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ChildGauge[®]

Aislinn Delany, Selwyn Jehoma & Lori Lake



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Abbreviations

ACCESS	Alliance for Children’s Entitlement to Social Security	NHI	National Health Insurance
ACRWC	African Charter on the Rights and Welfare of the Child	NIDS	National Income Dynamics Study
AIDS	Acquired Immune Deficiency Syndrome	NMR	Neonatal Mortality Rate
CCT	Conditional Cash Transfers	PMTCT	Prevention of Mother to Child Transmission
CDG	Care Dependency Grant	OAG	Old Age Grant
CHW	Community Health Worker	QLFS	Quarterly Labour Force Survey
CSG	Child Support Grant	RAF	Road Accident Fund
CSO	Civil Society Organisation	RMS	Rapid Mortality Surveillance System
DBE	Department of Basic Education	SALDRU	Southern Africa Labour and Development Research Unit
DHA	Department of Home Affairs	SASPRI	Southern African Social Policy Research Institute
DSD	Department of Social Development	SASSA	South African Social Security Agency
ECD	Early Childhood Development	SMG	State Maintenance Grant
FAIS	Financial Advisory and Intermediary Services	SOCPEN	Social Pensions
FCG	Foster Child Grant	Stats SA	Statistics South Africa
GDP	Gross Domestic Product	U5MR	Under-5 Mortality Rate
GHS	General Household Survey	UHC	Universal Health Coverage
HIV	Human Immunodeficiency Syndrome	UCT	University of Cape Town
HSL	Household Subsistence Level	UIF	Unemployment Insurance Fund
ILO	International Labour Organisation	UN-HABITAT	United Nations Human Settlements Programme
MDG	Millennium Development Goals	UNICEF	United Nations Children’s Fund
NCPRI	National Child Protection Register	UNCRC	United Nations Convention on the Rights of the Child
NCS	National Core Standards	UNCRC	United Nations Convention on the Rights of the Child
NDP	National Development Plan	UNCRC	United Nations Committee on the Rights of the Child
NGO	Non-Governmental Organisation	WHO	World Health Organisation

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Foreword

Francie Lund

Chair of the former Lund Committee on Child and Family Support

The Lund Committee on Child and Family Support was convened in December 1995 and submitted its report and recommendations to Cabinet in August 1996. The main recommendation, for a child cash benefit, was rapidly accepted, and on 1 April 1998 the first applications for the Child Support Grant were taken. This is breakneck speed for the design and implementation of a national-level social policy reform.

It is a pleasure, 20 years later, when millions of children are receiving the grant, to have been asked by the Children's Institute to reflect on the policy process and on challenges that remain. The policy reform gained in three critically important ways from the context of transition itself. First, then-President Nelson Mandela had committed to "First Call for Children" – his palpable love for children was backed by a team of people who understood the crucial significance of nutrition and support for cognitive development in the first few years of a child's life.

Second, the fragmented former provinces, bantustans and homelands had in a remarkably short time been integrated into the nine new provinces. In the past they had all delivered pensions and grants to identified vulnerable groups in poor households. The administrative knowledge and infrastructure was there to deliver an additional new grant, aimed at one segment of the population – children in poor households.

Third, within a short period following the democratic transition, the revenue service powerfully improved and widened its revenue-raising capacity, and allocated substantial amounts of that surplus to support for the new grant. The treasury and revenue services undoubtedly were influenced to commit the extra allocation because results from rigorous research showed the effectiveness of the other social grants, especially the grants for older persons and for persons with disabilities. Research showed that grants addressed poverty alleviation, as well as opened space for the pursuit of economic objectives such as job creation and job search. There was a wealth of evidence about this from existing grants. Subsequent research on the Child Support Grant has similar findings, as a number of chapters in this publication make clear.



Having a national committee of enquiry bear one's name was, of course, pretty mind-bending, and remains so. The proceedings were compressed and hectic, and the work placed a toll on the child care and family responsibilities, as well as professional responsibilities, of a number of committee members. I take this opportunity, 20

years on, to remember with respect the participation and commitment of Marj Brown, Debbie Budlender, Laura Joyce Kganyago, Pieter le Roux, Jackie Loffell, Este Lohrentz Ndivhuho Sekoba, Marilyn Setlaltoea, Marion Stewart, Jean Triegaardt and Servaas van der Berg. I value enormously the support and advice received throughout from Leila Patel and Geraldine Fraser-Moleketi.

It is often said, in post-apartheid South Africa, that there are many good policies, but there is a huge gap between policy and implementation. I think that within this, one of the problems is that different policy purposes are loaded onto the initial focus, and the implementers – whether the civil service, the NGOs, or other parties – cannot possibly bear the weight or do the work. In the child support policy reform, we restricted the focus

to a cash transfer, and its implementation; we understood that for a number of reasons (not just fiscal) the old State Maintenance Grant would have to be phased out. These were terribly difficult and painful policy choices.

Authors of this issue of the *South African Child Gauge* report are engaged in a new wave of possible reforms of support for children and families, including options for extending the Child Support Grant. I urge those advocating for different options for reform: Keep your policy intention and your purpose clear. For the Lund Committee at that time, the policy purpose was clear: nutritional support for children in their earliest years.

This report of the *South African Child Gauge* will be invaluable for many who are learning and teaching about social policy. It contains the most recent research about child support policies, and adds to the valuable stock of research-based publications that are hallmarks of the work of the Children's Institute.

Reflections

Bathabile Dlamini

Minister of Social Development

South Africa's Constitution outlines government's obligation to protect and promote the rights of the child, and these rights are further strengthened by enabling legislation and policy frameworks.

Realising the rights of children is not only fundamental for their development and well-being, it is pivotal in achieving inclusive, equitable and sustainable development. The primary responsibility to provide for the well-being of the child rests with the family and government plays a supportive role to protect such a child against the risk of falling into abject poverty. Social protection has the potential to break the intergenerational transmission of poverty.

South Africa has often been described as having one of the best social assistance programmes globally. The introduction of the Child Support Grant (CSG) in 1998 was a major step towards extending this right to every poor child living in our country. Since the CSG was introduced, it has consistently expanded its scope, and by 2012 all children whose caregivers met the income threshold became eligible for the grant. Currently we have just over 28% of the country's population – or 16 million children, people living with disabilities and the elderly – receiving social grants at an annual cost of R140 billion, which is equivalent to 3.2% of South Africa's gross domestic product (GDP).

There is strong evidence that South Africa's social grants are well targeted and account for a substantial share of the income of poor households. Grants are associated with a greater share of household expenditure on food and hence improved nutrition, education and health status of young children. Despite the many positive impacts that the programme has delivered over the years, there are still a significant number of critics who argue that the programme is fiscally unsustainable and, at worst, that the



programme creates a culture of dependency amongst recipients.

It is important to recognise that any fiscal system has to strike a balance between fiscal and political sustainability. South Africa's fiscal system can thus not only be judged on its fiscal outcomes, but also on its constitutional obligation to further the progressive realisation of socio-economic rights, especially in the case of children, persons living with disabilities and the elderly. The system has to deliver on both of these outcomes, giving tangible expression to the transformative vision of the country's Constitution.

It was not easy expanding the programme over the years to where it currently is today, and this was only possible due to political

will and active lobbying from civil society. Today the programme has matured and take-up rates have begun to level off to the point where we are starting to see a decline in the cost of the programme relative to GDP.

As government, we are also determined to expand social security as well as provide social services for children. The Children's Act and Social Assistance Act set out a range of provisions and services relating to the care and protection of children. We are proud of the progress made, but more work lies ahead. My ministry is, in particular, committed to working with other ministers, departments and partners in ensuring that all eligible children receive government support, that violence against children is eradicated, that children in rural areas receive the same access to resources as those in urban areas, that children living with disabilities experience a society that values and respects their rights, and that all children – no matter where they are born – have the chance to achieve their full potential.





PART ONE:

Children and Law Reform

Part one summarises and comments on policy and legislative developments that affect children. These include:

- the White Paper on National Health Insurance
- the National Integrated Policy on Early Childhood Development
- amendments to the Children's Act
- case law promoting children's rights
- South Africa's international and regional reporting obligations.

Legislative and policy developments 2015/2016

Stefanie Röhrs, Lizette Berry and Lori Lake (Children's Institute, University of Cape Town)
and Maylene Shung-King (School of Public Health, University of Cape Town)

This chapter summarises and comments on legislative developments between August 2015 and July 2016. These include:

- the White Paper on National Health Insurance
- the National Integrated Policy on Early Childhood Development
- amendments to the Children's Act
- case law promoting children's rights
- South Africa's international and regional reporting obligations.

White Paper on National Health Insurance

The White Paper on National Health Insurance (NHI)¹ builds on its predecessor, the NHI Green Paper of 2011 (which was reported on in *South African Child Gauge 2013*), as well as lessons emerging from the 10 NHI pilot districts from 2010 – 2015. In essence, the NHI aims to address the inequitable distribution of resources between the public and private health care systems, as 52% of health care spending and the majority of South Africa's health professionals are focused on the needs of the richest 16% of the population who can afford private health care.²

The White Paper reiterates Government's commitment to universal health coverage (UHC) and ensuring that all South Africans – both rich and poor – are able to access a comprehensive package of health care services and are protected from the potentially catastrophic costs of medical treatment. NHI includes plans to pool public and private health care resources into a single NHI fund and efforts to strengthen the public health care system and improve the quality of health care.

The White Paper in its current form attempts to address the necessary conditions that would enable the achievement of UHC, whilst at the same time outlining the nature, form and structure of an NHI fund, which is at the heart of current reform debates. Whilst the White Paper provides some detail on these two interlinked policy reforms, it still lacks detail on how the NHI fund will be structured and funded, and exactly how sufficient capacity will be built within the public health care system to deliver on these reforms, given current inequities and constraints.³ This commentary, while recognising these shortcomings, will focus on the implications for child health.

The re-engineering of Primary Health Care

The White Paper outlines three key mechanisms to strengthen the district health system that should offer direct and indirect benefits to children. These include:

- ward-based outreach teams of community health workers (CHWs) who reach out to households and communities to promote health and identify those in need of preventive, curative or rehabilitative services;
- the Integrated School Health Programme which aims to reduce barriers to learning, and improve the overall well-being and life chances for young children and adolescents; and
- district clinical specialist teams who provide clinical support and oversight to improve the quality of maternal and child health services at district level and strengthen referral systems.

Yet the impact of these interventions on child health and the associated costs and systems constraints in the pilot districts has not yet been adequately evaluated.

For example, the White Paper provides for the contracting in of private health practitioners and includes a strong focus on allied health professionals such as "nutritionists, dental therapists, audiologists, speech and hearing therapists, psychologists, optometrists, and oral hygienists."⁴ The explicit emphasis on early childhood development and efforts to address physical barriers to learning is welcome given concerns expressed in the 2013 *Child Gauge* around staff shortages in the public sector, but needs to be interpreted cautiously as efforts to contract in general practitioners have had limited success in the pilot districts.

Research on the early implementation phase indicates that contracting of private health practitioners occurred unevenly across pilot sites, and that a new model of getting public sector doctors to work in clinics has had the possible unintended consequence of encouraging doctors to move out of public sector hospitals into clinics. Nonetheless, early implementation results show benefits for clinic nurses through in-service training, general- and referral support in particular. Patients no longer have to travel long distances to access referral services for uncomplicated conditions and this benefits the spectrum of patients including mothers and children.⁵

Other interventions that should benefit children include:

- the National Core Standards (NCS) for Health Care Establishments and Ideal Clinic Programme which are designed to improve the quality and functioning of health care facilities; and
- increased numbers of doctors at primary level clinics which should help reduce waiting times and enable the treatment of children closer to home – provided that general practitioners are adequately trained to manage child health conditions.

Towards an essential package of care

The White Paper starts to outline a “comprehensive package of health services”⁶ that range from prevention and promotion services to rehabilitative and palliative care. This includes an explicit mention of mental health services which is a critical area in child and adolescent health given its intersection with violence and substance abuse – but it does not spell out what services patients are entitled to at each level of care. This will be established by the NHI Benefits Advisory Committee based on “evidence of cost-effectiveness and efficacy”.⁷

In other words, the White Paper does not yet specify what the core service package for children will look like, nor does it specify exactly how these services will be sustainably staffed, resourced, delivered and monitored for quality. Yet, a process of delineating such an essential package of care for children has been initiated by the Committee on Morbidity and Mortality in Children Under Five Years⁸ which will, for the first time, provide a benchmark against which to measure children’s right to basic health care services.⁹

Creating an enabling environment

The Office of Health Standards Compliance (OHSC) is intended to play a central role in ensuring the quality of health care services – an essential prerequisite for the successful implementation of NHI. Yet a 2011 baseline audit noted poor compliance with ministerial priority areas such as waiting times (68%), cleanliness (50%), patient safety (34%) and positive and caring attitudes of health care providers (30%).¹⁰ This, together with accusations of mismanagement and¹¹ ongoing stock-outs of essential medicines,¹² raises concerns around the capacity of the public health system to support the proposed NHI reforms. At the same time, children’s needs are rarely considered in the NCS.¹³ It is therefore important that the standards are aligned with the proposed essential package of care and that they factor in children’s specific health care needs at all levels of the health care system.

It is also essential that sufficient resources are put in place to ensure that NHI realises its potential. For example, CHWs have the potential to significantly improve child health outcomes but this depends on adequate training and support as well as a sufficiently high ratio of CHWs to households to enable regular home visits and follow up care.¹⁴ Health promoters and community health workers have also been identified as an essential component of the new Integrated Policy on Early Childhood Development, but government has yet to finalise a policy on CHWs, formalise their conditions of service or ring fence funding for this essential cadre of health care worker.¹⁵

Prevention and the social determinants of health

The White Paper has a strong emphasis on prevention, yet this tends to focus on personal health care and health promotion rather than addressing the broader social determinants of health, including the role of industry in the rising obesity epidemic. Key drivers of child morbidity and mortality – such as malnutrition, diarrhoeal disease, injuries and violence – are profoundly affected by the social determinants of health and require significant

interventions in other sectors. It is therefore vital that child health interests are adequately represented on the proposed National Health Commission which is intended to promote intersectoral collaboration and address the risk factors that contribute to diseases of lifestyle. It is also essential that similar structures are established to address the drivers of childhood illness and injury at district level, and that there is strong representation by child health advocates on these and other core structures such as the OHSC, NHI Benefits Advisory Committee, clinic committees and hospital boards.

Addressing inequity

One of the challenges with universal policies such as universal health coverage is that they need to take into account inequities in the existing system. In other words, well-resourced areas are best placed to immediately embrace and implement innovations, while under-resourced hospitals and clinics struggle to implement new initiatives and may even deteriorate due to the added pressure. It is therefore essential to explicitly prioritise those with the greatest health care needs and those who have greatest difficulty in accessing care – such as children with disabilities – to ensure that health care reforms do not widen the inequity gap.

Foreign children

The NHI proposes a special contingency fund to provide “basic health coverage” for refugees. Asylum seekers will only be entitled to “emergency health care services” and treatment of “notifiable conditions”,¹⁶ and other foreign nationals will be required to have their own health insurance or cover the costs of care. The White Paper also makes “no mention of, and therefore appears to offer no coverage to, pregnant and lactating women from outside South Africa or to their children below age six. This directly contradicts the protection given to pregnant and lactating women and children in the National Health Act and in the Constitution, and the policy imperative of providing special treatment to marginalised groups.”¹⁷ These measures are potentially regressive and are likely to compromise health care for refugees, asylum seekers and unaccompanied minors who are particularly vulnerable.

National Integrated Policy on Early Childhood Development

In December 2015, Cabinet approved the country’s first national policy on early childhood development (ECD). The policy aims to transform ECD service delivery in South Africa and address critical gaps to ensure the provision of comprehensive, universally available and equitable ECD services. The policy covers the period from conception until the year before children begin formal schooling, or in the case of children with disabilities, until the year they turn seven.

The National Integrated ECD Policy aims to:

- provide an overarching and enabling framework for ECD services;
- define a comprehensive package of ECD services and support and prioritise essential components;

- identify the relevant role players and their roles and responsibilities; and
- establish a national ECD leadership and coordinating structure.¹⁸

A comprehensive and essential package of services

The policy provides for a comprehensive package of ECD services, namely: health care, nutrition, social protection and parentⁱ support programmes; opportunities for learning; public communications; water, sanitation, refuse removal and energy sources; food; and play facilities, sport and culture. However, it prioritises the delivery of essential services:

- Free birth registration for all children born in South Africa, and the pre-registration of pregnant women for the CSG to ensure access to the grant from birth;
- Basic preventive, promotive and curative health care for pregnant women and young children;
- Preventive and curative maternal and child food and nutrition services;
- Parent support, including the provision of income, nutritional and psychosocial support, and support for the stimulation of children from birth;
- In their parents' absence, safe quality child care and early learning;
- Early learning support and services from birth in the home, community and centres;
- Information about ECD services and support and their importance for ensuring optimal child development targeted at children, parents, and leaders in government, business and civil society, for example.¹⁹

These elements are prioritised because they are regarded as necessary to promote children's survival and development and are pre-conditions for the realisation of young children's constitutional rights, which should be realised with immediate effect. The policy prioritises the provision of services and support to vulnerable groups, especially: pregnant women and children younger than two years; young children living in poorly serviced geographical areas; young children in poverty; and those with disabilities. It also promotes a shift from facility-based services to home and community-based delivery channels. The emphasis on interventions and support during pregnancy and the first two years is commendable since this life stage is critical for later development.

A phased-in approach to policy implementation has been adopted: The essential components should be available and accessible to all young children and their caregivers by 2024, and the comprehensive package rolled-out by 2030, while government should have the necessary legal frameworks, institutional arrangements and plans in place by 2017. While it is positive that medium- to long-term targets have been set, the 2017 target is less feasible as the existing legislative framework will need to be amended, new leadership structures developed and resourced, and communication and coordination mechanisms established between all relevant stakeholders – from national to district level.

Responsible role-players, leadership and coordination

The policy acknowledges that effective delivery of ECD services requires collaboration across several sectors, and establishes government as the lead duty-bearer. Roles and responsibilities for various government departments are clearly outlined in the policy, as well as the functions of national, provincial and local governments. For example, the Department of Health is indicated as the lead department for the provision of comprehensive services for pregnant women, new parents, and children younger than two years.

As the policy builds on the existing ECD service delivery system, the non-governmental sector continues to feature as partners delivering services on a contractual basis, and public and private delivery of ECD programmes and services will be regulated by government. However, the policy possibly does not go far enough to recognise the invaluable role that non-governmental organisations (NGOs) has played over many decades, and that their knowledge and expertise in training, resource development and service delivery is indispensable going forward.

A national coordination mechanism is vital to ensure multi-sectoral planning, coordination and monitoring of the policy. As such, the policy mandates a National Inter-Ministerial Committee for ECD, supported by a National Inter-Departmental Committee for ECD, to fulfil this role. The Inter-Ministerial Committee is envisaged as having the expertise and high-level influence to raise the political profile of ECD, facilitate coordination of ECD policies and programmes across sectors, and hold multiple role players accountable. The policy asserts that the Minister for Social Development will lead both structures. While the need for a high-level co-ordinating structure is essential, it is not clear whether the Department of Social Development (DSD) will have the necessary influence to hold other government departments to account. It also perpetuates the existing bias towards social development, which may undermine the valuable contributions of other departments.

Funding ECD services

The funding model aims to expand coverage of the comprehensive package of ECD services, prioritising the provision of essential services in under-served areas, and targeting vulnerable children. Improvements to service quality are also prioritised. The policy diversifies the types of funding available, including post-provisioning, infrastructure development and management funding. It also introduces programme funding to support the delivery of home-, community- and facility-based programmes, a significant shift from the current focus on facilities. The implementation of programme funding is likely to be challenging and will require the capacity to implement a model that recognises a diversity of programme designs and delivery channels. The policy asserts that funds to implement the national policy will not only be obtained from the fiscus, but that alternate funds, such as corporate and donor funds, will be sourced to augment fiscal funding.

ⁱ The policy refers to parenting both in terms of biological and social parenting.

Infrastructure

The policy provides for infrastructure development and management, which includes both the physical infrastructure required to deliver a service, and the related infrastructure to support and oversee delivery. The policy commits government to invest in the growth and maintenance of infrastructure, prioritising amongst others: safety; ensuring that services are universally available and easily accessible to children and caregivers; and the infrastructural deficits for early learning services. To attain these goals, government must develop a coherent population-based infrastructure plan linked to clear norms and standards. In the interim, the policy promotes the use of existing available infrastructure for ECD programmes, such as clinics, primary schools, and public libraries. While the emphasis on infrastructure for facilities is critical, implementation should be balanced, ensuring that home- and community-based delivery is not neglected.

Human resources

The policy outlines the human resources and training required to ensure a suitably skilled ECD service workforce. An important policy development is that DSD will employ or fund ECD practitioners to facilitate ECD and parent-support programmes, and includes measures for professional development. The policy calls for an expanded suite of services for pregnant women, mothers and young children. These include health and nutrition services, parenting support and learning support for children from birth to two years of age, to be delivered by health promoters and CHWs. This implies a comprehensive re-training of existing cadres of health practitioners to apply a social and developmental approach rather than a narrowly focused medical paradigm.

Monitoring and evaluation

Monitoring and evaluation activities are critical to ensure the effective implementation of the policy. Government therefore commits to designing and implementing a national monitoring and evaluation framework, and conducting research at five-yearly intervals, to monitor progress and contribute to improved planning and provisioning of the comprehensive package of services.

Amendments to the Children's Act

The Children's Amendment Bill and Children's Second Amendment Bill were deliberated in 2015 and 2016, with public hearings taking place in September 2015. The National Assembly passed the Children's Amendment Bill and the Children's Second Amendment Bill in August 2016. Both Bills have been referred to the National Council of Provinces (NCOP): The Children's Amendment Bill for acceptance, amendment or rejection; and the Children's Second Amendment Bill, which is a bill that affects the provinces, must be further debated in the provincial legislatures before the NCOP can adopt it and refer it back to the National Assembly to be passed. It is unclear whether Parliament will finalise the bills by the end of 2016. The amendment bills introduce a number of changes to

the Children's Act, largely aimed at ensuring that the legislation is consistent with other legislation and to implement rulings of the Constitutional Court.ⁱⁱ

National Child Protection Register

Once the Children's Amendment Bill has been enacted, child offenders' names can no longer be automatically included in the National Child Protection Register (NCPR). A court may only order that a child offender's name be included in the register if:

- a prosecutor has made an application to the court to include the child's name;
- the court has considered a report by the probation officer about the child offender's risk of recidivism,ⁱⁱⁱ and
- the child offender has been given the opportunity to explain to the court why his or her name should not be included in the register; and
- the court is satisfied that substantial and compelling circumstances exist which justify the inclusion of the child offender's name in the register.

These amendments are important to protect child offenders' right to have their best interest considered in every matter that affects them (section 28(2) of the Constitution) and to bring the Children's Act in line with the Constitutional Court ruling in *J v National Director of Public Prosecutions*.²⁰ Not all child offenders are likely to reoffend, therefore their names should not automatically be included in the NCPR. While child offenders' names are not automatically entered, they *can* still be included in the NCPR. The new provision allows courts to include the child offender's name if substantial and compelling circumstances exist. In this way, the new clause strikes a balance between the rights of child offenders and the rights of children at risk of being abused.

The amendment also clarifies that child offenders who have been convicted for a crime against children in the five years prior to the commencement of the Children's Act (i.e. five years prior to 2010) are also not automatically deemed unsuitable to work with children. Furthermore, once the Bill has been promulgated, child offenders whose names have already been entered into the NCPR can apply to have their names removed from the register.²¹

Removal of child to temporary safe care without a court order

Once approved by the NCOP, the Children's Second Amendment Bill will give effect to the Constitutional Court ruling in *C v Department of Health and Social Development, Gauteng*.²² In this decision, the Constitutional Court found that where a child has been removed from the family, this decision has to be automatically reviewed by the children's court. This applies to cases where the child has been removed by a decision of a children's court or without a court order. If, for instance, a police official has removed a child and placed him or her in temporary safe care without a court order, he or she must refer the matter to a designated social worker for investigation

ⁱⁱ Early versions of the Amendment Bills were discussed in the 2015 issue of the *South African Child Gauge*.

ⁱⁱⁱ The chances of the child committing the same offence again.

before the end of the first court day after the day of the removal of the child. The social worker, in turn, must ensure that:

- the matter is placed before the children's court for review before the expiry of the next court day after the referral of the child;
- the child and, where reasonably possible, the parent, guardian or caregiver is present at the children's court; and
- the social worker's investigation is conducted within 90 days of the removal.

These strict timeframes, which have been in effect since the judgment was handed down, ensure that cases where children have been removed from their parents, guardians or caregivers are reviewed by courts timeously while giving the social worker a minimum of one day after the referral of the child to prepare for the court hearing. The amendment furthermore highlights the child's right to participate in the children's court hearing.

Adoption

Another area of reform is adoption. The Children's Amendment Bill extends the definition of adoptable children to include stepchildren and children whose parent or guardian has consented to the adoption. The amendments also allow the spouse or life partner of a biological parent to adopt their partner's children, without the biological parent automatically losing his or her parental rights and responsibilities. Furthermore, the Children's Second Amendment Bill will, once enacted, allow government social workers to render adoption services if they have a specialty in adoption services and are registered in terms of the Social Services Professions Act 110 of 1978. It has been argued that this amendment is problematic because government social workers will both accredit and provide adoption services and therefore "be both a player and a referee"²³.

Alternative care

Section 176(2) of the Children's Act allows young people between 18 and 21 to apply to remain in alternative care until the age of 21 whilst completing their education or training. The Children's Amendment Bill clarifies what is meant by "education or training". According to the Bill, education includes grade 12, higher education, college education, internships and learnerships. Young people need to apply for an extended stay in alternative care and this application must be submitted to the provincial head of Social Development before the end of the year in which the child turns 18. The provincial head of Social Development may accept late applications upon good cause shown, if such applications are submitted within three months after the application deadline.

Civil society organisations (CSOs) have made two (unsuccessful) requests in terms of this amendment. First, they recommended allowing young persons to also remain in child and youth care centres (CYCC) until they have completed an independent living

programme. Such programmes are designed to assist young people who have stayed in CYCC with the transition to living on their own. Second, CSOs recommended allowing late applications for an extension of alternative care at any time instead of only up to three months after the deadline. While it is disappointing that these proposals were not accepted, overall the amendment of section 176(2) of the Children's Act is positive because it clarifies the law and will promote a more consistent application of the law.

Foster care

The Children's Amendment Bill presented an opportunity to address the systemic problems in the child protection/foster care system. South Africa has more than 1.2 million maternal orphans and the vast majority of them are cared for by family members. To address the needs of relatives caring for orphaned children, DSD created an unwritten policy to place orphaned children living with relatives into formal foster care. In this way, relatives caring for orphaned children were eligible for the Foster Care Grant (FCG), which at R890 is substantially higher than the Child Support Grant (R360). As a result, the number of children in foster care has increased from approximately 50,000 to 500,000 over a 15-year period.²⁴ Due to the sharp increase in foster care applications, social workers' administrative workload has substantially increased thereby decreasing social workers' capacity to undertake "real" social work, including child protection work.²⁵ At the same time, access to the FCG is slow. Relatives taking care of orphans have to wait for a long time before their cases are assessed by social workers and heard at the children's court.²⁶

The amendment to section 150(1)(a) of the Children's Act introduced by the Children's Amendment Bill entrenches the use of the child protection system to facilitate access to the FCG. The Amendment Bill changes section 150(1)(a) of the Children's Act to read:

A child is in need of care and protection if such a child has been abandoned or orphaned and does not have the ability to support himself or herself and such inability is readily apparent.

The wording of the provision has been adapted from the judgment *NM v Presiding Officer of the Children's Court: District of Krugersdorp*.²⁷ The judgment suggests that the judge interpreted the term "without visible means of support" to mean "without financial support".^{iv} The new wording introduced by the Children's Amendment Bill reinforces the (mis)perception that the inquiry of section 150(1)(a) of the Children's Act is about children having the financial means to support themselves. Given that the amendment fails to respond to the systemic challenges in the child protection/foster care system, it is important that future law reform efforts

^{iv} Judge Carelse used a two-tier test to determine whether the children before the court were in need of care and protection according to section 150(1)(a) of the Children's Act. Referring to the *Stermele* judgment the question of whether a child was "without any visible means of support" was based on the question "whether there is a legal duty of support resting on someone in respect of the child and whether, in addition to the status of being orphaned or abandoned, the child has the means currently, or whether the child has an enforceable claim for support." *NM v Presiding Officer of the Children's Court: District of Krugersdorp*. Also see Jamieson L, du Toit C & Jobson J (2015) Legislative Developments 2014/2015. In: De Lannoy A, Swartz S, Lake L & Smith C (eds) *South African Child Gauge 2015*. Cape Town: Children's Institute, University of Cape Town. P. 15.

such as the so-called “Third Amendment Bill” to the Children’s Act address this issue.

Third Amendment Bill and Child Care and Protection Policy

With the Children’s Amendment Bill and Children’s Second Amendment Bill (almost) passed, more amendments of the Children’s Act are on the horizon. The “Third Amendment Bill” proposes more substantial changes to the Children’s Act than the previous two bills. There are a number of reasons for these substantial changes. The Children’s Act was passed in 2005 but the full Children’s Act only came into operation in April 2010. As is often the case with new legislation, the Children’s Act had some drafting errors and weaknesses. In addition, certain provisions of the Children’s Act have been challenged in court and others have proven ineffective or impractical. Furthermore, over the past 10 years, government priorities regarding services for children have changed.

DSD is currently developing a policy that will underpin the amendments proposed in the Third Amendment Bill. This policy is called the Child Care and Protection Policy. While there are already numerous policies in place that address certain aspects of the Children’s Act, there is no overarching policy document that matches the law and spells out the gaps that should be addressed during the next law reform process.

Draft policy positions (not the policy itself) were discussed at a meeting between DSD and civil society in March 2016²⁸ and further consultations with civil society are due to take place in late 2016. Once it has been finalised, the policy will be submitted to Cabinet for approval. It is beyond the scope of this chapter to discuss the draft Child Care and Protection Policy because it covers a very wide range of topics including corporal punishment, surrogacy, children’s courts, prevention and early intervention, adoption, child protection, international child abduction, and parental rights and responsibilities, to name but a few.

In light of the focus of this *Child Gauge* it should be highlighted that the Child Care and Protection Policy includes a proposal to introduce a “top-up” amount to the CSG for relatives taking care of orphaned children. This proposal recognises that the vast majority of orphaned children in South Africa are in the care of relatives.²⁹ The introduction of a CSG top-up is meant to mitigate the crisis in the foster care system by creating an easily accessible alternative to the FCG. For more information see the essay on p. 68.

Case law promoting children’s rights

Social assistance

Children’s right to social assistance was strengthened through policy reform and case law. In May 2016, DSD promulgated amendments to Regulation 26A of the Social Assistance Act to specify the circumstances under which deductions may be made from social grants. Before the amendment, funeral insurance companies were allowed to make one deduction directly from a social grant, including from child grants, as long as the deduction

was not more than 10% of the grant. The amended Regulation 26A expressly stipulates that companies are not allowed to make direct deductions from any grant targeting children i.e. the CSG, the FCG and the Care Dependency Grant. The explicit exclusion of deductions from child grants is a welcome step to protect children’s right to social assistance.

The right to social assistance was further strengthened by the decision in *Coughlan N.O. v Road Accident Fund*.³⁰ In this case, the Constitutional Court had to decide whether FCGs are deductible from compensation paid out by the Road Accident Fund (RAF). The complainants, three children, were placed in foster care with their grandparents after the death of their mother. The children’s father was already deceased. As foster parents, the grandparents were eligible for foster child grants in terms of the Social Assistance Act. As the mother of the children had been killed in a road accident, the RAF compensated the children for loss of support arising from their mother’s death. However, the RAF argued that the FCGs had to be deducted from the compensation because the grants were paid out as a direct result of the death of the mother. According to the RAF, receiving both the FCGs and compensation from the RAF would amount to double compensation.

The Constitutional Court disagreed and decided that the FCG is not deductible from the compensation by the RAF because the nature and purpose of the FCG is substantially different from such compensation. According to AJ Tshiqi, the aim of the FCG is to encourage foster parenting which “extends beyond mere money and encompasses parenting, love, care, nurturing, discipline and other benefits”.³¹ The “non-monetary dimension of fostering” highlights the inappropriateness of equating the FCG with compensation for loss of material support.

Another difference between compensation by the RAF and the FCG is that compensation from the RAF is paid to the child, whereas the FCG is paid to the foster parent. Given that the child has no claim to the FCG, there is no double compensation. The Constitutional Court also disputed that there was a causal link between the receipt of the FCG and compensation by the RAF because the FCG is also awarded in cases where the biological parents are alive. For a foster care placement, what matters is whether the child is in need of care and protection, not whether the parents have died.

In addition to the case before the Court, the Constitutional Court overturned the decision of the Supreme Court of Appeal in *Road Accident Fund v Timis*³² which dealt with a similar case concerning the CSG. The Constitutional Court found that the CSG should not be taken into account when an award of damages for loss of support is made because the purpose of the CSG was different from that of damages paid by the RAF. The Court held that:

*In cases of child support grants, the state assumes the role of a caregiver as enjoined by the Constitution. When it pays compensation for loss of support through the RAF it steps into the shoes of the wrongdoer.*³³

The Coughlan judgment upholds the right to social assistance, the right of every child to family care, parental care or alternative care when removed from the family environment, children's right to basic nutrition, shelter, basic health care services and social services and the best interest of the child. It encourages individuals to become foster parents because it safeguards their right to social security. Foster parents do not need to fear that the FCG will be taken away from them should the biological parents of the child die in a road traffic accident. Indirectly, the judgment also acknowledges the links between the right to social assistance and other children's rights such as nutrition, shelter, and health care services. Ensuring that a foster family has the means to adequately care for the child is essential for the realisation of these rights.

Textbooks for children in school

In *Minister of Education v Basic Education for All*³⁴ the Supreme Court of Appeal had to decide about the scope of the right to a basic education, in particular whether the right includes the right to receive textbooks.^v The NGO Basic Education for All, together with 22 school governing bodies and the South African Human Rights Commission, took the Department of Basic Education (DBE) to court because the DBE had failed to provide learners at public schools in Limpopo with textbooks in 2012, 2013 and 2014.³⁵ The Supreme Court of Appeal decided that since the DBE had adopted a policy that each learner must be provided with a textbook for each subject, the Department was bound by its own policy. The Court declared that the failure to provide learners with textbooks violated children's right to education and that it is the duty of the State to provide every learner with every textbook prescribed for his or her grade before the teaching of the subject begins. Because every province except Limpopo had complied with the DBE's policy, the Court found not only children's right to education had been violated, but also their right to equality and dignity.

Child participation in court proceedings

In *Centre for Child Law v Governing Body of Hoerskool Fochville*³⁶ the Supreme Court of Appeal strengthened children's right to participation. The Court held that children's right to participate in all matters that affect them includes the right to legal representation in court or administrative proceedings. In this case, the Gauteng Department of Education and other authorities ordered Hoerskool Fochville to admit a number of learners, although the school claimed that these additional learners would exceed the school's capacity. After the learners were enrolled, the school sought an order setting aside the admission and the Gauteng authorities filed a counter-application seeking to change the school's language policy. One of the questions was whether the "additional learners" could be separately represented in the court proceedings. Drawing on international and domestic law, the Supreme Court of Appeal held that children have a right to participate in all matters that

affect them and this right includes a right to legal representation which is independent of their parents' rights.³⁷

Developments in international child law

South Africa has ratified both the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) which are key international child rights instruments. Government is required to report regularly on the progress towards the realisation of children's rights in South Africa. Under the UNCRC, countries have to submit a report on their progress every five years to the United Nations Committee on the Rights of the Child (UNCRC); and under the ACRWC, countries need to submit a progress report every three years to the African Committee of Experts on the Rights and Welfare of the Child (African Committee).

These country reports are an important tool to hold governments accountable and measure their progress (or lack thereof) in promoting children's rights. CSOs can participate in the monitoring process by submitting so-called "shadow" or "alternate" reports presenting their own data and/or challenging information provided in the government reports. Government and CSOs are also invited to make oral presentations to the two committees. After considering government's and civil society's reports and presentations, the committees release their "concluding observations". These include recommendations which government needs to address in order to promote and protect children's rights more effectively.

The country reports were particularly significant given the South African government's delay in submitting the reports to the UNCRC and the African Committee. South Africa only submitted its second and third country reports (due in 2002 and 2007, respectively) to the UN with its fourth country report in 2014.³⁸ South Africa's initial report to the African Committee was submitted in December 2013 – 11 years late.^{vi} Several CSOs, including a coalition of 26 CSOs, submitted shadow reports to the UNCRC and the African Committee.³⁹

The African Committee released its concluding recommendations in December 2014.^{vii} While the Committee commended South Africa for certain achievements, it also raised a number of areas of concern, some of which relate directly to social assistance.⁴⁰ For instance, the African Committee asked South Africa to progressively increase the amount of the CSG and to address the implementation challenges that prevent children accessing social grants. In addition, the Committee highlighted the need to develop a long-term policy solution to prevent the lapsing of FCGs.

The African Committee also made recommendations in the area of political leadership, child budgets, poverty and inequality, harmful traditional practices, corporal punishment, breastfeeding, and nutrition.⁴¹ Some, but not all, of the recommendations by the African Committee have been acknowledged in ongoing policy debates and have been incorporated into new policy documents

v The judgment by the North Gauteng High Court on this matter was discussed in the *South African Child Gauge 2014*.

vi The report that was submitted to the African Committee is the same report that was submitted to the UNCRC.

vii The UN Committee issued concluding observations on South Africa's initial report in 2000 and issued its concluding observations on the second, third and fourth country report in September 2016. The concluding observations are available at: http://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/ZAF/CRC_C_ZAF_CO_2_25463_E.pdf.

such as the draft Child Care and Protection Policy and the National Integrated Policy on Early Childhood Development, discussed earlier in this essay.

Conclusion

The policy and law reforms outlined in this essay can largely be described as “steps in the right direction”. While some elements of the NHI offer clear benefits for child health, it remains to be seen whether children’s interests will be safeguarded in the broader process of health systems reform. The National Integrated ECD Policy and the draft Child Care Protection Policy are examples of government’s commitment to strengthen policy on children’s rights. However, what matters most is implementation and the effective budgeting and roll-out of the programmes and services promised under any of the new policies or laws.

Mechanisms to hold government departments accountable are key when it comes to the implementation of laws and policies.

The courts will continue to play an important role in ensuring the implementation of law and policy, and the international child rights bodies may provide a further measure of accountability for government’s progress in realising children’s rights. It is important that CSOs seize the opportunity to actively participate in these processes. The reporting under international law, for instance, provides a valuable opportunity for civil society to engage in dialogue with government and other NGOs, submit alternate reports and use the recommendations made by the international bodies for local advocacy on children’s rights. While the delays in submitting the previous country reports have been concerning, it appears that DSD has since established structures to ensure that the next report to the African Committee – due in January 2017 – will be submitted on time.^{viii} All of these processes will, however, only be fruitful if there is political will to act upon the recommendations.

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^{viii} Regular meetings with a multi-sectoral government team have been held and a draft progress report to the African Committee has already been circulated.



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Support Grant for
ALL
our children



PART TWO:

Children and social assistance

Part two presents nine essays that examine the impact of social assistance on children's lives and opportunities for further expansion. The essays outline:

- reasons for investing in social assistance for children
- children's living conditions and care arrangements
- the evolution of the Child Support Grant
- evidence of its positive impacts on child well-being
- common concerns and misconceptions
- implementation challenges
- impacts on the foster care system and a potential solution
- policy options for expanding social assistance for children
- critical considerations and future directions.

Overview

Part two presents nine essays that reflect on the origins, successes, challenges and ongoing development of social grants for children in South Africa. The essays unpack the contribution that the Child Support Grant (CSG), in particular, has made to alleviating child poverty and improving health and well-being indicators for children.

Children and social assistance: An introduction

(pages 24 – 32)

The South African Constitution guarantees the right to access to social assistance for those in need. The first essay introduces South Africa's system of social grants and outlines why social assistance is important in supporting the well-being of children. It briefly describes the evolution of social assistance programmes worldwide and the distinctive make-up of social assistance for children in South Africa. It highlights the need for social assistance to form part of a broader package of complementary measures for children.

Children's contexts:

Household living arrangements, poverty and care

(pages 33 – 38)

The socio-economic contexts in which children live and their families, households and relationships with others impact on their need for, and access to, social assistance. This essay describes where children live, who they live with, and the patterns of child poverty. It outlines how the CSG was designed to take into account the reality of family structures and care arrangements in South Africa, and touches on child and caregiver mobility, which has implications for children's access to social grants.

The evolution of the Child Support Grant

(pages 39 – 43)

Introduced nearly twenty years ago, the CSG is now recognised as one of South Africa's most successful poverty reduction programmes. This essay looks at the political, economic and social factors that shaped the conception and initial implementation of the CSG, and factors that impacted on the subsequent expansion of the grant which now reaches almost 12 million children.

No small change: The multiple impacts of the Child Support Grant on child and adolescent well-being

(pages 44 – 54)

A growing body of research is showing that, globally, social assistance is ensuring positive outcomes for children and families. This essay reports on the impacts of the CSG on young children, school-age children and adolescents, as well as on households and caregivers. The essay also briefly considers how these impacts could be strengthened.

Common concerns and misconceptions:

What does the evidence say?

(pages 55 – 59)

There is considerable evidence of their positive effects, but public perceptions of social grants – and those that receive them – are often negative. This short essay interrogates common concerns, such as whether or not social grants discourage work or encourage teenagers to have children simply to access the grant. It also considers concerns about how recipients use social grants, and the affordability of the social grants system.

Implementation of social grants:

Improving delivery and increasing access

(pages 60 – 67)

This essay highlights the progress made in delivering social grants and expanding access since the first democratic elections in 1994. It goes on to focus on the changes made to the grant's initial design and implementation, and presents current and emerging challenges.

Social assistance for orphaned children living with family

(pages 68 – 74)

This essay considers how the use of the foster care system to meet the often poverty-related needs of orphaned children living with family has precipitated a crisis in the foster care system. The increasing number of children receiving the FCG has placed additional strain on social welfare services, culminating in the lapsing of foster care orders and a High Court order for the Department of Social Development to find a "comprehensive legal solution".

Glossary of key terms	
Conditionality	The use of conditions: Actions that must be met or carried out to receive a benefit such as a social grant.
Poverty line	Poverty lines are generally expressed in monetary terms and are usually set at a minimal desired level of income (or expenditure) to cover the cost of basic needs. There is no single poverty line. For a more detailed description of the poverty lines used in South Africa see box on p. 112.
Social assistance	Non-contributory programmes that provide material support – either cash or in-kind – to those who are unable to support themselves. In South Africa this primarily takes the form of social grants.
Social insurance	Contributory schemes – such as the Unemployment Insurance Fund (UIF) – providing government assistance to cover unexpected events and employment risks.
Social protection	Public and private measures that alleviate poverty and reduce vulnerability. Definitions vary in scope; in this publication social protection is understood as being broader than social security. See box on p. 25 for a summary of the functions of social protection.
Social protection floor	A minimum level of social protection or standard of living below which no-one should fall. A social floor prescribes the basic income security and essential services that everyone should be able to access.
Social security	<p>The White Paper for Social Welfare (1997, chapter 7) defined social security as covering “a wide variety of public and private measures that provide cash or in-kind benefits or both; first, in the event of an individual’s earning power permanently ceasing, being interrupted, never developing, or being exercised only at unacceptable social cost and such person being unable to avoid poverty, and secondly, in order to maintain children.”</p> <p>It refers to the social security system in South Africa as consisting for four elements: (a) private savings, (b) contributory social insurance, (c) non-contributory social assistance and (d) social relief (short-term measures).</p>

Expanding social assistance for children: Considering policy proposals

(pages 75 – 98)

South Africa’s social assistance system still faces challenges and gaps, and the State has a constitutional obligation to progressively realise the right to social assistance for those in need. In this essay, different authors present five policy proposals for strengthening and expanding social assistance in support of children. The purpose of the essay is to stimulate debate and discussion about future directions. The essay also provides a set of principles as a starting point for evaluating policy options.

Social assistance for children: Looking back, thinking forward

(pages 99 – 101)

The National Development Plan recognises the essential role that social assistance – as part of a social protection floor – plays in tackling poverty and inequality in South Africa. This final essay reflects on the successes of the CSG and advocates for debate and critical engagement around future directions.

Children and social assistance: An introduction

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Social assistance in South Africa has grown substantially over the past 20 years, driven largely by the introduction and expansion of the Child Support Grant (CSG). The CSG is the primary grant for children living in poverty, reaching almost 12 million children in 2016.¹

Studies have shown the positive impacts of social grants, and the CSG in particular, on alleviating poverty and promoting child well-being.² In the face of persistently high unemployment, social grants – together with access to quality education, health and social services and other measures – support families to care for their children, and are a core component of broader social protection strategies to enable all children to realise their full potential. This is in line with the South African Constitution, which guarantees everyone the right to have access to social security.

This introductory essay considers the questions:

- What is social assistance and why does it matter?
- Why consider children and social assistance?
- How have social assistance programmes evolved worldwide?
- What kinds of social grants are provided for children in South Africa?

What is social assistance and why does it matter?

Social assistance is material support – either cash or in-kind – provided to those who are unable to support themselves. It is one aspect of social security and in South Africa consists primarily of unconditional, means-tested social grants provided by the state to those who cannot provide for themselves due to their age (children under 18 years and persons over 60 years) or disability. The social grants system offers income support to those living in poverty and is a means of redistributing resources more equitably in society.

Poverty goes beyond a simple lack of money. But access to income is important in ensuring that children have an adequate standard of living, and are able to access and use health care services and education. The South African Constitution recognises the role income plays in enabling people to live a dignified life: It states that everyone has the right “to have access to [...] social security, including, if they are unable to support themselves and their dependents, appropriate social assistance”.³ The state must take reasonable legislative and other measures to progressively realise this right within available resources. In the case of children,

parents have the primary responsibility for providing for children's well-being. But where families are unable to meet their children's basic needs, they are entitled to receive assistance from the state.

This is important in a country like South Africa where high levels of inequality, unemployment and poverty mean that many people do not have the financial resources to provide for their children. Almost two-thirds (63%) of the country's children live below the upper bound poverty line (see essay on p. 33), and inequalities in access to quality services and opportunities still run along racial and spatial lines.

Child income poverty is closely linked to adult unemployment. In 2016, more than a quarter of the economically active population are unemployed.⁴ Structural factors contributing to this include the legacy of apartheid, poor quality education for the majority, the lack of demand for unskilled labour, and economic opportunities that are often located far from where people live. As a result, many are unable to participate in the economy and almost a third (30% or 5.5 million) of children in South Africa live in households where no adults are employed.⁵

Low skill levels mean that many who do find work are likely to earn low levels of income, contributing to further income inequality.⁶ Even when children live in households where a household member is working, they may not earn enough to provide for themselves and their children.

The National Development Plan (NDP) calls for inclusive economic growth and employment creation as key strategies for tackling the structural causes of poverty and inequality in the country.⁷ But unemployment remains stubbornly high, and where there is little or no income from work, social assistance is essential in alleviating poverty, shielding vulnerable households from income shocks, and supporting child health and well-being.

Social grants form a vital source of income for poor families, accounting for two-thirds of household income in the poorest 40% of households.⁸ Grants have played a significant role in reducing poverty, although the impact of the CSG is limited due to the low monetary value.⁹ Social grants enable caregivers to buy food and other necessities, and the CSG has been associated with improved health, nutritional and educational outcomes for children.¹⁰ There is evidence that the CSG is associated with reduced risk behaviour among adolescents and supports caregivers to search for work and invest in enterprises (see essay on p. 44).¹¹

Why consider children and social assistance?

As in other parts of the world, children in South Africa are over-represented in poor households (see essay on p. 33). Children living in poverty often experience multiple dimensions of deprivation including malnutrition, limited access to quality services and poor living conditions. The detrimental impacts of these deprivations are well documented and can have long-term consequences for a child's future.¹² Limited choices later in life can increase the likelihood of their own children growing up in poverty, further entrenching disadvantage and inequality.¹³

Social grants provide caregivers with choice in how best to meet their children's changing needs (particularly when grants are unconditional) and can impact on a range of child outcomes.

Social assistance as a right

Children's rights to an adequate standard of living and social security are protected by the United Nations Convention on the Rights of the Child. In addition, Section 28 of the Constitution specifies a set of fundamental rights for children. These include the right to basic nutrition, shelter, basic health care services and social services; the right to protection from abuse and neglect; and the right to family or parental care, or appropriate alternative care when removed from their family environment. Section 28 also states that a child's best interests are of paramount importance in every matter concerning the child. By specifying these rights, the Constitution recognises that children require extra protection because they are dependent on others for their safety and well-being. Unlike the right to social security, these rights are not subject

Box 1: Safety nets and social protection floors

Social assistance forms one aspect of social security.¹⁴ Social security traditionally consists of contributory elements such as private schemes or social insurance which is provided by government, and non-contributory elements such as social assistance and emergency relief.

In contributory schemes, contributions are pooled and benefits are paid out when a specific event occurs, such as unemployment, childbirth, illness or work-related injury. Examples of social insurance include the Unemployment Insurance Fund (UIF), Compensation Fund, the Road Accident Fund and the proposed National Health Insurance. Social assistance programmes, on the other hand, are non-contributory as beneficiaries do not need to pay contributions to receive state support in times of need.

Social assistance has a much broader reach than social insurance in South Africa since social insurance mechanisms (such as UIF) tend to be linked to formal employment. They exclude many who work in the informal sector or who have never been employed.¹⁵ This framework assumes that people of working age will support themselves and their families through employment, and will only require short-term support in times of emergency. But in a country where there is widespread chronic unemployment, the limited support for unemployed adults creates a considerable gap in the social security "safety net". Expanded public works programmes provide work opportunities for unemployed adults, but these are short-term.

Increasingly, countries have adopted a broad social protection approach to preventing and reducing poverty, addressing inequalities and promoting inclusion (see box 2 for the functions of social protection).¹⁶ In 2002, the Taylor Committee of Inquiry into a Comprehensive Social Security System for South Africa recommended adopting a comprehensive social protection approach that "seeks to provide the basic means for all people living in the country to effectively participate and

advance in social and economic life, and in turn to contribute to social and economic development."¹⁷ The approach "embraces the traditional measures of social insurance, social assistance and social services, but goes beyond that to focus on causality through an integrated policy approach, including many of the developmental initiatives undertaken by the State".

Internationally, social protection has gained prominence in recent years,¹ and it now forms part of the United Nation's Sustainable Development Goals. In 2012, a Social Protection Floors Recommendation (No. 202) was adopted at the International Labour Conference, which encourages all member states to define national social protection floors. Social protection floors guarantee access to at least a basic level of income and services needed to secure a minimum standard of living for all. The National Development Plan 2030 also calls for a national social protection floor to be defined. Social grants would constitute a significant element of this social floor.

Box 2: Functions of social protection

- **Protection:** providing relief from poverty and deprivation (e.g. social assistance, social services).
- **Prevention:** averting deprivation (e.g. social insurance, savings clubs and funeral societies).
- **Promotion:** enhancing real incomes and capabilities (e.g. nutrition support programmes, microfinance).
- **Transformation:** promoting social equity and inclusion (e.g. upholding rights of socially vulnerable groups, sensitisation campaigns).

Source: Sabates-Wheeler R & Devereux S (2007) Transformative social protection. *IDS Bulletin*, 38(3): 23-28.

ⁱ However, the International Labour Organisation has noted that in higher-income countries, the difficult economic climate has led to "austerity" measures that threaten progress on income security for children and their families, with child poverty increasing in 19 of the 28 countries of the European Union between 2007 and 2012. See www.ilo.org (World Social Protection Report 2014/15).

to progressive realisation. Since poverty undermines many of these socio-economic rights, social grants provide one mechanism – in conjunction with other services and policies – through which the State can support families and uphold its obligation to realise and protect children’s rights.

Social assistance as social justice

Social grants can also contribute to upholding human dignity, a founding value of the Constitution. Recognising the country’s history of discrimination and exclusion, the preamble to the Constitution includes a commitment to equality and social justice, and to “improve the quality of life of all citizens and free the potential of each person”.¹⁸ The social grants system in South Africa, together with taxes and spending on social services, contributes to building a more equitable society by redistributing income.¹⁹ Social assistance provides support to disadvantaged children and vulnerable groups such as children with disabilities, to level the playing field and promote substantive equality.²⁰

Social assistance as an investment in children and the future

A third reason for providing social assistance for children is that social grants assist households to invest in the health and education of their children, which is critical to longer-term poverty reduction.

The benefits of early childhood interventions are well documented, particularly for disadvantaged children.²¹ Adequate nutrition in a child’s formative years is essential for the child’s physical and cognitive development and lays the foundation for later life. Studies show that receipt of the CSG is associated with improved nutritional and health outcomes for children, including improved growth monitoring and reduced levels of stunting.²² The CSG, together with adult grants such as the Old Age Grant, has been found to support school enrolment and improve learning outcomes.²³ These developmental effects are stronger for children who received the grant early in life and for a continued period.²⁴ In a context of unemployment and poverty, social grants are a way of

investing in the development of children and families, and in South African society. If social grants are complemented by investment in quality public education, health care and other basic services, they have the potential to prevent poverty from being passed on to the next generation.

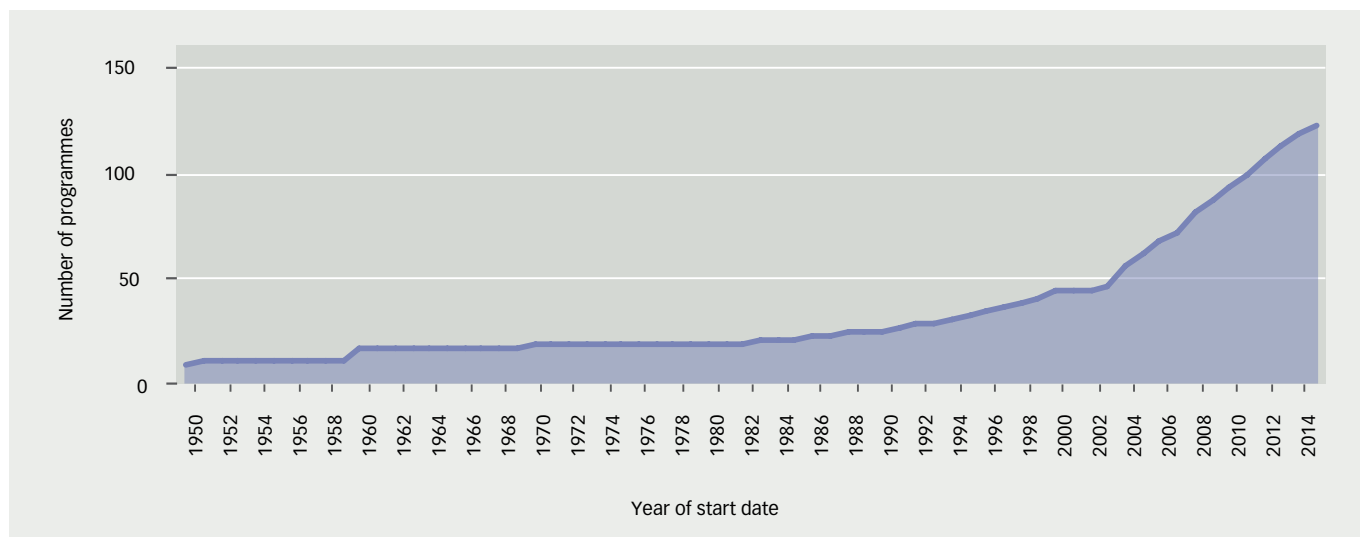
How have social assistance programmes evolved worldwide?

The last decade has seen an explosion of interest in social assistance programmes across the developing world. Today, 130 countries around the world have at least one cash transfer programme in place.²⁵ Africa is the region with the most rapid growth in the number of countries with such programmes. Unconditional cash transfers are now present in 40 African countries, twice as many as in 2010. A recent inventory mapped more than 120 non-contributory programmes on the continent, which are fully or partially financed, designed or implemented by government.²⁶ They range from emergency one-time transfers to well-established child grants, social pensions and conditional transfers with human capital development goals. Unconditional transfers are the most common form in Africa. Most are quite new, with two-thirds launched after 2000.

The upsurge in interest in social assistance, which has been likened to a “quiet revolution”, shows not only in the growing number of countries with programmes in place.²⁷ It also shows in their increasing scale and scope, the steep rise in spending, and the growing share of domestic, as opposed to external, financing. Taken together, non-contributory programmes are reaching about 1.9 billion people in the developing world. More than one-third receive cash – part of a trend to gradually move away from in-kind to cash-based assistance.

Total spending on social assistance in developing countries amounted to US \$329 billion between 2010 and 2014 – about twice the amount needed to lift people out of extreme poverty, if equitably distributed. On average, these countries spend 1.6% of their gross

Figure 1: African non-contributory social protection programmes, by start date



Source: Cirillo C & Tebaldi R (2016) *Social Protection in Africa: Inventory of Non-contributory Programmes*. Brasilia: International Policy Centre for Inclusive Growth UNDP.

domestic product (GDP) on social assistance – half of what South Africa spends (3.2% in 2016). Programmes are generally pro-poor; the best targeted ones devote as much as 50% of benefits to the poorest quintile. With such levels of spending and good targeting, it is not surprising that cash transfers are estimated to have reduced the global poverty headcount by 8% and the poverty gap by 15%.²⁸

Countries are investing in social transfers, irrespective of their income levels. Richer countries tend to spend more as a share of their national wealth. But even in poorer countries, there is a growing tendency to move away from small pilots funded by donors to national programmes implemented at scale and increasingly financed with domestic resources.

In Africa, children (or households with children) are the most common target of cash-based programmes (see figure 2). Only one-fifth of social transfer programmes on the continent impose conditions on beneficiaries; and even when they do, conditions are applied much less rigorously than in other regions.²⁹

South Africa has a well-established, large-scale social grants programmes for children of poor families, and remains a model for many countries. Its rights-based approach has set it apart from conditional approaches to social assistance, which prevail in Latin America. In terms of its scope, the CSG ranks fifth in the absolute number of beneficiaries behind comparable programmes in much more populous countries – China, Indonesia, India and Malaysia.³⁰

As the implementation of rigorous impact evaluations became embedded in the design, rollout and scale-up of social grants, evidence of their socio-economic and developmental impacts on families and children has kept expanding.³¹ This, in turn, has fuelled the growth of existing programmes and the proliferation of new ones, in a “virtuous cycle” of policy-relevant knowledge breeding programme expansion, which then feeds back into the growing body of evidence on impacts.

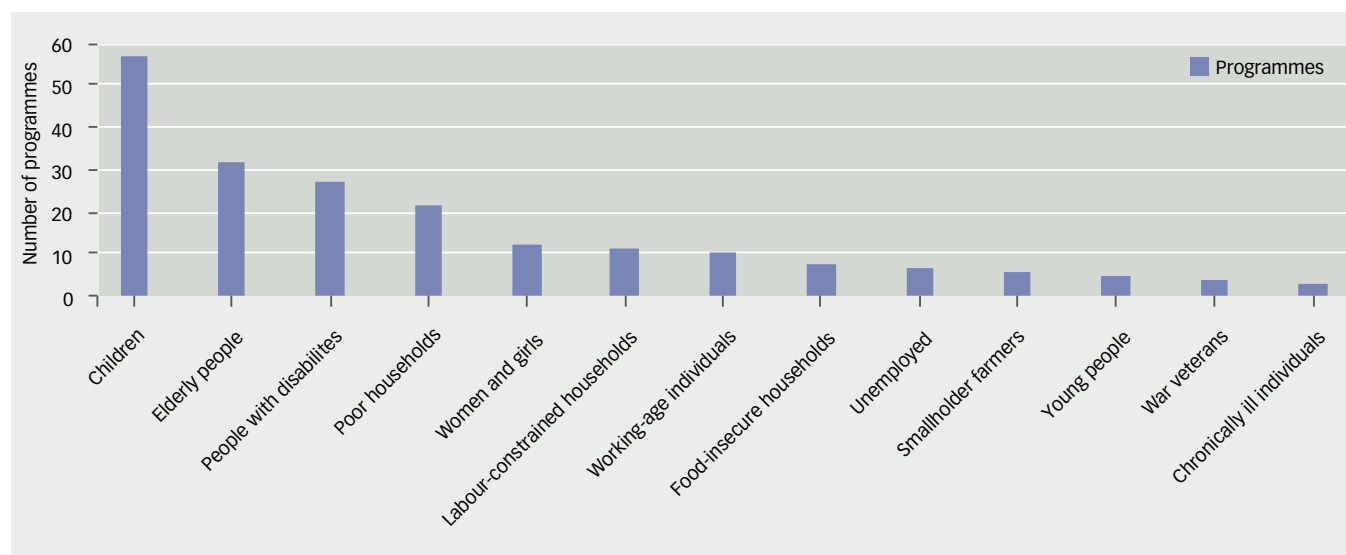
Thanks to this knowledge, it is easy to understand why social assistance has triggered a “quiet revolution” in the developing world.³² Simply put, cash grants work. A programme like the CSG reduces household poverty and inequality, improves child well-being, and can help unleash the productive potential of South Africa’s poor.

What social grants are provided in South Africa?

There are several distinguishing features of the South African social grants system.

- First, the system is more extensive in scope than in many developing countries, with social grants reaching 30% of the population.³³ This is in part due to its origin in the introduction of elements of welfare provision for white and coloured people in the early twentieth century, which were subsequently expanded to the rest of the population.³⁴
- Second, rather than being donor-driven or funded, the system is grounded in a constitutional right to social security, formalised in national legislation and funded entirely from tax revenue (income tax and VAT). This contributes to the level of political commitment and sustainability, and enables government to be held accountable for progressively realising the right to social security.³⁵
- Third, South Africa has adopted a system of unconditional social grants, which means that beneficiaries do not have to carry out certain behaviours to continue receiving the grant (see box 3 on p. 28).ⁱⁱ Many of the social assistance programmes established in Sub-Saharan Africa over the past decade have adopted this unconditional approach, with some exceptions such as Tanzania.

Figure 2: Target groups of non-contributory social protection programmes in Africa



Source: Cirillo C & Tebaldi R (2016) *Social Protection in Africa: Inventory of Non-contributory Programmes*. Brasilia: International Policy Centre for Inclusive Growth UNDP.

ii A “soft” condition relating to school attendance has been attached to the CSG, but compliance is not enforced.

Box 3: The challenge of conditionalities

Social grants in South Africa are unconditional, which means that beneficiaries do not have to carry out certain actions – such as attending school or immunising the child – to continue receiving the grant.ⁱⁱⁱ Conditions are different to eligibility criteria, which are the requirements for accessing the grant.

This model differs from the well-known conditional cash transfer (CCT) programmes which emerged in Latin America, such as *Oportunidades* in Mexico and *Bolsa Família* in Brazil. Conditional cash transfers are provided on the condition that recipients adopt certain “desirable” behaviours, usually related to children’s access to education and health services.

What are the arguments for imposing conditions?

- Proponents argue that making grants conditional on education or health-related behaviours addresses the causes of poverty and so has a greater impact on longer-term poverty reduction.
- Conditions may be used to address disadvantage, such as providing grants on the condition that girls attend school.
- Social grants may be more politically acceptable to policy-makers and middle-class taxpayers if poor people are required to do something in return for receiving grants, rather than receiving what some see as a “welfare hand-out”.

However, South Africa’s Child Support Grant is a clear example of an unconditional social grant that has positive effects on child nutrition, health and educational outcomes – the outcomes that most conditions aim to address – without attaching specific conditions for the continued receipt of grants.

The issue of conditionalities is contentious, as there is little evidence of the extent to which conditions themselves, rather than access to cash, lead to improved outcomes. Several experiments, mainly supported by the World Bank, have compared conditional and unconditional cash transfers to address this question. Studies conducted in Morocco, Burkina Faso, Kenya and Malawi generally found little difference

between the two, or found mixed results within one study.³⁶ For example, a controversial study in Malawi compared the effects of unconditional cash transfers and transfers conditional on school attendance of adolescent girls.³⁷ The study found that both improved school attendance; later analysis suggested the effects were stronger in the CCT arm of the study. But the unconditional cash transfer was associated with substantially lower rates of teen pregnancy and early marriage, showing that UCTs provide benefits beyond the particular desired behaviour.

What are some of the arguments against conditions?

- The South African experience demonstrates that providing income support often results in increased use of public services, without enforcing conditionality.
- Social security is a right, which should not be conditional on carrying out specific behaviours; conditions also limit people’s choice on how the transfer should best be spent.
- Extremely poor households that are most in need of income support are also the households that are most likely to find conditions difficult to meet. Conditions are most likely to discriminate against those who are already disadvantaged in their access to public education or health care facilities, impeding their access to social grants as well.
- Attaching conditions to social grants makes the system more complicated and expensive, both for governments in monitoring compliance, and for beneficiaries. There are also costs involved for institutions such as schools, placing further strain on an already overburdened system.³⁷
- Given children’s inequitable access to schools and clinics and the challenges associated with the quality of both education and health care in South Africa, it makes more sense to focus on improving the quality and supply of these public services, rather than attaching conditions that could further exclude poor children and their caregivers.³⁹ This is particularly the case regarding conditions linked to school attendance, since levels of school enrolment are already high.

Social assistance consists of long-term social grants and emergency relief. There are seven non-contributory, unconditional social grants available in South Africa. There are three for children (the Child Support Grant, Foster Child Grant and Care Dependency Grant), and four for adults (Old Age Grant, Disability Grant, War Veteran’s Grant, Grant-in-aid). There are no grants available for unemployed, able-bodied adults. Most of the social grants are means-tested, which means that applicants must earn below a prescribed income threshold to be eligible. Temporary relief is also available in the form of Social Relief of Distress.

As shown in table 1, the CSG has by far the largest reach in terms of the number of beneficiaries. But despite reaching almost four times as many beneficiaries as the Old Age Grant (OAG), the budget allocation for the CSG is still lower than for the OAG due to the low monetary value of the CSG. The total social grants budget allocation for 2016/17 amounts to 3.2% of GDP.⁴⁰

ⁱⁱⁱ In late 2009 a “soft” condition relating to school attendance for children aged 7 to 18 years was attached to the CSG. This is a “soft” conditionality since non-attendance at school does not lead to the grant being stopped.

Table 1: Comparison of reach, monthly grant value and budget allocation of social grants in South Africa

Social grants	No. of beneficiaries (Mar 2016)	Monthly grant value (Oct 2016)	Budget allocation (2016/17)
Child Support Grant	11,972,900	R360	R52.0 billion
Old Age Grant	3,194,087	R1,510	R58.9 billion
Disability Grant	1,085,541	R1,510	R20.4 billion
Foster Child Grant	470,015	R890	R5.5 billion
Care Dependency	131,040	R1,510	R2.7 billion
All social grants ^{iv}	16,991,634	-	R140 billion

Sources: Statistical report no.3 of 2016 (March), Pretoria: South African Social Security Agency. Budget Review 2016, Pretoria: National Treasury.

The Social Assistance Act (2004) provides the national legislative framework for the provision of social grants. The national Department of Social Development is responsible for policy, legislation and funding of social assistance, while the South African Social Security Agency (SASSA) is responsible for the administration and delivery of social grants.

Social assistance and support for children

While the FCG and CDG have been available for many years, the CSG is a relatively new grant that was introduced in 1998. It replaced the State Maintenance Grant which was racially biased and limited

Table 2: Comparison of child social grants

	Child Support Grant	Care Dependency Grant	Foster Child Grant
Purpose	Income support for caregivers of children living in poverty	Income support for caregivers caring for children with a physical or mental disability who require and receive permanent care or support services (requires a medical assessment)	Support for foster parents who have been legally appointed by the court to care for a child (requires a valid foster care court order)
Grant value (per child per month, October 2016) ^v	R360	R1,510	R890
Means test (income threshold requirements, October 2016)	Single: R43,200 per year	Single (single income): R181,200 per year	Not means-tested (income not taken into account)
	Married (joint income): R86,400 per year	Married (joint income): R362,400 per year	
Age threshold ^{vi}	Below 18 years	Below 18 years	Below 18 years; may be extended to below 21 if foster child is in education or training

Sources: South African Social Security Agency (2016) *You and Your Grant 2016/17*. Pretoria: SASSA.

iv The War Veteran's Grant and Grant-in-aid are not shown in the table but are included in the total number of "all social grants". The War Veteran's Grant is provided to adults 60 years or older who are in need and served in the Second World War or the Korean War. Grant-in-aid is intended for adults who are in need of full time assistance from another person due to disability and are already receiving one of the other adult grants.

v The grant amounts (and associated income thresholds for the means test) are increased each year, usually in line with inflation. The budget allocation and individual grant amounts are announced in the budget speech in February each year, and come into effect on 1 April. A further increase took place in October 2016.

vi The Bill of Rights in the South African Constitution defines a child as a person under the age of 18 years.

vii For example, the current annual value of the CSG is R360 x 12 months = R4,320. Ten times this value gives R43,200, the value of the income threshold for a single primary caregiver.

in reach, but which was higher in value and had a child component and a parent component (see essay on p. 39).

The CSG is a means-tested grant for children living in poverty. It is intended as a contribution to the cost of meeting a child's basic needs. The grant is available to children of primary caregivers with a monthly income that falls below a set income threshold (see table 2). The means test remained unchanged for the first 10 years, but since 2008 it has been set at 10 times the annual value of the grant for a single primary caregiver (or double that amount for the combined income if a caregiver is married).^{vii} Each year the grant value – and therefore the income threshold – is increased, usually in line with inflation. As of October 2016, the value of the grant was R360 per month.

The CSG was initially introduced for children under the age of seven years to support the nutritional needs of young children. However, with the active advocacy of civil society, the reach of the grant has expanded substantially. This has been driven largely by increases in the age eligibility criteria and changes to the means test and income threshold. Increased awareness of the grant through both government and civil society efforts, and improvements in implementation also contributed to the expansion. Since 2012, the grant has been available to all children under 18 years whose caregivers meet the means test requirements.

Despite this broad coverage, 18% of eligible children – and particularly infants – are still not accessing the CSG.⁴¹ And although the monetary value of the grant is now increased each year, the value started from a low base of R100 per month and remains low relative to the basic needs of a child.

Two other grants are available for particularly vulnerable groups of children with special needs. Although much smaller in reach than the CSG, both have grown in scale in recent years and are significantly higher in value.

The Care Dependency Grant (CDG) is a means-tested grant available to primary caregivers of children who (as a result of a physical or mental disability) require and receive permanent care or support services. To be eligible for a CDG, the child must be assessed by a medical officer and may not reside in a state institution (see case 2 on p. 65). The value of the grant in October 2016 was R1,510.

The Foster Child Grant (FCG) is available to foster parents who have been appointed by the court to care for a child in need of care and protection. Foster parents must be in possession of a valid court order to be eligible for the FCG. Because the grant is intended to support the child protection system rather than address poverty, it is not means-tested and is available to foster parents irrespective of their income. The value of the grant in October 2016 was R890 per child per month, more than double the value of the CSG. In the context of the HIV epidemic, the foster care system has become a source of support for family members caring for orphaned children.⁴² The effects of this are discussed in the essay on p. 68.

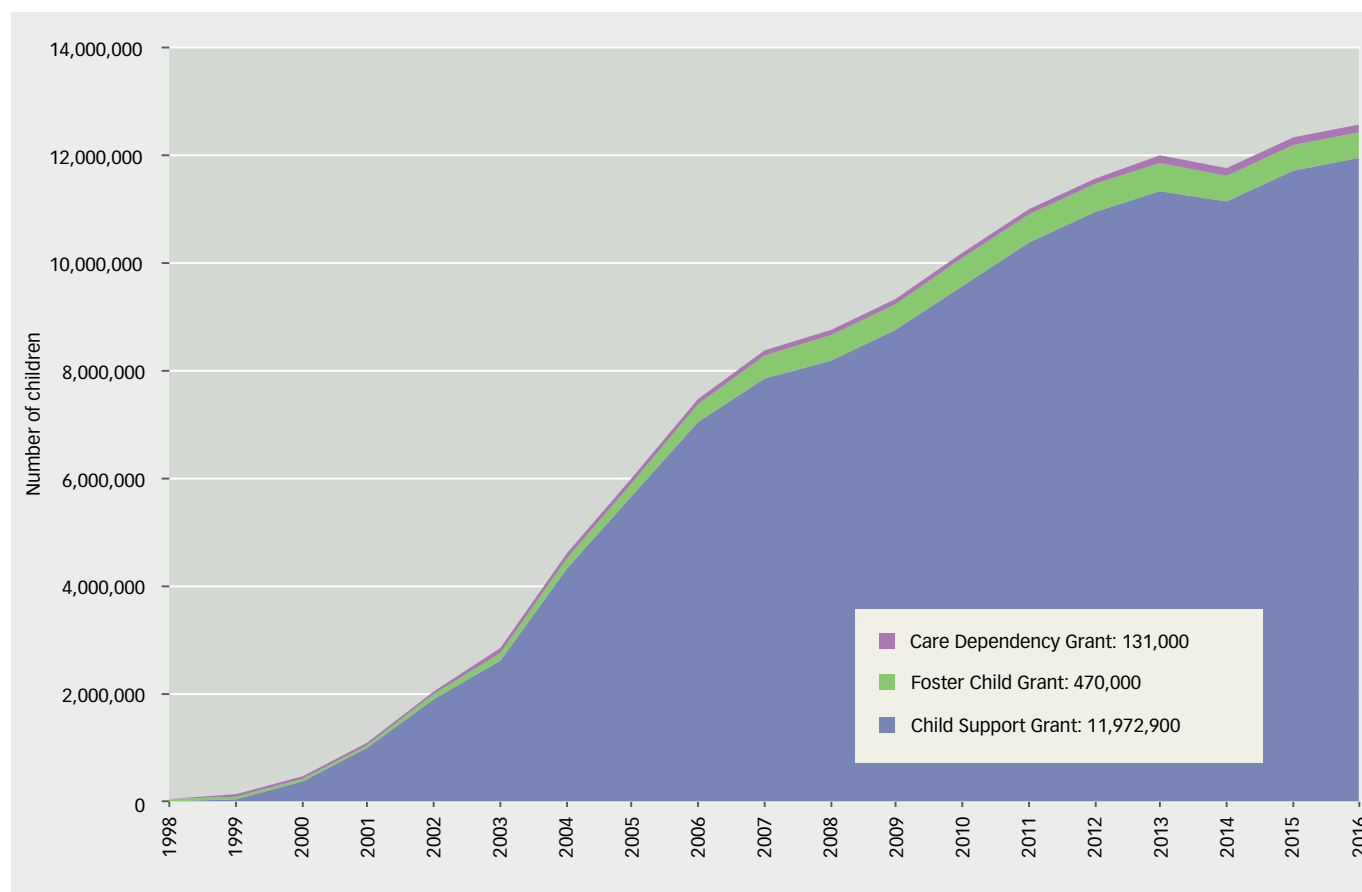
Children may also benefit indirectly from grants received by adults in their household, such as the OAG or Disability Grant, which have a greater monetary value. The OAG in particular has been shown to be spent in ways that have beneficial impacts on other members of the household, including children.⁴³ Children living in households in distress may benefit from Social Relief of Distress, a form of emergency relief sometimes provided as food parcels or vouchers. It may be paid to those awaiting payment of an approved social grant, or in disaster situations such as flooding.

Other support services for children

Social grants are the government's most direct – and largest – poverty alleviation intervention, but income support measures alone will not fully address the multi-dimensional nature of poverty. They are intended to form part of a broader package of complementary measures aimed at increasing access to services and enabling caregivers to provide for children's varied needs.

For example, CSG beneficiaries are exempt from paying school fees. Other measures form part of the "social wage": the school nutrition programme, "no-fee" schools in poor communities, free health care for pregnant women and children under the age of six, and free primary health care at public facilities. At a household

Figure 3: Access to child grants, 1998 – 2015



Sources: National Treasury (1998 – 2007) *National Treasury Intergovernmental Fiscal Review*. Pretoria: National Treasury; South African Social Security Agency (2008 – 2015) SOC PEN monthly reports. Pretoria: SASSA. Analysis by Katharine Hall, Children's Institute, UCT.

Note: SOC PEN figures are taken from 31 March each year (the financial year-end).

level, this includes access to free basic services (such as water and sanitation) and free and subsidised housing for poor households.

Together these measures aim to enable children living in poverty to access the resources and services they need to grow, and go some way to building a comprehensive social protection system.⁴⁴ But lifting children out of poverty also requires improvements in the availability and quality of schooling, health and social services; policies that address the structural causes of poverty and inequality; and increased work opportunities for children to access when they are older.⁴⁵

Conclusion

A substantial body of evidence has emerged which shows that social grants have contributed to reducing child poverty and improving health, nutrition and education outcomes for children. Gaps and challenges remain in the implementation and coverage of social security, but social grants have proven to be a valuable tool for improving the situation of children in South Africa.

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Children's contexts: Household living arrangements, poverty and care

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The socio-economic contexts in which children live, their families, households and relationships with others impact on their need for social assistance and their access to it. Child grants are paid to adults on behalf of children, so it is important to consider children's household contexts and care arrangements in order to ensure the effectiveness of social assistance. This essay looks at where and with whom children live, and the implications for social assistance.

The essay addresses the following questions:

- How is the child population distributed across South Africa?
- What are the patterns of child poverty?
- With whom do children live?
- How does gendered poverty affect children?
- What do children's households look like and how are they changing?
- How mobile are children and what does this mean for targeting grants?

How is the child population distributed across South Africa?

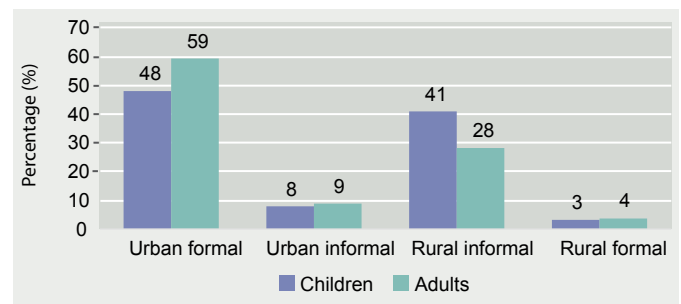
In 2014 there were 18.5 million children in South Africa, who account for one-third (34%) of the total population.ⁱ The overwhelming majority (84%) of children in South Africa are African, with 8% being coloured, 5% white and 2% Indian. Boys and girls are almost equal in number, whereas among adults women outnumber men because of greater longevity.

Child and adult populations are distributed differently

There are some striking differences in the distribution of children and adults (see table 1a on p. 106). Poor provinces such as Eastern Cape, Limpopo and KwaZulu-Natal account for a larger share of children than of adults. Conversely, Western Cape and Gauteng account for larger shares of adults than of children.

Figure 4 shows that children are more likely than adults to be found in the rural informal (or former "homeland") areas, and less likely than adults to live in urban formal areas, which tend to be wealthier. Nevertheless, overall, nearly half (48%, or 8.9 million) of all children live in urban formal areas, and 41% (7.6 million) in the former homelands.

Figure 4: Distribution of children and adults, by area type, 2014



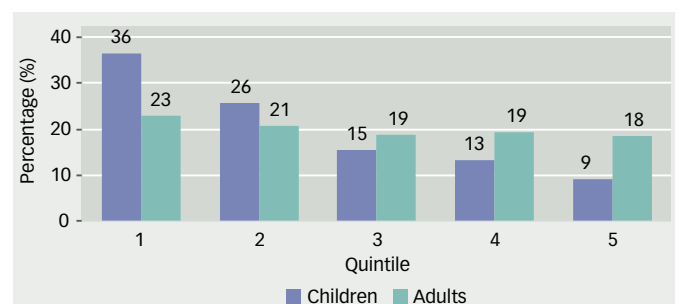
Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. [Weighted data] Calculations by Debbie Budlender.

What are the patterns of child poverty?

Children are disproportionately concentrated in poor households. The patterns of child poverty can be shown by categorising households into income quintiles,ⁱⁱ where quintile 1 contains the poorest fifth of households and quintile 5 the wealthiest fifth. Because poorer households tend to have more members, more than a fifth of the population is found in quintile 1, while less than a fifth is found in quintile 5. However, as with the distribution by province and area type, there are differences between the distributions of children and adults.

Figure 5 shows that children are over-represented in poor households, with more than one-third (36%) in quintile 1, compared to less than a quarter (23%) of adults. At the other end of the spectrum, relatively few children (9%) live in wealthier quintile 5 households, compared to 18% of adults.

Figure 5: Distribution of children and adults, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. [Weighted data] Calculations by Debbie Budlender.

i Unless otherwise specified, the statistics cited in this chapter are from the authors' analysis of the General Household Survey of 2014, a nationally representative household survey conducted by Statistics South Africa.

ii We have used per capita household income to calculate the income quintiles. The total income to the household is divided by the number of household members. The per capita incomes are then ranked at household level to derive the household quintiles.

Box 4: Poverty lines and grant amounts

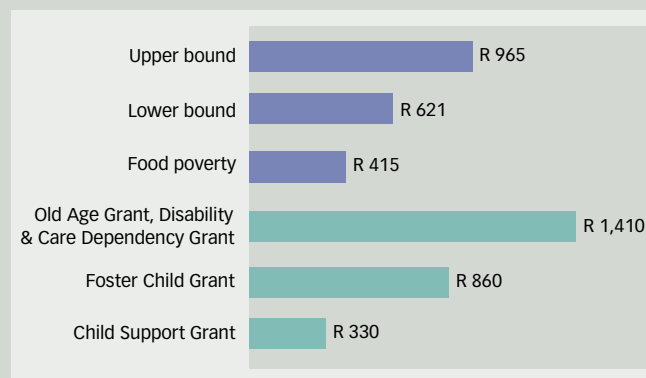
South Africa does not have an official poverty line, but Statistics South Africa has proposed three national poverty lines: an upper bound poverty line, a lower bound poverty line and a food poverty line. The food poverty line is the most severe: people living below this level of income are unable to afford even a minimum balanced diet. The lower bound poverty line allows enough income for people to be adequately nourished, but only if they sacrifice other essential items such as clothing. The upper bound poverty line is the minimum required for people to afford both adequate food and basic non-food items.

The proposed poverty lines were set in 2012. In 2015, the value of the food poverty line (after adjustment for inflation) was R415 per person per month, the lower bound poverty line was R621 per person per month and the upper bound poverty line was R965 per person per month.

As shown in figure 6, the values of social grants are very different. While the Old Age Grant, Disability Grant and Care Dependency Grant are well above the upper bound poverty line, the Child Support Grant (CSG) is below even the food poverty line. This is inconsistent with the recommendations of the Lund Committee, whose proposals formed the basis for the

introduction of the CSG in 1998. In considering the amount of the CSG, the Lund Committee recommended that “the level of the grant would be derived from the Household Subsistence Level [age-based estimates] for food and clothing for children.”² The CSG has been successful in reaching large numbers of children, but the value of the grant is clearly below what was originally planned as it does not even cover basic food costs.

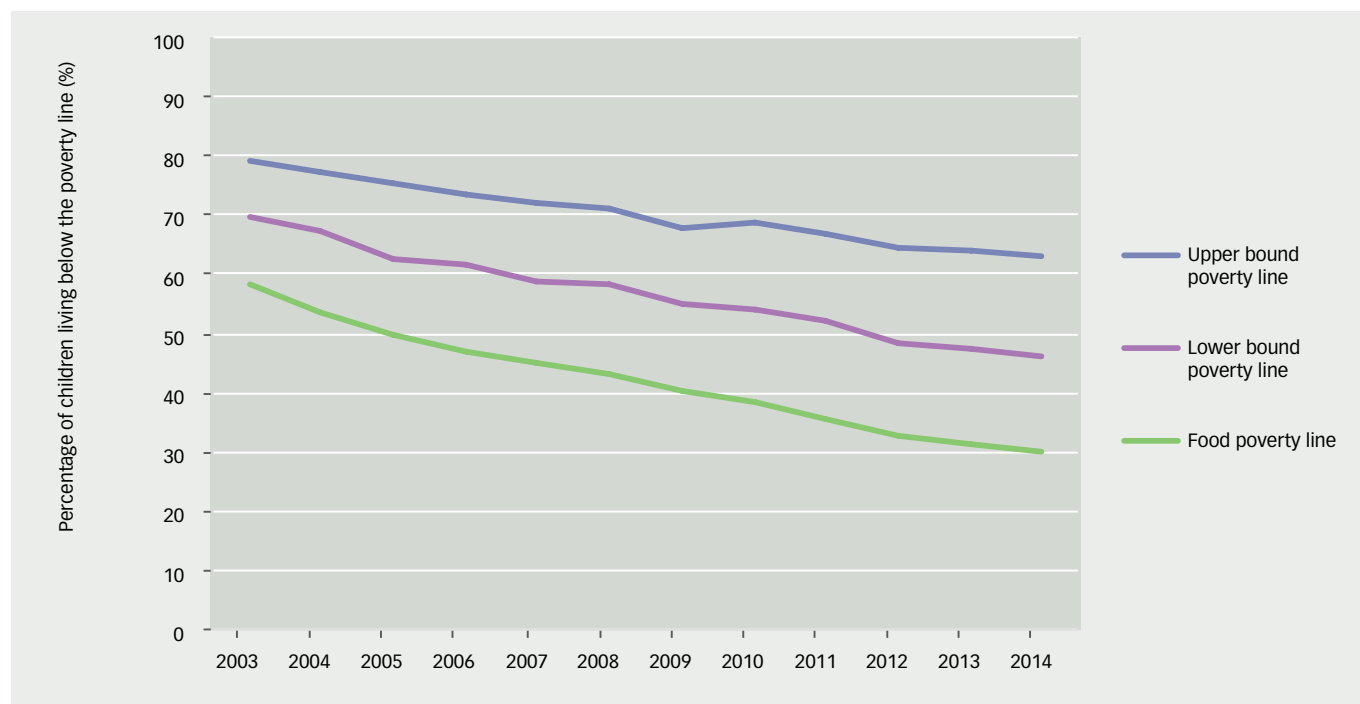
Figure 6: Values of Statistics South Africa poverty lines and grant benefits in 2015 Rand values



Income and area type are inter-related in that nearly half (48%) of all people living in former homeland areas are in quintile 1, as compared to 27% in urban informal areas, and 16% in urban formal areas. The link between area type and income mirrors a similar link between race and income: 41% of African children (and 33%

of Africans of all ages) are in quintile 1, against only 1% of white children and adults. Although African children living in homeland areas are most likely to be poor, there are still high levels of child poverty amongst other race groups and in other area types, and the need for grants is widespread.

Figure 7: Child poverty rates, 2003 – 2014



Source: Statistics South Africa (2004 – 2015) *General Household Survey 2003 – 2014*. Pretoria: Stats SA. [Weighted data] Calculations by Katharine Hall.

Child poverty rates have decreased over time

Child poverty can be measured in many different ways. Using simple income poverty headcounts (i.e. the number of children in households where per capita income is below the poverty line), it is clear that child poverty has declined substantially. Figure 7 traces income poverty rates for children over a 12-year period, using the three national poverty lines proposed by Statistics South Africa (see box 4 on p. 34 for definitions of the poverty lines).

Arguably, the upper bound poverty line is the most appropriate of the three poverty lines for monitoring child poverty, as children's basic needs must be fulfilled if they are to survive and flourish. It is therefore of concern that over half of children in South Africa still live in poverty when using this measure.

Children living below the lower bound poverty line are likely to be under-nourished, while those below the food poverty line will almost definitely be under-nourished as the poverty line itself is linked to the minimum cost of basic nutrition. At the very least, no children should be below the food poverty line. Malnutrition is an underlying factor in child illness and death – especially in young children – and its negative effects on cognitive development and educational outcomes are well documented. Food poverty therefore perpetuates multiple dimensions of poverty and inequality. While the percentage of children living below the food poverty line has halved (from nearly 60% in 2003 to 30% in 2014), the numbers remain high: over 5.5 million children live in households where per capita income is below the national food poverty line.

With whom do children live?

The report of the Lund Committee acknowledged that social assistance targeted to children should take into account the prevailing household and care arrangements, particularly those in poor households. It noted that family life had been shaped by apartheid policies, and that a range of household characteristics needed to be taken into account when designing a social security programme for children. Poor households tended to be multi-generational, particularly in rural areas where children lived with both parent/s and grandparent/s. In many households the middle generation was incomplete or absent due to labour migration or parental death. Many men established dual households (for example, having urban and rural homes), and many children were born outside formal partnerships. Household boundaries were also fluid due to the movement of both adults and children. Many children, especially those living in poverty, were not continuously parented by either or both of their biological parents.

All of these considerations were documented by the Lund Committee,³ which from the start recommended that the CSG be targeted at the primary caregiver of the child (as opposed to the biological mother), and that the grant should “follow the child”, thus taking into account mobility and changing care arrangements. As outlined in the Lund report, the advantage of this approach is that it “resolves the problem of how to define the family in such a complex and multi-cultural society. It says that children, however many in a household, of whatever status, are important and need to be protected”.⁴

The success of the CSG in reaching vast numbers of beneficiaries is largely due to this carefully considered approach to targeting at its inception. As will be shown below, many of the social factors, household forms and care arrangements described by the Lund Committee continue to hold true.

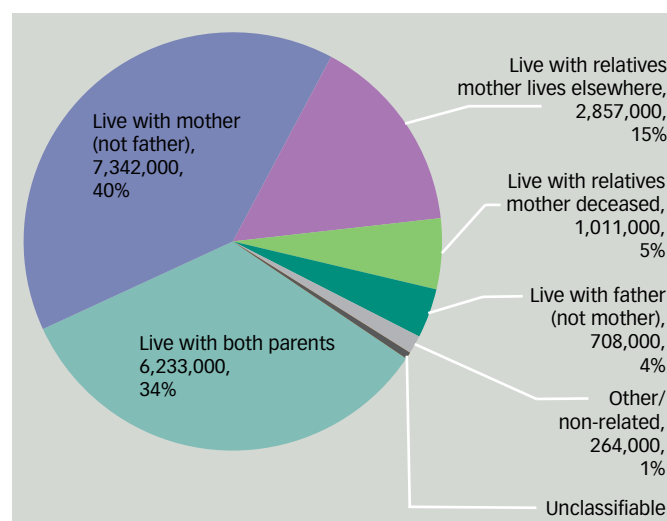
Parental co-residence and child care arrangements

The number of children living without their parents in South Africa is unusually large, relative to the rest of the world and even within the region.⁵ This is partly due to orphaning, but mostly due to parents living elsewhere⁶ – for example, because the child's parents are not married or living in a partnership, or the partnership dissolved, or because parents need to work elsewhere and cannot care for children at the place where they work. In these instances, other family members, such as grandmothers, play an important role in caring for children.

Children are far less likely to live with their fathers than with their mothers. Again, this is partly due to orphaning (children are more likely to be paternally than maternally orphaned), but in the majority of cases it is related to gender relations and gender roles: men have historically been more likely than women to migrate for work, fathers are often not in ongoing relationships with the mothers of their children, and are simply more absent from children's lives. In 2014, three-quarters of children lived with their biological mother, while 39% lived with their biological father, and only a third of children lived with both parents.

Figure 8 shows the variety of co-residence arrangements for all children in South Africa. Just over one fifth (21%) of children, or 3.7 million, do not live with either of their parents. In virtually all these cases, the child is living with other relatives – most usually grandparents. In the absence of parents, the responsibility for child care and financial support often falls on grandmothers and other female relatives.

Figure 8: Children's co-residence arrangements, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. [Weighted data] Calculations by Katharine Hall.

As with the distribution of child poverty, parental co-residence is linked to spatial and racial inequalities as well as to income. Only 17% of children in the poorest quintile had both their parents living with them, compared to 76% in the richest quintile. Given that it is mostly children in poor households who do not have co-resident parents, social grants help to alleviate some of the financial burden on relatives who provide for them.

Nearly half of children living in urban formal areas live with both their biological parents, compared with only 19% of children in the former homelands. Nearly a third of children in the former homelands have no co-resident parents. Rural households have historically taken on the burden of care for dependents of migrant workers.

Adult labour migration continues to fragment families. Rates of labour migration have risen among women⁷ and the number of children with absent living mothers has not decreased since 2002. In fact, it is the availability of other family members, particularly older women, to provide free child care that enables some mothers to leave their children to go in search of work.⁸

Contact between children and absent parents

Some critics of the social grant system may argue that grants let parents off the hook because absent parents no longer need to send money to support their child. There are three main counter-arguments to this. First, the amount of the CSG is not enough to provide for a child's basic needs. Second, unemployment rates are high, and many absent parents who have migrated to seek work are not in a position to send money home. Third, as outlined below, the majority of absent mothers remain in contact with their children at least a few times a year, and a substantial proportion send money at least occasionally.

As shown in table 3, more than half of children whose mothers are living elsewhere see their mothers every month or more frequently. The rate of contact is lower for children with absent fathers, but just over 40% see their father at least every month. Only 8% of absent mothers "never" see their child, compared to a much higher percentage of absent fathers.

Table 3: How often do children see their absent mother or father?

	Mother	Father
Every day	5%	5%
Several times a week	13%	12%
Several times a month	38%	24%
Several times a year	31%	25%
Never	8%	28%
Don't know / missing	6%	5%
Total	100%	100%

Source: Southern Africa Labour and Development Research Unit (2008) *National Income Dynamics Study: Wave 1* [dataset]. Version 6.1. Cape Town: Southern Africa Labour and Development Research Unit [producer], 2016. Cape Town: DataFirst [distributor], 2016
Note: Based on children whose mother/father is alive but not living in the household.

Nearly half (48%) of children with absent mothers are reported to receive some financial support from their mothers, and 39% of children from absent fathers.⁹

Time use of parents

Child grants assist with the financial costs of caring and providing for children. Yet these are not the only costs incurred by caregivers of children. Women, in particular, spend substantial amounts of time providing physical, emotional and other forms of care for children.

Table 4: Time spent on child care by sex of adult household members, and the age and location of their children

Situation of adult household members in respect of children	Child care time spent on children under 7 years		Child care time spent on children under 18 years	
	Adult males	Adult females	Adult males	Adult females
Does not have any biological children	2	9	1	8
Has children, but not in household	1	4	3	16
Has children living in household	13	80	8	56

Source: Statistics South Africa (2013) *A Survey of Time Use*. Pretoria: Stats SA.
Note: Time calculated as mean number of minutes per day.

In Statistics South Africa's 2010 time use survey, more than 80% of men living with children under seven years of age did not report having done any child care in the previous 24 hours. In contrast, only 32% of women living with one young child, and 25% of women living with three young children, reported no child care.

Table 4 shows that mothers living with one or more of their own children under seven years did an average of 80 minutes of child care per day, compared to only 13 minutes for fathers. Living in the same household as a young child is an even stronger determinant than gender of the amount of time spent on unpaid care work and child care in particular.¹⁰

How does gendered poverty affect children?

We have already seen that the burden of child care falls mainly on women. Women also carry a large responsibility for children's material support, particularly as large numbers of children are born outside of marriage or stable partnerships.

Low marriage rates

Population censuses in South Africa provide evidence of declining marriage rates dating back at least as far as 1960. The reasons offered for this trend differ across analysts, and it is likely that multiple factors have contributed. What is, however, clear is that the decline in marriage is not something new.

In 2014, only 32% of women and 30% of men aged 18 years and above were legally married under civil or customary law, with a further 11% of both women and men living together “like husband and wife”. Among those aged 50 years and above, 14% of women and 10% of men had never been married.

Childbearing and rearing is to a large extent delinked from marriage in South Africa. More than nine in every 10 infants under a year (92%) live in the same household as their mother. However, only 28% of the mothers are married, with a further 16% living together with a partner. These already low numbers may in themselves constitute an over-estimate in that the spouse or partner of the mother may not be the father of the young child. The low rate of marriage or co-habitation of parents serves as a further indicator of the extent to which the responsibility for supporting children both financially and in other ways falls predominantly on the shoulders of women. Legally, non-resident parents are required to contribute to their children’s maintenance whether or not they are or were legally married to the other parent.

Ideally, South Africa would have systems to ensure that fathers provide maintenance for their children. But given the ineffectual maintenance system, combined with high unemployment and gendered poverty, grants are vital for alleviating the strain on women who are sole providers for children.

Employment and earnings

The gender differences in poverty rates between women and men can partly be explained by differences in earnings. For example, a 2009 analysis of women and poverty found that 57% of people earning less than R600 per month were women.¹¹ Administrative tax data provide further evidence of the disparities. In 2014, women accounted for 44% of assessed individual taxpayers, but earned only 37% of taxable income. On average, women earned 24.5% less than men when measured by taxable income.¹²

The disparity in earnings is experienced by women who are fortunate enough to be employed. In late 2015, the unemployment rate for women stood at 26.9% as against 22.5% for men.¹³ Women are thus less likely than men to be employed and, if employed, they are likely to earn substantially less than men.

The 2009 study¹⁴ also found that women are far more likely than men to live in households where there are no resident employed men, where there are only employed women or where no resident household member has employment. Over the period 1997 – 2006 women became increasingly reliant on income received by women – whether earnings or grants.

What do children’s households look like, and are they changing?

A nuclear family household is defined as one that consists of a mother and father, their children, and no other members. In 2014 only 20% of children lived in nuclear households, and only 17% of the 14.5 million households in the country were nuclear families.

In 2014, more than half (55%) of South Africa’s children lived in two-generational households, with a further 40% in three-generational households. Three-generational households tend

to be vulnerable because they have more mouths to feed. Only about 50,000 children – about two in every thousand – were found to be living in child-headed households. These patterns have not changed substantially since 2004.

Only 11% of children lived with only one adult in 2014. Thus in most cases single parents who live with their children also have other adults living in the household. However, these other adults do not have a legal obligation to contribute to the child’s upkeep unless they are grandparents of the child. Even if grandparents are receiving a pension, the means test for the CSG is clear that other social grants should not be counted into the caregiver’s income.

How mobile are children and what does this mean for targeting grants?

Most children live in “complex” rather than nuclear family households. Households are fluid and may be constantly changing due to birth, death, migration and/or inter-household movement of both adults and children. Children may move together with their mothers, other caregivers or entire households, in which case the adult recipients of child grants would not change but grants may be received in a different place. Children or their caregivers also sometimes move separately between households. This can result in a change in care arrangements, in which case their grants may need to be received by different adult caregivers.

Ten percent of children under 15 years in 2011 had moved municipality at some stage in the 10 years between the 2001 and 2011 censuses. This represents 1.5 million child movers and accounts for 18% of all those who moved across municipalities over the decade. Migration rates peak in the 20 – 34-year age group which are also the prime years for child-bearing, after which both fertility rates and migration rates decline. The overall picture is that both children, and adults in their child-bearing years, are highly mobile.

Targeting programmes and interventions to such a mobile population is challenging, and the success of the social assistance programme is partly due to its flexibility, which allows it to follow individual beneficiaries (or, in the case of child grants, allows for the adult beneficiary, the “caregiver”, to change).

Conclusion

The social assistance programme for children has succeeded in reaching vast numbers of children despite the unusual and complicated household and child-care arrangements in South Africa. Targeting of the CSG has been successful despite low marriage rates, low parental co-habitation rates, high orphaning rates, changing care arrangements, adult migration, household fluidity and child mobility. This is because the targeting mechanism was well thought through from the outset: It targets individuals rather than households or families; it is meant to target *de facto* caregivers rather than mothers specifically; and it is designed to follow the child, thereby (in theory if not always in practice), accommodating mobility and changes in care arrangements.

This success is something to build on. There are opportunities for improving the reach and increasing the impacts of social assistance to children. Possible approaches and options are discussed in subsequent chapters of this issue.

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The evolution of the Child Support Grant

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Over the past 20 years, the Child Support Grant (CSG) has had a remarkable trajectory, driven by a range of political, social, economic and institutional factors. It has charted a successful course from a small, targeted policy, towards establishing its foundation as a constitutional right, and incrementally expanding its scope. The CSG currently reaches almost 12 million children¹ and is recognised as one of South Africa's most effective poverty reduction programmes. It is also acknowledged internationally as a successful social policy innovation for children in the Global South.²

This essay describes three phases in the evolution of the grant: the conception of the grant, its incremental expansion, and its current phase of "maturity". It addresses the following questions:

- What political, economic and social factors shaped the conception of the CSG?
- What choices and trade-offs were made by government and civil society stakeholders in negotiating the expansion of the CSG?
- What factors are likely to shape the CSG policy going forward?

What political, economic and social factors shaped the conception of the CSG?

When the African National Congress came to power in 1994, social grants were only available to a small percentage of the population, reaching three million older persons, people with disabilities, parents and children. Social assistance for children consisted of three programmes: the Foster Child Grant (FCG) for children placed in foster care through the courts, the Care Dependency Grant (CDG) for caregivers of children with disabilities requiring full-time care, and the State Maintenance Grant (SMG) for single parents with minor children. The SMG reached 200,000 women and a similar number of children – and in 1995/1996 made up 12% of the country's total spending on social assistance.³

The SMG, in particular, was subject to strong criticism for its unequal racial and geographical distribution. In 1990, only 0.2% of African children received the SMG.⁴ Children living in rural areas were often excluded because of a lack of awareness of the grant, and transport and administrative barriers.⁵ Some of the homelands and bantustans did not administer the SMG at all, while others administered only one component.⁶ The SMG had been modelled early in the last century on the notion of a nuclear family with the father as the primary bread-winner, a concept that was out of step with the changing structure, realities and challenges of family life in South Africa.⁷

In 1995, the SMG consisted of a parent allowance of R410 and a child allowance of R127 for each child.⁸ The expense of extending the SMG to the whole population was deemed unaffordable at an estimated cost of R12 billion, which was equivalent to the total social assistance budget in 1995/1996.⁹ Given the financial implications of extending the SMG to all population groups, the Lund Committee for Child and Family Support was appointed by the Minister for Welfare in 1996 to advise policymakers on equitable alternatives.¹ The White Paper for Social Welfare (1997) identified the establishment of an intersectoral commission as a channel to build consensus about the provision of family support and to support the reform of the private maintenance system.¹⁰

The Lund Committee assessed several policy options in terms of their potential to progressively realise children's constitutional and international rights, albeit within strict fiscal constraints. The Committee recommended continuing with the FCG and CDG, phasing out the SMG, and introducing the CSG, which was conceptualised as part of a basket of complementary developmental welfare services. Recommendations were made for the reform of the private maintenance system and for increasing parental financial responsibility.¹¹

The Committee's proposals included different age cohorts (0 – 4 years, 0 – 6 years and 0 – 9 years) and benefit levels, with the recommendation that the CSG be introduced at an amount of R70 per child per month for children aged 0 – 9 years.¹² The Committee worked within the bounds of the existing budget, concerned that if they did not, the child grant would be abolished without being replaced by anything else.¹³ The R70 was derived from the Household Subsistence Level for food and clothing for children. Although the Lund Committee considered some health-related activities as a condition, this was not adopted in view of concerns about denying access to the grant when such services were not accessible to all children. Children, however, had to have a proper birth registration to qualify for the grant.

Drawing on the Committee's recommendations, Cabinet approved the CSG at a slightly higher amount of R75 for children under seven years, sparking a civil society campaign to increase both the amount and age limit. Decisions on the nature and extent of the grant made by the Executive and Parliament were outlined in the Welfare Laws Amendment Act, a set of regulations and several gazetted notices.¹⁴ The CSG was to deliver a means-tested cash

i The Committee was made up of knowledgeable individuals from NGOs, social workers, government officials, economists and social scientists. The National Welfare, Social Services and Development Forum facilitated the setting up of provincial consultative meetings.

transfer to boost nutritional support for eligible children under seven years of age. The grant was to be paid to the child's primary caregiver, who could be a parent, relative or non-relative of the child – an innovative strategy for reaching the large numbers of children not living with their biological parents.

When the grant was implemented in 1998, the amount was finally set at R100 per month per child with the target of reaching three million children in the first five years (see p. 78 for further discussion of the CSG amount). The policy rationale was to reduce child poverty and to support families with the costs of raising a child.¹⁵

The successful adoption of the CSG is remarkable and was one of the early major policy reforms of the democratic government. In its formative stages it was deeply controversial. The withdrawal of the SMG was resisted by various constituencies and met with widespread hostility. Welfare advocacy groups opposed the replacement of the generous SMG with a smaller amount, as well as the reduction in age eligibility for children; gender activists lamented the loss of a grant for poor women. In the welfare sector, social workers expressed concerns about the trade-off between grants and welfare services.¹⁶

More broadly, the CSG was introduced into a maelstrom of political and ideological views about social welfare and development. A strong mandate for redistribution to redress racial inequalities co-existed alongside deep-seated antipathies to expansive public welfare provision that was seen as promoting dependency on the state. In the same period, the government adopted the Growth Employment and Redistribution (GEAR) policy, which was criticised for departing from earlier redistributive commitments and moving toward a more conservative macroeconomic policy. In this context the work of the Lund Committee became a "site of contestation ... about the values and expectations in the 'new' South Africa".¹⁷

These polarised views, coupled with an unfavourable fiscal environment in the mid-1990s, shaped the design of the CSG in favour of a means-tested benefit. The debate in the Lund Committee centred on the principles of targeting to select beneficiaries versus universal access of all income groups. Those in favour of a targeted approach gave much thought to how to channel limited resources to those most in need, while those in favour of universal provision gave preference to treating all people equally, irrespective of income. The White Paper for Social Welfare (1997) advocated the principle of concentrating resources on the most disadvantaged as a means of redress. In view of fiscal constraints, the Lund Committee's recommendations were less ambitious than they would have liked.

The developmental social welfare approach, outlined in the White Paper for Social Welfare and inspired by Amartya Sen's capability approach among others, provided a new framework in which to locate the CSG.¹⁸ This new approach was bolstered by influential international academic voices and empirical evidence, arguing that social security focused on children builds, protects and promotes human development.¹⁹

There are several factors that explain the success of the CSG in gaining political support and leading to its endorsement by Cabinet on 5 March 1997. The national welfare ministry and the provincial welfare departments were involved in discussions throughout the process. The Minister and Director-General in the Department of Welfare also provided significant political and technical support.²⁰ The timing of the proposal, soon after the transition to a democratic dispensation, captured an early window of opportunity marked by political commitment and openness to major policy reforms. Importantly, the CSG proposal was an excellent example of evidence-based policymaking. The proposal was a realistic route to addressing the country's mandate to provide for children.

Furthermore, the delivery of the CSG was to be crafted onto existing administration, management and technology systems, thus making delivery of the grant feasible.²¹ Financially, the calculations were within budgetary constraints that could be smoothly accommodated by the National Treasury. The phrasing of the limits on the qualifying age as set out in the legislation also gave government room to manoeuvre and to scale up the programme should it be successful. Taken together, these factors paved the way for the CSG to be adopted into legislation as an individual entitlement that could be enforced by a court of law, laying a foundation for the gradual expansion that followed.

What factors played a role in negotiating the expansion of the CSG?

Since its introduction, the CSG has been dramatically expanded, in keeping with the country's rights-based approach to social assistance. The removal of administrative barriers to access and gradual changes in eligibility criteria, among other factors, resulted in increases from 150,366 CSG recipients in 1999/2000 to almost 12 million in 2016.²²

A range of factors led to the incremental extension of the grant, in which the age limit was raised to include children under 14 years from 2003 – 2005; children under 15 years in 2009; and then children under 18 years from 2010 – 2012. The question of extending the age eligibility criteria was raised soon after the CSG's introduction, and in 2002 the Committee of Inquiry into Comprehensive Social Security (the Taylor Committee) recommended extending the CSG to all children (up to 18 years old).²³

Throughout this period civil society organisations, such as Black Sash and the Children's Institute, played a key role in advocating for the expansion of the CSG. Public awareness campaigns conducted by both the government and civil society organisations aimed to encourage increases in uptake. The Alliance for Children's Entitlement to Social Security (ACCESS) provided an umbrella organisation for many civil society organisations who, either independently or working together, engaged in advocacy and dialogue with policymakers – and at times embarked on legal action.²⁴ Evidence-based research of the positive impact of the CSG and budgetary analyses aided advocacy by civil society groups.²⁵ Monitoring and evaluation of the grant's implementation also generated new evidence that highlighted barriers to access, and provided the basis for further advocacy.²⁶



Celebrating the extension of the age threshold to 18

Within the state, changes to the CSG arose as a compromise between redistributive and developmental policies on the one hand (championed by the Ministry for Social Development) and fiscal prudence (on the part of the Ministry of Finance) on the other. After 2000, the fiscal space created by economic growth and increased tax revenue, coupled with the positive developmental impacts of the grant on poverty, created the opportunity to reconsider the age limit.²⁷

Another significant factor directing the course of the CSG's implementation was the establishment of the South African Social Security Agency (SASSA) in 2006. The centralisation of the previously fragmented social assistance system was instrumental in improving the efficiency and uptake of social grants. Appropriate governance and the institutional capacity of SASSA provided the necessary basis for delivery.

The changes in this period were also propelled by the impact of the HIV/AIDS epidemic, which placed increased care responsibilities on families. Significant administrative changes and legislative amendments sought to address barriers to access such as a lack of identity documents and children's birth certificates, with a substantial impact on birth registrations.²⁸ The courts also ruled in favour of CSG beneficiaries, deeming delays or suspensions in processing grants as unreasonable or unlawful. In 2008, following

litigation by ACCESS, the High Court ordered DSD to allow alternative forms of identification in the absence of official documentation.²⁹

The age extension for 15 – 17-year olds was more contentious. It was opposed on the grounds of fiscal constraints by the Minister of Finance, who proposed that policy alternatives such as vocational training and public works programmes might be more appropriate for older children.³⁰ Concerns about welfare dependency of grant beneficiaries were expressed by government ministers, officials and the public, despite the fact that there was no evidence to support this. Nevertheless, in 2010 the CSG was made available to all children below the age of 18 years, but with the addition of the condition that recipients of school-going age attend school.ⁱⁱ

The decision to include conditionalities was influenced by conditional cash transfer programmes in Latin American countries. These policy adjustments have been criticised in the South African context since they undermined the rights-based approach, and did not take into account the already high levels of school enrolment.³¹

With regard to non-South Africans, the CSG was extended to permanent residents in 2004 and documented refugees in 2012. This followed litigation and the subsequent Constitutional Court ruling that the right to social assistance applies to "all people in our country".³²

ii After some lobbying, this was introduced as a "soft" condition in that non-attendance at school does not lead to termination of the grant.

The main limitation to the extension of the grant has been its monetary value. While the initial emphasis of the Lund Committee was in favour of a policy that focused primarily on early childhood development, increases have extended access to older children.³³ Annually, the Minister of Finance, in consultation with the Cabinet, approves increases in grant values, taking into account inflation and fiscal resources. Improvements in means testing and age eligibility criteria have tended to overshadow the low value of the CSG, which has only been conservatively increased in line with inflation.³⁴

In summary, a number of fiscal, institutional and ideological factors, including concerns about poverty reduction on the one hand and pressure from civil society organisations on the other, have led to the incremental expansion of the CSG.

What factors are likely to shape the CSG policy going forward?

As a grant which has been available for almost 20 years and which reaches the majority of children, the CSG is clearly an established and institutionalised component of South African social policy. It is supported by the National Development Plan 2030 which endorses social assistance in its strategy to address poverty and inequality.³⁵

Although the CSG enjoys public and political support, there is ongoing debate about the unintended consequences of the programme, such as claims that the grant encourages teenage pregnancies and a culture of dependency on the state, assertions that have been refuted by empirical research (as outlined in the essay on p. 55).³⁶ These negative perceptions affect beneficiaries' sense of dignity.³⁷ Empirical evidence points to the positive developmental impacts of the CSG on poverty, health, food security, nutrition, school attendance, women's empowerment and livelihood strategies (see the essay on p. 44). Yet 39% of households remain below the poverty line,³⁸ and income disparities are widening. While the CSG has achieved a lot, other macro-level interventions are also needed to lift people out of poverty.

In an increasingly insecure fiscal environment, polarised ideological and political debates centre on whether to expand or contract social assistance. Political and economic instability, the rise of new political parties and increasing electoral contestation may also influence the direction and extent of future developments of the CSG. Clientelism (or expectations by the ruling party that grant beneficiaries should reward the party for its policies) is another factor that may drive grant expansion.³⁹ The extent to which external pressure will be mounted by civil society and community level organisations will depend on their organisational capacity, and whether they will be able to build coalitions with other social movements to lobby for the expansion of the CSG and social assistance in general.

Conclusion

The evolution of the CSG over almost two decades illustrates several points that are worth noting: First, it shows what can be achieved when there is political will and leadership. An environment receptive to policy innovation, combined with evidence-based

policymaking led by a committee that was both credible and skilled, proved to be critical in the initial phases. Although its proposals were contested, they were robust and persuasive. Second, policy implementation and expansion in the second phase was championed by the Minister for Social Development and was backed by strong administrative capacity, policy and legislation, as well as a centralised agency to deliver the grants. Third, sustained and active civil society engagement contributed to reforming policies and programme design, as well as the expansion of the grants and the responsiveness of the CSG to the needs and challenges of children and families. A fourth aspect relates to the availability of public resources to deliver the programme, despite concerns in some quarters about the unaffordability of the CSG and social assistance in general. Finally, contextual drivers of a social, economic, political and institutional nature – including the HIV/AIDS epidemic, migration and changing family life – played a significant role in its justification.

The CSG now reaches children of all ages, with pressure for further increases of the age limit to address other problems such as youth unemployment. Increasingly policymakers are considering how to combine cash transfers with other economic and social policies, in line with the original vision of the White Paper for Social Welfare (1997). The challenge remains to build on the CSG's positive outcomes without losing its coherence, to find the right mix of solutions that can enlarge individuals' economic and social opportunities, and to address the social exclusion still experienced by many CSG beneficiaries. For instance, questions remain about how best to address the needs of young people who are exiting out of the CSG, especially those who are not in employment, education and training. Household-level poverty is unlikely to decline if high unemployment persists, especially among women. Increasing access of primary caregivers to public works and training programmes and finding ways to support the informal livelihood strategies of CSG caregivers are other policy options that might be explored. For this to be realised at scale, innovative and cost-effective child care models will be critical.

There is a need for more deliberate linking of beneficiaries with a range of services, with the support of intermediaries such as teachers, primary health care professionals, social workers and other social service professionals and paraprofessionals. For instance, children who qualify for the CSG still pay for school uniforms, and many caregivers struggle to access school-fee exemptions for their children. Family strengthening interventions such as parenting programmes and developing the financial capabilities of beneficiaries are other policy options worth exploring, reasserting the importance of the shared responsibility between parents and society for the care of children, and the greater engagement of men in care. Access to the social package of basic services offered by local authorities (e.g. water, electricity and sanitation) could also be linked to the CSG. Lastly, if the CSG is to be a social investment that yields long-term human resource development returns, then the quality of education will need to improve significantly.

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No small change: The multiple impacts of the Child Support Grant on child and adolescent well-being

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South Africa's social grants, along with its tax policies and social spending, have been credited with being strongly progressive, helping to raise the income of the poorest by 10 times and to reduce income inequality by a quarter.¹ Children and older persons are the main beneficiaries of this extensive grant system. Alone, the Child Support Grant (CSG) accounts for 70% of the grants disbursed.² Studies show that it improves child nutrition, health and schooling outcomes. It protects adolescents from risk, strengthens households' resilience to shocks, and has the potential for impacting lifelong productivity and earnings.

The expansion of child grants is not a uniquely South African phenomenon. It is part of a global trend in which the role of social assistance in ensuring positive outcomes for poor families and children has become common currency. This growing recognition is buttressed by solid evidence from rigorous evaluations. This essay presents the evidence from South Africa, focusing on the various

stages of a child's life: infancy and early childhood (from birth to pre-school); middle childhood (primary-school age and transition into secondary school); and adolescence (secondary-school years and transition into adulthood).¹

The essay addresses the following questions:

- What are the impacts of the CSG on young, school-age children and adolescents?
- How does it affect households and caregivers?
- How can its impacts be strengthened?

How does the CSG impact young children?

By the time poor children reach school, they are already disadvantaged in relation to their better-off peers, a result of earlier privations and the limited reach and uneven quality of early childhood services. To get a head-start on life, children have a right to have their birth and identity recognised under the law. The first two years is also a time that carries a great risk of growth faltering. If unaddressed, stunting – a marker of chronic malnutrition – is likely to cause irreversible damage that will extend well beyond childhood.³

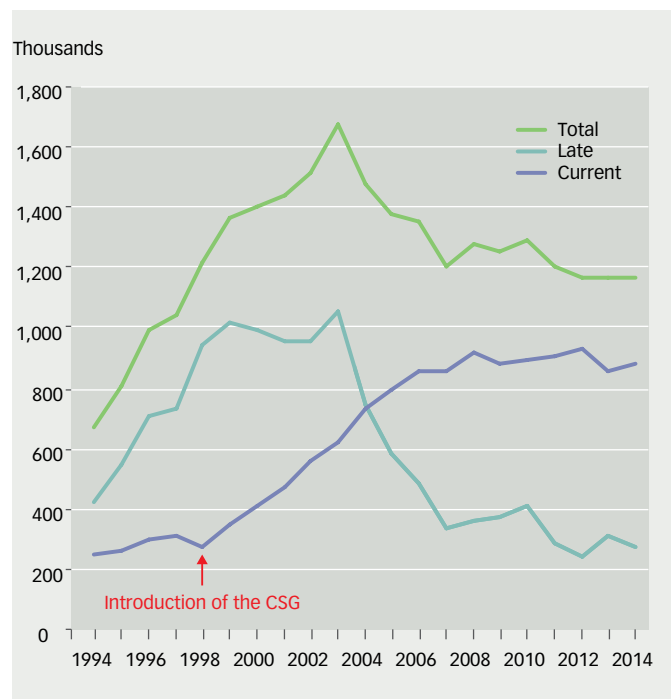
Birth registration

South Africa has made impressive strides in recording births in the past two decades. Nearly nine in every 10 births (87%) are now registered during the first year of life, rising to 97% by the time children turn five.⁴

There is consensus that the documentation required for the CSG, which includes a birth certificate, has been one of the drivers of this increase. *Current* registrationsⁱ began to rise steeply when the CSG was introduced, from 22% in 1998 to 76% in 2014 – with even more dramatic increases in provinces like Limpopo (10 – 82%) and Eastern Cape (13 – 79%). At the same time, *late* registrations exhibited a sharp drop, starting in the early 2000s when access to the CSG began to rise, as illustrated in figure 9.

The near universalisation of birth registration is excellent news for South Africa's children, as the possession of a birth certificate serves as the gateway for accessing a range of basic services and helps realise the child's right to a name and identity, as established in the United Nations Convention on the Rights of the Child.

Figure 9: Number of birth registrations, 1994 – 2014



Source: Statistics South Africa (2015) *Recorded Live Births 2014*. Pretoria: Stats SA.

i In reporting on the impacts of the CSG on children and their families, this essay relies on evaluation methods which compare grant recipients with non-recipients, or different sets of beneficiaries depending on the length of time they have been receiving the grant. Studies also use qualitative and mixed-method approaches to assess impact.

ii *Current* registrations refer to births recorded during the year when they occur, while *late* registrations are those recorded in subsequent calendar years.

Infant and young child nutrition

Despite its modest value, there is evidence that the CSG contributes to improving food security and nutrition in measurable ways. For many households, social grants provide a lifeline in the face of high levels of unemployment. Caregivers report that they can now afford a greater quantity and variety of food, and the share of food in household expenditure is larger among CSG recipients than in similarly poor households that do not receive the grant.⁵

At the same time, spending on “adult goods” (eg. alcohol, tobacco) tends to decrease among CSG recipients.⁶ In a recent study, duration of receipt of the CSG was strongly associated with an increase in household expenditure on food and a decrease in the expenditure share of “adult goods”. The impact is stronger the longer a child has been receiving the grant – with the strongest effects when it is received for at least half of the child’s life.⁷ Because the CSG is overwhelmingly paid to women, it tends to be spent in ways that benefit the children in their care, rather than on items that only adults consume.

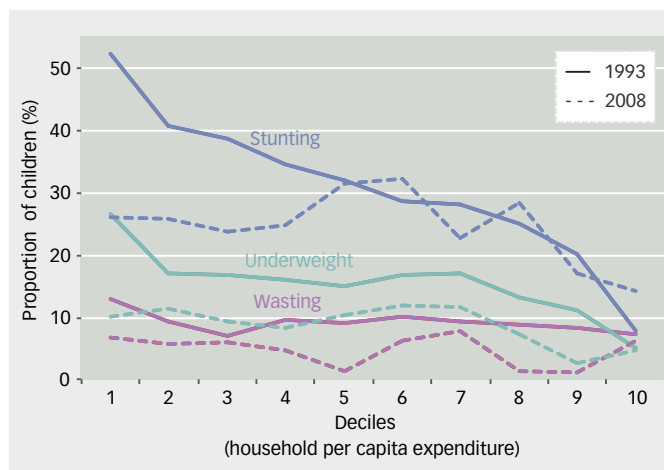
It is not surprising, therefore, that the CSG helps to reduce child hunger, both over time and when comparing grant recipients with non-recipients. One study found that over a three-year span in the early 2000s, there was a greater reduction in child hunger among children receiving the grant than among equally poor children who did not receive it.⁸ In another study, the probability that a child would experience hunger in the past year decreased by 8 – 14% with each CSG that a household received. The effects of CSG receipt on child hunger were stronger in poorer households.⁹

Households’ ability to consume more nutritious diets is captured in improved height-for-age scores, an indicator of nutritional status. Receiving the CSG during the first two years of life significantly boosts child height, particularly among girls. No gains in child height could be detected when children had received the grant for less than half of this critical period, underscoring the importance of early and continued access to the CSG.¹⁰ To maximise its developmental impacts, it is critical to increase take-up rates among infants, which remain stubbornly low despite protracted efforts to raise them.¹¹

Grants have helped close the gaps in nutrition between South Africa’s poorest and richest children. Figure 10 shows a significant decline from 1993 to 2008 in the stunting rates of children from the bottom two decilesⁱⁱⁱ compared with the rates of the wealthiest 10% of children. Echoing previous research, the narrowing of these gaps has been attributed largely to the introduction of the CSG in 1998.¹²

These results are notable, considering that the CSG imposes no conditions on households for receipt of the grant. Despite these gains, stunting in South Africa remains higher than in many poorer African countries, with large numbers of South Africa’s children still suffering from inadequate food intake. The value of the CSG seems too low to enable families to afford more than the basic staples, and it is not uncommon for the grant money to be used up before the next pay date.¹³

Figure 10: Gaps in under-five nutrition by socio-economic status



Source: May J & Timæus IM (2014) Inequities in under-five child nutritional status in South Africa. What progress has been made? *Development Southern Africa*, 31(6): 761-774.

Child health

Improvements in child health have also been traced to the CSG. Comparing *early* versus *late* enrolment in the programme, a study found that receiving the grant in the first two years of life increases the probability that a child’s growth is monitored at a clinic. Children receiving the CSG before turning two were 12% more likely to have been weighed. Early receipt, however, had no impact on immunisation rates.¹⁴

In the same study, boys who accessed the CSG in the first year of life had a 21% likelihood of being ill in the preceding 15 days, compared to 30% for boys who enrolled at age six. Across the full study sample, the average child (girl or boy) was sick for 1.5 days. Early and continued access to the CSG reduced the number of sick days by more than one quarter (0.4 days).

Health impacts, in turn, were greater the more educated the child’s mother: Children whose mothers had completed primary school were nearly 20% less likely to have been ill than those with less educated mothers. Since children were 10 years old at the time of the survey, these results suggest that the health benefits associated with early CSG enrolment persist to at least age 10.

Early childhood development

Caregivers report using the CSG to pay preschool and crèche expenses or to negotiate deferred payment against the grant.¹⁵ This may enable CSG beneficiaries to more easily access early childhood development (ECD) services than children not receiving the grant. One study found that, despite the lower attendance rates among children living in rural and informal urban areas, those who were receiving the CSG were one and a half times as likely to be attending an ECD facility or Grade R as those who were not getting the grant.¹⁶

iii If we divide all households into “deciles” or 10 equal groups, then decile 1 is the poorest 10% of the households and decile 10 is the least poor, or richest, 10%.

Grant receipt also seems to encourage utilisation of crèches and nursery schools from a slightly earlier age and increases the length of attendance by girls. These results matter because children in low- and middle-income countries who attend preschool or crèche tend to score better on tests of literacy, vocabulary and mathematics, and these benefits may persist through primary school and into adolescence.¹⁷

How does the CSG impact school-age children?

South Africa has high school enrolment, for both girls and boys, across all population groups. Enrolment tends to drop among older children.^{iv} Those who drop out of school often cite cost as the main reason (see p. 122), as even when children do not pay fees, regular expenses on transport, uniforms and shoes can be prohibitive for poor households.

By providing cash, the CSG helps families defray the costs of education and equip their children with even rudimentary school supplies.

Schooling

There is solid evidence that caregivers spend CSG money on school-related costs, to a larger extent than households that do not receive the grant despite qualifying for it. After food, school fees, transport and uniforms are the main expenditure items in CSG households: one in four recipients report they can afford such expenses as a result of the grant.¹⁸

Positive impacts have been recorded on school *enrolment*. Studies have found that the presence of a CSG recipient in the household increases school enrolment and helps families invest in their children's future. Once a household gets a CSG, all of its children are more likely to be enrolled in school, regardless of who or how many are receiving the grant.¹⁹

CSG receipt has also been associated with increased school *attendance*, especially among the most disadvantaged. Among African and coloured children, the probability that a school-age child is not attending school decreases by *more than half* when they receive the grant. These impacts are stronger for children residing in rural households, informal dwellings or with caregivers with less education. They are much larger for children who live with their mother, suggesting that grant money may be spent differently when a child's mother, rather than someone else in the household, receives it.²⁰

These impacts are just as big as in cash transfer programmes in countries like Mexico, where grant payment is conditional on a child attending school. This implies that large gains can be achieved with an unconditional grant, without the administrative cost and potentially negative consequences of imposing conditions on beneficiaries.²¹

An impact assessment of the CSG found it to be associated with the age at which children enter school. Girls who start receiving

the CSG shortly after birth are 27% less likely to start school late and are able to complete a quarter of a grade more by age 10, than girls who only enrol for the CSG when they reach the compulsory age for schooling. This is a large difference in school *attainment*, considering that the children had only completed four grades at the time of the study.²²

The same study found that early receipt has an even larger impact on children with less educated mothers (less than eight years of schooling). Delays in starting school decline by almost one-third among these children, raising their grade attainment by nearly four-tenths of a grade, in comparison with children who do not access the grant until they turn six. This suggests that the CSG may be helping to narrow the gap between children whose mothers have not completed primary school and those with mothers who have at least some secondary education.

Once children start school, they are less likely to repeat a grade the longer they have been receiving the grant. A recent study of children aged 14 or younger found that children who have received the CSG for about half of their lives were 20% less likely to repeat a school year. This represents a substantial improvement since the reported difference in school *progression* is not obtained by comparing children who access or fail to access the grant, but only those who have received it for longer than others. It is the duration of grant receipt, not whether or not a household is getting it, which accounts for these results.²³

The CSG may be affecting *learning*, too. Children who started receiving it during their first year obtain higher marks on tests of mathematical ability and reading than those enrolled just before starting school. The increase in the maths test score^v was 6% when comparing *early* versus *late* enrolment on the CSG. The difference in test scores was especially large among girls: those who accessed the CSG at a young age scored more than 10% higher in maths, and almost 30% higher in reading ability, than girls who enrolled later.²⁴

In sum, receipt of the CSG has large, positive and statistically significant impacts on children's schooling. Not only is the grant associated with increased household spending in education, it contributes directly to improved outcomes across a range of indicators, from school enrolment to attendance, progression, attainment and learning. How early a child starts receiving the grant and for how long she gets it matter in terms of her schooling.

How does the CSG impact adolescents?

Despite lingering concerns about social grants breeding teen pregnancy, grants could instead contribute to *lower* fertility. Grant income may give teenage girls greater control over sexual and reproductive decision-making, and facilitate contraceptive use by improving access to health services. Receipt of a grant can also improve education and job prospects, thereby increasing the opportunity costs of pregnancy and motherhood.

Teens are highly vulnerable to a number of risk factors. Risk behaviours are likely to increase when children grow up in the

iv Schooling is only compulsory until a child turns 15 or completes grade 9.

v Based on the administration of the Early Grade Mathematics Assessment (EGMA), a battery of tests that seeks to measure what children in grades 1 – 4 would be expected to learn. Testing of reading ability was based on the Early Grade Reading Assessment (EGRA).

midst of poverty, fractured families or communities. By improving their life prospects, income support programmes can play a vital *protective* role, enabling children to avoid the long-lasting effects of adolescent risk behaviour and make a safe transition into adulthood.

Teen fertility and child-bearing

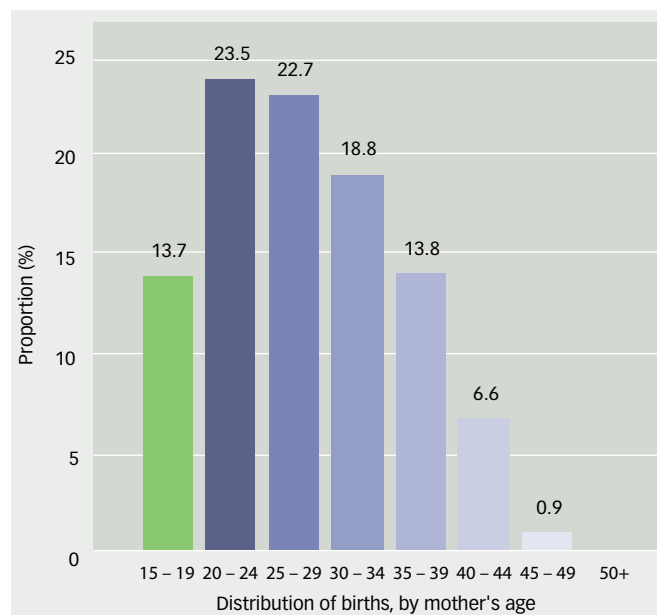
Teenage fertility began to decline in the early 1990s, before the introduction of the CSG. This trend is in line with a decades-long decline in overall fertility rates in South Africa.²⁵

Teen fertility has been falling among all population groups, and comparatively more in rural areas, where the bulk of CSG recipients live. Much of the decrease has been driven by a decline in births to women under 18. Between the early 1990s and the late 2000s, the percentage of women who gave birth before 18 dropped by one-fifth, while the proportion of children born to them nearly halved.²⁶

Figure 11 shows that adolescents account for almost 14% of all those giving birth. Yet adolescents account for less than 2% of all CSG recipients, as illustrated by figure 12. Only a fraction of teen mothers receive the grant; many who give birth during their teen years would not even pass the CSG means test. In a context of unacceptably high rates of gender-based violence and coerced sex, maternal mortality and HIV prevalence, it seems implausible that young girls would choose to have unprotected sex merely to gain access to a grant that pays a modest amount.²⁷

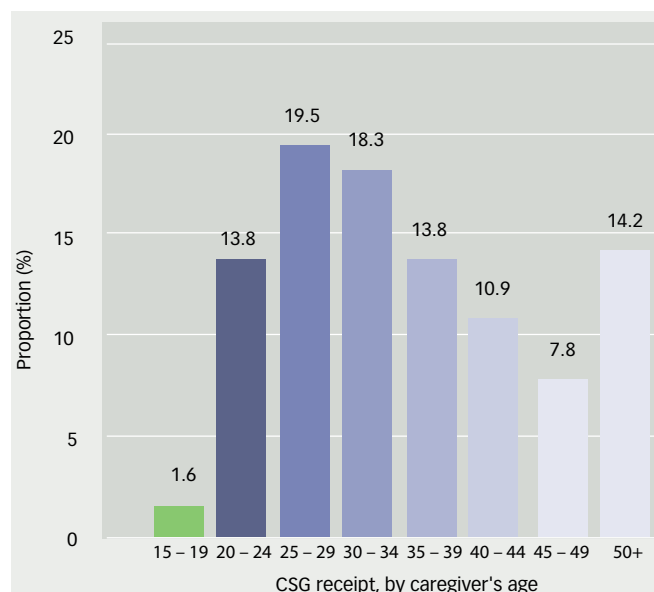
Pregnancies terminated by teen girls remain fairly high in public health facilities, which mostly cater to the poorer segments of the population – the same groups that the CSG targets. And despite persistent efforts to increase grant take-up among infants, they continue to lag considerably behind as many mothers do not register their children before their first birthday. If teenage girls

Figure 11: Distribution of births, by mother's age, 2011



Source: Statistics South Africa (2011) *Census 2011*. Stats SA.

Figure 12: Child Support Grant receipt, by caregivers age, 2016



Source: Based on South African Social Security Agency (2016) SOCPEN database. Pretoria: SASSA.

were consciously getting pregnant to obtain the CSG, one would expect a higher take-up among adolescents, fewer abortions, and earlier registration of newborn babies. Given the high reported levels of unmet health needs, a more plausible explanation for the high rates of teen pregnancy is the absence of age-appropriate sexual and reproductive health services for this age group.²⁸

Empirical studies have found no association between uptake of the CSG and teen fertility.²⁹ Instead of incentivising childbearing, the CSG may rather discourage it as children reach puberty. In one study, girls who started receiving the grant before turning five were found to be 40% less likely to get pregnant as teenagers than those accessing it later.³⁰

A new study in rural Mpumalanga found that receipt of the CSG may result in longer spacing between pregnancies.³¹ Women were compared based on whether or not they started receiving the CSG after the birth of their first child. The time to second pregnancy was significantly longer among CSG recipients than non-recipients, and was no different for those who were younger or older than 21. Nor was the timing to a second pregnancy affected by the loss of the grant: women whose first child became ineligible just before the CSG was extended from under age 7 to under age 9 in 2003 had similar second pregnancy rates as women whose children remained grant-eligible during the programme's expansion.

Could the pathway from grant receipt to lower pregnancy rates be taking place through an "income effect"? The CSG amount is not large enough to serve as an incentive for family expansion, but may be sufficient to induce behaviour change towards lower fertility. If so, the potential for social grants to reduce unwanted pregnancies needs to be explored, and efforts made to ensure that adolescent girls, including young mothers, are not blamed but rather encouraged to take up the CSG in greater numbers.³²

Adolescent risks

The emerging evidence that social grants have a *protective* effect on adolescents cannot be overstated in a country with the world's highest HIV burden and intolerable levels of violence inflicted on children. The CSG has been associated with reduced sexual activity, fewer sexual partners, and reduced alcohol and drug use during adolescence.

These outcomes are affected by the *timing* of first grant receipt. Early childhood receipt strengthens the protective role of the CSG. Among teenage girls, the probability of delaying their sexual debut was higher when they began receiving the CSG at a young age (less than five years old). Likewise, the number of sexual partners, a strong predictor of HIV risk, rises along with the child's age at first receipt of the grant.³³

It also matters if a household is accessing the grant during the time when children become adolescents. Teen girls are 25% more likely to abstain from sex and have a lower probability of having multiple sexual partners in households receiving the CSG, even if the grant is not being paid for the teenager.³⁴

Especially among young females, alcohol and drug use is less frequent when they start receiving the CSG before turning five or are able to access it at the time they reach puberty. Males, in turn, are less likely to join gangs or engage in petty crime if they live in households where a CSG was received during the child's early years.³⁵

New evidence further supports the notion that cash grants can shield adolescents from risk, especially when combined with other interventions. A study of 3,500 adolescents from Mpumalanga

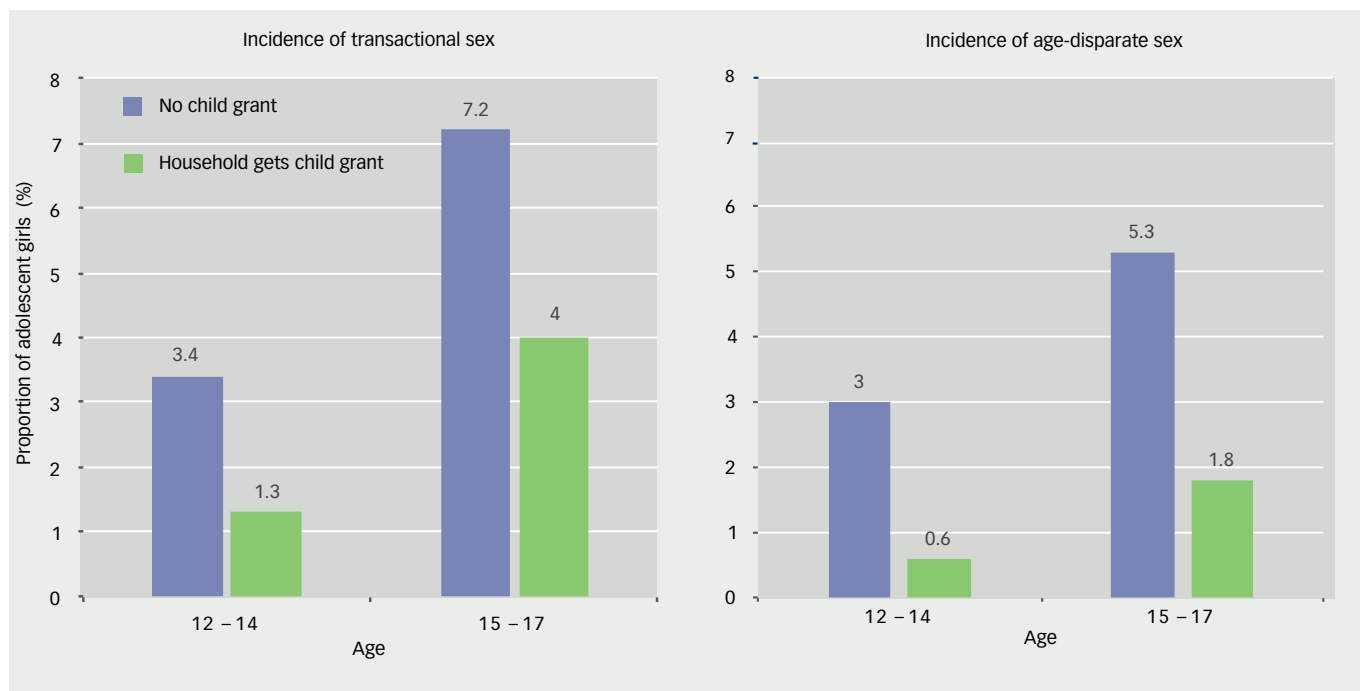
and the Western Cape found a strong relation between access to the CSG and adolescent risk behaviours. Girls were half as likely to exchange sex for food, shelter, money or school fees, and one-third less likely to have had age-disparate sex, if they lived in a household receiving the CSG. It appears that the grant reduces the economic pressure that can drive teenage girls to take risks regarding partner selection or limit their power to negotiate sex. The effects of accessing the CSG were especially pronounced among females aged 12 – 14 years, as illustrated in figure 13.³⁶

Schooling and work

About half of learners beyond the compulsory age of schooling who are not enrolled cite reasons of not being able to afford school, job search or current employment. Making use of the first three waves of South Africa's panel survey,^{vi} a recent study found that the CSG leads to a higher probability of school enrolment among African and coloured children aged 15 – 19 years. After controlling for age and other factors, CSG beneficiaries are six percentage points more likely to be enrolled than non-beneficiaries – a large effect when compared to a mean enrolment of around 85% in that age cohort. Females, who are less likely to be enrolled, reap the greatest benefits from the grant.³⁷

Again, CSG receipt early in life seems to have long-lasting implications. Another study found that adolescents who started receiving the CSG before entering school are less likely to be working outside the home (13%) than those who do not receive it until they are 14 years or older (21%). This is especially true for adolescent girls who accessed the CSG very early in their childhood.³⁸

Figure 13: Incidence in the past year of risky sexual behaviour among adolescent girls, by CSG receipt



Source: Cluver L, Boyes M, Orkin M, Patelic M, Molwena T & Sherr L (2013) Child-focused state cash transfers and adolescent risk of HIV infection in South Africa: A propensity-score-matched case-control study. *The Lancet Global Health*, 2013(1): 362-370.

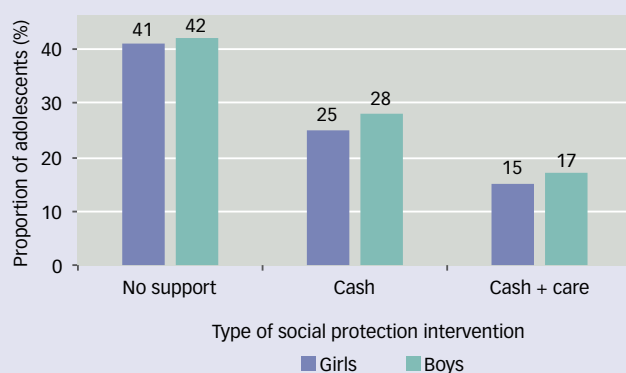
vi The National Income Dynamics Survey (NIDS), commissioned by the Presidency and conducted every two years by the University of Cape Town.

Box 5: Beyond the “cash or care” debate

Adolescent risk is not driven by behavioural choice alone. There are structural and psychosocial factors such as poverty, child abuse, community violence or AIDS which can increase the likelihood of negative sexual outcomes in adolescence. Childhood deprivations can accumulate and have a compound effect. When this happens, single interventions might be less effective among high-risk groups than a basket of interventions.

Figure 14 shows HIV risk (defined as engaging in at least one of eight predefined risk behaviours) dropping from over 40% when teenagers receive no cash or psychosocial support during the previous year, to around a quarter if they are accessing a grant or school feeding. Teens’ exposure is even lower if, in addition to cash or food, they receive psychosocial care in the form of positive parenting. Combining cash *and* care more than halves the incidence of adolescent risk behaviour, to one in every six girls and boys.³⁹

Figure 14: Impact of cash and care interventions on incidence of HIV-risk behaviours among adolescents (10 – 18 years)

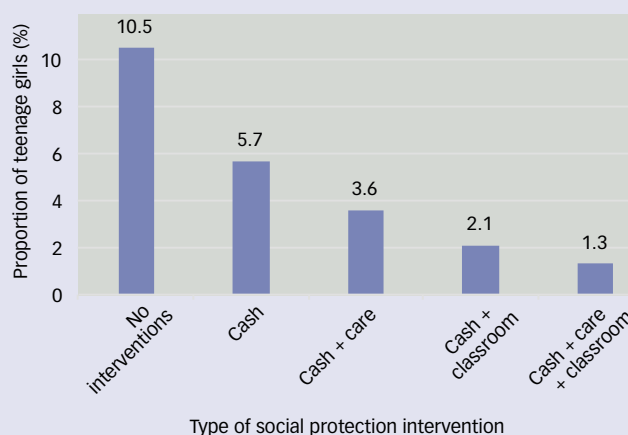


Source: Cluver LD, Orkin FM, Boyes M & Sherr L (2014) Cash plus care: Social protection cumulatively mitigates HIV-risk behaviour among adolescents in South Africa. *AIDS*, 28(3): S389-397.

This may explain why CSG receipt has been associated with fewer adolescent absences from school. Over a period of eight weeks, adolescents were absent 2.2 fewer days in households receiving the CSG than in non-beneficiary households. Males, on average, miss seven fewer days of school when their household is accessing the grant, even if not for the adolescent himself.⁴¹

By helping to fund school-going expenses such as fees, books or uniforms, the CSG appears to affect households’ decisions to send and keep their children in school. Beyond these immediate effects, access to the CSG on a *continuous* basis since early childhood matters greatly for children’s schooling. Children born in the late 1990s, who qualified for the CSG their whole life, had a 33% higher probability of attending school than children born at the start of that decade who did not meet the age requirements for the grant.⁴²

Figure 15: Impact of cash, care and classroom interventions on incidence of economic sex^{vii} among adolescent girls (10 – 18 years) in past year



Source: Cluver LD, Orkin FM, Yakubovich AR & Sherr L (2016) Combination social protection for reducing HIV-risk behavior among adolescents in South Africa. *Journal of Acquired Immune Deficiency Syndromes*, 72(1): 96-104.

Adding school-based programmes can yield still higher benefits to adolescents. Figure 15 illustrates how the incidence of transactional and age-disparate sex among teen girls in the previous year is nearly 11% with no interventions. It drops by half when their household is getting a CSG, and by more than two-thirds if, on top of the grant, the adolescent also benefits from parenting support or free schooling. With all three interventions, the incidence of risky sex decreases by eight-fold, to just over 1%.⁴⁰

It is time to revisit the debate over “cash or care”. Standalone programmes go some way towards addressing adolescent HIV risk, but combining interventions – the three C’s of “cash plus care and classroom” – will best protect South Africa’s teenagers.

How does the CSG affect households and caregivers?

The CSG not only benefits children directly, it also has a positive impact on caregivers and households, helping to finance job search and increase labour market participation. Receipt of the CSG adds to household income and reduces poverty among grant-recipient households.

Labour market participation

Critics of social welfare grants maintain that they discourage labour market participation and breed a culture of “dependency” on government hand-outs. Upon receipt of a grant, critics say, households will withdraw their members from the labour market and may refuse jobs for fear of losing the payment.⁴³

vii Transactional and age-disparate sex

This question matters for the CSG, as it is the only grant which is typically paid to a healthy person of working age and because the bulk of CSG recipients are African women under 35, among whom poverty and unemployment are chronic. But there is no evidence that the CSG discourages work. Qualitative research with African males and females in the Eastern and Western Cape found a strong consensus that the grant was simply not enough money to affect their labour supply decisions.⁴⁴

Instead, it appears that access to the CSG may *increase* labour force participation and employment in poor households. Among African and coloured mothers, having a child who receives the grant was associated with a 7 – 14% increase in their labour force participation. The impacts were greater in poorer households – those living in informal dwellings or where mothers and household heads had not completed their matric. Grant income may be easing constraints to labour market access, helping to finance job search and migration from places with few employment prospects.⁴⁵

Recent work supplies further evidence to challenge the notion that the CSG promotes dependency. One study, commissioned by the national Department of Social Development, concluded that grant receipt has a positive impact on the capacity of beneficiary households to engage with labour markets.⁴⁶ Using three national datasets, the study found that households receiving the CSG were significantly more likely to improve their employment prospects, compared to households that received no grants. The impacts were greatest for youth and women, including single mothers, who were the most likely of all recipients to find employment.

Many of the gains associated with the CSG were in regular or permanent jobs, for a salary or wage, as opposed to occasional

work. Employment rates were 40 – 70% higher for women and youth in beneficiary households than in the comparison group. The results were even stronger for households with never-married women, whose employment rates were almost double those of comparable households that did not receive the CSG.⁴⁷

A further study suggests that young mothers appear to benefit the most. Among a sample of African caregivers aged 20 – 45 years, mothers who become CSG recipients in their twenties had higher labour market participation (9%), lower unemployment (14%) and a higher probability of being employed (15%). Young women in the bottom half of the income distribution are affected more strongly by grant receipt than are better-off women.⁴⁸

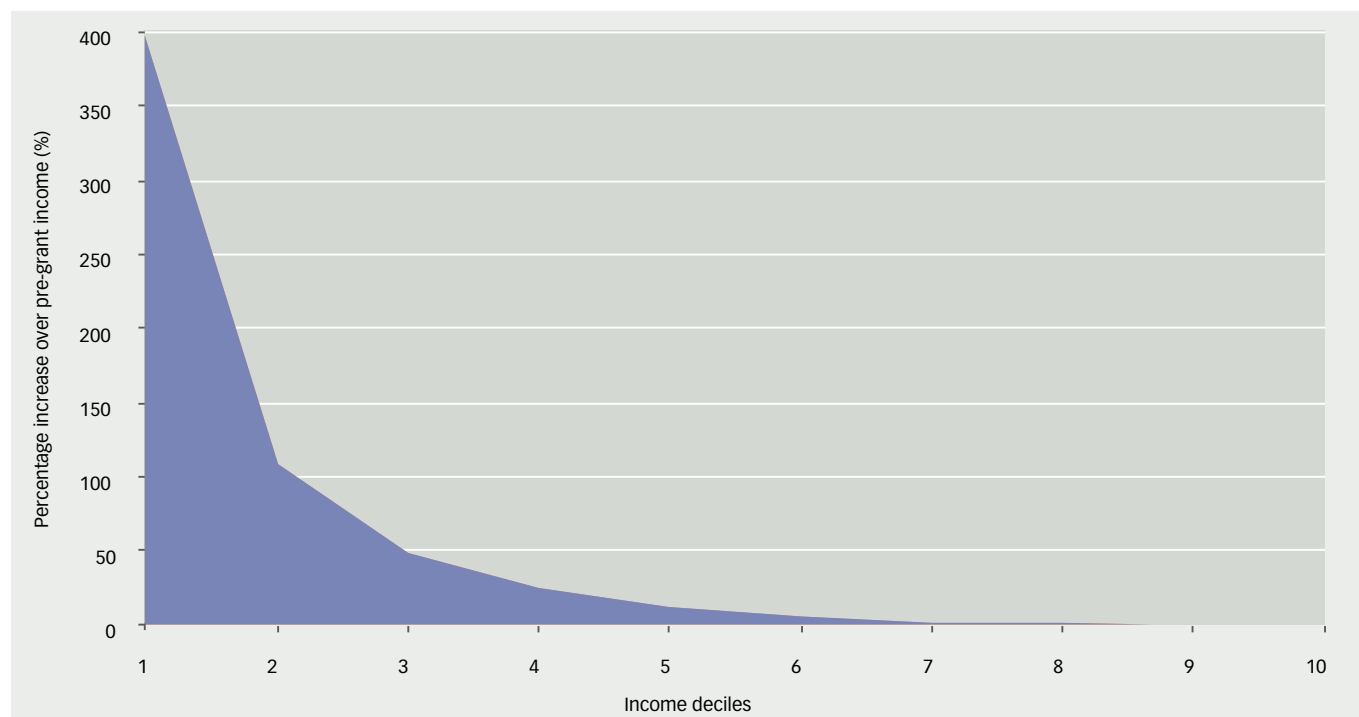
The sum of this evidence seems to disprove allegations that the CSG discourages beneficiaries from seeking employment. Though small in comparison with other grants, the CSG may provide enough cash to help meet the fixed costs of job search or working. Without the grant to fund travel or the costs of sending a child to a crèche or school, women would find it much more difficult to enter or remain in the labour force.⁴⁹

Poverty and inequality

The combination of social transfers and progressive taxation has played a key role in reducing poverty and improving income distribution, especially once access to grants began to expand rapidly in the early 2000s.⁵⁰

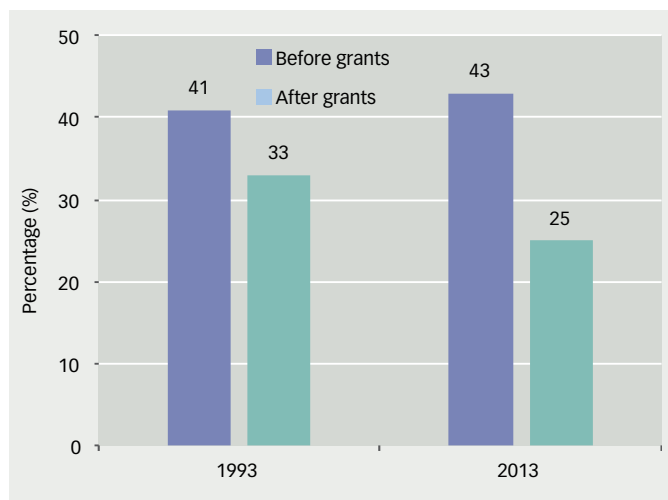
Grants are well targeted and highly progressive, with about three-quarters of government spending on social assistance going to the poorest 40% of the population.⁵¹ This makes a notable difference to the lives of poor South Africans, since the share of

Figure 16: Ratio of the Child Support Grant to household labour market income, by income decile, 2011



Source: Inchauste G, Lustig N, Mabushe M, Purfield C & Woolard I (2015) *The Distributional Impact of Fiscal Policy in South Africa*. Policy Research Working Paper 7194. Washington, DC: World Bank.

Figure 17: Impact of social grants on food poverty rates, 1993 – 2013



Source: Economic Policy Research Institute (2013) *Twenty-year Review of Social Protection Programmes in South Africa*. Pretoria: Office of the Presidency; Republic of South Africa (2014) *Twenty Year Review: South Africa 1994 – 2014*. Pretoria: Office of the Presidency.

households with children and older persons is higher at the bottom of the distribution. By targeting transfers to families with children and elderly people, South Africa ensures that its social grants will reach the poorer segments of the population and have a strong redistributive impact.

Since the end of apartheid, cash payments have helped stabilise income levels among the country's poor. If households in the poorest second and third deciles had not been receiving grant money, their real income would have dropped by 12% and 7% respectively each year between 1995 and 2010. Income inequality as measured by the Gini coefficient^{viii} would be much higher, standing at 0.74 instead of 0.69, while poverty rates would have remained unchanged or even worsened.⁵²

Instead, food poverty is much lower now than if there had been no grants. By themselves, social grants raise the share of the national income earned by households in the poorest three quintiles^{ix} from 5% to 9%.⁵³ For every Rand spent, South Africa is more efficient at reducing poverty and inequality than comparable middle-income countries.⁵⁴

This would not have been possible in the absence of the CSG.⁵⁵ Like no other grant, the CSG has seen an explosive growth since the early 2000s. Less than one-third of households were receiving grants in 1997. Twenty years later, this share has almost doubled, with most of the increase stemming from the CSG. The expansion of its coverage has been particularly dramatic for the poorest: In 1997 only one in eight households in the poorest quintile reported any income from grants, rising to more than four-fifths by 2010.⁵⁶

Because of its good targeting and extensive coverage, the CSG is the most progressive of all grants.⁵⁷ About one-third of CSG beneficiaries report no income from wages, self-employment or other grants. In households with a CSG recipient, the grant contributes more than one-third of total income. The share of household income stemming from the CSG is especially high in

the poorest quintile. Over 80% receive a child grant – four times as many as households in the richest quintile – with grant money contributing as much as 60% of their income.⁵⁸

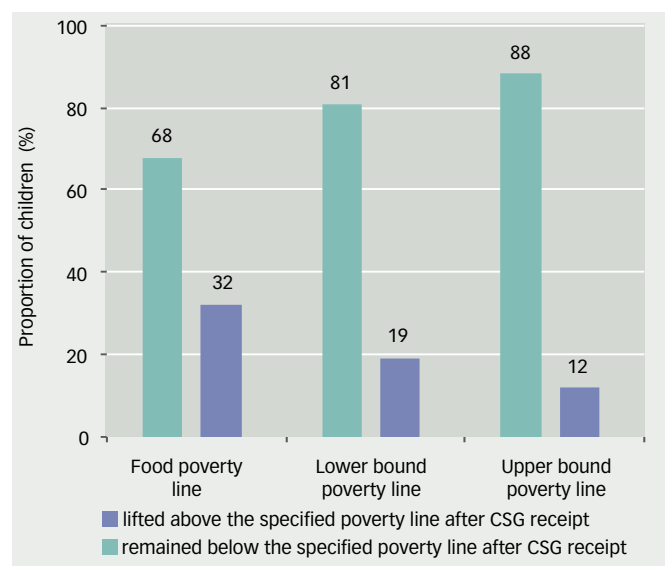
For the poorest 10% of households, access to the CSG results in a four-fold increase over their pre-grant income as illustrated in figure 16 on p. 50. The incidence of grant money drops as one moves up the income ladder and becomes negligible for households in the upper deciles, underscoring the progressive nature of South Africa's social assistance system.⁵⁹

The share of grant income in total household receipts has increased over time, largely due to the CSG. Its rapid expansion coincided with a time of major changes in the labour market, with growing numbers of households lacking access to jobs. In the absence of wages, government transfers stepped in to sustain incomes and smooth the consumption of the poor. More than half of the income flowing into the poorest 40% of households comes from social grants, up from about one quarter in the 1990s. Most of this income comes from child grants.⁶⁰

It is therefore no wonder that grants have impacted poverty rates. As shown in figure 17, without grants, extreme (food) poverty in 2013 would have been about the same as in 1993. Because of the grants, food poverty rates drop by over 40% by 2013, in no small measure thanks to the scale of the CSG.⁶¹

In fact, because targeting of the CSG has been so effective that its benefits accrue mostly to South Africa's poorest, it is children living in extreme poverty who have gained the most from it. The proportion of children in food poverty declined by half between 2003 and 2014.⁶² In 2012, for instance, one-third of children who would have been below the food poverty line without the CSG were lifted above it as a result of the grant, as shown in figure 18.⁶³

Figure 18: Children lifted above the poverty line due to receipt of the Child Support Grant, 2012



Source: Economic Policy Research Institute (2014) *A Study to Explore Policy Options for the Vertical Expansion of the Child Support Grant*. Pretoria: Department of Social Development.

viii The Gini coefficient is a standard measure of inequality, which ranges from 0 (perfect equality) to 1 (extreme inequality).

ix If we divide all households into quintiles or five equal groups, then quintile 1 is the poorest 20% of the households and quintile 5 is the least poor, or richest, 20%.

How can the CSG impacts be strengthened?

This essay has documented multiple positive impacts from the CSG on children and their families. The CSG supports the development of the young child, discourages unsafe practices in adolescence and provides critical income support to struggling families, helping to finance their job search, childcare and employment-related costs. There is, nonetheless, room for improving the grant's impact.^x

By all accounts, the CSG amount is too small to yield a more substantial reduction of poverty. Increasing it will make a large difference to poor families, who bear a disproportionate share of the burden of caregiving (as outlined in the essay on children's contexts and care arrangements on p. 33). Most CSG beneficiaries are cared for by their mothers. Children living with their mothers count among the poorest in the country – poorer than children in the care of relatives, who are more likely to access the Foster Child Grant (see essay on p. 68). Narrowing the gap in the amount paid by these two grants will not only reduce child poverty further, but promote greater equity in our social assistance system.

Bringing down malnutrition will also require additional effort. As currently implemented, the CSG is unlikely to yield significant progress. Children have to be reached earlier as too many are

being missed during the critical first year of life. Registering for the CSG at antenatal clinics would make it easier for infants to start receiving it as soon as they are born. It might even be worth giving income support to the pregnant woman herself as part of an integrated package of services to help promote the well-being of both mother and child. Once the baby is delivered, the grant can automatically convert into a CSG, thus enabling infants to achieve take-up rates as high as older cohorts of children.

In fact, integrating services seems the next frontier for South Africa's social policy. Successful as the CSG has been, more could be achieved through better coordination of government assistance to poor families. Linking *cash* with *care* holds special promise. The 12 million children reached by the CSG offer a springboard for increasing the scope and reach of other programmes, like *MomConnect*, *Isibindi* or *Sinovuyo*.^{xi}

Social assistance may not always be the first policy choice for lifting families permanently out of poverty. But in the absence of jobs, child grants, especially the CSG, have delivered no small change to South Africa's poor. Combined with other interventions, they can help us vanquish the stubborn legacy of child poverty and deprivation.

Box 6: How the Child Support Grant impacts poverty

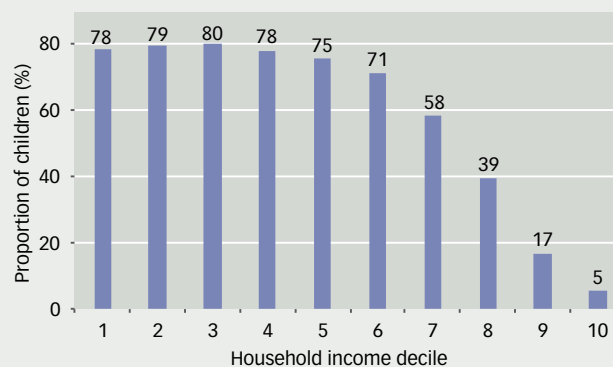
There are several ways in which the CSG has led to declining poverty among South Africa's children.

- First, the progressive extension of *age eligibility* for the grant has enabled more and more children to access it. At present, two in every three children benefit from the CSG. This helps the poorest households, which have a disproportionate share of the country's children.
- Second, the upward adjustment of the *means test* threshold at regular intervals since 2008 has opened access to a higher number of poor households previously excluded from CSG receipt on account of their income.
- Third, the *grant amount*, though modest, has been revised yearly to prevent the erosion of its real value in the face of inflation.
- Fourth, the CSG has very *extensive coverage*, reaching sizable numbers of poor households. Between 70% and 80% of children in the bottom six income deciles benefit from the grant.
- Fifth, the CSG is very *well targeted*. The bulk of spending on the grant goes to the poor. This shows in the greater impact the CSG has had on reducing *food poverty* than overall *poverty*. If the CSG was less well targeted, then the moderately poor would be reaping greater benefits from it than the extremely poor.
- Sixth, the grant is *highly progressive*. It redistributes tax revenues from the rich to the poor, who receive a much

larger portion of the benefits than their corresponding share of South Africa's population.

Over time, a combination of policy changes, outreach campaigns and service delivery improvements has led to a rise in CSG take-up and a concomitant decline in *exclusion rates* among children. In 2002, only 28% of eligible 0 – 7-year-olds were taking up the grant, rising to 63% of children aged 0 – 14 years by 2005 and more than 80% of children under 18 at present. This has given access to social assistance to millions of very poor children.⁶⁴

Figure 19: Proportion of children receiving the Child Support Grant by household income decile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Calculations by Quinn Pitcher, Economic Policy Research Institute

x The essay on p. 75 presents a range of policy options currently under consideration.

xi A national Department of Health programme, *MomConnect* uses mobile services to register and deliver health messages to every pregnant woman across the country. *Isibindi* and *Sinovuyo* are initiatives supported by the national Department of Social Development to deploy community workers to provide care and support to families at risk and to reduce the risk of child abuse through positive parenting, respectively.

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Common concerns and misconceptions: What does the evidence say?

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There is considerable evidence of the positive impacts of social grants on children living in poverty, yet public perceptions of grants and those who receive them are often negative. Some claim that large numbers of teenagers are falling pregnant to get the Child Support Grant (CSG) and believe that social grants create “dependency” on the state and reduce the likelihood that grant recipients will seek employment. Others are concerned that grant money is “misused”, or that the social grants system is unaffordable. This essay will argue that there is little evidence to substantiate these fears.

The essay considers the following four concerns:

- Do social grants encourage dependency and discourage work?
- Are teenagers having children to access the grant?
- Is the grant money misused by (CSG) recipients?
- Are social grants affordable?

Do social grants encourage dependency?

Despite the South African government's constitutional commitment to providing social security, there are persistent concerns that social assistance will cause beneficiaries to become dependent on social grants from the state, and will discourage them from working.¹

Yet South Africa does not provide social grants to people of working age unless they have a disability and qualify for the Disability Grant. Therefore the fear that working-age adults will choose to rely on grants rather than work is not applicable to the South African context, as grants are available only to those who are elderly (over 60 years old) or too young to work (children), or who have a disability that prevents them from working. Poor caregivers – mainly women – receive child grants on behalf of children in their care, but there is no grant they can access in their own right to support themselves.

Concerns about dependency are expressed in different ways, but a common argument is that social grants are “handouts” that encourage people to rely on state support rather than working or using their own initiative to improve their situation. Instead of receiving social assistance, critics argue, grant recipients should be encouraged to become self-reliant. Underlying this argument is the notion that the poor are responsible for their own situation, whereas the non-poor have achieved their success through their own efforts.

These are global discourses and are not in any way specific to South Africa.² The debate about giving people a “hand-up” rather than a “handout” goes back to the notion of the undeserving poor rooted in pre-welfare state Britain.¹ It is also found in the stereotypes of “welfare queens” in the United States in the 1980s, and such debates are still alive and well in conservative politics in the United Kingdom.³ Debates about dependency are particularly prevalent in discussions about welfare in developed countries, where welfare benefits are comparatively large. These views have influenced thinking in South Africa.

However, research from countries that provide a social security safety net does not show evidence of a dependency culture.⁴ For example, a 2015 study assessed the effects of government-run cash transfer programmes in six developing countries – Honduras, Indonesia, Morocco, Mexico, Nicaragua and the Philippines – and found “no systematic evidence that cash transfer programmes discourage work”.⁵ A recent review of evidence from 56 cash transfer programmes across the world, which included a component that looked specifically at the relationship between grants and adult work, also did not support claims that cash transfer programmes discourage adults from working.⁶ On the contrary, where significant effects were found, they tended to show an increase in levels of participation in work. And where grants were associated with a reduction of work, it was mainly among people who were elderly, caring for dependents or involved in casual work.

Research exploring attitudes towards grant receipt and paid employment in South Africa found little support for claims that the CSG reduces the incentive to find work or encourages dependency; this was not least because the monetary value of the grant (R360 per month) is so small compared to a family's financial needs.⁷ Instead, the research found that both those in and out of work attach great importance to paid employment and believe that work promotes dignity. Respondents who were not working reported that they did not consider themselves better off claiming grants. The unemployed were highly motivated to work, and many were willing to relocate to find employment. However, the most commonly identified obstacle to employment was the lack of available jobs.⁸ With more than a quarter (26.6%) of the economically active population unemployed⁹ and a lack of demand for unskilled labour, many people simply cannot find work and so are unable to “help themselves”.

¹ This dates as far back as the English Statute of Labourers of 1351 and subsequent “Poor Laws”.

Debates in South Africa about poverty alleviation tend to frame social grants and paid employment as competing strategies for poverty alleviation, but this is a false dichotomy.¹⁰ Instead, people want to work, but in the absence of jobs or opportunities to generate a steady income, social assistance provides essential support. In addition, studies show that in households where social grants are received, people actively engage in other strategies to generate income, contrary to the belief that they are passive recipients of social assistance.¹¹

The stable income from social grants can also put recipients in a better position to search for work or start their own enterprises. Even a modest grant like the CSG can support caregivers' access to work by contributing to the costs of childcare and sending a child to school, or funding job searches (see p. 49).¹² However, this may limit spending on items such as food, which at least in the short term could dilute the more direct positive impacts of the grant for children.

Few would argue with the notion that children, the elderly and those with disabilities may be financially dependent on others because of their status. But in the context of widespread poverty and unemployment, it is also important to consider the needs of other impoverished groups, including caregivers. Who or what must they depend on? As it is, many adults are forced to depend on relatives or subject themselves to risky or demeaning methods of survival.¹³

The role of the state (and by extension, society) in supporting those who cannot support themselves is part of the founding vision of post-apartheid South Africa, expressed in the Constitution. This is arguably a good thing. Rather than being seen as an alternative to work, grants provide support and opportunities for development for those in need. In conjunction with other essential investments like quality education and health care services, the CSG in particular is an investment in positive developmental outcomes for children, with the potential to benefit national development in the longer term.

Are teenagers having children to access the child support grant?

The belief that large numbers of teenagers are deliberately becoming pregnant to access the CSG is a stereotype that emerges in discussions about social grants, but empirical research does not support this. This belief is linked to negative views of those living in poverty, and to concerns about young people being "out of hand" and "irresponsible". It is usually young women, rather than young men, who are blamed for becoming pregnant at a young age and who bear the brunt of social disapproval.

A number of studies suggest that there has been a levelling off or decrease in teenage fertility rates in South Africa.¹⁴ For example, a recent study using birth history data from six national household surveys to estimate levels of teenage childbearing found that teenage childbearing declined between 1980 and 2008, with a particular decline in the share of women who gave birth before age 18.¹⁵

Despite this, South Africa has high levels of teenage pregnancy compared to developed countries.¹⁶ Early childbearing is a concern because of the potential negative effects on both the teenage mother and child.¹⁷ But empirical studies have not found a link between the introduction of the CSG and teenage pregnancy.¹⁸ For example, one study did not find any significant positive association between the grant and the trend in teenage childbearing in South Africa on the grounds that there was a declining trend in teenage fertility (before and after the introduction of the CSG), and that teenagers are under-represented among CSG beneficiaries, relative to their contribution to the national fertility rate.¹⁹ This suggests that accessing the CSG is not the primary reason that teenagers become pregnant. Other studies have compared second pregnancy rates among CSG beneficiaries and non-beneficiaries, and found that adult women and teenage girls who received the CSG have significantly lower rates of second pregnancies.²⁰ This indicates that the CSG does not "incentivise" women to have another child.

There is emerging evidence to suggest that receipt of the CSG is associated with a reduction in risky sexual behaviour.²¹ In addition, a recent study found that household receipt of a child grant reduced the chances of teenage girls engaging in transactional sex and sex with older partners, both risk factors for HIV infection.²²

The belief that teenagers become pregnant to access the CSG oversimplifies sexual decision-making and teenage pregnancy. Teenage pregnancy is not the result of a single factor, but rather the outcome of a complex interplay of risk and protective factors.²³ For example, poverty intersects with lower levels of access to reproductive health services.²⁴ Challenges are compounded by gender-based violence where girls are coerced into having sex²⁵ or are unable to negotiate safe sex, while judgemental staff and a lack of confidentiality also compromise young people's access to reproductive health services.²⁶

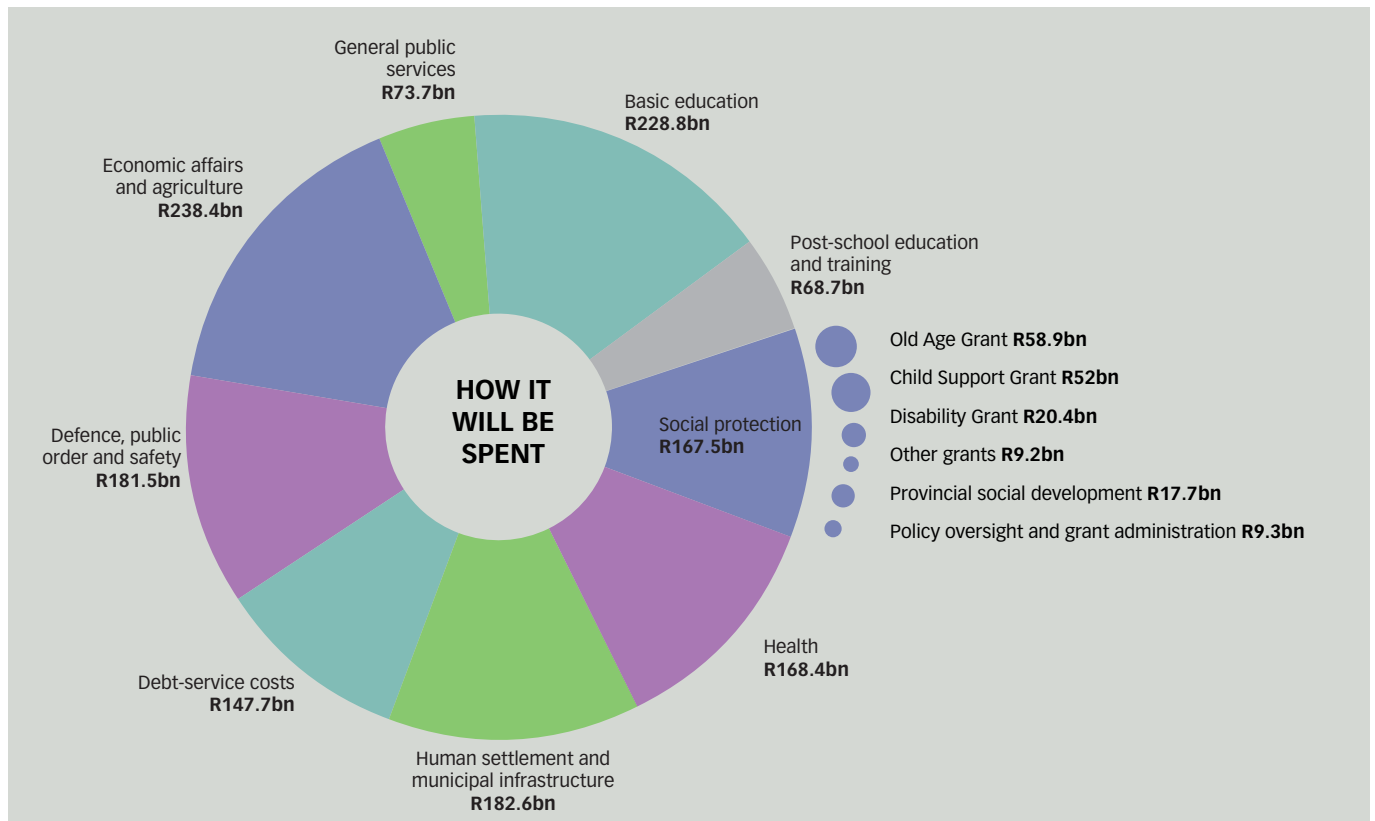
Reducing teenage pregnancy requires a focus on tackling the factors that have been shown to contribute to teenage pregnancy. Furthermore, it is important to ensure that those teenagers who do fall pregnant are able to access all available support, including social grants, so that their children can benefit from the positive impacts of the CSG.²⁷

Is the grant money misused by (CSG) recipients?

Another concern commonly associated with cash-based social security programmes is that beneficiaries will "misuse" the cash, or spend it irresponsibly. This is particularly the case with the CSG. Perceptions of the misuse of grants in the media and wider society revolve around young women using children's grants for their own benefit – to spend on alcohol or hairdressers, for example – and at the expense of the child.²⁸

An impact assessment of the CSG found that the top five reported uses of the grant were food, education, clothing and household durables, health and transportation – which represented 95% of reported uses.²⁹ Numerous other studies have reported similar use of the grant primarily for food and basic necessities.³⁰

Figure 20: Government expenditure on social protection 2016/17



Adapted from: National Treasury (2016) 2016 Budget Peoples' Guide. Pretoria: NT.

A recent study found an increase in expenditure on food items, and a decrease in expenditure on alcohol and cigarettes in households where children had received the CSG for a longer period of their lives.³¹ And there is substantial evidence that the CSG is associated with positive outcomes for child nutrition, health and education, demonstrating that despite the modest amount, the CSG is primarily spent in ways that support the well-being of children.

Why are concerns about grant recipients misusing the grant money so prevalent? In many respects, the attitudes that fuel this discourse are similar to those around concerns about dependency and fed by moral judgements about how poor people ought to spend their money.³² Concerns about the use of grants tend to be based on anecdotes about a minority that are generalised to the larger group. For example, a study of CSG recipients in Soweto found a commonly held view that grant recipients use the money for alcohol; however, when CSG recipients were asked about increased alcohol consumption in their own households, most indicated there had been no increase.³³

While there may be cases where the grant is spent on non-essential items, these tend to be the exception rather than the rule, and this is also the case internationally. A 2014 review of studies from developing countries in Latin America, Asia and Africa found no evidence that cash transfers prompt increases in spending on "temptation goods" such as alcohol and tobacco.³⁴ Instead, the majority of studies found no significant impact of cash transfers, or found a reduction in spending on these goods after receipt of the cash transfer.³⁵ This finding applied to both conditional and

unconditional programmes. Despite some anecdotes about the use of cash transfers for alcohol and tobacco in qualitative reports, the study found that, at an aggregate level, cash transfers do not increase the consumption of temptation goods.

Some might view the use of grants such as the CSG for household expenses rather than the child alone as "misuse". However, this "diluting" of the grant across household members is to be expected when there are limited opportunities to earn an income, and where there is no social assistance for the caregivers of children in their own right (unless they are elderly or eligible for the Disability Grant). The well-being of children is closely linked to the well-being of others in the household, and the impacts of the CSG on children could be enhanced if the gaps in the social security system were addressed to take into account the needs of caregivers and other low-income people within the household.³⁶

Lastly, when caregivers were asked about their own use of the CSG, their primary concern was that it was too small an amount to meet the needs of their children.³⁷ The developmental impacts of the CSG suggest careful budgeting in order to maximise the benefits of the grant – something caregivers themselves have described in qualitative studies.³⁸

Is the system of social grants affordable?

The reach of the current social grants system is extensive, with 17 million beneficiaries in July 2016. This can give rise to questions about the affordability of social grants.

In an effort to reduce poverty and create a more equitable society, the government has expanded social assistance programmes and spending on health and education services. In 2016/17, total consolidated government spending amounts to R1.46 trillion, with more than half (R816 billion) devoted to social spending which includes health, education and local development and infrastructure, among others. The total expenditure on social grants directly funded from the fiscus is R140.5 billion in 2016/17. Within this, less than 40% (R52bn) is allocated to the CSG.

A major goal of the 2016 Budget is to protect spending targeted at the poor, including social grants. Despite slower growth and reductions to the expenditure ceiling, social grant values were increased in line with inflation in April 2016 and sufficient budget has been allocated to ensure that all those who are eligible will receive their social grant. Over the 2016 Medium Term Expenditure Framework (MTEF) period, R11.5 billion was added to the social grants budget allocation for this reason. With general government revenue amounting to 27.7% of GDP and a budget deficit of 3.2%, there is increasingly limited fiscal space to extend social assistance, but total social grants spending as a percentage of GDP has been relatively stable in recent years and is projected to remain at 3.2% of GDP for the next three years.³⁹

The social protection system has demonstrated its successes in many ways. A recent World Bank study on fiscal policy and

redistribution in South Africa found that social grants are well-targeted to the poor, with 69% of all cash transfers going to the poorest 40% of South Africans.⁴⁰ Furthermore, direct cash transfers (social grants) received from the government boost the incomes of those in the poorest decile (10%) more than 10-fold. This raises the income of the poor in South Africa far more than similar transfers in the 11 other middle-income countries in the study sample, including Brazil.

Spending on social grants is clearly important for poverty reduction, but is it sustainable? The National Treasury has built a long-term fiscal model to determine the sustainability of South Africa's major social expenditures (including social grants) over the next three decades. It also includes a long-term demographic and economic outlook. The major finding is that South Africa's current social commitments are sustainable provided that *long-run* economic growth remains above 2 – 2.5%. After years of fast grant growth, the system is expected to mature and stabilise.

The National Treasury's projections suggest that population growth is expected to slow down and social grant beneficiary numbers will stabilise as coverage rates are already at high levels for the existing grants. If the growth in grant values continues to be linked to consumer price inflation to keep up with inflation (as has been the custom), this combined with slowing population growth will make the system increasingly affordable in the long run.

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Implementation of social grants: Improving delivery and increasing access

Aislinn Delany (Children’s Institute, University of Cape Town) and Selwyn Jehoma (Economic Policy Research Institute)

Much progress has been made in strengthening social security delivery systems in general, and in increasing access to the Child Support Grant (CSG) since it was first introduced nearly 20 years ago. After slow initial take-up, access to the CSG expanded rapidly, and the South African Social Security Agency (SASSA) now delivers the CSG to almost 12 million recipients each month. Despite this progress, challenges remain, and a number of eligible children are still excluded. This essay touches briefly on the early challenges in the delivery of social grants, considers key changes in the design and implementation of the CSG since its introduction, and identifies some of the ongoing and emerging challenges.

This essay considers the questions:

- What progress has been made in improving delivery and increasing access to social grants?
- What changes have there been to the design and implementation of the CSG?
- What are the current and emerging challenges?

What progress has been made in improving delivery and increasing access?

In 1994, the newly elected government in South Africa inherited a costly, inequitable and highly fragmented welfare system.¹ The existing system formed a base on which to build, but it was extremely inefficient and in need of reform. The primary challenge in the late 1990s was to ensure equitable access to social assistance for all in need, which required both policy and administrative

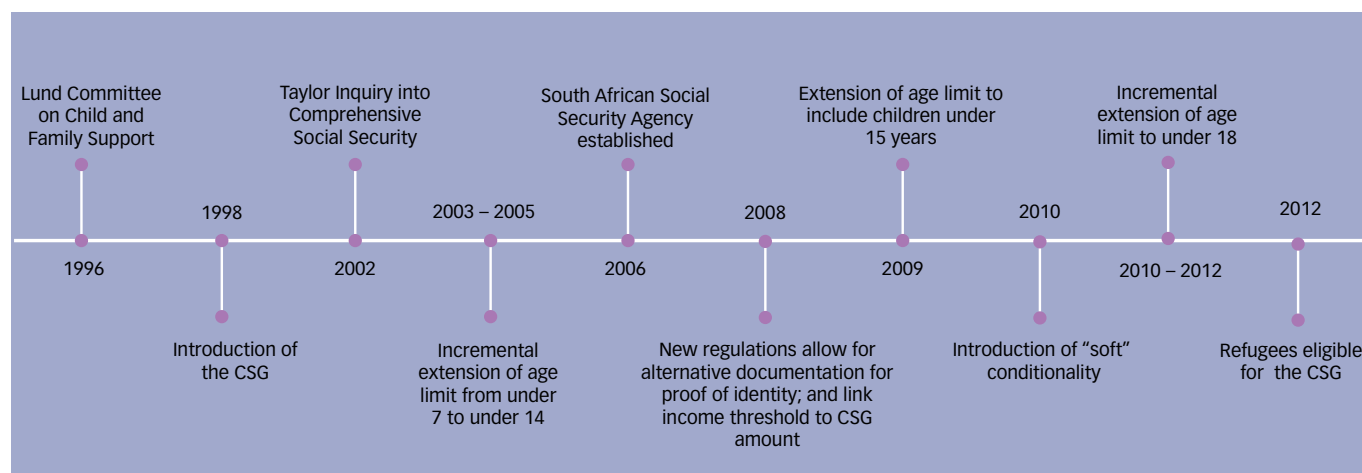
reforms. This entailed integrating the multiple departments responsible for administering social welfare services to different groups under apartheid and ensuring sufficient capacity to provide these services.

Challenges in the delivery of social assistance were recognised early on. In 1996, the report of the Committee for the Restructuring of the Social Security System (the Chikane Report) recommended a fundamental overhaul of the system to improve effectiveness and efficiency, including the establishment of a nationally organised social security system. The 1998 Public Service Commission’s (PSC) Investigation into Social Security Services considered the process of creating such a system.²

Provinces were assigned the responsibility of administering social grants, but this resulted in a number of challenges.³ Competing demands on provincial budgets and inadequate budgetary allocations for social assistance led to long delays and difficulties in accessing payments. This, together with limited administrative capacity and a lack of standardisation, led to disparities in implementation between the provinces.

Two technical committees were convened during this period to consider social assistance policy reforms. In 1996, the Lund Committee reviewed a range of options for strengthening child and family support, and recommended the introduction of the CSG to replace the State Maintenance Grant (see p. 39). The Taylor Committee of Inquiry into Comprehensive Social Security, established in 1999, considered the gaps in the system as a whole and made recommendations for moving towards a comprehensive social protection system.

Figure 21: Critical developments in the implementation of child grants



In 2004, the Constitutional Court found that “social assistance is a matter that cannot be regulated effectively by provincial legislation and that requires to be regulated or co-ordinated by uniform norms and standards that apply generally throughout the Republic, for effective performance.”⁴ Legislation was introduced in the same year that provided a framework for social assistance and laid the basis for a centralised national agency to administer social grants.⁵ The South African Social Security Agency (SASSA) was established in 2006 and is responsible for the management, implementation and payment of grants nationally, while the Department of Social Development (DSD) is responsible for policy and legislation. While many early delivery challenges have been addressed through the development of norms and standards and the establishment of SASSA, other challenges such as the outsourcing of payment systems and deductions from beneficiary payments continue to require attention.

What changes have there been to the design and implementation of the CSG?

In addition to addressing delivery challenges, there have been a number of changes in the design and administration of the CSG in particular which – along with increased awareness of the grant and advocacy by civil society – have helped expand access to the grant.

For example, the initial implementation of the CSG involved several requirements and a great deal of documentary proof.⁶ These requirements included participating in community development projects, immunisation of the child and attempting to secure maintenance from the child’s parent where applicable. But development projects did not exist in many areas, and the health requirements penalised children who already had limited access to health services. There were clear challenges in the private maintenance system. These conditions were soon dropped in response to the slow initial take-up.⁷

An early change to the *means test* resulted in it being applied only to the personal income of the caregiver and his or her spouse, rather than household income which may not be distributed evenly within a household. The initial means test was set at R800 per month for urban formal areas and R1,100 per month for rural areas and informal settlements, the intention being to give priority to those most in need.

These income thresholds remained static for the first decade so that more and more poor children were excluded over time. In 2008 the means test was simplified, and the distinctions between areas were dropped. The income threshold was more than doubled and set at ten times the annual value of the grant (and double that for the joint income of married caregivers), making it more inclusive. However, the means test still does not take into account the number of dependents in the household. The income threshold now increases annually as the value of the grant is increased.

The *amount* of the grant also remained the same for the first few years of implementation. Under pressure from civil society, the grant increased from R100 per month to R110 in 2001; then to R140 in 2002. Since then, the grant amount has increased broadly in line with inflation each year.

Access to *documentation* such as birth certificates and identity documents has been a persistent barrier. After legal action by the Alliance for Children’s Entitlement to Social Security (ACCESS), an amendment to regulation 11(1) was introduced in 2008 to allow applicants who lack the prescribed “proof of identity” documentation to use alternative documentation when applying for the CSG. This usually takes the form of a sworn statement or affidavit and allows applicants to apply for, and begin receiving, the CSG while obtaining official documentation from the Department of Home Affairs (DHA).

There was also a push from civil society to expand the reach of the CSG, primarily by increasing the *age threshold*. In 1998, the grant was available to eligible children under seven years. The first incremental increase in the age threshold came in 2003, when over a three-year period the age limit was raised to include children under 14 years and then, in 2009, children under 15 years. By 2012 the grant was extended to include children aged 15 – 17.⁸ In addition, following legal action, access to social grants has been extended from citizens and permanent residents to include documented refugees.

The extension of the CSG to older children was accompanied by the introduction of a *conditionality*. It required caregivers to provide proof of school enrolment and attendance for children aged 7 – 18 years, despite high levels of school enrolment in South Africa. However, this is a “soft” conditionality in that school attendance is not listed as an eligibility requirement in the Social Assistance Act or regulations, and there is no requirement to suspend or terminate a grant if a child is not attending school or proof is not provided. Instead, DSD is supposed to send a social worker to investigate and support the family to keep the child in school. A recent study found that the practice of requiring school reports and the inclusion of school enrolment on the grant application forms “contribute to confusion and promote incorrect application of the regulation”.⁹

What are the current and emerging challenges?

There has been substantial progress made in increasing access to social grants. There is a high level of awareness of the grants, procedures have been standardised and the processing time for application has been significantly reduced. However, some challenges persist, while innovations to make the payment system more effective have brought with them emerging challenges.

Many eligible children are still excluded

Despite the expanded reach of the CSG many children are still excluded. Almost 18% of income-eligible children (1.8 million) are still not accessing the grant.¹⁰

Take-up of the grant is lowest among infants and adolescents.¹¹ Figure 22 on p. 62 shows that take-up among caregivers of infants under one year remains lower than other age groups. Access to birth certificates has been identified as a barrier for this age group,¹² while other challenges include access to documentation for the caregiver, social and cultural practices, and limited baby-friendly facilities at SASSA service points.¹³ DHA now provides

online birth registration at health facilities. Providing similar access to SASSA's services or information about social assistance and grant application forms in public hospitals could help fast-track access to the CSG.¹⁴ Another possibility is pre-registration for the CSG during pregnancy (as proposed by the National Integrated Policy on Early Childhood Development) to ensure that children have access to the benefits of the grant from birth.¹⁵

The inclusion of adolescents has improved. Findings that adolescents are less likely to access the CSG are in part a reflection of the "phasing in" of the extension of the CSG to all income-eligible children under 18 years. In addition to administrative barriers, challenges such as the misconception that children must be enrolled in school may impact on take-up rates amongst adolescents.¹⁶

A recent study has found that the highest rates of exclusion are in the urbanised provinces of the Western Cape and Gauteng, while poorer and more rural provinces perform better in reaching eligible children. The CSG therefore has good coverage in the poorest areas.¹⁷

Barriers preventing or delaying access to the CSG

There have been numerous improvements in the application process over time, but a number of persistent barriers prevent or delay access to the CSG. These include administrative factors as well as challenges in institutional capacity.

Confusion around the means test

There is some confusion about the requirements of the means test and the income threshold.¹⁸ Analysis of survey data shows that a common reason given by income-eligible caregivers for not

applying for the grant was the (incorrect) belief that they earn too much.¹⁹

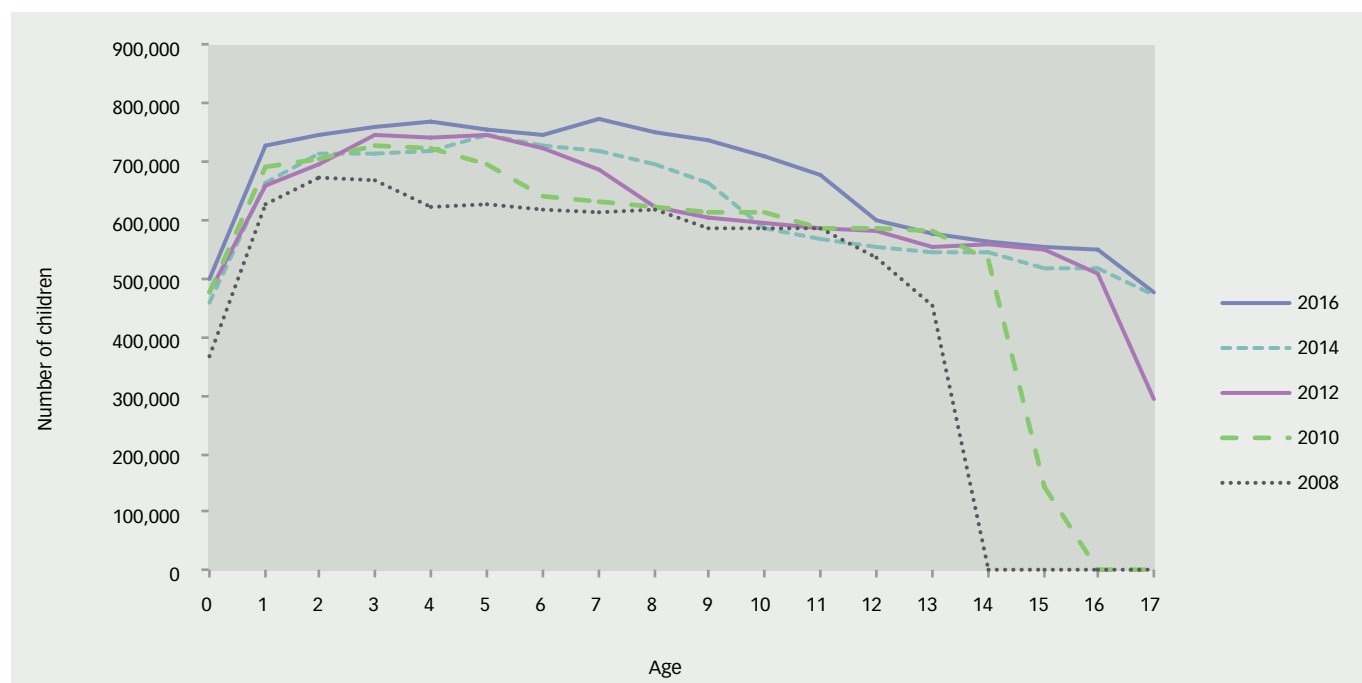
There is also a misconception among both caregivers and some SASSA officials that employment (and in particular government employment) excludes caregivers from applying for the grant. The means test is only concerned with the overall income of the primary caregiver (and spouse, if married), and so includes applicants who are working but whose income is less than the income threshold.²⁰ There is also uncertainty around the impact of receiving maintenance on eligibility; yet maintenance is counted as a form of income.²¹ These misconceptions are compounded by similar misunderstandings amongst SASSA officials, maintenance officers and social workers, who are sometimes a source of inaccurate information.²²

Challenges with documentation

Although there has been some improvement, problems with required documentation such as birth certificates and identity documents are persistently raised as a barrier.²³ The application process has been simplified, yet respondents continue to report challenges in accessing documentation. This prevents eligible caregivers from applying or causes delays in accessing the grant. The costs and difficulties involved in obtaining the necessary documents can also cause applicants to give up on the process.²⁴

The introduction of regulation 11(1) of the Social Assistance Act in 2008 allows applicants to use alternative documentation to identify themselves while applying for official documentation from Home Affairs. But the number of applicants using alternative documentation is relatively low, with only 11,000 applications from 2009 to 2013.²⁵ Reasons for this include limited knowledge and

Figure 22: Number of children receiving the Child Support Grant, by age, 2008 – 2016



Sources: South African Social Security Agency SOCPEN monthly reports, Pretoria; SASSA. Analysis by Katharine Hall, Children's Institute, UCT.
 Note: SOCPEN figures are taken from 31 March each year (the financial year-end).

awareness amongst eligible caregivers, concerns amongst SASSA officials about the risk of fraud and corruption, and a misconception amongst SASSA officials that this regulation applies only to children never issued documents and not those whose documents have been lost.

The requirement that caregivers of children aged 7 – 18 years show proof of school enrolment and attendance has created confusion. Although this is not an eligibility requirement, a 2013 study on exclusions found that there is a misconception among older children and caregivers that children who are not at school (or do not have a school report) are not eligible for the grant; they also noted cases of SASSA officials suspending the benefits or even cancelling the grants of children who had left school.²⁶ But failure to produce a school attendance certificate or to attend school should not impact on the payment of the grant. In response to the study findings, SASSA developed a Plan of Action in 2014 which mandated the reinstatement of children who had had their grant cancelled. A follow-up study found that most appear to have reapplied.²⁷

Orphaned children are at particular risk of not having the correct documentation or losing access to the CSG when a primary caregiver dies. The Social Assistance Act therefore makes provision for the temporary transfer of a CSG to an interim adult caregiver in the event of the death of a parent or primary caregiver, but awareness of this provision is low, and implementation has been limited.²⁸

Direct costs of applying

There are a number of direct costs that applicants bear when applying for a grant. Despite improvements in the turnaround time for processing applications, recent qualitative studies show that long queues and waiting times remain a problem.²⁹ Some applicants must travel long distances, incur travel costs and make multiple trips. Although SASSA's fixed-services footprint has grown and is supplemented by outreach programmes (including the Integrated Community Registration Outreach Programme), it is still insufficient to ensure accessibility for all vulnerable households.³⁰

A recent study asked female CSG recipients about ways in which the CSG upholds or undermines their dignity, a foundational value in the South African Constitution.³¹ The women said that the CSG enabled them to meet some of the basic needs of their children such as buying food, clothing and schooling, and gave them a regular income stream to care for their children. Yet the CSG application process itself was experienced by many respondents as impacting negatively on their dignity. Women reported that long queues, a lack of information and unclear qualifying criteria, and being treated disrespectfully by officials left them feeling unworthy. As one respondent noted:³²

You are sent from pillar to post, all the while you are starving, hunger written all over your face; where's the dignity in that? (Khayelitsha)

Other barriers

Other obstacles that prevent eligible caregivers from applying include a general lack of awareness of the process, or a perception that the process is too complicated, time-consuming or costly.³³ Studies noted misunderstandings about who qualifies as a primary caregiver (and perceptions that the recipient should be the mother). Lack of time or motivation to apply was another factor, particularly for caregivers of infants under one year old.³⁴ There is also not enough reliable information at community level.

The CSG is a vital source of stable income for many households with children, but negative perceptions and prejudices around social grants can cause (mainly female) CSG recipients to feel judged and stigmatised, both by others in their communities and by officials.³⁵ Studies report accounts of hostility towards young mothers and questioning by some SASSA officials and community members of the right of teen mothers (16 years and above) to receive the CSG.³⁶

Refugees also experience hostile attitudes from some SASSA officials over their right to access grants.³⁷ Other challenges for refugees include a lack of valid documentation for the caregiver (despite attempts to ease the requirements); the expiry of refugee permits that can be difficult to renew; and language barriers.

Children living with disabilities may be eligible for either the CSG or the Care Dependency Grant (CDG), depending on their need for permanent care or support services. Yet eligible children face additional barriers in accessing the CDG as illustrated in case 2. on p. 65.

Amount of the CSG

The grant amount has increased incrementally over time, but it is not tied to any "objective" measure of need (or empirical evidence on the costs of raising a child) as originally intended by the Lund Committee. As shown in the essay on p. 33, the current value of the CSG falls below the national food poverty line, and is insufficient for meeting the costs of raising a child, particularly in the context of food price inflation.³⁸ While the CSG helps to alleviate poverty, caregivers often refer to the limited amount:³⁹

The grant helps us a lot. I use it for clothes for the children and food for us all. I don't know what I'd do if it wasn't there. Now I can go and look for work knowing that I left my kids with food. (Alice)

I'm not disputing what they are saying, but the CSG is a small amount. That's what it boils down to for me. It's certainly not enough for just the child. I sell paraffin so that I can buy my child winter clothes, for example. What I'm saying is that the CSG does not protect my dignity, at all, it's not enough to do that for me or my children. (Langa)

A 2015 study found that although the CSG helped recipients to care for their children, many recipients experienced frequent food shortages at the end of the month and had to rely on social support networks for assistance.⁴⁰

Case 1: Stopping funeral insurance deductions from child grants

Lynette Maart (Black Sash) and Brenton van Vrede (Department of Social Development)

Social grants are the primary source of stable income for many low-income families in South Africa and are designed to help meet their basic needs. For this reason, the Social Assistance Act specifically prohibits social grants from being “ceded, pledged or encumbered in any way”,⁴¹ except where it is deemed in the best interest of the beneficiary.

The Social Assistance Act Regulations of 2009 (Section 26A) are explicit: only one funeral insurance or scheme deduction can be made not exceeding 10% of the value of the grant. The grant beneficiary must request a deduction for funeral insurance in writing from the South African Social Security Agency (SASSA), and the insurance company must be an authorised financial service provider.⁴² No other deductions are allowed.

Yet unauthorised and unlawful deductions have become increasingly common with many financial institutions selling products that offer little or no real value to grant beneficiaries. This includes the recent trend in the sale of funeral policies for children, despite relatively low mortality rates among children under 18 years.

For example, Ms C from Mpumalanga receives Child Support Grants (CSG) for four children with a total monthly value of R1,400. In July 2015, she was told by a funeral insurance salesperson that it is mandatory for all SASSA beneficiaries to take out funeral insurance, and was shown the company’s application form with SASSA written on it. On 1 August 2015, a monthly debit order deduction of R75 came into effect, which increased to R80 during 2016. Her efforts to cancel the funeral policy have been in vain, despite submitting an affidavit and cancellation forms. In February 2016, she took a loan from a registered credit provider and unknowingly signed an application form for a second funeral cover of R44 per month from an insurance company, a sister company of the credit provider. She now has two funeral policy deductions from the children’s grants and persists in her efforts to cancel both.

After analysing one of the policies sold by a prominent insurance company, an independent actuary, Roseanne da Silva, noted: “I do not consider the provision of these funeral cover policies by for-profit companies to recipients of children’s grants to be in the interest of the recipients of children’s grants ... there is considerable market conduct riskⁱ associated with allowing such premiums to be conducted prior to the payment of grants (intended for the cover of basic needs for children)...”⁴³

Her report maintains that the provision of funeral insurance policies is inappropriate for the financial needs or risk profile of children on social grants and thus in violation of the Financial Advisory and Intermediary Services (FAIS) Act. The report

estimates that less than 4% of children covered by the policy will die before their 18th birthday. This means that the total amount claimed by beneficiaries would account for less than 1% of all the premiums paid, with the remaining 99% of premiums going towards the insurance company’s administrative expenses and profit.

Social grant beneficiaries also experienced an increase in unauthorised and unlawful deductions for airtime, electricity, water, loans and funeral insurance following an outsourced contract between SASSA and Cash Paymasters Services in April 2012. Many are struggling to get these deductions stopped and refunded.

Following an outcry by civil society, the Minister of Social Development established a Ministerial Task Team in 2014 to prevent further deductions.⁴⁴ SASSA initiated a Funeral Insurance (26A) Clean Up Project to ensure that the regulations were properly implemented so that: 1) SASSA has valid beneficiary mandates for funeral deductions, and 2) there is only one funeral deduction that amounts to less than 10% of the grant value.

Some financial service companies sought interdicts against SASSA and the Department of Social Development (DSD) to halt the Funeral Clean Up Project. All of these companies are FAIS regulated, yet at the time of the court cases, over 715,000 funeral insurance or scheme deductions were made without the required written authorisation of the policy holders.

One company argued that: “Neither the Act nor the Regulations give SASSA the power to interrogate the terms on which a beneficiary enters into a contract for, *inter alia* funeral insurance... SASSA has no power under the Long Term Insurance Act and is not given the powers under the Social Assistance Act or its Regulations to investigate the contracts for funeral insurance taken out by beneficiaries... it is not licensed in terms of FAIS to give advice in relation to insurance policies. It is therefore precluded from advising beneficiaries about the terms of their contract for funeral insurance”.⁴⁵

While the matter was still pending, the court case was overtaken by the introduction of DSD’s amendments to the Social Assistance Act regulations in May 2016.⁴⁶ The amendments prohibit the deductions of funeral insurance (Section 26A) policies from beneficiaries receiving children’s and temporary grants, and protect SASSA-branded bank accounts (Section 21) from unauthorised and unlawful deductions. However, full implementation of the regulations – and the protection they seek to provide beneficiaries – is hampered by court challenges from financial service providers.

ⁱ Financial service providers should act in their clients’ best interests and must guard against any form of misconduct which could undermine trust and market integrity.

Emerging challenges

The system for the delivery and administration of social grants has become more technologically sophisticated over time, with the adoption of the biometric identification and electronic payment system using the SASSA payment card. The introduction of this system in 2012 required all social grant beneficiaries to re-register with SASSA. Many recipients now receive their payments electronically into bank accounts, but along with the increased convenience and formal financial inclusion, this system has introduced new concerns.

A particular concern is the increase in unauthorised deductions from grant recipients' accounts (see case 1 on p. 64). In May 2016, DSD amended Regulation 26A of the Social Assistance Act, halting all deductions from child grants.⁴⁷ Private sector companies have contested these amended regulations in the courts. In addition, SASSA will take over management of the grants payment system in 2017.⁴⁸ The implications of this for the implementation of social grants remains to be seen..

Conclusion

Significant improvements have been made in the delivery of – and access to – the CSG over the last two decades, making the CSG well-regarded worldwide as a successful example of effective social assistance for children. The constitutional right to social security, an engaged civil society, and the administrative reforms described here have all contributed to the improved implementation and expansion of the CSG. But some key barriers persist, while new challenges have emerged. Communication around grant eligibility criteria, the means test and the required supporting documentation (including alternative documentation) at community-level would assist in addressing some of these continuing barriers. Additional training of SASSA officials to ensure the consistent application of eligibility criteria and regulations, and to increase awareness of the rights of vulnerable groups to social assistance, would also be beneficial. The growing use of technology in the administration and payment of social grants has assisted with increasing access and convenience for grant recipients but has brought with it emerging challenges that could compromise access to social security.

Case 2: Who Cares? Challenges associated with accessing the Care Dependency Grant

Sue Philpott (Disability Action Research Team)

The Bill of Rights of South Africa's Constitution includes the right of children to social services. These are made up of several "layers" of services,⁴⁹ including social security and provisions for children in need of special care and protection, such as those with disabilities. Parents, caregivers or foster parents of a child who "requires and receives permanent care or support services"⁵⁰ due to his or her disability are eligible for the Care Dependency Grant (CDG). The intention of this grant is to assist with additional expenses related to the child's disability, and to enable the caregiver to provide appropriate care for their disabled child, towards promoting the child's full participation in society. The CDG was valued at R1,510 per month in October 2016 and can be applied for from the date of birth until the child reaches the age of 18 years.

Payment of the CDG represents a practical, tangible source of support for caregivers. It is an acknowledgment of the additional requirements of their child and the legitimacy of their need for support in the face of frequent social and economic isolation. The CDG is positively associated with school enrolment and attendance of children with disabilities, particularly in low-income households.⁵¹

Interpretation and implementation

In contrast to other grants, there needs to be an assessment verifying the child's disability and their need for support. This means that, in addition to a letter from their "treating" doctor to confirm the child's disability, medical professionals appointed by SASSA have to make the judgment as to whether a particular

child is disabled to the extent that they require either permanent care or support services. The assessment process provides the greatest challenge concerning the CDG.

Inconsistent interpretation of eligibility criteria

The 2008 regulations to the Social Assistance Act clarify that "assessment" means "the medical examination by a medical officer of a... child in order to determine... care-dependency". Regulation 8(a) goes on to state that a person is eligible for a CDG if "an assessment confirms that the child, due to his or her physical or mental disability, requires and receives permanent care or support services". Inconsistencies arise with respect to two elements of the legislation being implemented:

- First, although the term "severe disability" does not appear in the eligibility criteria of the regulations, the principal Act defines a care-dependent child as one "who requires and receives permanent care due to his or her severe mental or physical disability".⁵² This creates some confusion – is "severity" a criterion or not? SASSA considers that it is, as on its website it states that a requirement for application for the CDG includes submission of "a medical/assessment report confirming permanent, severe disability".⁵³
- Secondly, the eligibility requirement of "support services" is interpreted as being in addition to "permanent care" instead of being an alternative to it. The implications of this are that a child must be severely disabled and require full-time care until he or she reaches the age of 18 years if they are to qualify for the CDG.⁵⁴

When the Social Assistance Act and its regulations were amended in 2004 and 2008, the existing assessment form was repealed but has not been replaced. As a result, many medical practitioners continue to make use of the repealed CDG assessment form (designed to assess eligibility in terms of the former Act), which contains references to criteria such as “severe” and “home” care and does not reflect a shift towards assessing the child’s need for support services.⁵⁵

Assessments are medically based

Since ratification of the Convention on the Rights of Persons with Disability (in 2006) and the release of the White Paper on the Rights of Persons with Disability (March 2016), the State has expressed its support for the social model of disability. This model aims to address those barriers created by society which serve to exclude persons with disability.⁵⁶ Despite this, assessment for the CDG remains primarily focused on the medical condition or diagnosis of the child, while not taking cognisance of their limitations in functioning, the level of care that they require or their home circumstances.

There also tends to be bias towards children with impairments that are visible and more commonly known (such as cerebral palsy or spina bifida). Children with less common conditions, and conditions (such as Autism Spectrum Disorder and Asperger Syndrome) that are hard to diagnose without adequate assessment of care needs and age-appropriate functioning, are likely to be overlooked. Medical officers’ lack of training contributes to their lack of insight in the assessment process. “The result typically is [that] where the child is seen as physically able, irrespective of other possible considerations, he or she is not determined to be eligible”.⁵⁷ The CDG, therefore, benefits children with severe disabilities and excludes those with moderate disabilities who may still have extensive care needs.

Delays in conducting assessments

Much has been written about the importance of early childhood development (ECD) and early intervention for children with disabilities, with the message that “the earlier the child and parent receive support, the better the long-term outcome”. It is

a concern that many caregivers experience difficulties with the application and assessment process for the CDG, and delays in accessing the grant. These include cases where children with disabilities are either diagnosed late or misdiagnosed.⁵⁸ Parents also experience long waiting periods for getting specialised assessments, such as hearing tests. These delays are compounded by the absence of a rigorous system to ensure early identification of developmental delays and screening of children with disabilities at routine child health visits, and a lack of specialists in the public health system.

Strengthening the system of care

The system of care needs to be strengthened at various levels:

- Developmental screening and early identification and referral of children with developmental delays and disabilities needs to be strengthened as an essential first line of support. This can be done through enhanced use of the *Road to Health Booklet* and as well as through home-visiting programmes and more effective collaboration between the departments of Health, Social Development and Basic Education.
- Assessment of the child’s level of functioning and care needs should be strengthened by involving therapists in the assessment process and educating medical officers on the social model of disability as the basis on which care needs are assessed.
- Eligibility criteria for the CDG – as reflected in the assessment process – need to be consistent with the provisions of the Social Assistance Act and its regulations. A new assessment form needs to be developed to reflect current legislative provisions, and be standardised across the country.
- The application and assessment process should be used as an opportunity to give caregivers information about their child’s condition and prognosis, as well as coping strategies on how to support them.

The CDG should not be seen as a stand-alone intervention but as an integral part of a basket of services and supports for caregivers and children with disabilities. For example, it should be linked to therapy, parent support groups and placement at ECD services or schools.

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Social assistance for orphaned children living with family

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This essay describes the current crisis in foster care and outlines how it arose because the Foster Child Grant (FCG), which is linked to the child protection system, was used to meet the social assistance (poverty-related) needs of orphaned children. The foster care crisis is so serious that a High Court ordered the Department of Social Development (DSD) to come up with a "comprehensive legal solution". The solution should ensure that social assistance is readily available for eligible children, including orphans, while also ensuring abused and neglected children have access to quality social welfare and child protection services. One proposed solution is to revert to the Child Support Grant (CSG) as the preferred social grant for orphans living with extended family, with a possible top-up in the grant amount. If accompanied by the necessary amendments to the Children's Act, this could be a step towards a solution to the foster care backlogs and lapsing of FCGs. It may help to alleviate the pressure on social workers so that they can be more responsive to children in need of intervention and protection services.

The essay considers the following questions:

- How do the CSG and FCG differ in their purpose, targeting and processes?
- Why did the number of children receiving the FCG increase so rapidly, and why was this a concern?
- What are the consequences for social welfare services?
- What is the foster care "crisis" and how has the High Court intervened?
- What are the options for a comprehensive legal solution?
- What has happened so far?

How do the CSG and FCG differ in their purpose, targeting and processes?

The CSG is part of the social assistance programme and has been described in detail in other chapters. The FCG is different: although it is also a social grant and is paid out of the social assistance budget, it is explicitly linked to the child protection programme, and only foster parents can apply for it. The FCG was designed as an allowance for foster parents to assist with the costs of providing for children who had been placed in their care by a Children's Court. Typically, these were children who had been removed from their own families because of abuse or neglect, and were found to be "in need of care and protection". These children effectively became wards of the state, but were placed with substitute families because family home contexts are considered preferable to institutions as alternative care environments for children.

The CSG and FCG have very distinct objectives, and despite some similarities, there are important differences between them.

- **The value of the FCG is much higher than the CSG.** In October 2016 the CSG is R360 per child per month, whereas the FCG is nearly three times that value, at R890 per month. This difference in value arose because the FCG was meant to cover the costs of a child who would otherwise have to be cared for by the state, whereas the CSG was intended only to help alleviate poverty by covering the costs of basic nutrition for the child. In reality, neither of the grants is large enough to cover the intended costs fully. However, the higher value of the FCG benefit makes it a much more desirable grant for poor households.
- **The CSG is means-tested, whereas the FCG is not.** This is because the CSG is meant for poor caregivers, whereas the FCG is a state contribution to the cost of caring for a child who has been placed in foster care, irrespective of the income of the foster family. In terms of the law, the FCG should not be means tested.
- **Both the CSG and FCG are paid to the primary caregiver of the child.** In the case of the FCG, this must be the foster parent. The CSG can be paid to whoever is the child's primary caregiver. This decision was made in light of the household arrangements in South Africa, where many children live with extended family. Therefore the CSG has always been available as a poverty alleviation grant for family members caring for children (including orphaned children).
- **The CSG application is a relatively quick and simple administrative process, whereas an FCG application first requires a social worker investigation and a court order.** All grant applications are administered by the South African Social Security Agency (SASSA). Before a family member can even apply to SASSA for an FCG, the child must be placed in foster care by a court. This first requires an assessment and written report by a social worker – a process which is meant to take 90 days but in reality can take longer because of backlogs – followed by an order from the Children's Court.
- **Once approved, the CSG is paid continuouslyⁱ until the child turns 18 years old, whereas there must be a valid court order for the FCG to be continued.** Most foster care orders expire after two years and have to be reviewed and extended for the FCG to remain in payment.ⁱⁱ This requires a reconsideration of the placement, involving a home visit by a social worker, and the social worker must present a written report at the children's court where the order is extended.¹

The more rigorous and arduous procedure that precedes an FCG application arises from the statutory child protection processes: the system is designed to provide checks and balances before removing a child from the care of her parents and placing her with another family.

Section 150 of the Children's Act provides for a child to be placed in foster care if the child is "in need of care and protection". There are a number of reasons provided in the Act for when a child may be in need of care and protection, including if the child is abused or neglected, and if the child is abandoned or orphaned AND without visible means of support. However, there is no clear definition of the phrase "visible means of support", which resulted in differing interpretations by magistrates as shown in case 3.

The usual two-year placement period arises because foster care is supposed to be a temporary placement. It is also for this reason that a foster parent does not acquire full parental rights and responsibilities.

In addition to providing a larger grant, foster care is meant to be linked to a basket of services, including ongoing monitoring and social services to children and foster parents, access to treatment and therapeutic services, and family re-unification services.

There are conflicting perspectives on whether or not all orphans automatically need state protection services, and whether they should receive larger grants than other children on the basis of their orphan status. The CSG is designed to provide income support for poor children irrespective of who they live with, and so is already available to orphans whose caregivers pass the means test. Social welfare and child protection services are meant to be available to any child who needs them. The question is whether orphans living with extended family should be automatically placed in the child protection system.

Why did the number of children receiving the FCG increase so rapidly, and why was this a concern?

For many decades the number of children in foster care placements (and FCGs) remained below 50,000. But when orphaning rates started to increase rapidly in the early 2000s due to rising HIV prevalence rates and the failure of the state to roll out antiretrovirals, there was growing public concern about what would happen to orphans. The number of maternally orphaned children doubled from half a million to over a million between 1996 and 2004.²

In 2002, former Minister of Social Development, Zola Skweyiya, stated publicly that the DSD was "encouraging relatives to take care of orphaned children under the foster care package".³ This shift towards using the foster care system (and the associated FCG) for orphaned children was echoed by politicians and policymakers on a number of other occasions, but without formal consultation or inquiry into the systemic consequences of such a shift.

Case 3: The story of child SS

In the SS case, the child's mother had left him in the care of her aunt and uncle when he was two years old.⁴ The father was not known to the aunt and uncle. The child lived with them for several years and they received the CSG. Then the child's mother died, and they heard that social workers could assist them to obtain a grant with a greater value. They consulted a social worker who initiated foster care proceedings. It took two years before the case was finally heard by the children's court in 2012. The court refused to find the child in need of care and protection because he was already living with relatives and therefore had "visible means of support".

The magistrate stated: "From the evidence, it is clear that the main reason for this enquiry is to alleviate the parties' financial position by a foster care order and receipt of a foster grant. There is no necessity that it has to be a foster grant. I fully agree... that the country's foster care system has become an income maintenance system."

A year later the High Court overturned that case on appeal, but the second High Court judgment also did not present any systemic solutions.

Even at the time, there were concerns about this approach. When the Children's Bill was first being considered, the South African Law Reform Commission proposed the legal recognition of kinship care, with a distinction between court-ordered kinship care and informal kinship care. It proposed that: "relatives caring for children who have been abandoned or orphaned or are for some or other reason in need of their assistance, but who are not *per se* in need of formal protective services, should have access to a simple procedure whereby the necessary parental responsibilities can be conferred on them."⁵ The Children's Act, however, did not incorporate this proposal.

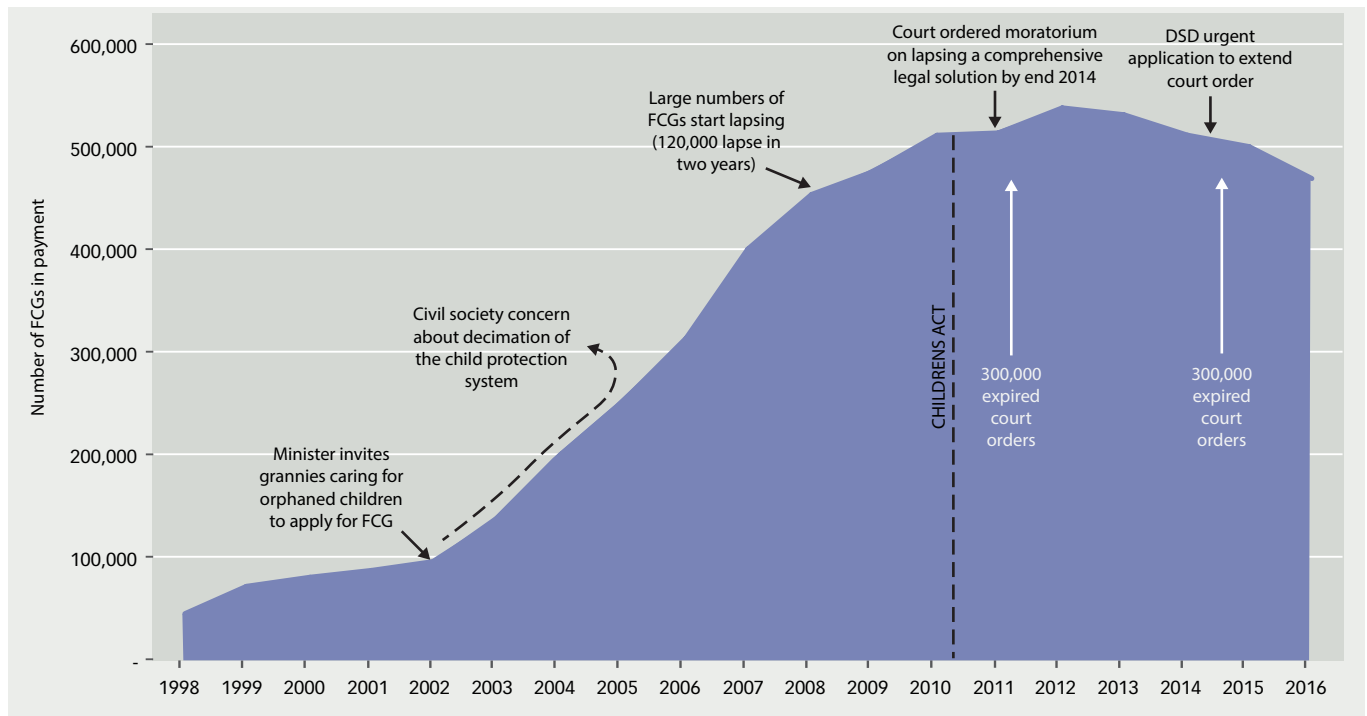
A 2003 research report on the use of the FCG for orphans in the context of HIV/AIDS stated that "while such a grant would undeniably benefit ... the few recipients who would be able to access it, its application on such a large, targeted scale as well as processing procedures which rely heavily on the courts and the social services, raise questions not only of feasibility and ethics, but also of potential unintended consequences."⁶ The report was embargoed by the government department that had commissioned the research, and the number of orphans placed in foster care with relatives continued to rise.

By 2010, over 500,000 FCGs were in payment – ten times the number that the system had been accommodating previously. Over 80% of FCGs went to children who were orphaned, almost all

i The grant may be reviewed, and if recipients (primary caregivers) do not collect the grant with a biometric validation (fingerprint), they are asked to provide life status confirmation (proof of life) once per year.

ii While section 186 of the Children's Act does allow the courts to make foster orders that are longer than two years, not many magistrates have used this in practice.

Figure 23: History of the Foster Child Grant



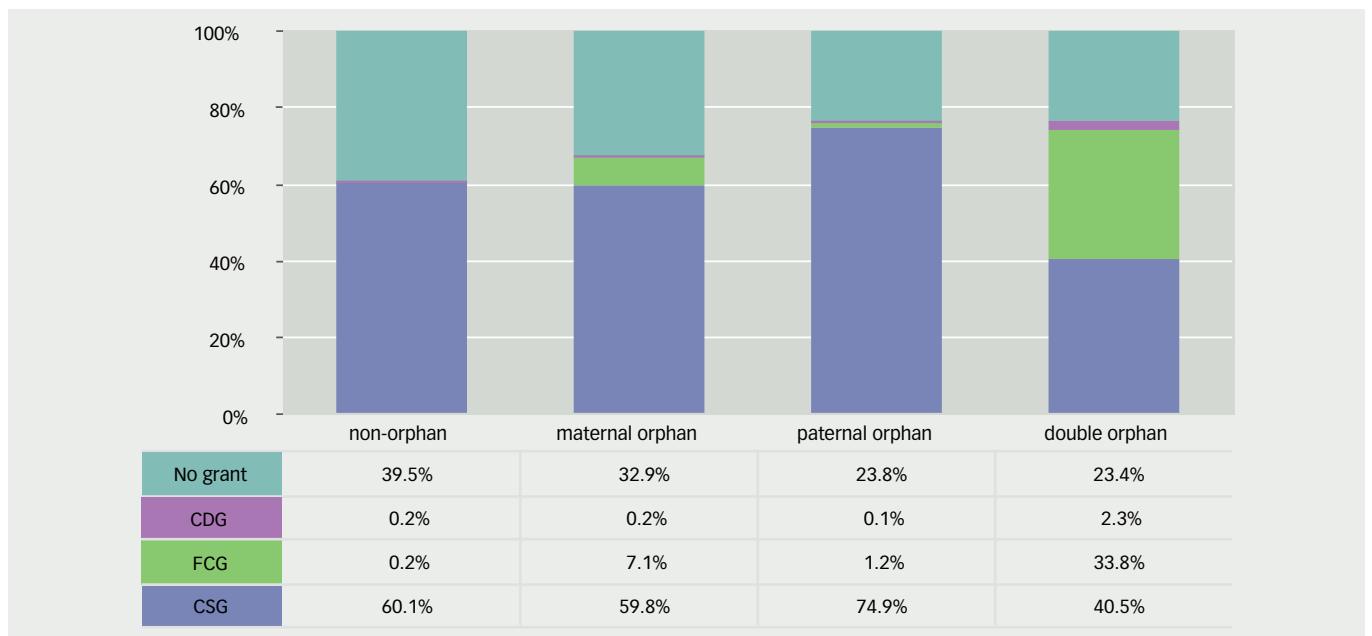
Sources: National Treasury (1998 – 2007) Intergovernmental Fiscal Review. Pretoria: National Treasury; South African Social Security Agency (2008 – 2016) SOCPEN monthly reports. Pretoria: SASSA.
 Note: Number of FCGs in payment at financial year end.

of whom were living with relatives.⁷ This did not nearly reach the number of children who were maternally orphaned, which stood at over 1.5 million children in the same year. The majority of children who receive the FCG are orphans (and particularly double orphans) but, as shown in figure 24, the majority of orphaned children do not receive the FCG.

Since 2012 the number of FCGs has declined. By the end of 2014, around 300,000 foster care orders (60% of all FCGs in payment) were due to expire because they had not been reviewed.⁸

Over the years, a number of civil society organisationsⁱⁱⁱ have highlighted multiple concerns about the use of the foster care system for orphans living with relatives.⁹ The points they raised include the following:

Figure 24: Grant uptake by orphan status of child



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall, Children's Institute, UCT.
 Note: CDG = Care Dependency Grant, for children with disabilities. Only around 120,000 CDGs are in payment, versus 500,000 FCGs and nearly 12 million CSGs.

iii These organisations include Johannesburg Child Welfare, Childline SA, Pietermaritzburg Child Welfare, Children's Institute, Centre for Child Law, Black Sash and the National Association of Child Care Workers.

Table 5: Children’s co-residence arrangements, orphan status, and income level

Category ^{iv}	Number of children (0 – 17 years)	Median per capita income (excluding child grants)	Median per capita income (including child grants)
Live with both parents	6,233,000	R1,000	R1,088
Live with mother, not father	7,342,000	R338	R477
Live with relatives – mother alive	2,857,000	R338	R472
Live with relatives – mother dead	1,010,000	R338	R531

Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Calculations by Katharine Hall, Children’s Institute, UCT.

- Orphans (and their caregivers) experience long delays in accessing FCGs because of the time-consuming process of foster care placements.
- Although the number of children in foster care increased rapidly from 2002 to 2012, it only ever reached a third of maternally orphaned children. Even though orphan numbers are gradually declining, it is highly unlikely that the foster care system would be able to cope with all orphans.
- Many children who are not orphaned live with relatives (for example because their parents are migrant workers) and these children are not regarded as being in need of protection or regular monitoring, although they are greater in number and live in similar circumstances to orphans. For example, 1.2 million maternally orphaned children were living with relatives in 2014, compared to nearly three million children living with relatives whose mothers were living elsewhere.¹⁰
- Although many children live in deep poverty and are in need of financial assistance, orphans living with extended family are not, as a category, necessarily “poorer” than non-orphans living with extended family. The greater value of the FCG may in fact create income inequality between categories of children (see table 5 above). From the existing evidence, it is not clear whether orphans living with relatives are vulnerable in other ways when compared with non-orphans living with relatives.¹¹
- The foster care system does not cater for the fluidity of child care arrangements whereas the CSG is designed to follow the child.
- A foster care order does not give foster parents full parental rights and responsibilities, and is therefore not an appropriate arrangement for orphans, whose orphan status is by definition permanent (adoption or guardianship may be more appropriate).

- The capacity of the social welfare system, and in particular the child protection system, has been greatly strained by the need to enrol and monitor large numbers of children in the foster care system, leaving abused and neglected children without the responsive protection services they need.¹²

What are the consequences for social welfare services?

The reliance on the foster care system to provide income support to orphaned children and their families has had severe negative impacts on the foster care system itself, as well as on the capacity of social workers to deliver services to abused and neglected children and others in need of social welfare services.

Social workers simply do not have the capacity to deal with hundreds of thousands of foster care placements on top of the other services they need to provide. The Department of Social Development acknowledged that “insufficient numbers of available social workers make it difficult to deliver social services where they are needed”.¹³ According to DSD, the ratio of social workers needed to handle foster care cases is 1:60,¹⁴ but at the end of 2014 the ratio of social workers to foster care placements was estimated at 1:94¹⁵ – and this ratio holds only if the social workers do nothing but process and review foster care placements.

Social work services are often constrained by poor and inadequate working conditions, infrastructure and resources. Studies have found that many social workers have to operate in environments characterised by a lack of offices, inadequate office equipment, shortages of vehicles, high caseloads and staff shortages.¹⁶

The use of social workers to process foster placements for orphans living with family may be an ineffective and inappropriate use of scarce resources in the context of high rates of violence against children: “There are preventable injuries and deaths among neglected and abused children, because social workers are doing paperwork to renew grants, and are therefore insufficiently available to respond speedily to calls for protective services.”¹⁷ Inappropriate use of social workers forces them to implement child protection services from a remedial or crisis intervention approach at the expense of comprehensive and holistic services embedded in the social development approach.¹⁸

What is the foster care “crisis” and how has the court intervened?

The increase in demand for foster care placement has created a crisis in the foster care system.

FCG lapsing and the 2011 court case

Between April 2009 and March 2011 approximately 120,000 FCGs stopped being paid by SASSA (lapsed) because of “court order expiry / failure to review”. In terms of the Children’s Act, most foster care orders need to be extended by the court on a two-yearly basis

^{iv} These four categories cover 95% of all children in SA.

to remain valid. Yet due to the shortage of social workers and the high demand for FCGs, many foster care court orders expired and were not renewed in time.

In May 2011 the Centre for Child Law and Minister of Social Development reached a court-ordered settlement to prevent further lapsing of FCGs due to expired court orders. The May 2011 settlement order:

- placed a temporary moratorium on lapsing of further FCGs;
- ordered the Department to re-instate the FCGs that had already lapsed;
- granted the Department temporary authority to extend the majority of foster care court orders administratively – i.e. social workers need not apply to court to extend the court orders but could do it administratively, following a review of the child’s situation. As this temporary authority was in direct conflict with the requirements of the Children’s Act, a time limit for finding a more sustainable solution was set; and
- required the Department to design a comprehensive legal solution to the foster care crisis by amending the Children’s Act by 31 December 2014.¹⁹

However, by early December 2014, the Department had not designed a comprehensive legal solution, and they were still facing a significant backlog of expired foster care court orders – estimated at 300,000 at that time. They applied to court on 12 December 2014 on an urgent basis asking for the May 2011 court order to be extended for a further three years.

2014 court case

In December 2014, the High Court granted the varying and extension of the May 2011 order. The effect is that the Department has an extension until December 2017. During this time some foster care court orders can continue to be administratively extended by the Department. Also during this time, the Department must design a comprehensive legal solution (bringing the total time they will have had to design a solution to six years).

The Department is required to report to the Court and the Centre for Child Law every six months on its progress in clearing the backlog of foster care orders in need of extension. The Department’s reports have reflected concerted efforts in reducing the backlogs, but the numbers remain very high and new applications are slowing down, as illustrated by the decrease in FCGs in payment since 2012.

Establishment of committees to consider possible solutions

There are two Ministerial Advisory Committees that are relevant to the foster care crisis. One is the Foster Care Committee which was established in 2014 to investigate the situation of children in foster care, and has already uncovered serious fraud in the grant system, allegedly perpetrated by departmental officials.²⁰ The other is the Committee for the Review of the Welfare White Paper. It has made a number of important recommendations regarding orphans in the care of relatives:²¹

- Support an extended CSG (also referred to as the “CSG top-up”) for orphans in the care of relatives and children in child-headed households as approved by Cabinet on 9 December 2015.²²
- Amend the Social Assistance Act and regulations to enable the extended CSG to be operationalised.
- Ensure that the budget is approved to enable the above.
- Fast-track amendments to section 150 of the Children’s Act and related sections to align with the extended CSG. The effect of the amendments will be to ensure orphans and abandoned children living with relatives are screened at community level by a social service practitioner, who will refer them to apply for the extended CSG and may refer them to a social worker only if it appears that the child has care and protection needs.
- Retain relatives already receiving the FCG for orphans in their care in that system, but make increased use of section 186 of the Children’s Act which extends the orders until the child turns 18 and requires home visits at two-year intervals by a social service professional.

Finally, it should be noted that although the High Court orders of 2011 and 2014 have prevented the FCG from lapsing when foster care orders expire, the number of children receiving the FCG is steadily dropping (from 536,747 in 2012 to 470,015 in 2016). This is despite the fact that there were approximately 1.2 million maternally orphaned children in 2014 who could be eligible under the current law.²³ There are several possible reasons for the declining numbers: Social workers and courts may be channelling caregivers away, on the basis of conflicting interpretations by the High Courts of the words “without visible means of support”. The first judgment in the SS case²⁴ (see case 3 on p. 69) said that if a child is living with her grandmother (or any relative who has a common law duty to support her) then she has visible means of support and is therefore not eligible for the FCG. A second judgment²⁵ softened the effect of this by saying that if the grandmother was so poor that she could not support the child, even with the CSG, then she was eligible for the FCG. The cases caused considerable confusion.

Another possible reason for the drop in numbers of children in foster care is that social workers’ time is so taken up with clearing the backlog of expired foster care orders, that they are unable to bring new cases into the system at the same rate as before.

What are the options?

There are at least four possibilities for consideration:^v

Leave the law as it is and improve social work capacity through special units working on foster care

The problem is that there is a finite number of social workers, the majority of whom are already working on foster care. Furthermore, if all maternally orphaned children in the care of relatives are to be treated equally then nearly a million more foster care orders would have to be granted. As the system was unable to cope with 500,000 when the number of FCGs was at its peak, this is clearly not a feasible option.

^v This is a simplified list of options presented and discussed by the authors. Additional options are outlined in the DSD’s Draft National Policy on Foster Care (version 4, 2014).

Shift all orphans living with relatives onto the CSG

This would be more equitable as all children living in poverty would be treated the same, but would not be politically acceptable due to the low value of the CSG (R360 per month in October 2016) and may be unconstitutional because it appears to be regressive.

Shift all orphans living with relatives onto the CSG but increase the CSG for all children

This could, for example, be done by aligning the amount with the lower bound poverty line proposed by Statistics South Africa, which was R621 in 2015. This is equitable and may be constitutional if undertaken as part of a careful plan to improve the situation of the majority of orphans, but it has significant budget implications and a substantial increase is unlikely in the short-term.

Shift orphans living with relatives onto the CSG system and provide a top-up amount for this category only

In order to avoid being regressive, those already receiving the FCG would continue to receive it. It is important to note that 100,000 children fall off the FCG each year as they “age out” of the system. If the numbers of new children coming into the foster care system are reduced (as a result of being channelled towards the extended CSG) then the overall numbers of children in foster care are likely to return to a manageable size within three to four years.

The last option is the most advanced in terms of policy commitment by government, and has been referred to variously as an “extended CSG”, “CSG-plus” or “CSG top-up”. Using the CSG system for orphans will resolve the delays in providing access to social assistance for orphans and will free up social workers to do more preventive work and care and protection work with children who are abused and neglected, irrespective of their orphan status.

What has happened so far?

Civil society groups have been advocating around this issue for some years, and have had multiple meetings bringing together researchers, practitioners and government officials from DSD, Treasury and SASSA. While there is concern from some sectors that orphans as a category may need additional welfare services, there is general agreement that the current approach is preventing these services from reaching children.

The Social Security Directorate of DSD supports the idea of a CSG top-up and has been leading the reform process. The Minister approved the idea in theory in 2012 and established an inter-departmental task team to discuss and develop it further. The proposal was included in the 2015 Medium Term Strategic Framework, for implementation in 2018.²⁶

A proposal for the CSG top-up for orphans was passed by Cabinet in December 2015.²⁷ However the details of its implementation still need to be developed. The essay on p. 91 raises some key questions to be considered further.

Procedures needed to meet the 2017 deadline

The 2014 High Court order is temporary, pending a holistic solution to the foster care crisis. The court order will expire in December 2017. Cabinet approved a draft Social Assistance Amendment Bill in October 2016 which will allow the Minister of Social Development to create the CSG top-up.²⁸ An amendment to the Children’s Act will be required to bring it in line with the proposal for the CSG top-up. Amendments to both Acts need to be passed and implemented before December 2017.

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Expanding social assistance for children: Considering policy proposals

Aislinn Delany and Paula Proudlock (Children's Institute, University of Cape Town)

The Constitution requires the state to progressively realise the right to social security, including social assistance, so that everyone in South Africa has access to the means to support themselves and their dependants.¹ Similarly, the National Development Plan regards an inclusive and responsive social protection system as an essential pillar in government's strategy to tackle poverty and inequality by 2030.²

There are currently a number of gaps and challenges in South Africa's social assistance system that are particularly concerning in the context of high levels of poverty, unemployment and inequality:

- The amount of the Child Support Grant (CSG) is low relative to the basic needs of a child and falls below all three of the national poverty lines proposed by Statistics South Africa. Nearly a third of children (30%) still live below the lowest line – the food poverty line³ – despite the availability of the CSG.
- It is estimated that almost 18% of eligible children (1.8 million) are still excluded from the CSG due to implementation challenges.⁴ Many of these are infants, a particularly vulnerable group for whom early exclusion has a negative long-term developmental impact.
- In 2009, 25% of pregnant women lived in households that reported hunger and insufficient food⁵ – a situation that impacts negatively on the health of the mother and survival and development of the infant.
- Children whose caregiver's income falls above the income threshold of the means test are excluded from the benefits of the CSG, even though it is known that those around the threshold may fall in and out of poverty.
- The use of the foster care system for poverty alleviation for orphaned children in the care of relatives has led to an unmanageable demand on the child protection system. As a result, the majority of orphans cannot access the Foster Child Grant (FCG) and children who have been abused and neglected are not receiving responsive protection services.⁶
- Once children turn 18 years old, their access to social assistance ends abruptly, as there are no grants for unemployed or low-income adults aged 18 – 59 years (apart from the Disability Grant). In addition, a large proportion of the adult population is excluded from unemployment insurance and formal social insurance because of high levels of unemployment and informal employment.

Government has explored a number of options to create a more comprehensive approach to social security. In 2002, the Taylor

Committee of Inquiry into a Comprehensive System of Social Security identified several gaps and proposed a comprehensive framework that included universal coverage of grants for all children; continuation of grants for children with special needs; and a basic package of services for everyone.⁷ At the same time, while reviewing the Child Care Act, the South African Law Reform Commission also recommended a universal child grant; the continuation of the FCG for children in need of care and protection; and kinship grants for children in formal (court ordered) and informal care of relatives.⁸

More recently, in 2008, the national Department of Social Development drafted a discussion document on strategic considerations for a comprehensive system of social security that acknowledged shortfalls and proposed options for reform. After consultations with National Treasury and other departments, the document was revised and was due to be published in 2015.⁹ At the time of going to press in October 2016 it had not yet been released.

The Department has also commissioned detailed research on specific options for reform including increasing the amount of the CSG,¹⁰ providing the CSG to all children (universalisation),¹¹ providing social assistance to women during pregnancy and the early years of motherhood,¹² social assistance options for youth aged 18 – 24 years,¹³ and providing appropriate social assistance to relatives caring for orphans (kinship care)¹⁴.

There has therefore been much considered research and thinking on how to address the gaps in social assistance for children. This essay presents some proposals that have been, or are being, considered by the Department for the further expansion of social assistance in support of children. The proposals covered here are:

- Increasing the amount of the CSG
- Universalising the CSG to provide a child benefit for all
- Introducing a pregnancy and maternal benefit
- Extending the CSG to youth aged 21 years who are in education and training
- Replacing the use of the FCG with a "CSG top-up" for orphaned children in the care of relatives.

The proposals are at different stages of development in the policy process and are not the only options to be considered. There are a range of other reforms that would help to improve child outcomes directly or indirectly – from expanding social security measures to cover adults in households that do not yet have

access, through to strengthening social welfare services to support children and families. This essay focuses primarily on child-centred social assistance proposals, but the broader debates around comprehensive social protection for children and adults should be borne in mind when considering these proposals.

The authors are not necessarily proponents of the proposals but have agreed to present them based on their involvement in research or policy processes behind the proposals. The aim of this essay is to promote and inform debate within and between government and civil society about existing proposals; to prompt ideas for other proposals; and to provide some guidance for evaluating the proposals with the best interests of children in mind.

The following constitutional rights and principles of good governance provide a starting point for evaluating the proposals:

Constitutional rights

- Right to equality
- Rights to dignity
- Best interests of the child
- Right to have access to social assistance
- Right to basic nutrition, shelter, basic health care services and social services
- Right to family, parental or alternative care
- Right to protection

Principles of good governance

- Long-term vision and policy coherence
- Effectiveness
- Accessibility for beneficiaries
- Administrative feasibility
- Affordability

Box 7 on p. 77 presents some useful questions that could be posed in relation to each of the rights and principles.

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Constitutional rights

The right to equality

- How will this reform affect the equality of different categories of children, address discrimination, and contribute to the achievement of substantive equality in South Africa?
- Are there any other categories of people likely to suffer discrimination (directly or indirectly) as a result of this proposal?

The right to dignity

- How will this reform affect the dignity of individual and different categories of children, caregivers and others?

The best interests of the child

- How will this reform further children's best interests, which are of paramount importance in any matter concerning children?

The right to have access to appropriate social assistance if unable to support themselves and their dependents

- Will this reform result in progressive realisation of the right to social assistance?
- Is there justification due to restricted resources for targeting a vulnerable group now (rather than covering all children in need)?
- Will it (considered together with the state's overall social assistance programme) pass the Constitutional Court's "reasonableness" test?
 - Is it reasonably conceptualised? (Is its design capable of realising the right?)
 - Is it balanced and flexible and does it make provision for short, medium and long-term needs? In particular the policy should not exclude a significant segment of the population, especially not those whose needs are the most urgent and whose ability to enjoy all rights therefore is most in peril.¹⁵
- Will this reform result in regressive action for anyone?
 - If yes, can this action be justified by an overall greater benefit for a larger group?ⁱ

Children's right to family, parental, or appropriate alternative care

- How will this reform impact on parents' and extended families' capacity to provide quality care to their children?

Children's rights to basic nutrition, shelter, basic health care services and social services

- How will this reform impact on caregivers' capacity to provide children with nutrition, housing and access to health care services?
- How will this reform impact on social welfare services for children and their families?

Children's right to protection

- How will this reform affect children who need protection services due to neglect or abuse?

Principles of good governance

Long-term vision and policy coherence

- How does the reform align with the long-term vision for social protection?
- Is this reform a step towards progressively realising that vision?

Effectiveness

- Is this reform likely to be effective in achieving its aim e.g. reducing/alleviating poverty?

Accessibility for beneficiaries

- Is this reform likely to be easy to access and clear to understand?

Administrative feasibility

- Does the state have the capacity to administer this reform efficiently, or can capacity be created through training or task shifting amongst different categories of existing personnel?

Affordability

- How much will this reform cost and does the state have the resources?
- What are the potential long-term costs of not making this reform?

ⁱ For example the introduction of the CSG in 1998 at a lower amount than the State Maintenance Grant (SMG) was a justified regressive action for those who were on the SMG, because overall it was introducing a greater benefit for a larger group of beneficiaries.

Increasing the amount of the Child Support Grant

Debbie Budlender (Independent research consultant)

From the start, the Child Support Grant (CSG) was explicitly conceived as a poverty grant. Its aim was, and is still, to assist families – and more specifically the primary caregivers of children living in poverty – to contribute to meeting the basic needs of the children in their care.

When the Lund Committee first developed the proposal for the CSG in 1996, they proposed that the grant amount be empirically based on the most basic costs of raising a child – a proposal that at that time came to about R70 per month. The amount was very low both in absolute terms and when compared with the March 1996 values of the Foster Child Grant (R288) and the Old Age Grant and Disability Grant (R410). The low amount was motivated in large part by the fact that the total budget for the State Maintenance Grant (SMG), which the CSG was to replace, was R1.2 billion per year.¹ The Committee was committed to keeping the total cost of its proposal to approximately this amount out of concern that if a more expensive option was proposed, then government would abolish the SMG and there would be no poverty grant for children. To keep within the budget ballpark, the Committee therefore proposed restricting the grant amount and limiting the coverage to pre-school children.

The proposal of R70 was based on the amount that the University of Port Elizabeth, in constructing the Household Subsistence Level (HSL), had calculated was needed to cover the basic food and clothing² costs of a young child. The reason for covering only the food and clothing costs was again motivated on the basis of cost containment, with food and clothing seen as the most basic necessities. While caregivers of very young children would not face some of the costs faced for older children such as school-related expenses, there is a range of other costs involved in raising even young children, as well as the household-level costs related to necessities such as housing, water and energy.

The Lund Committee provided evidence that even the full HSL for children aged 0 – 10 years, calculated at R90 per month, was lower than a range of other costs associated with children. For example, the child allowance portion of the SMG was R125, the allowance for children in places of safety was equivalent to R180 per month, residential care was subsidised at around R850 per month, and keeping a child in prison cost approximately R2,040 per month.³

When Cabinet approved the introduction of the CSG in 1997, it agreed on an amount of R75 per child per month, slightly higher than the Lund Committee's proposal. The then Minister of Welfare, Geraldine Fraser-Moleketi, acknowledged the paucity of the grant. She argued that the CSG must be seen as part of a package of services that government would put in place to meet the basic needs of children.

The small amount, alongside other features, provoked a civil society campaign which argued, among others, for a value of R135 per child per month, equivalent to the then child portion of the SMG. In July 1997 the National Executive Council of the African National Congress formally decided that the amount should be R100 per month, and it was this amount that was gazetted for the 1998 introduction of the grant.⁴

The increase in the amount was a clear victory for civil society, and of obvious benefit to poor children and their caregivers. The down-side was that the new amount was not empirically based. In particular, it was not based on a measure for which regularly updated values were available. The grant amount then remained at the R100 for several years, and was increased (to R110) only in July 2001. October of the following year saw a somewhat bigger increase to R140. Since then the CSG increases have more or less kept pace with inflation.

Proposal for reform

In 2016 we still do not have any reliable estimates of the cost of raising a child. In the absence of such estimates, the next best option if we want “objective” estimates would seem to be poverty lines. Unfortunately, this is not that straightforward as South Africa has three different poverty lines. The food poverty line is the minimum that must be spent to meet a basic energy intake (if all the available money for a person is spent on food), while the upper bound poverty line is the minimum required for people to afford both basic food and non-food items.

In addition to the existence of three different lines, the monetary values of the lines have been contested. The essay on p. 33 presents the 2015 values of the poverty lines as estimated by Statistics South Africa. A 2015 review of South African poverty lines by the Southern Africa Labour and Development Research Unit (SALDRU) at the University of Cape Town came up with different values after correcting for what seemed to be weaknesses in Statistics South Africa's estimates.⁵ The two estimates for the food poverty line are very similar but the difference between the SALDRU and Statistics South Africa estimates increases for the lower bound and, in particular, the upper bound line.

The proposal presented here, as a first step towards progressive realisation of an adequate CSG, is that the CSG increases to SALDRU's per capita food poverty line. In 2016, this amount is estimated to be R442 if we adjust for inflation.¹

The food poverty line is a conservative estimate of essential food costs. The essay on p. 33 explains why the upper bound poverty line is, in fact, the lowest level at which we can be relatively sure that all the food requirements of a child will be met. Nutrition is even more essential during childhood than in adulthood as malnutrition

¹ We adjusted the SALDRU estimates (in 2011 Rands) for inflation using the headline consumer price index for 2011, 2015 and a 6% increase for 2016. Use of the food inflation index would almost certainly have yielded a higher amount for 2016.

in the early years can cause life-long deficits in development. The food poverty line amount is nevertheless proposed because the gap between the grant amount of R350ⁱⁱ and the SALDRU upper bound estimate of R1,368 in 2016 is unlikely to be seen as feasible in the current situation of austerity. Indeed, setting the CSG at the upper bound level would mean that the CSG's value was greater than the value of the Foster Child Grant (FCG).

The proposal to set the CSG at the food poverty line would not require any changes in the current administration of the grant. The main implication would be an increase in the budgetary allocation. The projected allocation for the CSG for 2016/17 is R52 billion.⁶ If this is adjusted to allow for a monthly grant of R442 per child rather than R350, then the allocation for the CSG would increase to R65.7 billion (a difference of R13.7 billion). This would amount to a 10% increase in the current combined allocation for all grants of R140.5 billion for 2016/17.

If the SALDRU lower bound estimate of R701 was chosen instead of the food poverty line, then the allocation for the CSG would need to increase to R104.1 billion (which is double the current CSG allocation of R52.1 billion). This equates to a 37% increase in the total budget allocation for social grants. It is therefore unlikely that a proposal to use the lower bound poverty line would be seriously considered as a first step.

Even if the target is only the food poverty line, it may not be possible to have an increase of this size in a single year. Instead, as with the extension of the cut-off age for the CSG from 15 to 18 years, the increase could be phased in over the three-year medium-term expenditure framework period. If – as discussed further below – this phasing in happened at the same time as the reform to target the FCG at only those children in need of care and protection, then the savings on the latter could help finance the increase in the CSG.

One important advantage of using the food poverty line as the basis of the grant amount is that there would then, once again, be an empirical basis for the grant amount. However, this estimate is based only on essential food costs and excludes the costs of meeting children's other basic needs. We therefore argue that an amount linked to the lower bound estimate (R701 per month in 2016 Rands) should be targeted in the near future, and ultimately, an amount equivalent to the upper bound estimate of R1,368 in 2016 Rands.

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Possible counter-arguments

The main concern centres on the cost involved. The first counter to this lies in the literature. Assessments of the positive impact of the CSG often comment on the extent to which even a small amount has achieved improved outcomes for children. The corollary is that a larger impact can be expected if the amount is increased.

The second counter to concerns about cost is the one alluded to above, namely that at least part of the cost of increasing the CSG would be offset by targeting the FCG to children in need of care and protection rather than children in poverty living apart from their parents. In 2016 approximately 500,000 children were beneficiaries of the FCG (which stood at R890). If we assume that 50,000 of these children are in need of care and protection and should remain on the FCG, and the remaining 450,000 receive the new CSG amount of R442, then this change would give a "saving" of R2.5 billion. In addition one would need to factor in savings in the costs of staff time associated with processing foster child placements in both the Department of Social Development and Department of Justice.⁷

A second counter-argument could focus on the use of the per capita food poverty line, and argue that the amount should be adjusted downwards on the basis that a child's needs cost less than that of an adult. The assumption that a child's needs cost less underlies the use of adult equivalent scales in poverty estimates in some other countries. Yet this proposal uses the food poverty line, rather than the upper bound or even the lower bound poverty line which significantly pushes down the cost of the proposal. Pushing it any lower would put children's rights and well-being at greater risk.

A further counter-argument might be that a higher amount could result in a perverse incentive, where the caregiver felt no need to look for work. Yet the proposed increase is not even enough to ensure food security for the child, so the caregiver would still feel a strong need to work to cover her own needs and that of other family members. Further, analysis of household survey data suggests that receipt of the even higher Old Age Grant in a household tends to facilitate young women – the likely caregivers of children – to seek work rather than discourage it.⁸ It is therefore unlikely that the smaller CSG would discourage work-seeking behaviour.

Universalisation of the Child Support Grant

Selwyn Jehoma and Eleonora Guarnieri (Economic Policy Research Institute)

Despite the extensive reach of South Africa's social assistance system, a number of barriers exist that prevent many of the poor from accessing social grants. In 2002, the Taylor Committee of Inquiry into a Comprehensive Social Security System for South Africa proposed a system of universal grants to tackle income poverty and address gaps in the social security system.¹ The government has committed to phasing in a universal Old Age Grant² and is proposing to apply the same principle to the Child Support Grant (CSG).³ This essay makes a case for the universalisation of the CSG.

Targeting versus universalisation of children's grants

When considering social security programmes, policymakers must decide whether to provide social assistance to everyone (universalisation)ⁱ or to a select group (selectivity or targeting).⁴ For example, fiscal constraints played a significant role in the development of the Lund Committee's proposals and the government's decision to target the grant at poor children under the age of seven years old when the CSG was first introduced.⁵ Although there has since been an increase in the age threshold to 18 years, a means test is still a determinant to assess whether caregivers fall below the income threshold and are therefore eligible for the grant. A recent study by the International Labour Organisation (ILO) found that while most countries have child

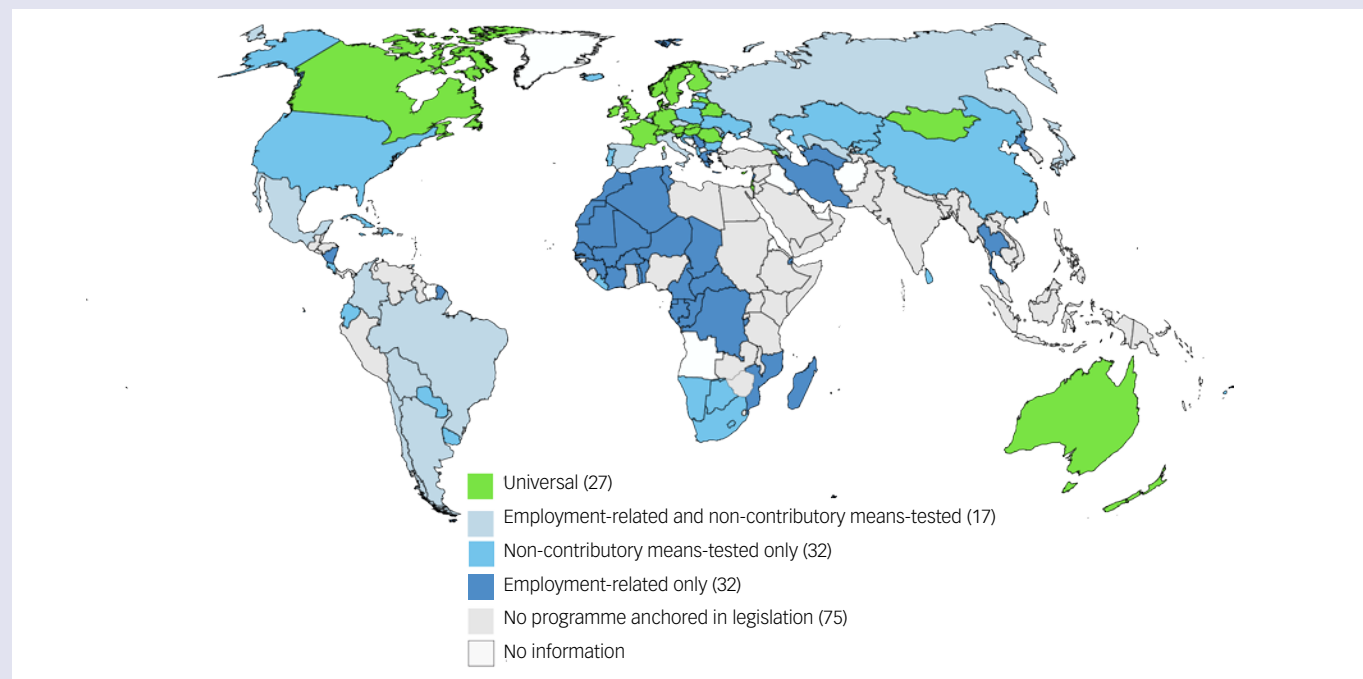
benefits of some kind, 27 countries have chosen to universalise child benefits, where all children receive benefits irrespective of whether or not they live in poor households.⁶

Arguments for targeting children's grants

A key argument for targeting social grants at select groups is that it prioritises certain groups or individuals based on the principle of need: that is, social assistance programmes should focus on those who are most in need of income support.⁷

Closely linked to this is the argument that governments must make choices in the context of resource constraints, and that targeting provides a means of "allocating scarce public resources efficiently and equitably".⁸ Given limited public budgets, proponents of targeting argue that it is more efficient to prioritise the poorest, concentrating benefits in this group rather than spreading scarce resources across the population.⁹ Those who support means testing argue that targeted interventions are more effective in reducing inequality of opportunities than universalisation "since, if all available resources are destined to the poor, the reduction in inequality will be more marked than if the same resources are equally shared among the entire population".¹⁰ Targeting poor and vulnerable groups is therefore considered a more efficient and effective approach to achieving the goal of reducing poverty and inequality.

Figure 25: Global distribution of child/family benefit programmes by type, 2011–2013



Source: International Labour Office, Social Protection Department (2015) *Social protection for children: key policy trends and statistics*. Geneva: ILO. Reproduced with permission of the ILO.

Note: Figures in brackets refer to the number of countries in each category.

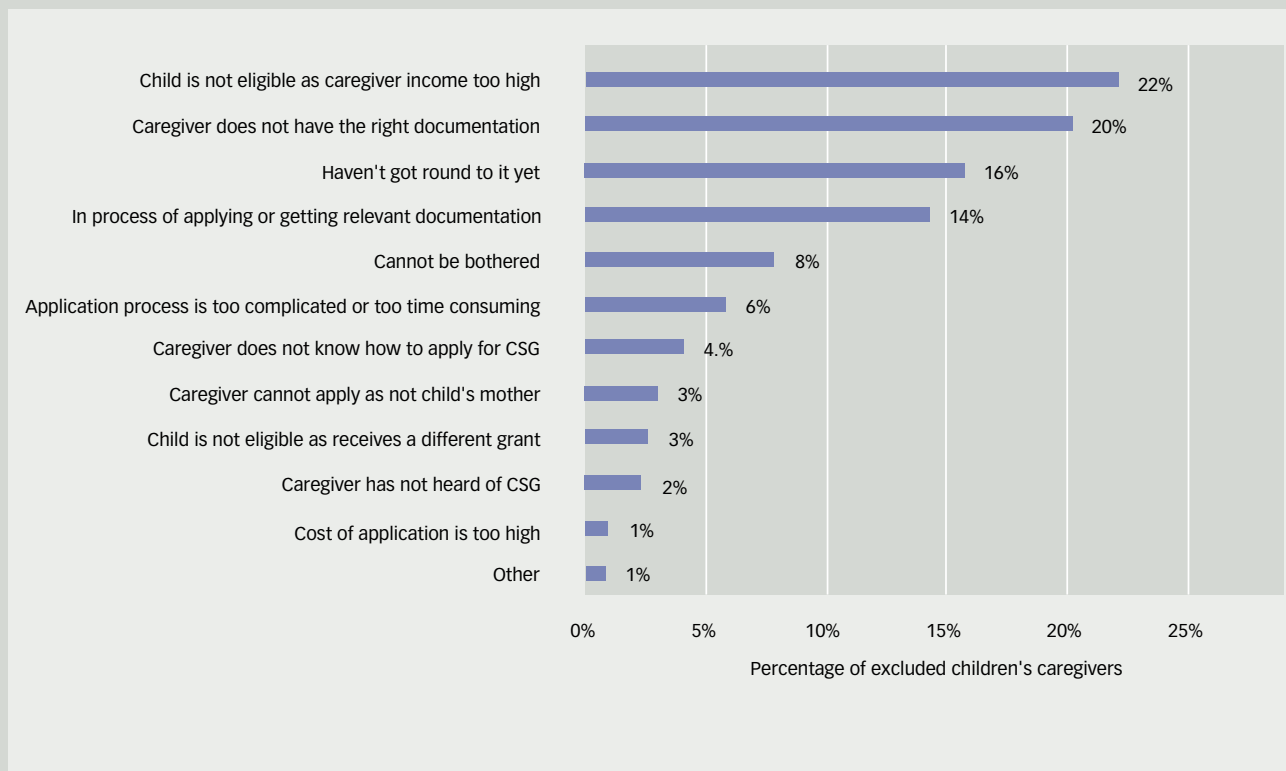
ⁱ Few programmes are truly universal; a universal grant would be one that would be available to all citizens of a country, such as the Basic Income Grant. A universal child benefit, however, still targets a specific age category.

Box 8: Exclusion from the Child Support Grant

A recent study on progress made in removing barriers to accessing the Child Support Grant (CSG) estimated that almost 18% of eligible children are not receiving the grant.¹¹ Analysis of the National Income Dynamics Survey (NIDS, Wave 3) in the same study found that the two most common reasons that income-eligible caregivers did not apply for the CSG for these children were that they believed their income was too high (22%) or that they did not have the right documentation (20%).

Another 14% were in the process of applying for or getting the required documentation. This suggests that a lack of information and misunderstanding of the means test are drivers of exclusion for the CSG. Caregivers also face challenges with the bureaucratic requirements for the grant application and means test, such as providing proof of identity (birth certificates and identity documents, although alternative documents may be used); proof of income (or lack thereof) and proof of marital status (if applicable).

Figure 26: Reasons caregivers of income-eligible children did not apply for a Child Support Grant



Source: DSD, SASSA & UNICEF (2016) *Removing Barriers to Accessing Child Grants: Progress in Reducing Exclusion from South Africa's Child Support Grant. Summary*. Pretoria: UNICEF South Africa.

The rationale for universal child grants

Universalisation, in contrast, gives everyone access to the same benefits. A universal approach is based on the principles of equality and inclusivity, rather than need.

There are several arguments in favour of inclusive social security programmes. First, the South African Constitution states that everyone is entitled to have access to social security, subject to progressive realisation within available resources. Second, poverty targeting requires applying an arbitrary income threshold (means test) to distinguish the “very poor” – those who are eligible for social grants – from others who are also “poor”, but not poor enough to qualify for the grant. Thus, caregivers who earn slightly more than the means test threshold cannot receive the grant for their children, even though they live in similar circumstances to

those who are eligible. The means test also assumes that incomes are stable, whereas earnings are often erratic, and poor households may fall in and out of “poverty” as defined by the poverty line. Some view this distinction as unfair, and a violation of people’s constitutional right to social security and dignity.

As a result, targeting can create resentment and division in communities between those who receive social grants and those who do not, whereas a universal benefit treats all people equally.¹² Universal benefits also avoid the stigma associated with welfare or social grants going to people deemed “poor”, and can instead promote an ethos of social solidarity.

A key motivation for introducing a universal child benefit is the potential for reducing the number of poor children who are excluded as a result of targeting. Poverty targeting assumes that

Box 9: Delivery and financing options for a universal child benefit in South Africa

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A study by the Southern African Social Policy Research Institute (SASPRI) recently explored different options for delivering and financing a universal child benefit in South Africa. Using a South African tax-benefit microsimulation model called SAMOD,¹³ a number of different options have been simulated, drawing on data from the National Income Dynamics Study (Wave 4).¹⁴ The study estimated that 15.1 million children are eligible for the CSG in 2016. If this is indeed the case, then the current take-up rate for CSG is around 82% of eligible children (or 64% of all children in South Africa).

If there was full take-up under the current terms, then the CSG would reach 78% of all South Africa's children. This would come at an estimated additional cost of R12 billion.

There are many ways in which a universal child benefit could be delivered, both in terms of the regulations and the delivering organisation. For example, it could be delivered as a cash grant through SASSA in the same way as the current CSG – but without a means test. It could also be delivered as a tax rebate through the South African Revenue Service. Whatever the institutional conduit, decisions would need to be made in terms of who is able to claim the benefit on behalf of the child, and how the payment relates to the other child grants.

Using SAMOD, it is estimated that a further R15 billion would be required to finance a universal child benefit. This is over and above the R12 billion required to achieve full take-up of the current grant. The costs of the child benefit would be the same whether routed via SASSA or SARS, although implementation costs may differ.

Where can such large sums of money be found? There is no simple answer as to how best to finance a universal benefit, though many options do exist.¹⁵ Criteria for deciding on a

financing option might include the extent of legal or institutional change required, likely social and stakeholder support for the change, the level of complexity of the proposed option, the impact on national or child poverty rates, the redistributive impact of the change, and political will.¹⁶

The SASPRI study explored a number of financing options that use the tax system, and specifically the personal income tax system. Four examples are given here:

- *Make the universal child benefit taxable.* If the child benefit was included as an element of income to be taken into account when calculating personal income tax, it is estimated that this would yield an extra R1.7 billion per year in 2016.
- *Introduce a new tax band for those with incomes over R1 million.* There are currently six rates of tax applicable to incomes above certain thresholds (six tax bands). If a new tax band for high earners were introduced with a tax rate of 45%, it is estimated that this would yield an extra R8.3 billion per year in 2016.
- *Make the universal child benefit taxable, introduce the new tax band of 45% for the highest earners (band 7), increase the tax rate for band 3 by one percentage point, band 4 by two percentage points, and bands 5 and 6 by three percentage points each.* It is estimated that this would yield an extra R15.3 billion per year in 2016.
- *Make use of fiscal drag.* If in 2017 the tax band thresholds and personal rebates are inflated by less than the inflation rates of taxpayers' incomes, then there are many options for generating sufficient resources to cover the financing of the universal child benefit.

the methods of targeting are effective in reaching poor children. However, no form of targeting is perfect.¹⁷ Instead, those who are not eligible may receive a grant (inclusion error), while many of those who are eligible may be excluded (exclusion error).¹⁸ Despite improvements in the coverage of the CSG, many eligible children who should benefit from the grant remain excluded.¹⁹ A universal child benefit increases the likelihood that the benefit will reach all poor children. Box 8 on P. 81 provides reasons for the exclusion of children who are eligible for the CSG under the current means test.

Targeting imposes costs on applicants and the government. The costs to applicants include travelling to South African Social Security Agency (SASSA) offices, having to pay to make copies of documents and opportunity costs, as applicants may wait for hours in queues. The costs to government involve the costs of administering the means test and monitoring access.²⁰

Another argument for universal programmes is that they allay concerns about potential perverse incentives and negative impacts

on the labour market, as all caregivers would be eligible for the benefit irrespective of their income.²¹

Furthermore, universal programmes tend to have more political support than those that are targeted and may lead to larger benefits. Kidd's analysis of pension transfers in approximately 40 developing countries shows a correlation between systems with broad coverage (over two thirds) and higher levels of transfers.²² He argues that in countries with inclusive social security programmes, people with higher incomes are more likely to be supportive of social grants, as opposed to feeling that they are the only ones paying taxes and providing "hand-outs" to the poor. Thus, middle- and higher-income people are prepared not only to support the social security programmes, but also to motivate for increasing benefits, potentially resulting in a greater reduction in poverty.

Lastly, champions of universalism argue that budget constraints are less binding and fixed than often presented; and that the amount of resources available depends on the choices governments make

about spending priorities and taxation.²³ In South Africa, some economists argue that the tax base is small, but this argument does not take into account the fact that the tax threshold and amount of taxes raised are policy decisions. Political as well as financial concerns play a role in defining the “affordability” of programmes.²⁴

Key considerations for implementation

The universal provision of a child benefit would require an increased budget and fiscal allocation. A common concern raised about this approach is the perception that costs will increase dramatically due to an increase in the number of beneficiaries. However, an estimated 78% of all children in South Africa are already eligible for the CSG (although not all of these children access the grant; see Box 9). In addition, fertility rates in South Africa have declined since 1994²⁵ and are expected to continue to do so in the future. The

implication is that the costs of a universal benefit would decrease over time. Box 9 presents delivery and financing options for a universal child benefit.

Conclusion

Targeted programmes require a considerable amount of extra resources to enforce a targeting mechanism that, at the same time, may generate undesired effects, such as exclusions. Universalisation may cost more in the short run but offers significant social benefits. The Department of Social Development commissioned research into the feasibility of universalising the grant in 2012, and in 2016 commissioned further work to explore delivery and financing options.

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Pregnancy and maternal support for the protection of mothers and young children

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Pregnancy, while central to family and societal well-being, is a vulnerable state for many women which, if not adequately supported, can have negative consequences for both the mother and the child. Pregnancy can impact on women's ability to earn an income and introduces new health considerations and financial pressures (e.g. clinics visits and child care). Pregnancy and caring for a newborn child can also exacerbate existing challenges such as unemployment, inadequate education and barriers to health care services. But this is also a critical window for early intervention, in which state support can provide increased financial stability and potentially improve maternal health, increase access to health services, and support early nutrition and child development, with potential long-term gains. It is for this reason that the Department of Social Development (DSD) has initiated projects to investigate programmatic support for vulnerable pregnant women and mothers of young children.¹

As with many social risks, pregnancy-related vulnerabilities are biased against individuals already living a precarious existence. Widespread poverty and unemployment compromise the life chances of many families, principally through the lack of access to a reliable source of income and good quality services.

The policy framework outlined here argues that direct interventions for family support – which combine income support with specific health-related services – are important for human development and can contribute to wider improvements in societal well-being and development.

Supporting pregnant women and mothers living in insecure circumstances is also a key focus area of the National Integrated Early Childhood Development (ECD) policy.² This arguably requires strategies that operate at a scale sufficient to address both the particular vulnerabilities experienced by pregnant women and mothers of young children, and the wider conditions of hardship that exacerbate their vulnerability.

Social context and vulnerability in pregnancy

There are approximately 1.2 million pregnancies in South Africa annually, affecting 7% of all women between the ages of 10 – 54 years. Vulnerabilities for pregnant women and mothers with young children exist broadly in three areas.

- First, most pregnancies in South Africa involve financially compromised households. Around 69% of households have a monthly per capita income of less than R4,999. Nearly half (44%) of pregnant women live in households where a child qualifies for a Child Support Grant (CSG).³ Importantly, around 35% of pregnant women live in households that ran out of money for food in the previous year, and 25% live in households with food insufficiency and hunger in the previous year.⁴
- Second, a substantial number of pregnancies occur in families where support during and after pregnancy may fall heavily

on the mother. For instance, 46% of pregnancies within the low-income range (noted above) occur in female-headed households. Overall, around half (53%) of pregnant women are single, 26% married and 19% cohabiting.⁵

- Third, although teen pregnancy rates are falling, 14% of pregnant women are teenagers aged 10 – 19 years.⁶ This may disrupt their education and compromise their long-term prospects. Estimates produced in 2001 indicate that drop-out rates for pregnant female learners in the year of pregnancy was 74% and 72% in the age ranges 14 – 19 and 20 – 24 respectively. In the year following the pregnancy-related drop-out, 29% of learners in the younger age group had returned to school compared to 52% of older learners.⁷ However, it is also argued that pregnancy and female school dropout share common social and economic antecedents such as poverty and poor educational attainment.⁸ More recent studies confirm increased risk of dropout and lower educational attainment of teen mothers.⁹ An analysis of the birth histories from six nationally representative household surveys over the period 1994 to 2008 also confirm inter-generational effects, with the children of teen mothers at risk of lower educational achievement and more likely to exit school prematurely.¹⁰

Overall, a substantial number of South African women live in circumstances where, without support, pregnancy can increase financial and health-related vulnerabilities and negatively affect their life chances and that of their children. It is argued here that these vulnerabilities can be mitigated by implementing a well-considered policy framework that combines income support with access to (in particular) designated health-related services.

Potential risks for pregnant women and mothers

Factors that increase vulnerability during pregnancy and the postnatal period include: reduced earnings, particularly for mothers in insecure forms of employment,¹¹ and increased nutritional needs for both the mother and child for up to two years after birth.¹² These risks may have effects that are both immediate and long-term (and inter-generational) in nature.

Short-term effects resulting from poor maternal nutritional status that impact on the child include: premature births, low birth-weight babies, and inter-uterine growth retardation.¹³ Additional concerns include severe anaemia in the mother (resulting from iron deficiency); still-births, miscarriages and congenital abnormalities (resulting from iodine deficiencies); decreased child survival in the first four weeks of life; and deficient breast milk.¹⁴

Short-term socioeconomic effects also fall disproportionately on those already economically vulnerable and may include loss of employment and income; increased costs associated with childcare; and reduced participation in education.¹⁵

Compromised incomes have other multi-faceted effects that are not entirely predictable. These include delayed use of antenatal care services due to transport costs, and the risk of losing employment.¹⁶ Yet early antenatal care is an important point of contact for providing information on childbirth and parenting; nutritional support, including both advice and supplementation; potential screening for maternal mental health; support in dealing with domestic violence; and HIV and AIDS prophylaxis.¹⁷

Potential long-term effects on the life path of both mother and child arise as a result of lost employment opportunities for the mother and compromised intellectual development for the child resulting from stunting and poor nutrition – both while in the womb and during the first two years of life.¹⁸ In addition, the stress of looking after young children in adverse circumstances may result in unresponsive caregiving, with potential long-term effects that are less easy to quantify.¹⁹

Potential benefits of support

Nutritional support in pregnancy has been found to reduce stillbirths by 13%; substantially improve growth of the unborn child, and improve child survival chances in the first four weeks of life by as much as 38%.²⁰ The earlier in pregnancy the support begins the better, and provided it continues for at least the first two years of life, then cognitive development is enhanced with long-term effects for the life path of the child.²¹ Supporting mothers to breastfeed, rather than to use milk substitutes, is also important for nutrition of all babies, including those whose mothers are HIV positive (as the risks of transmission are low with antiretroviral treatment).²² Such interventions are greatly aided by access to and use of antenatal care services. Support is required for at least 1,000 days following conception (nine months of pregnancy, and the first two years of life).²³

Home-visiting programmes have shown potential in supporting caregivers raising children in difficult circumstances. Provisional findings suggest that in low-income settings where mothers may face a combination of social adversity and related maternal depression, the provision of additional support for six months post-partum can mitigate against developmental risks for infants. Interventions involve community outreach workers (paraprofessionals) supplementing postnatal care services.²⁴ A similar approach has been recommended by the National Integrated ECD Policy.

Access to health services and dietary diversity, an aspect of food security, are both compromised by inadequate incomes and loss of employment. Economically vulnerable families are also at risk of other family members losing employment. Social assistance can supplement incomes and provide a degree of discretion to deal with needs that cannot be predicted by policymakers. Evidence suggests that general income support, including social grants like the CSG, have positive social, health, employment and educational outcomes.²⁵

General income support has a definite and positive effect on the development and subsequent school performance of children living in income compromised settings.²⁶ Evidence suggests that

improving family income for the first three years of a child's life is important.²⁷ Importantly, decreases in family income are associated with poorer developmental outcomes for children in poor households while the converse applies for increased incomes.

Although no specific South African evidence exists of interventions needed to protect access to education for young mothers, it can reasonably be assumed that the advantages would be strong for both the mother and child. However, interviews of key informants suggest that obstacles, such as the current lack of an institutionalised retention strategy, need to be addressed to retain access to education.²⁸

An indicative policy framework

A potential policy framework to strengthen existing health, education and social development policies and address the priority needs of pregnant women and their children could consider the following four dimensions.

First, general income-support is required to deal with the multi-faceted nature of risks facing pregnant women and mothers of young children. Income support would apply to the mother, as it is required to support the mother in addition to the child. It should begin in pregnancy and continue for at least two years after birth, in addition to the CSG. Consideration can be given to making the benefit universal, on a cost-neutral basis, as this removes errors of inclusion and exclusion compared to means-test forms of targeting.²⁹ An incentive, in the form of a top-up payment to the maternity grant, could be considered to encourage the early use of antenatal and postnatal clinic services as this has been found to be effective in relation to improving demand for health services elsewhere.³⁰

Second, keeping young mothers in work and education requires child care support for mothers and primary caregivers unable to take advantage of extended family structures. Options include the provision of developmentally appropriate childcare services and/or a subsidy equivalent to the reasonable expenses of child care. Consideration could be given to making any allocation unconditional – leaving some discretion for mothers to choose between working or childcare – and not targeted only at families with limited income. Any such support would be in addition to the general income-support provided for above.

Third, some form of structured advisory framework would be useful in assisting pregnant women and mothers of young children to access support services and make life-choices. Although the education platform is a possible starting point for young mothers, a more generalised support framework is required to include those not in education. Health services are more widely available and could be used to direct pregnant women to different forms of support. This approach would need to be programmed into health service delivery and funded accordingly, as recommended in the national ECD policy.³¹

Fourth, both the basic and higher education systems require active programmes to enable the continued education of young pregnant women. This would include life skills courses to address any social stigma or implicit discrimination and should

be complemented by counselling, support and follow-up for any student in need. Educational institutions are an important first launching point for non-educational support for vulnerable girls and women. Any pregnancy at school should trigger a support response which includes counselling, social assistance (income support), medical and nutritional support and strategies to deal with child maintenance. Existing weaknesses in coordination and cooperation between the various potential arms of support (education, health and social assistance) would need to be addressed. This is also reflected in the ECD policy framework.³²

Feasibility

A sustainable holistic policy framework that supports inter-departmental cooperation and coordination will require:

- a clear lead government department – potentially the DSD;
- identifiable programmes in each implementing department;
- an inter-departmental coordinating structure – limited to the departments of Social Development, Health, Basic Education and Higher Education;
- explicit budget lines; and
- a monitoring and evaluation framework forming part of wider policy frameworks related to maternal and child health and the implementation of the ECD policy.

The required financial outlay for the complete framework is likely to be substantial as the social effects need to be felt at a sufficient scale to systemically alter the social and economic conditions of the country. Consideration would therefore need to be given to scaling such a strategy up over time, starting with an entry-level framework.

The indicative financial implicationsⁱ (based on 2010 costings reflected in 2014 prices), suggests that an entry level (basic) strategy would cost around 0.5% of gross domestic product (GDP) (R23.7 billion per annum) with the comprehensive strategy nearly double at 0.9% of GDP (R36.3 billion).

For the entry level strategy the main costs are:

- the cash grant during pregnancy (R5.7 billion);
- the cash grant post-delivery for 24 months (R11.0 billion);
- nutritional support (R2.4 billion); and
- transport assistance achieved through an increment to the cash grants (R1.3 billion).

With the enhanced package, child care support is estimated at R4.9 billion to retain mothers in education and a further R6.1 billion to support mothers in employment.³³

Although these figures appear large, provided they are funded through general taxes, the expenditure only slightly alters the secondary distribution of incomeⁱⁱ in favour of a healthier structure. South Africa presently has one of the most unequal distributions of income in the world, a situation that is worsening annually, arguably in the absence of structural interventions sufficient to offset this tendency.³⁴ This change in the structure of income will stabilise family incomes in this group, and achieve healthier mothers and children.

Conclusions

This essay highlights three aspects of social support for pregnant woman and mothers. First, a strong rationale exists suggesting that significant gains in life chances can be made for the majority of the population – by supporting maternal health and well-being, improving access to services, and tackling poverty and inequality by giving infants a better start in life. Second, the range of policy interventions, which largely provide income support, can be implemented relatively easily, although a degree of inter-governmental coordination needs to be structured and a clear lead department identified. Third, the fiscal implications, although large, are scalable and arguably non-distorting from an economic perspective, and they would impact positively on South Africa's unequal distribution of income. The analysis presented here is largely indicative, provisional and intended only as a starting point for discussion and analysis.

i As the paper is predominantly focused on a broad outline of the policy framework, the costing approach is provided in fairly general terms. The costing analysis should be regarded as high-level, provided principally to provide a ball-park indication of the policy parameters. All estimates are based on the 2010 General Household Survey, presented in 2014 prices. Assumptions are made regarding likely recipients and benefits costs broadly consistent with existing social grant values and means tests. Maternal maintenance support, which begins during pregnancy and continues for two years post-delivery, is equivalent to the existing state Old Age Grant. Child care services support is costed at R1,244 per month for 10 months in any given year. Beneficiary estimates are based on the household income categories R0 – R2,499.

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Extending the Child Support Grant to youth aged 21 years in education or training

Maureen Mogotsi and Engenas Senona (Children and Family Benefits Directorate, National Department of Social Development)

Today, South Africa's social protection programme is one of the most inclusive and progressive in the developing world: it has a proven positive effect on beneficiaries, its pay point delivery technology is exemplary, and other developing countries look to it as a model. While there is progress in addressing challenges facing children, the elderly and people living with disabilities, the social assistance programme still does not address poverty and unemployment among adults. The focus of this proposal is on youth who have exited the grant system but are still in education or training.

Poverty and high levels of unemployment continue to impact negatively on young people's development and life chances. Youth unemployment in the country rose between 2008 and 2015, and stood at 37.5% for 15 – 34 year olds in July 2016 – double that of adults aged 35 – 64 years.¹ Many young people live in poverty, with almost two-thirds of young people aged 15 – 24 years living in households with a monthly expenditure of less than R1,200.²

Furthermore, although school attendance rates are high at primary and early secondary school, secondary level completion rates are relatively low. A study on progress at school in South Africa found that despite improvements in enrolment since the 1990s, only 44% of young adults aged 21 – 29 years had matriculated, and fewer than half had matriculated on time.³ Completing matric and post-secondary education has a positive effect on young people's chances of employment and their earning potential, but many youth are not able to access these opportunities. In 2015, 55% of young people who were unemployed had less than matric; another 36% had only matric. Levels of education were also low amongst the employed: 45% had less than matric, and 37% had only matric.⁴

Given the high unemployment levels in South Africa and the view that a significant proportion of unemployment is due to inadequately or inappropriately skilled work seekers, government has initiated programmes to support skills development and labour market participation amongst youth. For example, a considerable amount of effort and resources have been invested in the Sector Education and Training Authorities (SETAs) to support skills training. Public employment programmes such as the Expanded Public Works Programme provide work opportunities for the unemployed, but have a relatively limited reach.⁵ The potential impact of the youth wage subsidy endorsed by National Treasury is yet to be realised by many youth.⁶ These programmes are intended to build capabilities that enable people to participate in the labour market but do not necessarily perform a social security function.

The proposal presented here is neither a skills development programme nor job creation programme, but instead it is a social assistance initiative. It intends to provide previous CSG beneficiaries with continued income support to assist them to complete their education or access skills development programmes. It should

be viewed as a continuation of the investment that government has made in these young people through the CSG and other programmes.

Given the challenges in both the education system and labour market, it is clear that no single intervention will address the multiple challenges facing young people in South Africa. A range of diverse support mechanisms and policies is required to link young people to educational and work opportunities, and to enable them to participate actively in the economy and society (see box 10 on p. 89). This proposal outlines one possible intervention to support young people who are still in education or training.

Policy rationale

The current CSG is well targeted as it reaches the majority of children from impoverished backgrounds. Both the CSG and Foster Child Grant (FCG) provide income assistance to caregivers caring for children, yet they operate differently. The FCG is only terminated in December of the year the child turns 18, and if the child is still in education or training, then the foster parent can apply to continue receiving the grant until their child turns 21. The CSG, however, is terminated abruptly in the month that the child turns 18, with no consideration of the child's educational status.

This results in a sudden loss of financial assistance as there are no grants for young people after they turn 18 (unless they are eligible for a Disability Grant). It is expected that young people will find work or study further, but a large proportion of young people are unable to do either – almost a third (31%) of youth aged 15 – 24 years are not in employment, education or training.⁷ Many young people are excluded from unemployment insurance and formal social insurance because of high levels of unemployment and informal employment. The implication is that the inadequate social security coverage for young people often creates a disruption in the financial stability of households, especially if the youth is still attending school.⁸

This intervention aims to address this social security gap by extending CSG to youth aged 18 – 21 in education and training. An intervention of this nature will provide a measure of financial support to help young people complete their schooling and possibly apply for college or university. This investment in education or training should support efforts to address the social inclusion and integration of youth, and enhance both economic and social participation of youth by assisting them while they complete their education. The proposal has the potential to further reduce poverty, tackle vulnerability, build human capital and promote more developmental outcomes in poor households with children and youth. Finally, it is argued that although the proposal covers only a certain segment of young people, its addition has the potential to contribute to long-term economic and social development. It will

help to capitalise on the positive educational effects of the CSG, although all of these potential impacts may be limited by the quality of education and training that young people are able to access, and the availability of employment and economic opportunities.

Policy proposal

The intervention seeks to provide social assistance to youth 18 – 21 who have exited the CSG and to bring the grant in line with the FCG by allowing the CSG to be paid to caregivers until the end of the calendar year in which the beneficiaries attain the age of 18 years; and enabling primary caregivers to apply to extend the payments until beneficiaries turn 21, provided they are in some form of education or training.

The right to social security – and social assistance if needed – is firmly embedded in our Constitution. This proposal is in line with this constitutional right, as it attempts to protect youth from low-income households who have exited the social grant system by providing social assistance while they complete their education or training. The proposal is based on the notion that limited access to education, training and skills development programmes contributes to the economic marginalisation of poor youth and high youth unemployment.

When designing a programme, policymakers are often faced with a decision on how best to target interventions, given the limited budget for social protection. With the challenges facing

young people and in these times of global economic downturn, South Africa needs a cohesive social security intervention that tackles youth poverty. However, given current fiscal constraints, this proposal should be considered as a step towards a more comprehensive social security package.

The premise of the proposed policy is that post-CSG beneficiaries are vulnerable and are currently treated differently from youth of the same age receiving foster child grant post 18 years of age. Due to graduating to adult status, their parents (or caregivers) no longer have a common law duty of support towards them, and they are generally too young to have gained sufficient experience and skills to compete effectively with more experienced adults in a limited labour market. This leaves them particularly vulnerable in an economy that distributes goods and services mainly through the labour market.

Potential concerns

Because this proposal is an extension of the CSG, it is likely that the same anecdotal arguments of perverse incentives and sustainability of the programme that have repeatedly surfaced against the current CSG will be raised. Some might even argue that the funds could be better spent elsewhere to achieve government's objective of reducing youth unemployment and poverty. Youth unemployment is a complex issue that requires a range of interventions supported by various government departments, civil society and the private

Box 10: Towards more integrated support for youth transitions

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While the proposed extension of the CSG may place some funds into the hands of young people additional support is needed at both national and local level to smooth their journey into further education, training and employment. For example, post-CSG beneficiaries automatically qualify for the National Student Financial Aid Scheme enabling access to further and higher education. Similarly, if a transport subsidy for work seekers ever becomes a reality, then post-CSG beneficiaries should automatically qualify.

At the local level, young people need support to stay in school and complete matric, or be routed efficiently into the Technical Vocational Education and Training system. Peer support and tutoring programmes, such as *Ikamva Youth*,⁹ have been shown to be successful and are easy to replicate. Similar support programmes are needed to improve retention and graduation rates amongst college and university students.¹⁰

Education does not necessarily translate into employment for poor young people, so there is also a need for local employment activation interventions that enable young people to access the labour market. These should include employment services such as low cost or free internet and printing services to alleviate work-seeking costs; and job-search and work-readiness skills programmes. The success of the *Harambee Youth Employment Accelerator* demonstrates how short-term

bridging programmes can assist young people to find their first job. Employment activation interventions should also include skills training programmes such as learnerships and skills programmes that provide a mix of training and work experience. Entrepreneurship promotion programmes such as the *Raymond Ackerman Academy* are other important services. A range of civil society and private sector organisations currently offer such programmes and partnerships with local Labour Centres or local municipality Youth Desks could help widen the reach of existing programmes. In addition, these youth centres could provide information about post-secondary education and training opportunities and how to access them.

Finally, at the national level it is important to consider initiatives that stimulate demand for young workers, including public works programmes, and the employment tax incentive. Other programmes such as a youth opportunity wage, in the context of a national minimum wage may need to be considered if we are to prevent young people from being negatively affected by labour market regulations.¹¹

In sum, a cash transfer alone will not ease the challenges faced by youth as they transition to adulthood. Rather a comprehensive set of interventions that maximise available services through better coordination and articulation, and ensure they reach post-CSG beneficiaries, is required.

sector. This proposal is not intended to solve the issue of youth unemployment, but would provide a measure of income support that would help youth to complete their education or training. Furthermore, the issue of sustainability of the programme has to be weighed against the current cost of youth unemployment and poverty.

Implementation

The continued payment of the CSG to persons 18 – 21 years in education and training is likely to be phased-in from one financial year to the next, until all ages are covered. Although a final policy position has yet to be determined, this intervention would not be a new grant but would build on the existing CSG. However, on attaining the age of 18, the primary caregiver would have to apply for the extension and prove that the beneficiary is still in school or in some form of education or training. This proposal can be put into effect by an amendment to the Social Assistance Act.

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Cost implications

Only youth in some form of education or training and who meet the current CSG means test criteria would be eligible. According to the 2015 General Household Survey, some 750,000 – 800,000 youths between the ages of 18 – 21 would qualify. This would potentially cost the State some R3.35 billion per annum on full implementation.

Conclusion

The value of extending the CSG to older beneficiaries in education and training cannot be overemphasised. Although social assistance measures cannot solve the unemployment problem; they can play a role in supporting vulnerable young people in low-income households to complete their education and thereby potentially increase their employment chances and earning potential. The Department of Social Development is still exploring options for improved social security for young people, and is conducting further research in consultation with various stakeholders.

Introducing a Child Support Grant top-up for orphaned children living with family members

Katharine Hall (Children's Institute, University of Cape Town) and Ann Skelton (Centre for Child Law, University of Pretoria)

The proposal is to use the CSG as the preferred form of social assistance for caregivers of orphans. This will reduce the use of foster care placements (and the associated Foster Child Grant (FCG)) for orphaned children living with relatives. The proposal is different from the other options presented in this essay as it is not strictly an extension or expansion of the CSG. The CSG is a poverty alleviation grant which has always been available to family members caring for orphaned children, while the FCG is designed to support children who are in need of care and protection and have been placed in alternative care. The purpose of the proposed "top-up" for orphaned children is in effect a strategy to discourage families and social workers from opting for foster care purely because of the financial incentive. The bigger "top-up" amount would also help to prevent the shift from being seen as regressive, as many orphaned children have already been placed in the foster care system and are receiving the larger FCG.

In October 2016, the CSG is worth R360 per month while the FCG is worth R890 per month. The value of the CSG top-up has not been finalised, but it is likely to be about 50% higher than the current CSG (i.e. R540 in 2016 Rands).¹

The background to this somewhat complex problem has been outlined in some detail in on pp. 68 – 74, and the main arguments and counter-arguments are summarised below.

Arguments for the policy option

The primary motivation for the CSG top-up is to reduce the foster care caseload so that social workers are better able to respond to priority cases where children are known to be at risk of abuse or neglect, or are already in need of child protection services. Child protection services are known to be under-resourced in South Africa and are not always able to respond to urgent cases of need, even when these have been reported.

In other words, the policy option makes use of the existing social assistance programme to address a problem in the child protection system. If this is to work, then the amount of the top-up is important: It must provide an incentive for people to opt for the easier CSG top-up process, rather than trying to get foster care placements in order to receive the FCG. Social workers and social service practitioners must also be convinced that orphans (as a category) are not automatically in need of child protection services. Like all children, they are potentially at risk, and need to be able to rely on preventive and responsive services when they need them.

The procedures required for foster care (and the FCG) are outlined in some detail on pp. 68 – 74. They follow a much more complex statutory process than the administrative process required for the CSG. Briefly, in order to receive an FCG, the child must have been placed in foster care by a court. Before applying for a court date, a social worker needs to have conducted an initial

investigation and compiled a report with recommendations. Most court orders are for a period of two years, followed by a review every two years and an extension of the foster care placement by a court. If the review is not done, then the court order expires and the FCG cannot be paid. The requirements for an FCG are therefore much more burdensome – to applicants and to state institutions – than those for a CSG.

There are a number of arguments for introducing a CSG top-up:

- a. Focus child protection services where they are needed most.
 - South Africa has very high rates of child abuse and violence. Prevention and intervention services are inadequate. There are many children in urgent need of intervention and protection.
 - It has been argued for many years that the administrative burden of foster care uses up social worker time and capacity, to the detriment of services for children in urgent need.²
 - If this is true, then reducing the administrative burden caused by a massive load of foster care placements could result in an improvement in welfare and protection services. If it is not true, then the removal of a large burden of foster care cases would reveal service delivery problems in the child protection system, which could then be addressed.
- b. It is not feasible or sustainable to have all orphans in the foster care system as it currently operates, and a 2011 court order requires that the Department of Social Development (DSD) find an alternative, sustainable solution.
 - The child protection system came under strain as foster care numbers grew with increased intake of orphans. This is shown by the mass lapsing of 120,000 FCGs between 2009 and 2011 due to foster care orders expiring because social workers did not review the placements in time. A 2011 court order³ placed a temporary moratorium on lapsing and gave social workers temporary authority to extend foster care orders administratively, until the end of 2014. By this time the DSD was to have come up with a "comprehensive legal solution" to the problem.
 - By the end of 2014, there was still no comprehensive legal solution and another 300,000 foster care orders had expired. At that time, DSD made an urgent application to the court to extend the 2011 order to December 2017. It is only because the court granted this extension that the 300,000 children with expired foster care orders could continue receiving grants.
 - Therefore, by the end of 2017, the DSD will have relied for over six years on a court order to prevent the majority of FCGs from lapsing.

- Even though DSD's preferred approach has been to formalise orphans' living arrangements with extended family by placing them in foster care, only about a third of maternally orphaned childrenⁱ were reached after 10 years, and in recent years the numbers of children in foster care have ceased to grow and have actually decreased (see figure 23 on p. 70).
 - The DSD's own estimates do not show any growth in the number of projected FCG beneficiaries over the medium term.⁴ In other words there is no budgeted plan to reach more orphans.
 - The 2011 court order requires a comprehensive legal solution but the solution cannot include the administrative extension of grants by social workers as this has been deemed unconstitutional by a state law advisor. Trying to get all orphaned children into foster care is not a feasible solution.
- c. It is probably not necessary or appropriate to have all orphans automatically placed in the foster care system when they are living with family members.
- Family care is common in South Africa and has been so for many generations. Many children are raised by their grandmothers, aunts, uncles, older siblings or other relatives. Three million non-orphans live with extended family in the absence of their biological parents, for example because their parents are migrant workers. They are not considered to be automatically in need of supervision and protection by the State, so it is not clear why orphaned children living with family in the same circumstances should be assumed to need monitoring and be made wards of the State through the foster care system.
 - Traditional foster care placement is premised on temporary alternative care, with the possibility of family reunification. Foster parents do not have full parental rights. It is therefore not an ideal arrangement for orphans, as a permanent care arrangement with full parental rights would provide a more stable environment for the child. Guardianship could be a solution to the lack of parental rights if orders for guardianship can be made accessible at children's court level in the future. Like other caregivers, income-poor guardians would qualify for the CSG and those caring for orphans would be eligible for the top-up.
- d. There is an existing alternative: the CSG.
- The CSG is administratively easy and much quicker to access than the FCG, and is already available to orphans living with families.
 - Maternally orphaned children are already more likely to be receiving the CSG than the FCG.
 - The easier CSG route would reduce delays in accessing income support for orphaned children.

What challenges would it address?

The reduction in foster care placements and reviews would liberate social workers and the courts so that they are better able to respond timeously to children in need of care and protection.

Having a CSG top-up could expedite access to a (larger) grant for caregivers of orphaned children. Relatives who care for orphaned children are already eligible for the CSG if they pass the means test. So it should be relatively quick and easy for them to receive the top-up grant. In other words the CSG option would offer families faster and more efficient access to social assistance than applying for the FCG which first requires a foster care placement.

This approach would not exclude orphans from being able to access child care and protection services, in the same way as any other child who is found to be in need of care and protection as defined in section 150 (1) of the Children's Act⁵ for example, because they have been abandoned, abused or neglected.

How would it work in practice?

- Family members caring for orphaned children would apply directly to the South African Social Security Agency (SASSA), using the CSG process for quick enrolment.
- The applicant would need to provide death certificates of parents (or at least one parent combined with an affidavit) to qualify for the top-up amount.
- The applicant would need to provide proof that s/he is a family member. (This is not arduous, as all CSG applicants need to "prove" their relationship to the child through an affidavit.)
- All other requirements would be as for the CSG. For example, the applicant would have to pass the means test (currently not required for the FCG); and the grant would be available to children until they turn 18. The FCG is in theory available until the foster child is 21 years, if they are still attending an educational institution. This seldom happens in practice however.
- There could be a requirement that the details of caregivers be sent by SASSA to provincial DSD after the CSG top-up application has been processed so that DSD can initiate a follow-up home visit to see whether the child is also in need of protection services. This would place the responsibility for assessment on the DSD, but de-link the assessment from the grant, thereby preventing delays in accessing social assistance.
- There should be a transition phase during which those relatives already receiving the FCG for orphans in their care are retained in that system. This should be coupled with increased use of section 186 of the Children's Act which extends the orders until the child turns 18 and requires home visits at two-yearly intervals by a social service professional.

Possible pitfalls, trade-offs and critical questions for further consideration

There are a number of design issues that require careful consideration.

ⁱ See P. 108 in the Children Count section for orphaning rates, or visit www.childrencount.uct.ac.za for trends.

Defining and identifying orphans

The DSD has suggested that they might start by targeting double orphans, and extend the CSG top-up to maternal orphans later.ⁱⁱ This is likely to be problematic. The current definition of orphan in the Children's Act is "a child who has no surviving parent caring for him or her". This was intended to be interpreted to mean a double orphan, or an orphan who has lost one parent and is not being cared for by the other parent. Yet most maternal orphans do not have co-resident fathers who care for them.

Some maternal orphans (whose fathers are alive but not living with them) are already in foster care, and it may be seen as regressive to limit their benefit to the much smaller CSG – rather than the CSG top-up.

Over two-thirds of children do not have their fathers' details recorded on their birth certificates⁶ and many do not know the whereabouts of their fathers or even if they are alive. This makes it very difficult to prove or disprove paternal death. In many cases it will be impossible to distinguish between single (maternal) orphans and double orphans.

Determining the amount of the top-up

The top-up is in effect a monetary incentive to remain outside the foster care system unless protection services are actually needed. However there is no evidence-base for what amount of top-up would be acceptable or effective.

The higher the top-up, the more likely that families caring for orphans would be happy to use this option rather than trying to get the FCG, unless they are really in need of protection services. But the higher the top-up, the more it creates an inequity in the amount of social assistance received by orphans and by other children who may be equally poor or even poorer. One potential way to address this is to increase the value of the CSG over time to reduce inequities among child grants.

The DSD's objective in the Medium Term Strategic Framework is to provide a CSG top-up that is 50% greater in value than the CSG by 2017.⁷

Potential counter-arguments and possible responses

Some non-governmental organisations and social workers remain concerned that orphans as a category are vulnerable in that they are at particular risk of being abused or neglected, and that they should be monitored. This concern has been the basis of some opposition to the proposed CSG top-up.

One response to this is that child abuse can happen anywhere, and that parents are known to abuse children too. It is impossible to monitor all children, which is why child protection services are meant to be preventative and responsive and should have the capacity to respond promptly and effectively.ⁱⁱⁱ

Another response to this argument is that child protection services are not reaching all orphaned children anyway under the

current system. At various times over the past few years, 300,000 foster care orders have been in a state of expiry because they were not reviewed – in other words, social workers did not return to the household to check on the child within the required timeframe. It is only because of a court-ordered moratorium that grants have not lapsed.

A further response is that social service practitioners (including social workers) could still visit orphans to see whether they are in need of care and protection, or in need of counselling or other services, and either provide these services or refer them. The DSD could require SASSA to provide a list of CSG top-up beneficiaries, so that they can do an initial follow-up visit (and even subsequent visits, if they have time and resources). However the principle of the CSG top-up is that these visits or assessments should not obstruct or delay access to social assistance, and that not all children living with relatives are likely to need this level of care and protection.

It is possible that family members caring for orphaned children will want to apply for the CSG top-up as an interim source of financial support while still applying for formal foster care placement (which would give them more money through the FCG). If this happens, then the CSG top-up will not help to relieve the burden on the child protection system, and may in fact exacerbate it.

The provincial departments of social development and the social workers who provide services will need to be convinced that orphans (as a category) are not regarded as automatically in need of care and protection.

Proponents of the CSG top-up see it as an opportunity for re-invigorating and implementing good quality and responsive developmental social services, in conjunction with community-based prevention and early intervention services that can be accessed by all children in need. If government continues to roll out community-based services like *Isibindi*,⁸ that would improve referral to services where needed.

Current status

- A proposal for the CSG top-up for orphans was approved in principle by Cabinet in December 2015.⁹ The review of the 1997 White Paper for Social Welfare by the Ministerial Committee also included a proposal on an extended CSG for orphans living with relatives.¹⁰
- Cabinet approved a draft Social Assistance Amendment Bill in October 2016, which will be released for public comment. Amongst other things, the Bill will empower the Minister to create the CSG top-up.¹¹
- An amendment to the Children's Act needs to be drafted and finalised to give effect to a "comprehensive legal solution" to the foster care crisis. This was meant to happen by the end of 2014, but the deadline has been extended by the court to the end of 2017.

ii Double orphans have lost both biological parents. Maternal orphans have lost their mother.

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Weighing up the policy proposals: Some considerations

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A key question to ask when considering each proposal is: What is our long-term vision for comprehensive social protection for children and what role will social assistance play in that vision? Given the current economic climate, the long-term vision will need to be phased in gradually over time. How do we choose what to do in the short to medium term to move towards that long-term vision?

In making choices about short- to medium-term reforms we should ensure that the steps taken now will contribute to the achievement of the long-term vision. We should also consider the international and constitutional law principle that when resources are scarce, the State should prioritise vulnerable groups whose needs are most urgent and whose ability to enjoy all rights is most in peril if they do not have access to social security.¹

Government has drafted a Discussion Paper on Comprehensive Social Security Reforms, in which its long-term vision is presumably outlined, but at the time of going to press the paper had not yet emerged into the public domain. In the absence of clarity on the long-term vision, the proposals outlined in this paper could appear as incomplete, stand-alone or opposing options. However this is not necessarily the case. Some of the proposals could be adapted and combined or one could represent the long-term vision, with some of the others being steps towards that vision.

Below is an analysis of the proposals from a constitutional and good governance perspective (using the principles listed on p. 77) which poses some critical questions and suggestions with the intention of stimulating debate and discussion.

Increasing the amount of the Child Support Grant

The law gives the Social Development and Finance Ministers authority to increase the grant amount.² Yet this authority has been used only to protect the grant value from being eroded by inflation. The CSG thus remains at a low value compared to other social grants, and is below all three official poverty lines.

The low value is problematic when viewed together with the fact that 30% of children still live below the food poverty line (the lowest poverty line).³ In this context, there is a strong argument to be made that these children's constitutional rights to equality, social assistance and basic nutrition are not being realised. Due to the interdependence of rights, children living in dire poverty with insufficient food are also likely to be struggling to enjoy their rights to survival and development, health and education. The current CSG is therefore at risk of failing the constitutional test of reasonableness as it does not provide adequately for "*a significant segment of the population... whose needs are the most urgent and whose ability to enjoy all rights therefore is most in peril*".⁴

Legal authority at a regional law level in support of the proposal can be found in the recent recommendations by the African

Committee on the Rights and Welfare of the Child. In reviewing South Africa's progress in implementing the African Charter of the Rights and Welfare of the Child, the Committee expressed concern at the prevalence of poverty and inequality,⁵ advised the State to address income inequality "in particular through more effective pro-poor policies and child rights sensitive budgeting and expenditure",⁶ and recommended that the CSG value should be increased.⁷ At an international law level, the UN Committee on the Rights of the Child has also recommended that the State review the value of the CSG and base it on an objective assessment of the actual costs of meeting the needs of a child.⁸

With the evidence showing that the current CSG, small as it is, has positive impacts on children's nutrition, health and education, increasing the value is likely to improve these positive outcomes further, thereby furthering the realisation of a range of rights for the poorest children. To maximise this impact it would be important that early childhood development programmes, education, health and social services are easily accessible and of sufficient quality.

In terms of policy coherence, aligning the value of the CSG to an official poverty line would take us back to the original vision for the CSG, in which the grant amount is based on an objective measure. This proposal also does well when considered against the good governance principles of effectiveness, accessibility and administrative feasibility: It would be easy to implement as all it requires is the publication of a notice in the government gazette, and it would place no additional burden on the administration of the social assistance system.

Where this proposal potentially faces its biggest challenge is the principle of affordability in a climate of fiscal austerity. However given the significant size and vulnerability of the target group being disadvantaged by the low value of the grant, and the constitutional and international law authority, there is a strong argument to be made that the necessary changes should be made to the country's finance policies to enable an increase to be phased in.

Universalising the Child Support Grant

The second proposal proposes removing the means test and introducing a universal CSG – a benefit that is available to every primary caregiver irrespective of their income status. While increasing the amount would provide more money to the existing target group of poor children, universalising the CSG would expand the grant to reach more children, including the non-poor.

Universal access to social assistance is likely to reduce the stigma experienced by grant beneficiaries and therefore to enhance their right to dignity. By removing the need for proof of income to pass the means test, universalising the grant could increase access for eligible beneficiaries who are currently excluded by the documentation required. It would also open up access to poor

children who are just above the income threshold yet in need of social assistance.

Universalisation treats all people equally, irrespective of their income status. In a context of high income inequality, such an approach does not necessarily translate into greater realisation of the right to equality for the very poor. This is where the financing mechanisms for universalisation become very relevant – to ensure that redistribution of wealth is built into the system. In addressing the question of affordability, the authors propose that the significant budget needed for universalisation can be created through reforms to the tax system. The net result being that those who do not need state assistance will in effect pay it back through increased taxes. However it is not clear from the proposal to what extent this will benefit the very poor. Without an increase to the value of the grant, universalisation does not offer those currently in receipt of a CSG a larger amount than they are getting now. Therefore on its own it is not likely to result in greater realisation of poor children's rights to nutrition, health and education. This is problematic given the number of children still living below the food poverty line and the extreme income inequality in the country.

The option of increasing taxes to fund the expansion of social assistance can be used to support any of the proposals put forward in this essay – not only universalisation. A key benefit of universalisation is its potential to create solidarity and political buy-in – thereby protecting the social assistance programme from contraction and laying a firmer political foundation for expansions in the long term.

Increasing the amount and gradually removing the means test

Could the proposals for universalisation and increasing the grant value be adapted and combined to achieve the best outcome? For example, a R100 increase in the CSG would automatically result in a R1,000 increase in the monthly income threshold. This is because the formula for the income threshold is tied to the value of the grant. Such an increase would benefit the very poor as well as enable more families just above the current means test threshold to access the CSG, thereby increasing both the benefits for individual children and the number of children reached. Repeating this increase every second year would be steps towards universalisation.

Introducing a pregnancy and maternal benefit

While our social security system provides a measure of income security for women in formal employment during maternity leave (via UIF and labour laws), there is no such support for women in informal employment, and no recognition of unpaid care work by unemployed mothers.

The proposal for a pregnancy and maternal benefit is aimed at remedying this gap by providing income support, combined with incentives to promote use of health services, for pregnant women during pregnancy and until the child is two years old (in addition to the CSG for the child). For these women, it will advance their

rights to social security, dignity, equality, food and health. It would also represent an increased state investment in the formative early years of childhood with positive impacts on young children's rights to survival and development, nutrition, health and early birth registration. The proposal, however, does not provide income support for a range of other caregivers including grandmothers and other extended family members who play a large role as primary caregivers of young children.

With regards to the good governance principle of policy coherence, the proposal could be strengthened with clearer synergy with government's recently published (2015) National Integrated Early Childhood Development (ECD) Policy (as outlined on p. 13).

In terms of administrative feasibility, while the social assistance component of the proposal may be easily administered, the level of inter-departmental co-ordination required for the conditions that are built into the full comprehensive benefit may be difficult to achieve. If the benefit is aligned with other government policies such as the National Integrated ECD Policy, it could possibly gather the necessary high-level political support that is required for successful inter-departmental co-ordination. However, imposing conditions dependent on other departments' capacity to deliver services is likely to exclude the most vulnerable women from accessing the "incentive" income benefit. For example, a woman in a rural area far from the nearest clinic is less likely to be able to fulfil a condition of regular antenatal visits to earn the incentive amount, than a woman living in an urban area.

Both the social assistance benefit and the comprehensive inter-departmental package have a price tag that raises the affordability flag in the current economic climate. However the long-term negative developmental outcomes for mothers and infants currently living in poverty may well be more costly in the long term.

Other proposals for investing more in infants

None of the proposals discussed so far provide a solution to the problem of inaccessible identity documents and birth certificates which continue to pose a barrier to the CSG for a significant number of vulnerable children including infants and orphans. Regulation 11(1) of the Social Assistance Act does in fact allow applicants to submit alternative forms of documentation if they cannot provide ID or birth certificates. However the numbers of children recorded as having been successful in submitting alternative documents is very low indicating that this regulation is not adequately promoted as an available alternative.⁹

Are there other proposals that are affordable and could be implemented in the short to medium term to address the low take-up amongst infants? Possibilities include having SASSA officials in maternity wards together with Home Affairs to ensure that mothers apply for the CSG at the same time as birth registration¹⁰ or allowing pregnant women to pre-register for the CSG (as proposed by the National Integrated ECD Policy).¹¹

Extending the CSG to 21 years for youth in education

The proposal is aimed firstly at ensuring equality for youth on the different grant systems. While an extension to 21 is available for youth on the FCG who are still in education or training, the CSG cannot be extended beyond 18 years.

Equalising the two systems would address this differentiation in the law. However, in reality few FCGs are paid to youth over 18 years.¹ This is probably due to a lack of knowledge of the extension option, confusion around the education condition, and the complicated procedure required to activate the extension. If the experience with the FCG is repeated, this proposal is likely to face challenges with regards to the good governance principles of accessibility and administrative feasibility.

Only those youth still in education and training would qualify. The proposal thus neglects those youth unable to access education and training – arguably a more disadvantaged group than those in education. The proposal therefore does not perform well with regards to the achievement of substantive equality.

The proposal faces a challenge with regards to policy coherence as it aims to extend a child benefit beyond the constitutionally and statutorily defined age of childhood. On the affordability front, the budget required is relatively small, but significant in the context of the current demands on the fiscus for increased state subsidisation of higher education. This raises questions about what basket of interventions would be most effective at addressing the structural and economic factors that limit young people's access to further education and employment.

CSG top-up for orphans

The CSG top-up for orphans living with relatives aims to prioritise the best interests of two vulnerable groups of children, namely, orphans living with relatives and children who have been abused and neglected. It could improve access to a higher valued grant for over a million orphans and free up social workers to provide better quality child protection services to abused and neglected children. For these categories of children the reform has the potential to further the realisation of their rights to social assistance, nutrition, health, education and protection.

This proposal, complemented by the necessary amendment to the Children's Act, could provide the much needed solution to the crisis of backlogs and lapsing of grants in the foster care system. In terms of a High Court order, a comprehensive legal solution must be in place by December 2017.¹² In terms of international law, the two committees of experts monitoring South Africa's progress in implementing the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child have both recently recommended that the state prioritise reform to address the backlogs and lapsing of grants in the foster care system.¹³ The UN Committee specifically urges the state to "expedite the revision of the Social Assistance Act aimed at introducing an extended support grant for families caring for orphans".¹⁴

There are important considerations to bear in mind in the design of this proposal to avoid it being regressive:

- The orphans living with relatives who are currently receiving an FCG should not suddenly lose their FCGs. This can be achieved if they are allowed to age out of the system by staying on the FCG until they reach 18.
- The reform should benefit a significantly larger group of orphans than those currently benefiting from the FCG. If government chooses to target only double orphans with the top-up, leaving the larger group of maternal orphans to rely on the lower CSG, this consideration will not be met.
- The amount of the top-up needs to be large enough to bring the benefit close to the current FCG amount. Whether a top-up of 50% of the current CSG value will be sufficient is an issue for further research and consultation.
- To avoid disparity across the country, the Children's Act would need to be amended to ensure that all social workers and courts only use the FCG for children in need of care and protection and refer families caring for orphans to apply to SASSA for the CSG top-up.
- To ensure that the reform has benefits for abused and neglected children, social worker time saved by the reform should be re-allocated to cases of child abuse and neglect.

Looking at the right to equality, a concern has been expressed that targeting additional poverty relief to families caring for orphans could introduce inequity between orphans and non-orphans who are arguably living in the same poverty. However, there is already existing inequity in the law between orphans and non-orphans due to the large gap between the amounts of the FCG (R890) and the CSG (R360). Introducing a CSG-top up (approx R540 if the top-up is valued at 50% of the CSG value) will in fact reduce the inequity as it will reduce the difference between the amounts received by orphans and non-orphans from R530 to R180.

When looking at the principle of affordability the proposal does well due to the restricted numbers targeted and the fact that the FCG budget will decrease over time as a result of the reform.

In terms of policy coherence the proposal has positives and negatives. On the positive side it does not introduce a new grant but rather builds on the proven success of the easily accessible and administratively feasible CSG. It could also re-vitalise the CSG's innovative concept of the primary caregiver which emphasises recognition of the *de facto* carer of the child rather than the "legal" carer of the child. For this to be a success it is imperative that the *de facto* carer is recognised as eligible without the need for a social worker report or a court order.

On the negative side, if the proposal is introduced with a requirement that relatives first obtain a social worker report before they can apply for the top-up, it will detract from the simple primary caregiver concept as well as pose an access barrier for the majority of orphans. If the additional proof required to qualify

¹ Only 10% of all FCGs are received by youth aged 18 – 21. Calculations by Katharine Hall, Children's Institute, based on SOCPEN data extracted by special request, as at end March 2015.

for the top-up is onerous or difficult for beneficiaries to obtain, then the reform will not meet the good governance principle of accessibility. For example a strict requirement to produce the death certificates of both parents (in the case of double orphans) will reduce accessibility.

Final considerations

The variety of options available, and categories of beneficiaries singled out for more investment, show there is much need for expanding the reach and benefits of the social assistance programme. Each proposal potentially takes us in a different direction, although it is possible to combine some of them, or to implement more than one. Adopting some of the proposals now may close the door on other proposals, particularly if they are seen as budget trade-offs. It is important therefore that the details of these proposals are made transparent and subjected to rigorous and informed debate. While debating the options it would be ideal to start moving towards consensus on the long-term vision that is in the best interests of all children living in poverty.

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- 6 See no. 5 above. Para 9.
- 7 See no. 5 above. Para 41.
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- 14 See no. 8 above. Para 54.

Social assistance for children: Looking back, thinking forward

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This issue of the *South African Child Gauge* provides an opportunity to reflect on factors that have underpinned the development and successes of the CSG over the past eighteen years, in order to inform future policy development. The Child Support Grant (CSG) is an important investment in child well-being and that has been successful in improving child outcomes. But some challenges remain, and the State has a constitutional obligation to progressively realise children's right to social assistance.

This concluding essay addresses the questions:

- Why invest in social assistance for children?
- What factors contributed to the successes of the CSG?
- Thinking ahead: How can we build on the strengths of the CSG?

Why invest in social assistance for children?

Childhood disadvantage has long-term effects, and it is therefore important to intervene in the early years. In this regard, the South African government undertakes numerous interventions targeted at children through health, education and social security programmes. In particular, the social grants system plays an important role in redistribution and poverty reduction.

While the CSG has contributed to poverty reduction, its effects on reducing inequality are muted in the short-term because of its low cash amount. Nonetheless, social grants serve an important purpose in redistributing income from the rich to the poor. If one takes a long view and considers the CSG as an investment in human development, then social assistance, together with interventions such as early childhood development programmes, basic education and health, could play a role in reducing inequality over the long-term.

In the public discourse it is often pointed out that there are large numbers of grant recipients. However, no connection is made to the fact that South Africa has high poverty levels. Moreover, the role that the CSG plays in significantly reducing poverty is often overlooked. There is a large body of evidence that has shown its positive effects on nutrition and education, and its effect on these dimensions of poverty are also important, both in the short term as well as the long term.

Employment and social grants are often viewed as competing rather than complementary sources of income (see p. 62). Instead of being an alternative to jobs, social grants provide income support when people are unable to find work, or when they are working but do not earn enough to support themselves and their

families. A combination of historical factors, poor education and an increasingly knowledge-based economy means that many people are unable to find employment or earn low incomes. For those who cannot find employment at all, social grants are an essential safety net. Social grants are not intended to address the challenges of poverty alone, and employment creation and inclusive economic growth are essential. But as the National Development Plan (NDP) 2030 notes:¹

Structural factors make job creation difficult. Addressing structural constraints is a priority, but structural change takes time. In the interim, large numbers of South Africans will remain unable to participate meaningfully in the economy – yet have no other access to means of support.

In the absence of well-paid work, social grants such as the CSG provide low-income households with a vital source of reliable income and are an investment in human development in the country. Social grants assist in reducing the risks associated with poverty and can provide a buffer against financial shocks, as happened when the CSG protected children from the worst effects of the 2009 financial crisis.²

What factors contributed to the successes of the CSG?

In 1994 the newly elected government inherited a relatively well-developed system of social security, although it was targeted mainly at whites, coloureds and Indians. The government appointed the Lund Committee in 1995 to investigate alternatives to the State Maintenance Grant, which included a child component and remained racially and geographically skewed. The Committee commissioned research, undertook some consultation and recommended the CSG as an alternative to the State Maintenance Grant in order to promote equity and redress – at the time a controversial trade-off between equity and affordability. (as outlined in essay on p. 39)³

An evidence-based approach

This policy reform is an important example of a relatively inclusive, evidence-based policy process. A key feature of the Lund Committee recommendations was that the design of the grant responded to the reality of South African families as multigenerational and often living in different places (see p. 33): The grant was designed to follow the children and is paid to the child's primary caregiver. Numerous other policy reforms in the democratic period have not been as sensitive to the South African context.

Engagement around policy reform

Over the last eighteen years there have been numerous changes to the CSG (see p. 60). Among these have been the extension up to the age of 18 years, the adjustment of the means test and attention given to the administrative obstacles encountered by applicants. This reform process attests to vibrant engagement and contestation between the government and civil society in order to ensure the progressive realisation of the right to social security as envisioned in the Constitution.

Social assistance as a justiciable right

The Bills of Rights in the Constitution guarantees everyone the right to have access to social security – within available resources – and expressly refers to social assistance as one of the measures that should be adopted to support those who are unable to provide for themselves. This right, together with the relevant legislation, makes government accountable for delivery. Socio-economic rights such as this can be enforced in a court of law, and such claims contributed to the expansion of the CSG and improvements in administration.⁴

Implementation and institutional reform

The implementation of the CSG has been very successful, as outlined in the essay on p. 60. When the CSG was introduced in 1998, the plan was to phase it in over a five-year period. The target at the time was to reach three million of the poorest children, and in the 1998/1999 financial year a Child Support Implementation Conditional Grant was introduced to assist with the implementation process.⁵ This built on the infrastructure that already existed. Initial take-up rates were slow but increased exponentially in the early 2000s. The phasing-in of the CSG was seen as a problem at the time, but with the benefit of hindsight, the slow implementation in the first few years is one of the factors that contributed to the successful implementation of the CSG, as it allowed for the capacity to deliver the grant to be built up over time. Another factor was advocacy by NGOs who highlighted the onerous eligibility and documentary requirements.

Institutional reform is another element that has contributed to improved implementation. Setting up the South African Social Security Agency (SASSA) to administer grant payments and working with the private sector to deliver grants was pragmatic. Using technological innovation to disburse grants and manage fraud and corruption was another factor that contributed to successful implementation. It remains to be seen whether SASSA's decision to manage grant payments directly rather than contracting private companies to do so will contribute or detract from the implementation of the grant programme.

Challenges that remain

The take-up rates for infants 0 – 1 years old remains relatively low, yet research evidence shows that early receipt makes a significant impact on nutrition outcomes. This is a challenge that requires creative solutions as it is a critical missed opportunity for those children who are eligible but not in receipt of the grant.

Another area that requires further research and intervention is people's experiences of the grant delivery system, as a recent study on dignity shows that grant recipients experience stigma and discrimination at the point of delivery. The issue of unauthorised and unlawful deductions, which erode children's right to social assistance, also needs to be addressed and resolved.⁶

Thinking ahead: How to build on the strengths of the Child Support Grant?

The essay on p. 44 demonstrates, social grants work: They are widely regarded as government's most successful strategy in tackling the challenges of poverty, and have improved the lives of millions of children.

This issue of the *South African Child Gauge* outlines selected social assistance policy proposals that could potentially build on the strengths and success of the CSG. These proposals are not exhaustive, and are in different stages of development and suggest quite different future directions, although some could be combined, as discussed in the essay on p. 95. The aim of presenting and reflecting on them is to stimulate informed debate and engagement among policy-makers and within civil society to inform future directions of social assistance for children. Decisions about social assistance policies impact on the lives of many, so it is vital that there is critical engagement with such proposals. In doing so, it is important to consider their alignment with the longer-term vision for progressively realising the right to social assistance for children, and how the policy proposals outlined in this issue of the *Child Gauge* articulate with the comprehensive social security reform proposals⁷ and with social protection strategies more broadly.

Basing policy decisions on empirical evidence should be central to the policy-making process, but decisions about social policy are also political in nature. The report of the Lund Committee, for example, was described by the chairperson as "a research-based vehicle that had to travel a political road".⁸ Social policy-making requires making choices about how to distribute state resources. Decisions about the design of social assistance programmes involve questions about who should receive assistance, and how comprehensive or limited their social assistance should be, and reflect our vision of society. They are not simply "technical" decisions, but are informed by values and ideological positions, the extent to which the causes of poverty are seen as structural or individual in nature and how the role of the state in providing support is heard. The issues of affordability and sustainability are also political and often contested, as they depend in part on spending priorities.⁹

Policy choices made now can have far-reaching implications, and should be based on a clear and simple vision for supporting the well-being of children. The essay on p. 77 introduces a framework of constitutional and good governance principles, which together with the reflections on p. 95 provides a starting point for weighing up and interrogating social assistance policy proposals in support of children.

Social assistance as part of a social protection strategy

Social grants support multiple positive outcomes for children living in poverty, but to support children's optimal development they need to be integrated with other services and interventions.

This includes accessible, high quality education and healthcare, and responsive social welfare services; as well as other policies aimed at supporting vulnerable children and families such as free schooling and health care, nutrition programmes, and access to subsidised housing and basic services, amongst others.

An ongoing challenge is that programmes and services tend to operate in isolation. Greater effort is needed to increase coordination and synergies between social grants and other services to reinforce and strengthen their positive impacts for children. Access to social grants from birth; adequate nutrition; quality learning opportunities and health care from a young age; and community-based support for vulnerable families and caregivers will go some way to addressing childhood disadvantage and the poverty and inequality it perpetuates.

As part of the strategy for addressing poverty and inequality in the country by 2030, the NDP calls for the establishment of a social protection floor which specifies a minimum standard of living and "brings social solidarity to life".¹⁰ Basic income security, along with other services, would form an essential part of this package of social benefits. This social floor should ensure that "all children should enjoy services and benefits aimed at facilitating access to nutrition, health care, education, social care and safety".¹¹

Investment in children now and in the future

Growing up in poverty places children at a disadvantage from an early age, and limits their life chances. Given widespread and persistent poverty and inequality in the country, the CSG is an investment in the development and potential of children. Together with investments in other services, social grants can build the resilience of children and their families with social and economic benefits to society in the long-run.

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PART THREE:

Children Count – The Numbers

Part three presents child-centred data to monitor progress and track the realisation of children's socio-economic rights in South Africa. This year it presents data from 2002 – 2014 and identifies the main trends over this 13-year period. A set of key indicators tracks progress in the following domains:

- Demography of South Africa's children
- Income poverty, unemployment and social grants
- Child health
- Children's access to education
- Children's access to housing
- Children's access to basic services.

A full set of indicators and detailed commentary are available on www.childrencount.uct.ac.za.

Introducing Children Count

South Africa's commitment to the realisation of socio-economic rights is contained in the Constitution, the highest law of the land, which includes provisions to ensure that no person should be without the basic necessities of life. These are specified in the Bill of Rights, particularly section 26 (access to adequate housing); section 27 (health care, sufficient food, water and social security); section 28 (the special rights of children) and section 29 (education).

Children are specifically mentioned, and are also included under the general rights: every child has the right to basic nutrition, shelter, basic health care services and social services. These form part of what are collectively known as socio-economic rights. While these rights are guaranteed by the Constitution, the question is: how well is South Africa doing in realising these rights for all children? In order to answer this question, it is necessary to monitor the situation of children, which means there is a need for regular information that is specifically about them.

A rights-based approach

Children Count, an ongoing data and advocacy project of the Children's Institute, was established in 2005 to monitor progress for children. It provides reliable and accessible child-centred information which can be used to inform the design and targeting of policies, programmes and interventions, and as a tool for tracking progress in the realisation of children's rights.

Child-centred data

Any monitoring project needs regular and reliable data, and South Africa is fortunate to be a fairly data-rich country. There is an array of administrative data sets, and the national statistics body, Statistics South Africa, undertakes regular national population surveys which provide useful information on a range of issues. However, most information about the social and economic situation of people living in South Africa does not focus on children, but rather counts all individuals or households. This is the standard way for central statistics organs to present national data, but it is of limited use for those interested in understanding the situation of children.

"Child-centred" data does not only mean the use of data about children specifically. It also means using national population or household data, but analysing it at the level of the child. This is important, because the numbers can differ enormously depending on the unit of analysis. For example, national statistics describe the unemployment rate, but only a child-centred analysis can tell how many children live in households where no adult is employed. National statistics show what proportion of households is without adequate sanitation, but when a child-centred analysis is used, the proportion is significantly higher.

Counting South Africa's children

Children Count presents child-centred data on many of the areas covered under socio-economic rights. As new data become available with the release of national surveys and other data sources, it is possible to track changes in the conditions of children and their access to services over time. This year, national survey data are presented for each year from 2002 to 2014, and many of the indicators in this issue compare the situation of children over this 13-year period.

The tables on the following pages give basic information about children's demographics, care arrangements, income poverty and social security, education, health and nutritional status, housing and basic services. Each table is accompanied by commentary that provides context and gives a brief interpretation of the data. The data are presented for all children in South Africa and, where possible, by province and income quintile.

The indicators in this *South African Child Gauge* are a sub-set of the *Children Count* indicators on demographics and socio-economic rights. The project's website contains the full range of indicators and more detailed data, as well as links to websites and useful documents. It can be accessed at www.childrencount.uct.ac.za.

Confidence intervals

Sample surveys are subject to error. The proportions or percentages simply reflect the midpoint of a possible range, but the true values could fall anywhere between the upper and lower bounds. The confidence intervals indicate the reliability of the estimate at the 95% level. This means that, if independent samples were repeatedly taken from the same population, we would expect the proportion to lie between upper and lower bounds of the confidence interval 95% of the time.

It is important to look at the confidence intervals when assessing whether apparent differences between provinces or sub-groups are real: the wider the confidence interval, the more uncertain the proportion. Where confidence intervals overlap for different sub-populations or time periods, it is not possible to claim that there is a real difference in the proportion, even if the midpoint proportions differ. In the accompanying bar graphs, the confidence intervals are represented by vertical lines at the top of each bar (|).

Data sources and citations

Children Count uses a number of data sources. Most of the indicators draw on the General Household Survey conducted by Statistics South Africa, while some draw on administrative databases used by government departments (Health, Education, and Social Development) to record and monitor the services they deliver.

Most of the indicators presented were developed specifically for this project. Data sources are carefully considered before inclusion, and the strengths and limitations of each are outlined on p. 135, and on the project website. Definitions and technical notes for the indicators are included in the accompanying commentary, and can also be found on the website.

Here are a couple of examples of how to reference *Children Count* data correctly:

When referencing from the Demography section in this publication, for example:

Hall K & Sambu W (2016) Demography of South Africa's children. In: Delany A, Jehoma S & Lake L (eds) *South African Child Gauge 2016*. Cape Town: Children's Institute, University of Cape Town.

When referencing from the Housing and Services online section, for example:

Hall K (2016) Housing and Services – Access to adequate water. *Children Count* website, Children's Institute, University of Cape Town. Accessed on 20 August 2016: www.childrencount.uct.ac.za.

Each domain is introduced below and key findings are highlighted.

Demography of South Africa's children

(pages 106 – 110)

This section provides child population figures and gives a profile of South Africa's children and their care arrangements, including children's co-residence with biological parents, the number and proportion of orphans and children living in child-only households. There were 18.5 million children in South Africa in 2014. Sixteen percent of children are orphans who have lost either their mother, father or both parents; 21% of children do not live with either of their biological parents; and 0.3% of children live in child-only households.

Income poverty, unemployment and social grants

(pages 111 – 116)

In 2014, nearly two-thirds of children (63%) lived below Statistics South Africa's upper bound poverty line (with a per capita income below R923 per month), and 30% lived in households where no adults were employed. Social assistance grants are therefore an important source of income for caregivers to meet children's basic needs. In March 2016, nearly 12 million children received the Child Support Grant; 470,000 children received the Foster Child Grant; and a further 131,000 children received the Care Dependency Grant.

Child health

(pages 117 – 121)

This section monitors child health through a range of indicators. Under-five mortality has decreased from 81 deaths per 1,000 live births in 2003 to 39 deaths per 1,000 live births in 2014. The infant mortality rate has followed a similar trend and is estimated at 28 deaths per 1,000 live births for 2014. Just over 21% of children travel far to reach their primary health care facility and 12% of children live in households that reported child hunger.

Children's access to education

(pages 122 – 128)

Many children in South Africa have to travel long distances to school. One in eight children (13%) live far from their primary school and this increases to nearly one in five children (19%) in secondary school. Despite these barriers, South Africa has made significant strides in improving access to education with a gross attendance rate of 98% in 2014. Access is also increasing in the preschool years, with 91% of 5 – 6-year-olds attending some kind of educational institution or care facility. However, this does not necessarily translate into improved educational outcomes or progress through school. In 2014, 85% of 10 – 11-year-olds had completed grade 3, and only 67% of 16 – 17-year-olds had completed grade 9.

Children's access to housing

(pages 129 – 131)

This domain presents data on children living in rural or urban areas, and in adequate housing. The latest available data show that, in 2014, 56% of children were living in urban areas, and 78% of children lived in formal housing. Just under two million children lived in backyard dwellings and shacks in informal settlements, and one in six children (18%) lived in overcrowded households.

Children's access to basic services

(pages 132 – 134)

Without water and sanitation, children face substantial health risks. In 2014 just over two-thirds of children (69%) had access to drinking water on site, while children's access to adequate toilet facilities rose to 74%, up from 72% in 2013.

Demography of South Africa's children

Katharine Hall and Winnie Sambu (Children's Institute, University of Cape Town)

The UN General Guidelines for Periodic Reports on the Convention on the Rights of the Child, paragraph 7, says that reports made by states should be accompanied by "detailed statistical information ... Quantitative information should indicate variations between various areas of the country ... and between groups of children ...".¹

The number and proportion of children living in South Africa

In mid-2014 South Africa's total population was estimated at 53.7 million people, of whom 18.5 million were children (under 18 years). Children therefore constitute 34% of the total population.

It is not uncommon in South Africa for children to live separately from their biological parents and in the care of other relatives. The distribution of children across provinces is slightly different to that of adults, with a greater proportion of children living in provinces with large rural populations and with greater proportions of adults in the largely metropolitan provinces. Together, KwaZulu-Natal, the Eastern Cape and Limpopo accommodate almost half of all children in South Africa. A further 19% of children live in Gauteng, a mainly metropolitan province, and 10% of children in the Western Cape. Despite being the smallest province in the country, Gauteng accommodates more than a quarter of all households and adults, but less than a fifth of children. This is because of the relatively large number of adult-only households in that province.

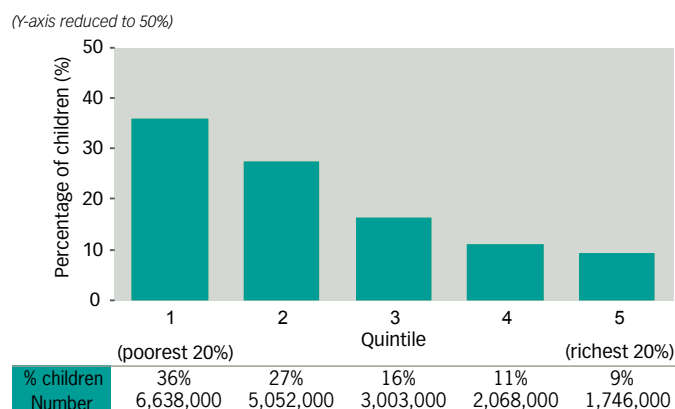
There have been striking changes in the provincial child populations over time. While there has been a decrease in the number of children living in the Free State, Eastern Cape, Limpopo, KwaZulu-Natal and the Northern Cape provinces, the number of children living in Gauteng and Western Cape has risen by 24% and 14%, respectively. This is caused partly by population movement (for example, when children are part of migrant households or move to join existing urban households), and partly by natural population growth (new births within the province).

We can look at inequality by dividing all households into five equal groups or quintiles, based on total income to the household (including earnings and social grants): with quintile 1 being the poorest 20% of households, quintile 2 being the next poorest and so on. Quintile 5 consists of the least-poor, or richest, 20%, although there is still marked inequality even within this quintile. Nearly two-thirds of children live in the poorest 40% of households.

Children are fairly equally distributed by gender and age, with on average just over one million children in each year under 18.

These population estimates are based on analyses of the General Household Survey (GHS), which is conducted annually by Statistics South Africa. The population numbers derived from the survey are weighted to the general population using weights provided by Statistics South Africa. The weights are revised from time to time, and the estimated child population size changes as a result. Using previously weighted data, it appeared that the child population had grown by about 6% (one million children) between 2002 and 2012. However, based on recently revised weights, applied retrospectively, it appears that child population has decreased slightly, with a 0.6% reduction recorded between 2002 and 2014. There is considerable uncertainty around the official population estimates, particularly in the younger age groups.²

Figure 1a: Children living in South Africa, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Table 1a: Distribution of households, adults and children in South Africa, by province, 2014

PROVINCE	HOUSEHOLDS		ADULTS		CHILDREN		
	N	%	N	%	N	%	% change 2002 - 2014
Eastern Cape	1,695,000	11	3,995,000	11	2,661,000	14	-11.8%
Free State	883,000	6	1,843,000	5	915,000	5	-15.6%
Gauteng	4,501,000	29	9,442,000	27	3,554,000	19	23.6%
KwaZulu-Natal	2,663,000	17	6,474,000	18	4,083,000	22	-4.8%
Limpopo	1,483,000	10	3,391,000	10	2,194,000	12	-11.7%
Mpumalanga	1,168,000	7	2,642,000	8	1,539,000	8	0.3%
North West	1,177,000	8	2,374,000	7	1,276,000	7	1.2%
Northern Cape	312,000	2	763,000	2	410,000	2	-6.2%
Western Cape	1,720,000	11	4,254,000	12	1,876,000	10	14.7%
South Africa	15,602,000	100	35,179,000	100	18,508,000	100	-0.6%

Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

The number and proportion of children living with their biological parents

Many children in South Africa do not live consistently in the same dwelling as their biological parents. This is a long-established feature of childhoods in South Africa and is related to many factors, including historic population control, labour migration, poverty, housing and educational opportunities, low marriage rates and cultural practice. It is common for relatives to play a substantial role in child-rearing. Many children experience a sequence of different caregivers, are raised without fathers, or live in different households to their biological siblings.

Virtually all children live with at least one adult, and the vast majority live in households where there are two or more co-resident adults. This indicator examines co-residence between children and their biological parents specifically. Although many children live with just one of their biological parents (usually the mother), this does not mean that the mother is a “single parent” as she is not necessarily the only adult caregiver in the household. In most cases there are other adult household members such as aunts, uncles and grandparents, who may contribute to the care of children.

The proportion of children living with both parents decreased from 39% in 2002 to 35% in 2014. Forty-one percent of all children – 7.5 million children – live with their mothers but not with their fathers. Only 4% of children live in households where their fathers are present and their mothers absent. Twenty-one percent do not have either of their biological parents living with them. This does not necessarily mean that they are orphaned: in most cases (83%), children without any co-resident parents have at least one parent who is alive but living elsewhere.

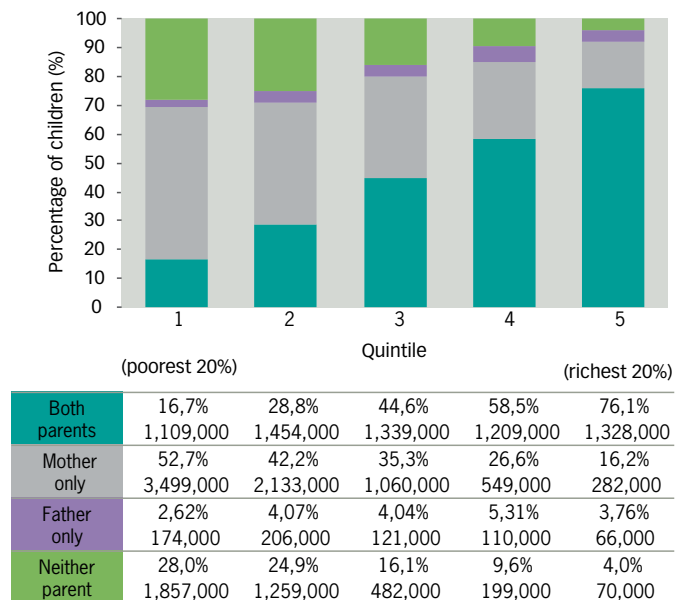
There is some provincial variation in these patterns. In the Western Cape and Gauteng, the proportion of children living with both parents is significantly higher than the national average, with around half of children resident with both parents (56% and 55%, respectively). Similarly, the number of children living with neither parent is low in these two provinces (6% and 10%). In contrast, over a third of children (34%) in the Eastern Cape live with neither parent. These patterns are consistent from 2002 to 2014.

Children in the poorest 20% of households are least likely to live with both parents: only 17% have both parents living with them, compared with 76% of children in the least-poor 20% of households. Less than one-third (29%) of African children live with both their

parents, while the vast majority of Indian and white children (84% and 78%, respectively) are resident with both biological parents. Almost a quarter of all African children do not live with either parent and a further 44% of African children live with their mothers but without their fathers. These figures are striking for the way in which they suggest the limited presence of biological fathers in the domestic lives of large numbers of African children.

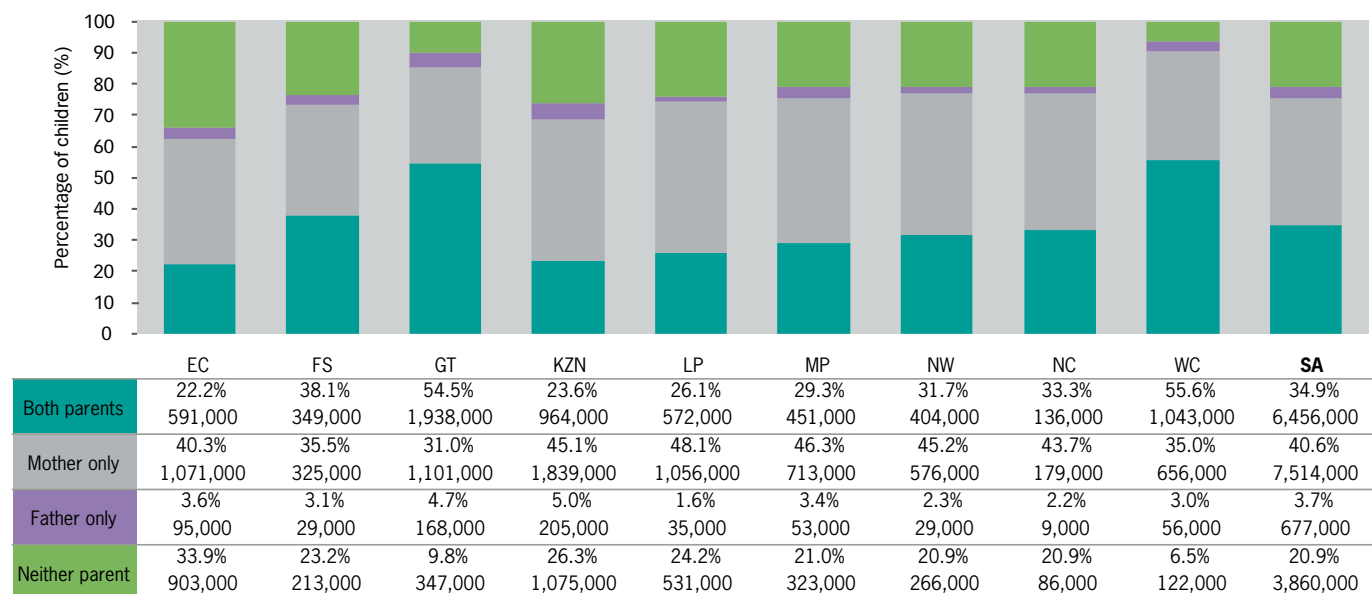
Younger children are more likely than older children to have co-resident mothers, while older children are more likely to be living with neither parent. While 14% of children aged 0 – 5 years (860,000) live with neither parent, this increases to 27% (1.64 million) for children aged 12 – 17 years.

Figure 1b: Parental co-residence by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 1c: Number and proportion of children living with their parents, by province, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

The number and proportion of orphans living in South Africa

An orphan is defined as a child under the age of 18 years whose mother, father or both biological parents have died (including those whose living status is reported as unknown, but excluding those whose living status is unspecified). For the purpose of this indicator, orphans are defined in three mutually exclusive categories:

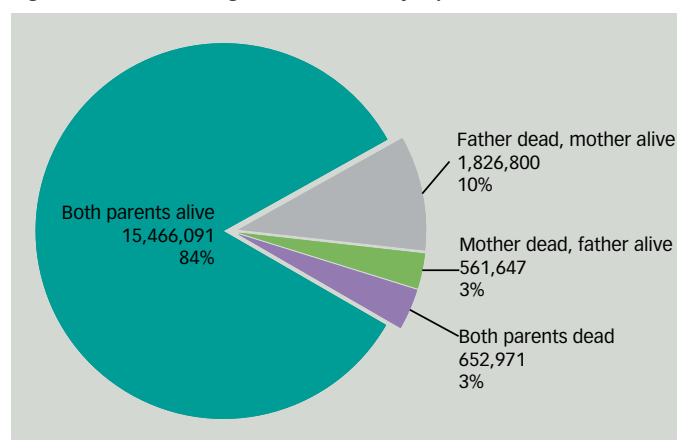
- A maternal orphan is a child whose mother has died but whose father is alive.
- A paternal orphan is a child whose father has died but whose mother is alive.
- A double orphan is a child whose mother and father have both died.

The total number of orphans is the sum of maternal, paternal and double orphans. This definition differs from those commonly used by United Nations agencies and the Actuarial Society of South Africa (ASSA), where the definition of maternal and paternal orphans includes children who are double orphans.

In 2014, there were approximately three million orphans in South Africa. This includes children without a living biological mother, father or both parents, and is equivalent to 16% of all children in South Africa.

The total number of orphans increased by 28% between 2002 and 2010, with 840,000 more orphaned children in 2010 than in 2002. However, the rate of increase in orphaning has slowed in recent years, with a drop-off in the number of orphans since 2010/2011.

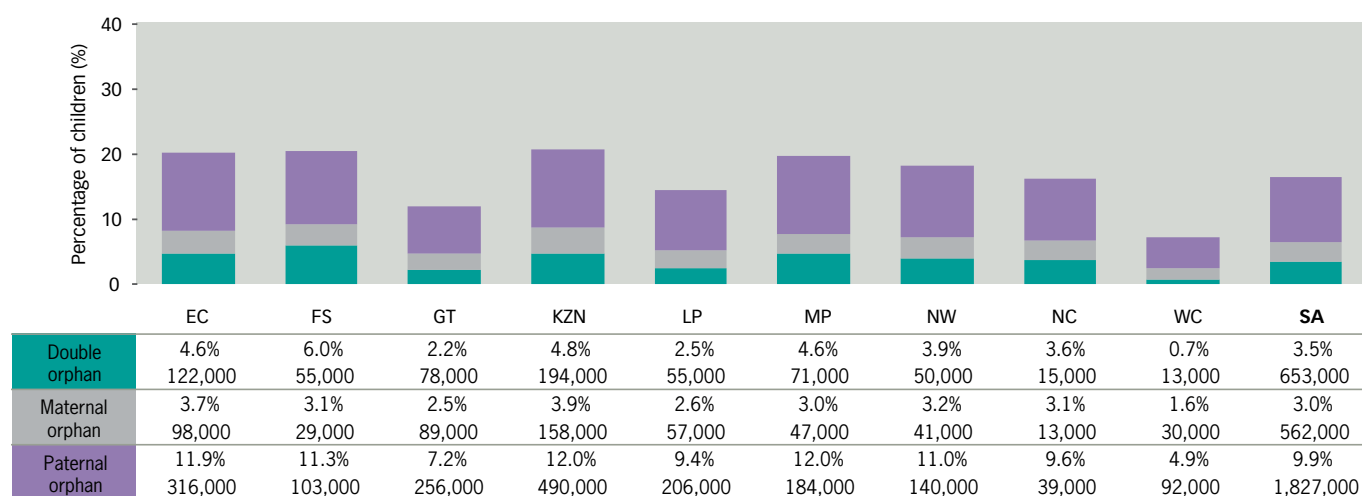
Figure 1d: Children living in South Africa, by orphanhood status, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 1f: Number and proportion of orphans, by province, 2014

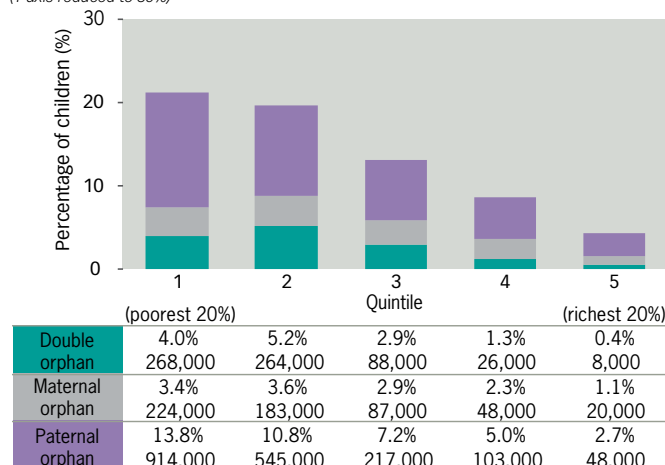
(Y-axis reduced to 40%)



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 1e: Orphans, by income quintile, 2014

(Y-axis reduced to 30%)



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Orphan numbers do not indicate the nature or extent of care that children are receiving. It is important to disaggregate the total orphan figures because the death of one parent may have different implications for children than the death of both parents. In particular, it seems that children who are maternal orphans are at risk of poorer outcomes than paternal orphans – for example, in relation to education.³

The vast majority (around 60%) of all orphans in South Africa are paternal orphans (with living mothers). In 2014, 3% of children were maternal orphans with living fathers, 10% were paternal orphans with living mothers, and a further 4% were recorded as double orphans. This means that 14% of children in South Africa did not have a living biological father and 7% did not have a living biological mother. The numbers of paternal orphans are high because of the higher mortality rates of men in South Africa, as well as the frequent absence of fathers in their children's lives (1.8%, or 330,000 children, have fathers whose vital status is reported to be "unknown", compared with 0.4% or 70,000 children whose mothers' status is unknown).

The number and proportion of double orphans more than doubled between 2002 and 2011 (from approximately 361,000 to 952,000), translating to an increase of three percentage points in double orphans in South Africa (2002: 2%; 2011: 5%). Since 2012, there has been a gradual decrease in the number of double orphans, and as at 2014, 653,000 children lived in households where both parents were dead. Despite the recent decreases, the number of double orphans

is still high, and likely to be as a result of AIDS. Four provinces carry particularly large burdens of care for double orphans: In KwaZulu-Natal, Eastern Cape and Mpumalanga, 5% of children have lost both parents and 6% of children in the Free State have lost both parents.

Throughout the period 2002 – 2014, roughly half of all orphans in South Africa have been located in KwaZulu-Natal and the Eastern Cape. KwaZulu-Natal has the largest child population and the highest orphan numbers, with 21% of children in that province recorded as orphans who have lost a mother, a father or both parents. Orphaning rates in the Eastern Cape and the Free State are similarly high, at 20% in both provinces. The lowest orphaning rates are in the Western

Cape (7% of children have lost at least one parent) and Gauteng (12%). The poorest households carry the greatest burden of care for orphans. Close to half (46%) of all orphans are resident in the poorest 20% of households. Around a fifth of children in the poorest 20% of households are orphans, compared with the richest 20% where total orphaning rates are around 5%.

The likelihood of orphaning increases with age. Across all age groups, the main form of orphaning is paternal orphaning, which increases from 4% in children under six years, to 16% among children aged 12 – 17. While 2% of children under six years have lost their mothers, this increases to 12% in children aged 12 – 17 years.

The number and proportion of children living in child-only households

A child-only household is defined as a household in which all members are younger than 18 years. These households are also commonly known as child-headed households.

There has been much concern within government and civil society that the number of children living in child-only households is escalating and that kinship networks are stretched to their limits. While orphaning undoubtedly places a large burden on families, there is little evidence to suggest that their capacity to care for orphans has been saturated, as commentators have feared. Rather than seeing increasing numbers of orphaned children living without adults, the vast majority of orphans live with family members, and child-headed households are not primarily the result of orphaning.⁴

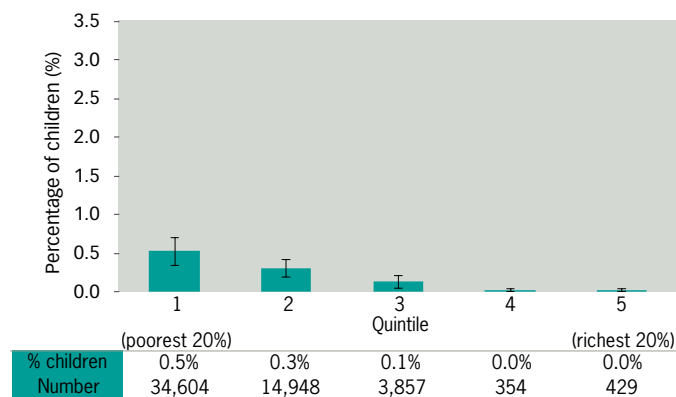
There were about 54,000 children living in a total of 45,000 child-only households across South Africa in 2014. This equates to 0.3% of all children. While children living in child-only households are rare relative to those resident in other household forms, the number of children living in this extreme situation is of concern.

Importantly, however, there has been no significant change in the proportion of children living in child-only households in the period between 2002 and 2014, nor has there been any change in the proportion of child-only households over the same period. Predictions of rapidly increasing numbers of child-headed households as a result of HIV are at this point unrealised. An analysis of national household surveys to examine the circumstances of children in child-headed households in South Africa reveals that most children in child-only households are not orphans.⁵ These findings suggest that social phenomena other than HIV may play important roles in the formation of these households.

While it is not ideal for any child to live without an adult resident, it is positive that over half (59%) of all children living in child-only

Figure 1g: Children in child-headed households, by income quintile, 2014

(Y-axis reduced to 3.5%)



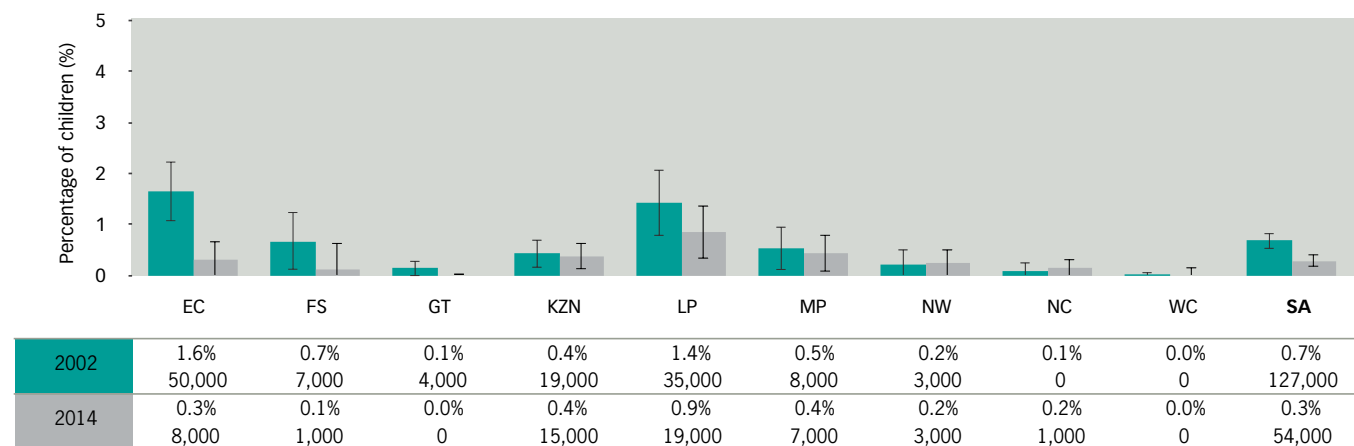
Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

households are aged 15 years and older. Children can work legally from the age of 15, and from 16 they can obtain an identity book and receive grants on behalf of younger children. Three percent of children in child-headed households are under six years old.

Research suggests that child-only households are frequently temporary arrangements, and often exist just for a short period. For example while adult migrant workers are away, or for easy access to school during term-time, or after the death of an adult and prior to other arrangements being made to care for the children (such as adults moving in or children moving to live with other relatives).⁶

Figure 1h: Number and proportion of children living in child-headed households, 2002 & 2014

(Y-axis reduced to 5%)



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Over three-quarters of all children in child-only households live in three provinces: Limpopo (which accounts for 35% of children in child-only households), KwaZulu-Natal (29%) and Eastern Cape (15%). From 2002 to 2014, these provinces have consistently been home to the majority of children living in child-only households.

Relative to children in mixed-generation households, child-only households are vulnerable in a number of ways. Child-only households are predominantly clustered in the poorest 20% of households. In addition to the absence of adult members who may provide care and security, they are at risk of living in poorer conditions, with poor access to services, less (and less reliable) income, and low levels of access to social grants.

There has been very little robust data on child-headed households in South Africa to date. The figures should be treated with caution as the number of child-only households forms just a very small sub-

sample of the General Household Survey. In particular, we caution against reading too much into the provincial breakdowns, or into apparent differences between the 2002 and 2014 estimates.

References

- 1 United Nations Children's Fund (1990) *First Call for Children. World Declaration and Plan of Action from the World Summit for Children*. New York: UNICEF.
- 2 Dorrington R (2013) *Alternative South African Mid-year Estimates, 2013*. Centre for Actuarial Research Monograph 13. Cape Town: CARE: University of Cape Town.
- 3 Ardington C & Leibbrandt M (2010) Orphanhood and schooling in South Africa: Trends in the vulnerability of orphans between 1993 and 2005. *Economic Development and Cultural Change*, 58(3): 507-536.
- 4 Meintjes H, Hall K, Marera D & Boulle A (2010) Orphans of the AIDS epidemic? The extent, nature and circumstances of child-headed households in South Africa. *AIDS Care*, 22(1): 40-49.
- 5 See no. 4 above.
- 6 Hill C, Hosegood V & Newell M-L (2008) Children's care and living arrangements in a high HIV prevalence area in rural South Africa. *Vulnerable Children and Youth Studies*, 3(1): 65-77.

Income poverty, unemployment and social grants

Katharine Hall and Winnie Sambu (Children’s Institute, University of Cape Town)

The Constitution of South Africa, section 27(1)(c), says that “everyone has the right to have access to ... social security, including, if they are unable to support themselves and their dependants, appropriate social assistance”.¹ The UN Convention on the Rights of the Child, article 27, states that every child has the right “to a standard of living adequate for his or her development” and obliges the state “in case of need” to “provide material assistance”. Article 26 guarantees “every child the right to benefit from social security”.²

The number and proportion of children living in income poverty

This indicator shows the number and proportion of children living in households that are income-poor. As money is needed to access a range of services, income poverty is often closely related to poor health, reduced access to education, and physical environments that compromise personal safety. A lack of sufficient income can therefore compromise children’s rights to nutrition, education, and health care services, for example.

International law and the Constitution recognise the link between income and the realisation of basic human rights, and acknowledge that children have the right to social assistance (social grants) when families cannot meet children’s basic needs. Income poverty measures are therefore important for determining how many people are in need of social assistance, and for evaluating the state’s progress in realising the right to social assistance.

No poverty line is perfect. Using a single income measure tells us nothing about how resources are distributed between family members, or how money is spent. But this measure does give some indication of how many children are living in households with severely constrained resources.

These households fall below a specific income threshold. The measure used is the Statistics South Africa upper bound poverty line, set at R779 per person per month in 2011 prices. The poverty line increases with inflation and was equivalent to R923 in 2014. Per capita income is calculated by adding all reported income for household members older than 15 years, including social grants, and dividing the total household income by the number of household members.

South Africa has very high rates of child poverty. In 2014, 63% of children (11.7 million) lived below the upper bound poverty line.

Income poverty rates have fallen substantially since 2003, when 79% of children (14.7 million) were defined as “poor”. This poverty reduction is largely the result of a massive expansion in the reach of the Child Support Grant over the same period. Although there have been reductions in the child poverty rate, large numbers of children still live in extreme poverty.

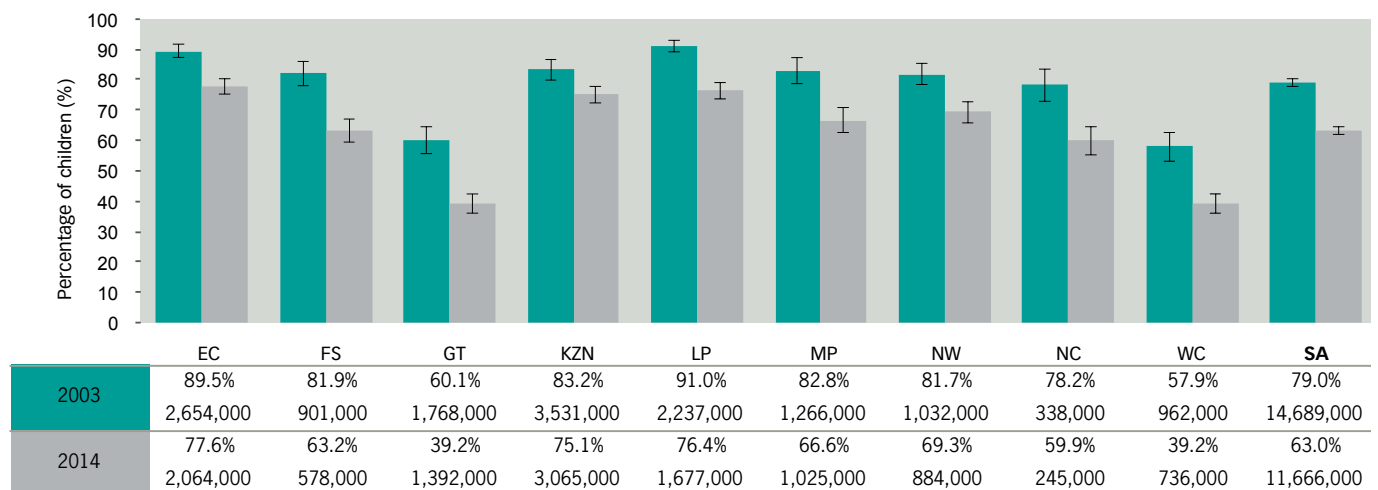
There are substantial differences in poverty rates across the provinces. Using the upper bound poverty line, over three quarters of children in Limpopo, KwaZulu-Natal and the Eastern Cape are poor. Gauteng and the Western Cape have the lowest child poverty rates – both at 39%. Child poverty remains most prominent in the rural areas of the former homelands, where 84% of children live below the poverty line. Urban child poverty rates are 44% in formal areas, and 68% in informal areas.

There are glaring racial disparities in income poverty: while 70% of African children lived in poor households in 2014 and 41% of coloured children were defined as poor, only 3% of white and 5% of Indian children lived below this poverty line. There are no significant differences in child poverty levels across gender or between different age groups in the child population.

The international ultra-poverty line used to track progress towards the Millennium Development Goals (MDG) is \$1.25 per person per day. This translates to R220 per person per month in 2014, using the IMF purchasing power parity conversion. This poverty line is extremely low – below survival level – and is not appropriate for South Africa. No child should be below it. In 2003, 43% of children (8 million) lived below the MDG poverty line. By 2014 this had been reduced to 13% (2.5 million).

Figure 2a: Number and proportion of children living in income poverty, by province, 2003 & 2014

(Upper bound poverty line: Households with monthly per capita income less than R923, in 2014 Rands)



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

Box 2: Introductory note on poverty lines.

Any definition of absolute poverty requires a poverty line. In the absence of official poverty lines, various lines have been used in South Africa. The definition of national poverty lines has been strongly contested as the poverty rate will depend on the poverty line used. Until 2015 the *Children Count* project calculated child poverty rates using the Hoogeveen & Ozler poverty lines which were commonly used by economists. However, recent poverty analyses have tended to use the national poverty lines proposed by Statistics South Africa, and in 2016 *Children Count* adopted these poverty lines.

In 2011 Statistics South Africa proposed three poverty lines for South Africa. These were calculated from the 2010/2011 Income and Expenditure Survey, using the internationally recognised “cost of basic needs” approach.⁴ Briefly, the poverty lines are calculated by (1) determining a reference food basket that would provide the minimum nutritional requirement of 2,100 kilocalories per person per day; (2) calculating the cost of the food basket that would enable households to meet this nutritional standard; and (3) calculating an additional allowance for other basic necessities such as clothing, shelter, transport and education. Using these calculations, the three poverty lines are derived as follows:

- The **food poverty line** is based on the cost of the minimum nutritional requirement of 2,100 kilocalories per person per day, without any allowance for non-food basic necessities. The value of the food poverty line in 2011 prices was R335

per person per month. *Anyone living below this line will be malnourished and their health and survival may be at risk.*

- The **lower bound poverty line** is calculated by adding to the food line the average expenditure on essential non-food items by households whose food expenditure is below but close to the food line. The value of the lower bound poverty line in 2011 prices was R501 per person per month. *Those living below this line would not be able to pay for the minimum non-food expenses or would be sacrificing their basic nutrition in order to pay for non-food expenses.*
- The **upper bound poverty line** is calculated by adding to the food line the average expenditure on non-food items by households whose food expenditure is equivalent to the food line. The value of the upper bound poverty line in 2011 prices was R779 per person per month. *This is lowest possible poverty line that allows for both minimum nutritional requirements and essential non-food expenses.*

The *Children Count* website (www.childrencount.uct.ac.za) monitors child poverty using all three poverty lines. In the *Child Gauge*, where space is limited, we have focused on the upper bound poverty line as this is linked to the minimum requirement for basic nutrition as well as other basic needs such as clothing and shelter. In other words, this is only poverty line that meets the minimum requirement for children’s basic needs.

The number and proportion of children living in households without an employed adult

This indicator measures unemployment from children's perspective and gives the number and proportion of children who live in households where no adults are employed in either the formal or informal sector. It therefore shows the proportion of children living in "unemployed" households where it is unlikely that any household members derive income from labour or income-generating activities.

Unemployment in South Africa continues to be a serious problem. The official national unemployment rate was 25.4% in the third quarter of 2014.⁵ This rate is based on a narrow definition of unemployment that includes only those adults who are defined as economically active (i.e. they are not studying or retired or voluntarily staying at home) who actively looked but failed to find work in the four weeks preceding the survey. An expanded definition of unemployment, which includes "discouraged work-seekers" who were unemployed but not actively looking for work in the month preceding the survey, would give a higher, more accurate, indication of unemployment. The expanded unemployment rate (which includes those who are not actively looking for work) was 35.8%. Gender differences in employment rates are relevant for children, as it is mainly women who provide for children's care and material needs. Unemployment rates remain higher for women (28%) than for men (23%).⁶

Apart from providing regular income, an employed adult may bring other benefits to the household, including health insurance, unemployment insurance and maternity leave that can contribute to children's health, development and education. The definition of "employment" is derived from the Quarterly Labour Force Survey and includes regular or irregular work for wages or salary, as well as various forms of self-employment, including unpaid work in a family business.

In 2014, 70% of children in South Africa lived in households with at least one working adult. The other 30% (5.5 million children) lived in households where no adults were working. The number of children living in workless households has decreased by 2.2 million since 2003, when 42% of children lived in households where there was no employment.

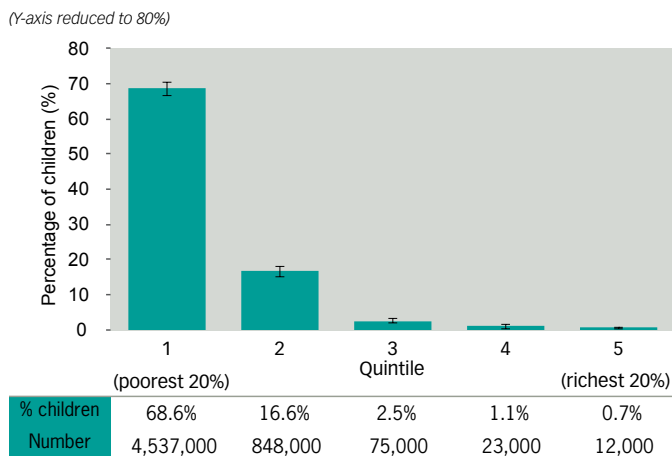
This indicator is very closely related to the income poverty indicator in that provinces with relatively high proportions of children living in unemployed households also have high rates of child poverty. Over 40% of children in the Eastern Cape and Limpopo live in households without any employed adults. These two provinces are home to large numbers of children, and have the highest rates of child poverty. In

contrast, Gauteng and the Western Cape have the lowest poverty rates, and only around 10% of children in these provinces live in unemployed households.

Racial inequalities are striking: 34% of African children have no working adult at home, while 13% of coloured children and 3% of Indian and white children live in these circumstances. There are no significant differences in child-centred unemployment measures when comparing girls and boys. However, older children are slightly more likely than younger children to live in workless households. This may be because babies and very young children tend to live with their parents, while older children are more likely to be cared for by extended family members, especially grandparents. In the rural former homelands, 48% of children live in households where nobody works.

Income inequality in the poorest income quintile is clearly associated with unemployment. Nearly 70% of children (4.5 million) in the poorest income quintile live in households where no adults are employed.

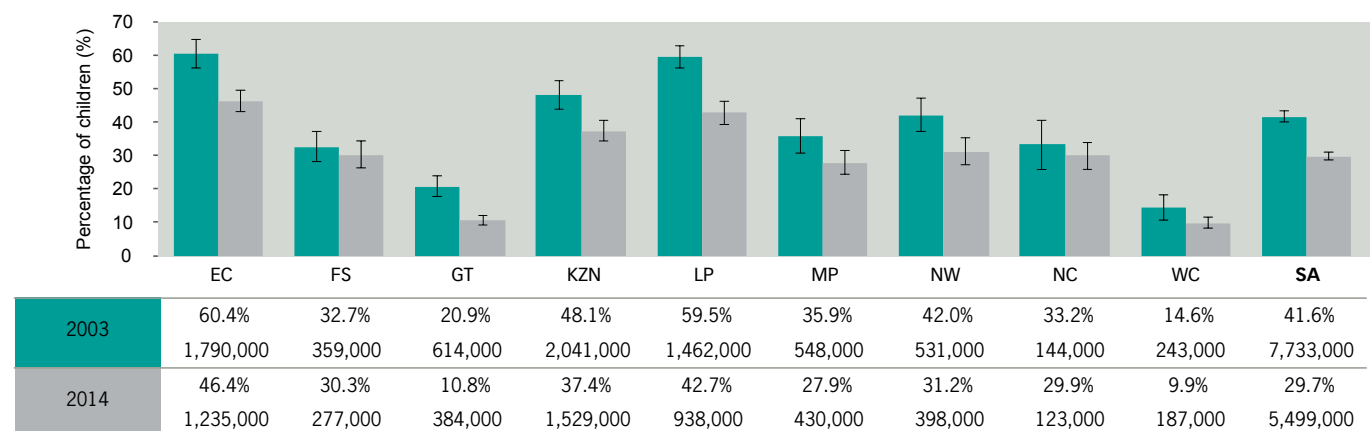
Figure 2b: Children living in households without an employed adult, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 2c: Number and proportion of children living in households without an employed adult, by province, 2003 & 2014

(Y-axis reduced to 70%)



Source: Statistics South Africa (2004; 2015) *General Household Survey 2003; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

The number and proportion of children receiving the Child Support Grant

This indicator shows the number of children receiving the Child Support Grant (CSG), as reported by the South African Social Security Agency (SASSA) which disburses social grants on behalf of the Department of Social Development.

The right to social assistance is designed to ensure that people living in poverty are able to meet basic subsistence needs. Government is obliged to support children directly when their parents or caregivers are too poor to do so. Income support is provided through social assistance programmes, such as the CSG, which is an unconditional cash grant paid to the caregivers of eligible children.

Introduced in 1998 with a value of R100, the CSG has become the single biggest programme for alleviating child poverty in South Africa. Take-up of the CSG has increased dramatically over the past decade, and the grant amount is increased slightly each year to keep pace with inflation. At the end of March 2016, a monthly CSG of R330 was paid to 11,972,900 children aged 0 – 17 years. This was an increase of over nearly 300,000 (2%) from the previous year. The value of the CSG increased to R350 per month from the beginning of April 2016. This was an increase of 6.1%, slightly above inflation. This was followed by a further increase to R360 per month in October 2016.

There have been two important changes in eligibility criteria. The first concerns age eligibility. Initially the CSG was only available for children aged 0 – 6 years. From 2003 it was gradually extended to older children up to the age of 14. Since January 2012, following a second phased extension, children are eligible for the grant until they turn 18.

The second important change concerns the income threshold or means test. From 1998, children were eligible for the CSG if their primary caregiver and his/her spouse had a joint monthly income of R800 or less and lived in a formal house in an urban area. For those who lived in rural areas or informal housing, the income threshold was R1,100 per month. This threshold remained static for 10 years until a formula was introduced for calculating income threshold – set at 10 times the amount of the grant. From April 2016 the income threshold is R3,500 per month for a single caregiver and R7,000 per month for the joint income of the caregiver and spouse, if the caregiver is married.

There is substantial evidence that grants, including the CSG, are being spent on food, education, and basic goods and services. This evidence shows that the grant not only helps to alleviate income poverty and realise children's right to social assistance, but is also associated with improved nutritional, health and education outcomes.⁷

Table 2a: Children receiving the Child Support Grant, by age group, by province, 2016

Province	Number of child beneficiaries at end March 2016			
	0 – 5 years	6 – 11 years	12 – 17 years	TOTAL
Eastern Cape	642,954	700,493	532,156	1,875,603
Free State	232,159	252,173	185,522	669,854
Gauteng	630,872	642,000	454,748	1,727,620
KwaZulu-Natal	964,979	1,034,341	816,495	2,815,815
Limpopo	671,328	618,258	459,644	1,749,230
Mpumalanga	373,174	380,476	300,066	1,053,716
North West	294,040	300,662	222,735	817,437
Northern Cape	107,512	106,518	83,250	297,280
Western Cape	337,168	364,194	264,983	966,345
South Africa	4,254,186	4,399,115	3,319,599	11,972,900

Source: South African Social Security Agency (2016) SOCPEN database – special request. Pretoria: SASSA.

Given the positive and cumulative effects of the grant, it is important that caregivers are able to access it for their children as early as possible. One of the main concerns is the slow take-up for young children. An analysis of exclusions from the CSG found that uptake rates for eligible infants under a year were as low as 50% in 2011, up only three percentage points from 47% in 2008. Exclusion rates were found to be highest in the Western Cape and Gauteng.⁸ Barriers to uptake include confusion about eligibility requirements and the means test in particular; lack of documentation (mainly identity books or birth certificates, and proof of school enrolment, although the latter is not an eligibility requirement) and problems of institutional access (including the time and cost of reaching SASSA offices, long queues and lack of baby-friendly facilities). It is worth noting, however, that there has been improved uptake amongst children younger than two and children older than 15 over the past few years.

The number of children receiving the Foster Child Grant

This indicator shows the number of children who are accessing the Foster Child Grant (FCG) in South Africa, as recorded in the SOCPEN administrative data system of SASSA.

The FCG is available to foster parents who have a child placed in their care by an order of the court. It is a non-contributory cash grant valued at R890 per month from April 2016. The grant was initially intended as financial support for children removed from their families and placed in foster care for protection in situations of abuse or neglect. However, it is increasingly used to provide financial support to caregivers of children who are orphaned and has effectively been used as a poverty alleviation grant for orphans. The appropriateness and effectiveness of this approach was questioned as far back as 2003.⁹

The number of FCGs remained stable for many years while foster care was applicable mainly to children in the traditional child protection system. Its rapid expansion since 2003 coincides with the rise in HIV-related orphaning and an implied policy change by the Department of Social Development, which from 2003 started encouraging family members (particularly grandmothers) caring for orphaned children to apply for foster care and the associated grant. Over the following five years the number of FCGs increased by over 50,000 per year as orphans were brought into the foster care system. The increases were greatest in provinces with large numbers of orphaned children: the Eastern Cape, KwaZulu-Natal, Limpopo and Mpumalanga.

However, by 2009 the foster care system itself was struggling to keep pace with the number of FCGs (474,759 cases) due to the required initial investigations and reports by social workers, court-ordered placements through a children's court, and additional two-yearly social worker reviews and court-ordered extensions. Neither the welfare services nor the courts had the capacity to keep up with the two-yearly extensions. SASSA, which administers the grants, is not allowed to pay the FCG without a valid court order or extension order. Over 110,000 FCGs lapsed in the two years between April 2009 and March 2011 because of backlogs in the extensions of court orders.¹⁰

In 2011 a court-ordered settlement stipulated that the foster care court orders that had expired – or that were going to expire in the following two years – must be deemed to have been extended until 8 June 2013. This effectively placed a moratorium on the lapsing of these FCGs. As a temporary solution social workers could extend orders administratively until December 2014, by which date a comprehensive legal solution should have been found to prevent qualifying families from losing their grants in future.¹¹ No policy solution was developed by the 2014 cut-off date. Instead the Department of Social Development sought (and received) an urgent court order extending the date to the end of 2017.

Since 2011, the number of new FCGs appears to have declined, and there has been a substantial increase in the number of grants that terminate at the end of each year, when children turn 18. At the end of 2014, 300,000 court orders had expired representing over 60% of all foster care placements.¹² The grants remained in payment only because of the court order which prevented them from lapsing. In March 2016, 470,000 FCGs were paid each month to caregivers of children in foster care, down from 500,000 in March 2015. The FCG was back to 2009 levels.

Table 2b: Children receiving the Foster Child Grant, by province, 2016

Province	Number of child beneficiaries at end March 2016
Eastern Cape	110,007
Free State	35,426
Gauteng	51,568
KwaZulu-Natal	106,755
Limpopo	52,272
Mpumalanga	33,735
North West	36,001
Northern Cape	14,075
Western Cape	30,176
South Africa	470,015

Source: South African Social Security Agency (2016) SOCPEN database – special request. Pretoria: SASSA.

Nearly half of all grants go to just two provinces: KwaZulu-Natal (107,000) and Eastern Cape (110,000). These are also provinces with large numbers of maternal and double orphans.

It is not possible to calculate a take-up rate for the FCG as there is no accurate record of how many children are eligible for placement in foster care – and indeed, no clear guidelines about how it should have been targeted in the context of rising orphaning rates. The systemic problems which caused FCGs to lapse will be addressed through legislative amendment, which will need to clarify the eligibility criteria for foster care and the FCG.

The number of children receiving the Care Dependency Grant

This indicator shows the number of children who are accessing the Care Dependency Grant (CDG) in South Africa, as recorded in the SOCPEN administrative data system of SASSA.

The CDG is a non-contributory monthly cash transfer to caregivers of children with severe disabilities who require permanent care or support services. It excludes those children who are cared for in state institutions because the purpose of the grant is to cover the additional costs (including opportunity costs) that the parent or caregiver might incur as a result of the child's disability. The child needs to undergo a medical assessment to determine eligibility and the parent must pass an income or means test.

Although the CDG targets children with severe disabilities, children with chronic illnesses are eligible for the grant once the illness becomes disabling, for example children who are very sick with AIDS-related illnesses. Children with severe disabilities and chronic illnesses need substantial care and attention, and parents may need to stay at home or employ a caregiver to tend to the child. Children with health conditions may need medication, equipment or to attend hospital often. These extra costs can put strain on families that are already struggling to make ends meet. Poverty and chronic health conditions are therefore strongly related.

It is not possible to calculate a take-up rate for the CDG because there is little data on the number of children living with disabilities in South Africa, or who are in need of permanent care or support services. At the end of March 2016, 131,000 children were receiving the CDG. The grant was valued at R1,500 per month as from the beginning of April 2016 and increased to R1,510 in October 2016.

The provincial distribution of CDGs is fairly consistent with the distribution of children. The provinces with the largest numbers of children, KwaZulu-Natal and the Eastern Cape, receive the largest

share of CDGs. There has been a consistent but very gradual increase in access to the CDG each year since 1998, when only 8,000 CDGs were disbursed.

Table 2c: Children receiving the Care Dependency Grant, by province, 2016

Province	Number of child beneficiaries at and of March 2016
Eastern Cape	19,671
Free State	6,759
Gauteng	16,916
KwaZulu-Natal	37,148
Limpopo	13,850
Mpumalanga	9,928
North West	9,122
Northern Cape	5,020
Western Cape	12,626
South Africa	131,040

Source: South African Social Security Agency (2016) SOCPEN database – special request. Pretoria: SASSA.

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Child health

Katharine Hall (Children’s Institute), Nadine Nannan (Burden of Disease Research Unit, Medical Research Council) and Winnie Sambu (Children’s Institute, University of Cape Town)

Section 27 of the Constitution of South Africa provides that everyone has the right to have access to health care services. In addition, section 28(1)(c) gives children “the right to basic nutrition and basic health care services”.¹

Article 14(1) of the African Charter on the Rights and Welfare of the Child states that “every child shall have the right to enjoy the best attainable state of physical, mental and spiritual health”.²

Article 24 of the UN Convention on the Rights of the Child says that state parties should recognise “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health”. It obliges the state to take measures “to diminish infant and child mortality” and “to combat disease and malnutrition”.³

The infant and under-five mortality rate

Nadine Nannan (Burden of Disease Research Unit, Medical Research Council)

The infant and under-five mortality rates are key indicators of health and development. They are associated with a broad range of bio-demographic, health and environmental factors which are not only important determinants of child health but are also informative about the health status of the broader population.

The infant mortality rate (IMR) is defined as the probability of dying within the first year of life, and refers to the number of babies under 12 months who die in a year, per 1,000 live births during the same year. Similarly, the under-five mortality rate (U5MR) is defined as the probability of a child dying between birth and the fifth birthday. The U5MR refers to the number of children under five years old who die in a year, per 1,000 live births in the same year.

This information is ideally obtained from vital registration systems. However, like many middle- and lower-income countries, the under-reporting of births and deaths renders the South African system inadequate for monitoring purposes. South Africa is therefore reliant on alternative methods, such as survey and census data, to measure child mortality. Despite several surveys which should have provided information to monitor progress, the lack of reliable data since 2000 led to considerable uncertainty around the level of childhood mortality for a prolonged period. However, the second South African National Burden of Disease Study has produced national and provincial infant and under-five mortality trends from 1997 up until 2010. These profiles can be seen at: <http://www.mrc.ac.za/bod/reports.htm>.

An alternative approach to monitor age-specific mortality nationally since 2009 is the rapid mortality surveillance system (RMS), based on the deaths recorded on the population register by the Department of Home Affairs.⁴ The RMS data have been recommended by the Health Data Advisory and Coordinating Committee because corrections have been made for known biases. In other words, the indicators

shown in table 3a are nationally representative. The RMS reports vital registration data adjusted for under-reporting which allow evaluation of annual trends. They suggest that the infant mortality rate peaked in 2003 when it was 53 per 1,000 and decreased to 28 per 1,000 in 2014. Over the same period the under-five mortality rate decreased from 81 per 1,000 to 39 per 1,000, which equates to a 10% annual rate of reduction up until 2011, with no further noteworthy decline since 2012.

The neonatal mortality rate (NMR) is the probability of dying within the first 28 days of life, per 1,000 live births. The NMR was 11 per 1,000 live births in 2014. Estimates on the NMR are based on registered deaths for the period 2006 – 2013 and the District Health Information System for 2011 – 2014.

Table 3a: Child mortality indicators, rapid mortality surveillance, 2009 – 2014

INDICATOR	2009	2010	2011	2012	2013	2014
Under-five mortality rate per 1,000 live births	56	52	40	41	41	39
Infant mortality rate per 1,000 live births	39	35	28	27	29	28
Neonatal mortality rate per 1,000 live births	14	13	13	11	11	11

Source: Dorrington RE, Bradshaw D, Laubscher R & Nannan N (2015) *Rapid Mortality Surveillance Report 2014*. Cape Town: Medical Research Council.

HIV prevalence pregnant women

The HIV status of pregnant women is vitally important for children, and HIV continues to be a major contributor to both maternal and child mortality. An inquiry into reported maternal deaths between 2012 and 2013 found that of the 87% of women who died and whose HIV status was known, 65% were HIV positive.⁵ Of all children who died in hospital between 2012 and 2013, only 35% were known to be HIV negative. Twenty-two percent were HIV exposed, and a further 18% were HIV infected. The HIV status of the remaining 14% of children was not known.⁶

The HIV prevalence amongst pregnant women is the proportion of pregnant women (aged 15 – 49 years) who are HIV positive. The majority of children who are HIV positive have been infected through mother-to-child transmission. Therefore the prevalence of HIV amongst infants and young children is largely influenced by the HIV prevalence of pregnant women and interventions to prevent mother-to-child transmission (PMTCT).

The PMTCT programme had a notoriously slow start in South Africa, with only an estimated 7% of pregnant women receiving HIV counselling and testing in 2001/02. Following legal action by the Treatment Action Campaign, the Department of Health was ordered to make PMTCT services available to all pregnant women, and testing rates increased rapidly in subsequent years. Since 2009 HIV testing has been almost universal.

The most recent evaluation of the PMTCT programme shows that transmission rates have declined to as low as 2.6%.⁸

HIV prevalence is measured in the National HIV and Syphilis Prevalence Survey, which targets pregnant women aged 15 – 49 years who attend a public health facility. The most recent publicly available estimate, for 2013, is 29.7%. Prevalence rates increased steadily from 1% in 1990, when the first antenatal prevalence survey was conducted, to 25% in 2000 and 30% in 2005, and have remained at around this level since.

Results are reported in five-year age bands, and show that HIV-prevalence rates are consistently high amongst women in their 30s (a prevalence rate of 43% in 2013) followed by those in their late 20s & 40s (35% in each age group). HIV-prevalence rates have remained comparatively low amongst youth. Nevertheless, the rates are cause for concern: in 2013, 13% of pregnant teenagers aged 15 – 19 and 24% of pregnant women aged 20 – 24 were recorded as HIV positive.

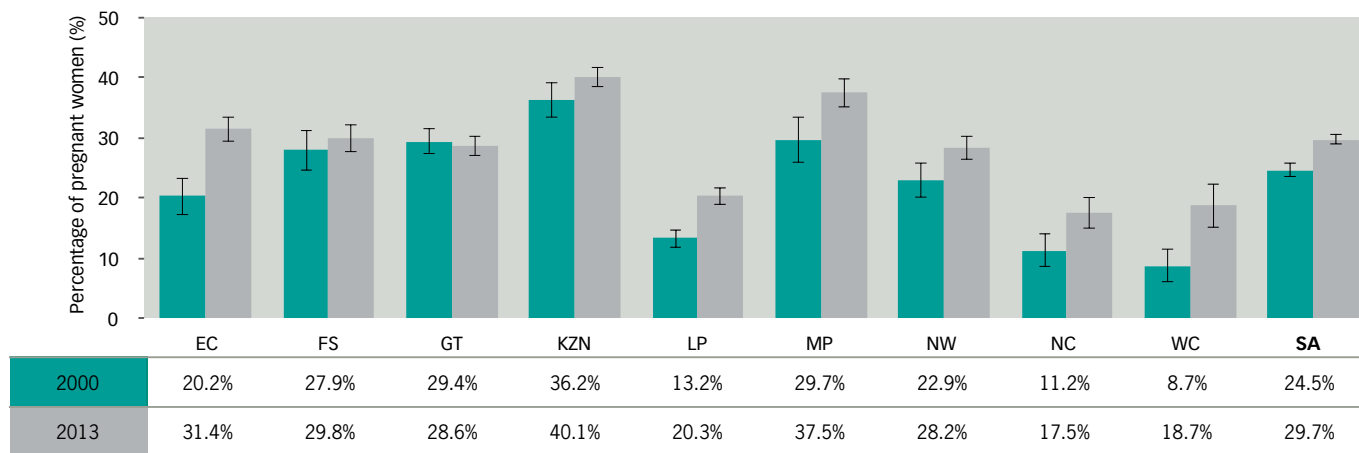
There are substantial differences in HIV prevalence between South Africa's provinces. KwaZulu-Natal has consistently had the highest HIV rates, with prevalence in excess of 36% since 2000. In contrast, the Western Cape has had relatively low prevalence, although the rate has increased by ten percentage points to 19% over the 14-year period since 2000. Other provinces with relatively low HIV prevalence are the Northern Cape and Limpopo, with HIV-prevalence levels at 18% and 20% respectively in 2013.

These inter-provincial differences are partly a reflection of differences in HIV prevalence between different racial and cultural groups. For example, male circumcision is believed to be a major factor explaining inter-regional differences in HIV prevalence within Africa,⁹ and its prevalence differs substantially between South Africa's provinces¹⁰. Other factors such as differences in urbanisation, migration, socio-economic status and access to HIV-prevention and treatment services could also explain some of the differences in HIV prevalence between provinces.

Although HIV testing is almost universal in public health facilities, the antenatal prevalence survey does not include pregnant women who attend private health facilities, or women who deliver at public health facilities without having made a booking visit. Women with higher socio-economic status (proxied by post-secondary levels of education) and those seeking antenatal care in the private health sector have a relatively low prevalence of HIV.¹¹ Thus the surveys, which are conducted only in public health facilities, are likely to over-estimate HIV prevalence in pregnant women generally.

Figure 3a: HIV prevalence in pregnant women attending public antenatal clinics, by province, 2000 & 2013

(Y-axis reduced to 50%)



Source: Department of Health (2001; 2015) *National HIV and Syphilis Prevalence Survey 2000; National Antenatal Sentinel HIV Prevalence Survey 2013*. Pretoria: DoH.

The number and proportion of children living far from their health facility

This indicator reflects the distance from a child's household to the health facility they normally attend. Distance is measured through a proxy indicator: length of time travelled to reach the health facility, by whatever form of transport is usually used. The health facility is regarded as "far" if a child would have to travel more than 30 minutes to reach it, irrespective of mode of transport.

A review of international evidence suggests that universal access to key preventive and treatment interventions could avert up to two-thirds of under-five deaths in developing countries.¹² Preventative measures include promotion of breast- and complementary feeding, micronutrient supplements (vitamin A and zinc), immunisation, and the prevention of mother-to-child transmission of HIV, amongst others. Curative interventions provided through the government's Integrated Management of Childhood Illness strategy include oral rehydration, infant resuscitation and the dispensing of medication.

According to the UN Committee on Economic, Social and Cultural Rights, primary health care should be available (in sufficient supply), accessible (easily reached), affordable, and of good quality.¹³ In 1996, primary level care was made free to everyone in South Africa, but the availability and physical accessibility of health care services remain a problem, particularly for people living in remote areas.

Physical inaccessibility poses particular challenges because the people who need health services are often unwell or injured, or need to be carried because they are too young, too old or too weak to walk. Physical inaccessibility can be related to distance, transport options and costs, or road infrastructure. Physical distance and poor roads also make it difficult for mobile clinics and emergency services to reach outlying areas. Patterns of health care utilisation are influenced by the distance to the health service provider: those who live further from their nearest health facility are less likely to use the facility. This "distance decay" is found even in the uptake of services that are required for all children, including immunisation and maintaining the Road to Health booklet.¹⁴

Over a fifth (21%) of South Africa's children live far from the primary health care facility they normally use, and 95% attend the facility closest to their home. Amongst households with children, only 7% do not usually attend their nearest health facility, and within the poorest 40% of households only 3% do not use their nearest facility, while 11% of children in upper quintile households (the richest 20%) travel beyond their nearest health facility to seek care. The main reasons for attending a more distant health service relate to choices based on perceptions of quality, preference for a private doctor, non-availability of medicines, and long waiting times at clinics.¹⁵

In total, 4 million children travel more than 30 minutes to reach their usual health facility, a significant improvement since 2002, when 6.9 million children lived far from their nearest clinic.

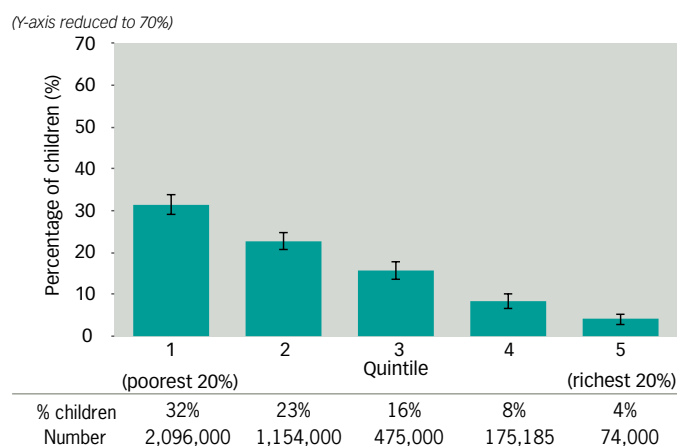
It is encouraging that the greatest improvements in access have been made in provinces which performed worst in 2002: the Eastern Cape (where the proportion of children with poor access to health facilities dropped from 55% in 2002 to 36% in 2014), KwaZulu-Natal (down from 49% to 27%), Limpopo (from 43% to 24%) and North West (from 39% to 26%) over the 13-year period. Provinces with the highest rates of access are the largely metropolitan provinces of Gauteng and the Western Cape, both at 8%.

There are also significant differences between population groups. Close to a quarter (24%) of African children travel far to reach a health care facility, compared with only 1 – 10% of Indian, white and coloured children. Racial inequalities are amplified by access to transport: if in need of medical attention, 95% of white children would be transported to their health facility in a private car, compared with only 10% of African children and 31% of coloured children.

Poor children bear the greatest burden of disease, partly due to poorer living conditions and levels of services (water and sanitation). Yet health facilities are least accessible to the poor. Close to a third of children (32%) in the poorest 20% of households have to travel far to access health care, compared with 4% of children in the richest 20% of households.

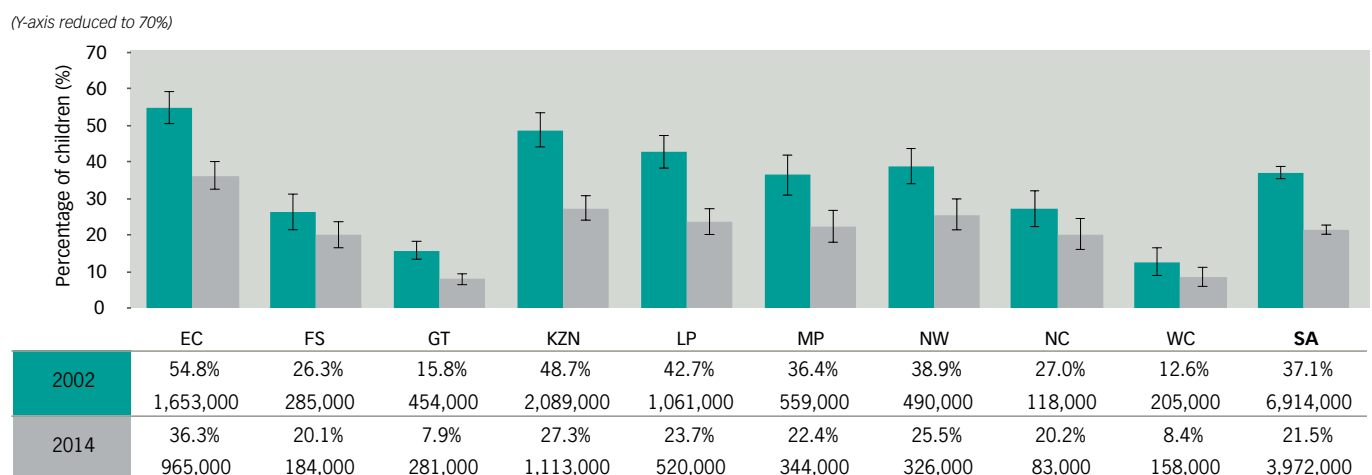
There are no significant differences in patterns of access to health facilities when comparing children of different sex and age groups.

Figure 3b: Children living far from their health facility, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 3c: Number and proportion of children living far from their health facility, by province, 2002 & 2014



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

The number and proportion of children living in households where there is reported child hunger

Section 28(1)(c) of the Bill of Rights in the Constitution gives every child the right to basic nutrition. The fulfilment of this right depends on children's access to sufficient food. This indicator shows the number and proportion of children living in households where children are reported to go hungry "sometimes", "often" or "always" because there isn't enough food. Child hunger is emotive and subjective, and this is likely to undermine the reliability of estimates on the extent and frequency of reported hunger, but it is assumed that variation and reporting error will be reasonably consistent so that it is possible to monitor trends from year to year.

The government has introduced a number of programmes to alleviate income poverty and to reduce hunger, malnutrition and food insecurity, yet 2.3 million children (12%) lived in households where child hunger was reported in 2014. There was a significant drop in reported child hunger, from 31% of children in 2002 to 16% in 2006. Since then the rate has remained fairly consistent, suggesting that despite expansion of social grants, school feeding schemes and other efforts to combat hunger amongst children, there may be targeting issues which continue to leave households vulnerable to food insecurity.

There are large disparities between provinces and population groups. Provinces with relatively large numbers of children and high rates of child hunger are KwaZulu-Natal (19%), Western Cape (14%) and the North West (15%), which together have over a million children living in households that report having insufficient food for children. The Northern Cape (18%) has a relatively small child population but has the second highest rate (18%) of child hunger. These provinces consistently reported high rates of child hunger throughout the past decade, although the proportion of children experiencing hunger has declined substantially in all provinces over the period. The Eastern Cape has had the largest decrease between 2002 and 2014, with reported child hunger having dropped by 37 percentage points over the 13-year period. Limpopo has a large rural child population with high rates of unemployment and income poverty, yet child hunger has remained well below the national average, reported at 4% in 2014.

Hunger, like income poverty and household unemployment, is most likely to be found among African children. In 2014, some 2.1 million African children lived in households that reported child hunger. This equates to 14% of the total African child population, while relatively few coloured children (8%) lived in households where child hunger was reported, and the proportions for Indian and white children were below 3%.

Although social grants are targeted at the poorest households and are associated with improved nutritional outcomes, child hunger is still most prevalent in the poorest households: 21% of children in

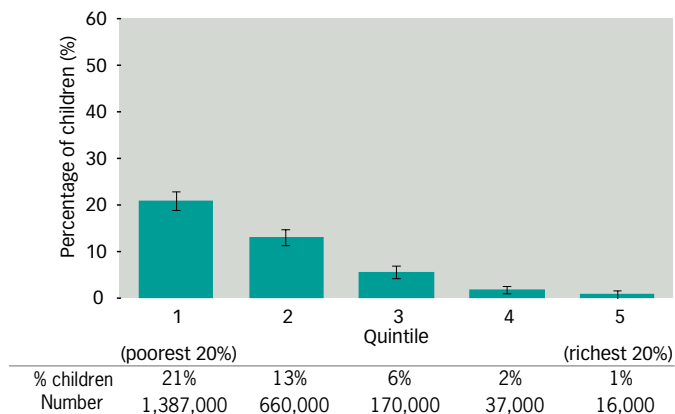
the poorest quintile go hungry sometimes, compared with 1% in the wealthiest quintile of households. The differences in child hunger rates across income quintiles are statistically significant.

There are no significant differences in reported child hunger across age groups. However, close to 800,000 children younger than five years are reported to have experienced child hunger. Young children are particularly vulnerable to prolonged lack of food, which increases their risk of nutritional deficiencies such as stunting. Inadequate food intake compromises children's growth, health and development, increases their risk of infection, and contributes to malnutrition. Stunting (or low height-for-age) indicates an ongoing failure to thrive. It is the most common form of malnutrition in South Africa and affects 25% of children under five.¹⁶

It should be remembered that this is a household-level variable, and so reflects children living in households where children are reported to go hungry often or sometimes; it does not reflect the allocation of food within households. The indicator also doesn't reflect the quality of food consumed in the household, including dietary diversity, which has been found to affect the nutritional status of children under five years.

Figure 3d: Children living in households where there is reported child hunger, by income quintile, 2014

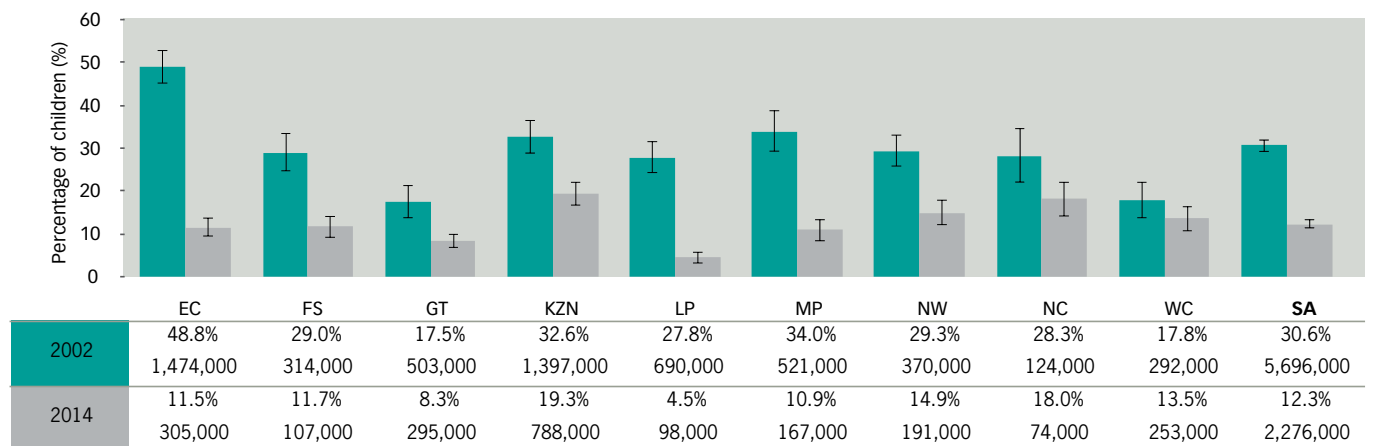
(Y-axis reduced to 60%)



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 3e: Number and proportion of children living in households where there is reported child hunger, by province, 2002 & 2014

(Y-axis reduced to 60%)



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

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Children's access to education

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Section 29(1)(a) of the South African Constitution states that "everyone has the right to a basic education", and section 29(1)(b) says that "everyone has the right to further education", and that the state must make such education "progressively available and accessible".¹

Article 11(3)(a) of the African Charter on the Rights and Welfare of the Child says "States Parties to the present Charter shall take all appropriate measures with a view to achieving the full realisation of this right and shall in particular ... provide free and compulsory basic education".²

Article 28 of the UN Convention on the Rights of the Child recognises "the right of the child to education" and also obliges the state to "make primary education compulsory and available free to all".³

Number and proportion of children attending an educational institution

This indicator reflects the number and proportion of children aged 7 – 17 years who are reported to be attending a school or educational facility. This is different from enrolment rate, which reflects the number of children enrolled in educational institutions, as reported by schools to the national Department of Basic Education early in the school year.

Education is a central socio-economic right that provides the foundation for life-long learning and economic opportunities. Children have a right to basic education and are admitted into grade 1 in the year they turn seven. Basic education is compulsory in grades 1 – 9, or for children aged 7 – 15. Children who have completed basic education also have a right to further education (grades 10 – 12), which the government must take reasonable measures to make available.

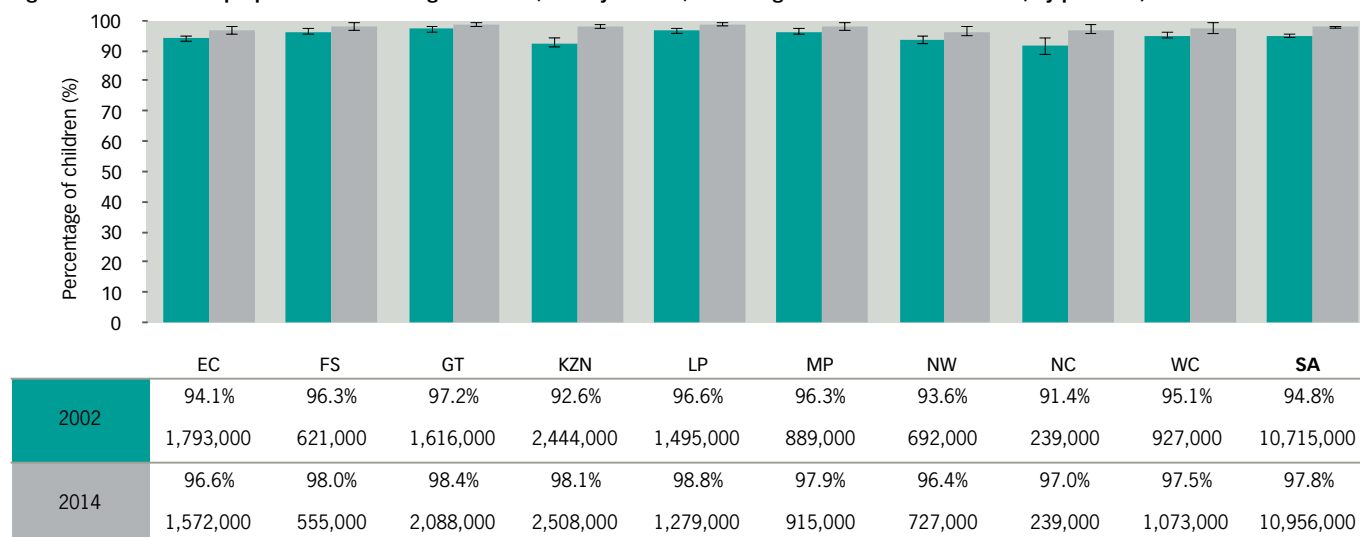
South Africa has high levels of school enrolment and attendance. Amongst children of school-going age (7 – 17 years), the vast majority (98%) attended some form of educational facility in 2014. Since 2002 the national attendance rate has seen a three percentage point increase. Of a total of 11.2 million children aged 7 – 17 years, 245,000 are reported as not attending school in 2014. At a provincial level, the Northern Cape and KwaZulu-Natal have seen significant increases in attendance rates. In the Northern Cape attendance increased by six percentage points from 91% in 2002 to 97% in 2014. In KwaZulu-Natal, the attendance increased from 93%

in 2002 to 98% in 2014. The North West and Eastern Cape recorded increases of three percentage points in the same period. There has been a small but real increase in reported attendance rates for African and coloured children over the 12-year period since 2002. Attendance rates for coloured children remained slightly below the national average in 2014, at 96%.

Overall attendance rates tend to mask the problem of drop-out among older children. Analysis of attendance among discrete age groups shows a significant drop in attendance amongst children older than 14. Whereas 99% of children in each age year from 7 – 14 are reported to be attending an educational institution, the attendance rate drops to 97% for 15-year olds. Schooling is compulsory only until the age of 15 or the end of grade 9, and the attendance rate decreases more steeply from age 16 onwards, with 94% of 16-year olds, 92% of 17-year olds, and 80% of 18-year olds reported to be attending school (based on those who have not successfully completed grade 12).⁴ No statistically significant differences exist in school attendance rates between boys and girls.

Amongst children of school-going age who are not attending school, the main set of reasons for non-attendance relate to financial constraints. These include the cost of schooling (14%), or the opportunity costs of education, where children have family commitments such as child minding (9%) or are needed to work in a family business or elsewhere to support household income (6%).

Figure 4a: Number and proportion of school-age children (7 – 17-year olds) attending an educational institution, by province, 2002 & 2014



Source: Statistics South Africa (2003, 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

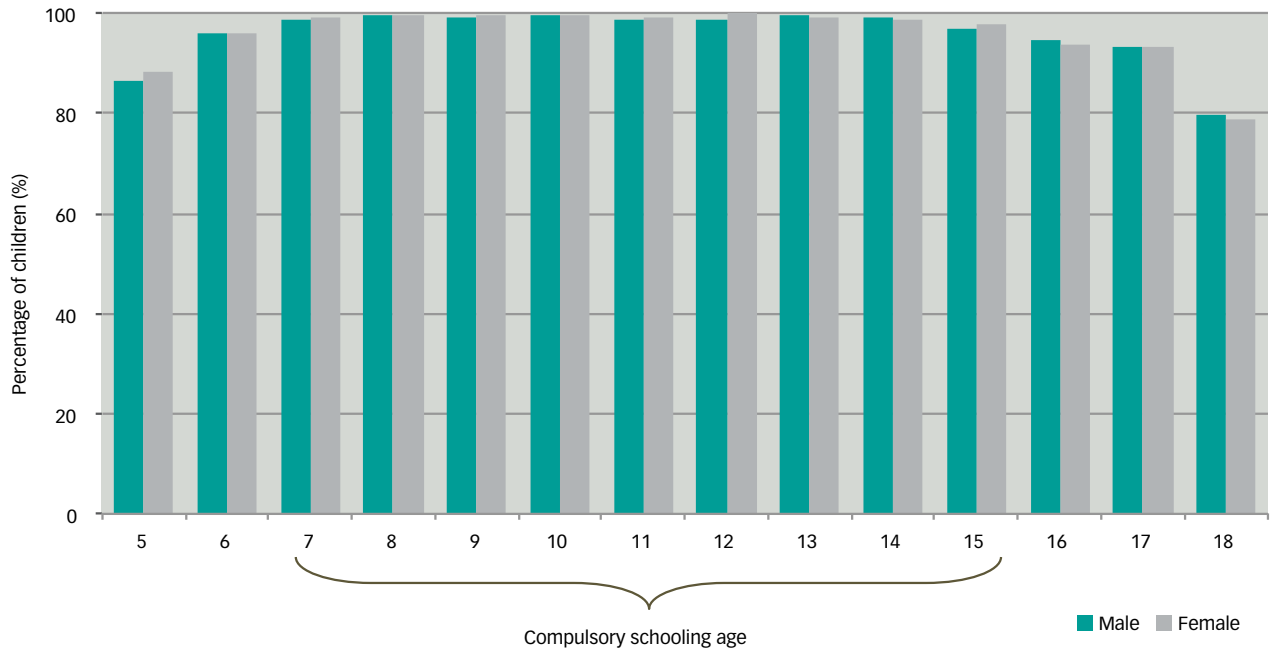
The second most common set of reasons is related to perceived learner or education system failures, such as a perception that “education is useless” (11%), feeling unable to perform at school (9%), or exam failure (3%). Other reasons for drop-out are illness (6%) and disability (11%). Pregnancy accounts for around 5% of drop-out amongst teenage girls not attending school (or 2% of all non-attendance).⁵

Attendance rates alone do not capture the regularity of children’s school attendance, or their progress through school. Research has shown that children from more disadvantaged backgrounds – with

limited economic resources, lower levels of parental education, or who have lost one or both parents – are indeed less likely to enrol in school and are more prone to dropping out or progressing more slowly than their more advantaged peers. Racial inequalities in school advancement remain strong.⁶ Similarly, school attendance rates tell us nothing about the quality of teaching and learning.

There is little variation in school attendance rates across the income quintiles. Irrespective of whether children live in the poorest or wealthiest 20% of households, school attendance rates remain high – between 97% and 99%.

Figure 4b: Reported attendance at an educational institution, by age and sex, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

Access to early childhood learning programmes

This indicator reflects the number and proportion of children aged 5 – 6 years who are reported to be attending an ECD centre or educational institution – in other words, those attending out-of-home care and learning centres. It includes those who attend ECD centres as well as those attending pre-grade R, grade R or grade 1 in ordinary schools. While all these facilities provide care and stimulation for early learning for young children, the emphasis on providing learning opportunities through structured learning programmes differs by facility type.

Educational inequalities are strongly associated with structural socio-economic (and therefore also racial) inequalities in South Africa.⁷ These inequalities are evident from the early years, even before entry into primary school. They are exacerbated by a very unequal schooling system,⁸ and are difficult to reverse. But early inequalities can be reduced through pre-school exposure to developmentally appropriate activities and programmes that stimulate cognitive development.⁹ Provided that they are of good quality, early learning programmes are an important mechanism to interrupt the cycle of inequality by reducing socio-economic differences in learning potential between children before they enter the foundation phase of schooling.

The Five-year Strategic Plan¹⁰ of the Department of Basic Education (DBE) includes a broad goal “to improve the quality of ECD” and specifically to improve access to grade R, through the supply of learning materials and improving the quality of grade R educators by 2020. The plan does not mention pre-grade R learning programmes, but current evidence suggests that quality group learning programmes are beneficial for cognitive development from about three years of age.¹¹ The DBE funds and monitors thousands of community-based grade R centres in addition to the school-based grade R classes. The National Planning Commission has proposed the introduction of a second year of pre-school education, and that both years be made universally accessible to children.¹² It therefore makes sense to monitor enrolment in early learning programmes of children in the 5 – 6-year pre-school age group.

In 2014, there were 295,942 “learners” attending 4,312 ECD centres in South Africa, according to the DBE’s administrative data.

The number of learners in the ECD centres rose by 7% between 2013 and 2014. The DBE snap survey counts another 856,764 learners attending grade R or pre-grade R at primary schools, of whom 94% were at public (government schools) while 6%, or 53,554, were at independent schools.¹³

In 2014, 91% of children (1.9 million) in the pre-school age group (5 – 6-year-olds) were reported to be attending some kind of educational institution. This was an increase of 37 percentage points since 2002, when 1.1 million were reported to be attending an educational institution.

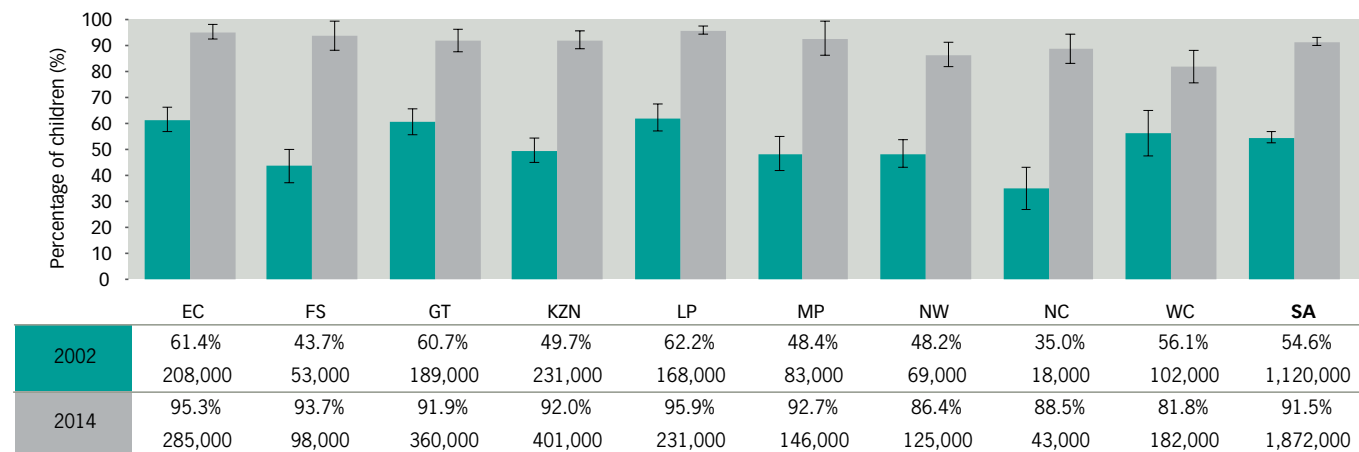
Of the 1.9 million 5 – 6-year-olds attending an educational institution in 2014, 38% (or 700,000 children) were already in grade 1, while 47% (860,000) were either in grade R or grade 0.

Attendance rates are high across all provinces. The highest attendance rates in 2014 were in Limpopo (96%), the Eastern Cape (95%) and the Free State (94%), while the lowest rates are in the Western Cape (82%). This pattern differs from many other indicators, where the Western Cape usually outperforms the poorer and more rural provinces like the Eastern Cape and Limpopo. Similar patterns were found in analyses of the 2007 Community Survey and the 2008 National Income Dynamics Survey data.¹⁴

Given the inequities in South Africa, it is pleasing to see that there are no substantial racial differences in access to educational institutions by African and white children of pre-school age, although levels of enrolment among coloured children remain below the national average, at 80%. It is also encouraging that, as with formal school attendance, there are no strong differences in pre-school enrolment across the income quintiles. As would be expected in the South African context, no gender differences in access to early learning are observed.

As with the indicator that monitors school attendance, it should be remembered that this indicator tells us nothing about the quality of care and education that young children receive. High rates of attendance provide a unique opportunity because almost all children in an age cohort can be reached at a particularly important developmental stage; but this is a lost opportunity if the service is of poor quality.

Figure 4c: Number and proportion of children aged 5 – 6 years attending school or ECD facility, by province, 2002 & 2014



Source: Statistics South Africa (2002; 2015) *General Household Survey 2002*; *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall and Winnie Sambu, Children’s Institute, UCT.

Note: Prior to 2009, enrolment in crèches, playgroups and ECD centres would have been under-reported as the survey only asked about attendance at “educational institutions”. More specific questions about ECD facilities were introduced in the 2009 survey, and are likely to have led to higher response rates. For a more detailed explanation, see www.childrencount.uct.ac.za.

Number and proportion of children living far from school

This indicator reflects the distance from a child's household to the school s/he attends. Distance is measured through a proxy indicator: length of time travelled to reach the school attended, which is not necessarily the school nearest to the child's household. The school the child attends is defined as "far" if a child has to travel more than 30 minutes to reach it, irrespective of mode of transport. Children aged 7 – 13 are defined as primary school age, and children aged 14 – 17 are defined as secondary school age.

Access to schools and other educational facilities is a necessary condition for achieving the right to education. A school's location and distance from home can pose a barrier to education. Access to schools is also hampered by poor roads, transport that is unavailable or unaffordable, and danger along the way. Risks may be different for young children, for girls and boys, and are likely to be greater when children travel alone.

For children who do not have schools near to their homes, the cost, risk and effort of getting to school can influence decisions about regular attendance, as well as participation in extramural activities and after-school events. Those who travel long distances to reach school may wake very early and risk arriving late or physically exhausted, which may affect their ability to learn. Walking long distances to school may also lead to learners being excluded from class or make it difficult to attend school regularly.

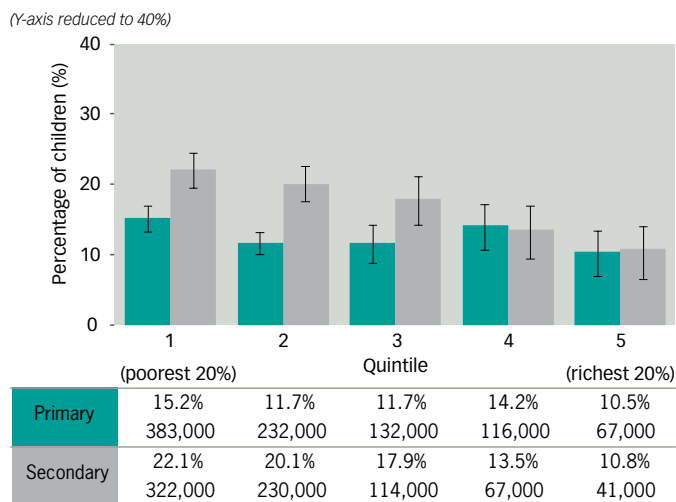
Close to three-quarters (71%) of South Africa's learners walk to school, while 8% use public transport. Only 2% report using school buses or transport provided by the government. The vast majority (83%) of white children are driven to school in private cars, compared with only 12% of African children.¹⁵ These figures illustrate pronounced disparity in child mobility and means of access to school.

Assuming that schools primarily serve the children living in communities around them, the ideal indicator to measure physical access to school would be the distance from the child's household to the nearest school. This analysis is no longer possible due to question changes in the General Household Survey. Instead, the indicator shows the number and proportion of children who travel far (more than 30 minutes) to reach the actual school that they attend, even if it is not the closest school. School-age children not attending school are therefore excluded from the analysis.

Overall, the vast majority (84%) of the 10.9 million children who attend school travel less than 30 minutes to reach school and most learners (85%) attend their nearest school. Children of secondary school age are more likely than primary school learners to travel far to reach school. In mid-2014 there were over seven million children of primary school age (7 – 13 years) in South Africa. Over 900,000 of these children (13%) travel more than 30 minutes to and from

school every day. In KwaZulu-Natal this proportion is significantly higher than the national average, at 21%. Of the 4.1 million children of secondary school age (14 – 17 years), 19% travel more than 30 minutes to reach school. The majority of these children come from poor households: 22% of secondary school age children in the poorest 20% of households travel far to school, compared to 11% of children in the richest 20% of households.

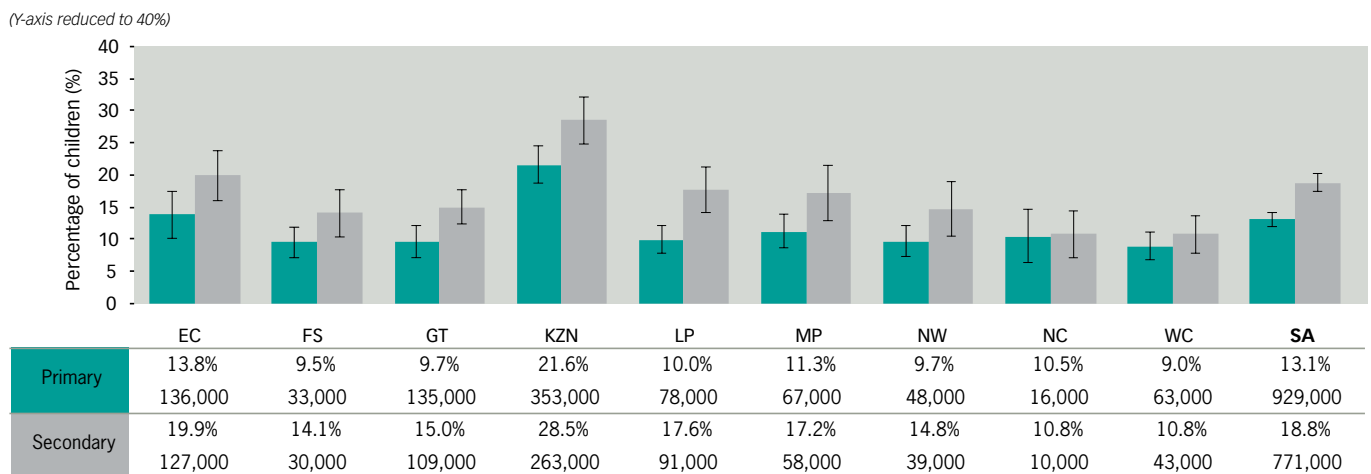
Figure 4d: School-aged children living far from school, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Physical access to school remains a problem for many children in South Africa, particularly those living in more remote areas where public transport to schools is lacking or inadequate and where households are unable to afford private transport for children to get to school.¹⁶ A number of rural schools have closed since 2002, making the situation more difficult for children in these areas. Nationally, the number of public schools dropped by 9% (2,429 schools) between 2002 and 2014, with the largest decreases in the Free State, North West and Limpopo. Over the same period, the number of independent schools in the country has risen by 523 (45%).¹⁷ In the Eastern Cape province, the number of public schools decreased by 10% between 2002 and 2014, while the number of independent schools more than quadrupled over the same period.

Figure 4e: Number and proportion of school-aged children living far from school, by province, 2014



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Children's progress through school

Systemic evaluations by the Department of Basic Education have recorded very low pass rates in numeracy and literacy amongst both grade 3 and grade 6 learners.¹⁸ Despite measures to address the inherited inequities in the education system through revisions to the legislative and policy framework and to the school funding norms, continued disparities in the quality of education offered by schools reinforce existing socio-economic inequalities, limiting the future work opportunities and life chances of children who are born into poor households.¹⁹

Children are required to attend school from the year they turn seven, and to stay in school until they have completed grade 9 or reached the age of 15. School attendance rates are very high during this compulsory schooling phase. However, attendance tells us little about the quality of education that children receive, or how well they are progressing through the education system.

South Africa has poor educational outcomes by international standards and even within Africa,²⁰ and high rates of grade repetition have been recorded in numerous studies. For example, a study of children's progress at school found that only about 44% of young adults (aged 21 – 29) had matriculated, and of these less than half had matriculated "on time".²¹ In South Africa, the labour market returns to education only start kicking in on successful completion of matric, not before. However, it is important to monitor progress and grade repetition in the earlier grades, as slow progress at school is a strong determinant of school drop-out.²²

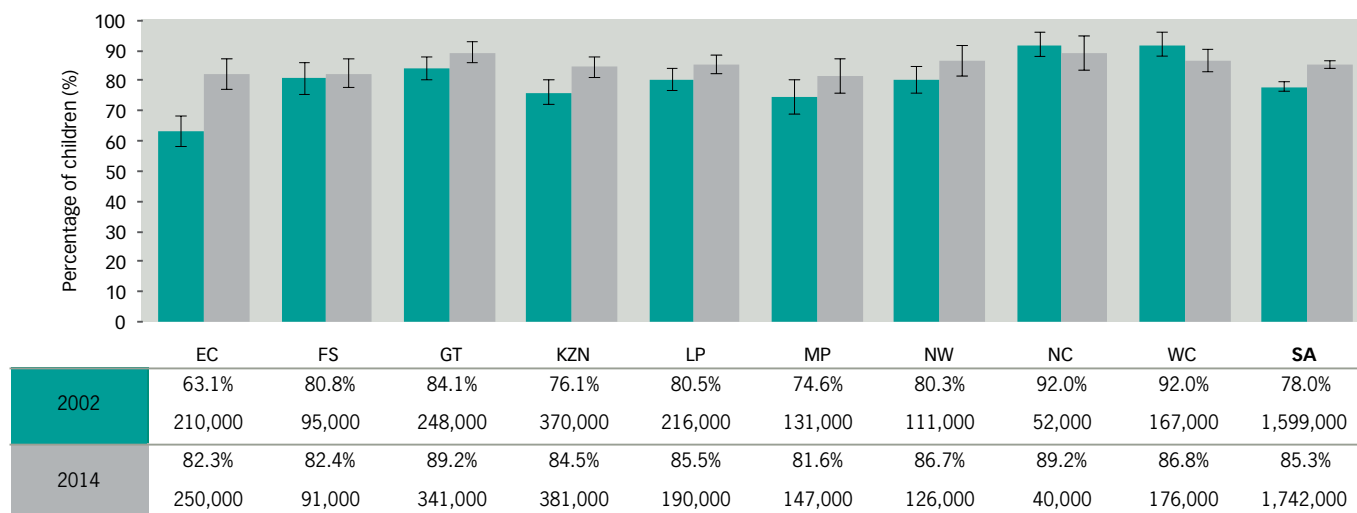
Assuming that children are enrolled in primary school at the prescribed age (by the year in which they turn seven) and assuming that they do not repeat a grade or drop out of school, they would be expected to have completed the foundation phase (grade 3) by the year that they turn nine, and the general education phase (grade 9) by the year they turn 15.

This indicator allows a little more leeway: It measures the number and proportion of children aged 10 and 11 years who have completed a minimum of grade 3, and the proportion of those aged 16 and 17 years who have completed a minimum of grade 9. In other words, it allows for the older cohort in each group to have repeated one grade, or more if they started school in the year before they turned seven.

In 2014, 85% of all children aged 10 – 11 were reported to have completed grade 3. This was up from 78% in 2002. This improvement in progress through the foundation phase was evident across most of the provinces, with significant improvements in the Eastern Cape (from 63% to 82%) KwaZulu-Natal (from 76% to 84%) and Mpumalanga (from 75% to 82%). The best performing provinces in 2014 were Northern Cape and Gauteng, with 89% having completed grade 3 in both provinces, and the North West and Western Cape (87% in both provinces). Although by 2014 provincial variation was not very pronounced, the percentage of children completing grade 3 in the lowest performing provinces (Eastern Cape, Free State and Mpumalanga) was 82%.

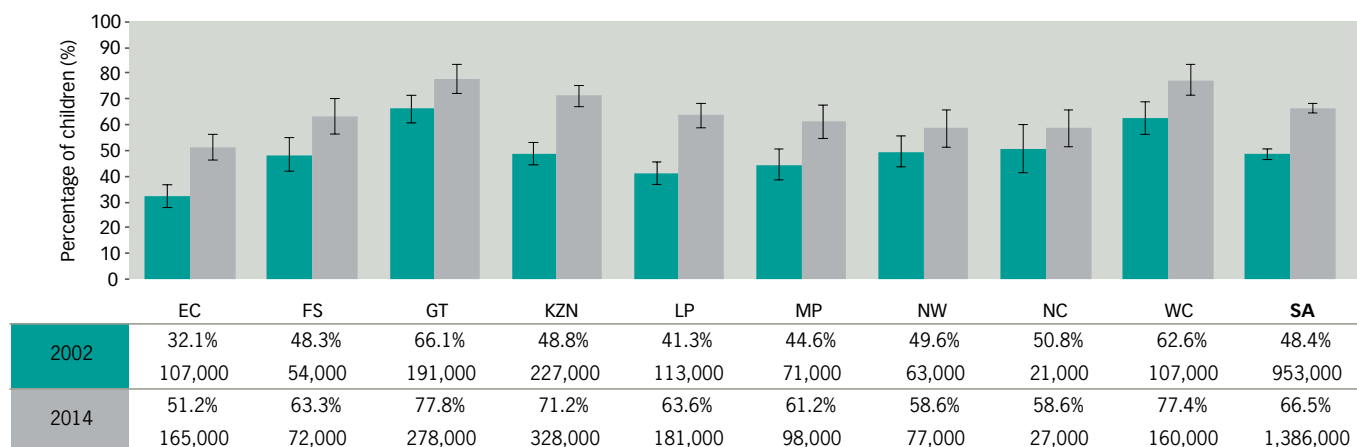
As would be expected, the rate of progression through the entire general education and training band (grades 1 – 9) is lower, as there is more time for children to have repeated or dropped out by grade 9. Sixty-seven percent of children aged 16 – 17 years had completed grade 9 in 2014. This represents an overall improvement of 18 percentage points over the 13-year period, from 48% in 2002. Provincial variation is slightly more pronounced than for progress through the foundation phase: Gauteng had the highest rate of grade 9 progression (78%), followed by the Western Cape (77%). Progress was poorest in the Eastern Cape, where just over half (51%) of children had completed grade 9 by the expected age.

Figure 4f: Number and proportion of children aged 10 – 11 years who passed grade 3, by province, 2002 & 2014



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 4g: Number and proportion of children aged 16 – 17 who passed grade 9, by province, 2002 & 2014



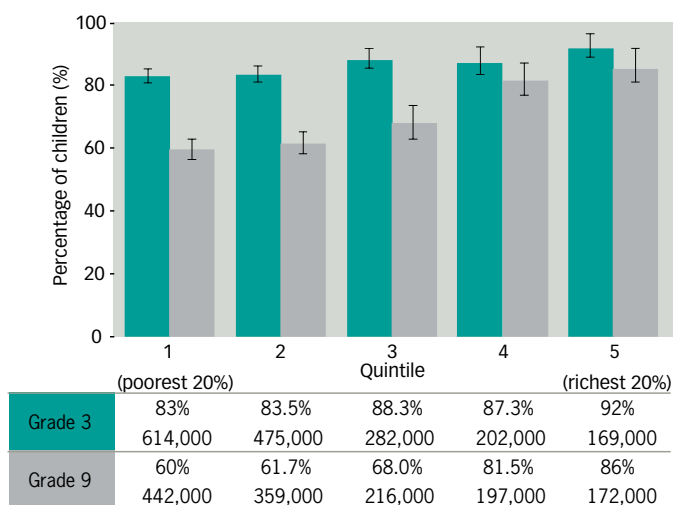
Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

As found in other analyses of transitions through school,²³ educational attainment (measured by progress through school) varies along economic and racial lines. These differences become more pronounced as children advance through the grades. Gender differences in school progression, on the other hand, have remained consistent and even widened over the years: girls are more likely than boys to progress through school at the expected rate, and the difference becomes more pronounced in the higher grades. In 2014, 88% of girls aged 10 – 11 had completed grade 3, compared with 83% of boys; in the same year, 73% of 16 – 17-year-old girls had completed grade 9, compared with only 60% of boys in the same age cohort. This finding is consistent with analyses elsewhere.²⁴

There are significant differences in grade completion across income quintiles, especially amongst children who have completed grade 9: in 2014, 60% of 16 – 17-year-olds in the poorest 20% of households completed grade 9, compared to 86% in the richest 20% of households.

Of course, grade progression and grade repetition are not easy to interpret. Prior to grade 12, the promotion of a child to the next grade is based mainly on the assessment of teachers, so the measure may be confounded by the extent of the teacher’s competence to assess the performance of the child. Analyses of the determinants of school progress and drop-out point to a range of factors, many of which are interrelated: there is huge variation in the quality of education offered by schools. These differences largely reflect the historic organisation of schools into racially defined and inequitably resourced education departments. Household-level characteristics and family background also account for some of the variation in grade progression. For example, the level of education achieved by a child’s mother explains some of the difference in whether children are enrolled at an appropriate age and whether they go on to successfully complete matric.²⁵ This in turn suggests that improved educational outcomes for children will have a cumulative positive effect for each subsequent generation.

Figure 4h: Completion of Grade 3 (10 – 11-year olds) and Grade 9 (16 – 17-year olds), by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

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- 4 A similar trend of lower numbers among higher grades is found in the enrolment data presented by the Department of Education over the years. See for example: Department of Basic Education (2011) *Macro Indicator Trends in Schooling: Summary Report 2011*. Pretoria: DBE.
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Children's access to housing

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Section 26 of the Constitution of South Africa provides that "everyone has the right to have access to adequate housing", and section 28(1)(c) gives children "the right to ... shelter".¹

Article 27 of the UN Convention on the Rights of the Child states that "every child has the right to a standard of living adequate for his/her development" and obliges the state "in cases of need" to "provide material assistance and support programmes, particularly with regard to ... housing".²

Distribution of children living in urban and rural areas

This indicator describes the number and proportion of children living in urban or rural areas in South Africa. Location is one of seven elements of adequate housing identified by the UN Committee on Economic, Social and Cultural Rights.³ Residential areas should ideally be situated close to work opportunities, clinics, police stations, schools and child-care facilities. In a country with a large rural population, services and facilities need to be well distributed, even in areas not densely populated. In South Africa, service provision and resources in rural areas lag far behind urban areas.

The General Household Survey captures information on all household members, making it possible to look at the distribution of children in urban and non-urban households and compare this to the adult distribution. Nearly half of children (44%) lived in rural households in 2014 – about 8.2 million children. Looking back over a decade, there seems to be a slight shift in the distribution of children towards urban areas: in 2002, 47% of children were found in urban households, increasing to 56% by 2014.

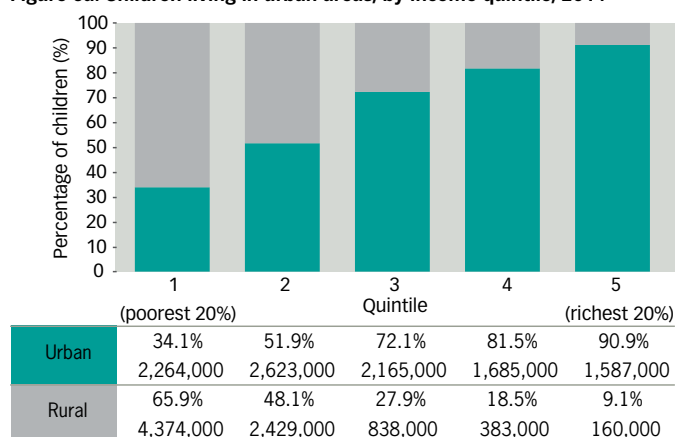
A consistent pattern over the years is that children are more likely than adults to live in rural areas: In 2014, 68% of the adult population were urban, compared with 56% of children.

There are marked provincial differences in the rural and urban distribution of children. This is related to the distribution of cities in South Africa, and the legacy of apartheid spatial arrangements, where women, children and older people in particular were relegated to the former homelands. The Eastern Cape, KwaZulu-Natal and Limpopo provinces alone are home to about three-quarters (74%) of all rural children in South Africa. KwaZulu-Natal has the largest child population, and 2.5 million (61%) of its child population is classified as rural. Limpopo has the highest proportion of rural children, with only 11% of children living in urban areas. Proportionately more children (41%) live in the former homelands than adults (28%), while 59% of adults live in urban formal areas, compared with 48% of children. Eight percent of children live in urban informal areas, and the remaining 3% live in formal rural areas – these being mainly commercial farming areas. Over 99% of children in the former homeland areas are African.

Children living in the Gauteng and Western Cape are almost entirely urban-based and these provinces historically have large urban populations. The greatest provincial increase in the urban child population has been in the Free State, where the proportion of children living in urban areas increased from 66% of the child population in 2002 to 84% in 2014. In the Eastern Cape, the urban child population has increased by over 15 percentage points, signifying a possible urban trend.

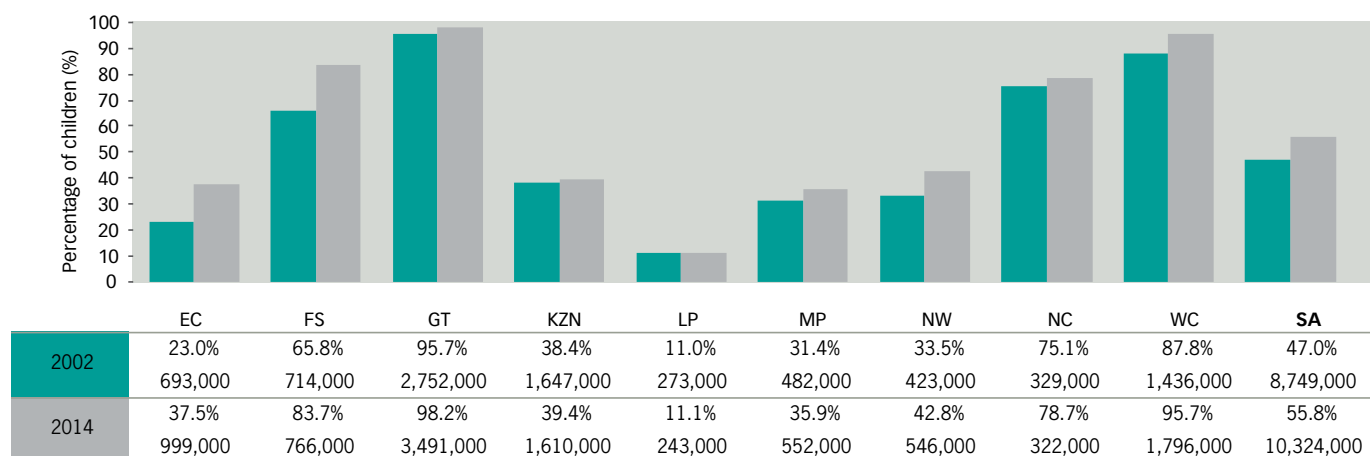
Rural areas, and particularly the former homelands, are known to have much poorer populations. Children in the poorest income quintile are more likely to live in rural areas (66%) than those in the richest quintile (9%). These inequalities remain strongly racialised. Over 90% of white, coloured and Indian children are urban, compared with 49% of African children. There are no statistically significant differences between urban and rural areas across age groups.

Figure 5a: Children living in urban areas, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 5b: Number and proportion of children living in urban areas, by province, 2002 & 2014



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

The number and proportion of children living in adequate housing

This indicator shows the number and proportion of children living in formal, informal and traditional housing. For the purposes of the indicator, “formal” housing is considered a proxy for adequate housing and consists of: dwellings or brick structures on separate stands; flats or apartments; town/cluster/semi-detached houses; units in retirement villages; rooms or flatlets on larger properties. “Informal” housing consists of: informal dwellings or shacks in backyards or informal settlements; dwellings or houses/flats/rooms in backyards; caravans or tents. “Traditional dwelling” is defined as a “traditional dwelling/hut/structure made of traditional materials”. These dwelling types are listed in the General Household Survey, which is the data source.

Children’s right to adequate housing means that they should not have to live in informal dwellings. One of the seven elements of adequate housing identified by the UN Committee on Economic, Social and Cultural Rights is that it must be “habitable”.⁴ To be habitable, houses should have enough space to prevent overcrowding, and should be built in a way that ensures physical safety and protection from the weather.

Formal brick houses that meet the state’s standards for quality housing could be considered “habitable housing”, whereas informal dwellings such as shacks in informal settlements and backyards would not be considered habitable or adequate. Informal housing in backyards and informal settlements makes up the bulk of the housing backlog in South Africa. “Traditional” housing in rural areas is a third category, which is not necessarily adequate or inadequate. Some traditional dwellings are more habitable than new subsidy houses – they can be more spacious and better insulated, for example.

Access to services is another element of “adequate housing”. Children living in formal areas are more likely to have services on site than those living in informal or traditional dwellings. They are also more likely to live closer to facilities like schools, libraries, clinics and hospitals than those living in informal settlements or rural areas. Children living in informal settlements are more exposed to hazards such as shack fires and paraffin poisoning.

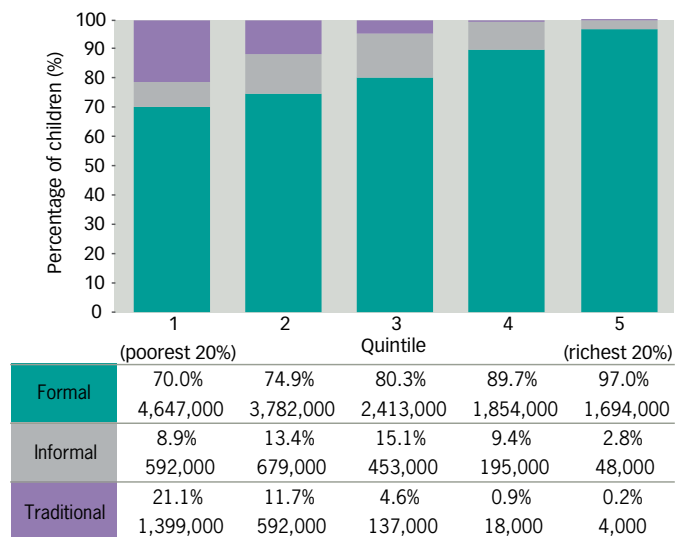
The environmental hazards associated with informal housing are exacerbated for very young children. The distribution of children in informal dwellings is slightly skewed towards younger children and babies: 41% of children in informal housing are in the 0 – 5-year age group. Of children under two years, 14% live in informal dwellings, after which the rate declines slightly with age. Nine percent of children over 10 years are informally housed. Given that this trend has remained consistent over a number of years, it seems likely that it is the result of child mobility or changing housing arrangements for children as they get older, rather than indicating an increase in informality over time.

In 2014, over 1.7 million children (9%) in South Africa lived in backyard dwellings or shacks in informal settlements. The number of children in informal housing has declined slightly from 2.3 million (12%) in 2002. The provinces with the highest proportion of informally-housed children are Gauteng (20% of children), North West (16%), Western Cape (16%) and the Free State (15%). Limpopo has the lowest proportion (4%) of children in informal housing and the highest proportion (94%) in formal dwellings. The Eastern Cape and KwaZulu-Natal have by far the largest proportions of children living in traditional dwellings (38% and 23%, respectively).

The distribution of children in formal, informal and traditional dwellings has remained fairly constant since 2002. But racial inequalities persist. Almost all white children (99%) live in formal housing, compared with only 75% of African children. Access to formal housing increases with income. Ninety-seven percent of children in the wealthiest 20% of households live in formal dwellings, compared with just over two-thirds (70%) of children in the poorest quintile.

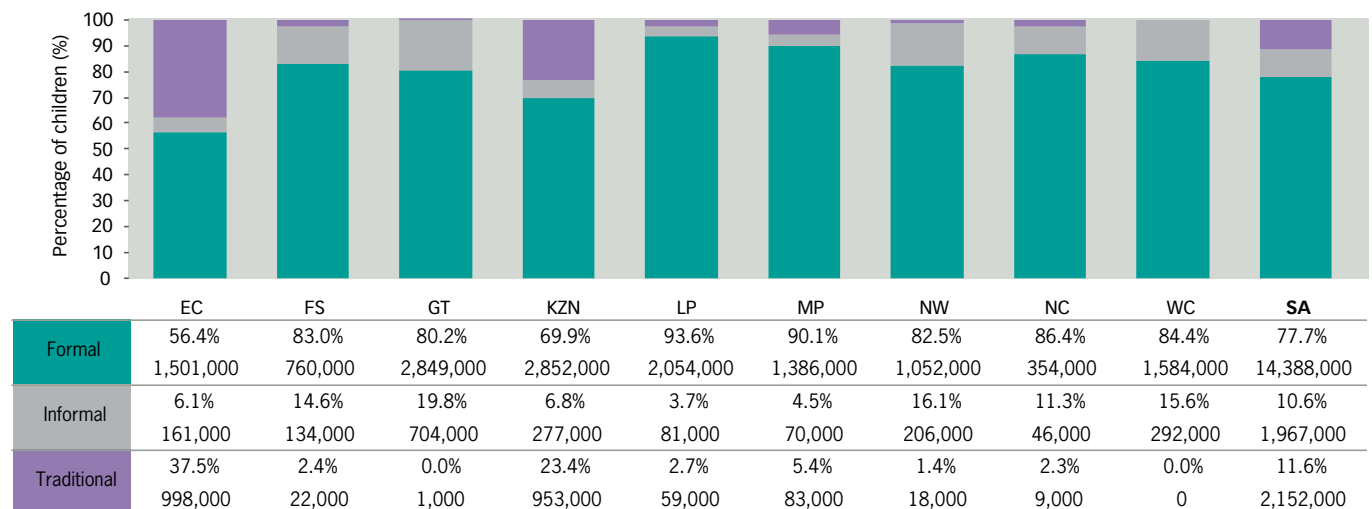
There are slight but statistically significant differences in housing across age groups, with children in the older age group (12 – 17 years) more likely to live in formal housing, and less likely to live in informal dwellings.

Figure 5c: Children living in formal, informal and traditional housing, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

Figure 5d: Number and proportion of children living in formal, informal and traditional housing, by province, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

The number and proportion of children living in overcrowded households

Children are defined as living in overcrowded dwellings when there is a ratio of more than two people per room (excluding bathrooms but including kitchen and living room). Thus a dwelling with two bedrooms, a kitchen and sitting room would be counted as overcrowded if there were more than eight household members.

The UN Committee on Economic, Social and Cultural Rights defines “habitability” as one of the criteria for adequate housing.⁵ Overcrowding is a problem because it can undermine children’s needs and rights. For instance, it is difficult for school children to do homework if other household members want to sleep or watch television. Children’s right to privacy can be infringed if they do not have space to wash or change in private. The right to health can be infringed as communicable diseases spread more easily in overcrowded conditions, and young children are particularly susceptible to the spread of disease. Overcrowding also places children at greater risk of sexual abuse, especially where boys and girls have to share beds, or children have to share with adults.

Overcrowding makes it difficult to target services and programmes to households effectively – for instance, urban households are entitled to six kilolitres of free water, but this household-level allocation discriminates against overcrowded households because it does not take account of household size.

In 2014, 3.4 million children lived in overcrowded households. This represents 18% of the child population – much higher than the proportion of adults living in crowded conditions (10%).

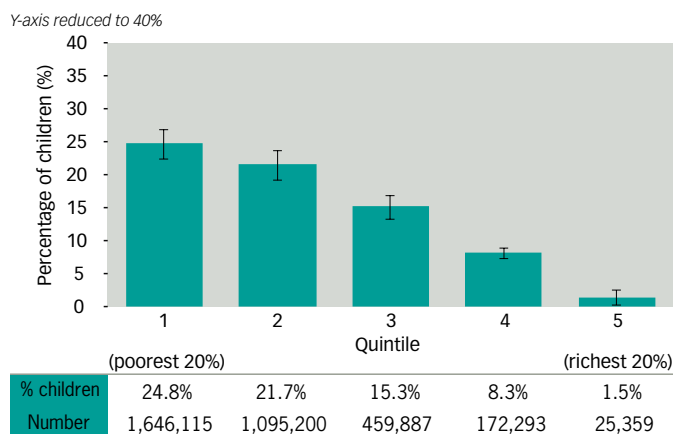
Overcrowding is associated with housing type: 55% of children who stay in informal dwellings also live in overcrowded conditions, compared with 29% of children in traditional dwellings and 12% of children in formal housing.

Young children are significantly more likely than older children to live in overcrowded conditions. Twenty-three percent of children below two years live in crowded households, compared to 15% of children over 10 years.

There is a strong racial bias in children’s housing conditions. While 20% of African and 19% of coloured children live in crowded conditions, very few white and Indian children live in overcrowded

households. Children in the poorest 20% of households are more likely to be living in overcrowded conditions (25%) than children in the richest 20% of households (1%).

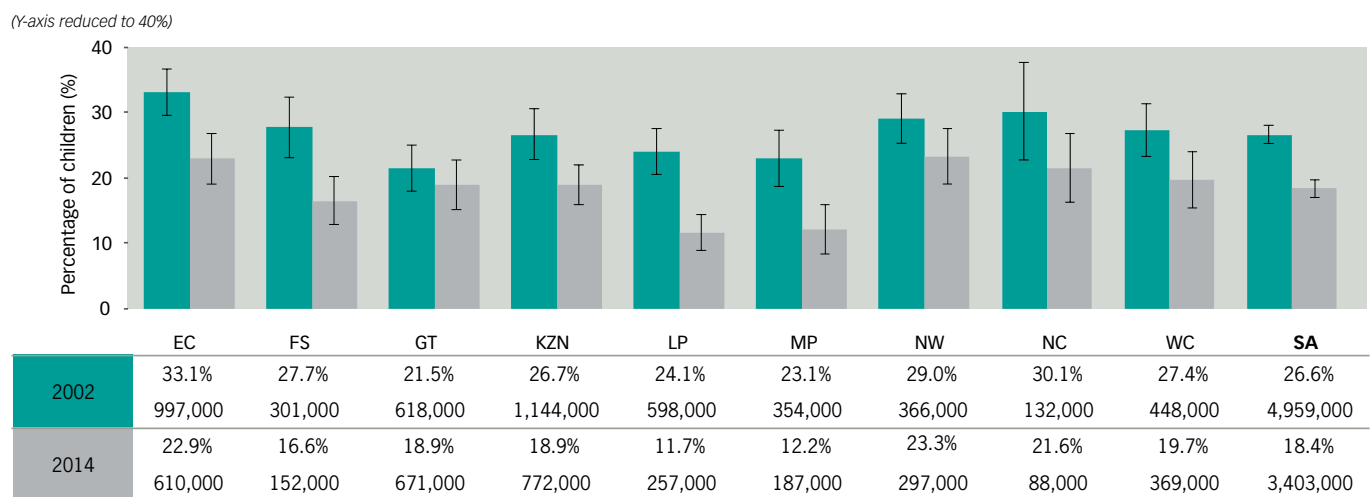
Figure 5e: Children living in overcrowded households, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

The average household size has gradually decreased from 4.5 at the time of the 1996 population census, to around 3.4 in 2014, indicating a trend towards smaller households, which may in turn be linked to the provision of small subsidy houses. Households in which children live are larger than the national average. The average household size for adult-only households is two people, while the average household size for mixed generation households (i.e. those that include children) is five members.⁶

Figure 5f: Number and proportion of children living in overcrowded households, by province, 2002 & 2014



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

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- 3 Office of the United Nations High Commissioner for Human Rights (1991) *The Right to Adequate Housing (art.11 (1)): 13/12/91. CESCR General Comment 4*. Geneva: United Nations.
- 4 See no. 3 above.
- 5 See no. 3 above.
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Children's access to services

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Section 27(1)(b) of the Constitution of South Africa provides that "everyone has the right to have access to ... sufficient ... water" and section 24(a) states that "everyone has the right to an environment that is not harmful to their health or well-being".¹

Article 14(2)(c) of the African Charter on the Rights and Welfare of the Child obliges the state to "ensure the provision of ... safe drinking water".²

Article 24(1)(c) of the UN Convention on the Rights of the Child says that states parties should "recognise the right of the child to the enjoyment of the highest attainable standard of health" and to this end should "take appropriate measures to combat disease and malnutrition ..., including the provision of clean drinking-water".³

The number and proportion of children living in households with basic water

This indicator shows the number and proportion of children who have access to a safe and reliable supply of drinking water at home – either inside the dwelling or on site. This is used as a proxy for access to adequate water. All other water sources, including public taps, water tankers, dams and rivers, are considered inadequate because of their distance from the dwelling or the possibility that water is of poor quality. The indicator does not show whether the water supply is reliable or if households have broken facilities or are unable to pay for services.

Clean water is essential for human survival. The World Health Organisation has defined "reasonable access" to water as being a minimum of 20 litres per person per day.⁴ The 20-litre minimum is linked to the estimated average consumption when people rely on communal facilities and need to carry their own water for drinking, cooking and the most basic personal hygiene. It does not allow for bathing, showering, washing clothes or any domestic cleaning.⁵ The water needs to be supplied close to the home, as households that travel long distances to collect water often struggle to meet their basic daily quota. This can compromise children's health and hygiene.

Young children are particularly vulnerable to diseases associated with poor water quality. Gastro-intestinal infections with associated diarrhoea and dehydration are a significant contributor to the high child mortality rate in South Africa,⁶ and intermittent outbreaks of cholera in some provinces pose a serious threat to children in those areas. Lack of access to adequate water is closely related to poor sanitation and hygiene. In addition, children may be responsible for fetching and carrying water to their homes from communal taps, or rivers and streams. Carrying water is a physical burden which can lead to back problems or injury from falls. It can also reduce time spent on education and other activities, and can place children at personal risk.⁷ For purposes of the child-centred indicator, therefore, adequacy is limited to a safe water source on site.

Close to six million children live in households that do not have access to clean drinking water on site. In 2014, over three-quarters (77%) of adults lived in households with drinking water on site – a significantly higher proportion than children (69%). A year-on-year comparison from 2002 – 2014 suggests that there has been little improvement in children's access to water over this period.

Provincial differences are striking. Over 90% of children in the Free State, Gauteng and the Western Cape provinces have an adequate supply of drinking water. However, access to water remains poor in KwaZulu-Natal (59%), Limpopo (53%) and the Eastern Cape (36%). The Eastern Cape appears to have experienced the most striking improvement in water provisioning since 2002 (when only 23% of children had water on site). KwaZulu-Natal and the Free State have

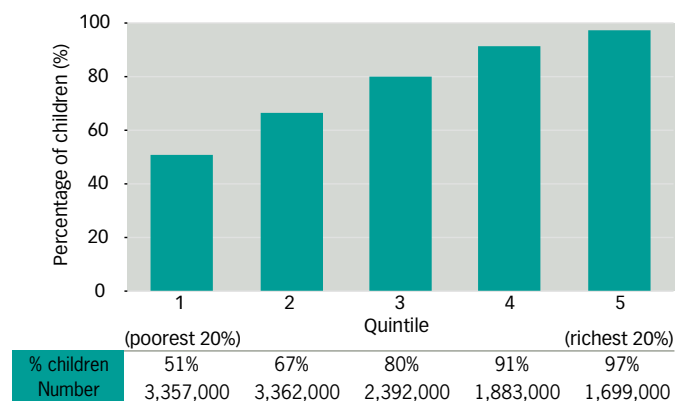
also recorded significant improvements: The proportion of children who had water on site increased from 45% (2002) to 59% (2014) in KwaZulu-Natal, and from 81% to 93% in the Free State over the same period. The significant decline in access to water in the Northern Cape may represent a deterioration in water access, or may be the result of weighting a very small child population.

Children living in formal areas are more likely to have services on site than those living in informal settlements or in the rural former homelands. While the majority (77%) of children in formal dwellings have access, it decreases to 65% for children living in informal dwellings. Only 18% of children living in traditional housing have clean water available on the property.

The vast majority of children living in traditional dwellings are African, so there is a pronounced racial inequality in access to water. Sixty-three percent of African children had clean water on site in 2014, while over 95% of all other population groups had clean drinking water at home. There are no significant differences in access to water across younger age groups.

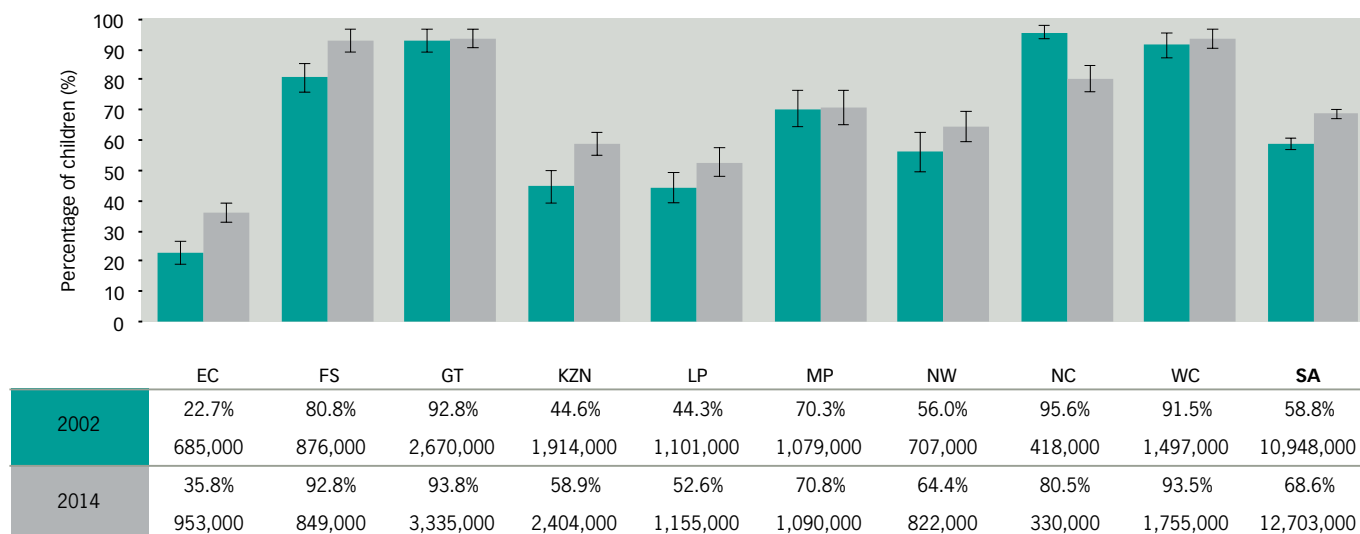
Inequality in access to safe water is also pronounced when the data are disaggregated by income category. Amongst children in the poorest 20% of households, only 51% have access to water on site, while 97% of those in the richest 20% of households have this level of service. In this way, inequalities are reinforced: the poorest children are most at risk of diseases associated with poor water quality, and the associated setbacks in their development.

Figure 6a: Children living in households with water on site, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

Figure 6b: Number and proportion of children living in households with water on site, by province, 2002 & 2014



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

The number and proportion of children living with basic sanitation

This indicator shows the number and proportion of children living in households with basic sanitation. Adequate toilet facilities are used as proxy for basic sanitation. This includes flush toilets and ventilated pit latrines that dispose of waste safely and that are within or near a house. Inadequate toilet facilities include pit latrines that are not ventilated, chemical toilets, bucket toilets, or no toilet facility at all.

A basic sanitation facility is defined in the government’s *Strategic Framework for Water Services* as the infrastructure necessary to provide a sanitation facility which is “safe, reliable, private, protected from the weather and ventilated, keeps smells to a minimum, is easy to keep clean, minimises the risk of the spread of sanitation-related diseases by facilitating the appropriate control of disease carrying flies and pests, and enables safe and appropriate treatment and/or removal of human waste and waste water in an environmentally sound manner”.⁸

Adequate sanitation prevents the spread of disease and promotes health through safe and hygienic waste disposal. To do this, sanitation systems must break the cycle of disease. For example the toilet lid and fly screen in a ventilated pit latrine stop flies reaching human faeces and spreading disease. Good sanitation is not simply about access to a particular type of toilet. It is equally dependent on the safe use and maintenance of that technology; otherwise toilets break down, smell bad, attract insects and spread germs.

Good sanitation is essential for safe and healthy childhoods. It is very difficult to maintain good hygiene without water and toilets. Poor sanitation is associated with diarrhoea, cholera, malaria, bilharzia, worm infestations, eye infections and skin disease. These illnesses compromise children’s health and nutritional status. Using public toilets and the open *veld* (fields) can also put children in physical danger. The use of the open *veld* and bucket toilets is also likely to compromise water quality in the area and to contribute to the spread of disease. Poor sanitation undermines children’s health, safety and dignity.

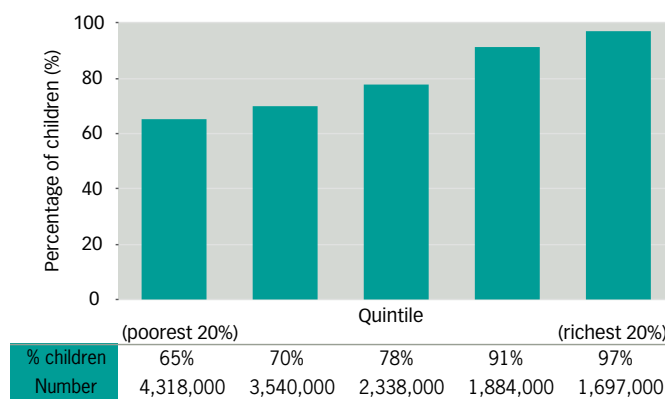
The data show a gradual and significant improvement in children’s access to sanitation over the 13-year period 2002 – 2014, although the proportion of children without adequate toilet facilities remains worryingly high. In 2002 less than half of all children (45%) had access to adequate sanitation. By 2014 the proportion of children with adequate toilets had risen by 29 percentage points to 74%. But 3.6 million children still use unventilated pit latrines or buckets, despite the state’s reiterated goals to provide adequate sanitation to all,

and to eradicate the bucket system. Children (26%) are more likely than adults (20%) to live in households without adequate sanitation facilities.

As with other indicators of living environments, there are great provincial disparities. In provinces with large metropolitan populations, like Gauteng and the Western Cape, over 90% of children have access to adequate sanitation, while provinces with large rural populations have the poorest sanitation. The provinces with the greatest improvements in sanitation services are the Eastern Cape (where the number of children with access to adequate sanitation more than tripled from 0.6 million to 2 million over 13 years), KwaZulu-Natal (an increase of over 1.4 million children with adequate sanitation) and the Free State (where the proportion of children with sanitation improved from 51% in 2002 to 83% in 2014).

Although there have also been significant improvements in sanitation provision in Limpopo, this province still lags behind, with only 51% of children living in households with adequate sanitation in 2014. It is unclear why the vast majority of children in Limpopo are reported to live in formal houses, yet access to basic sanitation is the poorest of all the provinces.

Figure 6c: Children living in households with basic sanitation, by income quintile, 2014



Source: Statistics South Africa (2015) *General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children’s Institute, UCT.

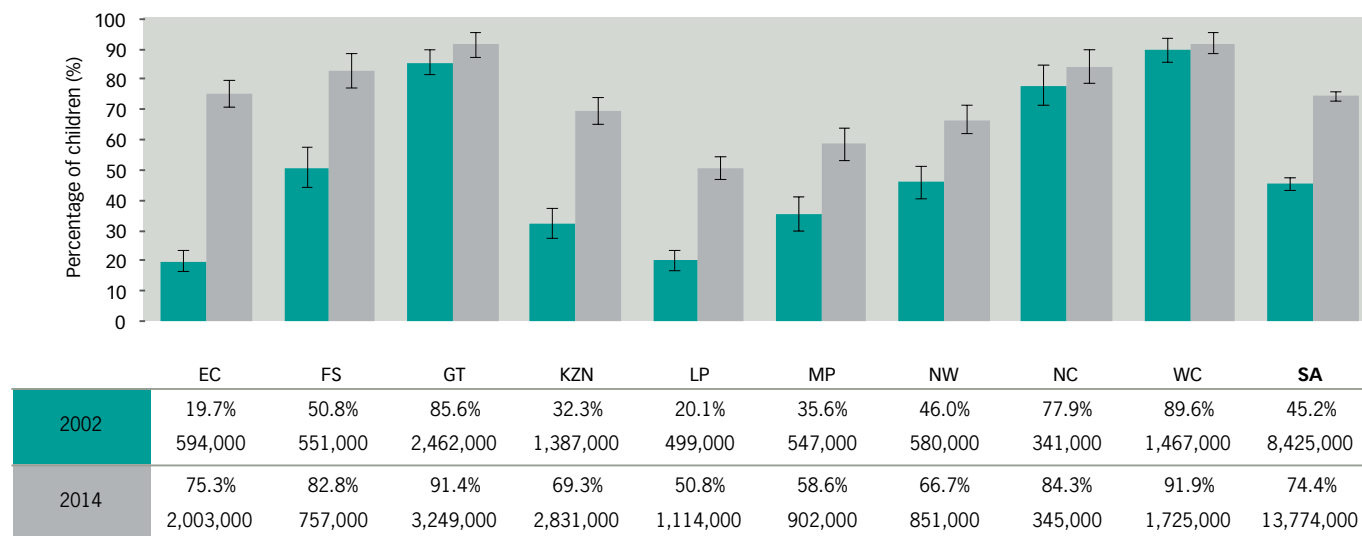
Definitions of adequate housing such as those in the UN-HABITAT and South Africa's National Housing Code include a minimum quality for basic services, including sanitation.

The statistics on basic sanitation provide yet another example of persistent racial inequality: Over 95% of Indian, white and coloured children had access to adequate toilets in 2014, while only 70% of African children had access to basic sanitation. This is a marked improvement from 36% of African children in 2002.

Children in relatively well-off households have better access to sanitation than poorer children. Amongst the richest 20% of households, 97% of children have adequate sanitation, while only 65% of children in the poorest 20% of households have this level of service.

Due to the different distributions of children and adults across the country, adults are more likely than children to have access to sanitation. However, there are no significant age differences in levels of access to adequate sanitation within the child population.

Figure 6d: Number and proportion of children living in households with basic sanitation, by province, 2002 & 2014



Source: Statistics South Africa (2003; 2015) *General Household Survey 2002; General Household Survey 2014*. Pretoria: Stats SA. Analysis by Katharine Hall & Winnie Sambu, Children's Institute, UCT.

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Technical notes on the data sources

General Household Survey¹

The GHS is a multi-purpose annual survey conducted by the national statistical agency, Statistics South Africa (Stats SA), to collect information on a range of topics from households in the country's nine provinces. The survey uses a sample of approximately 30,000 households. These are drawn from census enumeration areas using a two-stage stratified design with probability proportional to size sampling of primary sampling units (PSUs) and systematic sampling of dwelling units from the sampled PSUs. The resulting weighted estimates are representative of all households in South Africa.

The GHS sample consists of households and does not cover other collective institutionalised living quarters such as boarding schools, orphanages, students' hostels, old-age homes, hospitals, prisons, military barracks and workers' hostels. These exclusions should not have a noticeable impact on the findings in respect of children.

Changes in sample frame and stratification

The sample design for the 2014 GHS was based on a master sample that was originally designed for the Quarterly Labour Force Survey (QLFS) and was used for the GHS for the first time in 2008. The same master sample is shared by the GHS, the QLFS, the Living Conditions Survey and the Income and Expenditure Survey. The previous master sample for the GHS was used for the first time in 2004. This again differed from the master sample used in the first two years of the GHS: 2002 and 2003. Thus there have been three different sampling frames during the 13-year history of the annual GHS, with the changes occurring in 2004 and 2008. In addition, there have been changes in the method of stratification over the years. These changes could compromise comparability across iterations of the survey to some extent, although it is common practice to use the GHS for longitudinal monitoring and many of the official trend analyses are drawn from this survey.

Weights

Person and household weights are provided by Stats SA and are applied in *Children Count* analyses to give estimates at the provincial and national levels.

The GHS weights are derived from Stats SA's mid-year population estimates. The population estimates are revised retrospectively from time to time when it is possible to calibrate the population model to larger population surveys (such as the Community Survey) or to census data. In 2013, Stats SA revised the population model to produce mid-year population estimates in light of the census 2011 results. The new data were used to adjust the benchmarking for all previous GHS data sets, which were re-released with the revised population weights by Stats SA.² All the *Children Count* indicators have been re-analysed retrospectively, using the revised weights provided by Stats SA. The estimates are therefore comparable over the period 2002 – 2014. The revised weights particularly affected estimates for the years 2002 – 2007. Users may find that the baseline estimates reported here are different from those reported in previous editions of the *South African Child Gauge*. The revised indicators for all the intervening years are available on the website: www.childrencount.uct.ac.za.

Reporting error

Error may be present due to the methodology used, i.e. the questionnaire is administered to only one respondent in the household who is expected to provide information about all other members of the household. Not all respondents will have accurate information about all children in the household. In instances where the respondent did not or could not provide an answer, this was recorded as "unspecified" (no response) or "don't know" (the respondent stated that they didn't know the answer).

SOCPEN database³

Information on social grants is derived from the Social Pensions (SOCPEN) national database maintained by the South African Social

Security Agency (SASSA), which was established in 2004 to disburse social grants for the Department of Social Development. Prior to this, the administration of social grants and maintenance of the SOCPEN database was managed directly by the department and its provincial counterparts.

There has never been a published, systematic review of the social grants database, and the limitations in terms of validity or reliability of the data have not been quantified. However, this database is regularly used by the department and other government bodies to monitor grant take-up, and the computerised system, which records every application and grant payment, minimises the possibility of human error. Take-up data and selected reports are available from the department on request throughout the year. *Children Count* provides grant take-up figures as at the end of March.

National Antenatal Sentinel HIV Prevalence Survey⁴

South Africa's antenatal clinic data are among the best in Africa. In most other African countries, HIV-prevalence levels are reported in individual clinics or districts, and there is no attempt to draw a nationally representative sample of clinics from which national antenatal clinic prevalence rates can be calculated. The Department of Health's HIV surveys follow a stratified cluster sampling methodology, with clinics being sampled on a probability proportional to size basis. The overall sample sizes are very large, targeting a total of 36,000, making this HIV-prevalence dataset one of the largest in the world. In 2013, 33,077 pregnant women participated in the survey.

The survey is conducted among pregnant women who attend public health antenatal clinic services during pregnancy. It does not include pregnant women who attend private health facilities, or women who deliver at public health facilities without having made a booking visit. Women seeking antenatal care in the private health sector have a relatively low prevalence of HIV,⁵ and thus the surveys over-estimate HIV prevalence in pregnant women generally. It would also be expected that there would be differences in sexual behaviour between pregnant women and non-pregnant women, and the levels of HIV prevalence observed in the antenatal clinic surveys should therefore not be seen as representative of those in the general female population. After controlling for age differences, HIV prevalence in pregnant women tends to be substantially higher than that in women in the general population.⁶

It should also be noted that – in accordance with World Health Organisation guidelines⁷ – women are tested using a single ELISA antibody test, and there is no confirmatory testing of positive specimens. This may bias the results slightly, as the test can produce false positive results in a small proportion of HIV-negative women. Although this bias is generally thought to be of minimal significance when the population prevalence exceeds 10%, studies in South Africa have suggested that the false positive rate could be around 2%.⁸ This would imply over-estimation of the true HIV prevalence in pregnant women by about 2%.

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Debbie Budlender is an independent research consultant. She was employed as a specialist researcher with the Community Agency for Social Enquiry, a non-governmental organisation working in the area of social policy research, from 1998 to June 2012. She continues to work on social policy issues, with a special interest in government budgets, statistics, gender, labour and children.

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Francie Lund lives in Durban, South Africa. During the political transition in the 1980s and up to 1994 she was involved in social policy reform. In 1995/1996 she chaired the Lund Committee on Child and Family Support, which led to the introduction of the Child Support Grant. While at the University of KwaZulu-Natal, she did research in the School of Built Environment and Development Studies, and taught Social Policy. She works with the global Social Protection Programme of WIEGO – Women in Informal Employment: Globalizing and Organizing – a research and advocacy organisation that addresses the working conditions of informal workers around the world, especially poorer women. She is interested in the gendered effects of social assistance to poor households, in the relationship between child care provision and women's incomes, and in occupational health and safety for informal workers.

Lynette Maart is the national director of the Black Sash. She worked in early childhood development for eight years, piloting innovative models for those living in poor rural areas and in informal settlements. She also worked for 15 years as an organisation development consultant to not-for-profit organisations in the land, urban development, social development, heritage and philanthropy sectors. Lynette was the deputy director of the Robben Island Museum for five years, and worked on various heritage projects after her tenure. Her current focus is on the delivery and impact of outsourcing socio-economic rights to commercial entities.

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Michell Mpikie is an associate of the Southern African Social Policy Research Institute (SASPRI), having previously worked at SASPRI as a research officer. Her main interests are youth development, education, early childhood development and inequality. Michell graduated from the University of Cape Town with a Bachelor of Social Sciences (Honours) in Social Development. She has worked as a researcher and facilitator, and is studying towards a Masters in Education Policies for Global Development.

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