on NISSA data using systematic random sampling. Respondents for the qualitative interviews and FGDs will also be selected from the list of sampled beneficiary households for each village. The qualitative researchers will select the FGD participants randomly from the list that they will be provided with by the quantitative team. Where participants should have certain characteristics (e.g. for IDIs), participants will be selected from the list but with the help of MoSD district staff or community leaders in the selected evaluation areas. When programme implementers or community leaders are involved in the selection, we will ask them to make a sub-list of potential participants that fulfil the criteria, from which the researchers again will choose at random. In order to reduce

any risks of inequity in the recruitment of FGD participants, we will not make any payments to the participants.

## **F.4 Safeguarding**

All enumerators and researchers involved in the fieldwork will be trained in research ethics in a session that will focus on respect, safeguarding, and confidentiality. The safeguarding protocols for this evaluation will be guided by the national referral pathways and reporting responsibilities in Lesotho. In addition, when recruiting enumerators and researchers for both the qualitative and quantitative components of the research, previous experience in conducting research with economically disadvantaged and vulnerable populations will be taken into consideration in the selection process.

We do not plan to conduct interviews with children due to the nature of the assignment and the comprehensive measures that would need to be put in place to ensure both meaningful participation and adequate protection (safeguarding) of children during the data collection process. For the purposes of this assignment, we will proceed on the assumption that consulting the adults in the household will provide us with sufficient, robust, and useful proxy data regarding their children's welfare and wellbeing.

## **F.5 Subject safety, privacy, and confidentiality**

Complete confidentiality and privacy of subjects will be ensured during all stages of the research process. The research team will explain to participants that the outcomes of the survey interviews, KIIs, IDIs, and FGDs will be included in the final evaluation report, but without any attribution. Personal contributions and views will not be shared with anyone else in a way that can identify individuals.

For the quantitative research, data will be managed and stored on Dropbox and access will be limited only to the research team. During the data collection and cleaning stages, only the team leader(s), project manager, field manager, data manager, survey expert, and data analyst(s) will have access to household data with personal identifying information. Once the data have been cleaned and prepared, for the purposes of analysis, we will anonymise all the household- or individual-level datasets to ensure that they do not contain identifying information. Any other sectoral or technical experts on the team will only have access to anonymised data. Furthermore, any results that are presented both internally and externally will be at the level of the village (level of random allocation) or higher. No personal-level information will be discussed for analytical purposes or in the dissemination of the results. At the end of the evaluation period, all personal data will be deleted.

For the qualitative research, no names or other types of personal identifying information will be collected from the subjects as part of this research. The only place where the name of the research subjects will appear is on the consent form which they will be required to sign with their names. Signed consent forms will be stored separately from completed survey questionnaires, recordings, and transcripts, and will be destroyed once the final report has been approved by UNICEF and MoSD. Researchers will be instructed during training that transcripts and notes should not include any personal identifying information of the subjects. Once Sechaba Consultants has submitted all transcripts to a satisfactory standard to OPM,

all recordings of interviews and FGDs will be deleted. Until then, these will be stored on password-protected computers.

Finally, during training enumerators and researchers will be educated about the importance of maintaining the privacy and confidentiality of the research participants and that under no circumstances will they be allowed to speak with third parties about any of the information they obtain during the interviews and FGDs in a way that could identify individual participants.

# Annex G Consent forms

## G.1 FGD Consent form

Good [morning/afternoon], and welcome everyone. Thank you all for taking the time to come here and join us. My name is [Name] and I am here today with [Name]. We are both staff of Sechaba and we are working with Oxford Policy Management (OPM) to review the Child Grants Programme (CGP). Sechaba is a Lesotho-based consulting firm that carries out research and data collection on a wide range of topic areas to inform development in Lesotho. OPM is a development and research-based organisation that provides analysis, policy advice, and evaluation services to governments and development organisations around the world.

UNICEF has commissioned OPM in collaboration with Sechaba consultants to undertake an evaluation of the CGP on behalf of the Ministry of Social Development (MoSD). MoSD and UNICEF want to better understand the CGPs achievements, challenges, and lessons to date. The results of this evaluation will help MoSD and UNICEF to make strategic decisions to improve the design and delivery of the CGP.

We are talking to CGP beneficiaries and implementers across the country to understand the impact of the CGP. We shall ask you about yourselves, your lives, your households, and the wellbeing of your children before and after joining the CGP. The discussions we are going to have with you today will help us learn what has worked well and what has not worked well with the CGP.

You will not be financially compensated for participating in this research, but your involvement will allow MoSD to use the results from this study to continue to improve the service delivery of the CGP in coming years. Your participation in this research will not lead to any direct benefit or risk to you.

We assure you that we will treat all information that you share with us with the utmost privacy and confidentiality. Your names will not be linked to anything that you will share with us today and all notes and recordings from our conversation will be stored securely on a password protected computer. No one except for our research team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about over the course of this research. It is very important to us that our research will adequately reflect the information that you will share with us today. Therefore, we would like to ask your permission to take an audio recording of our conversation so that we can later go back to it and adjust our written notes to increase precision. We will not link your names to these recordings and once we finalised the notes, we will delete them. You have the right to ask us to stop the recording at any point during our discussion.

The interview will last about one hour and a half. If at any point you do not feel comfortable to participate or you would like to leave the conversation, that is completely fine. There are no right or wrong answers to any of our questions, we are only interested to hear your views and experiences. By participating in this discussion, you agree to keep anything that is shared by other participants private and confidential. Please do not share the content of today's discussion with people outside this group. Finally, we'd like to ask you to be respectful towards each other during the discussion. This includes listening to each other, letting the other person speak and not ridiculing or dismissing someone's experiences or views. I will guide the discussion, and my colleague will be taking notes of our discussion. You may address each other and not just me so let's make sure we all allow each other to speak. The use of mobile phones during the discussion is strongly discouraged except for cases of emergency.

Should you have any further questions about this research or your participation after the end of the interview / focus group discussion, please contact Ms Jeanette Bloem Lehasa from Sechaba (+266 6209 7110). Equally, please get in touch should you have any complaints about the way in which this research was conducted.

I confirm that I agree to participate in this research and proceed with the interview.

I confirm that I agree to this interview being recorded.

	<b>Participant Name</b>	<b>Signature</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

<b>Interview/facilitator name</b>	<b>Signature</b>

## G.2 Interview consent form (qualitative)

Oxford Policy Management (OPM) in partnership with Sechaba Consultants are conducting interviews and focus group discussions to learn more about the impact that the Lesotho Child Grant Programme (CGP) has had on its beneficiaries. Sechaba is a Lesotho-based consulting firm that carries out research and data collection on a wide range of topic areas to inform development in Lesotho. OPM is a development and research-based organisation that provides analysis, policy advice, and evaluation services to governments and development organisations around the world.

UNICEF has commissioned OPM in collaboration with Sechaba consultants to undertake an evaluation of the CGP on behalf of the Ministry of Social Development (MoSD). MoSD and UNICEF want to better understand the CGPs achievements, challenges, and lessons to date and also take stock of the CGP's progress in the past 7-8 years. We will use the results of this research to provide MoSD and UNICEF with recommendations on how to improve the programme.

You will not be financially compensated for participating in this research, but your involvement will allow MoSD to use the results from this study to continue to improve the service delivery of the CGP in coming years. Your participation in this research will not lead to any direct benefit or risk to you. We assure you that we will treat all information that you share with us with the utmost privacy and confidentiality. Your names will not be linked to anything that you will share with us today and all notes and recordings from our conversation will be stored securely on a password protected computer. No one except for our research team will have access to these files. However, we must make you aware that we are legally obliged to report any case of abuse or exploitation that we hear about over the course of this research.

It is very important to us that our research will adequately reflect the information that you will share with us today. Therefore, we would like to ask your permission to take an audio recording of our conversation so that we can later go back to it and adjust our written notes to increase precision. We will not link your names to these recordings and once we finalised the notes, we will delete them. You have the right to ask us to stop the recording at any point during our discussion.

The interview will last about one hour and a half. If at any point you do not feel comfortable to participate or you would like to leave the conversation, that is completely fine. There are no right or wrong answers to any of our questions, we are only interested to hear your views and experiences. I will guide the discussion, and my colleague will be taking notes of our discussion.

Should you have any further questions about this research or your participation after the end of the interview / focus group discussion, please contact please contact Ms Jeanette Bloem Lehasa from Sechaba (+266 6209 7110). Equally, please get in touch should you have any complaints about the way in which this research was conducted.

I confirm that I agree to participate in this research and proceed with the interview.

I confirm that I agree to this interview being recorded.

Name of participant:

Name of Interviewer:

Signature:

Signature

Date:

Date: