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**LESOTHO 2021**  
**MULTIDIMENSIONAL CHILD POVERTY**  
**REPORT HIGHLIGHTS**



## WHAT IS CHILD MULTIDIMENSIONAL POVERTY?

Poverty is a complex phenomenon. Frequently intended as poverty of means and thus measured through consumption or income, poverty is most reflected in outcomes. It can impact different aspects of a child's life and hinder their ability to survive, thrive and realize their full potential.

The MODA methodology takes a holistic definition of child well-being as its starting point, which allows for an analysis of individual children's fundamental rights and needs. Compared to the unidimensional approach, in which a child is considered poor if their household income, consumption, or expenditures fall below a certain minimum threshold, the MODA approach provides a more nuanced and comprehensive picture of poverty at different stages of a child's growth.

To identify poor children, the MODA analysis in Lesotho focuses on eight dimensions, with some dimensions measured at the household level and some at the child level. Four of the eight adopted dimensions, such as water, sanitation, housing and access to information, are measured at the household level, meaning that they affect all household members equally, regardless of age. Four are measured at the child level according to age-specific indicators. A child is considered multidimensionally poor if they are simultaneously deprived in 3 dimensions. In the calculation of multidimensional poverty status, all dimensions have equal weight, as there is no trade-off between the rights of a child.

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Poverty may hinder children's ability to survive, thrive and reach their full potential.”

## HOW MANY CHILDREN ARE MULTIDimensionALLY POOR?

More than 2 in 5 Basotho children are multidimensionally poor, meaning that they suffer deprivation in three or more dimensions. On average, all multidimensionally poor children are affected by 3.5 (or 55.6 per cent) of all possible deprivations. However, infants (aged 0-23 months) are still the most affected by poverty at 68.8 per cent, while primary school-aged children (aged 5-12 years) are the least affected by multidimensional poverty at 38.2 per cent.

Multidimensional child poverty decreased by 19.8 percentage points between 2014 and 2018. The most significant decrease is in the two middle-aged groups: early childhood (24-59 months) and primary childhood (5 to 12 years), with a decrease of 20.4 and 21.1 percentage points, respectively. The smallest decline in poverty was registered among young children (6.9 percentage points).

Almost all children in Lesotho experience at least one deprivation. Only 5.4 per cent of children under 18 years suffer no deprivation. The proportion of children experiencing no deprivation is lowest for infants (0.52%). In contrast, the proportion of children experiencing no deprivation is slightly higher in the other age groups: children aged 24-59 months have a proportion of 5.68, children aged 5-12 years have a proportion of 6.96 and children aged 13-17 years have a proportion of 4.24 per cent.

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While most children in Lesotho face multiple deprivations simultaneously, young children are mostly deprived in three or more dimensions. The overlap of deprivations is relatively higher for infants and toddlers than for older age groups. Analysis of individual deprivations shows that deprivation in the housing dimension ranges from 77.5% to 80.2% across all age groups. Deprivation in the housing dimension is also the most substantial contributor to multidimensional poverty and tends to overlap with two or more other indicators.

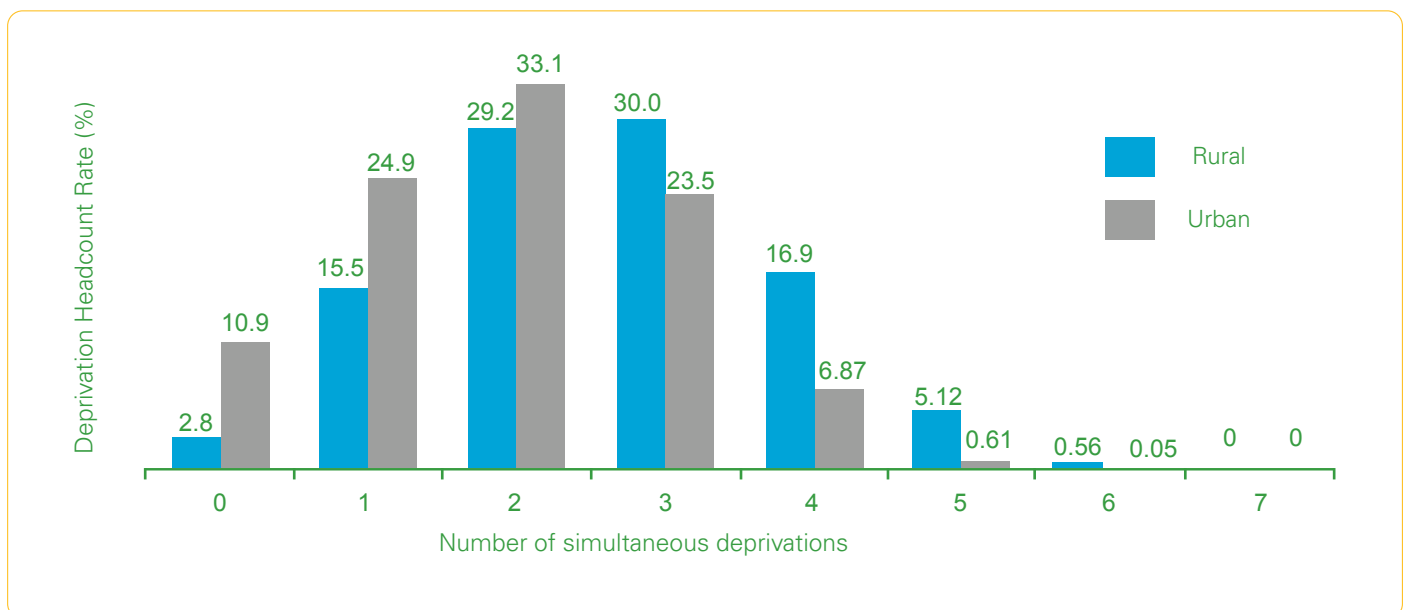
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 Young children are mostly deprived in three or four dimensions

## WHERE DO MULTIDimensionALLY POOR CHILDREN LIVE ?

The multidimensional child poverty headcount is higher in rural areas (by 19.4 percentage points) compared to urban areas. This is not surprising as rurality in Lesotho often intersects mountains, ingrained patriarchal and cultural tendencies, and a lack of basic services.

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 The multidimensional child poverty headcount is higher in rural areas

**Figure 1:** Percentage distribution of deprived children aged 0–17 years in urban and rural areas

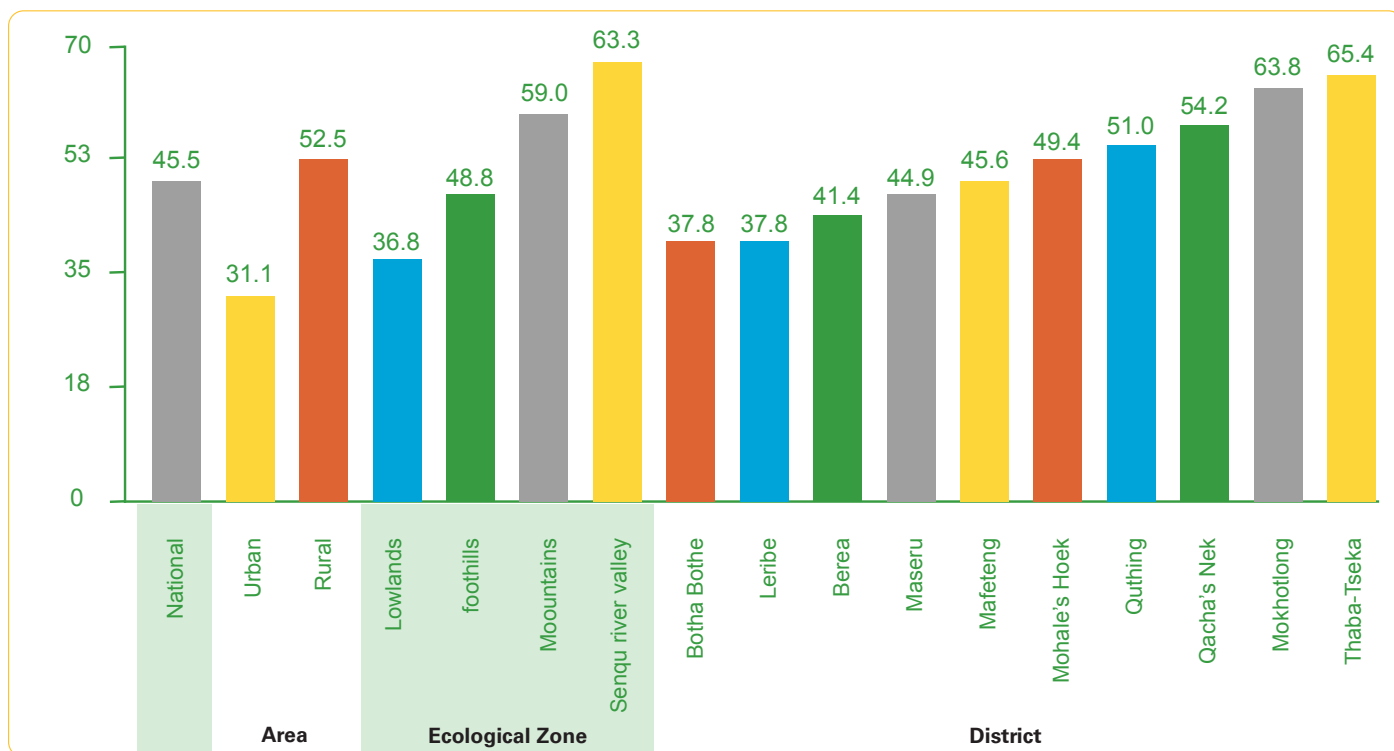


Results by ecological zone indicate deprivation rates ranging from 36.8 per cent in lowlands to 59 per cent in the mountains and 63.3 per cent in Senqu River Valley. This result is in line with the rural-urban divide because a large proportion of the mountainous areas, together with foothills, are located in rural Lesotho.

the highest rates of multidimensional poverty are found in Thaba-Tseka (65.4 per cent), followed by Mokhotlong (63.8 per cent).

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 2: Multidimensional Child Poverty rate of children aged 0–17 years by location



## WHY ARE CHILDREN POOR?

The analysis further shows that child poverty is closely associated with the socio-economic characteristics of the household. Children are likely to be deprived in households where the head is male and has primary or no education; the household has seven or more members and a large (five or more) number of children. As the education of household heads rises, the proportion of multidimensionally poor children falls.

With regards to the overlap between multidimensional poverty and monetary poverty, the report indicates similar poverty rates. For example, the proportion of children living in monetary poverty is 44.8 per cent, whereas the multidimensional child poverty rate is 45.5 per cent. Nonetheless, 29.9 per cent are identified as monetary poor and deprived in at least three dimensions.

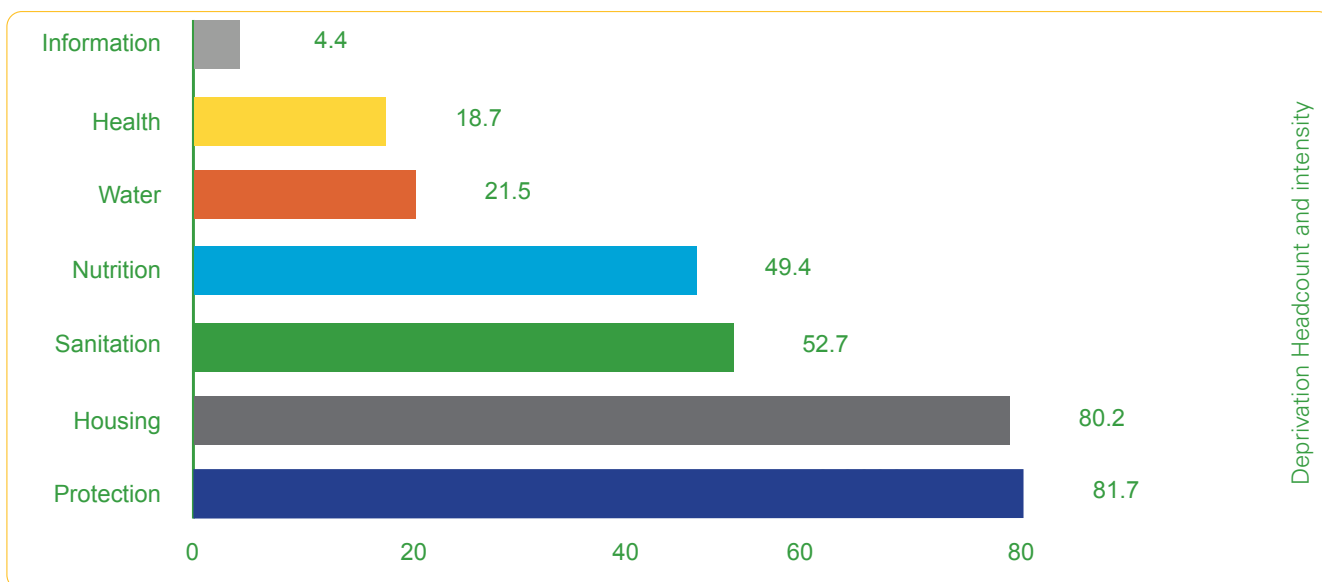
29.9 per cent are identified as monetary poor and deprived in at least three dimensions.

While multidimensional poverty decreased between 2014 and 2018, the incidence for infants indicated the slowest progress over the period. In line with target 1.2 of the SDGs, which calls for the reduction of child poverty by half in all its dimensions by 2030, the GoL must reduce the proportion of multidimensionally poor children by at least 2.5 per cent annually to reach the goal of 32.7 per cent by 2030. The findings reinforce the conclusion reached with the 2018 study of child poverty: that is, child poverty in Lesotho is complex thus requires a multisectoral approach.

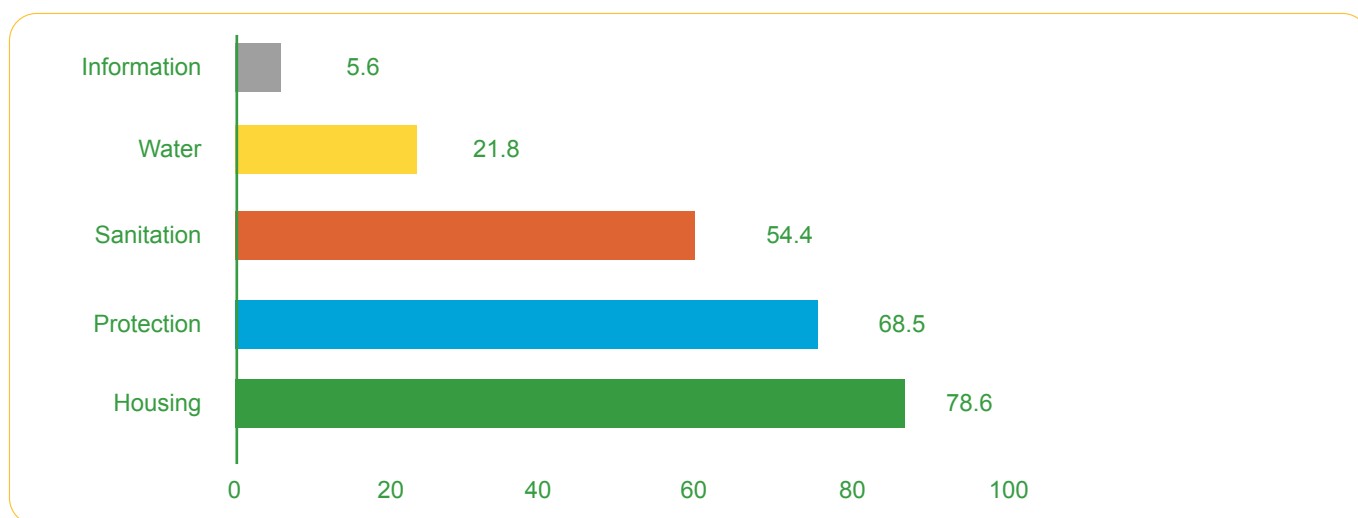
housing and protection contribute the most to younger children Multidimensional Poverty

As far as specific age groups are concerned, housing and protection are the dimensions that contribute the most to Multidimensional Poverty for younger children. On the other hand, sanitation and housing contribute the most to 5 to 12 years old children multidimensional poverty and housing and education contribute the most to children aged 13 to 17 multidimensional poverty.

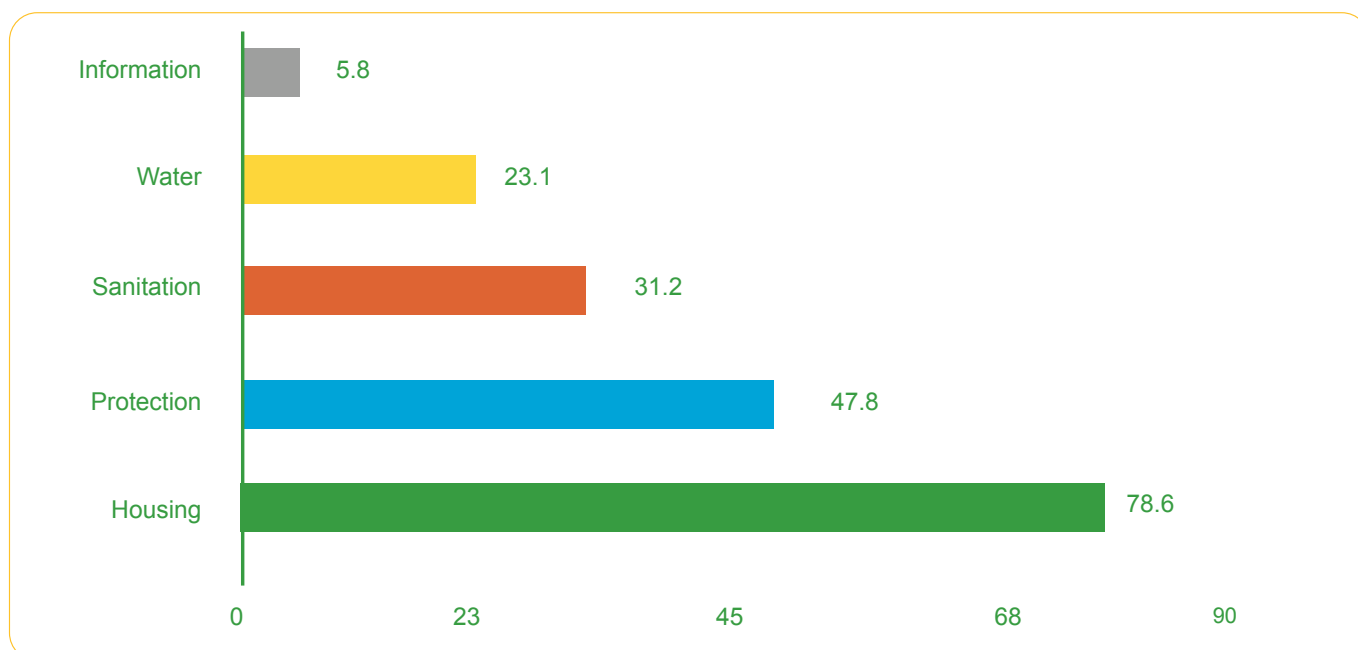
**Figure 3:** Deprivation headcount ratio (%) by each dimension at the national level, children aged 0–23 months



**Figure 4:** Deprivation headcount ratio (%) by each dimension at the national level, 24-59 months

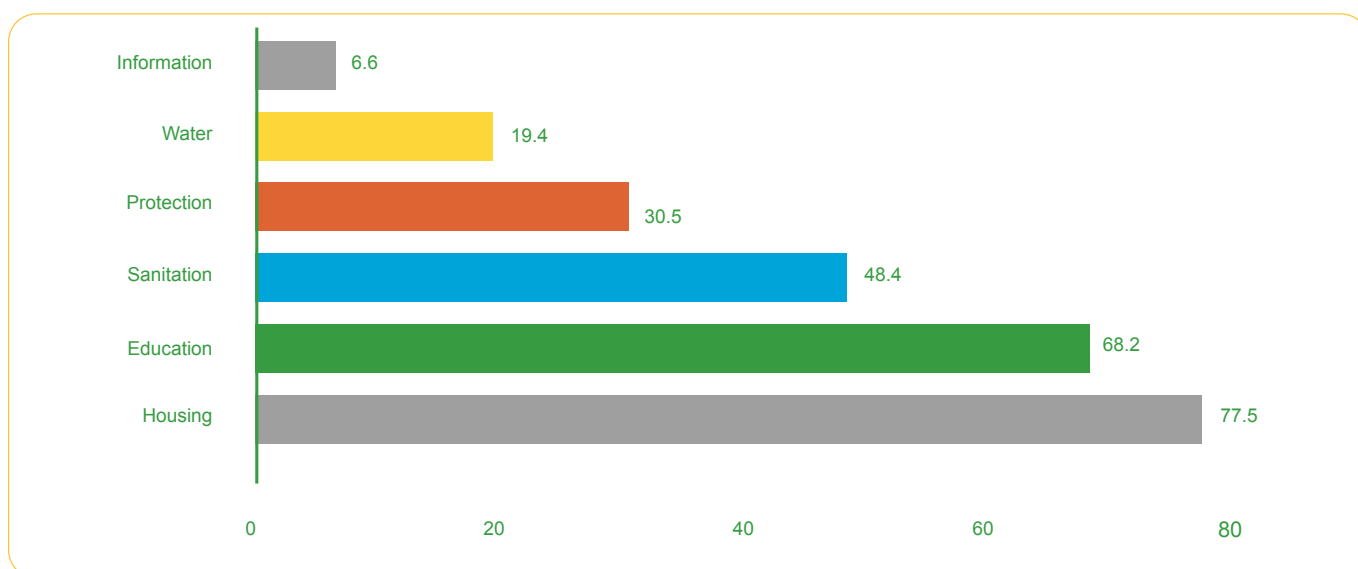


**Figure 5:** Deprivation headcount ratio (%) by each dimension at the national level, 5-12 years





**Figure 6:** Deprivation headcount ratio (%) by each dimension at the national level, 13-17 years



## WHAT ARE THE MOST IMPORTANT POLICIES THAT CAN REDUCE CHILD MULTIDIMENSIONAL POVERTY?

The report concludes with a set of policy recommendations based on this new evidence, including:

**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.

**Sanitation:** Ending open defecation in rural 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 and rolling out Teacher Professional Development.

**Expand the Child Grant Programme:** Maintain and expand the already successful Child Grant Programme focusing on young children and their specific needs in the first 1,000 days of life.



### **United Nations Children’s Fund (UNICEF), Lesotho**

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