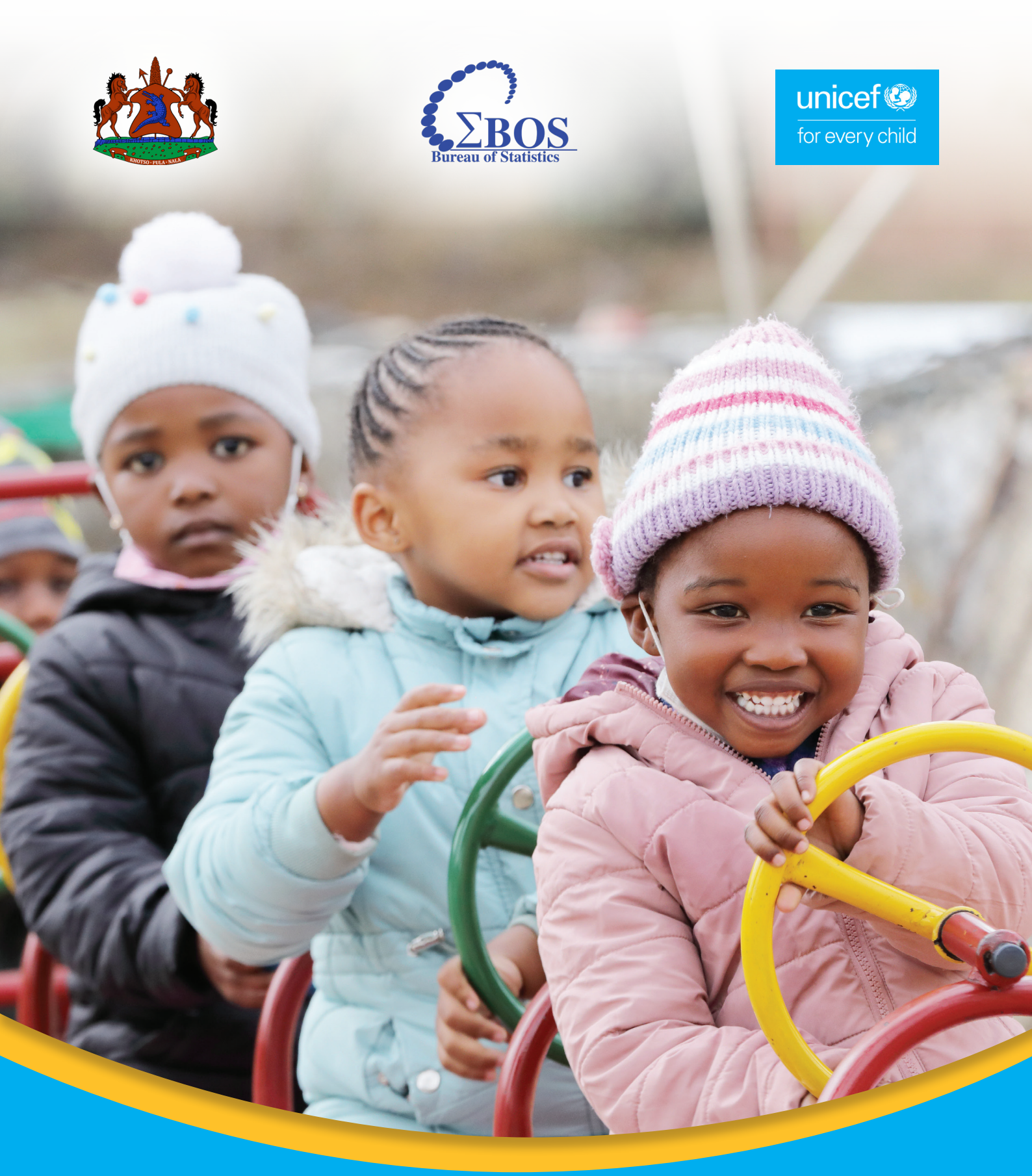

LESOTHO 2021
MULTIDIMENSIONAL CHILD POVERTY REPORT

United Nations Children's Fund
(UNICEF), Lesotho

Bureau of Statistics
P O Box 455
Maseru 100
Lesotho
Telephone: +266 22 323852; 266 22 326393
Fax: +266 22 310177
Email: info@bos.gov.ls

or

United Nations Children's Fund
13 United Nations Road
Private Bag A171
Maseru, Lesotho

Photo credit:

UNICEF Lesotho/2021/Justice Kalebe

UNICEF Lesotho/Karin Schermbrucker

Lesotho 2021 Multidimensional Child Poverty Report

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1. FOREWORD

Lesotho is a small, landlocked mountain kingdom encircled by South Africa. With a 2.1 million population and a per capita GDP of $1,118, the country is classified as lower-middle-income but still sees almost half of its population living in poverty.

The mountain Kingdom has come a long way, almost reaching HIV epidemic control in the present day and reducing poverty by 15 percentage points with stable GDP growth of around 3 per cent in the last fifteen years. Yet, poverty remains a significant issue for the Basotho population, disproportionately affecting children, which make up around 40 per cent of the population. In this context, the Government of Lesotho remains committed to deeply understanding and providing solutions to poverty, mainly when it affects children and intersects several sectorial developments that can improve or hinder the condition of the Basotho population present and future well-being.

With these commitments in mind, this report has been spearheaded by the Bureau of Statistics, Ministry of Development Planning of Lesotho to shed light on the multidimensional poverty status of the Basotho Child Population. It is the third consolidated child poverty report to be produced by the Government of Lesotho with the technical support of UNICEF since 2011 and is based on the 2018 Multiple Indicator Cluster Survey (Bureau of Statistics, 2019; GoL, 2019b). It includes an analysis of multiple overlapping deprivations that identifies in which dimensions children are deprived when different deprivations overlap and when the presence of multiple deprivations signals a multidimensional poverty status among Basotho children aged 0–17 years.

The method of analysis used is the Multiple Overlapping Deprivation Analysis (MODA). A methodology introduced by the United Nations Children's Fund (UNICEF) and adapted by a team of in-country technicians from governmental and non-governmental organizations through several Technical Working Group (TWG) consultations.

The information presented in this report seeks to raise awareness and generate a deeper understanding of the multiple facets child poverty assumes among governmental and non-governmental stakeholders who develop plans, policies, and programmes that address and aim to improve the well-being of children. Additionally, this report marks a milestone in the measure of multidimensional child poverty and could serve as a reference point for national and international strategies such as the National Strategic Development Plan II (NSDP II) 2018/19-2022/23 (2019) and the SDG Voluntary National Reports as well as the upcoming Social Protection Strategy.

Hon. Selibe Mochoboroane	**Celina Molato**	**Anurita Bains**
Minister of Development Planning	Director, Bureau of Statistics	UNICEF Representative

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3. ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante-Natal Clinic
BOS	Bureau of Statistics
CDC	Centre for Disease Control
CGP	Child Grant Programme
COVID 19	Corona Virus Disease
DHS	Demographic Health Survey
ECD	Early Child Development
EMIS	Education Management Information System
ESARO	East and Southern Africa Regional Office (UNICEF)
GDP	Gross Domestic Product
GoL	Government of Lesotho
HBS	Household Budget Survey
HIV	Human Immuno-deficiency Virus
ICAP	International Center for AIDS Care and Treatment Programs
ICF	International Classification of Functioning, Disability and Health
KPA	Key Priority Area
LePHIA	Lesotho Population-Based HIV Impact Assessment
LFNSAP	Lesotho Food and Nutrition Strategy and Action Plan
MDD	minimum dietary diversity
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MO	Multidimensional Child Poverty Index
MODA	Multiple Overlapping Deprivation Analysis
MODP	Ministry of Development Planning
MoH	Ministry of Health
N-MODA	National Multidimensional Overlapping Deprivation Analysis
NSDP	National Strategic Development Plan
PMTCT	Prevention of Mother to Child Transmission
SBCC	social and behaviour change communication
SDG	Sustainable Development Goal
SGBV	Sexual and Gender Based Violence
SRV	Senqu River Valley
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YP	Young People

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GAP

6. EXECUTIVE SUMMARY

This multidimensional child poverty report presents the child poverty situation in Lesotho based on multiple and overlapping deprivation analysis using data in the 2018 Multiple Indicator Cluster Survey (MICS). Lesotho has successfully reduced poverty in the past fifteen years, with the overall national poverty ratios decreasing from 56.6 per cent in 2002 to 49.7 per cent in 2017, and absolute poverty from 34.1 per cent in 2002 and 24.1 per cent in 2017. Thanks to a widespread Social Protection Programme, inequality registered a drop, with the Gini index falling from 51.9 in 2002 to 44.6 in 2017.

The report utilises the National Multidimensional Overlapping Deprivation Analysis (N-MODA) methodology (De Neuborg, et al., 2012) and measures trends since the 2018 N-MODA analysis. The methodology hinges on the Alkire and Foster method used to measure Multidimensional Poverty (Alkire & Foster, 2011) at the global level.

The Lesotho N-MODA focuses on eight dimensions, four (education, nutrition, health, and protection from violence), which are measured at the level of the child. The other four namely: water, sanitation, housing, and access to information, are measured at the household level, meaning they affect all household members equally, regardless of age. Even though there are eight dimensions in total, three age groups, 0-23 months, 5-12 years, and 13-17 years, were assessed against seven dimensions defining their welfare, while six were considered for the aged group 24-59 months. One or more indicators define each dimension.

To measure deprivation in a particular dimension, indicators are aggregated into dimensions using the union approach, which considers a child as deprived in the specific indicator when her status falls below the agreed threshold. Likewise, a child is considered deprived in a dimension if she is deprived in any one indicator. A child is considered multidimensionally poor if deprived in 3 dimensions simultaneously. In the multidimensional poverty status computation, all dimensions have equal weight as there is no trade-off between child rights.

As of 2018, more than 2 in 5 Basotho children (45.5 per cent) of the child population is multidimensionally poor, meaning that they suffer deprivation in three or more dimensions. This is a net improvement compared to the 65 per cent headcount of 2018 (based on the 2014 Lesotho Demographic Health Survey). On average, deprived children cumulate 3.5 simultaneous deprivations. Poverty is still a rural phenomenon. The proportion of deprived children with simultaneous deprivations is higher in rural areas than in urban areas. A total of 52.5 per cent of rural children are deprived in three or more deprivations compared to 33.1 per cent of urban children who are deprived in three or more deprivations a difference of 19.4 percentage points. Children from the mountains ecological zone have the highest incidence of multidimensional poverty, and those from Thaba-Tseka (65.4) and Mokhotlong (63.8) are the most deprived. Conversely, those from Maseru, Leribe, and Berea have a lower incidence of multidimensional deprivation.

While all children are deprived in multiple dimensions at a time, younger children tend to be deprived in more dimensions simultaneously than older children. Regarding simultaneous deprivations, within children aged 0-23 months, 68.8 per cent are multidimensionally poor. Deprivation is higher in rural (72.6), foothills (76.6), and the districts of Thaba-Tseka (81) and Mokhotlong (77). The report further indicates that deprivations for younger children (aged 0-59 months) tend to overlap more than those of older age groups (aged 5-17 years) whose deprivations overlap less, meaning they tend to experience fewer deprivations. This implies that those aged 0-59 months are more vulnerable than those aged 5-17 years.

Factors that indicate a higher likelihood of multidimensional child poverty include household head education, household size, and young dependency rates. The report indicates that as the education of household heads rises, the proportion of multidimensionally poor children falls. Households with five or more children record a 58.7 per cent child poverty rate. This figure drops to 39.8 per cent when there are at most two children in the household.

With regards to single deprivation analysis, the report found that for children aged 0-23 months, the highest deprivations rates are in protection from violence (81.7 per cent), housing (80.2 per cent), and nutrition (49.4 per cent). A closer look at the indicators that determine these deprivations shows that protection deprivation is due to lack of birth registration (72.9) and exposure to domestic violence (40.9). As far as housing is concerned, deprivation is due to lack of access to electricity (60.1), inadequate sleeping rooms (47.1), while what affects nutrition deprivation is mostly meal frequency (40.2). For those aged between 24 and 59 months, deprivation is higher in the dimensions

of housing (78.6), protection from violence (68.5), and sanitation (54.4). For children aged 5 to 12 years, the highest deprivations rates are recorded in housing (78.6), sanitation (47.8), and education (33.8). For the oldest age group 13 to 17 years, the dimensions of housing (77.5), education (68.2), and sanitation (48.4) score higher headcounts of deprivation.

The MODA analysis conducted with 2014 data established a baseline of 65.4% multidimensionally poor children, which following the commitment to the SDG agenda should be reduced by 2,18 percentage points every year to reach 32.7 per cent headcount by 2030 (UNICEF, 2018). The baseline set by the MODA analysis conducted in 2018 using 2014 data, which concluded that 65.4 per cent of Basotho per cent experience multidimensional child poverty (UNICEF, 2018), is complemented by the analysis conducted in 2021 using 2018 data, which shows a reduction of almost 20 percentage points passing from 65 per cent poverty rate in 2014 to 45 poverty rate in 2018. To ensure further reduction of multidimensional child poverty in the country below are policy recommendations to the Government of Lesotho.

Housing. Housing deprivation contributes the most to the multidimensional poverty index due to limited access to electricity. Access to the grid and off-grid electricity, such as solar panels, especially in the highlands and foothills, is key to improving children's nutrition, health, and learning outcomes as well as increasing connectivity.

Nutrition. Deprivation is highest in nutrition for children aged 0-23 months. Government should accelerate the implementation of the Lesotho Food and Nutrition Strategy and Action Plan (LFNSAP), in addition to introducing an Infant Grant that targets all households with children 0-59 months, complemented with a nutrition education/ information component.

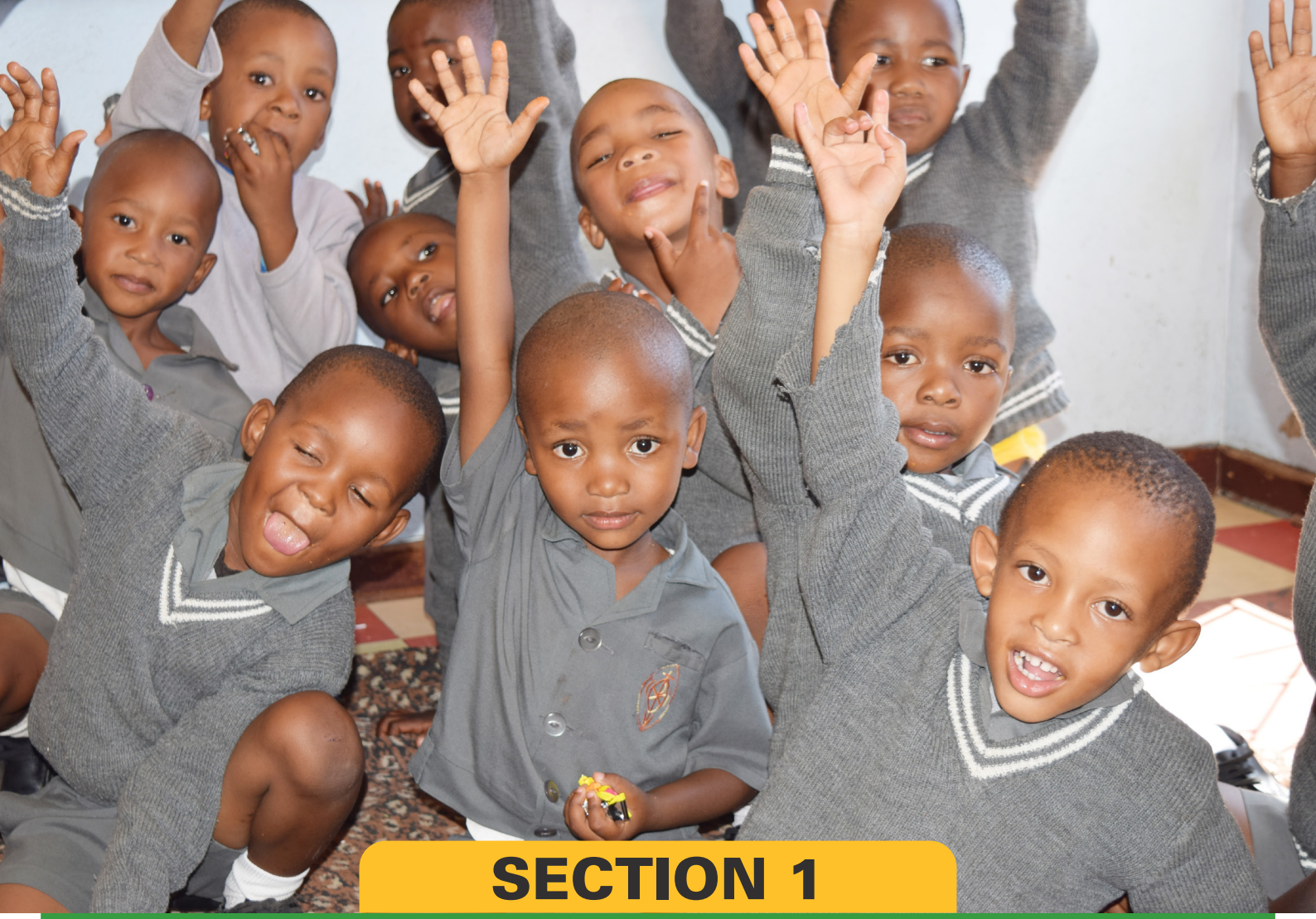
Water. Accelerated efforts to increase water access are essential for Basotho Children to avail safe drinking water in or close to their households. This should be extended to other settings like schools, healthcare facilities, and other public areas.

Sanitation. Ending open defecation in Lesotho especially in rural areas should be a top priority, as this impacts heavily on several other outcomes, including nutrition, health, and human dignity. Safe sanitation should also be complemented with access to safe hygiene services in public places.

Protection. The Government should further support the expansion of automated birth registration in hospitals and health centres and raise awareness to increase demand for registering children at birth. In addition, attitudes to domestic violence require a response from both service delivery and systems-level, including awareness of the Child Helpline and strengthening community justice institutions to create protective and safe environments for children.

Education. Government efforts should be directed towards expanding the pre-primary system across the country, promoting parental engagement in ECD, provision of learning materials such as learner packs, and building the capacity of boards to monitor school functioning and track children who are at risk of dropping out. These efforts should be complemented with a strengthened Education Management Information System (EMIS) that can keep track of trends. Furthermore, Teacher Professional Development should be rolled out so that learning methodologies consider the different learning needs of children.

Multisectoral Support Through Social Protection and cash plus interventions. The Government is urged to expand social protection interventions such as the Child Grant Programme that can contribute greatly to addressing the complex problem of multidimensional child poverty.



SECTION 1

INTRODUCTION

As of 2018, the population in Lesotho was estimated at 2,108 million people, of which 39 per cent were under the age of 18 (Bureau of Statistics, 2019). The past decade has marked some mixed progress in terms of child wellbeing. On the one hand, some progress was marked in key indicators, with a general decline in childhood mortality and early marriage. About three-quarters of children were developmentally on track in their early years, and 4 in 5 households in Lesotho had access to essential drinking water. On the other hand, some key child wellbeing indicators were still lagging, with 76 out of every 1000 children not surviving their 5th birthday. As far as educational, protection and water access outcomes are concerned, less than half of the children aged 7 to 14 showed foundational reading skills in either English or Sesotho and nearly 1 in 3 children aged 5-17 years were engaged in child labour. In addition, only half of the children had access to basic sanitation or were registered if under five (Bureau of Statistics, 2019).

The country has successfully reduced poverty in the past fifteen years, with the overall national poverty ratios decreasing, from 56.6 per cent in 2002 to 49.7 per cent in 2017, and absolute poverty from 34.1 per cent in 2002 and 24.1 per cent in 2017. Thanks to the extensive Social Protection Programme also inequality registered a drop, with the Gini index falling from 51.9 in 2002 to 44.6 in 2017. Yet, as of 2014, 65 per cent of children were living in multidimensional poverty (GoL, 2019a), which does not come as a surprise as children are among the most vulnerable, marginalised, and socially excluded groups in society. They depend on others and do not command economic resources of their own. According to Minujin (2011), children have specific but often different needs and tend to experience poverty differently from adults.

Gordon et al. (2003) cogently argue that using a unidimensional measurement of poverty, i.e. monetary poverty, would be biased towards adults, with limited attention paid to children. Measuring poverty unidimensionally also means measuring it in terms of means or inputs instead of critical outcomes to ensure a child's full cognitive development. Poor children are more likely to have worse adult outcomes than non-poor children, including lower success in the labour market. Moreover, childhood poverty is associated with inequality of opportunity and a manifestation of the intergenerational transmission of poverty within households. Thus, addressing child poverty is one of the surest ways to achieve equality of opportunities for all (Burger, 2013).

Indeed, the divergent indicators in child well-being coupled with a steady improvement of monetary measures may lead to confusion. Also, the profound differences that affect rural and urban results suggest that poverty persists and disproportionally affects rural areas and marginalised groups such as the child populations. For this reason, poverty, and especially child poverty eradication, are on top of the Government's agenda, and several policies have been implemented

in this regard over the past two decades. Among others, the GoL's second National Strategic Development Plan (NSDP II) (GoL, 2019b) second pillar (i.e., Key Priority Area (KPA) II) focused on strengthening human capital through investment in health, nutrition, education, and skills development and the Social Protection programmes that target children such as the Child Grant Programme. These policies and programmes serve as an implementation framework for the Sustainable Development Goals (SDGs) and, in particular of SDG indicator 1.2 that aims to halve child poverty by 2030.

In support of GoL's efforts to achieve its child poverty target, UNICEF Lesotho in collaboration with the Bureau of Statistics (BOS) commissioned this study to measure national multidimensional child poverty using the Multiple Overlapping Deprivation Analysis (MODA) methodology. The MODA methodology adopts a holistic definition of child well-being, which allows for the analysis of individual children's rights. Compared to the unidimensional approach, which defines a child as poor if her household income, consumption, or expenditure levels fall below a certain minimum threshold, the MODA approach provides a nuanced and more comprehensive picture of poverty as it is experienced by a child at different stages of her growth.

More specifically, this report presents findings of the analysis of the child poverty situation in Lesotho. The analysis focussed on critical dimensions that define child wellbeing, such as nutrition, housing, water, sanitation, health, and further understanding the extent to which children are exposed to violence or lack of information, and education. The report presents an in-depth examination of deprivations across the lifecycle of children and how deprivations overlap and correlate with monetary poverty. The Lesotho MODA analysis comes at an excellent time as the Government reflects and is set to finalise its National Social Protection Strategy and action plan to define how it aims to reduce poverty over the next ten years.

This report represents the third consolidated effort to analyse child poverty produced by the GoL in close collaboration with UNICEF and the second Multidimensional Overlapping Deprivation Analysis (UNICEF, 2018; UNICEF, 2011). The first child poverty report was released in 2011 based on multiple datasets[1]. This first analysis aimed at measuring progress against the Millennium Development Goals and analysed child monetary (unidimensional) poverty, single child deprivations and their correlation. Based on the 2014 Lesotho Demographic Health Survey (Ministry of Health Lesotho and ICF International, 2016), the second child poverty report UNICEF and the GoL produced using the MODA methodology measuring deprivations in 8 dimensions (UNICEF, 2018). The report showed that more than six out of ten (i.e., 65.4 per cent) of Basotho children aged 0-17 years were multidimensionally poor (that is, they are deprived in at least three dimensions of well-being). One of the aims of the analysis in the current report is to offer a perspective on the evolving dynamics of child poverty in Lesotho.

The report is structured as follows. Section 1 introduces the study and gives an overview of the MODA methodology, describing the 2018 MICS dataset used for the analysis and the contextualisation of the MODA to Lesotho in terms of the dimensions, indicators, and thresholds adopted. Section 2 provides an overview of multidimensional child poverty for all children aged 0 to 17 years. Section 3, 4, 5 and 6 delve into an analysis of single and multiple deprivations for children aged 0 to 23 and 24 to 59 months, as well as 5-12 and 13-17 years, respectively. Section 7 analyses how monetary poverty overlaps with multidimensional poverty. Finally, section 8 goes through dimensional deprivation changes that occurred since the 2018 report, and Section 9 summarises the main findings and offers policy recommendations.

DATA AND METHODOLOGY

The present study uses information collected from the 2018 Multiple Indicator Cluster Survey (Bureau of Statistics, 2019), a nationally representative survey conducted by the Bureau of Statistics (BOS) with UNICEF technical and financial support. The survey was undertaken using a multi-stage stratified cluster sampling design employed by the 2016 Lesotho Population and Housing Census. Urban, peri-urban and rural areas within each district were identified as the primary sampling strata across the ecological zones. In addition, a systematic sample of households was selected and10,400 households were visited. MICS 2018 used customised MICS6 standard questionnaires designed to provide detailed information on the situation of children and women in the country.

Unless otherwise stated, all tables and figures in this report are authors' calculations using the Lesotho MICS 2018 dataset as a source. This report utilises the National MODA (N-MODA) methodology (De Neuborg, et al., 2012), inspired by the Alkire and Foster method used to measure Multidimensional Poverty (Alkire & Foster, 2011) at the global level. The methodology stands out for being child-sensitive, in the measure of which:

- **It uses** the child as the unit of analysis, rather than the adult or household, and evaluates child-specific deprivations wherever possible.
- **It adopts** a life-cycle approach that acknowledges that children's needs are not homogenous across early childhood, school-age, and adolescence. Therefore, it adapts the indicators/dimensions considered for each age group accordingly.
- **It enhances** knowledge of sector-by-sector approaches (e.g. nutrition, health, and education) with an overlapping deprivation analysis giving insight into the severity of child deprivation, showing which deprivations need to be addressed jointly to be identified.
- **It is flexible** and can be tailored to national contexts in line with development and policy objectives.

1 The Multiple Indicator Cluster Survey (MICS) 2002, the Household Budget Survey (HBS) 2002, the Demographic and Health Survey (DHS04) 2004, the National Census 2006, the National Nutrition Survey 2007, the Continuous Multi-Purpose Survey (CMS) 2009 and the Demographic and Health Survey (DHS09) 2009.

When measuring multidimensional child poverty, MODA first aggregates indicators into dimensions and then counts the number of dimensions in which each child is deprived. The indicators are aggregated into dimensions using the union approach. A child is considered deprived in the specific indicator if their status is below the threshold. Thus, a child is considered deprived in a dimension if they are deprived of any indicator within it. Each indicator is deemed equally important for a child in that dimension. A lack of deprivation in one cannot make up for another. Thus, there is no trade-off between children's rights, all indicators having implicit equal weighting. One of the limitations of the union approach is the lack of control for the severity of deprivation in each dimension, especially when the dimension has more than one indicator. Deprivation within a dimension does not change whether a child is deprived in one or all the indicators within a given dimension. Using the same threshold adopted in the 2018 MODA, a child is defined as multidimensionally poor when they are simultaneously deprived in three or more dimensions of well-being.

To contextualise the MODA methodology to the situation of children in Lesotho, the BOS, with assistance from UNICEF, hosted a national consultation workshop with local stakeholders. The workshop was geared towards reaching a consensus on three key issues. First, to decide on age groups that define typical stages of child development in Lesotho. Second, to identify relevant dimensions of deprivation in each age group and identify indicator(s) for each dimension. Lastly, to set the threshold for deprivation for each indicator and dimension.

Participants agreed that the age groups must remain unchanged so that the results can be comparable to those of the 2018 Lesotho-MODA report. Therefore, it was agreed that the four age groups remain as follows: 1) 0–23 months- infancy; 2) 24–59 months- early childhood; 3) 5–12 years – primary childhood; and 4) 13–17 years- adolescence. This categorisation assumes that Basotho children's needs are not homogenous across these four age groups. Regarding the choice of dimensions, the participants were already familiar with the MODA approach to the measurement of child poverty and were guided by the dimensions included in the first 2018 Lesotho-MODA report. The consultations culminated in the choice of eight dimensions for the 2021 Lesotho-MODA study, which reflected the actual list of dimensions deemed as the most important for child well-being by age group, listed in Table 1.

A notable difference from the 2018 Lesotho-MODA report, the current study omitted HIV/AIDS dimension. Its exclusion from the 2018 MICS was to reduce data duplication as these questions were included in the 2016-2017 Lesotho Population-Based HIV Impact Assessment (LePHIA) (MoH, CDC and ICAP at Columbia, 2021). However, the 2018 MICS analysed some of the multiple overlapping risk factors that affect HIV infection among adolescents and young people (YP) in relation to unmet need for family planning, sexual and gender-based violence (SGBV), school attendance, teenage pregnancy and early ante-natal clinic (ANC) attendance and thus the link with prevention of mother to child transmission (PMTCT). While Lesotho is on its way to epidemic control among the general population, the gains made are not equitable. For example, only 83.5% of children living with HIV (0-14 years) know their status; 83.5% of them are on treatment, and 86% of those on treatment are suppressed (2020 Spectrum Modelling Estimates). There are no figures for adolescents from the LePHIA but the report notes that rates are much lower than in the general population. In addition, every year 432 babies are born with HIV in Lesotho as such HIV/AIDS remains very much a concern for the country.

Some dimensions are measured at the level of the households and some at the child level. In particular, four of the eight adopted dimensions, such as water, sanitation, housing, and access to information, are measured at the household level, meaning they affect all household members equally, regardless of age. The other four dimensions, such as education, nutrition, health, and protection from violence, are defined at the level of the child. Even though there are eight dimensions in total, three age groups were assessed against seven dimensions defining their welfare, while six were considered for the aged group 24-59 months (Table 1).

Table 1: Dimensions of deprivation and age groups

0–23 months	24–59 months	5–12 years	13–17 years
Water	Water	Water	Water
Sanitation	Sanitation	Sanitation	Sanitation
Housing	Housing	Housing	Housing
Information	Information	Information	Information
Nutrition			
Health	Health	Health	Health
Protection	Protection	Protection	Protection
		Education	Education

The selection of indicators within each of the selected dimensions on child welfare was guided by data availability and a need for comparability with the 2018 Lesotho-MODA analysis. Table 2 below presents the selected dimensions, their corresponding indicators categorised by age group, and the datasets containing these indicators. In comparison to the 2018 Lesotho-MODA report, two indicators (one for sanitation and another for health) were omitted for the present report due to a lack of requisite data. Table 2 provides the full list of dimensions and indicators and the deprivation cut-off for each of them. In determining deprivation, a child was first identified as deprived/not deprived in each of the 17 indicators. Secondly, a union approach was used to determine whether a child is deprived in a specific dimension, which would occur if a child is deprived in at least one indicator.

Table 2: List of dimensions, indicators with corresponding cut-offs for each age group

Dimension	Indicator	Deprived if	Age group			
			0-23 months	24–59 months	5–12 years	13–17 years
Water	Drinking water source	Child lives in a household without access to an improved water source.	✓	✓	✓	✓
	Distance to a drinking water source	Child lives in a household where the time needed to go to the water source, get the water and come back is more than 30 minutes.	✓	✓	✓	✓
Sanitation	Toilet type	Child lives in a household that uses an unimproved toilet facility.	✓	✓	✓	✓
	Shared toilet	Child lives in a household that shares a toilet facility with two or more households.	✓	✓	✓	✓
Housing	Overcrowding	Child lives in a household that has, on average, more than three people per sleeping room.	✓	✓	✓	✓
	Electricity	Child lives in a household that does not have electricity.	✓	✓	✓	✓
	Cooking fuel	Child lives in a household where unimproved cooking fuel is used.	✓	✓	✓	✓
Information	Access to information and communication devices	Child lives in a household that does not have at least one information device (TV, radio, computer) and one communication device (fixed phone, mobile phone).	✓	✓	✓	✓
Nutrition	Exclusive breastfeeding	Child not exclusively breastfed.	✓ 0-6 months			
	Food diversity	Child lives in a household whose minimum dietary diversity (MDD) score is less than 4 of 8 food groups.[1]	✓ 6-23 months			
	Meal Frequency	Twice for breastfed infants aged 6–8 months; Three times for breastfed children aged 9–23 months; Four times for non-breastfed children aged 6–23 months.	✓6-23 months			
Health	Vaccinations	Child did not receive all the basic vaccinations recommended by WHO on time.	✓0-35 months	✓0-35 months		
	Distance to a health facility	Child lives in a household where the time taken to get to the nearest health facility exceeds 30 minutes in urban or 60 minutes in rural areas.	✓	✓	✓	✓
Protection	Birth registration	Child does not have a birth certificate and/or is not registered.	✓	✓		
	Attitudes to domestic violence	Child lives in a household where the mother, father, or any other adult in the household agrees that the husband is justified in hitting or beating his wife.	✓	✓	✓	✓
Education	School attendance	Child is not attending school.			✓6-17 years	✓6-17 years
	Grade-for-age	Child is one or more years behind in schooling.			✓6-17 years	✓6-17 years

1 Dietary diversity is based on WHO standards, which refer to the child receiving four or more of the following food groups per day: (i) grains, roots and tubers; (ii) legumes and nuts; (iii) dairy products (milk, yogurt, cheese); (iv) flesh foods (meat, fish, poultry and liver/organ meats); (v) eggs; (vi) vitaminA-rich fruits and vegetables; and (vii) other fruits and vegetables.

As far as the threshold for multidimensional child poverty, participants agreed to emulate the 2018 Lesotho-MODA report. Accordingly, a multidimensional poverty line was created based on the dual cut-off identification strategy, which identifies a child as deprived (or poor) if deprived in at least three dimensions of well-being.

The identification of the multidimensionally poor children examines the prevalence of child deprivation by performing the analysis separately for each of the four age groups as per the life cycle approach. The four age groups are 1) 0–23 months - infancy; 2) 24–59 months - early childhood; 3) 5–12 years – primary childhood; and 4) 13–17 years – adolescence. The analysis and presentation of findings by each age group will follow a similar structure to the 2018 Lesotho-MODA report. First, the single deprivation (sector-by-sector) analysis for children in each of the four age groups presents the proportion of children deprived in each indicator and dimension. This gives a first picture of how child deprivation and deprivations drive child vulnerability. Additional analysis on single deprivation analysis was conducted across key characteristics such as gender of the child, settlement (rural/urban), ecological zone, parent's characteristics, etc.

Secondly, the deprivation count analysis is undertaken to reflect the depth of multidimensional deprivation among children. The deprivation overlap analysis examines the extent to which the various sectoral deprivations overlap. The deprivation overlap is carried out by looking at children in a specific age group deprived in a selected dimension and how many children are deprived in an additional one to five other dimensions. The overlap analysis is extended by looking at three dimensions at a time, presented in a Venn diagram, to visualise better how the selected deprivations coincide.

Furthermore, the identification of the multidimensionally poor children is carried out by aggregating the multiple deprivations into different indices to show the extent of multidimensional child poverty. Thus, the following three indices are estimated:

- The Multidimensional Deprivation Headcount ratio (H): which is the proportion of deprived (or multidimensionally poor) children. In Lesotho, a child is considered deprived (or multidimensionally poor) if the number of dimensions in which they are deprived is equal to or larger than three.

- The average deprivation intensity among the deprived (A): which is the average number of deprivations a poor person suffers, which is done by counting the number of deprivations that a multidimensionally deprived child has, displayed as a percentage of all measured dimensions.

- The Adjusted Multidimensional Deprivation Headcount ratio (M) adjusts the deprivation headcount rate by the intensity of deprivation (i.e., the number of deprivations that multidimensionally deprived children experience). Therefore, it combines the incidence (H) and the depth of deprivation (A) to provide an index ranging from 0 to 1 that measures the overall child poverty situation.

Lastly, one of the main limitations of the current analysis is the omission of the HIV/AIDS dimension. This was because the 2018 MICS did not include HIV/AIDS to reduce data duplication with the 2016-2017 Lesotho Population-Based HIV Impact Assessment (LePHIA). Another limitation was the lack of data on distances to health facilities for the health dimension in the 2018 MICS data. As such no analysis was done on this compared to the analysis that was conducted based on the 2014 Demographic and Health Survey.

SECTION 2

CHILDREN AGED 0 - 17 YEARS

SUMMARY:

- 45.5 per cent of Basotho children aged 0 to 17 years are identified as multidimensionally poor. These multidimensionally poor children experience, on average, 55.6 per cent of all possible deprivations, that is, equivalent to 3.49 out of a total of 7 deprivations.
- The proportion of deprived children with simultaneous deprivations is higher in rural areas than in urban. A total of 52.5 per cent of rural children are deprived in three or more deprivations compared to 33.1 per cent of urban children who are deprived in three or more deprivations. In fact, multidimensional child poverty is high in rural areas by 19.4 per centage points compared to urban areas.
- 94.6 per cent experience deprivation in at least one dimension, 76 per cent in at least two dimensions, 45.5 per cent are deprived in at least three dimensions, and 17.7 per cent are deprived in at least four dimensions under consideration.
- More boys (48.2 per cent) are multidimensionally poor as compared to girls (43 per cent).
- Male headed households have higher proportion of multidimensionally poor children relative to female headed households.
- 51.9 per cent of children living in a household whose head has primary or no education are deprived in three or more dimensions compared to 34.7 per cent when the head has secondary education, and 17.5 per cent if the household head has vocational or university degree.
- Households with five or more children record 58.7 per cent child poverty rate. This figure drops to 39.8 per cent when there are at most two children in the household.

Before measuring child multidimensional poverty, it is important to define the profile of children in Lesotho. As shown in Table 3 below, the average age of Basotho children is around eight years old, with children in rural Lesotho a little older than their urban counterparts. There is an even split between boys and girls across the country. From the point of view of the household size characteristics, rural households do not only have a greater number of members, but they also have more children. Many of the rural children in Lesotho reside with a household head who has completed primary schooling. In contrast, a smaller fraction of children live in households where the household head has completed post-secondary education. The largest share of children belongs to primary childhood, followed by adolescence as the second-largest category.

Table 3: Distribution of children by socio-economic characteristics

	National	Rural	Urban
N (Sample size)	8281	6126	2155
Age (in years)	8.591	8.603	8.564
Male (1if male)	0.4929	0.5063	0.4650
Number of Children	2.913	3.176	2.365
Houisehold Size	5.633	6.068	4.729
Sex of household Head (1if male)	0.5776	0.5845	0.5634
Education of Household Head			
No Education			
Primary Education	0.8145	0.6946	0.8145
Secondary	0.1641	0.2379	0.1641
Vocational/Higher	0.0214	0.0674	0.0214
University			
Other			
Child Age Groups			
Infancy	0.0966	0.0954	0.099
Early Childhood	0.1636	0.1605	0.1701
Primary Childhood	0.4637	0.4661	0.4586
Adolescene	0.2762	0.2780	0.2723

Note: All values are weighted proportions of children in the area.
Source: Own calculations based on MICS 2018

Table 4 shows that almost 70 per cent of Basotho children reside in rural areas. Rurality in Lesotho often signals subsistence farming, which intersects with many deprivations of wellbeing. A further breakdown by ecological zone indicates that 21 per cent of the children aged 0 to 17 live in mountainous areas, while the lowlands have the largest share (60.7 per cent) and Senqu River Valley has the lowest share (8.9 per cent) of children. The distribution of children by districts points to more than half of the children (53.7 per cent) residing in the three districts of Maseru, Berea, and Leribe in the lowlands. Qacha's Nek has the lowest share of children.

Table 4: Distribution of children by area of residence.

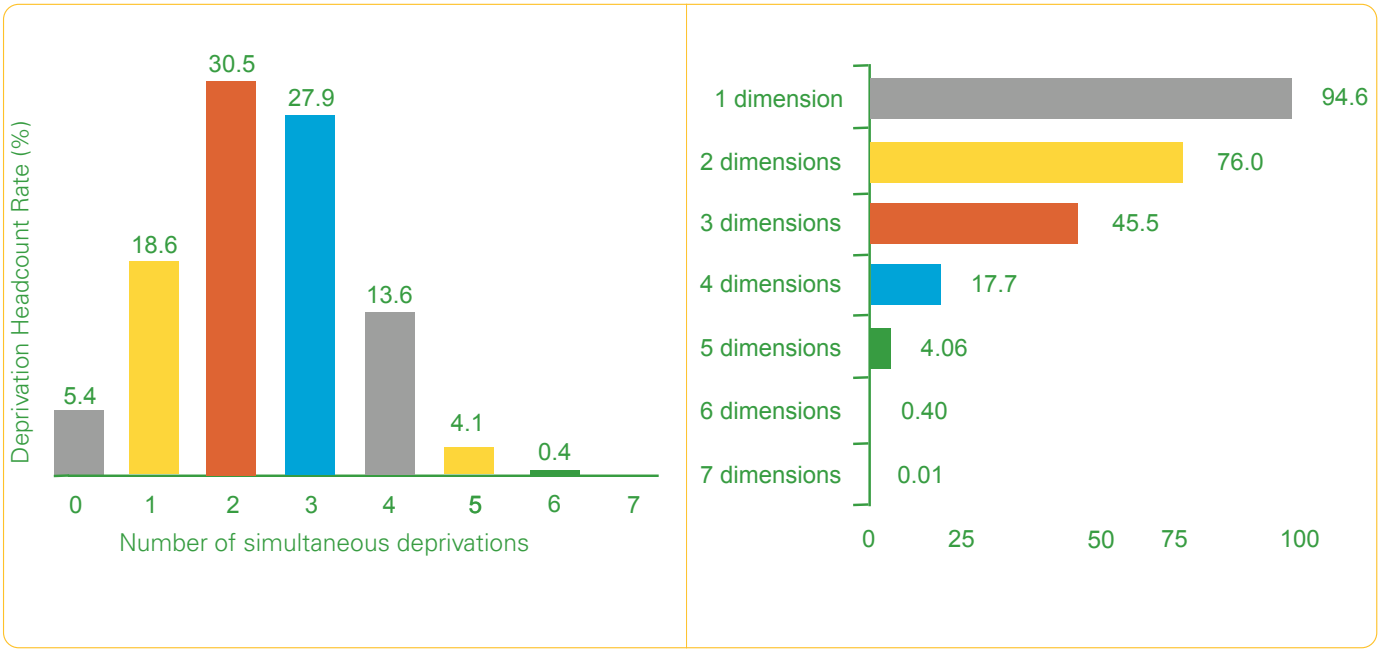
	Area	Proportions
Number of Observations	N	8281
	Urban	0.3245
	Rural	0.6755
Ecological Zone	Lowlands	0.6065
	Foothills	0.0925
	Mountains	0.2124
	Sengu River Valley	0.0886
District	Both Bothe	0.0585
	Leribe	0.1542
	Berea	0.1308
	Maseru	0.2520
	Mafeteng	0.0992
	Mohale's Hoek	0.0817
	Quthing	0.0531
	Qacha's Nek	0.0384
	Mokhotlong	0.0587
	Thaba-Tseka	0.0734

Note: All values are weighted proportions of children in the area.
Source: Own calculations based on MICS 2018

Panel (a) of Figure 1 shows the distribution of simultaneous deprivations experienced by each child in Lesotho using information from 2018 MICS. For example, the highest proportion of children (30.5 per cent) experience two deprivations simultaneously, while 45.5 per cent of children are simultaneously deprived in three or more dimensions. On the other hand, only five in 100 (5.4 per cent) children aged less than 18 years did not suffer any deprivation in all seven dimensions considered, and a small proportion of these children (4.1 per cent) are deprived in at least five dimensions at the same time.

Panel (b) of Figure 1 shows the multidimensional deprivation headcount as a percentage of children deprived in several dimensions. The figure shows that 94.6 per cent experience deprivation in at least one dimension, 76 per cent in at least two dimensions, 45.5 per cent in three dimensions, and 17.7 per cent are deprived in at least four.

Figure 1: Per centage distribution of deprived children aged 0–17 years,



Source: Own calculations based on 2018 MICS data

To identify the multidimensionally deprived children and their deprivation intensity, the multiple deprivations are aggregated into three indices of deprivation. Table 5 reports on these aggregated multidimensional child deprivation ratios. The first column from the left presents the average number of deprivations; the second column is the multidimensional deprivation headcount ratio (percentage of deprived children; H). The third column is the average intensity of deprivation among the deprived children (depth of deprivation; A). Finally, the last column is the adjusted deprivation headcount ratio (M0). The adjusted headcount ratio can be interpreted as the percentage (if multiplied by 100) of the total possible deprivations that children in Lesotho could experience.

Using the national multidimensional poverty threshold that defines a child as poor when s/he is simultaneously deprived in three or more dimensions of well-being (i.e.,), 45.5 per cent of Basotho children aged 0 to 17 years are identified as multidimensionally poor. These multidimensionally poor children experience, on average, 55.6 per cent of all possible deprivations, that is, equivalent to 3.49 out of a total of 7 seven deprivations. The adjusted headcount ratio (multiplied by 100) suggests that children deprived in at least three dimensions experience 25 per cent of all possible deprivations.

Table 5: Multidimensional deprivation indices for children aged 0–17 years at the national level

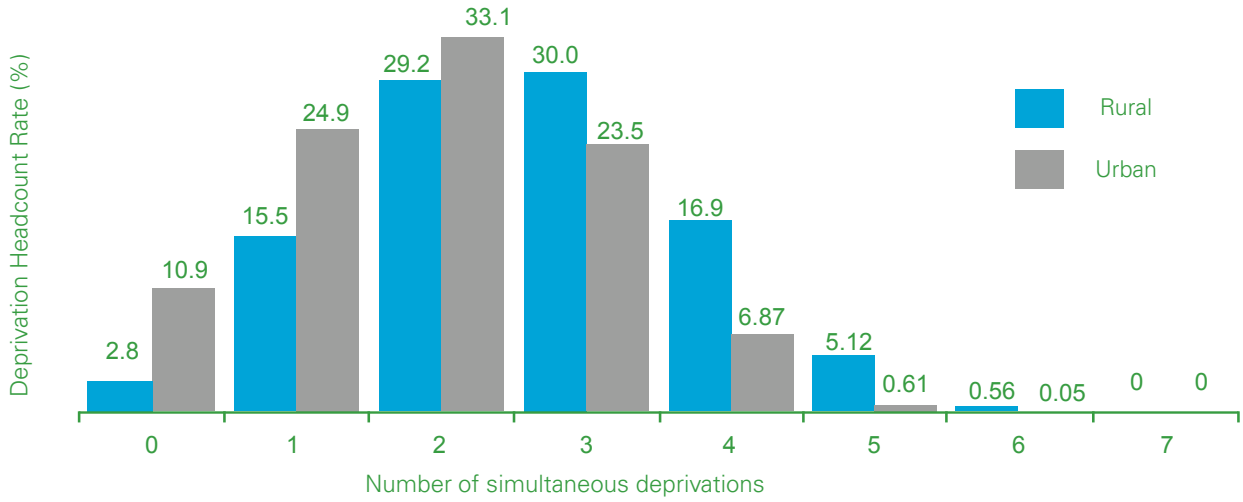
	Average Number of Deprivations	Multidimensional Headcount (H)	Intensity of Deprivations (A)	Multidimensional Child Poverty Index (M0)
MICS 2018	3.49	45.5%	55.6%	25.3%

Source: Own calculations based on 2018 MICS data

Analysing child multidimensional poverty by different background characteristics indicates whether specific groups of children are more likely to experience deprivation and which children are at a greater risk. The characteristics are grouped by geographic location, which includes three categories (rural-urban, four ecological zones, and ten districts), and profiling variables (gender of the child, gender and education of the household head, household size, and the number of children in the household). Section below provide results by geographic location, and poverty results for all other profiling variables.

Figure 2 depicts that the urban distribution is skewed to the left while the rural distribution is skewed to the right - as the number of dimensions that a child is deprived rises, the rural-urban gap also rises. This means that the proportion of deprived children with simultaneous deprivations is higher in rural areas than in urban. Most notably, only 2.8 per cent of rural children do not experience any deprivation vis-à-vis 10.9 per cent of urban children.

Figure 2: Percentage distribution of deprived children aged 0–17 years in urban and rural areas

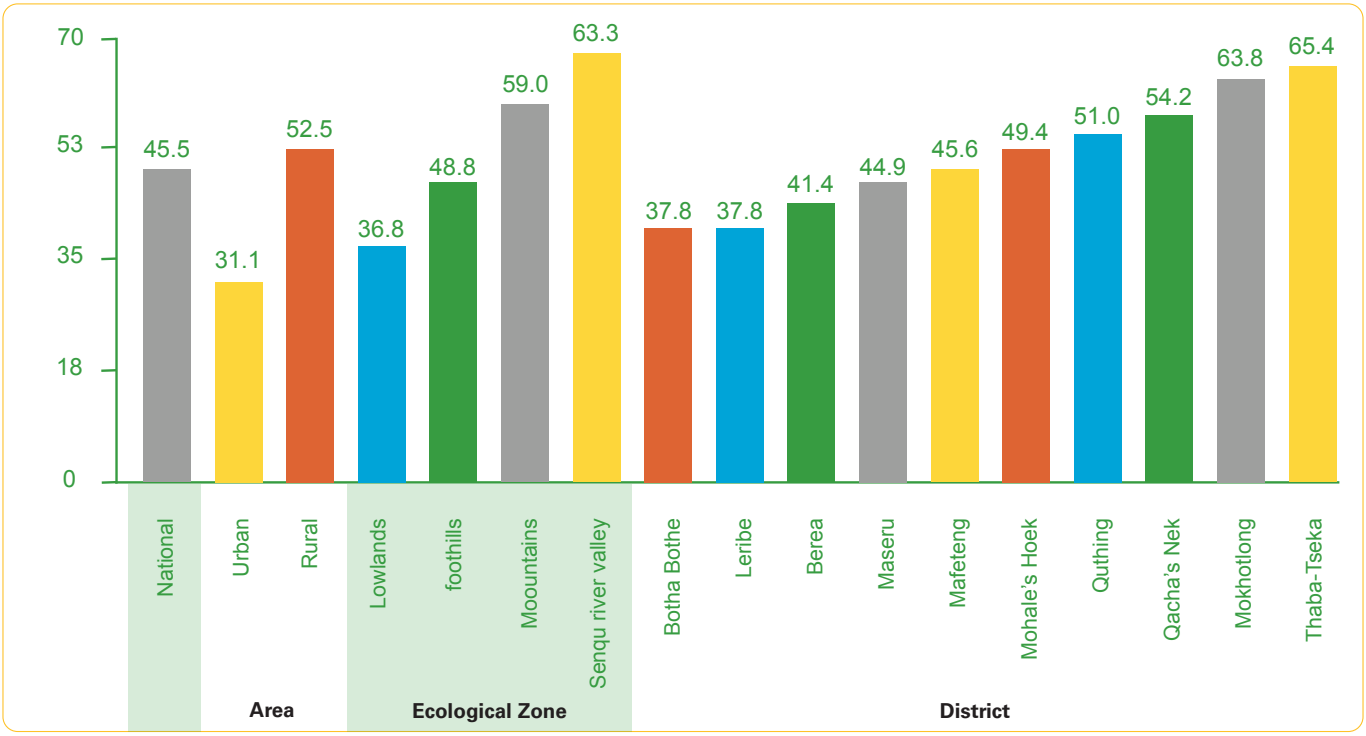


Source: Own calculations based on 2018 MICS data

Figure 3 below uses the poverty cut-off of three or more deprivations to provide geographical distribution of headcount poverty for children aged 0-17 years in Lesotho against the national average. As indicated above, the multidimensional child poverty headcount is higher in rural areas. A total of 52.5 per cent of rural children are deprived in three or more deprivations compared to 33.1 per cent of urban children who are deprived in three or more deprivations a difference of 19.4 percentage points. The higher rural incidence of deprivation is to be expected as rurality in Lesotho often intersects mountains, ingrained patriarchal and cultural tendencies, and a lack of basic services.

Results by ecological zone indicate deprivation rates ranging from 36.8 per cent in lowlands to 59 per cent in the mountains and 63.3 per cent in Senqu River Valley. This result is in line with the rural-urban divide because a large proportion of the mountainous areas, together with foothills, are located in rural Lesotho.
A disaggregation by district shows that the highest rates of multidimensional poverty are found in Thaba-Tseka (65.4 per cent), followed by Mokhotlong (63.8 per cent), Qacha's Nek (54.2 per cent), then Quthing (51 per cent). Botha-Bothe and Leribe have the lowest proportion of multidimensionally poor children (37.8 per cent).

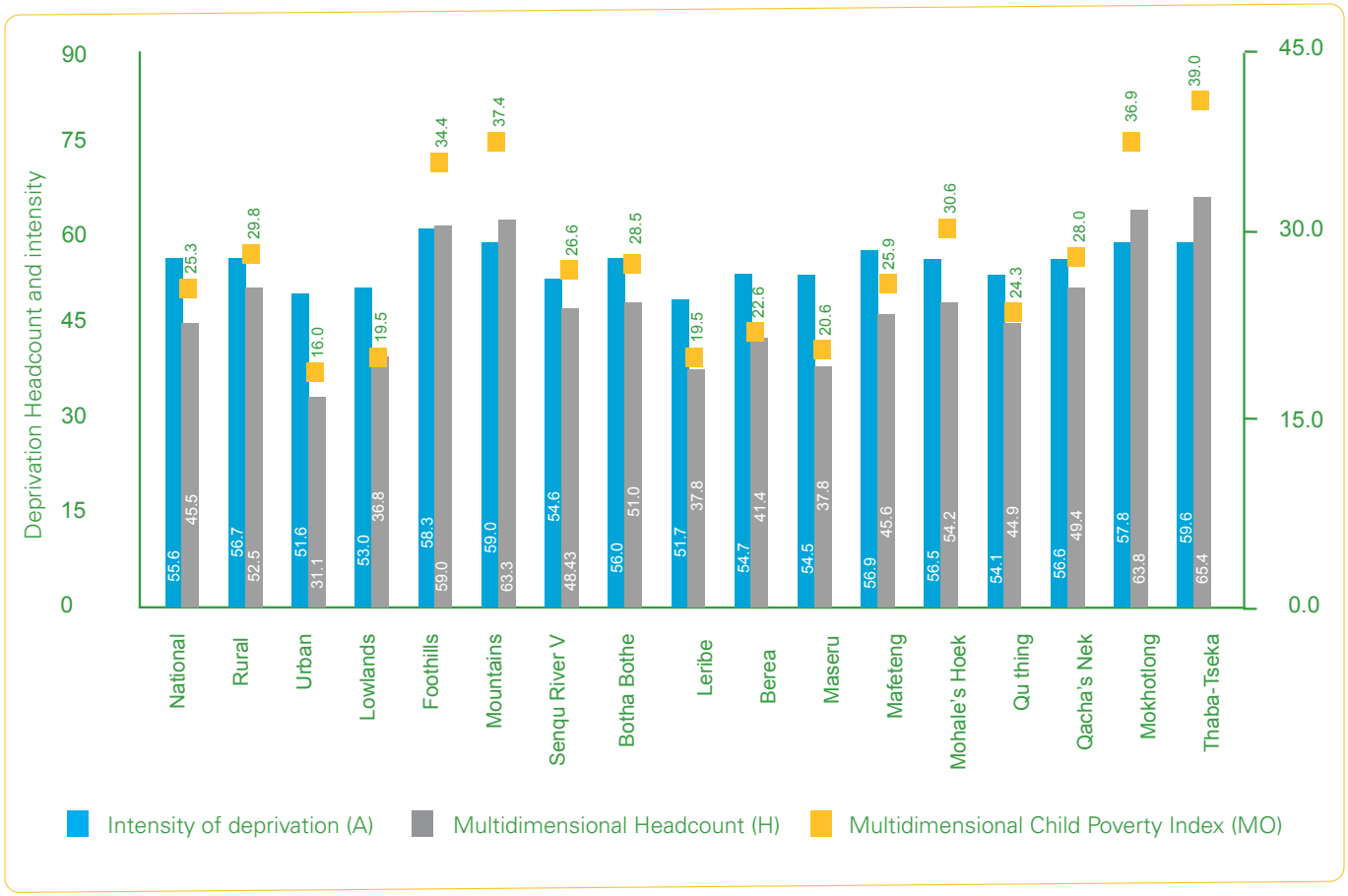
Figure 3: Multidimensional Child Poverty rate of children aged 0–17 years by region



Source: Own calculations based on 2018 MICS data

Although the multidimensional poverty headcount ratio (H) is a good measure of the incidence of deprivation, it is insensitive to the severity of multidimensional poverty, as it remains unchanged regardless of whether children who are identified as multidimensionally poor suffer from two to three or four to five deprivations simultaneously. For this reason, two additional summary measures of poverty are calculated to complement it, the intensity of deprivation (A) and the Multidimensional Child Poverty Index (M0). Thanks to the analysis of these two additional measures, as illustrated in Figure 4, we can observe that children deprived in at least three dimensions in urban areas experience only 16 per cent of all possible deprivations. In contrast, rural children experience 29.8 per cent of all possible deprivations.

Figure 4: Multidimensional poverty indices for children aged 0-17 at the national level, by rural-urban location, geographic zone and district, MICS 2018

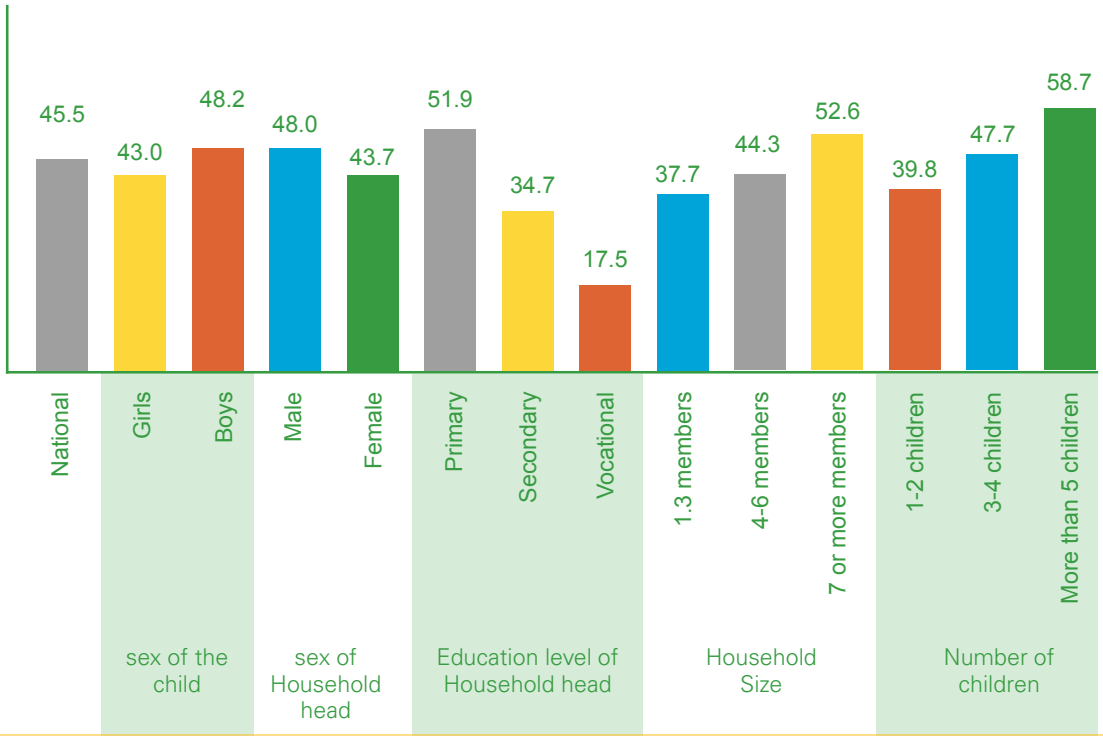


Source: Own calculations from MICS2018

An examination of the gender of the child, seen in Figure 5, the data indicates that boys (48.2 per cent) experience a slightly higher incidence of multidimensional poverty compared to girls (43 per cent). The analysis by gender of the household head shows that male-headed households have a higher proportion of multidimensionally poor children relative to female-headed households. The figure further indicates that as the education of household heads increases, the proportion of multidimensionally poor children reduces. For instance, 51.9 per cent of children living in a household whose head has primary or no education are deprived in three or more dimensions compared to 34.7 per cent when the head has a secondary education, and 17.5 per cent of the household head has vocational or university degree.

Larger households (with at least seven members) have a higher rate of multidimensional child poverty (52.6 per cent) compared to smaller households with less than three members (37.7 per cent). As the number of children in the household increases, the percentage of multidimensionally poor children rises. Living in a household with five or more children records a 58.7 per cent child poverty rate, and this figure drops to 39.8 per cent when there are at most two children in the household.

Figure 5: Multidimensional Child Poverty rate of children aged 0–17 years by profiling variables



Source: Own calculations based on 2018 MICS data and HBS 2017

SECTION 3

CHILDREN 0-23 MONTHS

SUMMARY:

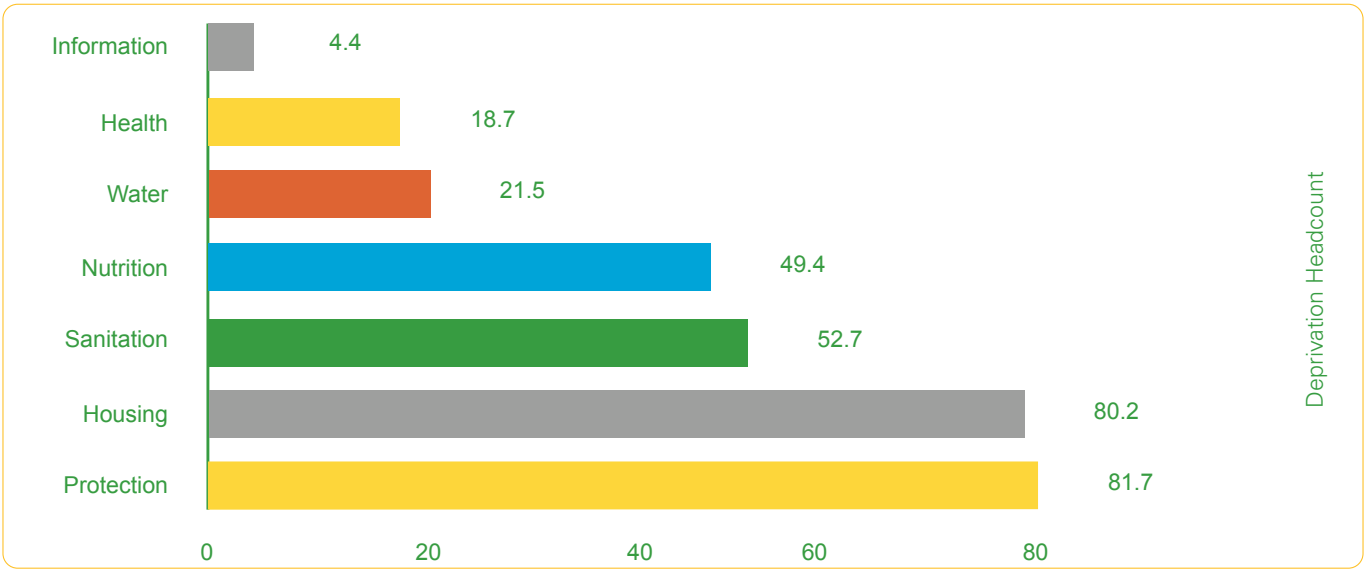
- 68.8 per cent of Basotho children aged 0 to 23 months are identified as multidimensionally poor. These multidimensionally poor children experience, on average, 52.9 per cent of all possible deprivations.
- Distribution of child poverty by region shows higher headcount poverty in rural areas (72.6 per cent) than in urban areas (61.2 per cent). Results by ecological zones reveal that lowlands has higher proportion of children aged 0-23 months deprived in the nutrition dimension while children in the mountainous areas have higher deprivation rates in the dimensions of protection from violence and sanitation.
- The highest incidence of deprivation is found for children aged 0-23 months in the dimension of protection from violence (81.7 per cent), followed by housing (80.2 per cent), then sanitation (52.7 per cent), and nutrition (49.4 per cent).
- A higher deprivation overlap is observed among children aged 0-23 months who are deprived in nutrition, protection, and housing. The number of children aged 0-23 months who are deprived in three or more other dimensions peaks at 35 per cent, which indicates that majority of children in this age group still suffer from several simultaneous deprivations.
- Girls and boys are equally deprived in all dimensions for this age group.
- Children living in a female-headed household have slightly higher rates of deprivations than those living under male headed in the dimensions of nutrition and water.
- Children living in a household whose head has either no education or primary or secondary education face higher deprivations than when the head has vocational or university degree. Children whose household head have vocational or university education have higher incidence of deprivation in sanitation and nutrition.

Seven dimensions are used to define the well-being of children aged 0 to 23 months. These include nutrition, health, protection, water, sanitation, housing, and information. A child is deprived in a dimension if they are deprived in at least one indicator measuring that dimension.

Figure 6 presents the deprivation headcount by dimension for children aged 0 to 23 months at the national level, while Figure 7 provides the deprivation for each indicator.

Taking a closer look at the deprivations, Figure 6 shows that while all children aged 0-23 months are deprived in all seven dimensions, the highest incidence of deprivation is found in the dimension of protection from violence (81.7 per cent), followed by housing (80.2 per cent), sanitation (52.7 per cent), and nutrition (49.4 per cent). Conversely, access to the information dimension has the lowest rate of deprivation (4.4 per cent), while the health dimension has an incidence of 18.7 per cent, and water has 21.5 per cent.

Figure 6: Deprivation headcount ratio (%) by each dimension at the national level, children aged 0–23 months

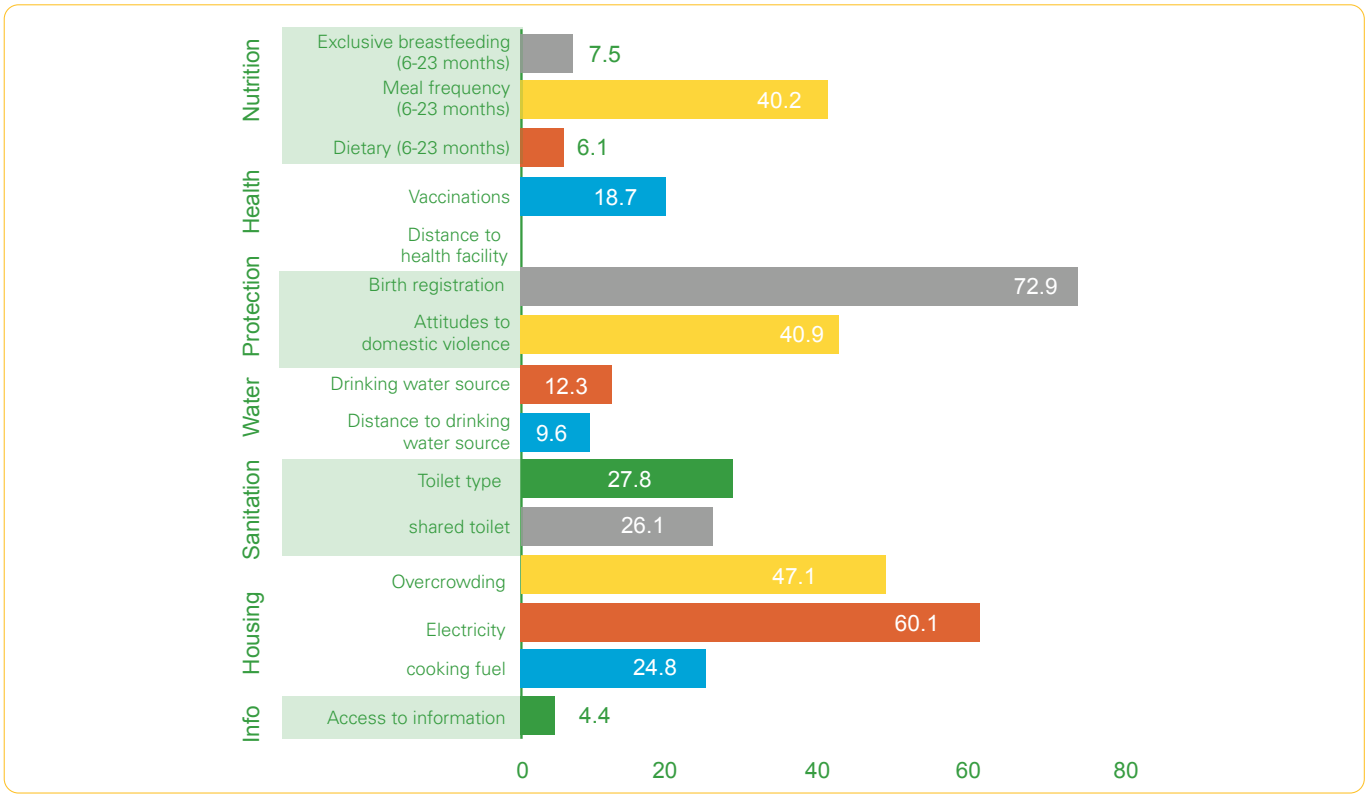


Source: Own calculations based on 2018 MICS data and HBS 2017

Figure 7 highlights that deprivation in the dimension of protection from violence stems from a lack of birth registration, with approximately 73 per cent of children aged 0-23 months having no birth registration. In addition, 40.9 per cent of children live in a household where domestic violence is accepted or condoned. In the three indicators measuring the housing dimension, lack of access to electricity in the household (60.1 per cent) is the main driver. At the same time, overcrowding (that is, living in a household where there are, on average, three or more members per bedroom) has an incidence of 47.1 per cent, and 24.8 per cent live in a household that uses unimproved cooking fuel. Finally, the sanitation dimension comprises two indicators- households using an unimproved toilet facility (27.8 per cent) and the household sharing the toilet facility with two or more households (26.1 per cent).

The nutrition dimension, measured by two indicators - meal frequency and exclusive breastfeeding, shows that almost half (49.4 per cent) of children in the age group 0-23 months are deprived (Figure 6 above). Figure 7 shows that meal frequency (40.2 per cent) is the main driver of nutrition deprivation and lack of exclusive breastfeeding (7.5 per cent) for children younger than six months. A small percentage (6.1 per cent) of children in the age group 6-23 months consume less than four food groups. The incidence of deprivation in the health dimension, a child-specific dimension, shows that almost two children out of five (18.7 per cent) aged 0-23 months had not received all the recommended vaccinations. Furthermore, four children out of 100 (4.4 per cent) in this age group live in a household that does not own at least one information and one communication device.

Figure 7: Deprivation headcount ratio (%) by each indicator at the national level, 0–23 months



Source: Own calculations based on 2018 MICS data and HBS 2017

The national profiles discussed above tend to mask key disparities faced by children based on their geographical location. The incidence of deprivation for children aged 0–23 months according to their geographical location, shows that deprivation rates are higher for rural children in the dimensions of protection from violence, water, housing, and access to information. Children living in urban areas have a higher incidence of deprivation in nutrition, health, and sanitation.

As Table 6 shows, a disaggregation of the deprivations in each dimension by the district of residence shows that Mohale's Hoek has the highest proportion of children aged 0-23 months deprived in nutrition (65.4 per cent), while Botha-Bothe has 26.2 per cent of children aged 0-23 months deprived in health dimension and 41.8 per cent deprived in the water dimensions. Thaba-Tseka has 93.3 per cent of children deprived in protection from violence and access to information (12.6 per cent). Mokhotlong has the highest proportion of children aged 0-23 months (70.9 per cent) exposed to unimproved sanitation services.

Results by ecological zones reveal that lowlands have a higher proportion of children aged 0-23 months deprived in the nutrition dimension. In contrast, children in the mountainous areas have higher deprivation rates in protection from violence, housing, and sanitation. Meanwhile, children aged 0-23 months in the foothills are most deprived in health and water dimensions. However, children living in Senqu River Valley, compared to children in other zones, have a lower incidence of deprivation in the dimensions of health (14 per cent), water (13 per cent), and sanitation (39.8 per cent).

Table 6: Dimension Deprivation rates (%) by geographic location, children aged 0-23 months

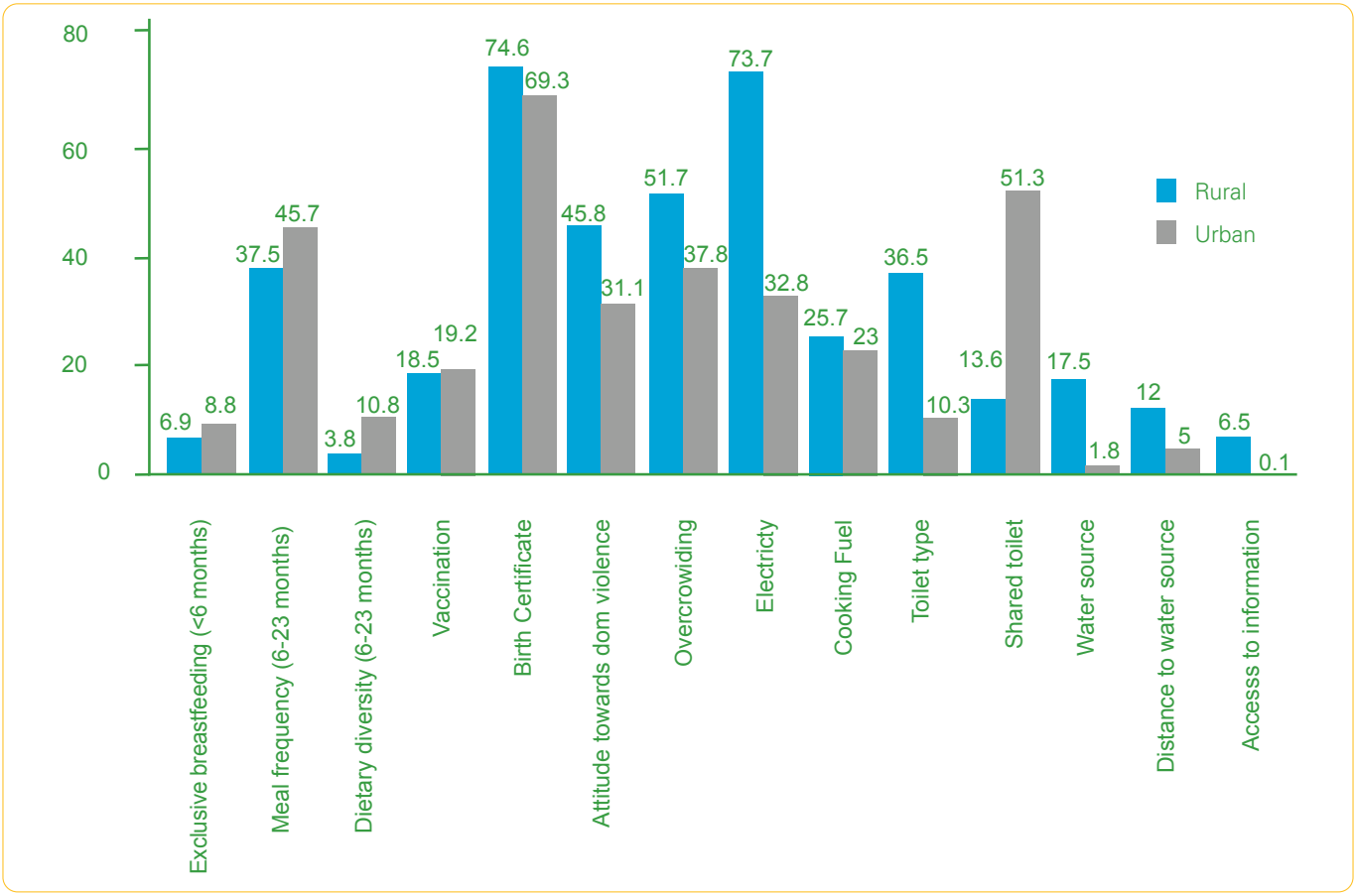
	Dimension	Nutrition	Health	Protection	Water	Sanitation	Housing	Information
	National	49.4	18.7	81.7	21.5	52.7	80.2	4.4
Area	Rural	45.7	18.5	84.1	28.8	49.3	88.1	6.5
	Urban	56.8	19.2	77.0	6.8	59.7	64.3	0.1
Ecological Zone	Lowlands	52.6	18.0	77.4	18.4	50.6	73.4	2.0
	Foothills	46.1	28.0	86.1	32.2	58.8	87.9	11.0
	Mountains	41.8	18.1	91.7	28.3	60.7	91.2	8.1
	Senqu river valley	49.8	14.0	82.2	13.0	39.8	91.7	3.8

	Dimension	Nutrition	Health	Protection	Water	Sanitation	Housing	Information
District	Botha Bothe	54.0	26.2	82.2	41.8	45.3	89.7	2.6
	Leribe	44.2	16.5	78.9	23.4	45.8	81.6	2.1
	Berea	50.1	21.4	81.5	28.7	49.4	74.9	2.4
	Maseru	56.2	19.7	75.6	9.5	63.1	67.8	5.4
	Mafeteng	39.3	17.9	83.6	21.8	43.5	83.0	5.6
	Mohale's Hoek	65.4	17.7	82.7	18.8	62.2	88.2	3.0
	Quthing	48.2	12.1	89.6	13.4	36.7	90.8	3.5
	Qacha's Nek	41.6	16.1	85.5	17.9	41.6	76.9	2.6
	Mokhotlong	45.1	17.8	86.6	18.9	70.9	89.1	4.8
	Thaba-Tseka	36.3	19.1	93.3	40.0	50.5	93.8	12.6

Source: Source: Own calculations based on 2018 MICS data

Figure 8 shows that while rural children have higher deprivation rates in most indicators, urban areas have a higher proportion of children deprived in all the indicators of meal frequency and exposure to a shared toilet facility. The highest rural-urban gap is recorded in the exposure to shared toilet facilities with 51.3 per cent in urban compared to 13.6 in rural areas. Conversely, children living in rural areas are much more like not to have access to electricity (73.77 per cent) vis-a-vis their urban counterparts (32.8 per cent).

Figure 8: Deprivation headcount ratio (%) by each indicator and by rural and urban area, for children aged 0–23 months



Source: Source: Own calculations based on 2018 MICS data

Table 7 presents the deprivation rates of children aged 0 to 23 months by dimension across the profiling variables. The analysis by gender of the child shows that girls and boys are more or less equally deprived in all dimensions for this age group. Nonetheless, children living in a female-headed household have slightly higher rates of deprivations than those living under male-headed in the dimensions of nutrition, water, and sanitation. The exception is health dimension deprivation, which has a higher deprivation for male-headed (20.9 per cent) than female-headed (17.3 per cent). It reflects the higher proportion of children in male-headed households that did not receive necessary vaccinations crucial for their survival and development.

When looking at the dimensional deprivation distribution by education of the head of the household, the following patterns emerge. First, the deprivation rates for dimensions of access to information, housing, water, and protection from violence have a positive relationship with the education of the household head. In other words, children living in a household whose head has either no education or primary or secondary education face higher deprivations than when the head has vocational or university level education. The second notable pattern is that deprivation in sanitation and nutrition dimension increases with the household level of education. In other words, children whose household heads have vocational or university-level education have a higher incidence of deprivation in sanitation and nutrition – a potential link with urban living.

The deprivation rates for dimensions of sanitation and nutrition decrease with household size. For instance, as the household size increases from one to three members to seven or more members, the rate of deprivation in the nutrition dimension drops from 55.5 per cent to 46.1 per cent. For the dimensions of protection from violence, water, and housing, the rates of deprivation increase with household size. Analysis by the number of children in a household indicates that the greater the number of children in the household, the higher the rate of deprivation in the dimensions of housing, protection from violence, and access to information dimensions. The fewer the number of children in the household, the higher the incidence of deprivation in nutrition and sanitation dimensions.

Deprivation in the protection and housing dimensions is high across all the variables with slightly lower deprivation when the household head has a vocational training education, or the household size consists of 1-3 members.

Table 7: Dimension Deprivation rates (%) of children aged 0–23 months by key variables, 2018

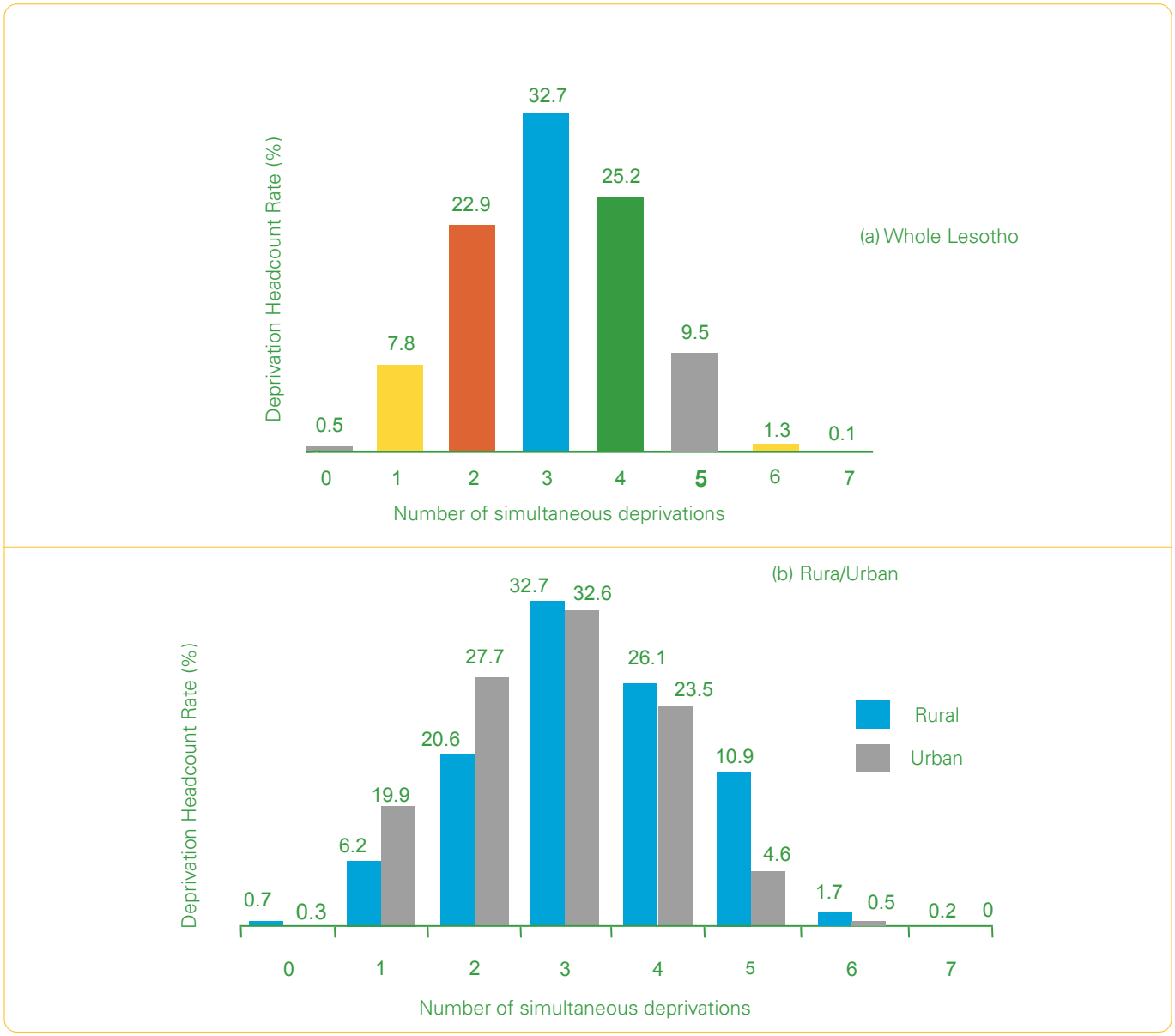
		Nutrition	Health	Protection	Water	Sanitation	Housing	Information
	National	49.4	18.7	81.7	21.5	52.7	80.2	4.4
Sex of the Child	Girls	49.9	20.4	82.9	20.6	51.4	80.1	4.8
	Boys	48.9	17.2	80.7	22.4	54.0	80.3	4.0
Sex of Household Head	Male	47.4	20.9	82.7	20.6	47.4	80.3	6.6
	Female	50.6	17.3	81.1	22.1	56.2	80.2	2.9
Education level of Household head	None							
	Primary	45.3	18.7	85.2	25.6	49.6	86.3	4.9
	Secondary	45.3	18.7	85.2	25.6	49.6	86.3	4.9
	Vocational	56.0	19.3	78.8	14.6	58.3	76.4	1.4
	University							
	Other							
Household size	1-3 members	55.5	19.3	75.4	9.3	73.1	59.8	2.1
	4-6 members	49.2	19.8	81.2	22.8	53.3	80.8	5.5
	7 or more members	46.1	16.4	86.5	26.2	40.0	90.9	3.7
Number of children	1-2 children	53.8	18.2	80.6	18.4	58.8	72.2	3.3
	3-4 children	45.6	18.5	80.7	25.2	46.8	85.8	5.0
	5 or more children	42.7	21.4	90.0	22.8	46.1	96.2	6.8

Source: Own calculations based on data from MICS 2018 and HBS 2017

Panel (a) of Figure 9 provides the percentage of children aged 0–23 months deprived in several simultaneous deprivations at the national level, with 32.7 per cent deprived in three dimensions simultaneously. Approximately eight out of 100 children aged 0-23 months suffer from only one deprivation, while 68.8 per cent face deprivation in 3 to 7 dimensions of wellbeing at the same time.

Panel (b) of Figure 9 shows the distribution of the deprived children aged 0 – 23 months old disaggregated by location. The distribution indicates a higher proportion of urban children are deprived in zero to two dimensions simultaneously. In comparison, children in rural areas have a higher proportion for four to seven dimensions. Over a third of children aged 0 – 23 months (32.7 per cent in rural areas and 32.6 in urban areas) are deprived in three dimensions simultaneously. Moreover, the figure depicts that 12 per cent of children living in rural areas experience deprivation in five dimensions simultaneously, compared to 4.6 per cent of urban children.

Figure 9: Percentage distribution of deprived children aged 0–23 months, MICS 2018



Source: Own calculations based on 2018 MICS data

Table 8 below provides the distribution of the number of simultaneous deprivations by the district. Two districts, Botha-Bothe and Mohale's Hoek have children deprived in all seven dimensions. Botha-Bothe and Thaba-Tseka have the highest proportion of children deprived in five or more deprivations (totalling 17.2 and 17.8 per cent respectively).

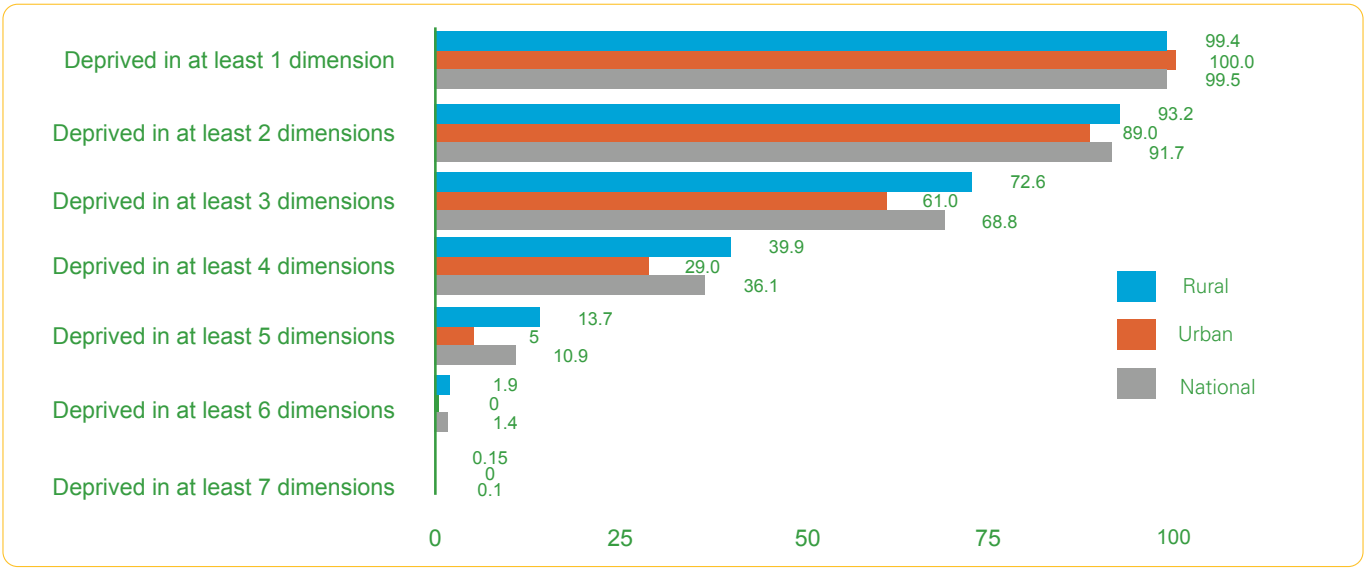
Table 8: Percentage distribution of deprived children aged 0–23 months by a district

Districts	Number of simultaneous deprivations experienced by the child							
	0	1	2	3	4	5	6	7
Botha Bothe	0.9	7.5	13.3	26.1	34.9	14.5	1.8	0.9
Leribe	0.8	9.5	25.2	32.5	25.5	5.9	0.7	0
Berea	0	6.7	23.4	36.6	24.2	6.5	2.6	0
Maseru	0.9	10.6	22.8	35.7	17.8	10.9	1.4	0
Mafeteng	0.9	8.9	26.7	30.0	25.5	8.1	0	0
Mohale's Hoek	0	5.1	17.2	30.0	33.3	11.9	2.0	0.6
Quthing	0	3.7	33.2	34.6	22.4	6.2	0	0
Qacha's Nek	0.8	11.1	33.5	25.5	17.8	11.3	0	0
Mokhotlong	0	2.3	21.1	29.3	36.6	10.2	0.5	0
Thaba-Tseka	0	3.5	15.6	33.8	29.4	14.7	3.1	0
Total	0.5	7.8	22.9	32.7	25.2	9.5	1.3	0.1

Source: Own calculations based on data from MICS 2018 and HBS 2017

Figure 10 shows the proportion of children aged 0-23 months experiencing one or more deprivations at a time. Approximately all children aged 0-23 months are deprived in at least one dimension (99.5 per cent). However, a large proportion (91.7 per cent) faces deprivation in two dimensions simultaneously, and 68.8 per cent have at least three deprivations. A disaggregation by location of residence shows urban areas have a lower proportion of deprived children, and the rural-urban gap rises as the number of deprivations rises.

Figure 10: Multidimensional deprivation headcount ratio (%) at the national level and for rural and urban children, children aged 0–23 months



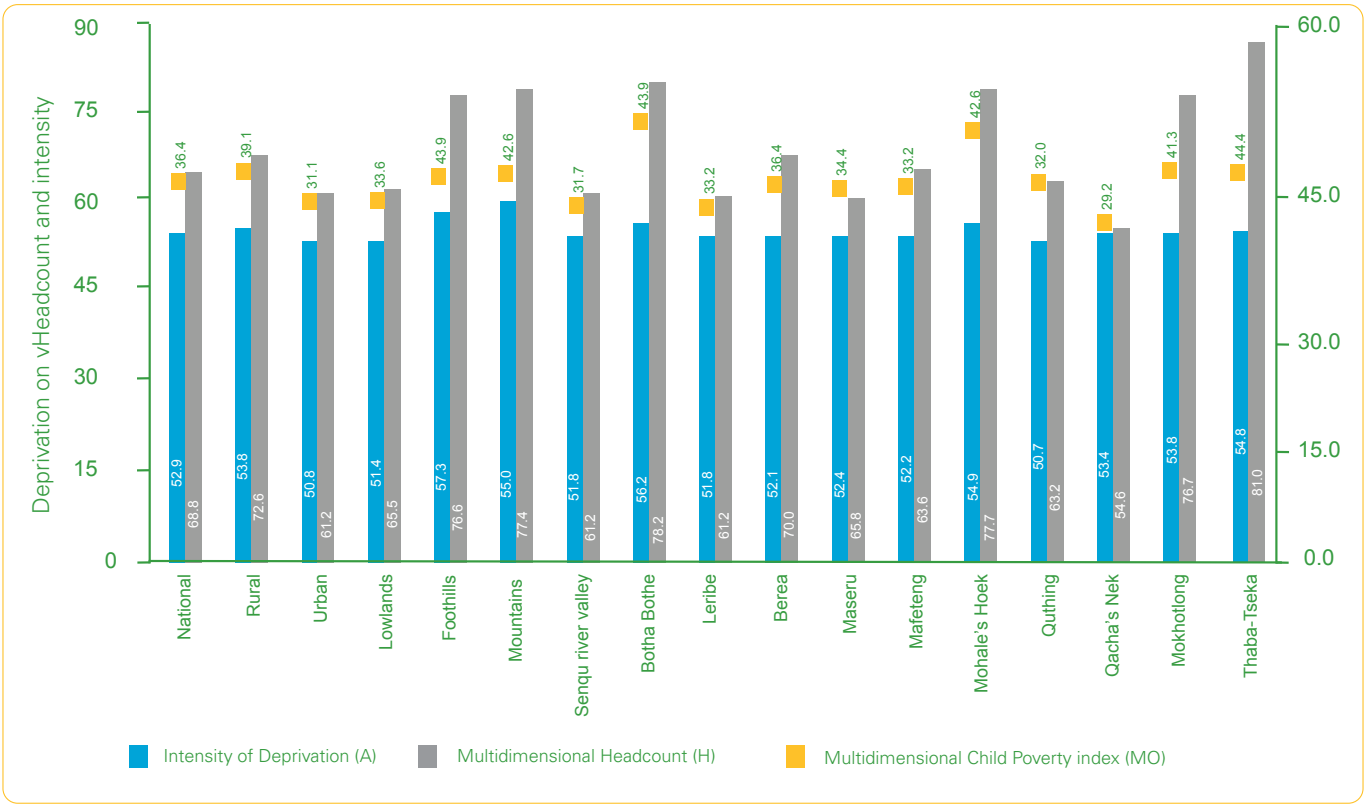
Source: Own calculations based on 2018 MICS data

To identify the multidimensionally deprived children and their deprivation intensity, Figure 11 aggregates the multiple deprivations into three indices of deprivation. It shows the Multidimensional Child Poverty Index, deprivation headcount ratio, and intensity of deprivation at the national level for children in rural-urban locations and further disaggregated into districts. Using the national threshold that defines a child as multidimensionally poor when they are simultaneously deprived in three or more dimensions, 68.8 per cent of Basotho children aged 0 to 23 months are identified as multidimensionally poor. These multidimensionally poor children experience, on average, 52.9 per cent of all possible deprivations.

The distribution of child poverty by region shows higher headcount poverty in rural areas (72.6 per cent) than in urban areas (61.2 per cent). Still, infants in Senqu River Valley are doing better than infants in other ecological zones. Regarding

districts, Qacha's Nek (54.6 per cent) has the lowest proportion of multidimensionally poor children aged 0 to 23 months, while Thaba-Tseka has the highest (81 per cent). The intensity of deprivation (A) ranges from 50.7 to 57.3 per cent across the regions. This means that, regardless of the location of residence, children aged 0-23 months experience fifty per cent of all possible deprivations.

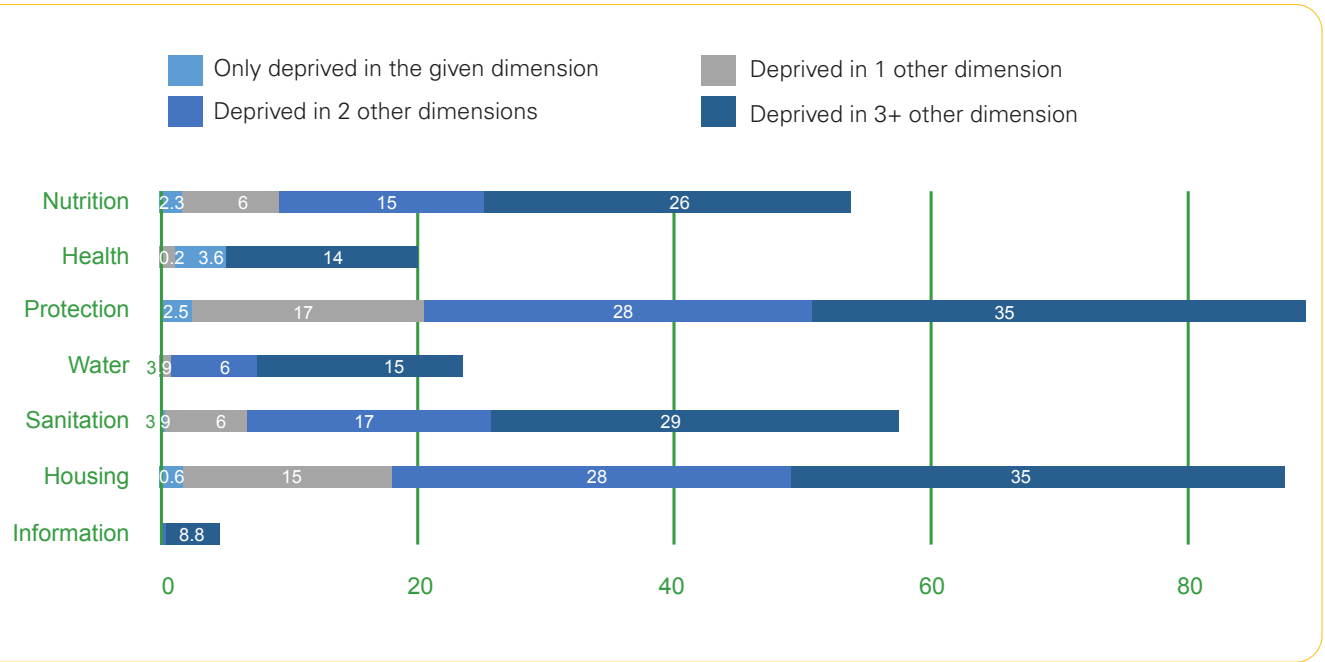
Figure 11: Multidimensional Child Poverty Indices at the national level and by rural-urban location, geographic zone and district, children aged 0–23 months deprived in at least three dimensions



Source: Own calculations based on 2018 MICS data

The results in Figure 12 demonstrate the incidence of deprivation for each dimension at the national level, subdivided by the extent of overlap with other dimensions. The number of children deprived in only one dimension alone is very low. For example, the percentage of children aged 0-23 months deprived in one of the specified dimensions and no other dimension ranges from 0.2 per cent in health to 2.5 per cent in protection from violence.

Figure 12: Deprivation overlap for each dimension, children aged 0–23 months[3]

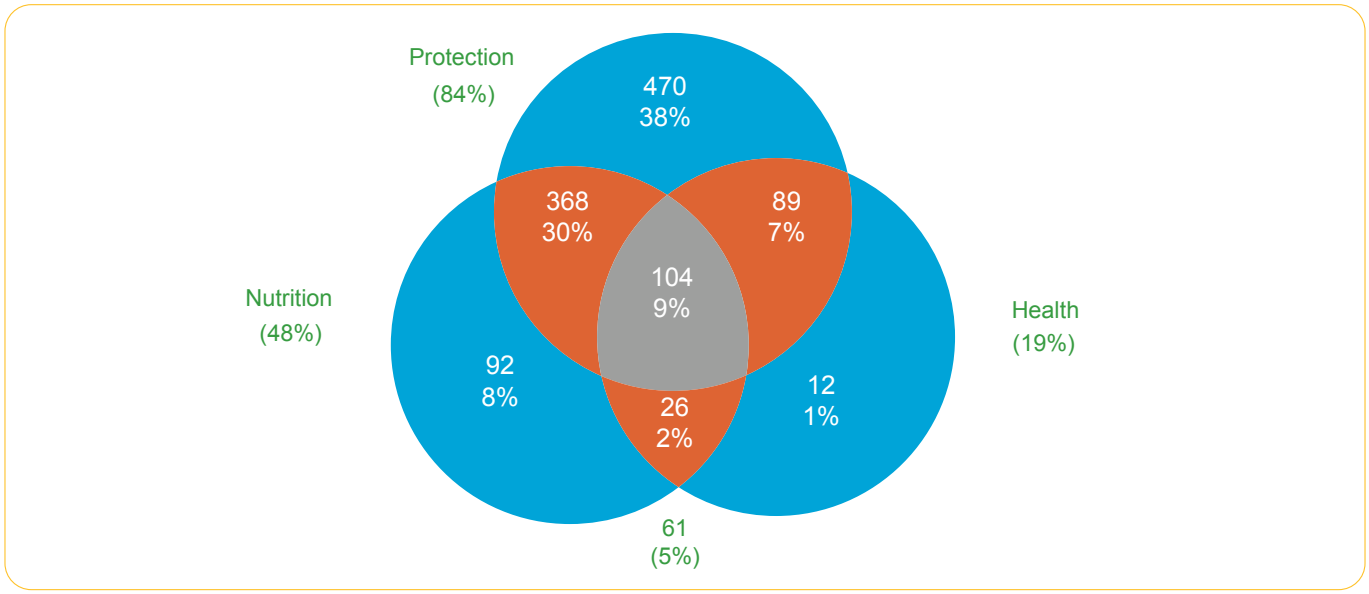


Source: Own calculations based on 2018 MICS data

A higher deprivation overlap is observed among children aged 0-23 months deprived in the nutrition, protection, sanitation and housing dimensions. The number of children aged 0-23 months who are deprived in a given dimension and three or more other dimensions peaks at 35 per cent, which indicates that the majority of children in this age group suffer from several deprivations at a time. This result, therefore, calls for an integrative approach to addressing the deprivations analysed.

Figure 13 provides an overlap of only three dimensions of nutrition, health, and protection using Venn diagrams for children aged 0-23 months. The figures indicate that out of the 84 per cent deprived in the dimension of protection from violence, 38 per cent are deprived in protection alone, 30 per cent in protection together with nutrition, 7 per cent in protection and health, and 9 per cent in protection, nutrition and health. This result implies that targeting vulnerabilities concurrently is not a good policy because it will only affect a small proportion (9 per cent). A policy, however, that targets protection and nutrition would be preferred since it would support a large share (30 per cent) of children aged 0-23 months.

Figure 13: Deprivation overlap between dimensions nutrition, health, and protection, 0–23 months

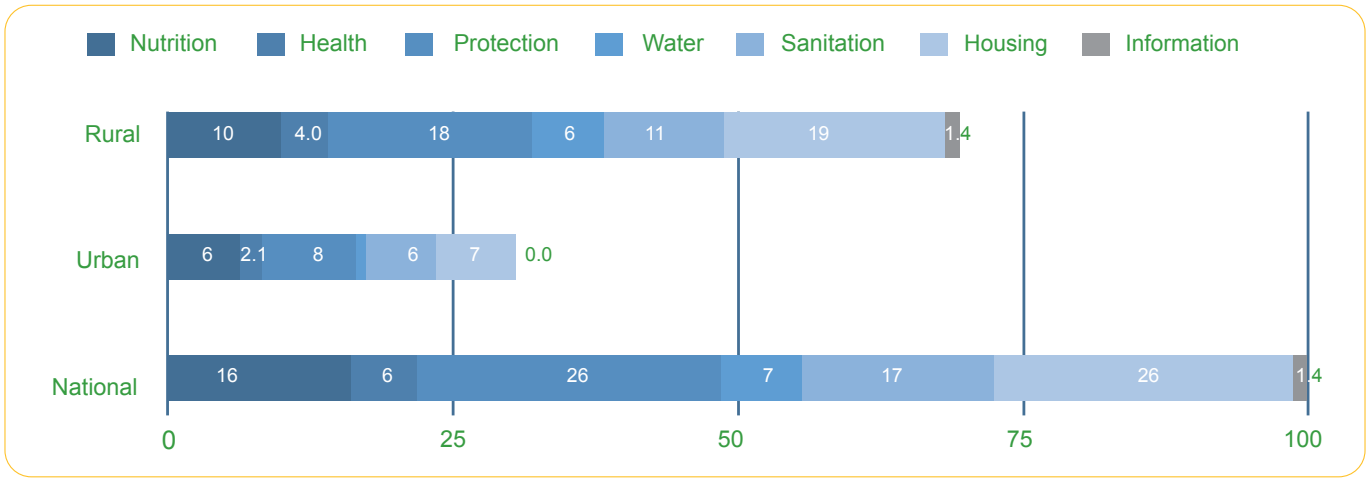


Source: Own calculations based on 2018 MICS data

Figure 14 provides the decomposition of the Multidimensional Child Poverty Index to identify which of the dimensions is contributing more to the overall deprivation level in Lesotho. Overall, the main contributors to the total deprivation ratio of children aged 0-23 months are housing and protection both at 26 per cent, sanitation (17 per cent), and nutrition (16 per cent). The contribution share of deprivation in information stands at 1.4 per cent, which is the lowest.

In rural and urban areas, the contribution share of each of the seven dimensions follows a similar pattern to that of national shares although the magnitudes are different. That is, the contribution of each dimension is higher in rural areas than urban areas. For example, housing contributes 19 per cent in rural areas compared to seven per cent in urban areas, while access to information reaches 1.4 per cent in rural areas but zero in urban areas.

Figure 14: Decomposition of the Multidimensional Child Poverty Index at the national level and by rural-urban location, children aged 0–23 months



Source: Own calculations based on 2018 MICS data

SECTION 4

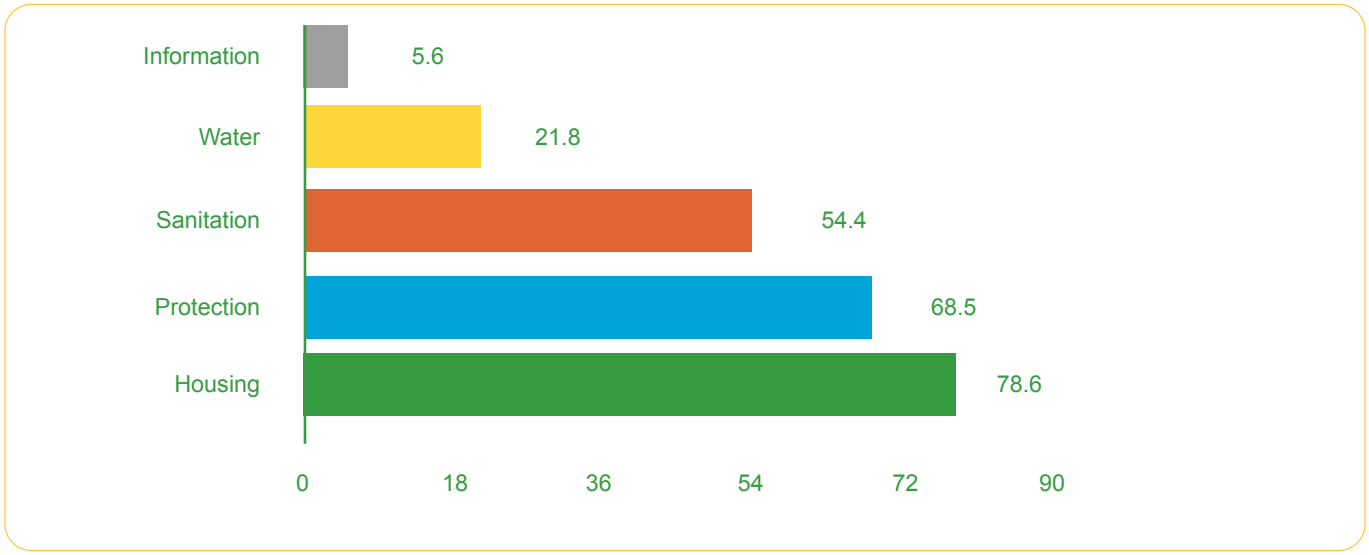
CHILDREN 24 – 59 MONTHS

SUMMARY:

- 44.2 per cent of Basotho children aged 24-59 months are identified as multidimensionally poor. These multidimensionally poor children experience, on average, 47.4 per cent of all possible deprivations.
- Children of this age group register higher headcounts in rural areas (52.1 per cent) than in urban areas (28.8 per cent). Across the ecological zones, the multidimensional headcount poverty ranges from 36.3 per cent in lowlands to 61.9 per cent in mountains.
- Most children aged 24-59 months (94.3 per cent) are deprived in at least one dimension, and a large proportion (76.4 per cent) faces deprivation in two dimensions at the same time, while 44.2 per cent have deprivation in at least three dimensions.
- The majority (32.2 per cent) of children aged 24 to 59 months are deprived in two dimensions simultaneously and 31.6 per cent are facing three more deprivations at a time. Approximately six children (aged 24-59 months) out of 100 experience no deprivations, while little above one per cent (1.3) face deprivation in five dimensions of wellbeing at the same time.
- There is no disparity in the rates of deprivation between boys and girls for those aged 24-59 months. The same is true for gender of the household head.
- The distribution of deprivations by household head's education shows that in all the dimensions, the proportion of deprived children decreases with education of the household head.
- Analysis by number of children in the household indicates that the greater the number of children in household, the higher the incidence of deprivation in the dimensions of housing, protection from violence, water, and access to information dimensions.

For children aged between 24 and 59 months, there are five dimensions to define well-being: protection from violence, water, sanitation, housing, and access to information. Figure 15 clusters the headcount deprivation rate of indicators at a national level for children in this age group. The highest incidence of deprivation in Lesotho for children aged 24 to 59 months is found in the housing dimension (78.6 per cent).

Figure 15: Deprivation headcount ratio (%) by each dimension at the national level, 24-59 months

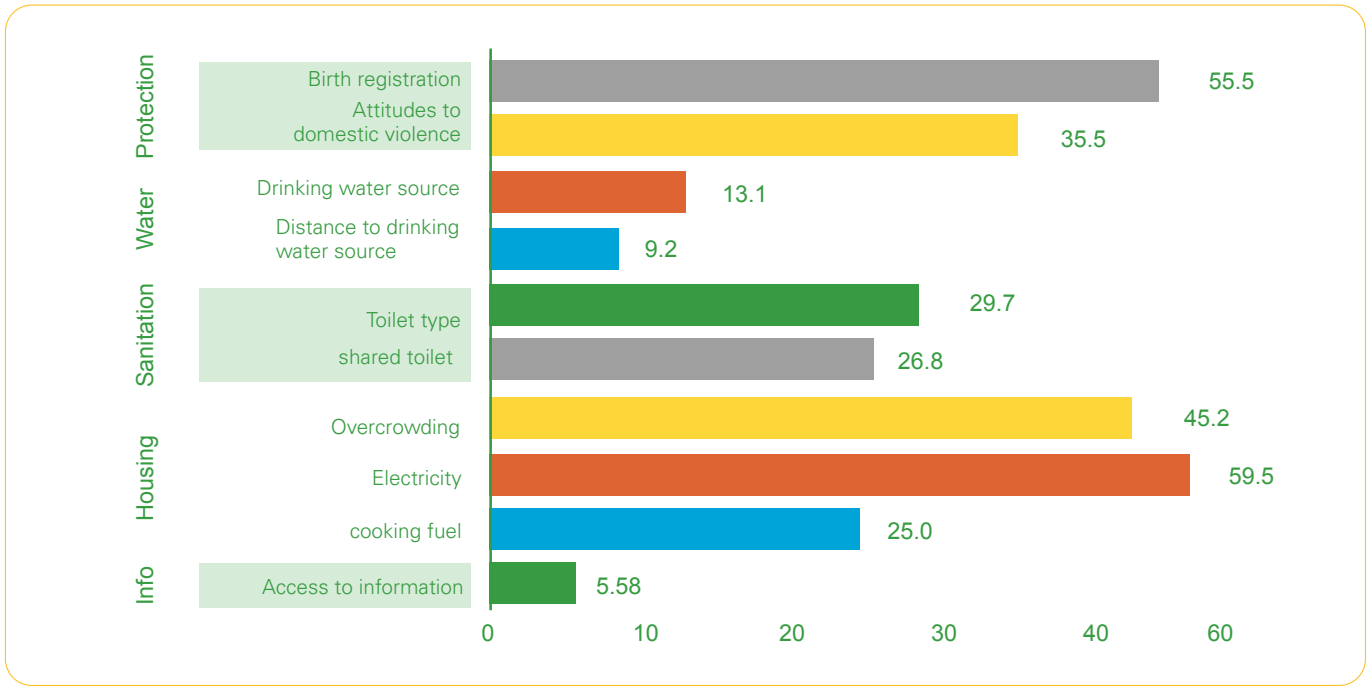


Source: Own calculations based on 2018 MICS data

Figure 16 shows that the deprivation rate in the housing dimension is mainly caused by three indicators measuring access to electricity (59.5 per cent), usage of unimproved cooking fuel (25 per cent), and overcrowding (45.2 per cent). Deprivation rates in child protection (68.5) and sanitation (54.4) are the second and third highest for children in this age group. Indicators of unimproved drinking water sources (13.1 per cent) and taking at least 30 minutes to the water source (9.2 per cent) measure the incidence of deprivation in the water dimension (21.8 per cent).

More than fifty per cent (54.4) of children aged 24-59 months are deprived in the dimension of sanitation. This dimension is measured by two indicators that look at whether a child lives in a household with unimproved toilet facilities (29.7 per cent) and whether they share toilet facilities with other households (26.8 per cent). Almost seven out of ten (68.5 per cent) children aged 24-59 months are deprived in protection from violence (Figure 15), which is composed of indicators for a birth certificate (registration) and attitudes towards domestic violence (deprivation rate of 55.5 per cent and 35.5 per cent), respectively.

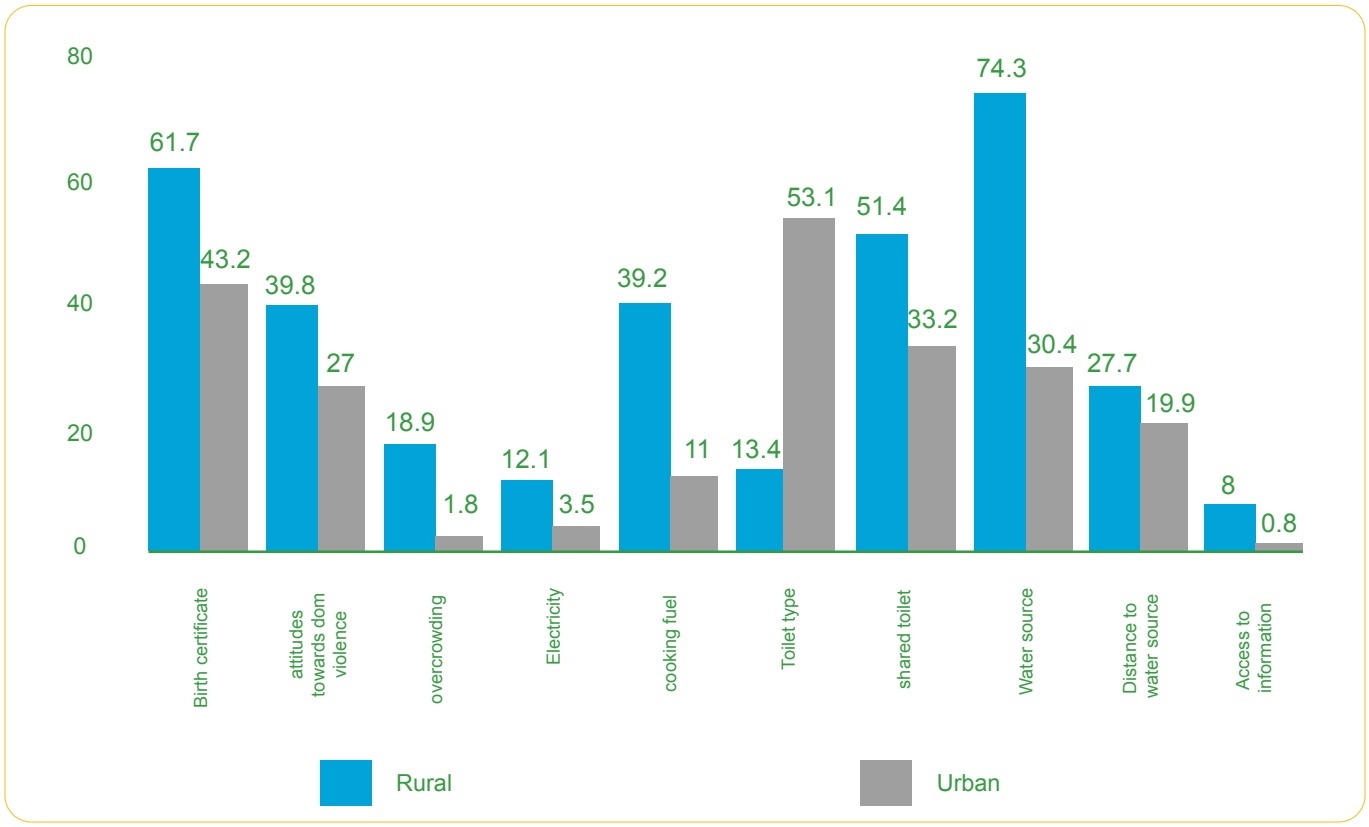
Figure 16: Deprivation headcount ratio (%) by each indicator at the national level, children aged 24-59 months



Source: Own calculations based on 2018 MICS data

Figure 17 shows that children aged 24-59 months in rural areas have higher deprivation rates in all indicators except for an unimproved toilet facility, where 53.1 per cent of children in urban areas are exposed to an unimproved toilet facility. The highest rural-urban gap is recorded in the exposure to unimproved water, with 74.3 per cent of children deprived in rural areas compared to 30.4 per cent in urban areas.

Figure 17: Deprivation headcount ratio (%) by each indicator and by rural and urban area, 24-59 months



Source: Own calculations based on 2018 MICS data

Table 9 shows the deprivation rates by geographic location. As expected, deprivation rates are higher among children aged 24-59 months residing in rural areas than those in urban areas. The only exception is the sanitation dimension, which records the deprivation rate of 60.5 per cent in urban areas relative to 51.3 per cent in rural areas. Results by ecological zone indicate that children in the mountains have a higher incidence of deprivation in the dimensions of housing and child protection. A disaggregation by the district of residence shows that Mokhotlong has the highest proportion of children (96.1 per cent) deprived in housing.

Table 9: Dimension Deprivation rates (%) by geographic location, children aged 24-59 months

	Dimension	Protection	Water	Sanitation	Housing	Information
	National	68.5	21.8	54.4	78.6	5.6
Area	Rural	75.5	30.3	51.3	88.5	8.0
	Urban	54.9	5.3	60.5	59.1	0.8
Ecological Zone	Lowlands	62.1	17.6	51.7	69.7	2.4
	Foothills	73.1	30.9	62.7	93.0	8.7
	Mountains	82.5	30.9	60.6	94.4	12.6
	Senqu river valley	76.9	21.0	50.2	90.4	8.6
District	Botha Bothe	70.3	28.7	40.5	86.9	5.3
	Leribe	63.8	23.5	49.9	79.6	3.7
	Berea	64.3	30.8	49.8	73.6	1.1
	Maseru	64.1	9.5	60.9	63.0	3.0
	Mafeteng	64.0	21.2	51.9	83.5	7.9
	Mohale's Hoek	71.9	25.5	65.2	86.4	4.5
	Quthing	75.0	13.5	36.7	89.0	10.1
	Qacha's Nek	76.6	26.5	47.7	84.8	10.1
	Mokhotlong	83.7	23.7	69.6	96.1	13.8
	Thaba-Tseka	83.8	40.0	57.0	95.2	13.0

Source: Own calculations from MICS 2018

Table 10 presents the deprivation rates of children aged 24-59 months by dimension across the profiling variables. Similar to children aged 0-23 months, there is no disparity in the deprivation rates between boys and girls for children aged 24-59 months. The same is true when looking at the gender of the household head. The distribution of deprivations by household head's education shows that in all the dimensions, the proportion of deprived children decreases with increasing education of the household head - of note is that deprivation in dimensions of sanitation is higher when the household head has a secondary versus primary education potentially indicating urban residence. In other words, children living in a household whose head has either no education or primary face a higher incidence of deprivations than when the head has vocational or university level education.

The deprivation rates for sanitation dimension decrease with household size, while deprivation for dimensions of child protection, water, and housing rates increase with the number of household members. Analysis by the number of children in the household indicates that the greater the number of children in the household, the higher the incidence of deprivation in the dimensions of housing, protection from violence, water, and access to information dimensions. In addition, when there are fewer children in the household, the higher the incidence of deprivation in the sanitation dimension.

Table 10: Dimension Deprivation rates (%) of children aged 24-59 months by key variables, 2018

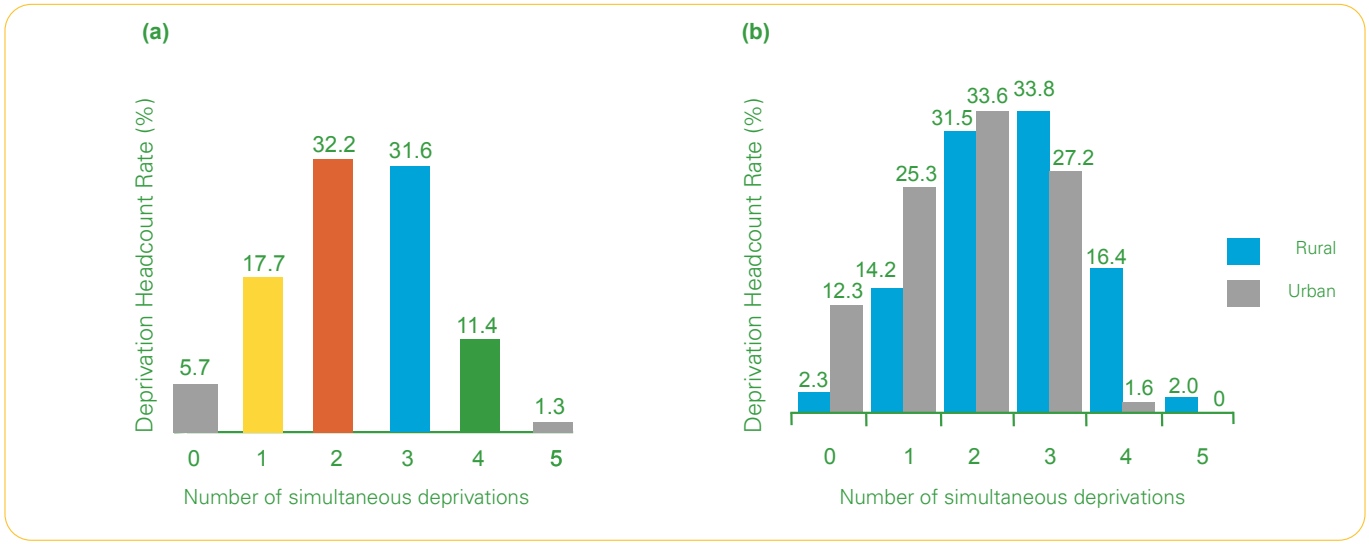
		Protection	Water	Sanitation	Housing	Information
	National	68.5	21.8	54.4	78.6	5.6
Sex of the Child	Girls	68.8	20.2	54.1	79.2	6.1
	Boys	68.3	23.6	54.7	77.9	5.1
Sex of Household Head	Male	69.0	22.0	55.0	78.8	6.6
	Female	68.2	21.7	54.0	78.4	4.9
Education level of Household head	None					
	Primary	75.9	28.2	53.6	87.5	7.5
	Secondary	59.8	11.2	63.6	69.1	2.4
	Vocational	37.1	4.2	33.2	39.0	0.7
	University					
	Other					
Household size	1-3 members	63.3	11.9	67.5	62.4	5.3
	4-6 members	65.7	20.3	55.3	79.0	6.3
	7 or more members	77.3	30.8	44.5	87.9	4.4
Number of children	1-2 children	63.8	16.2	58.7	71.4	4.3
	3-4 children	71.3	24.6	51.3	82.0	7.0
	5 or more children	78.1	34.7	47.2	94.9	6.7

Source: Own calculations based on 2018 MICS data

Panel (a) of Figure 18 provides the percentage of children aged 24-59 months deprived of simultaneous deprivations at the national level. The figure depicts that 32.2 per cent of children are deprived in two dimensions simultaneously, and 31.6 per cent are facing three deprivations at a time. Approximately six children aged 24-59 months out of 100 experience no deprivations, while little above one per cent (1.3) face deprivation in five dimensions of wellbeing at the same time.

Children aged 24-59 months residing in rural areas experience more dimensions simultaneously at a time compared to children in urban areas. The distribution of simultaneous deprivations is skewed to the right in rural areas. Moreover, the figure depicts that 2 per cent of children living in rural areas experience deprivation in five dimensions simultaneously compared to zero in urban children.

Figure 18: Percentage distribution of deprived children aged 24-59 months, MICS 2018



Source: Own calculations based on 2018 MICS data

Table 11 shows the percentage of children aged 24-59 months deprived in simultaneous deprivations at the district level. Out of the ten districts, Berea, followed by Maseru and Leribe, has the most children aged 24-59 months not deprived in any of the five dimensions. On the other hand, Thaba-Tseka, Qacha's Nek and Mokhotlong have the highest proportion of children deprived in all five dimensions. Botha Bothe and Leribe children aged 24-59 months are deprived simultaneously in up to only 4 dimensions out of the maximum 5.

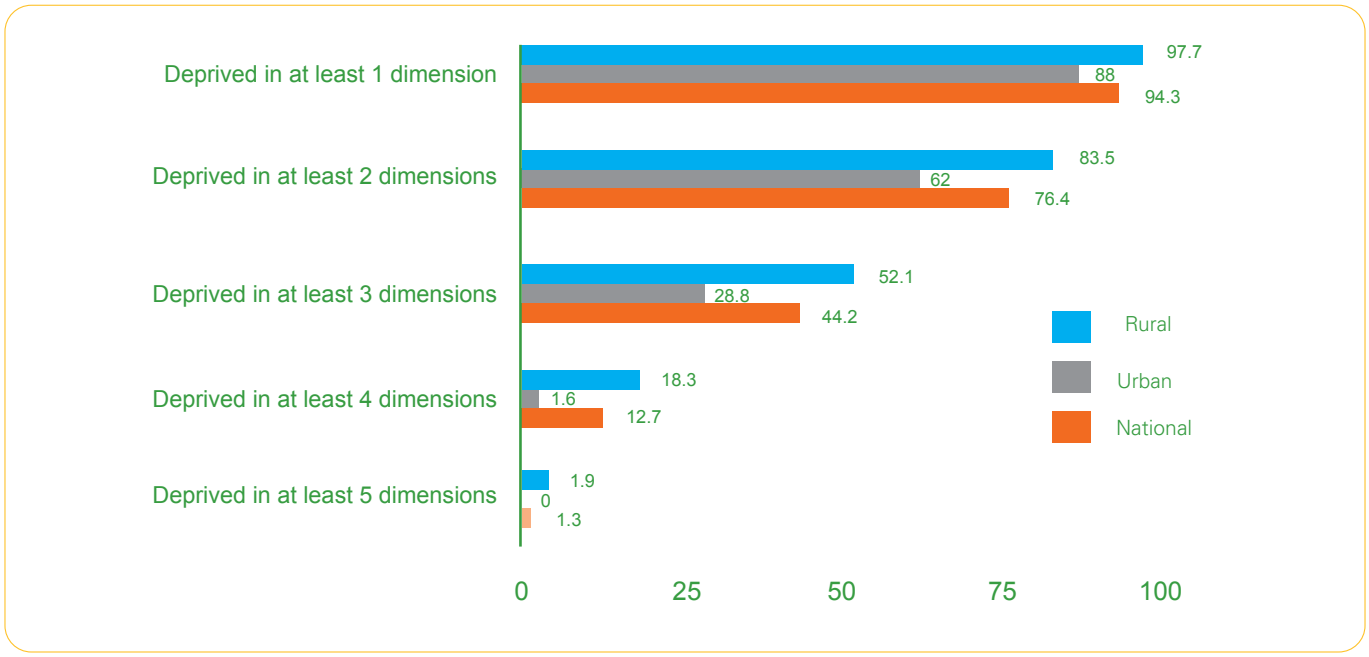
Table 11: Percentage distribution of deprived children aged 24-59 months by district

Districts	Number of simultaneous deprivations experienced by the child					
	0	1	2	3	4	5
Botha Bothe	3.3	15.9	36.5	34.3	10.0	0
Leribe	7.0	15.7	34.6	35.3	7.4	0
Berea	9.2	17.4	31.0	29.8	12.0	0.5
Maseru	7.7	26.8	30.7	27.7	6.3	0.8
Mafeteng	4.8	20.4	32.6	27.	13.9	1.2
Mohale's	4.0	13.5	27.3	36.9	17.1	1.3
Quthing	3.0	15.8	45.7	26.1	8.0	1.3
Qacha's Nek	4.2	13.2	35.8	30.1	12.5	4.2
Mokhotlong	0	7.6	26.1	41.6	21	3.7
Thaba-Tseka	0.9	7.1	28.2	35.0	23.7	5.2
Total	5.7	17.9	32.2	31.6	11.4	1.3

Source: Own calculations based on 2018 MICS data

Figure 19 shows that nearly all children aged 24-59 months (94.3 per cent) are deprived in at least one dimension, and a large proportion (76.4 per cent) faces deprivation in two dimensions at the same time, while 44.2 per cent have deprivation in at least three dimensions. A breakdown of the distribution by location of residence shows urban areas have a lower proportion of deprived children, and the rural-urban gap rises as the number of deprivations rises.

Figure 19: Multidimensional deprivation headcount ratio (%) at the national level and for rural and urban children, children aged 24-59 months.

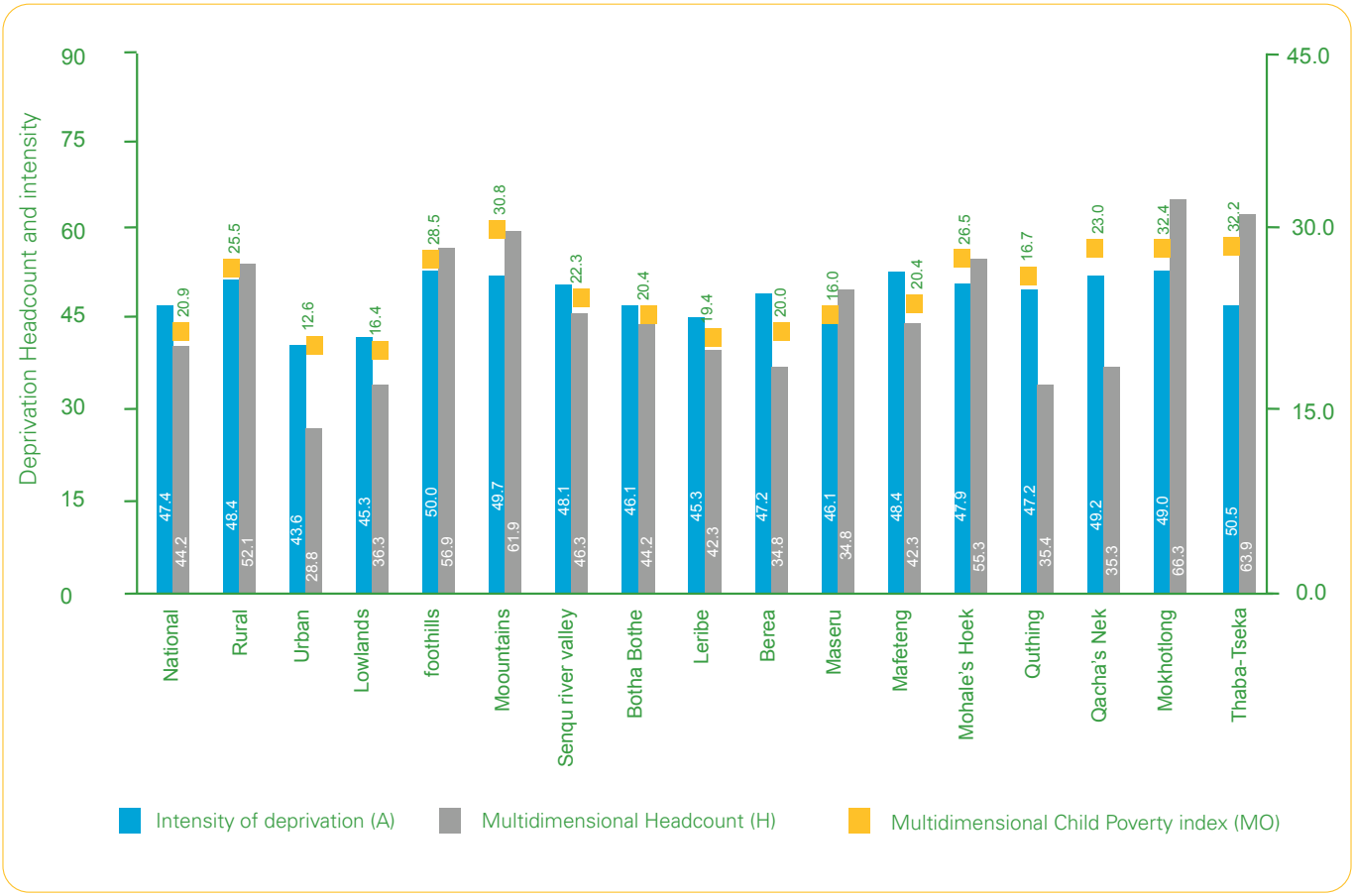


Source: Own calculations based on 2018 MICS data

Figure 20 shows the Multidimensional Child Poverty Index, deprivation headcount ratio, and intensity of deprivation at the national level for children in rural-urban locations and further disaggregated into districts. The figure shows that 44.2 per cent of Basotho children aged 24-59 months are identified as multidimensionally poor. Moreover, these multidimensionally poor children experience, on average, 47.4 per cent of all possible deprivations.

As expected, there is a higher headcount of poverty in rural areas (52.1 per cent) than in urban areas (28.8 per cent). Across the ecological zones, the multidimensional headcount poverty ranges from 36.3 per cent in lowlands to 61.9 per cent in the mountains. Regarding districts, Maseru (34.8 per cent) has the lowest proportion of multidimensionally poor children aged 24-59 months, while Mokhotlong has the highest (66.3 per cent).

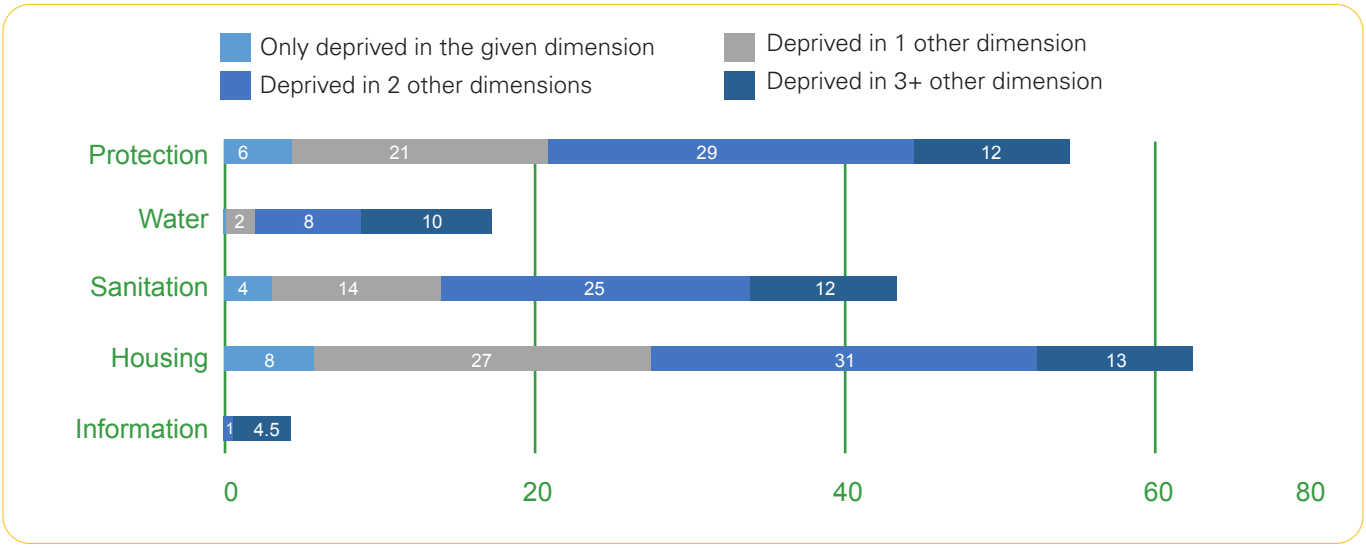
Figure 20: Multidimensional Child Poverty Indices at the national level and by rural-urban location, geographic zone and district, children aged 24-59 months deprived in at least three dimensions



Source: Own calculations based on 2018 MICS data

Figure 21 demonstrates the incidence of deprivation for each dimension at the national level, subdivided by the extent of overlap with other dimensions. The number of children aged 24-59 months deprived in the given dimension and no other dimension ranges from 0.4 per cent in water dimension to 8 per cent in housing. Compared to children aged 0-23 months, this suggests that children aged 24-59 months are less vulnerable. A higher deprivation overlap is observed among children deprived in sanitation, housing, and protection.

Figure 21: Deprivation overlap for each dimension, children aged 24–59 months

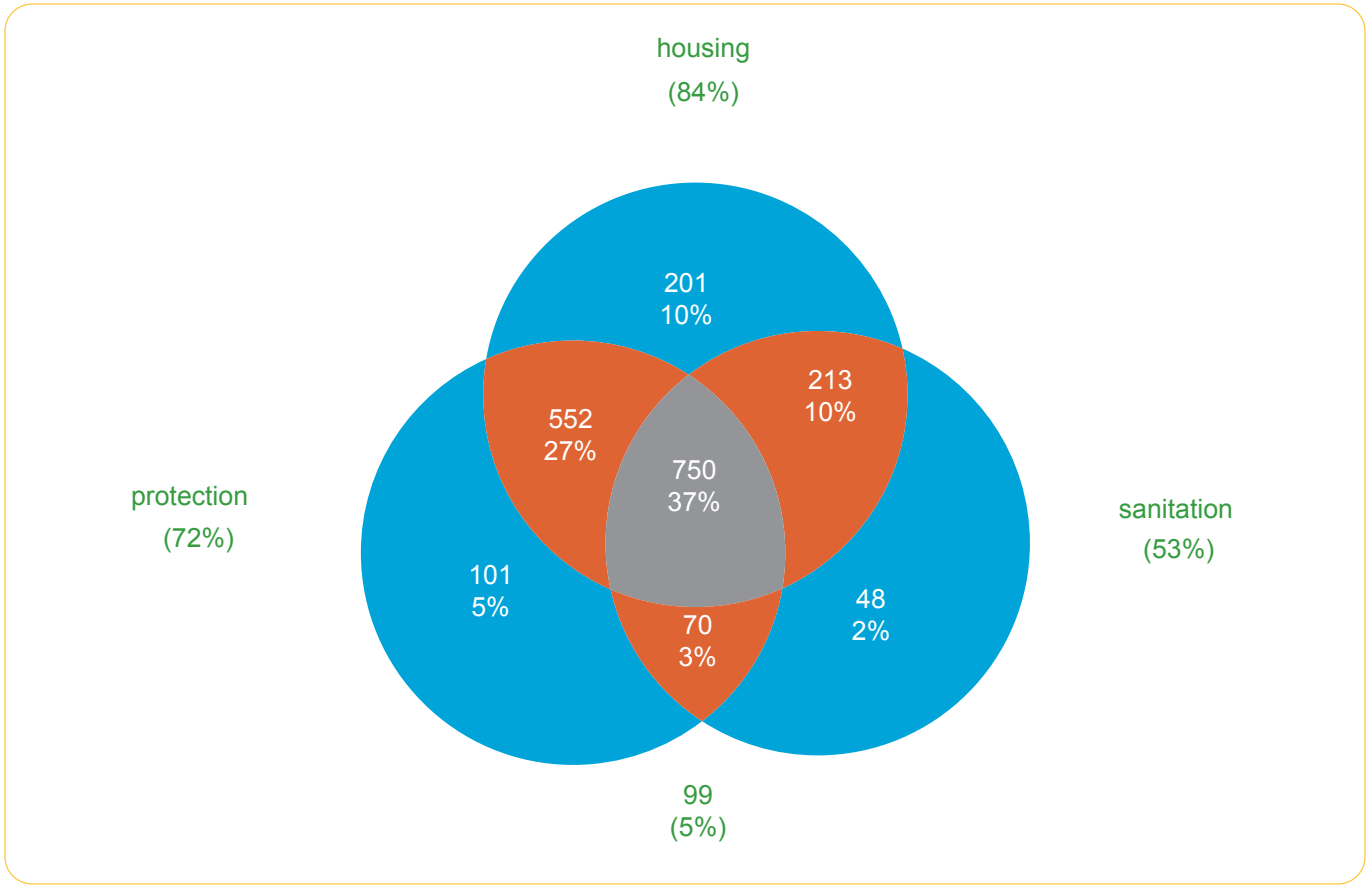


Source: Own calculations based on 2018 MICS data[4]

For instance, out of the 78.6 per cent of all children aged 24-59 months that are deprived in housing, 8 per cent are deprived only in housing, 27 per cent are deprived in housing plus one other dimension, 31 per cent are deprived in housing and two other dimensions, and 13 per cent in housing along with three other dimensions.

Figure 22 provides an overlap of three dimensions of housing, sanitation, and protection using Venn diagrams for children aged 24-59 months. The figure indicates that out of the 84 per cent deprived in the dimension of housing, 10 per cent are deprived in housing alone, 27 per cent in housing together with protection, 10 per cent in housing and sanitation, and 37 per cent in all three dimensions. Therefore, a policy that targets all three deprivations is advocated.

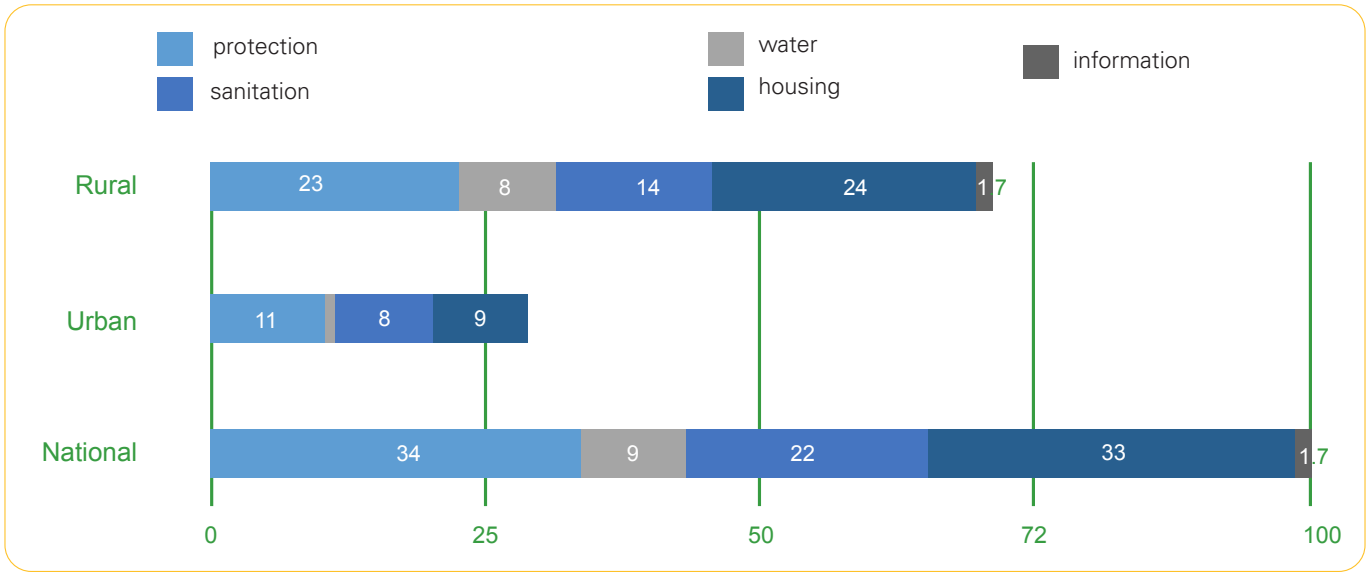
Figure 22: Deprivation overlap between dimensions housing, sanitation, and protection, children aged 24-59 months



Source: Own calculations based on 2018 MICS data

Figure 23 shows that the main contributor to the adjusted deprivation ratio at the national level for children aged 24-59 months is protection from violence (34 per cent), followed by housing (33 per cent), sanitation (22 per cent), water (9 per cent), and access to information (1.7 per cent). The results of rural and urban areas point to similar conclusions to those observed at the national level, though the magnitudes differ. For instance, the contribution shares for each of the five dimensions in rural areas are more than twice those in urban areas. It is worth noting that the contribution share of access to information is largely from deprivation in the rural areas. Overall, the higher contribution share of each dimension in rural areas than urban areas indicates that rural areas contribute more to national deprivation than urban areas.

Figure 23: Decomposition of the Multidimensional Child Poverty Index at the national level and by rural–urban location, children aged 24–59 months



Source: Own calculations based on 2018 MICS data

SECTION 5

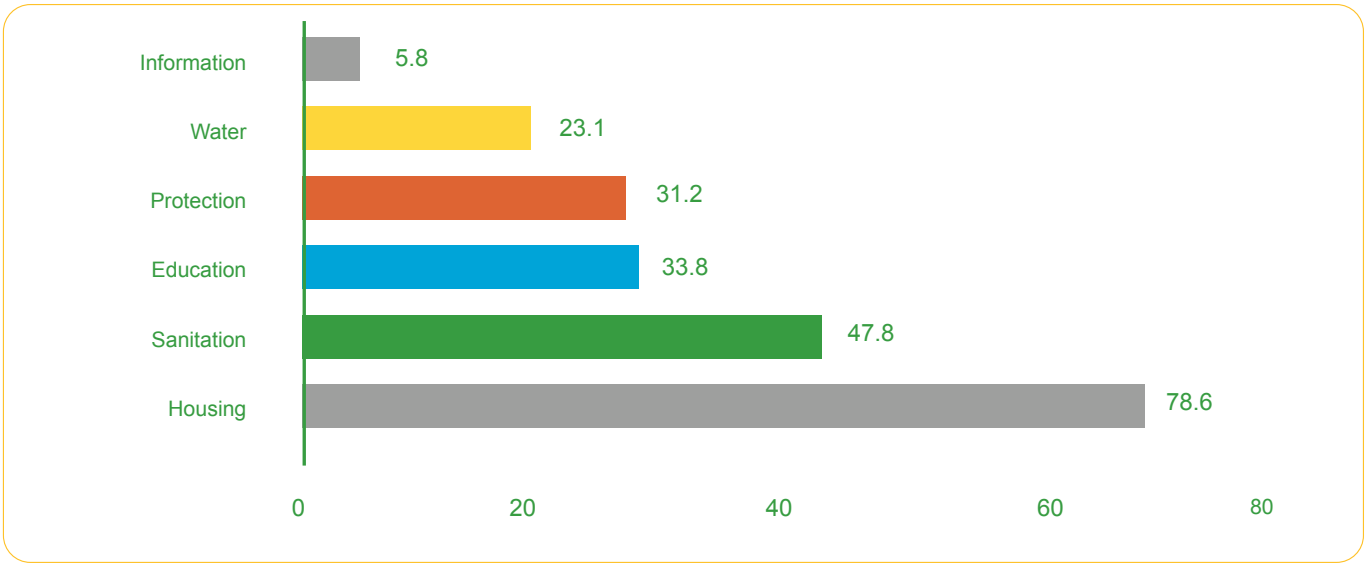
CHILDREN 5 – 12 YEARS

SUMMARY:

- 38.2 per cent of Basotho children aged 5-12 years are identified as multidimensionally poor. These multidimensionally poor children experience, on average, 58.1 per cent of all possible deprivations.
- As expected, there is higher headcount poverty in rural areas (45.9 per cent) than in urban areas (22 per cent). Across the ecological zones, the multidimensional headcount poverty ranges from 28.3 per cent in lowlands to 57.1 per cent in mountains.
- The highest rate of deprivation is found in the housing dimension (78.6 per cent), followed by sanitation (47.8 per cent), education (33.8 per cent).
- One third (32.3 per cent) of children aged 5-12 years are deprived in two dimensions simultaneously and 23.4 per cent face three or more deprivations simultaneously. Approximately seven children (aged 5-12 years) out of 100 (7 per cent) experience no deprivations, while 3.1 per cent face deprivation in five dimensions of wellbeing at the same time.
- There are slight gender disparities for children aged 5-12 years with boys having higher rates of deprivation in dimensions such as nutrition, water, and sanitation compared to girls.
- Children living in a female-headed and male-headed household are equally deprived in all dimensions, except for protection where deprivation is higher in female-headed households.
- Children living in a household whose head has either no education or has primary or secondary education face higher incidence of deprivations than when the head has vocational or university level education.
- Analysis by number of children in the household indicates that the greater the number of children in a household, the higher incidence of deprivation in the dimensions of housing, nutrition, protection from violence, water, and access to information.

In this section, the results for children of primary school-going age from 5 to 12 years are analysed. The six dimensions used to define well-being include protection from violence, education, water, sanitation, housing, and access to information. As shown in Figure 24, the rate of deprivations are, from highest to lowest, in the housing dimension (78.6 per cent), followed by sanitation (47.8 per cent), education (33.8 per cent), protection from violence (31.2 per cent), water (23.1 per cent), and access to information (5.8 per cent).

Figure 24: Deprivation headcount ratio (%) by each dimension at the national level, 5-12 years



Source: Own calculations based on 2018 MICS data

As per Figure 25, high deprivation in housing conditions is driven by three indicators, namely: lack of access to electricity (60.6 per cent), household using unimproved cooking fuel (25.8 per cent), and living in an overcrowded house (42.9 per cent). Within the sanitation dimension, 28.1 per cent of children aged 5-12 years live in a household with unimproved toilet facilities, while 21.7 per cent share a toilet facility. Regarding protection from violence, approximately one-third of all children aged 5–12 years live in households that tolerate domestic violence.

Indicators of unimproved drinking water source (13.0 per cent) and taking at least 30 minutes to the water source (10.5 per cent) measure the incidence of deprivation in the water dimension. Education deprivation is driven by not attending school (2.6 per cent) and grade-for-age with (31.3 per cent) of children aged 6-12 years. The dimension recording the lowest deprivation rate is access to information, with 5.8 per cent of children from households with no access to information devices.

Figure 25: Deprivation headcount ratio (%) by each indicator at the national level, 5-12 years

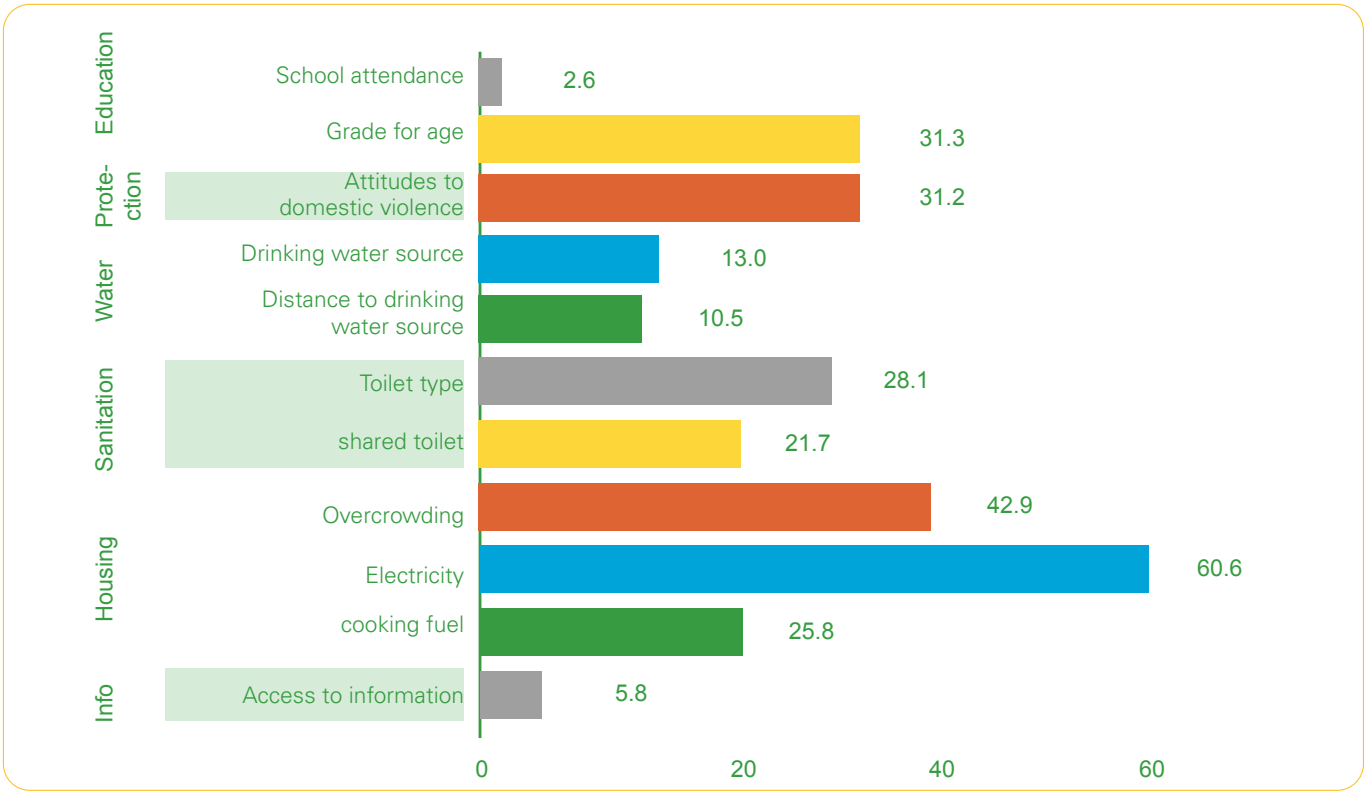
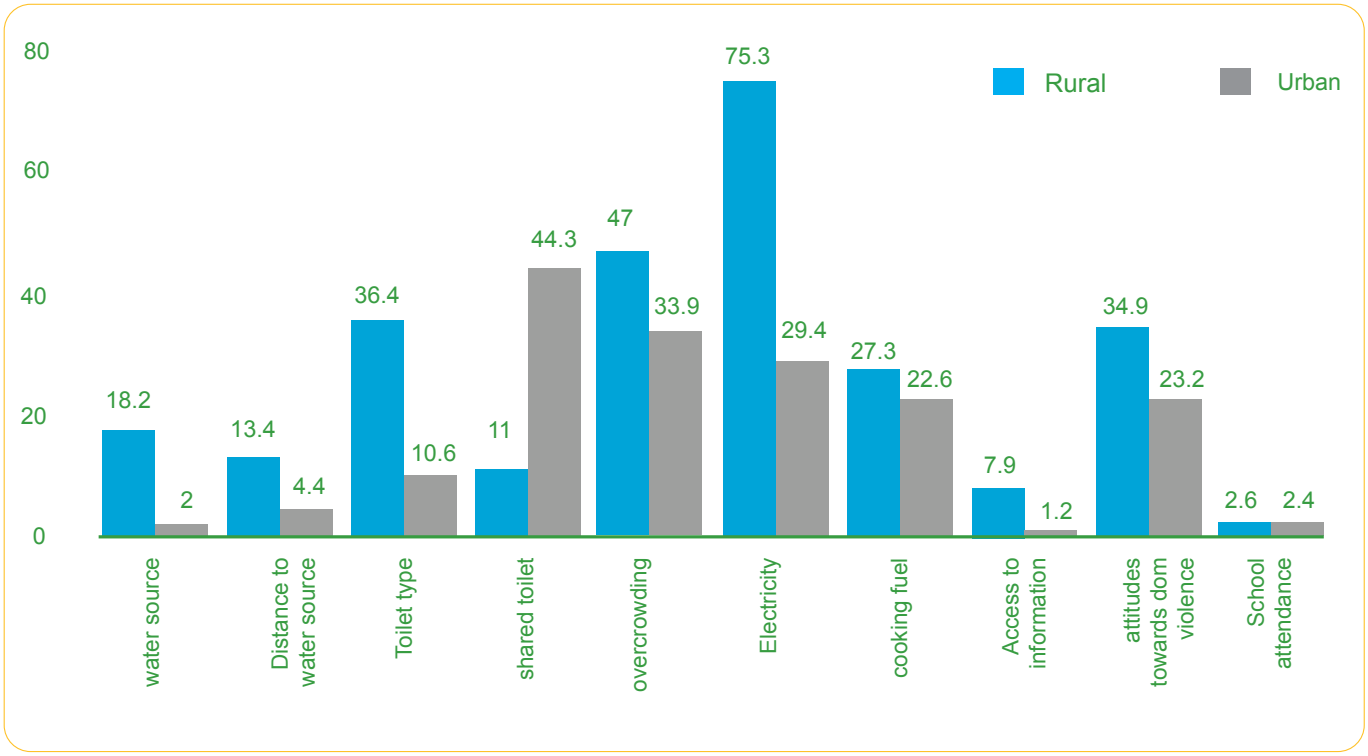


Figure 26: Deprivation headcount ratio (%) by each indicator and by rural and urban area, children aged 5-12 years



Source: Own calculations based on 2018 MICS data and HBS 2017

Figure 26 shows that children aged 5-12 years in rural areas have higher deprivation rates in all indicators except for shared toilet facilities, which affects 11 per cent of children in rural vis-à-vis 44.3 per cent of children in urban areas living in a household that shares toilet facilities with two or more households. The highest rural-urban gap among children aged 5-12 years is recorded in the access to electricity, with 75.3 per cent of children in rural areas living in a household without access to electricity compared to 29.4 per cent in urban areas.

Table 12 shows the distribution of the indicators clustered into respective dimensions by geographic location. Results by ecological zone indicate that children aged 5-12 years in the foothills have a higher incidence of deprivation in the four dimensions of education (43.3 per cent), water (41 per cent), sanitation (57.1 per cent), and housing (92.6 per cent). As expected, children aged 5-12 years residing in lowlands have the lowest deprivation rates across all the five dimensions. Instead, children living in the mountains ecological zone have the highest incidence for the dimensions of protection from violence (43.2 per cent) and access to information (10.8 per cent).

Disaggregation by districts points to Thaba-Tseka with the highest proportion of children deprived in the four dimensions of housing (94.0 per cent), protection from violence (46.7 per cent), water (42.6 per cent), and access to information (12.8 per cent). On the other hand, Mokhotlong has the highest proportion of children (63.8 per cent) deprived in sanitation.

Table 12: Dimension Deprivation rates (%) by geographic location, children aged 5-12

	Dimension	Education	Protection	Water	Sanitation	Housing	Information
	National	33.8	31.2	23.1	47.8	78.6	5.8
Area	Rural	36.4	34.9	30.9	45.5	87.8	7.9
	Urban	28.3	23.2	6.5	52.7	59.3	1.2
Ecological Zone	Lowlands	28.8	26.1	18.4	44.3	70.1	3.1
	Foothills	43.3	34.8	41.0	57.1	92.6	9.2
	Mountains	42.6	43.2	32.1	55.1	91.5	10.8
	Senqu river valley	36.9	33.9	15.6	44.9	91.0	8.3
District	Botha Bothe	31.7	38.4	33.6	37.3	91.0	6.2
	Leribe	31.0	25.1	26.4	36.5	78.1	2.7
	Berea	27.9	22.7	28.2	47.4	77.7	3.9
	Maseru	28.0	29.1	10.2	53.5	63.8	2.4
	Mafeteng	42.8	28.3	28.4	46.4	78.9	9.8
	Mohale's Hoek	38.7	31.4	21.1	58.9	83.8	5.9
	Quthing	41.3	38.3	12.6	34.0	87.9	9.5
	Qacha's Nek	40.4	33.7	23.8	42.6	84.5	7.4
	Mokhotlong	38.8	43.8	25.8	63.8	92.5	11.6
	Thaba-Tseka	41.6	46.7	42.6	50.6	94.0	12.8

Source: Own calculations based on 2018 MICS data

Table 13 presents the deprivation rates of children aged 5-12 years by dimension across the profiling variables. Again, there are slight disparities for children aged 5-12 years, with boys having deprivation rates in dimensions such as nutrition, water, and sanitation. Yet, children living in a female or male-headed household are more or less equally deprived in all dimensions, except for protection where deprivation is higher in female-headed households.

The distribution of deprivations by household head's education shows that in all the dimensions, the proportion of deprived children decreases with the education of the household head. In other words, children living in a household whose head has either no education or has primary or secondary education face a higher incidence of deprivations than when the head has vocational or university level education.

The deprivation rates for sanitation dimension decrease with household size, while for the dimensions of child protection, water, and housing, the rates increase with the number of household members. The number of children in the household indicates that the greater the number of children in a household, the higher incidence of deprivation in the dimensions of housing, nutrition, protection from violence, water, and access to information dimensions. However, the fewer children in the household, the higher the incidence of deprivation in the sanitation dimension. Nonetheless, the differences in the deprivation rates are small, meaning there is a positive correlation between a higher number of children and the likelihood of deprivation in sanitation.

Table 13: Dimension Deprivation rates (%) of children aged 5-12 by key variables, 2018

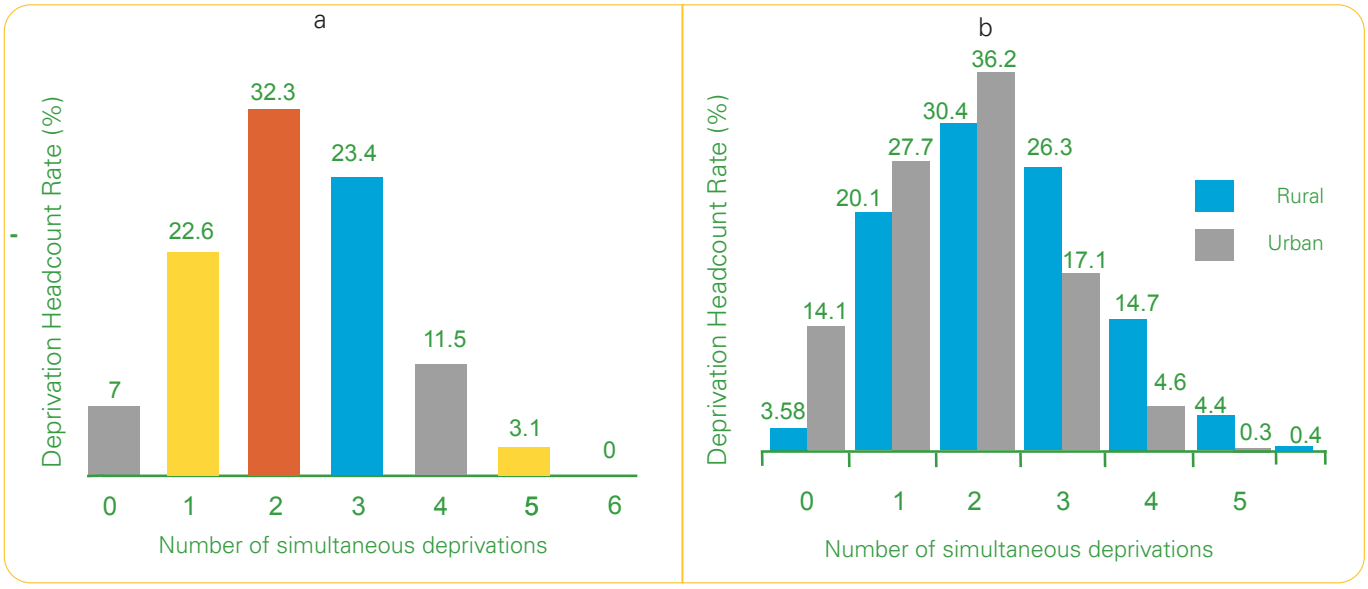
		Nutrition	Protection	Water	Sanitation	Housing	Information
	National	33.8	31.2	23.1	47.8	78.6	5.8
Sex of the Child	Girls	26.7	32.9	21.6	47.5	78.8	5.7
	Boys	41.5	29.3	24.6	48.1	78.4	5.8
Sex of Household Head	Male	35.2	28.6	22.3	50.2	78.6	8.8
	Female	32.9	32.9	23.6	46.2	78.6	3.7
Education level of Household head	None						
	Primary	37.6	33.6	27.6	49.2	85.6	7.7
	Secondary	25.9	26.3	14.4	48.8	69.0	1.2
	Vocational	21.4	21.6	4.8	30.2	37.6	0.7
	University						
	Other						
House-hold size	1-3 members	30.9	19.6	16.5	60.7	63.4	6.6
	4-6 members	33.7	30.3	22.8	48.1	77.2	5.8
	7 or more members	35.7	39.6	27.2	40.0	90.2	5.2
Number of children	1-2 children	30.2	25.8	17.8	47.9	68.9	4.2
	3-4 children	37.2	33.3	26.0	47.8	83.5	7.2
	5 or more children	35.6	42.6	31.6	47.3	96.0	6.3

Source: Own calculations based on 2018 MICS data

Panel (a) of Figure 27 depicts that a third (32.3 per cent) of children aged 5-12 years are deprived in two dimensions simultaneously, and 23.4 per cent face three deprivations at the same time. Approximately seven children (aged 5-12 years) out of 100 (7 per cent) experience no deprivations, while 3.1 per cent face deprivation in five dimensions of wellbeing at the same time.

Panel (b) of Figure 27 shows that children aged 5-12 years residing in rural areas experience more simultaneous dimensions at a time compared to children in urban areas. The distribution of simultaneous deprivations is skewed to the right in rural areas, which means that the proportion of children deprived in more dimensions simultaneously is higher amongst rural children. In both locations, 26.3 per cent of children in rural areas and 17.1 of children in urban areas are deprived in three dimensions simultaneously. The figure depicts that 4.4 per cent of children living in rural areas experience deprivation in five dimensions simultaneously compared to less than one per cent (0.3) in urban areas.

Figure 27: Percentage distribution of deprived children aged 5-12 years, MICS 2018



Source: Own calculations based on 2018 MICS data

Table 14 shows that out of the ten districts, Maseru (11.2 per cent), followed by Berea (8.8 per cent), and Leribe (8.2 per cent) have the top three highest percentage of children aged 5-12 years not deprived in any of the five dimensions. In contrast, Thaba-Tseka (9 per cent), Mokhotlong (6.3 per cent), and Mafeteng (6.2 per cent) have the highest proportion of children deprived in five dimensions simultaneously.

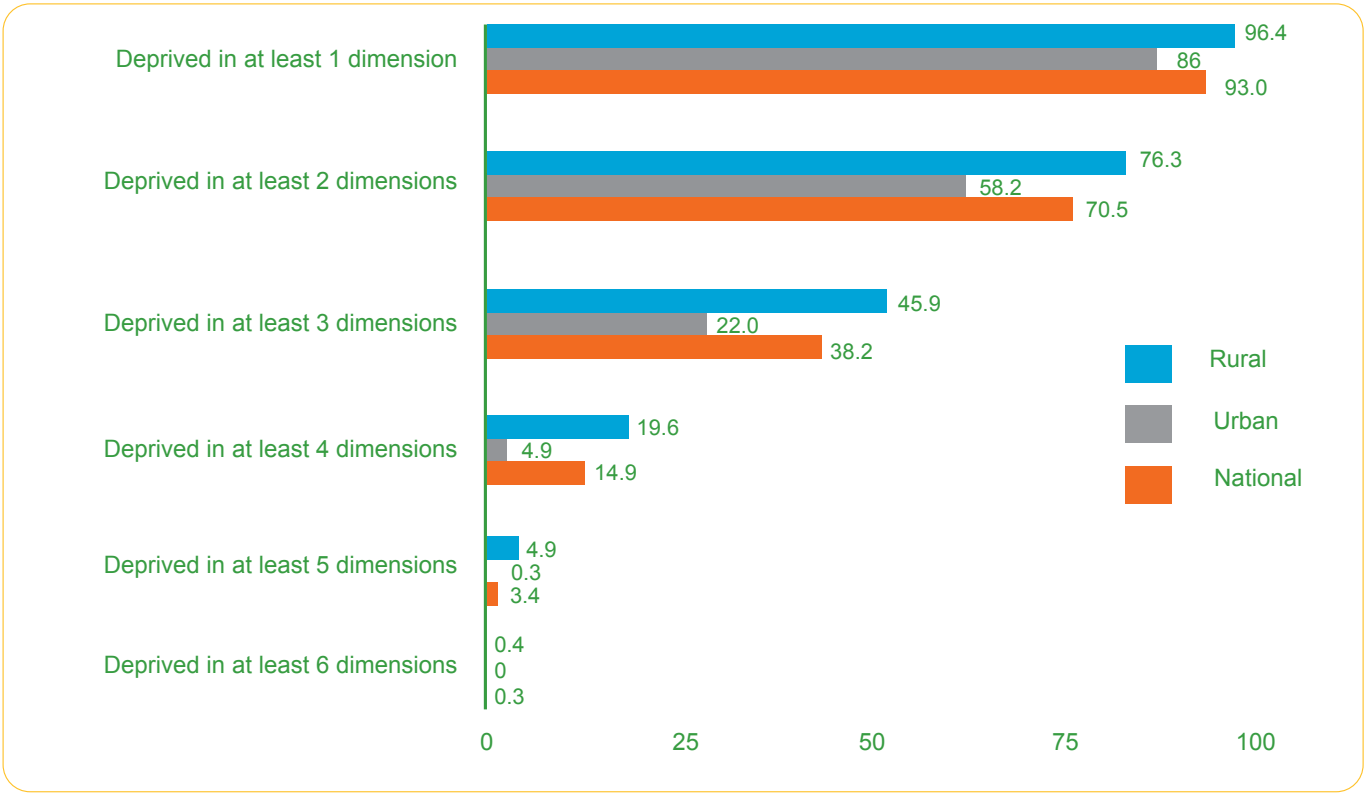
Table 14: Percentage distribution of deprived children aged 5-12 years by district, MICS 2018

Districts	Number of simultaneous deprivations experienced by the child						
	0	1	2	3	4	5	6
Botha Bothe	2.7	20.4	31.8	29.1	13.4	2.6	0.0
Leribe	8.2	23.1	36.6	25.3	6.9	0.0	0.0
Berea	8.8	25.2	33.0	18.8	11.2	3.1	0.0
Maseru	11.2	28.8	33.6	17.2	7.3	1.8	0.3
Mafeteng	6.2	25.5	25.4	19.9	16.7	6.2	0.2
Mohale's	4.7	17.2	33.2	27.1	14.2	3.6	0.0
Quthing	4.0	20.1	35.3	31.2	7.5	1.9	0.0
Qacha's N	7.2	18.0	29.4	28.7	15.0	1.0	0.7
Mokhotlon	0.6	12.2	29.0	36.9	13.2	6.3	1.9
Thaba-Tse	1.4	12.2	28.2	24.4	23.9	9.0	1.0
Total	7.0	22.6	32.3	23.4	11.5	3.1	0.3

Source: Own calculations based on 2018 MICS data

Figure 28 shows that nearly all (93 per cent) children aged 5-12 years are deprived in at least one dimension, and a large proportion (70.5 per cent) faces deprivation in two dimensions at the same time, and 38.2 per cent have at least three deprivations. A breakdown of the distribution by location of residence shows that urban areas have a lower proportion of deprived children, and the disparity between the rural and urban areas rises as the number of deprivations rises.

Figure 28: Multidimensional deprivation headcount ratio (%) at the national level and for rural and urban

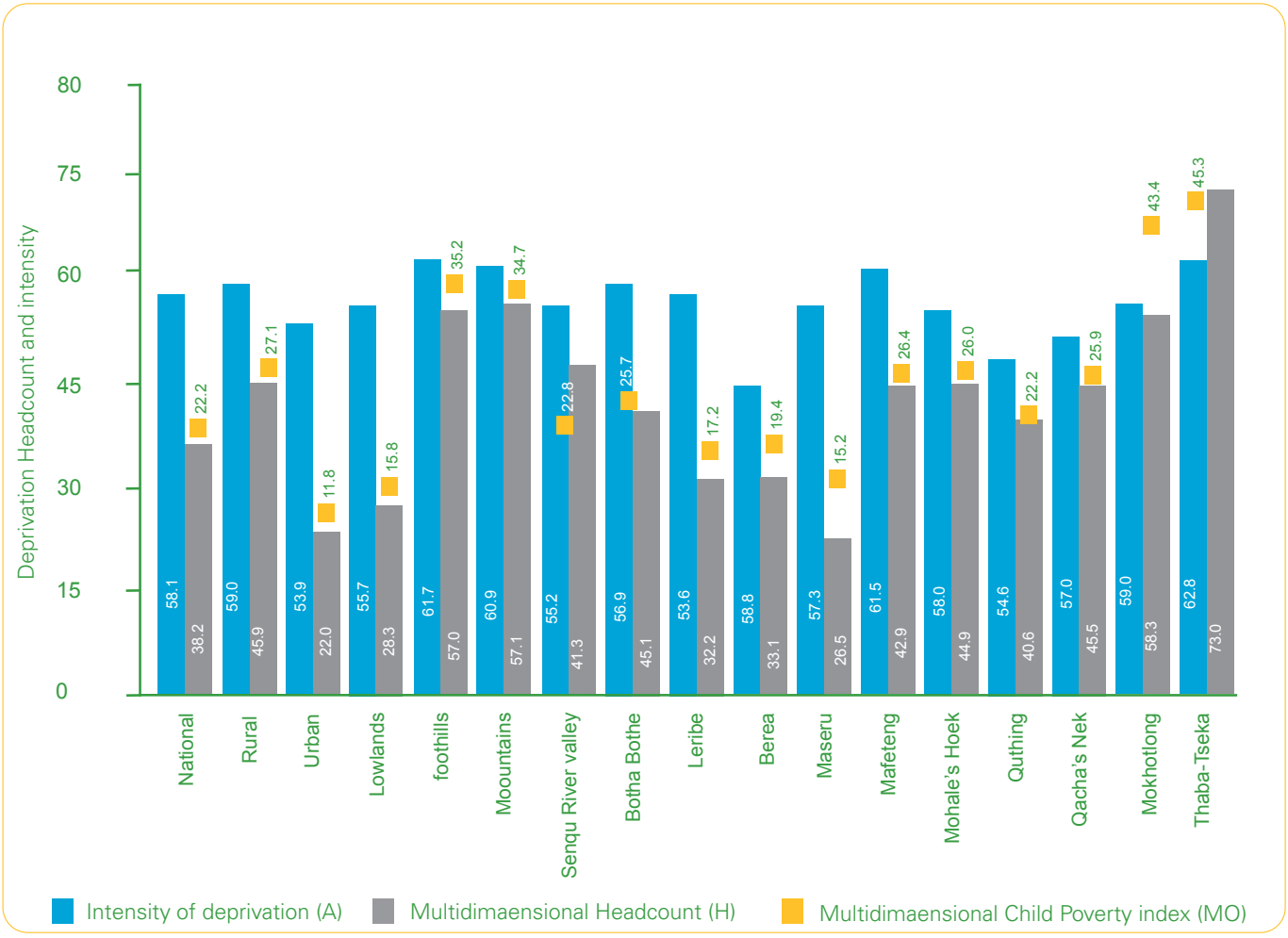


Source: Own calculations based on 2018 MICS data

Figure 29 shows the Multidimensional Child Poverty Index, deprivation headcount ratio, and intensity of deprivation at the national level for children in rural-urban locations and further disaggregated into districts. The figure shows that 38.2 per cent of Basotho children aged 5-12 years are identified as multidimensionally poor. Additionally, these multidimensionally poor children experience, on average, 58.1 per cent of all possible deprivations.

As expected, there is a higher headcount of poverty in rural areas (45.9 per cent) than in urban areas (22 per cent). Across the ecological zones, the multidimensional headcount poverty ranges from 28.3 per cent in lowlands to 57.1 per cent in the mountains. Regarding districts, Maseru (26.5 per cent) has the lowest proportion of multidimensionally poor children aged 5-12 years, while Mokhotlong and Thaba-Tseka have the highest (both at 58.3 per cent).

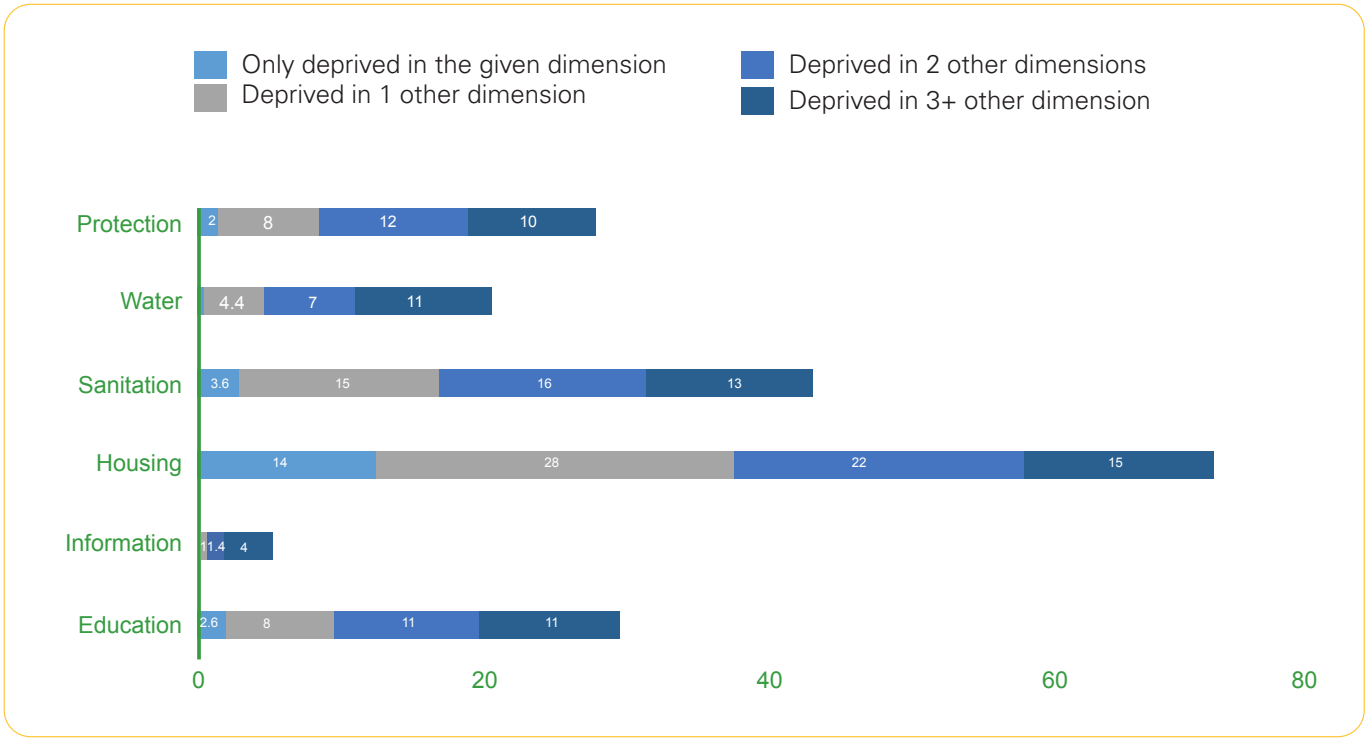
Figure 29: Multidimensional Child Poverty Indices at the national level and by rural-urban location and district, children aged 5-12 years deprived in at least three dimensions



Source: Own calculations based on 2018 MICS data

Figure 30 presents the deprivation overlap of any given dimension in relation to the six dimensions for children aged 5–12 years. Akin to the children aged 24-59 months, deprivation in housing has the highest overlap with other dimensions with 14 per cent deprived only in housing, 28 per cent deprived in housing and one other dimension, and 22 per cent deprived in housing and two other dimensions.

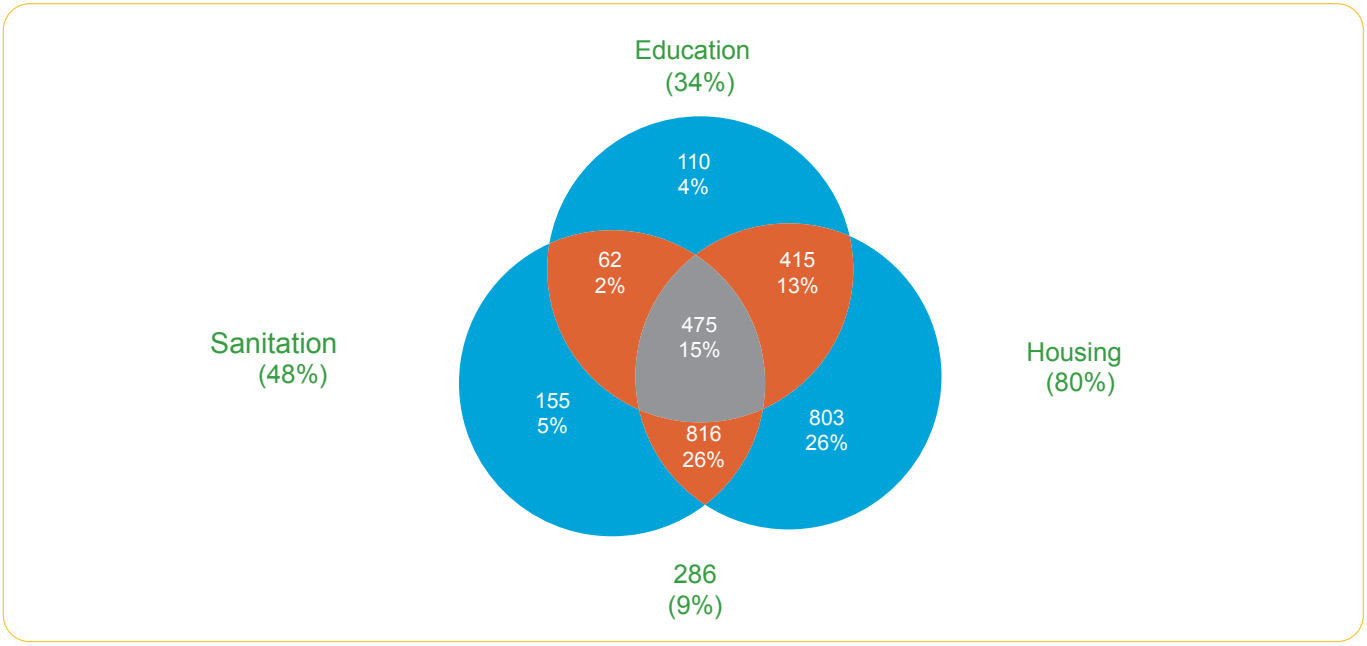
Figure 30: Deprivation overlap for each dimension, children aged 5–12 years[5]



Source: Own calculations based on 2018 MICS data

Figure 31 provides an overlap of the three dimensions of housing, sanitation, and education using Venn diagrams for children aged 5-12 years. The figure indicates 15 per cent of children aged 5-12 years are deprived in all three dimensions, 26 per cent are deprived in sanitation and housing simultaneously, and 13 per cent in housing and education.

Figure 31: Deprivation overlap between dimensions housing, sanitation, and education, children aged 5-12 years

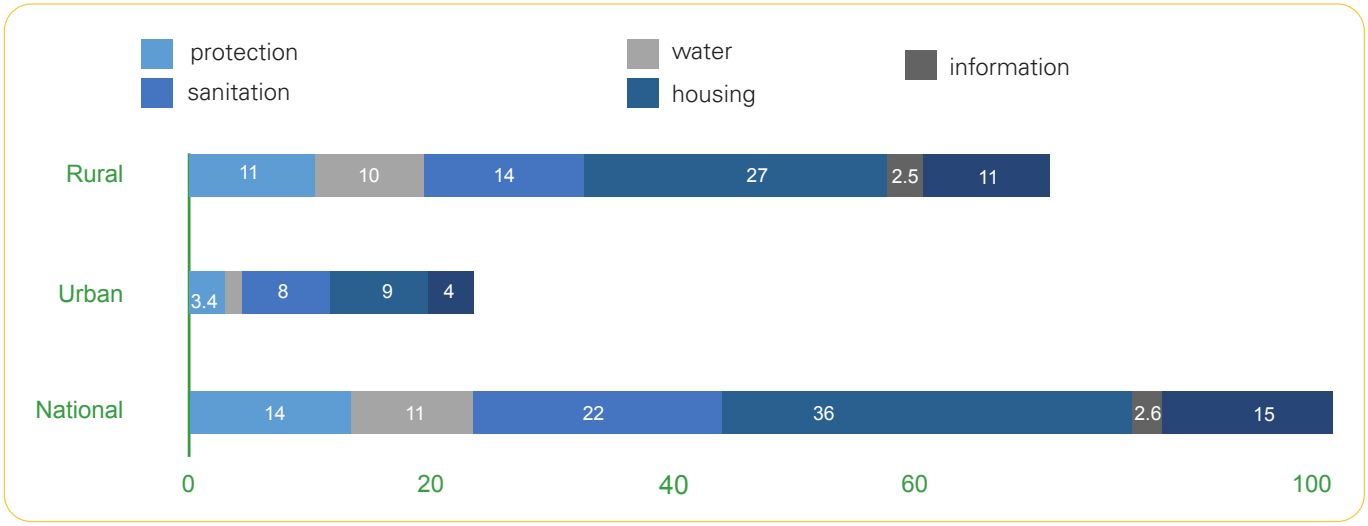


Source: Own calculations based on 2018 MICS data

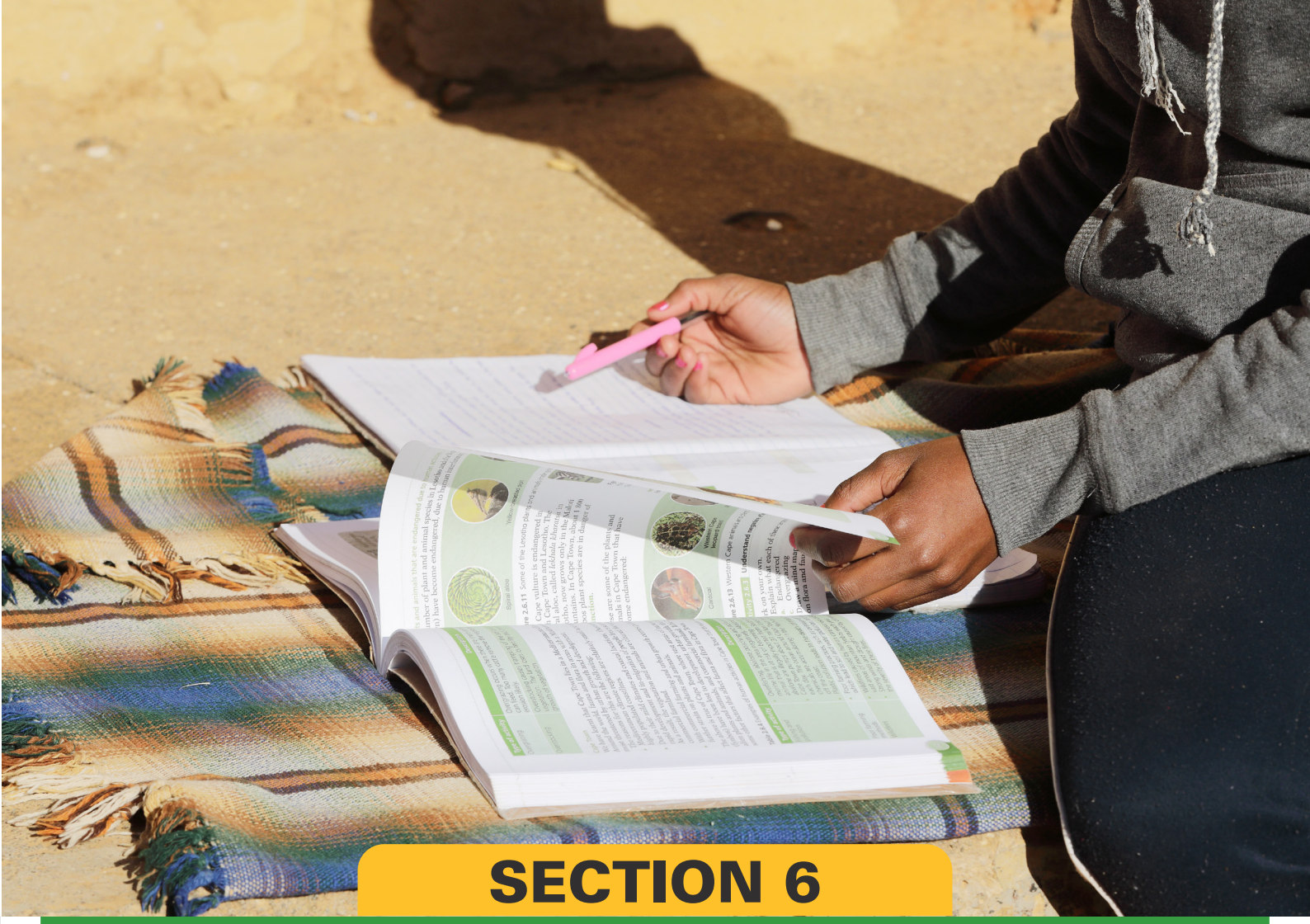
Figure 32 provides the percentage contribution of each dimension to the overall multidimensional poverty index for children aged 5-12 years. At the national level, the housing dimension contributes 36 per cent making it the largest contributor to child deprivation. It is followed by sanitation (22 per cent), education (15 per cent), and protection (14 per cent).

The decomposition between rural and urban locations shows a similar pattern to younger age groups. That is, all dimensions contribute more to the deprivation of children in rural areas than urban areas. Nonetheless, the housing and sanitation dimensions contribute the most in urban areas.

Figure 32: Decomposition of the Multidimensional Child Poverty Index, children aged 5–12 years[6]



Source: Own calculations based on 2018 MICS data



SECTION 6

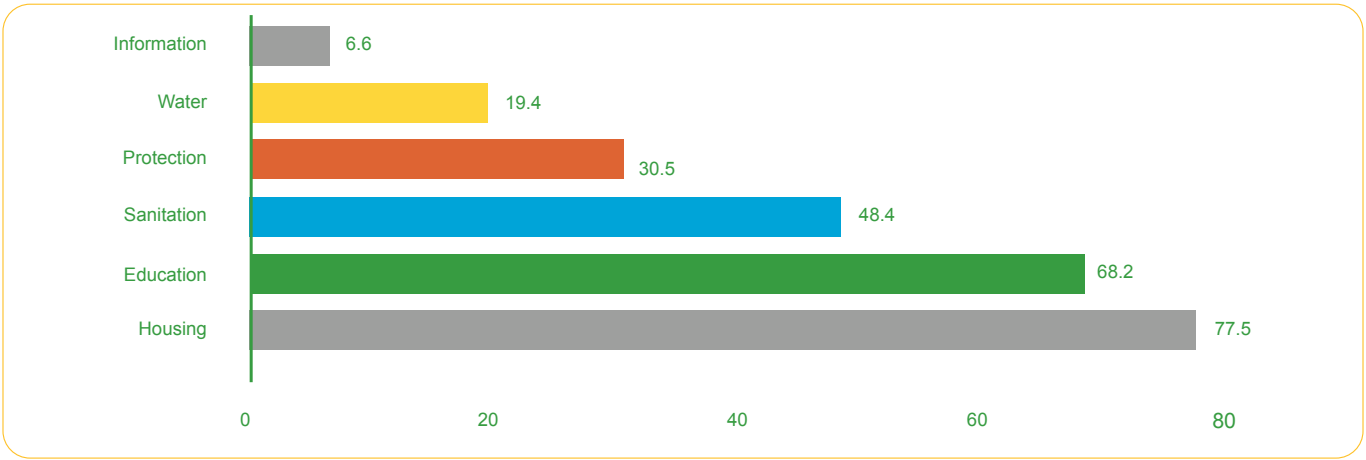
CHILDREN 13 – 17 YEARS

SUMMARY:

- 57.9 per cent of Basotho children aged 13-17 years are identified as multidimensionally poor. These multidimensionally poor children experience, on average, 50.7 per cent of all possible deprivations.
- As expected, there is higher headcount poverty in rural areas (59.1 per cent) than in urban areas (53.8 per cent).
- Across the ecological zones, the adjusted headcount poverty rate ranges from 22.9 per cent in lowlands to 43.5 per cent in mountains.
- Four out of 100 (4.24 per cent) children aged 13-17 years experience no deprivations, while 4.01 per cent face deprivation in five dimensions. Less than one per cent (0.45) suffer from six deprivations of wellbeing at the same time.
- A third of children aged 13 to 17 (31.68 per cent) are deprived in three dimensions simultaneously and 29.3 per cent face two deprivations at a time.
- Similar to previous age groups, there are slight disparities for children aged 13-17 years with boys having higher rates of deprivation than girls in dimensions like nutrition (75.8 per cent versus 60.1 per cent), water (20.8 per cent versus 17.8 per cent), and housing (79 per cent versus 75.5 per cent).
- Children living in female-headed and male-headed household are more or less equally deprived in all dimensions
- The distribution of deprivations by household head's education shows that the proportion of deprived children decreases with education of the household head. In other words, children living in a household whose head has either no schooling or primary education face higher incidence of deprivation than when the head has attained vocational or university level education.

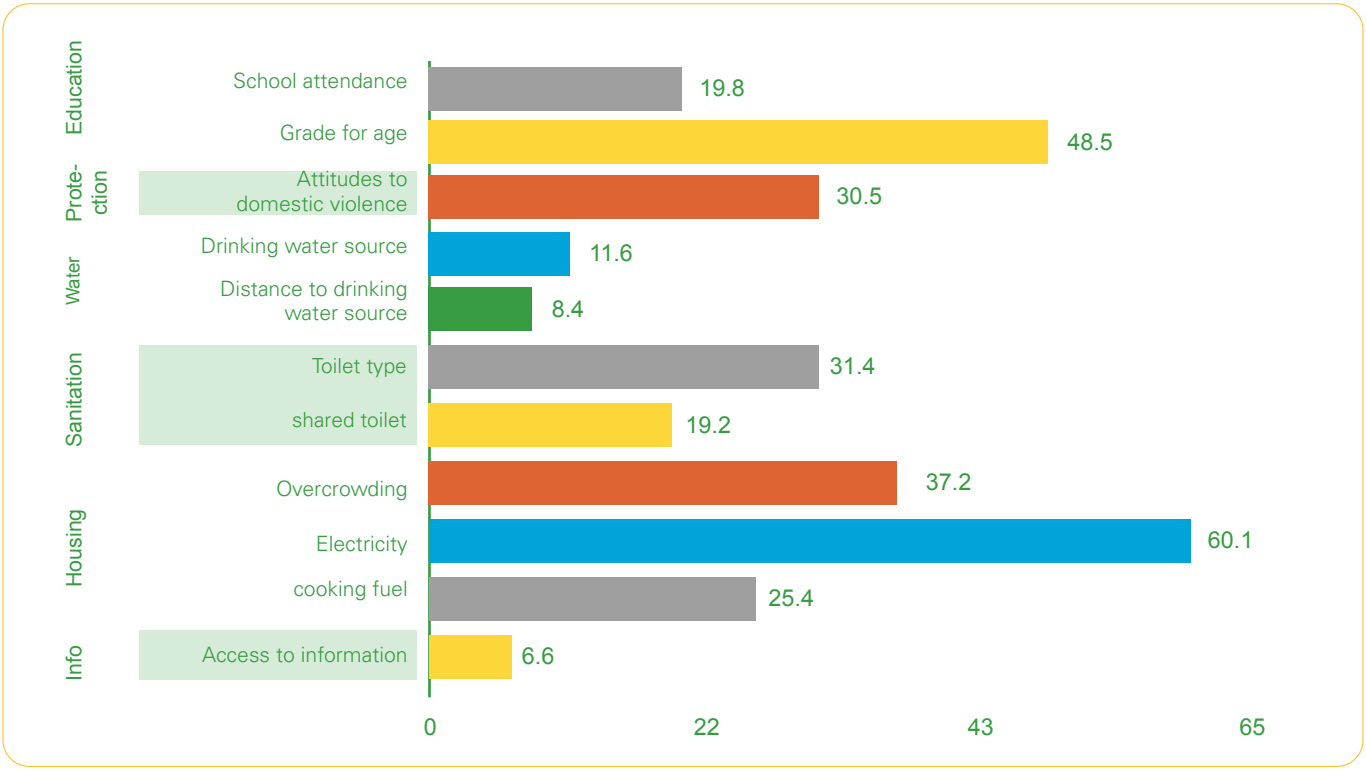
For children aged 13-17 years, six dimensions define well-being: protection from violence, education, water, sanitation, housing, and access to information. Figure 33 presents the percentage of these children who are deprived in these dimensions. As in the previous age groups, the level of deprivation for the housing dimension is among the highest in this age group, with around three out of four children (77.5 per cent) deprived in this dimension. The figure also depicts that other dimensions show higher rates of deprivation: education (68.2 per cent), sanitation (48.4 per cent), protection from violence (30.5 per cent), water (19.4 per cent), and access to information (6.6 per cent).

Figure 33: Deprivation headcount ratio (%) by each dimension at the national level, children aged 13-17 years



Source: Own calculations based on 2018 MICS data

Figure 34: Deprivation headcount ratio (%) by each indicator at the national level, children aged 13-17 years



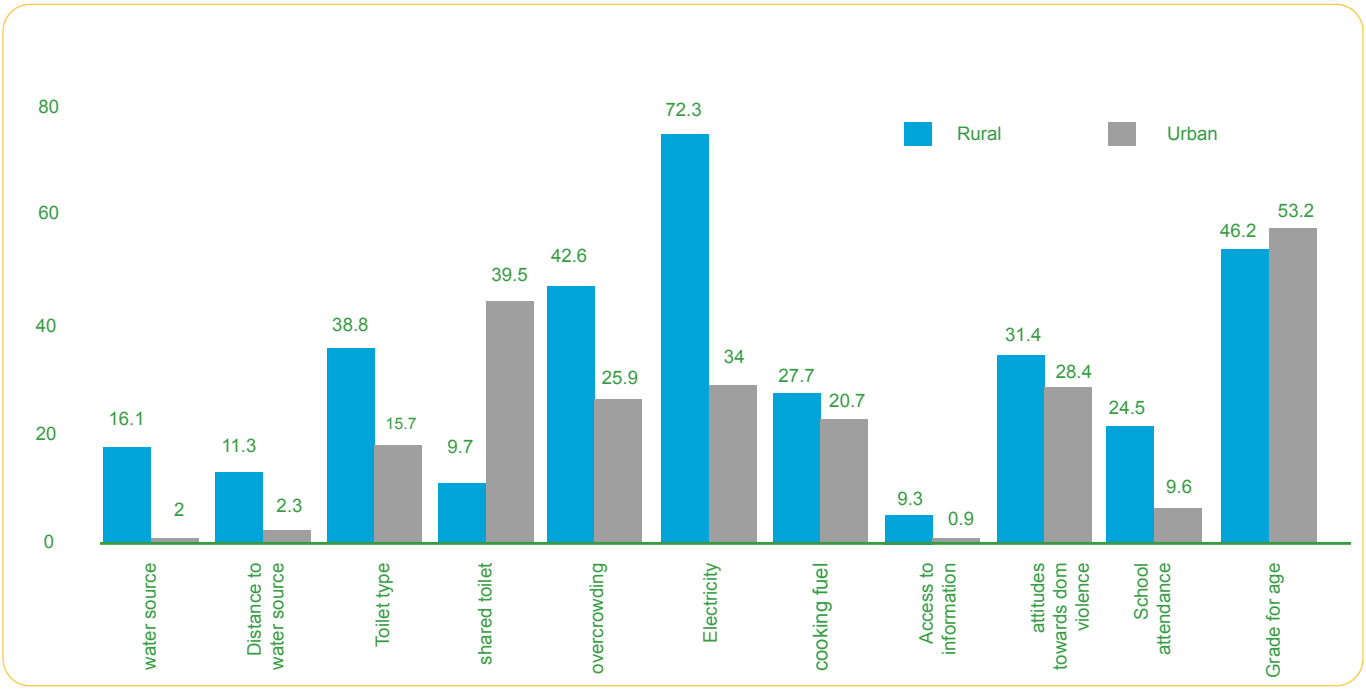
Source: Own calculations based on 2018 MICS data

Figure 34 points to the varying contributions of the indicators towards deprivation within the six dimensions considered for children aged 13-17 years. The deprivation in the dimension of education for children aged 13-17 years (68.2) is twice that of children aged 5-12 years (33.8). Two indicators, namely school attendance and grade for age, measure the education dimension. Approximately one child aged 13-17 years out of five (19.8 per cent) is not attending school, while half (48.5 per cent) lag in education by at least one year. Three indicators, namely, drive the deprivation in housing conditions: lack of access to electricity (60.1 per cent), household using unimproved cooking fuel (25.4 per cent), and living in an overcrowded house (37.2 per cent). With the sanitation dimension, 31.4 per cent of children aged 13-17 years live in a household with unimproved toilet facilities, while 19.2 per cent share a toilet facility.

Regarding protection from violence, approximately one-third of all children aged 13-17 years live in households that tolerate domestic violence (see Figure 34). The water dimension comprises indicators of unimproved drinking water source (11.6 per cent) and taking at least 30 minutes to the water source (8.4 per cent). Consistent with results from younger age groups, around 6.6 per cent of children aged 13-17 years are deprived in the information dimension related to the availability of information and communication devices (radio, television, and internet) in the household.

Figure 35 shows the deprivation levels by indicator disaggregated by the location of the child. The figure indicates that rural areas have larger deprivation rates in all indicators except for shared toilet facilities and grade for age. In particular, 39.5 per cent of children aged 13-17 years in urban areas live in a household that shares toilet facilities with two or more households. Regarding grade-for-age, 53.2 per cent of children aged 13-17 years whose household lives in urban areas are deprived, which means they lag in schooling by at least one year. The disparity between the rural and urban levels of deprivation is highest in the access to electricity, with 72.3 per cent of children deprived in rural areas compared to 34 per cent in urban areas.

Figure 35: Deprivation headcount ratio (%) by each indicator and by rural and urban area, 13-17 years



Source: Own calculations based on 2018 MICS data

Table 15 shows the distribution of the dimensions by geographic location. Results by ecological zone indicate that children in the mountains have a higher incidence of deprivation in the dimensions of protection, sanitation, access to information, and housing. A disaggregation by the district of residence shows that Thaba-Tseka has the highest proportion of children deprived in education (83.2 per cent), protection from violence (46.6 per cent), and water (36.0 per cent). Mokhotlong has the highest proportion of children (91.4per cent) deprived in housing, while Maseru has the lowest proportion of children (10.6 per cent) deprived in the water dimension.

Table 15: Dimension Deprivation rates (%) by geographic location, 13-17 years months in 2018

	Dimension	Education	Protection	Water	Sanitation	Housing	Information
	National	68.2	30.5	19.4	48.4	77.5	6.6
Area	Rural	70.8	31.4	26.4	47.3	86.4	9.3
	Urban	62.8	28.4	4.3	50.6	58.3	0.9
Ecological Zone	Lowlands	63.3	28.4	13.5	44.1	69.0	3.1
	Foothills	67.8	22.7	33.7	54.8	87.0	7.0
	Mountains	77.8	40.5	30.1	55.8	91.4	15.8
	Senqu river valley	78.8	26.6	17.6	52.4	90.8	7.1
District	Botha Bothe	60.7	39.0	29.1	38.9	84.5	8.2
	Leribe	64.3	16.6	24.3	30.3	63.0	2.3
	Berea	65.3	30.8	17.0	40.2	70.9	3.0
	Maseru	64.3	32.7	10.6	58.5	75.8	5.4
	Mafeteng	67.8	25.4	17.8	43.7	77.5	6.2
	Mohale's Hoek	66.7	30.5	23.4	65.2	82.1	6.4
	Quthing	81.2	30.8	12.1	40.5	89.6	8.6
	Qacha's Nek	69.2	30.0	23.8	50.3	80.8	9.8
	Mokhotlong	81.9	37.1	19.7	58.8	91.4	17.7
	Thaba-Tseka	83.2	44.6	36.0	52.9	90.7	13.1

Source: Own calculations based on 2018 MICS dat

Table 16 presents the deprivation rates of children aged 13-17 years by dimension across the profiling variables. Again, similar to previous age groups, there are slight disparities for children aged 13-17 years, with boys having higher rates of deprivation than girls in dimensions like nutrition (75.8 per cent versus 60.1 per cent), water (20.8 per cent versus 17.8 per cent), and housing (79 per cent versus 75.5 per cent). In addition, the figure indicates that children living in female-headed and male-headed households are more or less equally deprived in all dimensions. Furthermore, the distribution of deprivations by education of household head shows that the proportion of deprived children decreases with the education of the household head. In other words, children living in a household whose head has either no schooling or primary education face higher deprivations than when the head has attained a vocational or university degree.

Analysis by household size and the number of children indicates patterns similar to those observed under previous age groups. That is, as the size of the household rises, so does the rate of deprivation. Similarly, the greater the number of children in the household, the higher the incidence of deprivation in the dimensions of housing, nutrition, protection from violence, water, and access to information. In addition, the fewer the number of children in the household, the higher the incidence of deprivation in the dimensions of protection, water, and housing.

Table 16: Dimension Deprivation rates (%) of children aged 13-17 years by key variables, 2018

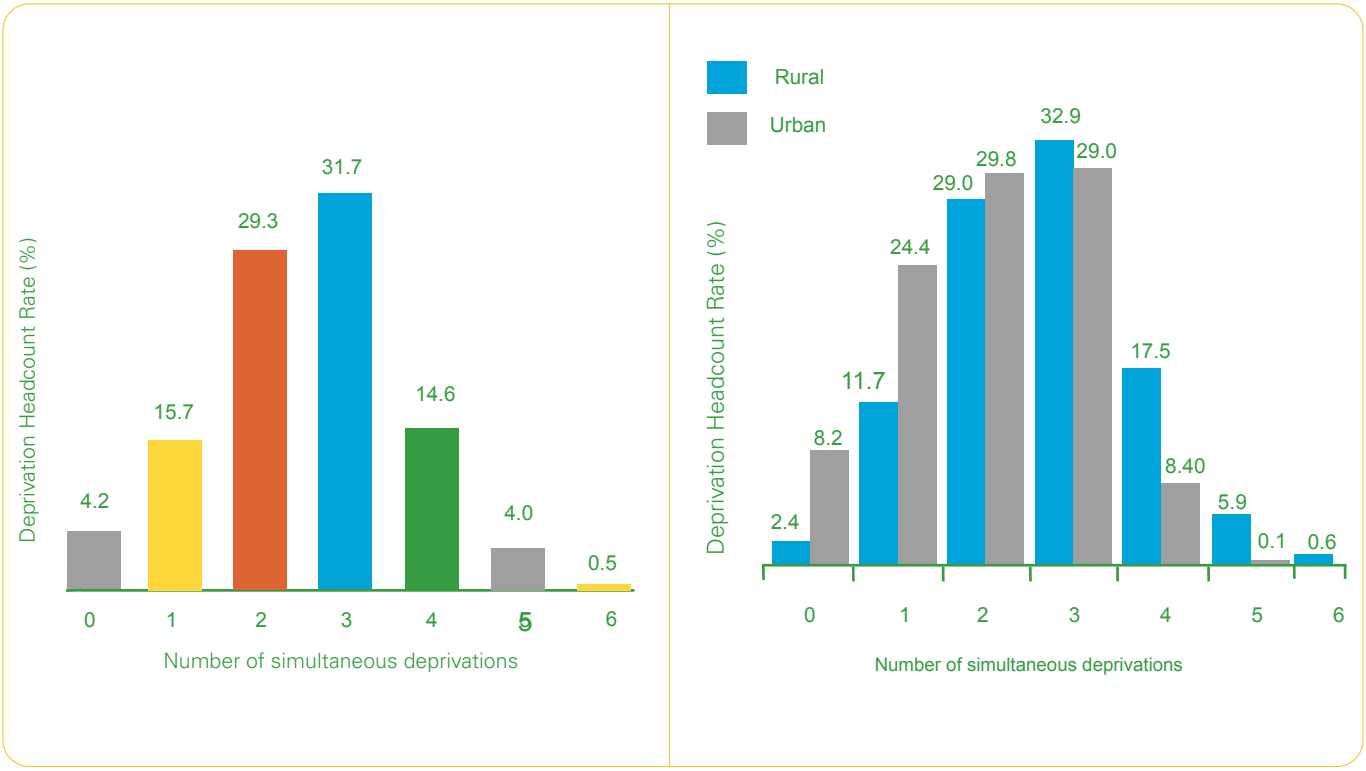
		Nutrition	Protection	Water	Sanitation	Housing	Information
	National	68.2	30.5	19.4	48.4	77.5	6.6
Sex of the Child	Girls	60.1	30.7	17.8	50.2	75.8	6.8
	Boys	75.8	30.2	20.8	46.6	79.0	6.4
Sex of House-hold Head	Male	68.6	28.1	19.4	51.6	79.7	8.6
	Female	67.9	32.5	19.3	45.5	75.4	4.8
Education level of Household head	None						
	Primary	71.8	31.4	23.2	50.1	84.0	8.6
	Secondary	57.9	27.2	11.7	47.2	65.1	1.5
	Vocational	64.6	29.1	2.6	29.3	45.0	0.0
	University						
	Other						
Household size	1-3 members	63.3	11.9	13.6	52.3	67.6	8.8
	4-6 members	66.8	28.6	18.7	47.8	74.2	6.9
	7 or more members	74.1	46.2	24.3	46.9	90.2	4.7
Number of children	1-2 children	64.3	24.3	15.7	48.5	70.4	6.3
	3-4 children	69.6	33.4	22.2	44.6	79.1	5.4
	5 or more children	76.7	41.7	23.3	57.6	95.0	10.4

Source: Own calculations based on 2018 MICS data

Panel (a) of Figure 36 shows that most children aged 13-17 experience either two and three deprivations at a time. About one-third of these children (31.7 per cent) are deprived in three dimensions simultaneously, and 29.3 per cent face two deprivations at a time. Approximately about four out of 100 (4.2 per cent) children aged 13-17 years, experience no deprivations. In comparison, 4.0 per cent face deprivation in five dimensions, and less than one per cent (0.5) suffer from six deprivations of wellbeing at the same time.

Panel (b) of Figure 36 shows that children aged 13-17 years residing in rural areas experience on average more simultaneous deprivations at a time compared to children in urban areas. For example, the figure depicts that 8.2 per cent of children living in urban areas experience no deprivations at the same time compared to 2.4 per cent in rural areas. However, when the number of simultaneous deprivations increases to five at a time, the rural areas record 5.9 compared to 0.1 per cent in urban areas. Therefore, the distribution of simultaneous deprivations is skewed to the right in rural areas. As a result, most children in rural and urban locations (33.9 per cent in rural areas and 29.9 in urban areas) are deprived in three dimensions simultaneously.

Figure 36: Percentage distribution of deprived children aged 13-17 years, MICS 2018



Source: Own calculations based on 2018 MICS data

Table 17 provides the spatial distribution of simultaneous deprivations. Out of the ten districts, Leribe (10 per cent), followed by Berea (5.4 per cent), has the highest percentage of children aged 13-17 years not deprived in any of the five dimensions. On the other hand, Mokhotlong (11.8 per cent), followed by Qacha's Nek (9.6 per cent), has the highest proportion of children deprived in five dimensions, while Thaba-Tseka (2.3) has the most children deprived in all six dimensions.

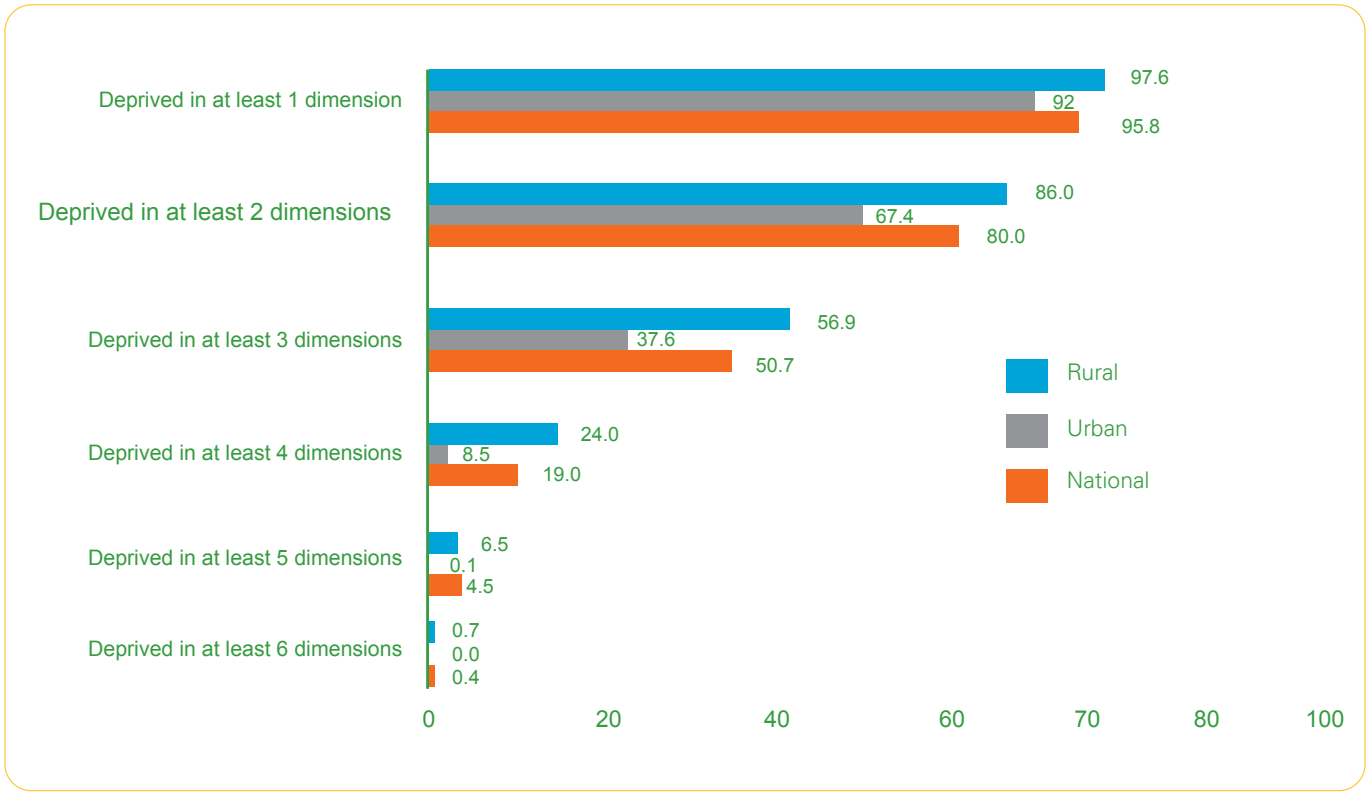
Table 17: Percentage distribution of deprived children aged 13-17 years by district

Districts	Number of simultaneous deprivations experienced by the child						
	0	1	2	3	4	5	6
Botha Bothe	3.2	17.5	23.8	32.9	16.6	6.1	0.0
Leribe	10.0	21.4	35.0	25.3	7.8	0.5	0.0
Berea	5.4	20.7	28.5	34.0	9.6	1.8	0.0
Maseru	4.4	13.5	32.1	33.7	13.2	2.6	0.5
Mafeteng	1.6	21.6	31.8	30.0	12.2	2.9	0.0
Mohale's	2.9	12.7	25.1	31.1	23.1	5.2	0.0
Quthing	1.0	11.5	35.0	33.4	14.8	3.6	0.7
Qacha's Nek	4.3	18.1	22.4	32.3	12.2	9.6	1.2
Mokhotlong	1.3	9.5	21.2	31.4	23.5	11.8	1.2
Thaba-Tseka	0.6	4.4	22.0	34.0	27.1	9.5	2.3
Total	4.2	15.7	29.3	31.7	14.6	4.0	0.5

Source: Own calculations based on 2018 MICS data

Figure 37 shows that nearly all (95.8 per cent) children aged 13-17 years are deprived in at least one dimension, a large proportion (80 per cent) faces deprivation in two dimensions at the same time, and 50.7 per cent have at three deprivations. Furthermore, Figure 37 indicates less than one per cent of these children experience six deprivations at a time. A breakdown of the distribution of deprivations by location of residence shows that urban areas have a lower proportion of deprived children, and the disparity between the rural and urban areas rises as the number of deprivations rises. For example, 97.6 per cent of rural children are deprived in at least one dimension, while in urban areas, it is 92 per cent of children aged 13-17. When looking at children deprived in three or more dimensions, the rate in rural areas is 56.9 per cent, while for urban areas, it is 37.6 per cent. Also, the rural-urban gap increased from 5.6 to 19.3 as the number of deprivations rises from one to three.

Figure 37: Multidimensional deprivation headcount ratio (%) at the national level and for rural and urban children 13-17 years

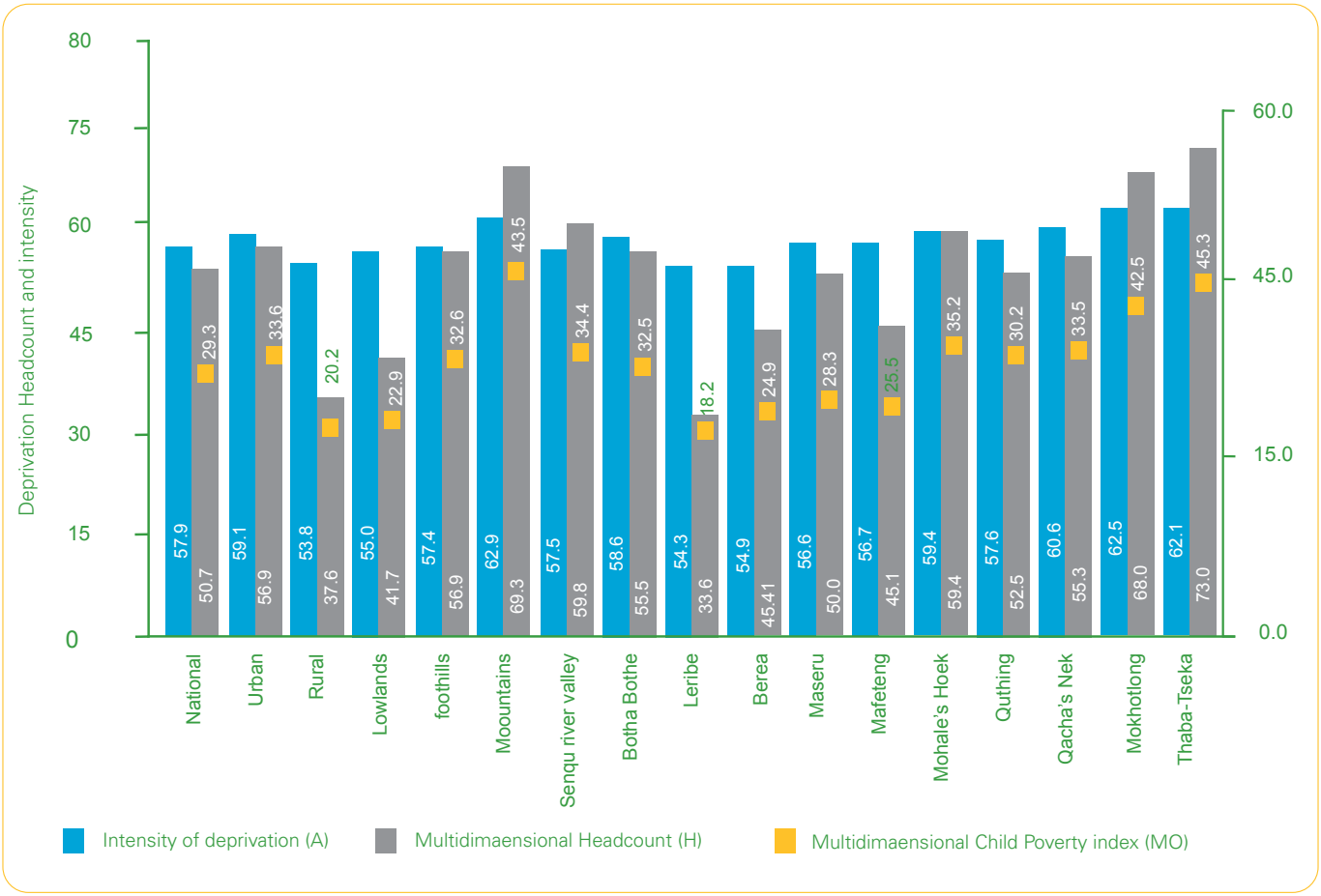


Source: Own calculations based on 2018 MICS data

Figure 38 shows the Multidimensional Child Poverty Index, deprivation headcount ratio, and intensity of deprivation at the national level for children in rural-urban locations and further disaggregated into districts. The figure shows that 57.9 per cent of Basotho children aged 13-17 years are identified as multidimensionally poor. Moreover, these multidimensionally poor children experience, on average, 50.7 per cent of all possible deprivations.

As expected, there is a higher headcount poverty rate in rural areas (59.1 per cent) than in urban areas (53.8 per cent). Across the ecological zones, the adjusted headcount poverty rate ranges from 55 per cent in lowlands to 62.9 per cent in the mountains. Regarding districts, Leribe (18.2 per cent) has the lowest multidimensional child poverty index for children aged 13-17 years, while Mokhotlong and Thaba-Tseka have the highest (42.5 and 45.3 per cent, respectively).

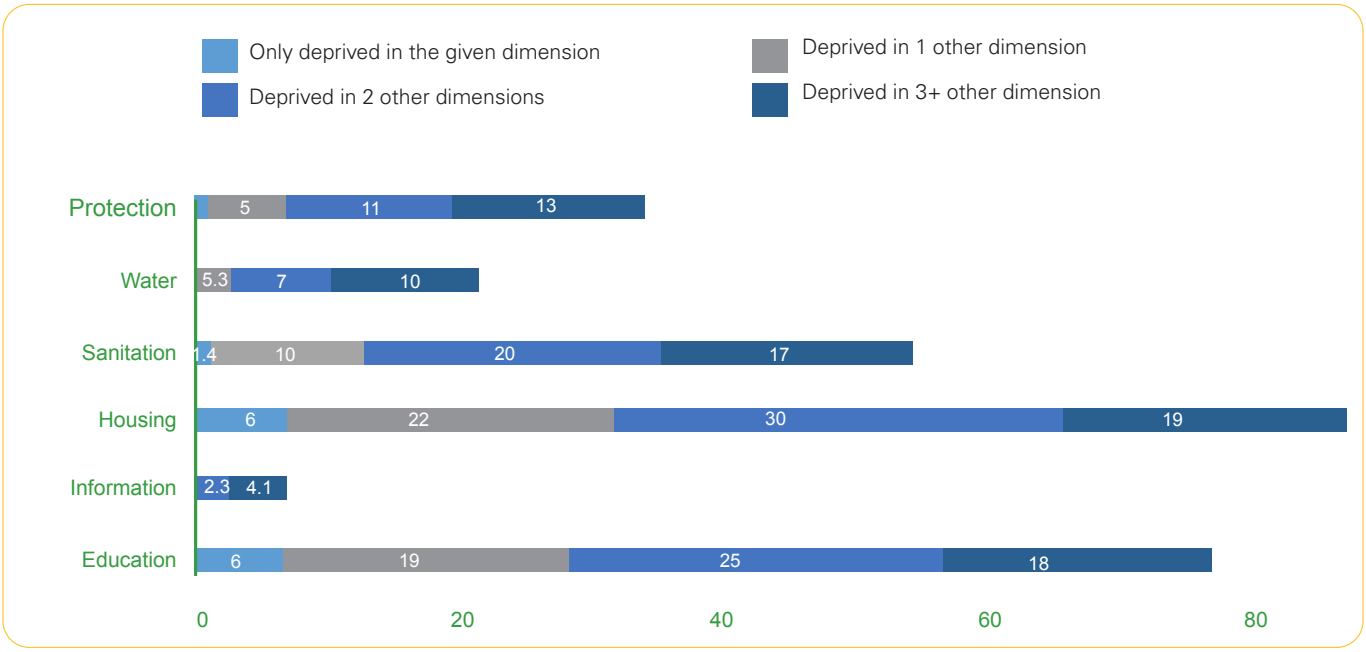
Figure 38: Multidimensional Child Poverty Indices at the national level and by rural-urban location and district, children aged 13-17 years deprived in at least three dimensions



Source: Own calculations based on 2018 MICS data

Figure 39 shows the deprivation overlap by dimension for children aged 13-17 years in Lesotho. Deprivation overlap for the sanitation dimension indicates only one per cent of the children are deprived in sanitation alone, ten per cent are deprived in one other dimension, 20 per cent in two others, and 17 per cent in three or more additional dimensions. Out of the 68.2 per cent of children aged 13-17 years deprived of education, 6 per cent are deprived in education only, 25 per cent in education and two other dimensions, and 18 per cent in three other dimensions, including education.

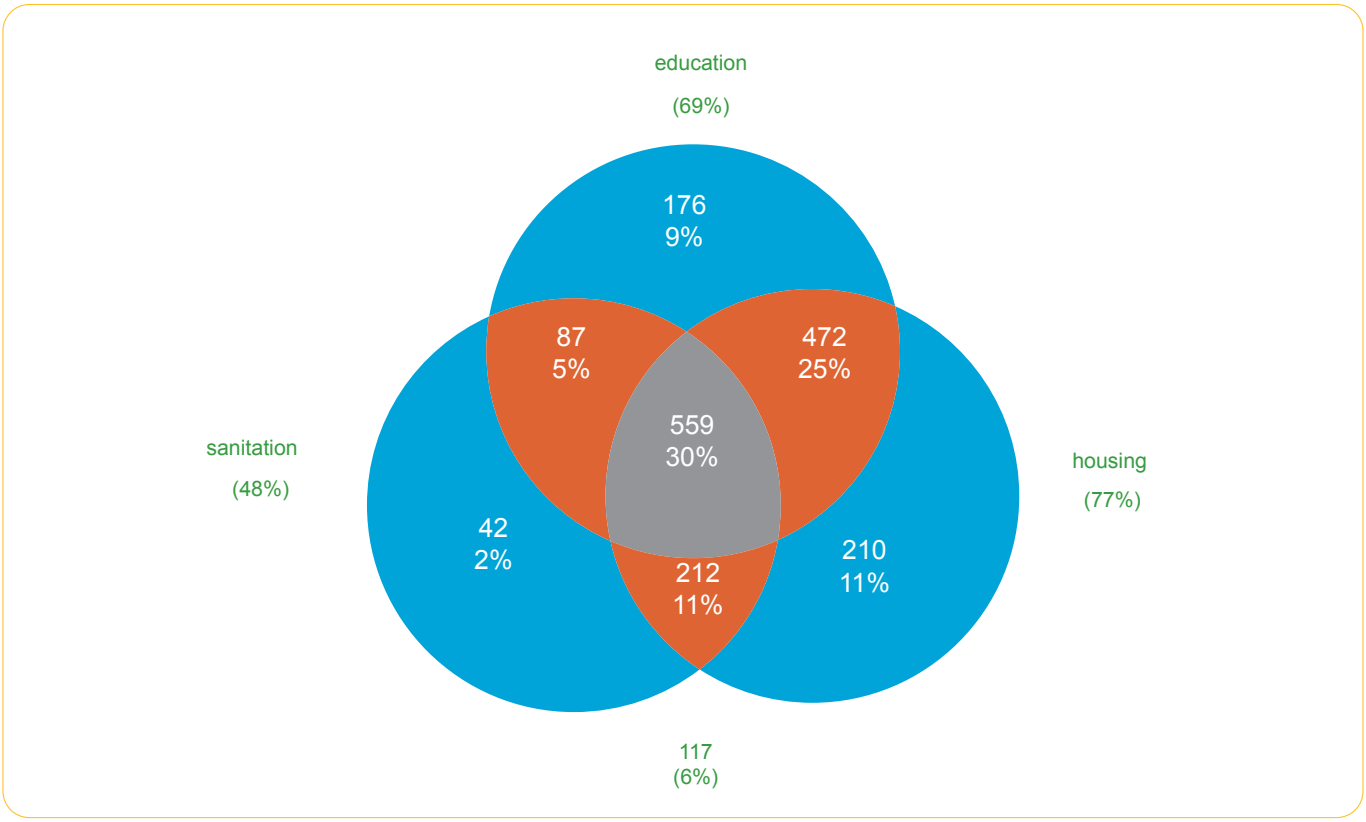
Figure 39: Deprivation overlap for each dimension, 13–17 years



Source: Own calculations based on 2018 MICS data

Figure 40 provides an overlap of only three dimensions of housing, sanitation, and education using Venn diagrams for children aged 13-17 years. The figure indicates 30 per cent are deprived in all three dimensions, 11 per cent are deprived in sanitation and housing, and 25 per cent in housing and education.

Figure 40: Deprivation overlap between dimensions housing, sanitation, and education, 13-17 years

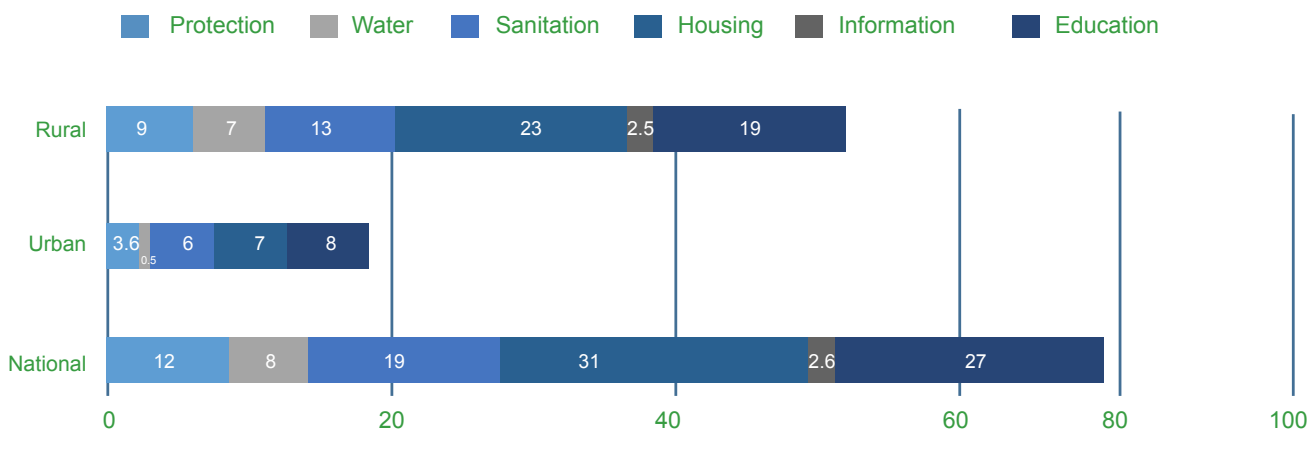


Source: Own calculations based on 2018 MICS data

Figure 41 shows that for children aged 13-17 years, the dimensions contributing the most to the deprivation headcount, adjusted for intensity, are housing (31 per cent), education (27 per cent), and sanitation (19 per cent). Deprivation in water is the least contributor the national poverty at 8 per cent. However, even in this age group, the contribution share of information (at 2.6 per cent) is the lowest.

The contribution shares observed regionally mimic those observed nationally. Despite the smaller share of deprivation of urban areas to national deprivation, the dimensions of housing, education and sanitation contribute more to the multidimensional deprivation of children in urban areas than in rural areas.

Figure 41: Decomposition of the Multidimensional Child Poverty Index, children aged 13–17 years



Source: Own calculations based on 2018 MICS data

SECTION 7

OVERLAP OF MONETARY AND MULTIDIMENSIONAL CHILD POVERTY

SUMMARY:

- 29.9 per cent are simultaneously multidimensionally and monetarily poor.
- 39.6 per cent experience neither monetary nor multidimensional poverty

This section attempts to assess the extent of overlap between child multidimensional deprivation and child monetary poverty. In the absence of either income or consumption expenditure, a common approach is to create index-based households ownership and access to certain assets. This index, often called the wealth index, is then used to measure monetary poverty. We used the asset index supplied with data to define all children living in households belonging to the two lower wealth quintiles as 'monetarily poor'.

Table 18 indicates the overlap between monetary and multidimensional poverty among children aged 0–17 years in Lesotho. The table shows that while 45.5 per cent of children are deprived in three or more dimensions, only 29.9 per cent are also multidimensionally and monetarily poor. Meanwhile, 14.9 per cent of the 44.8 per cent that is monetarily poor are not multidimensionally poor. And 15.6 per cent of the multidimensionally poor are not monetarily poor, while 39.6 per cent experience neither monetary nor multidimensional poverty.

Table 18: Overlap between child poverty based on wealth status of households and multidimensional poverty, children 0–17 years

	Not Deprived	Deprived	Total
Not poor	39.6	15.6	55.2
Monetary poor	14.9	29.9	44.8
Total	54.5	45.5	

Source: Own calculations based on 2018 MICS data

Figure 42: Overlap between child poverty based on wealth status of households and multidimensional poverty, children 0–17 years

The proportion of children living in monetary poverty is 44.8 per cent whereas multidimensional child poverty rate is 45.5 per cent. Nonetheless, only 29.9 per cent are identified as both monetary poor and deprived in at least three dimensions.

Not poor and Not Deprived
39.6%

Source: Own calculations based on 2018 MICS data

SECTION 8

WHAT HAS CHANGED SINCE 2014?

SUMMARY:

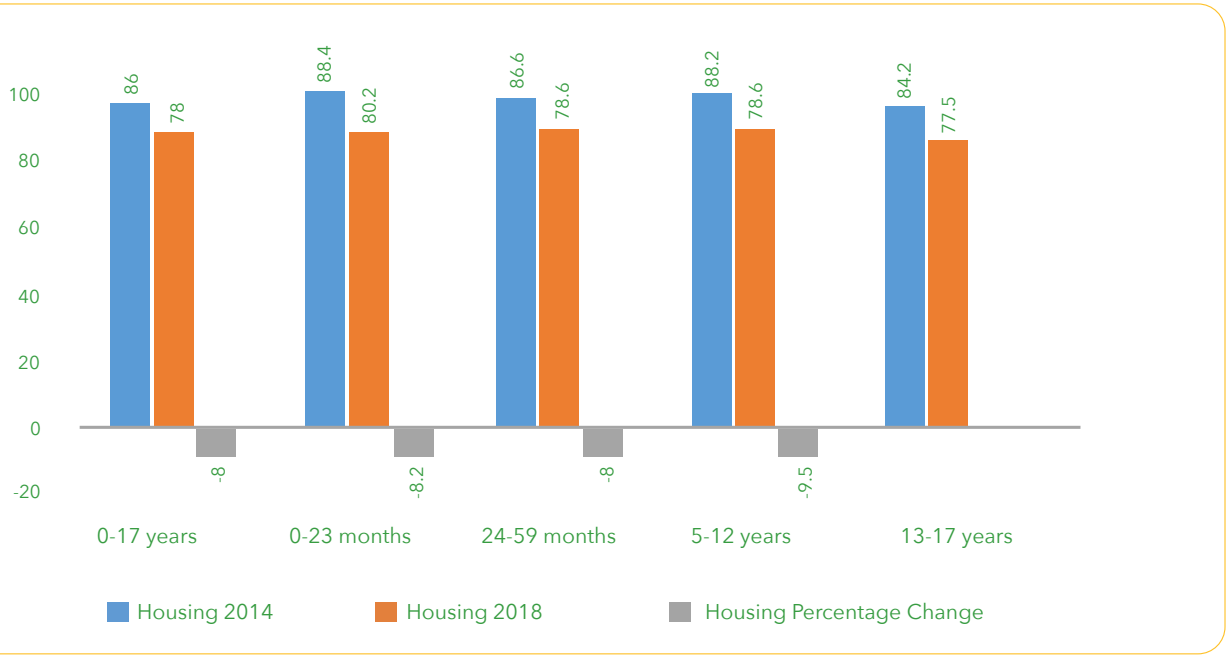
- The Multidimensional Child poverty baseline based on DHS 2014 is 65.4 per cent, which following the commitment to the SDG agenda should be reduced by 2,18 percentage points every year to reach 32.7 per cent headcount by 2030 (UNICEF, 2018).
- Compared to 2014 child multidimensional poverty has been reduced by almost 20 percentage points passing from 65.4 per cent poverty rate in 2014 to 45.5 poverty rate in 2018.
- Poverty in 2014 was still a very rural phenomenon, with 72.3 per cent of children being multidimensionally poor, which declined to 52.5 in 2018 (a decline of 19.8 percentage points or 27 per cent), as compared with 42.7 per cent in urban areas which stands at 31.1 per cent in 2018 (a decline of 11.6 percentage points or 27 per cent).
- The largest decline in percentage points in multi-dimensional poverty occurred in Butha-Buthe, Leribe, and Mohale's Hoek between 2014 and 2018. Conversely a small decline took place in Maseru and Quthing.
- There has been a reduction of children, 15.6 per cent of children in 2018 down from 31 per cent in 2014, who experience multidimensional but not monetary poverty.
- There has been an increase of children who experience monetary poverty only, from 8 per cent to 14.9 per cent, indicating that the decrease in multi-dimensional child poverty has not been matched in pace by declining monetary poverty.

Lesotho, like many African nations, confronts significant problems associated with chronic poverty and impaired development. In effect, the country has improved its national poverty headcount from 57 per cent in 2002 to 50 per cent in 2017 (World Bank, 2021). In addition, following the 2014 Demographic and Health Survey (Ministry of Health Lesotho and ICF International, 2016), the government realised that children were disproportionately affected by malnutrition, school dropout, mortality, and becoming orphaned children.

The concerning situation of children and the 2030 agenda commitment to reduce the proportion of multidimensionally poor children by at least half by 2030 encouraged the government to thoroughly measure multidimensional child poverty through a Multiple Overlapping Deprivation Analysis. As a result, the MODA analysis conducted by the Bureau of Statistics with technical support of UNICEF with DHS 2014 data established a baseline of 65.4 per cent multidimensionally poor children, which following the commitment to the SDG agenda should be reduced by 2,18 percentage points every year to reach 32.7 per cent headcount by 2030 (UNICEF, 2018).

In line with the baseline set by the MODA analysis conducted in 2018 using 2014 data, 65.4 per cent of all children were multidimensionally poor (UNICEF, 2018) is complemented by the analysis conducted in 2021 using 2018 data, shows that as compared to 2014 child multidimensional poverty has been reduced by almost 20 percentage points passing from 65.4 per cent poverty rate in 2014 to 45.6 poverty rate in 2018. Deprivations in the housing and sanitation dimensions contributed the most to the multidimensional poverty index. In 2018, housing deprivation rates are 80.2 per cent for children aged 0-23 months, 78.6 for children aged 24 – 59 months and 5- 12 years, and 77.5 per cent for children aged 13 to 17 years. They average around 78 per cent as compared to the 86 per cent in 2014. The largest improvement in housing has been for the age group 5-12 years, of 9.5 percentage points.

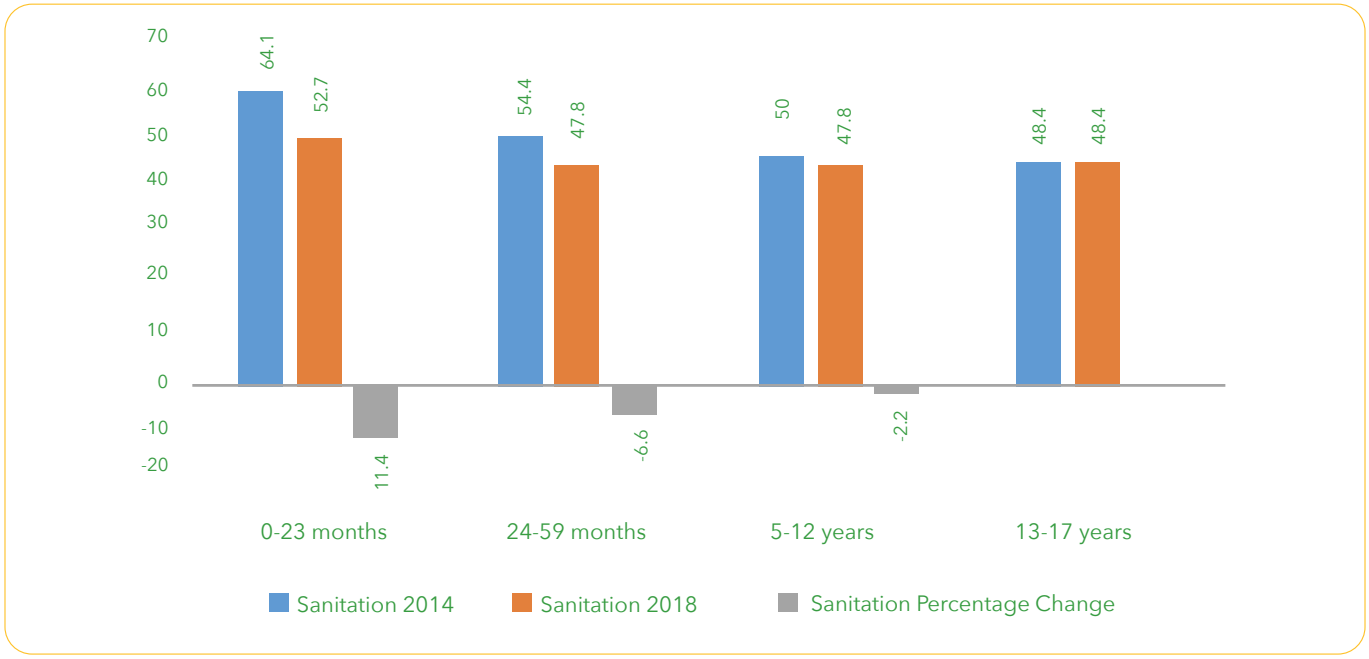
Figure 43: Change in housing deprivation for children between 2014 and 2018 MODA analyses



Source: Own calculations based on 2018 MICS data

Deprivation in sanitation is very high and respectively but consistently decreased: from 64.1 to 52.7 per cent for children 0 to 23 months; from 54.4 to 47.8 per cent for children aged 24 to 59 months; from 50 to 47.8 per cent for children aged 5 to 12 years. There was no improvement for children aged 13 to 17 years.

Figure 44: Change in sanitation deprivation for children between 2014 and 2018 MODA analyses



Source: Own calculations based on 2018 MICS data

Deprivation in nutrition for children aged 0-23 months in 2018 is reported at 49.4 per cent but has reduced consistently from the 77 percent of 2014, an impressive drop of 28 percentage points.

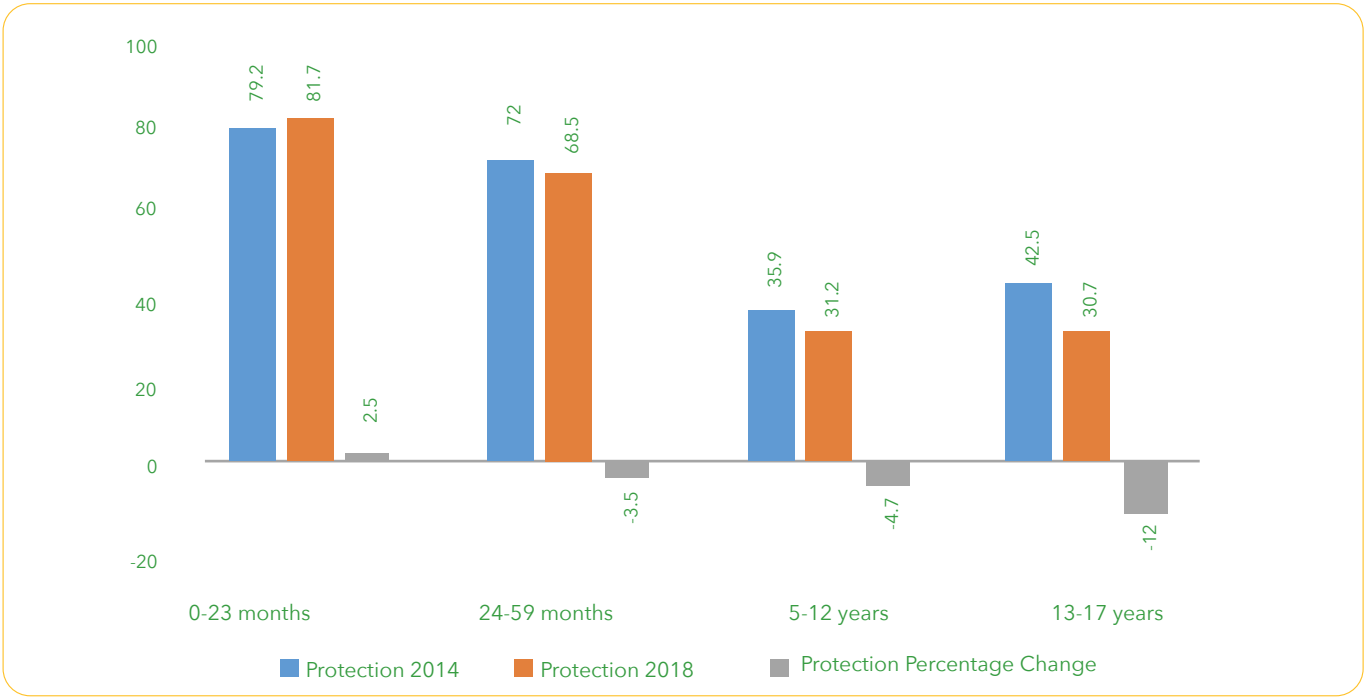
Table 19: Change in nutrition deprivation for children between 2014 and 2018 MODA analyses

Nutrition			
Age group	2014	2018	Percent Change
0-23 months	77.4	49.4	-28

Source: Own calculations based on 2018 MICS data

Deprivation in protection decreased from 42.5 to 30.5 per cent for children aged 13 to 17 years; from 35.9 to 31.2 per cent for children aged 5 to 12 years; from 72 to 68.5 per cent for children aged 24 to 59 months, but has increased from 79.2 to 81.7 per cent for children aged from 0-23 months.

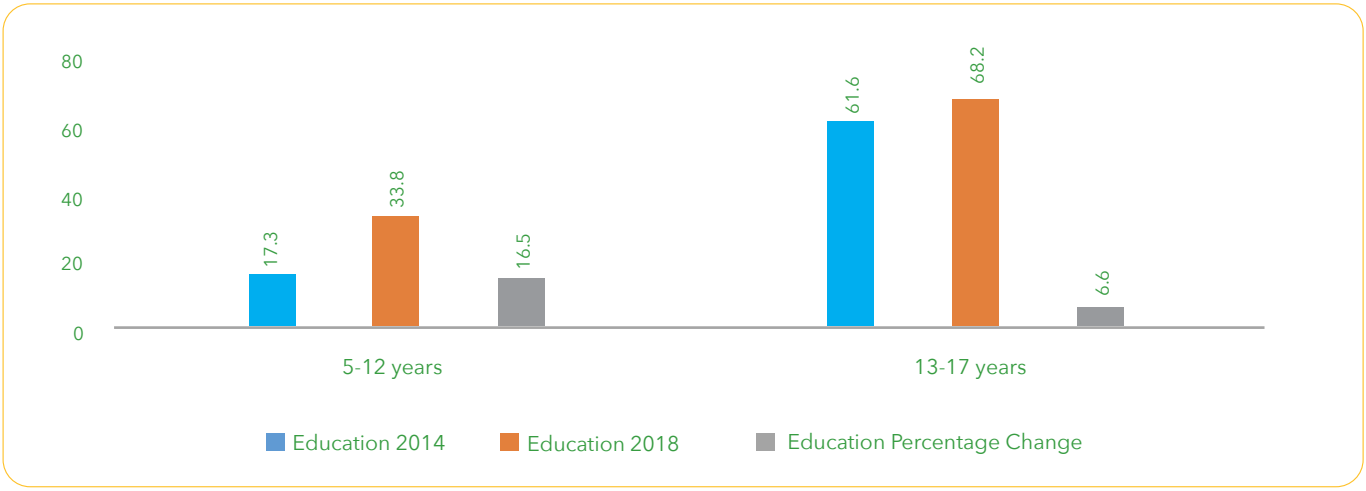
Figure 45: Change in protection deprivation for children between 2014 and 2018 MODA analyses



Source: Own calculations based on 2018 MICS data

Deprivation in education grade-for-age has gone up for both children aged 5-12 years and children aged 13-17 years, suggesting a decline in quality of education and high repetition rates. Education deprivation is slightly higher among boys (66.5 %) than girls (64.5%).

Figure 46: Change in education deprivation for children between 2014 and 2018 MODA analyses



Source: Own calculations based on 2018 MICS data

A decline, of over 46.8 percentage points took place for the age group 0-23 months in the health dimension. Data is not available for the health dimension for 2018 for the other age groups of children.

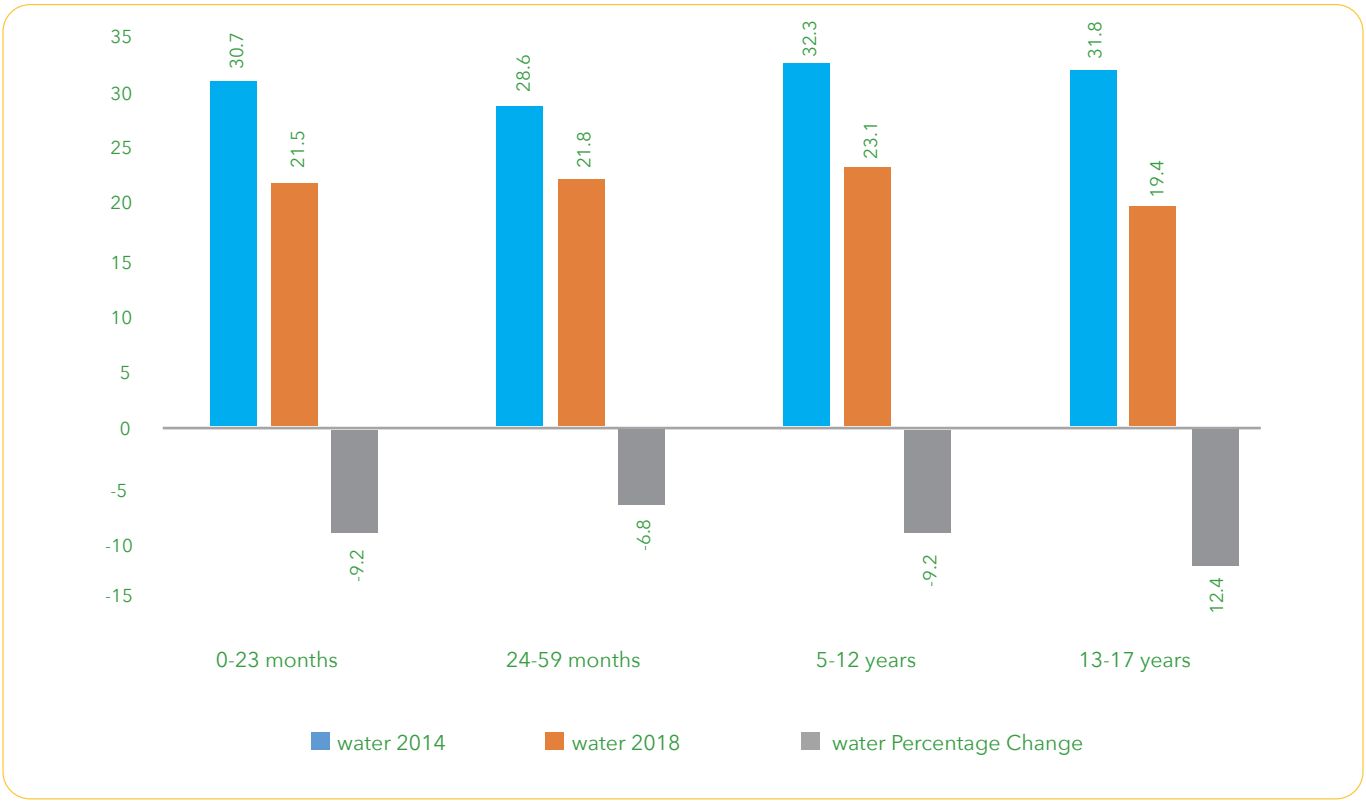
Table 19: Change in health deprivation for children between 2014 and 2018 MODA analyses

Health			
Age group	2014	2018	Percent Change
0-23 months	65.5	18.7	-46.8
24-59 months	55.6	n/a	
5-12 years	49.4	n/a	
13-17 years	44.3	n/a	

Source: Own calculations based on 2018 MICS data

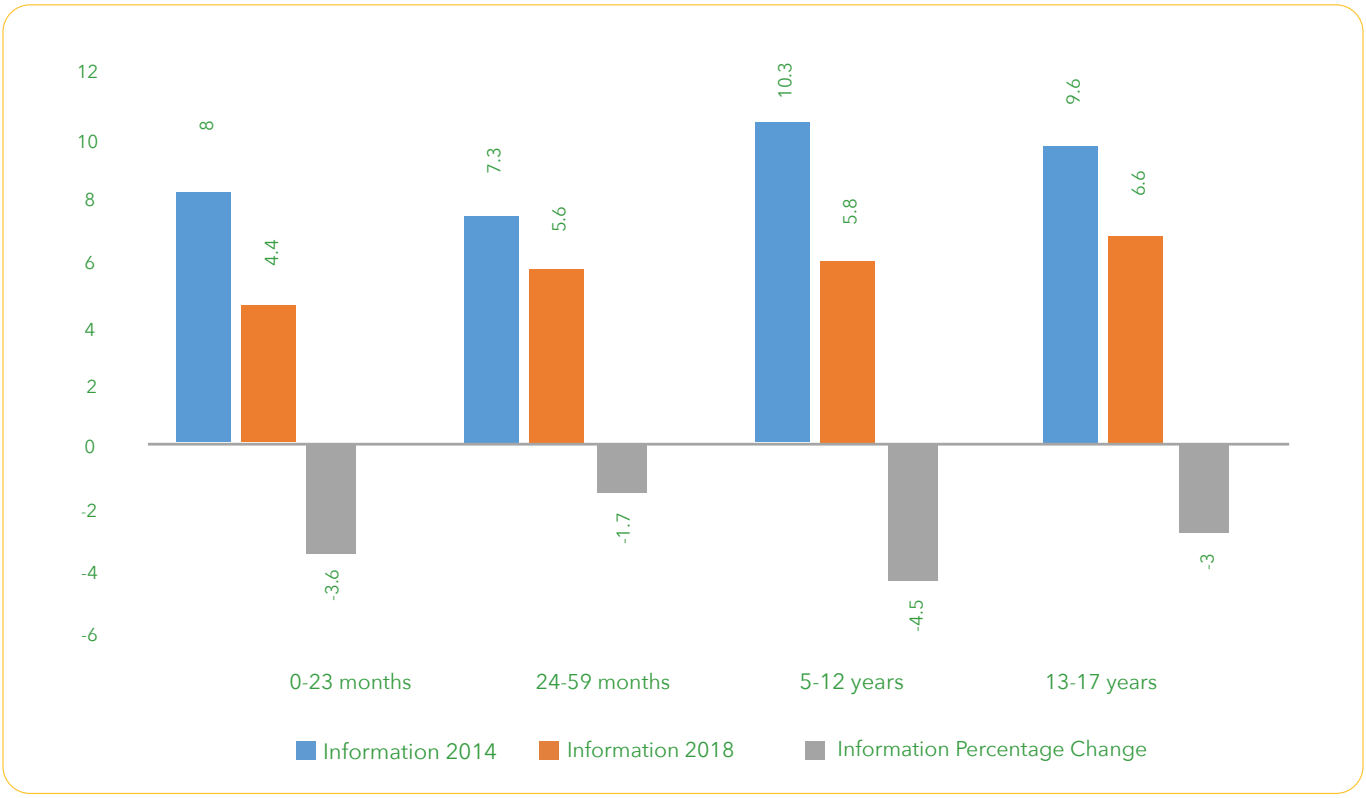
In the water dimension, the biggest improvement is noted for the age group 13-17 years with a decline in deprivation of 12.4 per cent.

Figure 47: Change in water deprivation for children between 2014 and 2018 MODA analyses



There has been a modest decrease for all age groups of children in deprivation in the information dimension.

Figure 48: Change in information deprivation for children between 2014 and 2018 MODA analyses

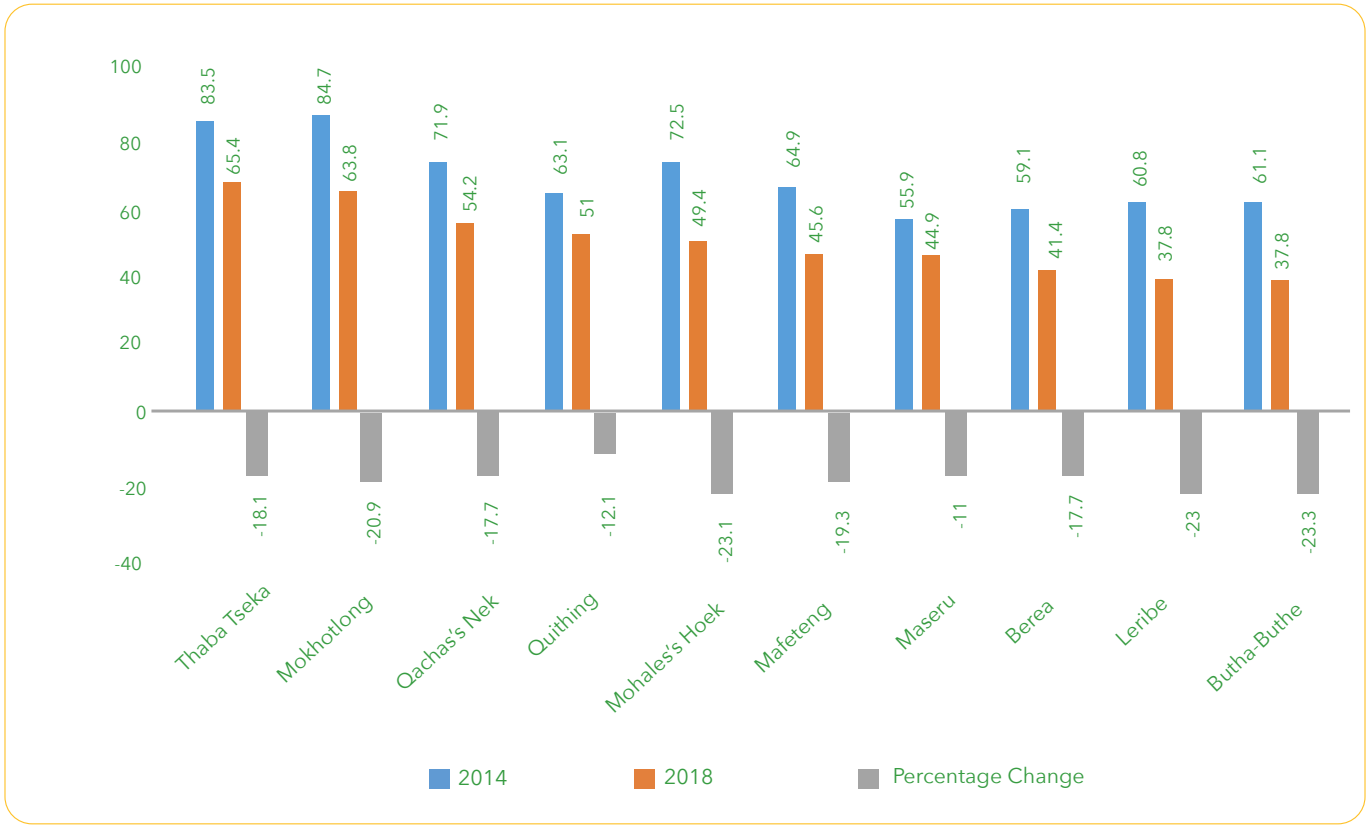


Source: Own calculations based on 2018 MICS data

Poverty is still a rural phenomenon. The proportion of deprived children with simultaneous deprivations is higher in rural areas than in urban areas. Poverty in 2014 was still a very rural phenomenon, with 72.3 per cent of children being multidimensionally poor, which declined to 52.5 in 2018 (a decline of 19.8 percentage points or 27 per cent), as compared with 42.7 per cent in urban areas which stands at 31.1 per cent in 2018 (a decline of 11.6 percentage points or 27 per cent). This indicates that the rate of poverty reduction has been level between rural and urban areas.

Multidimensional poverty is also higher in the mountains (82% which declined to 59%) and the foothills (79% declined to 48.8%), and it is much lower in the lowlands (53%, which has declined to 36.8%). A total of 52.5 per cent of rural children are deprived in three or more deprivations compared to 33.1 per cent of urban children who are deprived in three or more deprivations. Multidimensional child poverty is, therefore, higher in rural areas by 19.4 percentage points compared to urban areas, with the rural-urban difference declining from a difference of 29.6 percentage points. Children from the mountains ecological zone continue to have the highest incidence of multidimensional poverty, and those from Thaba-Tseka (65.4) and Mokhotlong (63.8) are the most deprived. In contrast, those from Maseru, Leribe, and Berea have the least incidence of multidimensional deprivation. The largest decline in percentage points in multi-dimensional poverty occurred in Butha-Buthe, Leribe, and Mohale's Hoek between 2014 and 2018. Conversely, a small decline took place in Maseru and Quthing.

Figure 49: Change in district level deprivation for children between 2014 and 2018 MODA analyses



Source: Own calculations based on 2018 MICS data

In line with the Lesotho-MODA baseline Report (UNICEF, 2018), multidimensionally poor children are not always economically disadvantaged, and vice versa; therefore, when measuring the vulnerability of children, it is critical to distinguish between these various forms of poverty. The study created a wealth index comprised of 33 household assets that divide families into five wealth quintiles to quantify monetary poverty. Children falling in the two lowest wealth quintiles are classified as financially poor. Several key findings emerge when looking at the overlap between monetary and multidimensional poverty in 2014 and 2018 among Basotho children aged 0–17 years.

First, there has been a reduction of children, 15.6 per cent of children in 2018 down from 31 per cent in 2014, who experience multidimensional but not monetary poverty. Second, there has been an increase of children who experience monetary poverty only, from 8 per cent to 14.9 per cent, indicating that the decrease in multi-dimensional child poverty has not been matched in pace by declining monetary poverty. Third, similarly to 2014, in 2018, around one-third of children (34% in 2014 versus 29.9% in 2018) are considered poor in both monetary and multidimensional terms. And fourth, around 2 in five in 2014 compared to four in ten children in 2018 are not affected by either type of poverty.

The above data showed an improving trend, yet the current socio-economic impact of COVID–19, which should be reflected in the next demographic health survey, may register regressive results. Preliminary findings from the COVID-19 Socio-Economic Household Survey (Bureau of Statistics, 2021) show some alarming results that may infer that the situation of children has deteriorated, nullifying the significant gains the GoL had achieved between 2014 and 2018. Approximately 65.3 per cent of families had at least one member who ceased working due to company or government office closures caused by COVID-19 restrictions.

Furthermore, about 11.4 per cent of families (20 percentage points lower than in the previous poll) had a member who did not work as usual during the lockdown, primarily because company or government offices were closed owing to COVID-19 legislative limitations (51.1 per cent). Besides, during the pandemic, only 38.3 per cent of households have had access to wage job income, with no homes getting unemployment benefits. Around sixty-two per cent of individuals having access to wage work income saw a loss in income or did not receive any wage income during the lockdown. All this suggests that income and consumption have gone down, posing a clear threat to child well-being and a potential increase in all the deprivation dimensions linked to monetary means.

SECTION 9

POLICY DIRECTIONS

SUMMARY:

- Housing: Accelerating access to the grid and off-grid electricity, especially in the highlands and foothills, is key to improving children's nutrition, health, and learning outcomes.
- Nutrition. It is recommended that the government increases its investment in the implementation of the Lesotho Food and Nutrition Strategy and Action Plan (LFNSAP) which contains 22 nutrition specific and nutrition sensitive interventions and 18 interventions related to enabling environment.
- Water: Accelerated efforts to improve access to water are essential to ensure that Basotho Children have clean drinking water in or close to their households and by integrating climate resilience into water supply systems.
- Sanitation: Ending open defecation in Lesotho should be a top priority as it has a substantial impact on several other outcomes, including nutrition, health, and human dignity. A move towards safely managed sanitation, especially in urban areas, is crucial.
- Protection: Further the expansion of automatic birth registration in hospitals and health centres and raise awareness that parents should register their children at birth.
- Education: Focus on strengthening the pre-school system, promoting parental engagement in early childhood education, providing learning materials beyond textbooks (e.g. learning packs), rolling out Teacher Professional Development, building the capacity of school authorities to monitor the operation of schools and track children who do not attend a school or are at risk of dropping out.

The current section seeks to distil the evidence presented in the report and transform it into a road map for policy options that could supplement the existing evidence on child poverty in Lesotho. It aims to inform government reforms to reduce poverty and promote human development through targeted social services investments for low-income families with children.

Housing.

Housing deprivation contributes the most to the multidimensional poverty index. Within the housing dimension, the indicator that registers the highest headcount is access to electricity. Accelerating access to the grid and off-grid electricity, especially in the highlands and foothills, is key to improving children's nutrition, health, and learning outcomes as well as increasing connectivity.

Nutrition.

The World Health Assembly nutrition target aims to reduce the rate of stunted children by at least 40% by 2025. Achieving this goal will require both nutrition-specific and multi-sectoral interventions as outlined in the Lesotho Food and Nutrition Strategy and Action Plan (LFNSAP). Government should therefore increase its investment and accelerate the implementation of the LFNSAP as guided by the nutrition investment study conducted by UNICEF and the Department of Health.

Nutrition deprivation is greatest for children aged 0-23 months. Given the profile of the affected child population and existing programmes, Government should consider the introduction of an Infant Grant that includes all households with children aged 0-59 months, complemented by an education/information component on infant and young child feeding.

Access to Water.

Accelerated efforts to improve access to safe water are essential to ensure that Basotho Children have clean drinking water in or close to their households. Access to safe water should be extended to public areas such as schools, health facilities, markets and, public transport. In addition, Lesotho is a climatically vulnerable country, prone to climate shocks. For this reason, there is also a need to sustain progress in access to potable water supply by integrating climate resilience into water supply systems.

Sanitation.

Ending open defecation in Lesotho, especially in rural areas, should be a top priority as it has a substantial impact on several other outcomes, including nutrition, health and human dignity. In urban areas, there should be a clear policy requirement, especially for rental housing, regarding the use of shared toilets. Safe sanitation should also be complemented by access to safe hygiene services, i.e. handwashing facilities with running water and soap. This should be promoted within households and public places such as schools, health facilities and other public places.

Protection.

The Government should further support the expansion of automatic birth registration in hospitals and health centres and raise awareness with parents to register their children at birth. In addition, attitudes to domestic violence require a response from both service delivery and systems-level, including awareness of the Child Helpline and strengthening community justice institutions such as Village Child Justice Committee to create protective and safe environments for children. Furthermore, the Government should develop a cross-cutting strategy to prevent violence against children, including a school-based Gender-Based Violence policy and minimum standards and monitoring framework.

Education

The Government should invest in strengthening the pre-school system across the country through promoting parental engagement in early childhood education, providing learning materials beyond textbooks as well as enhancing the education management information system (EMIS) to monitor the operation of schools, tracking children at risk of dropping out and to track trends. Government should also invest in teacher professional development to combat high repetition rate and ensure that learning methods accommodate diverse learning needs.

Online and alternative learning approaches should be incorporated into Education Policy and building partnerships that support the expansion of learning opportunities to the most remote areas using technology. Youths should be supported to continue and complete their education by promoting platforms and forums for youth, and supporting access to alternative learning pathways, including employability skills and life skills, especially for those who are out of school.

Multisectoral Support Through Social Protection and cash plus interventions.

The Government is urged to expand social protection interventions such as the Child Grant Programme and to introduce an Infant Grant that can contribute greatly to addressing the complex problem of multidimensional child poverty.

ANNEXES

ANNEX 1: PROFILING VARIABLES BY AREA OF RESIDENCE

Table 20: Distribution of age groups by area of residence

	infancy	Early Childhood	Primary Childhood	Adolescence
Urban	0.254	0.236	0.272	0.270
Zone				
Lowlands	0.410	0.419	0.443	0.435
Foothills	0.101	0.090	0.102	0.099
Mountains	0.343	0.345	0.307	0.328
Senqu River Valley	0.146	0.146	0.148	0.138
District				
Botha-Bothe	0.093	0.084	0.101	0.097
Leribe	0.100	0.115	0.110	0.112
Berea	0.105	0.101	0.109	0.097
Maseru	0.099	0.110	0.116	0.111
Mafeteng	0.097	0.091	0.095	0.099
Mohale's Hoek	0.104	0.087	0.092	0.101
Quthing	0.095	0.099	0.094	0.089
Qacha's Nek	0.094	0.096	0.088	0.096
Mokhotlong	0.106	0.101	0.092	0.092
Thaba-Tseka	0.107	0.116	0.103	0.107

Note: All values are weighted column proportions of children in the area.
Source: Own calculations based on HBS 2017 and MICS 2018

ANNEX 2: TABLES AND FIGURES

Table 21: Deprivation headcount ratio by each indicator at rural, urban, and national levels, 0–23 months:

	Breast-feeding	Meal fre-quency	Dietary diversity	Vaccination	Birth certificate	Domestic violence	Over-crowding	Electricity	Toilet type	Shared toilet	Water source	Distance to water source	Access to information
Lesotho	44.4	68.2	6.1	34.0	73.0	40.9	47.1	60.1	27.8	26.2	12.1	44.4	44.4
Rural	41.1	64.9	3.8	33.5	74.8	45.8	51.7	73.7	36.5	13.6	17.4	26.8	52.3
Urban	50.9	74.6	10.8	35.1	69.3	31.1	37.8	32.8	10.3	51.3	1.5	79.6	28.5
Lowlands	47.1	71.8	6.5	32.5	69.2	34.1	42.6	49.8	16.6	35.1	6.6	57.2	35.0
Foothills	45.6	72.9	4.5	51.3	79.1	48.6	55.8	71.1	44.8	17.0	29.0	27.1	63.2
Mountains	34.1	57.3	5.9	32.6	80.1	57.0	52.3	78.2	50.1	11.6	20.2	25.2	59.0
SRV	50.0	64.6	6.5	27.6	74.2	39.1	55.5	74.8	30.4	9.9	10.4	21.7	51.4
Botha_Bothe	41.4	73.6	9.0	46.5	65.0	51.1	58.4	82.3	30.1	18.7	23.2	38.1	51.3
Leribe	64.5	58.1	5.2	26.8	69.6	32.3	46.0	51.9	14.6	32.1	8.9	52.5	42.7
Berea	46.8	69.5	5.2	39.6	75.3	38.1	44.6	59.3	30.1	20.4	16.9	47.3	47.2
Maseru	34.7	79.4	8.0	35.6	68.9	41.3	36.3	46.0	16.8	46.3	4.4	62.5	32.7
Mafeteng	47.8	59.3	4.7	35.7	80.0	31.2	48.4	59.4	28.6	16.2	12.7	33.6	45.8
Mohale's Hoek	56.5	78.5	4.3	31.0	69.3	40.8	53.1	67.2	46.0	21.9	11.6	32.0	43.6
Quthing	52.1	70.4	4.6	26.0	84.8	36.3	59.3	72.1	21.7	15.8	8.0	21.5	46.8
Qacha's Nek	49.2	51.3	10.6	26.4	71.4	46.5	54.9	57.4	30.1	12.4	13.7	46.9	53.4
Mokhotlong	21.7	66.4	5.6	35.9	74.9	54.7	52.5	72.2	55.6	15.4	15.9	26.6	53.1
Thaba-Tseka	36.3	50.2	5.4	36.8	82.0	59.8	54.6	85.5	45.3	5.2	26.7	24.9	61.7

Note: The values report the percentage of children deprived in the indicator. Breastfeeding is defined for children aged 0-6 months if they are not exclusively breastfed. Meal frequency (for children aged 6-23 months)

Source: Own calculations based on 2018 MICS data

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