Review of the Child Support Grant

Uses, Implementation and Obstacles

June 2008

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Acronyms

ABET	Adult Basic Education and Training
ACESS	Alliance for Children's Entitlement to Social Security
C A S E	Community Agency for Social Enquiry
CSG	Child Support Grant
DSD	Department of Social Development
EA	Enumerator Area
ECD	Early childhood development
EPRI	Economic Policy Research Institute
ID	Identity document
NGO	Non-governmental organisation
SAPS	South African Police Service
SASSA	South African Social Security Agency
SMG	State Maintenance Grant
ToR	Terms of Reference
UNICEF	United Nations Children's Fund

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Executive Summary

The South African Constitution enshrines the right of all to access 'appropriate social assistance' from the state if they are unable to support themselves and their dependants. Social assistance refers specifically to an income transfer provided by government in the form of grants or financial awards to poor households or individuals.

The Child Support Grant (CSG) is the state's largest social assistance programme in terms of the number of beneficiaries reached. The primary objective of the grant is to ensure that caregivers of young children living in extreme poverty are able to access financial assistance in the form of a cash transfer to supplement, rather than replace, household income.

Primary caregivers of children under the age of 14 years who meet the criteria of the means test are eligible for the grant. The age limit for children will increase to 15 years in 2009. As of April 2008, the cash value of the grant is R210 per month per child and this will increase to R220 in October 2008.

In 2007 the Department of Social Development (DSD), the South African Social Security Agency (SASSA) and the United Nations Children's Fund (UNICEF) wished to review the implementation of the CSG. The Community Agency for Social Enquiry (C A S E) was commissioned to conduct a study in low-income areas in South Africa to examine the use of the CSG within recipient households; the recipients' experience of the application process and payment system; and the operational barriers that impact on access to the grant.

Methodology

The study consisted of four components: A review of existing research relevant to the implementation of the CSG; a survey of households in low-income areas that are potentially eligible for the CSG; interviews with SASSA officials and stakeholders; and focus group discussions with adult recipients and non-recipients of the CSG.

The household survey formed the largest component of the study and targeted approximately 2 700 primary caregivers of children aged 0–13 years in low income areas. Recipients of the CSG were favoured in the selection.

Policy and Implementation Issues

The CSG was introduced in 1998 and consisted of a cash transfer of R100 per child for all children under the age of seven years whose primary caregiver met the criteria of the means test. Both the age criteria and the cash value of the grant have since been raised, but the threshold of the means test has remained the same since the introduction of the grant. The means test is intended to ensure that the grant targeted those most in need. Different qualifying thresholds are applied in formal urban areas and rural or informal areas. The rationale for this differentiation is that those living in informal and rural areas are disadvantaged in terms of access to education, health and employment opportunities, and the cut-off is therefore higher in these areas.

The CSG was intended to form a contribution to the costs of caring for young children (primarily their food requirements) and was to be provided in conjunction with other poverty alleviation and developmental measures. An important departure from previous social assistance for children was the introduction of the concept of the primary caregiver as the recipient of the grant, rather than a parent, to allow the grant to 'follow the child'. There is growing evidence that social assistance has a positive impact on the lives of children in poor households in South Africa.

Access to adequate nutrition for young children is of particular concern, as nutritional deprivation and malnutrition in the early years have long-term negative consequences on physical and cognitive development. The first two years of a child's life form a critical window in which nutrition is highly influential for future growth. Cash transfers such as the CSG play an important role in enabling caregivers to access food of sufficient nutritional quality and variety to meet the child's needs. However, a recent study strongly suggests that early and regular access to the CSG is required to have an effective and sustained impact on children's nutritional status.

Two areas of continued debate with regard to CSG policy are the extension of the age limit and the revision of the targeting mechanism, i.e. the means test.

Considering Eligibility and the Demographic Profile of Caregivers

The grant appears to successfully target people living in poor households. The eligibility of caregivers was estimated based on reported income, and used to determine inclusion errors (those getting the grant who report incomes higher than the means test threshold) and exclusion errors (those who appear to be eligible for the grant but are not receiving it). Such errors are to be expected in targeted programmes, and both inclusion and exclusion errors were within internationally acceptable ranges. While the inclusion error or 'leakage' in these low income areas was relatively small (13%), more attention needs to be given to coverage or errors of exclusion (21%) to ensure that those who are eligible for the CSG are able to access the assistance to which they are entitled.

Caregivers who are eligible for the grant tended to have lower levels of access to services and amenities such as running water or a toilet inside their dwellings. Access to such facilities was lower in rural or informal areas, suggesting that the differentiation between types of areas in the means test is justified. Among eligible caregivers, a higher proportion of those living in rural or informal areas are recipients of the CSG than those living in formal urban areas.

The study found that households in which the respondent was receiving the CSG tend to be larger than those not receiving it, whether the latter are eligible or not. At present the means test does not take into account household size or the number of children being supported by the primary caregiver's income.

As expected, almost all of the primary caregivers were women. The majority of caregivers in low income areas were African. This suggests that while the CSG has gone a long way in addressing the racial discrimination that existed prior to 1994, inequality along racial lines continues to exist. CSG recipients tended to have lower levels of education and therefore lower levels of access to employment or income generation activities than those who were not eligible. Children who benefit from the CSG were more likely to live with their biological mother only than with their fathers only or with both or neither parent.

Use of the CSG Within the Household

Households in this study had low levels of monthly income. Levels of household income were lower in rural or informal urban areas than formal urban areas. Where income is limited and *per capita* income is low, any grant money coming into the household, such as the CSG, is likely to be pooled to cover general household expenses rather than being spent solely to maintain the targeted child. This study found that just over half of the recipients (51%) reported pooling the grant money with other household income, although this was likely to be an under-estimate as recipients were aware that the grant is intended for the targeted child. Such practices dilute the benefits of the CSG for the targeted child, but this would be relieved to an extent if the grant were to be extended to all children.

On average the CSG accounted for 40% of reported household income. Dependence on the CSG was even higher when the personal incomes of the primary caregivers were considered. The CSG therefore acts as a lifeline for many households in the face of high levels of unemployment and limited opportunities for economic development.

Food formed the largest category of expenditure across all groups, but was higher among those eligible for the grant. CSG recipients were most likely to report increased spending on food since receiving the grant, with school fees, uniforms and electricity also being mentioned. This is in line with the growing body of evidence that the CSG is used for essentials such as food, basic services and education-related costs.

In addition, CSG recipients were more likely to have bank accounts and some form of savings than those who are eligible but not receiving the grant, prob-

ably because the grant money can be paid into a bank account.

CSG recipients reported being involved in financial decision-making, either alone or jointly with others, and therefore generally had control over how the grant is spent.

Access to Services

Cash transfers alone are not sufficient to reduce poverty, and must be accompanied by other poverty alleviation programmes and developmental initiatives. Such initiatives in South Africa include access to free basic health care for children under six years; school nutrition programmes; access to school fee exemptions; and, increasingly, no-fee schools. Other measures that do not target the child specifically but which aim to improve household wellbeing include access to free basic services, housing subsidies, public works programmes and Adult Basic Education and Training (ABET). Levels of access to such measures varied greatly among participants in this study.

School attendance is compulsory in South Africa for children aged seven to 15 years, and the level of school enrolment was high for this age group. This was less likely to be the case for older children, with reported attendance at school falling to 85% for children aged 17 years. In approximately two-thirds of cases, households reported paying school fees for children aged seven to 17 years.

Surprisingly, this study did not find that recipients of CSG are less likely to pay school fees, despite government policy that recipients of poverty-linked state social grants are not required to pay such fees. However, the monetary value of fees paid by households for CSG beneficiaries was lower than for children not receiving the grant.

Knowledge of exemptions and how to apply for them appeared to be low. No-fee schools were in the process of being implemented at the time of this study, and dedicated research would be required to fully assess the impact of amendments to the national norms and standards for school funding in recent years.

Child beneficiaries of the CSG were more likely to attend a crèche or preschool than children of the same age group who were not receiving the grant. Approximately 70% of children aged seven to 13 years had access to free food through the school nutrition programme. This was particularly the case amongst children in rural or informal urban areas. Access was higher amongst CSG beneficiaries (74%) than amongst non-beneficiaries in the same age group (62%).

Almost all caregivers were aware of the availability of preventive health care measures and free primary health care for children under the age of six years. Three-quarters had taken their child to a public health care facility the last time he or she was sick. Ability to access public clinics was high, although the required travel times were longer in rural and informal urban areas. Reported access to preventive health measures, such as growth monitoring and vaccinations, was also high among young children. Participation in other programmes, however, such as registering as indigent with the municipality in order to obtain assistance with basic services, accessing the public works programmes, applying for housing subsidies and registering for ABET programmes was low. It is not clear if this is due to a lack of knowledge on the part of caregivers or limited provision of these programmes. Receipt of the CSG should act as a gateway for caregivers to access other poverty alleviation measures, and greater communication about these programmes is required.

Implementation of and Barriers to Accessing the CSG

CSG recipients were asked about their experiences of the application process, while those who were not receiving the grant were asked why. Overall, those who had been successful in accessing the grant were relatively positive about the process, but a number of areas of challenges require further attention.

The most common challenges were difficulties in obtaining the required documentation for the application. These include delays in obtaining or replacing birth certificates and identity documents; the time and travel

required to collect such documentation, and challenges faced by non-biological guardians in accessing the correct documentation for children now in their care. This makes the intention that the grant 'follows the child' difficult to implement in practice.

Early access to the CSG is important because very young children are particularly vulnerable to the effects of nutritional deprivation and malnutrition. It was encouraging to note that a high proportion of caregivers of young children had first enquired about the grant when the child was less than six months old. However, the time taken to obtain and submit the required documentation (birth certificates in particular) and for the payment to be processed and to reach the caregiver meant that caregivers may only receive the grant several months after the first enquiry.

Receipt of the CSG was relatively low in the first six months of a child's life, but increased in the second six months and in the second year. Given the important role the CSG can play in facilitating access to nutrition early in life – and particularly as children move from breast milk to solids in the first three to six months – such delays are likely to further disadvantage vulnerable young children.

A third (30%) of caregivers of children under the age of 14 years submitted their application within a week of their first enquiry about the CSG, but a similar proportion (35%) reported that applying took between one and three months. The most common reason given for a delay of longer than three months was lack of or difficulties accessing documentation. This was more of a challenge in rural or informal urban areas. There was no evidence of recipients having to make payments in order to apply, although applicants did incur associated costs such as travel. In the focus group discussions, participants voiced frustration at the lack of communication by officials regarding the status of applications.

Approximately 10% of caregivers of children under 14 years of age reported that payment of the grant took less than one month, while another quarter received their payment within two months. These applications include those made in the early years of the implementation of the CSG. Payment processing times reported by caregivers of children under two years were shorter, with almost half reporting payment within two months.

Three-quarters of recipients reported living within half an hour's travel time of the pay point or facility from which they collect their grant, although travel times were shorter in urban areas. Most recipients reported collecting the grant as cash rather than through the banking system, with recipients living in urban areas more likely to use the banking option. Reasons for not using the banking facility included the concern that the bank charges involved would eat into an already modest grant; the lack of access to banks (particularly in rural areas); and the costs or difficulties of travelling to the bank. These concerns should be borne in mind when considering ways in which to increase the efficiency of the payment system.

Areas that require further attention in order to improve the efficiency and effectiveness of the CSG system include the following:

- The CSG is intended as one of a 'basket' of services aimed at reducing poverty holistically. Receipt of the CSG should act as a form of gateway or referral to other poverty alleviation programmes in a more co-ordinated and pro-active manner than is currently the case.
- While a number of poverty alleviation policies have been implemented to assist vulnerable families, further communication about these programmes is required to ensure that caregivers are able to access these benefits at a local level. This would include greater co-ordination between programmes to refer eligible participants from one to another.
- Difficulties with documentation and administrative barriers remain a challenge in the application process. The current requirement that official documentation is needed for identification means that administrative delays in obtaining the documentation delays access to the grant. Consideration should be given to alternative forms of identification.

- Improved co-ordination between the different stakeholders involved in the process is necessary, as is the provision of more easily accessible services. A practical example of this is increasing the reach of mobile 'one stop' units in rural areas, which would allow eligible applicants to submit their application and receive a letter of approval within a day. Further assessment of the impact of such mobile units would be needed to ensure they were effective. The use of alternative forms of identification would also improve the application process.
- A review of the means test is required to avoid excluding those who are eligible for the grant. Issues to be taken into consideration include the following:
  - Increasing the income threshold in line with inflation.
  - Taking into account the number of children being supported by the caregiver's income. However this needs to be done without adding to the administrative burden of the means test for the applicants.
  - Further consideration needs to be given to the extent to which the spouse's income is available to contribute to the upkeep of the child, especially since spouses may not live in the same household as the child.
- Practical measures to improve access to the grant among caregivers of young children should be considered. Examples include education campaigns and posters in communities and at hospitals or antenatal clinics; and facilities at hospitals or clinics to assist with registration of births.
- Children aged 14 will be able to access the CSG as from January 2009, but there is as yet no firm plan to roll out to older children. Extension of the grant to this age group will assist in fulfilling the government's mandate to protect the rights of all children.

1. Introduction

Many of the approximately 18,2-million children under the age of 18 years in South Africa in July 2006 (Children's Institute, 2008), were living in poverty.

In that year, 68% or 12,3-million children lived in households with a reported income of less than R1 200 per month (Children's Institute, 2008). Since income facilitates access to nutrition, basic services and education, such low levels of income impact on the ability of caregivers to meet children's basic needs.

Levels of child poverty in South Africa vary across the provinces. A study mapping living standards and deprivation experienced by children (based on the 2001 Census data) found that nine of ten municipalities in which child deprivation is highest are in rural Eastern Cape; and the other is in KwaZulu-Natal (Barnes, Wright, Noble & Dawes, 2007).

The provinces of Mpumalanga, Limpopo and North West, all of which have relatively large rural populations and limited access to employment, also tend to have high levels of child poverty. Levels of deprivation are lower in the wealthier, more urbanised provinces of the Western Cape and Gauteng. The legacies of apartheid, current high levels of unemployment and the impact of the HIV and AIDS epidemic on families all contribute to South Africa's high levels of child poverty.

South Africa has done much to address the status of children since 1994. The government has ratified several international children's rights charters and introduced new legislation aimed at promoting the well-being of children. Children's rights are enshrined in the Bill of Rights in the South African Constitution. Section 27 of the Bill of Rights states 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'. The state is therefore obliged to address child poverty by supporting caregivers unable to care for their children adequately because of poverty.

The Social Assistance Act of 2004 provides the national legislative framework for the provision of social assistance in the form of grants or financial awards from government to those who are unable to support themselves. The South African Social Security Agency Act of the same year transferred responsibility for the management, administration and payment of social assistance from the provincial Departments of Social Development to the newly established South African Social Security Agency (SASSA).

The Child Support Grant (CSG) is the state's largest social assistance programme in terms of the number of beneficiaries reached, and is currently the key poverty alleviation strategy targeting children. The primary objective of the grant is to ensure that caregivers of young children living in extreme poverty are able to access financial assistance in the form of a cash transfer to supplement rather than replace household income. As of April 2008, the cash value of the grant is R210 per month per child, and this will increase to R220 in October 2008. The criteria for accessing the grant are as follows:

- The child and primary caregiver must be a South African citizen or permanent resident and must be resident in South Africa.
- The applicant must be the primary caregiver of the child/children concerned.
- The child/children must be under the age of 14 years (this will increase to 15 years in 2009).
- The applicant and spouse must meet the requirements of the means test.
- The applicant must be able to produce his or her 13 digit bar coded identity document (ID) and the 13 digit birth certificate of the child.
- The applicant cannot apply for more than six non-biological children.

The CSG is a targeted grant intended for those most in need of support. Applicants must therefore provide information about their income so that SASSA officials can determine whether or not an applicant's total income is less than a stipulated amount.

For the CSG the means test requirements are currently as follows:

1. An income of less than R1 100 per month if living in a rural area or in an informal dwelling in an urban area.

2. An income of less than R800 a month if living in a formal dwelling in an urban area.

The CSG was introduced in 1998, and by September 2007 was reaching more than 8-million CSG beneficiaries.[1] The Department of Social Development (DSD), SASSA and the United Nations Children's Fund (UNICEF) now wish to review the implementation of the CSG, and to identify ways to improve efficiency and effectiveness. An important component of this is to understand implementation of the grant from the point of view of those applying for and receiving it.

In 2007 the Community Agency for Social Enquiry (C A S E) was commissioned to conduct a study in low-income areas to consider the use of the CSG within recipient households; the beneficiaries' experience of the application process and payment system; and the operational barriers that impact on access to the grant. The study had a special focus on children up to the age of two.

The conclusions of this study should be read in conjunction with other studies commissioned by the DSD, SASSA and UNICEF to inform decisions regarding the improvement of service delivery and efficacy of the CSG.

1. http://www.sassa.gov.za/content.asp?id=1000000519, accessed 3 January 2008.

2. Approach to the Study

The aim of this study is to review the implementation and use of the CSG and to examine operational issues that hinder access. More specifically, the study considers the following themes with regard to the CSG:

- Demographic profile of both households and the primary caregiver.
- Household dynamics regarding utilisation of the CSG and decision-making on how it is spent.
- General implementation challenges and operational barriers to access.
- An additional focus on children under two years.

2.1. Methodology

The Terms of Reference (ToR) for this study specified that a household survey should be undertaken. It was originally suggested that the sample for this survey should focus on those receiving the CSG and should draw on the information contained in the DSD's social grant and pension system (SOCPEN) database, which contains information relating to social grant payments. However, there were concerns about access to this database due to issues of confidentiality. In addition, some of the themes to be addressed by the study as outlined in the ToR required the inclusion of non-recipients.

The study design was therefore changed to include primary caregivers who receive the grant and those who do not, and consisted of the following components:

1. A review of existing research relevant to the implementation of the CSG.
2. A survey of households in low-income areas that were potentially eligible for the CSG (regardless of whether or not the households are recipients of the CSG).
3. Interviews with governmental officials, representatives of payment agencies and civil society organisations familiar with the implementation of the CSG
4. Focus groups with adult recipients and non-recipients of the CSG.

Although the primary caregiver receives the CSG on behalf of the child, the child is the intended recipient. In this study, therefore, the term *beneficiary* refers to the child, while *recipient* is used to refer to the primary caregiver who receives the CSG on behalf of the child.

2.1.1. Review of Existing Studies

The review of existing studies relevant to the CSG ran concurrently with the preparation for implementation of the survey. The aim of the review was to provide a context to the study and to build on existing work. The review covered studies previously commissioned by the DSD as well those conducted by academic institutions and other research organisations.

2.1.2. Household Survey

This consisted of a national household survey of 2 675 respondents.

a. Sampling Strategy for Survey

To be able to study both the use of the grant in recipient households and the barriers experienced by those not receiving the CSG, it was necessary to develop a sampling strategy that targeted those most likely to be *eligible* for the grant, whether or not they were receiving it. The study was restricted to areas in which households were most likely to meet the eligibility criteria. It was assumed that, given the relatively high coverage of the CSG, a stratified random sample which targeted lower income areas would include sufficient recipient households, while also providing access to a smaller number of low-income non-recipient households.

To achieve this, the sampling strategy for this study consisted of the following steps:

1. Data from Statistics South Africa's Census 2001 were used as the overall sampling frame. While these data are now quite old, the census remains the most comprehensive sampling framework publicly available.
2. Two methods of determining Enumerator Areas (EAs) for inclusion in the study were used. The first calculated the average monthly household income from the Census data and used an average of R1 400 as a cut-off for the definition of low income areas to

be included in the study. The cut-off was set slightly higher than the means test threshold to account for inflation, and because it is widely acknowledged that respondents under-report their income in surveys.

The second method involved selecting those areas where more than three-quarters of households fell into the four lowest income categories (i.e. the average monthly household income was between R0–R1 600 per month).

There was very little difference between the numbers of EAs that fell into these two categories and therefore a combination of the two methods (that is, EAs that fell into at least one of these categories) was used to define the sample frame.

3. The sample frame of EAs was then stratified by province, area type (areas defined as 'sparse', recreational, industrial and institutions were excluded) and income. EAs were classified as high, medium or low income areas by calculating the average household income for each area and splitting the set of incomes into tertiles (i.e. three equally sized groups consisting of the areas with the lowest third, the middle third and the highest third of average incomes).

Randomly selected areas were replaced when they were seen to be obviously outside of the means test income limit. A total of 19 of the 389 originally selected EAs were substituted, either because they were high-income areas or because the nature of the area had changed over time and was no longer residential.

b. Selection of Respondents

The selection of respondents targeted CSG recipients and only included non-recipient primary caregivers where no CSG recipients were living in the household.[2] Non-recipient households are therefore those households where no adult living in the household is directly receiving the CSG, although in some cases the grant was sent to the household by relatives living elsewhere. The following screening criteria were used to select adult respondents:

a. Only households containing children aged 0–13 years (the age group covered by the CSG) were included in the survey. Households that did not contain children in this age group were substituted with households in the same EA that did fulfil this criterion.
b. If there was only one primary caregiver in the household receiving a CSG, this caregiver was automatically interviewed.
c. If there was more than one caregiver in the household receiving the CSG, the caregiver to be interviewed was randomly selected using a random number grid.
d. If there was no caregiver receiving the CSG living in that household, the household members were asked to identify the primary caregiver(s) in the household. If there was more than one primary caregiver, the random selection method was used to select the respondent.

To avoid confusion, respondents were asked to refer to one child only when discussing their experiences of the application or payment process. The child was randomly selected by the interviewer using a random number grid. Caregivers were asked to provide additional information in respect of children under two years in the household. Some challenges were encountered in obtaining information about children who were cared for by members of the household other than the caregiver being interviewed.

The survey instrument was developed in consultation with representatives of DSD, SASSA and UNICEF and was tested in field. Changes were made in response to feedback from this pilot.

c. Training and data collection

The data collection for this study took place in October and November 2007. Two-day training workshops for fieldworkers were held in four provinces. Local fieldwork-

2. A household was defined as those who share economic resources and sleep under the same roof at least four times a week.

ers were recruited from the national C A S E database and conducted interviews in the language of the area. Fieldworkers worked in teams under supervisors and checks were conducted to assure the quality of the data.

d. Analysis

The data were weighted to reflect the distribution of the population. The weighted data were analysed using the survey analysis routines in Stata 9. Confidence intervals were calculated and differences that were significant at a 95% confidence level (p value of less than 0,05) are reported.

2.1.3. Interviews with Stakeholders

In addition to beneficiaries, stakeholders who could provide insight into operational issues were also interviewed. These were:

- SASSA customer care or operations officials at regional offices who are familiar with the implementation of the CSG in Gauteng, Limpopo, North West, KwaZulu-Natal and Western Cape.
- Representatives from non-governmental organisations (NGOs) in the children's sector, namely the Alliance for Children's Entitlement to Social Security (ACESS), the Children's Institute, the Children's Rights Centre, the Children in Distress Network, Umvoti Aid and Johannesburg Child Welfare.

Interviews with SASSA officials focused on the successes and challenges of implementation, strategies to address gaps and resources available. Interviews with NGO stakeholders focused on their experiences of the CSG, barriers encountered and policy suggestions.

2.1.4. Focus Groups with Recipients and Non-recipients

The final component was a series of focus groups held in five different provinces in order to obtain more detailed and nuanced information that could be used to explain some of the survey findings.

Take-up figures calculated for the Children's Institute's South African Child Gauge (2006) were used to identify the provinces in which the focus groups would be held.[3] Gauteng, Limpopo and Mpumalanga had the highest CSG take-up rates in 2005, while North West and Western Cape had the lowest. Two provinces with high take-up and two with low take-up rates were selected. KwaZulu-Natal was included as it has the largest child population and is largely rural. Focus groups for this study therefore were held in the following areas:

- Gauteng – Orange Farm (urban, mixed language)
- KwaZulu-Natal – Xolo (rural, Zulu)
- Limpopo – Ga Mothiba (rural, Pedi)
- North West – Lethlabile (urban, Sotho)
- Western Cape – Mitchell's Plain (urban, Afrikaans/English)

Three groups were held in each province as follows:

1. Primary caregivers not receiving the CSG (referred to as the 'non-recipients' group).
2. Primary caregivers age of 40 years or younger who are receiving the CSG ('younger recipients' group).
3. Primary caregivers older than 40 years who are receiving the CSG ('older recipients' group).

A total of 15 focus groups were conducted in the language of the participants.

2.2. Interpretation of the Findings

It is important to note that the sample for this study consists of primary caregivers of children aged 0–13 years living in areas with an average income of less than R1 600, rather than CSG beneficiaries in general. The data presented below is based on interviews with one primary caregiver per household. Primary caregivers were asked to provide additional information about other members of the household in two instances:

1. Information relating to education (i.e. school attendance, payment of school fees) of *all* children under the age of 18 years in the household.

3. Take up refers to the proportion of eligible children who are benefiting from the grant.

2. Where there were children under the age of two years in the household, additional information was asked regarding the implementation of the grant and access to preventive health care services.

Challenges were experienced in obtaining information on all children under the age of two, especially where the child was in the care of another member of the household. The results pertaining specifically to children under two years should therefore be read with a degree of caution.

2.3. Structure of the Report

The following chapter focuses on policy and implementation issues, and provides an overview of the rationale and implementation of the CSG to provide context for the presentation of the findings. Chapter 4 considers issues of targeting by outlining the method used to determine eligibility in this study and discussing the level of inclusion and exclusion errors. Chapter 5 continues to look at targeting by outlining the demographic profile of the households and primary caregivers in this study. This is followed by a chapter that considers the use of the CSG within households and decision-making with regard to the spending of the grant. Chapter 7 discusses levels of knowledge of and access to other poverty alleviation services and initiatives that are intended to complement the CSG. Chapter 8 covers implementation issues experienced by those who receive the grant. It is followed by a discussion of barriers preventing potential beneficiaries from accessing the grant. The report ends with a chapter on conclusions and recommendations for improving service delivery.

3. Policy and Implementation Issues

The South African Constitution enshrines the right of all to access 'appropriate social assistance' from the state if they are unable to support themselves and their dependants. Social assistance refers specifically to an income transfer provided by government in the form of grants or financial awards to poor households or individuals.[4]

The following chapter provides an overview of the introduction and implementation of the CSG, and highlights selected policy issues of relevance for this study.

3.1. Social Security Context for Children in South Africa

The introduction of social assistance in South Africa was intended primarily as a safety net for poor whites. Social assistance in general had expanded to cover all citizens by the 1960s, but the levels of grants and administrative procedures remained racially discriminatory.

With the first democratic elections in 1994 came an express commitment to expand social assistance to all South Africans on the basis of need. The White Paper on Social Welfare of 1997 emphasised the need to move from the welfare model to a developmental approach, and identified a reformed social security system as an important pillar of this approach.

The primary grant for children at the time, the State Maintenance Grant (SMG), was intended to provide support to mothers and their children where the spouse was no longer present. The grant covered children aged 0–17 years and in some cases provided for the caregiver as well. Access to the SMG was still racially biased in the early 1990s and there were concerns about the financial implications of expanding access to the SMG as it stood. It was therefore necessary to review social assistance provisions for children and families in South Africa.

3.1.1. The Lund Committee for Child and Family Support

The Lund Committee for Child and Family Support was established by the Department of Welfare's MinMEC (a high-level committee of national and provincial welfare ministers) in 1995 to investigate policy options for the support of children and families.[5] The Committee was to undertake a review of the existing system of state support to children and families across all departments; investigate the possibility of increasing access to financial support through the private maintenance system; explore alternative social security options as well as other anti-poverty, economic empowerment and capacity-building strategies; and develop approaches for effective targeting of programmes for children and families.

The Lund Committee was given six months to complete its work, and at the end of this period proposed that the SMG be phased out and a new 'child support benefit' be introduced.

The Committee's deliberations were constrained by the fact that there would be no significant increase in the welfare budget despite the increase in the number of children to be targeted.

Although originally in favour of universal access for children in a chosen age group, the final proposals included the use of a simple means test for targeting purposes. The Committee recommended that the new grant cover children under the age of nine years, which was the same age group covered by early childhood development programmes.[6] The focus was on the special vulnerability of young children and the critical importance of adequate nutrition in the early years (Lund, 2008). It was argued that young children could not be easily reached through other means such as schools, and that malnutrition at a young age has lasting and often irreversible developmental effects. The Committee recommended a progressive expansion of the age threshold as resources became available.

4. This definition is found on the SASSA website (http://www.sassa.gov.za/content.asp?id=1000000502, 18.02.08), while the Social Assistance Act of 2004 simply defines social assistance as a social grant.

5. The Department of Welfare was later renamed the Department of Social Development.

6. Due to financial considerations other smaller age ranges were also proposed.

The proposed monetary value of the CSG was set at R70, based on calculations of the amount needed to cover the basic food requirement for a child. This was much lower than the value of the SMG. The intention was that the CSG would form a contribution to the costs of caring for young children, and would be one component of a package of support for poor families such as free primary health care, nutritional support, early childhood development programmes and the housing subsidy. Such integration, however, can be difficult to achieve in practice.

An important departure from the SMG was the introduction of the concept of the 'primary caregiver' as the recipient of the grant, rather than a parent. The SMG was based on a model of a nuclear family that was not relevant to many South Africans, and did not take into account the disruption of family life that had taken place during the apartheid years. The new CSG was intended to 'follow the child' and to allow for the grant to be paid to the caregivers of any children living in poverty, whether or not they lived with their biological parents.

3.1.2. Introduction of the Child Support Grant

Some adjustments were made to the Lund Committee's proposals as a result of lobbying from civil society organisations and consideration of the proposals by the Department of Welfare. The CSG introduced in 1998 took the form of a cash transfer of R100 per child for all children under the age of seven years whose primary caregiver met the criteria of the means test. The following conditions were attached:

- The caregiver's identity document and child's birth certificate would be required, as well as proof that the child was immunised.
- Beneficiaries should not refuse to accept employment or to participate in an income-generating project without good reason.
- Applicants should have made an effort to secure maintenance from the parent(s) of the child where possible.

The means test was intended to ensure that the grant targeted those most in need. It differentiated between formal urban areas and rural or informal areas on the basis that those living in the latter should have a higher threshold to compensate for the disadvantages they faced in terms of access to education, health and employment opportunities.

Initial take-up of the grant was slow and this led to changes in the regulations. The means test was now to be applied to *personal* income (or joint income if the applicant was married) rather than *household* income, as household income may not be equitably distributed amongst household members. With the exception of the need to provide the caregiver's identity document and the child's birth certificate, the other conditions mentioned above were removed. This was done in recognition of the fact that varying levels of service provision meant that the specified services were not always readily accessible, and that children and their caregivers should not be penalised for this inequitable access.

3.2. Implementation of the CSG

Since 1998 the government has made a concerted effort to increase the reach of the CSG and the number of child beneficiaries has risen dramatically. In September 2007 there were over 8-million beneficiaries of the CSG, with the largest proportion of beneficiaries being found in the populous and poor provinces of KwaZulu-Natal (25%) and the Eastern Cape (19%).

There is evidence that social assistance has a positive impact on the lives of children in poor households. However, only a limited number of studies focusing on the effect of the CSG on children have been conducted, and these tend to show associations rather than direct causal links. Further longitudinal studies are required to provide evidence of impact.

Research by the Economic Policy Research Institute (EPRI) suggests that South Africa's system of social security has been successful in reducing poverty, both in absolute terms – the numbers of people living in poverty – and in relative terms, by reducing the average

poverty gap (Samson et al, 2004). The same research suggests that households that receive social grants rather than other income streams alone tend to spend more on basics like food, fuel, housing and household operations.

A study by Budlender & Woolard (2007) on the impact of the CSG and old age pensions on children's schooling and work in South Africa suggests that the grant has some effect in encouraging school attendance amongst direct beneficiaries. The authors noted that the effect is small in terms of percentage points, but this is to be expected given the already high overall enrolment rates.

Modelling for this 2007 study also showed that enrolment of children who are not direct CSG beneficiaries is more likely when another child in the household is a direct CSG recipient. Other studies lend support to the association between receipt of the CSG and increased school attendance (Samson et al, 2004; Case et al, 2005).

The CSG has also been found to boost early childhood nutrition (as measured by the children's height-for-age), which could contribute to higher productivity and wages later in life (Agüero et al, 2007).

In terms of use of the grant, a study conducted by C A S E in 2000 found that three-quarters of beneficiaries reported that the CSG was their main source of financial support (Kola et al, 2000). Caregivers receiving the CSG indicated that the greatest impact of the grant was on their improved ability to provide food. This response was significantly more likely in rural areas, whereas in formal urban areas – where basic needs are more likely to have been met – greater emphasis was placed on its use in paying for education.

3.2.1. Role of CSG in Improving Childhood Nutrition in Vulnerable Households

Access to adequate nutrition for young children is of particular concern, as nutritional deprivation and malnutrition in the early years have long-term negative consequences on physical and cognitive development. Stunting (or low height for age as a result of chronic malnutrition) is associated with poverty and poor socio-economic conditions, and may be irreversible in older children.

A study on developmental potential in the first five years among children in developing countries found that prevalence of early childhood stunting and the number of people living in absolute poverty are both closely associated with poor cognitive and educational performance in children. This is likely to contribute to the intergenerational transmission of poverty (Grantham-McGregor et al, 2007).

Faber and Wenhold (2007) note in a study on nutrition in contemporary South Africa that the prevalence of stunting and being underweight increases significantly from the first to second year of life. The period six to 24 months, in particular, 'carries a great risk of growth faltering and malnutrition, because of the inadequate nutritional quality of complementary foods and increased risk of infections due to decline in breastfeeding'. This is therefore a critical window period for child development.

A study on infant and young child feeding trends in SA (2005) uses data from the 2003 Demographic Health Survey to note that while up to 80% of South African mothers initiate breastfeeding, only 12% of infants are exclusively breastfed from 0–3 months.[7]

This suggests that it is necessary to ensure that caregivers living in poverty can access nutritional complementary foods for their children from birth. Cash transfers such as the CSG have an important role to play in enabling caregivers in the household to access food of sufficient nutritional quality and variety to meet the child's needs.

However, there is evidence that limited or late access to the grant reduces the impact on child development. A recent study found that regular receipt of the CSG for

7. 'National Food Consumption Survey – Fortification Baseline (NFCS – FB): the knowledge, attitude, behaviour and procurement regarding fortified foods, a measure of hunger and the anthropometric and selected micronutrient status of children aged 1–9 years and women of childbearing age: South Africa, 2005' (2005, unpublished). University of Stellenbosch and Tygerberg Academic Hospital, South Africa. Cited by UNICEF, Pretoria.

two-thirds of the child's life before the age of 26 months was required to significantly boost child height, an indication of nutritional status (Agüero, Carter & Woolard, 2007). It is therefore important that primary caregivers of young children living in poverty are able to access the CSG on a regular basis early in the child's life.

3.3. CSG Policy Challenges

Changes have been made to the CSG policy since its introduction in 1998, one of the most notable being the increase in the age limit from seven years to 14 years. However, calls for changes to various aspects of the CSG policy continue. A comprehensive review of these debates is beyond the scope of this study; instead, this section touches on two selected areas, namely the extension of the CSG age criteria and challenges around the means test.

- An extension of the CSG from children under the age of seven years to children under 14 years was phased in between April 2003 and 2005, and there are calls for the grant to be extended further. Arguments in support of the extension point to the positive social impact of the CSG in the context of widespread child poverty. Age-based targeting of the CSG has been criticised from a human rights perspective on the basis that the state has an obligation to provide all children – defined in the Constitution as persons under the age of 18 years – with access to social assistance if required. In addition, Meintjies et al (2003) have argued that an extended CSG is the most appropriate mechanism for providing support to children in the face of the HIV and AIDS epidemic, given the inability of the foster care system to cater for the numbers of orphaned and vulnerable children in need of financial support.

  Arguments against the extension of the grant include concerns about the affordability of the extension, given the large proportion of the national budget already allocated to social spending; and concerns about encouraging economic dependency and providing perverse incentives, such as encouraging women to fall pregnant in order to access the CSG.

  At its National Conference at Polokwane in December 2007, the African National Congress committed itself to working towards the extension of the CSG to all children under the age of 18 years. In February 2008 the Minister of Finance, Trevor Manuel, announced in his budget speech that the CSG would be extended to 14-year-olds in January 2009.

  This study will touch briefly on the status of older children who currently do not have access to the grant.
- A second area of debate relates to the targeting of the grant and the means test in particular.[8] The means test was intended as a simple mechanism for ensuring that the CSG is targeted at those most in need. However, there are a number of concerns about the means test. These include:
  - Concerns about a lack of consistency in the understanding and application of various elements of the means test (Goldblatt, Rosa & Hall, 2006).
  - The administrative costs of implementing the means test (Budlender, Rosa & Hall, 2005).
  - The degree to which the current 'narrow' targeting mechanism excludes those who are in need and eligible for the grant, while including those who are not eligible (Hall, 2007).
  - The burden of providing documentary proof to ensure that the CSG is correctly targeted may mean that eligible caregivers are excluded because of difficulties in obtaining the required documentation.

  While the monetary value of the CSG has increased with inflation, the income threshold for the means test has not changed since 1998. This effectively means that the criteria for eligibility have become stricter over time, and applicants who would have qualified in 1998 may no longer be eligible. In

8. Discussions about alternatives based on universal access, such as the Basic Income Grant as conceptualised by the Committee of Enquiry for a Comprehensive Social Security System in South Africa (known as the Taylor Committee), fall outside the scope of this study.

February 2008, the Finance Minister announced that the means test would be reviewed and adjusted to take inflation into account.

It has also been noted that the current income threshold applies to all primary caregivers irrespective of the number of dependants; and that the means test takes into account the spouse's income but does not consider whether this income is used to support the child. This is particularly pertinent because, given the fluid relationships in South Africa, the spouse may often not be the biological parent of the child.

This study, which targeted caregivers of children aged 0–13 years in low-income areas, aims to add to the existing literature on the use of the CSG in poor households; and to consider the implementation of the CSG from the perspective of those receiving the grant, as well as the operational barriers that affect those who do not receive the grant.

4. Considering Eligibility

The target group for this study was caregivers of children aged 0–13 years living in low-income areas. The reason for conducting a national household survey rather than focusing on a sample of CSG recipients alone was to allow for some comparison between households receiving the grant and other households that do not, despite their falling in a similar low income band. In addition to considering geographical factors, in the following sections we consider the following categories of caregivers:

a. CSG recipients (whether eligible or ineligible at the time of the interview).
b. Non-recipients eligible at the time of the interview.
c. Non-recipients ineligible at the time of the interview.

A rough measure of eligibility was determined after the data collection (*post hoc*), using the following indicators to develop a proxy indicator for the means test:

- Reported marital status.
- Observed area type to determine whether respondents live in formal areas or rural/ informal areas.
- Total reported monthly personal or individual income of the caregiver, and the total reported monthly income for the spouse if the caregiver reported being married (both including earnings, remittances and other income, but excluding grants).

Discussions of eligibility therefore relate to individual caregivers rather than households, as one household may contain both eligible and non-eligible caregivers. Table 1 below provides the distribution of the sample across the three categories.

	N	%
CSG recipients	1 910	72%
Eligible non-recipients	436	17%
Non-eligible non-recipients	295	11%
TOTAL	**2 640**	**100%**

Table 1: Distribution of caregivers using definition of eligibility

A number of challenges are associated with estimating eligibility. The first is that it is generally recognised that the reliability of self-reported income data is questionable as respondents tend to under-report income in the interview. Reports of income reflect a point in time and may over- or under-estimate the income of seasonal or *ad hoc* workers. Further, some respondents refused to disclose personal financial information while others were unable to provide details about their spouse's income. No proof of income was obtained for the estimates of eligibility in this study.

Despite these cautions, it was useful to estimate eligibility for the following analysis. Respondents who indicated that they receive the CSG were categorised as CSG recipients, whether or not the income reported at the time of the interview meets with the criteria of the means test.

Where non-recipients refused to provide information about their personal or individual income, they were excluded from the analysis because there was no basis for determining eligibility.[9] However, where information was not available about the spouse's income, the available (personal income) information was used to determine eligibility.[10] Cases in which respondents reported that they or their spouse earned no income were taken at face value as it was not possible to determine the veracity of these claims. For these reasons, and because of the general under-reporting of income, the categorisation outlined above may overestimate the number of non-recipients eligible for the grant. Comparisons between the eligible CSG recipient group and the eligible non-recipient group should be read with this caveat in mind.

The table on page 18 provides an indication of the distribution of the sample by category across the provinces.

9. No personal income information was provided in 43 cases (unweighted); however, in 19 of these cases the respondents were CSG beneficiaries and therefore are included in the eligibility analysis.

10. In 81 cases respondents did not know or refused to give their spouse's income; in 43 cases, as mentioned above, no information was provided. Excluding those who did not know or refused to give their spouse's income from the analysis resulted in a minimal change in the distribution of the three eligibility categories (CSG recipients 73%; eligible non-recipients 16%; non-eligible non-recipients 11%).

	CSG RECIPIENTS	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT	TOTAL
EC	79%	16%	5%	100%
FS	75%	15%	10%	100%
GP	58%	20%	22%	100%
KZN	76%	14%	10%	100%
LP	74%	18%	8%	100%
MP	82%	14%	5%	100%
NC	89%	5%	6%	100%
NW	78%	12%	10%	100%
WC	60%	24%	16%	100%
TOTAL	**72%**	**17%**	**11%**	**100%**

Table 2: Categorisation of caregivers, by province (N=2 640)

4.1. Inclusion and Exclusion Errors

The intention behind the targeting of the CSG is that limited resources should be channelled to those most in need. In addition to the age limits, the primary targeting mechanism for the CSG is the means test, in which a primary caregiver must earn less than the income threshold for the type of area in which he or she lives.

The rough measure of eligibility described in the previous section was used to consider the relative accuracy of the targeting or application of the means test for the CSG in these low-income areas. The two key areas of interest when considering targeting are as follows:[11]

- *Inclusion errors:* What proportion of those caregivers who indicated that they are receiving the grant do not appear to qualify for the CSG based on their reported income?
- *Exclusion errors:* What proportion of those caregivers who appear to be eligible for the grant based on their reported income are not currently getting the grant?

Errors of inclusion and exclusion are by no means unusual in targeted programmes. Bearing in mind the cautions above, this analysis provides an indication of where targeting or access problems may occur.

4.1.1. Inclusion Errors

CSG RECIPIENTS	N	%
Eligible	1 647	87%
Non-eligible	240	13%
TOTAL	**1 887**	**100%**

Table 3: Proportion of all CSG recipients who are eligible or ineligible using proxy measure

Table 3 shows the proportion of CSG recipients who were eligible and ineligible for the CSG using the measure described above. The table indicates that the targeting of the grant among caregivers, at least in these low-income areas, is relatively accurate with only approximately 13% of the CSG recipients reporting income higher than the means test threshold.

The concern with inclusion errors is that those who are receiving the grant but earn more than the income threshold are 'defrauding' the grant system. This is sometimes referred to as 'leakage'. However, in addition to the inaccuracy introduced by the proxy nature of the measure, there are several additional reasons why these caregivers may, in fact, not be defrauding the system:

- This measure does not take into account the seasonal or *ad hoc* nature of earnings. The reports of earnings here are a snapshot of a point in time, when a respondent or their spouse may have a job that brings in an amount higher than that required by the means test, but which is not a permanent source of income.
- The means test is applied only at the time of the application, and income fluctuates over time, more so than consumption-based welfare measures. Earnings tend to increase with inflation while the means test threshold has not changed since it was introduced. Therefore those who qualified for the CSG several years ago may no longer be eligible if their earnings increased with inflation over time.

11. Different bases are used in the calculations of these figures (i.e. all those who are receiving the grant in the first instance, and all those who are eligible in the second).

- Definitions of marriage may differ, which would impact on whether or not a partner's income should be included in the eligibility calculation. For example, some customary unions involve a long process, with different understandings of when marriage has actually occurred.

The distribution of eligible and ineligible recipients across the provinces was consistent with the national average and no statistically significant differences were found.

4.1.2. Exclusion Errors

Exclusion errors refer to those primary caregivers with children who are eligible for the CSG, but are not currently receiving it.

There are two possible ways of calculating the exclusion error in this case. The first is as a percentage of those *eligible* for the grant (i.e. excluding the group who are getting the grant but appear to be ineligible using the proxy measure); the second is as a percentage of *all* CSG recipients (on the assumption that they were all eligible at the time of application). The difference between these two measures was minimal:

a. In the first instance the exclusion error was 21% (see Table 4).
b. In the second instance the exclusion error was 19%.

ELIGIBLE	N	%
CSG recipient	1 647	79%
Non-recipient	436	21%
TOTAL	2 083	100%

Table 4: Proportion of all eligible caregivers who are or are not receiving the CSG

Table 4 shows that, considering only those who are eligible for the grant using the proxy measure described above, the exclusion rate is 21%. That is, 21% of those who appear to be eligible are not currently receiving the CSG. This may be a slight overestimate, as this group contains those who may have under-reported income (e.g. those who were unable to provide their spouse's income). Despite this, the data suggest that more attention needs to be paid to ensuring that those who are eligible for the CSG are not excluded.

Possible reasons for exclusion include:

- Barriers to access e.g. problems with required documentation.
- Lack of awareness, although this is likely to be less of a factor now than in the early years of implementation.
- Lack of interest, or do not consider R200 per month worth the effort.
- Respondents intend to apply but have not yet done so (e.g. in the case of very young children).
- Self-selection where potential recipients do not think that they meet the criteria.
- Exclusion on the basis of income:
  - At this point in time the caregiver appears eligible but receives seasonal, *ad hoc* or other forms of income that would usually put them over the threshold.
  - Caregivers under-reported their income in this study and are not in fact eligible.

The two provinces in which the exclusion rate differs from the national average of 21% are the urbanised provinces of the Western Cape (34%) and Gauteng (29%).

Eligible	Total	EC	FS	GP	KZN	LP	MP	NC	NW	WC
CSG recipient	79%	81%	81%	71%	82%	79%	83%	91%	85%	66%
Non-recipient	21%	19%	19%	29%	18%	21%	17%	9%	15%	34%
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 5: Proportion of all eligible caregivers who are, or are not, receiving the grant, by province

5. Demographic Profile

This chapter considers the profile of the households and the primary caregivers in this study, and assesses the extent to which the CSG appears to be targeting those most in need.

5.1. Household Profile

The household profile is based on responses given by caregivers about their household size and composition, the type and location of dwelling, and access to basic services. Caregivers were asked to provide demographic information such as age and sex on all household members. Levels of chronic illness within the household are also considered, as this is likely to place additional strain on limited resources.

In this study, almost three-quarters of children (72%) under the age of 14 years living in a household where the respondent was *eligible* for the CSG were receiving the grant.[12] In those households where the respondent was *receiving, rather than merely being eligible for,* the CSG, 83% of the children in the households surveyed were benefiting from the grant.

Both measures were likely to be an underestimate of take-up as they include children of caregivers who may not be eligible for the grant since eligibility was determined only for the respondent and not for all adults in the household.

While this study focused on recipients living within the household, respondents were asked to indicate whether someone outside of the household was receiving the grant for one of the children living in the household. Twelve percent of respondents reported that this was the case.[13] This person was most commonly the child's mother (70%).

5.1.1. Household Size

Table 6 shows that the average household size as reported by caregivers is between five and six members, with an average of two to three children under 18 years of age. Households containing at least one CSG recipient tend to be larger and include more children.

	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT
Average household size	5,8	5,0	4,9
Average no. of children <18 yrs	2,9	2,4	2,2
Average no. of children <14 yrs	2,5	1,9	1,7

Table 6: Average (mean) household size, by category type

At present the means test does not take into account household size or the number of children being supported by the primary caregiver's income. While any review of the means test should take this into account to avoid potentially disadvantaging children in larger households, it would be important to take account of the mobility of children in South Africa and not to add to the administrative burden of the means test.

Both household size and the number of children under the age of 14 years were significantly higher in rural or informal urban areas than in formal urban areas.

	AVERAGE HOUSEHOLD SIZE	AVERAGE NO. OF CHILDREN <14 YRS
Eastern Cape	5,6	2,4
Free State	4,6	1,9
Gauteng	5,0	1,9
KwaZulu-Natal	6,4	2,6
Limpopo	5,7	2,4
Mpumalanga	6,1	2,4
Northern Cape	5,8	2,5
North West	5,6	2,3
Western Cape	4,8	1,8
TOTAL	**5,6**	**2,3**

Table 7: Average household size and children under 14 years of CSG recipients only, by province

12. This study recorded the number of children in the caregiver's household, but did not ask about how many children are in her or his care.

13. N=332.

Overall, household size and number of children under 14 years of age was higher than the national average in KwaZulu-Natal and lower in Gauteng, the Free State and the Western Cape.

5.1.2. Household Composition

In addition to the size of the household, it is useful to look at household composition. The table below shows the structure of households, using the age of the household members rather than family relationships as a guide.

	ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT
Adult and child	75%	74%	70%	87%
Multi-generational	23%	24%	23%	12%
Older persons and child(ren)	2%	2%	7%	1%
TOTAL	**100%**	**100%**	**100%**	**100%**
N	*2 672*	*1 961*	*402*	*285*

Table 8: Structure of household, by category type

As shown above, the majority of children in the low income areas studied live in adult and child families, defined here as children under 18 years and adults aged 18 to 59 years. This definition was likely to underestimate the number of multi-generational households in which grandparents were caring for children, as people may become grandparents before the age of 60.

Non-eligible respondents were less likely to live in multi-generational households consisting of children, adults and older persons (aged 60 years and above) than those who were eligible for the grant. This pattern, in part, reflects their location – a higher proportion of households in formal urban areas consisted of adults and children, while in rural areas there was a higher proportion of multi-generational and older person and child households.

Previous studies have found that the presence of the biological mother is important in gaining access to the CSG. Caregivers were asked to report, for all children living in the household, whether or not the children were living with their biological parents.

		UNDER 14 YEARS		
	ALL	CSG BENEFICIARY	NON-BENEFICIARY	14–17 YRS
Biological mother only	51%	58%	41%	42%
Biological father only	2%	2%	3%	2%
Both biological parents	24%	21%	28%	27%
Neither biological parent	23%	19%	28%	29%
TOTAL	**100%**	**100%**	**100%**	**100%**
N	*7 123*	*4 042*	*1 888*	*1 183*

Table 9: Proportion of children living with their biological parents, by category type (all children in household)

As shown in Table 9, only a quarter of all children in these low-income areas lived with both their biological parents, although this proportion was higher among children who do not receive the grant.

The absence of fathers in the lives of many children is evident, with more than half of the children (51%) in this study living with their biological mother only, and another quarter living without either their biological mother or father. The most common caregivers for children living with neither parent are grandparents.[14]

Children in formal urban areas were more likely to be living with both biological parents than children in rural or informal urban areas. Children in rural or informal urban areas were more likely to be living with neither biological parent. Children in the North

14. This question was not asked directly, but caregivers were asked to indicate the relationship of household members to themselves. Of those children who are not living with biological parents, caregivers described the children as grandchildren (48%), non-biological children (21%), other relatives (15%) and siblings (8%).

West and Limpopo were most likely to live with their mother only, while children in the Western Cape were more likely to live with both parents, and children in the Eastern Cape were most likely to live with neither biological parent.

Households where children were living with their mothers only are more likely to be eligible for the grant as a result of their limited income than those living with both biological parents. The fact that a larger proportion of CSG beneficiaries than non-beneficiaries live with their biological mother can therefore be read as appropriate targeting of a vulnerable group. Those living with neither biological parent were less likely to be CSG beneficiaries.

5.1.3. Location of Household

The type of area and dwelling in which respondents live is particularly important for the CSG, as these are proxy indicators used to determine the income threshold that will be applied in the means test. Households were split relatively evenly between formal urban (47%) and rural or informal urban (53%) areas. The bulk of caregivers in this sample live in formal dwellings (72%), and this was particularly the case among caregivers who reported earning too much to be eligible for the grant (91%).

	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT	TOTAL	
Urban formal	64%	17%	19%	100%	1 233
Rural/ urban informal	79%	16%	5%	100%	1 406
Formal	70%	16%	14%	100%	1 885
Informal	75%	21%	4%	100%	464
Traditional	85%	14%	1%	100%	254
Other	74%	18%	8%	100%	14
ALL	**72%**	**17%**	**11%**	**100%**	

Table 10: Type of area and dwelling in which primary caregivers live (all caregivers)

Table 10 shows that among respondents who are eligible for the grant, caregivers in rural or informal urban areas (79%) were more likely to receive the grant than those in formal urban areas (64%). The income threshold for caregivers in rural or informal urban areas is higher as they are expected to be less well-resourced. The table above suggests that this targeting is effective.

The table also shows little difference in the proportion of CSG recipients within formal (70%) and informal dwellings (75%). The criteria for the means test includes a distinction between formal and informal dwellings, but the above finding suggests that this differentiation is not consistently applied.

Among caregivers living in traditional dwellings, a higher proportion were receiving the CSG than those living in other types of dwellings, but this appears to be a by-product of the rural location of traditional dwellings.

In this study, those living in traditional dwellings were located almost entirely in rural areas, and primarily in the Eastern Cape and KwaZulu-Natal.

5.1.4. Access to Services

Access to services and amenities is a useful indicator of the socio-economic status of the household and can be used to assess whether the grant is targeting the most vulnerable groups.

Table 11 shows a clear link between levels of access to services and the area in which a caregiver lives: Irrespective of whether the caregivers were eligible for the grant or not, there is a clear bias in favour of those living in formal urban in terms of access to basic services and amenities.

This was particularly the case when it comes to services provided within the dwelling (namely running water, flush toilet and telephone line). The exception to this finding was access to cell phones. This bias suggests that the area distinction made in the means test is a useful one.

	ALL			CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT
Electricity	79%	Urban formal	94%	93%	92%	98%
		Rural/urban informal	66%	66%	66%	85%
Cellular phone	78%	Urban formal	79%	76%	72%	91%
		Rural/urban informal	76%	77%	74%	77%
Refuse removal	51%	Urban formal	82%	78%	83%	93%
		Rural/urban informal	22%	20%	28%	40%
Running water in dwelling	46%	Urban formal	76%	72%	78%	87%
		Rural/urban informal	18%	16%	21%	37%
Flush toilet in dwelling	42%	Urban formal	73%	67%	75%	89%
		Rural/urban informal	13%	11%	16%	33%
Landline telephone	10%	Urban formal	18%	10%	22%	38%
		Rural/urban informal	4%	3%	5%	10%

Table 11: Access to basic services and amenities, by category type and area (multiple response, all caregivers, N=2 675)

Table 11 confirms that the distinctions made using the proxy indicator for the means test were useful, as access to services and amenities was consistently lower amongst those who were eligible for the grant than among the more well-resourced non-eligible households (again, with the exception of access to cell phones).

As shown in the table above, the levels of access to services and amenities for the two eligible groups (the CSG recipients and eligible non-recipients) was similar, although in some instances such as access to refuse removal services, running water in the house, a flush toilet in the home and access to a landline, those not receiving the grant had slightly higher levels of access. It is of concern that those who were poor enough to be eligible for the CSG continue to have lower levels of access to basic services than those who were better able to support themselves.

Table 12 shows reported levels of access by province, and reflects the area differences discussed above. Access to services in the Eastern Cape was consistently lower than the national average. Access to running water and a flush toilet in the dwelling was higher than the national average in Gauteng and the Western Cape and lower in Limpopo, Mpumalanga and the North West.

	ALL	EC	FS	GP	KZN	LP	MP	NC	NW	WC
Electricity	79%	65%	82%	82%	75%	79%	81%	77%	86%	96%
Refuse removal	51%	29%	70%	86%	48%	11%	32%	55%	45%	82%
Running water in dwelling	46%	31%	53%	69%	47%	22%	27%	52%	23%	79%
Flush toilet in dwelling	42%	24%	35%	73%	39%	12%	23%	43%	28%	80%

Table 12: Access to basic services and amenities, by province (multiple response)

5.1.5. Presence of Chronic Illness

The presence of chronic illness in the home contributes to household vulnerability. Caregivers were asked if there was anyone in the household with a chronic illness, which was defined as an illness that requires long-term treatment.

Caring for a chronically ill person is likely to place additional economic pressure on the household finances, as money coming into the household must also cover medical costs, medicines, and the additional water and other supplies needed to care for the ill. In addition, as discussed further below, other household members – particularly women and girls – might be forced to do less income-earning work so that they can care for the ill person.

	ALL
Proportion of households where at least one member is affected by chronic illness	31%
Proportion of households where caregiver/partner has a chronic illness	18%
Proportion of households where at least one child has a chronic illness	5%
N	*2 675*

Table 13: Presence of chronic illness in household (all caregivers' households)

Overall, almost a third (31%) of caregivers indicated that at least one household member was affected by chronic illness. One in five caregivers (18%) reported that they or their partner were suffering from a chronic illness.

Few were willing to indicate the nature of the illness; among those who did, the most common ailments was high blood pressure, followed by diabetes, asthma and arthritis. HIV and AIDS were reported in some cases, but were likely to be under-reported for fear of stigma.

Reported levels of chronic illness among caregivers or their partners were higher than the national average in the Western Cape, and lower in Limpopo and Mpumalanga. It is not clear why this is the case.

Among children, the most commonly reported illnesses were asthma and epilepsy. Disabilities were also mentioned.

Chronic illness among adults is likely to impact on their ability to bring money into the household. In 60% of cases it was reported that the illness prevented the caregiver or her/his partner from working. Illness also imposes a care burden, especially on women, that may restrict the time and opportunity for income-earning. In certain cases, such as AIDS, chronic illness may also lead to the loss of the caregiver, causing even greater hardship.

5.2. Primary Caregiver Profile

This section outlines the key demographic characteristics of the primary caregivers and again considers the extent to which the grant is reaching those most in need.

Respondents (primary caregivers) who were receiving the CSG indicated that, on average, they received the grant for 1,7 children. This had increased from the average of one child found in a social impact study carried out by C A S E in 2000. This increase is, at least in part, a result of the extension of the grant from children under seven to children under 14 years of age.

5.2.1. Demographics

	ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT
Average age	37 yrs	37 yrs	40 yrs	38 yrs
Female	98%	99%	98%	93%

Table 14: Demographics of primary caregiver, by category type (all caregivers)

Table 14 shows the sex and average or mean age of the primary caregivers in this study. The average age of CSG recipients was 37 years, and almost all of the respondents are women. This reflects the role of women in society as the primary caregivers of children.

Due to the legacy of apartheid, poverty continues to be closely tied to race or population group. The majority of respondents in this study were African (88%) and a further 10% were Coloured. The majority of CSG recipients (92%) were African.

	ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT
African (urban formal)	78%	84%	71%	65%
African (rural/urban informal)	93%	95%	90%	81%
TOTAL (AFRICAN)	**88%**	**92%**	**83%**	**70%**

Table 15: Proportion of African caregivers, by category type (all caregivers, N=2 675)

Table 15 suggests that this was less likely to be the case in formal urban areas; and among those who were not eligible for the grant. The high proportion of Africans receiving the CSG indicates that there has been a clear shift away from the racially discriminatory access to social assistance that existed prior to 1994. However, this also illustrates that poverty and inequality continue to exist along racial lines.

The demographics of CSG recipients in this study were in line with the findings of a study by Datadesk on the profile of social security beneficiaries in South Africa (Koker et al, 2006).

5.2.2. Education and Marital Status

Table 16 shows that those who were eligible for the grant tended to be less educated than those who were not. Primary caregivers who were eligible for the grant were less likely to have matriculated (20% of CSG recipients and 15% of caregivers who appeared to be eligible but were not receiving the grant) than those who were not eligible (48%).

This may be because those with a higher level of education were better able to access employment or income opportunities and therefore did not qualify for the grant.

	ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT
No formal schooling	9%	9%	16%	2%
Primary school	23%	24%	24%	11%
Secondary school	45%	46%	45%	40%
Matric	19%	18%	12%	30%
Postgraduate studies	4%	2%	3%	18%
TOTAL	**100%**	**100%**	**100%**	**100%**
N	*2659*	*1949*	*400*	*286*
Single	45%	51%	41%	21%
Living with partner	13%	14%	16%	5%
Married	28%	22%	23%	65%
Separated, divorced etc	14%	13%	19%	9%
TOTAL	**100%**	**100%**	**100%**	**100%**
N	*2 675*	*1 963*	*402*	*286*

Table 16: Education level and marital status of primary caregivers (all caregivers)

A link between education and location was evident among those not eligible for the grant, with non-eligible caregivers in formal urban areas (51%) being more likely to have a matric certificate than those living in other areas (34%). Overall, the proportion of caregivers who had a matric certificate was consistent across the provinces, with the exception of the Free State and the Northern Cape, where it was lower than the national average.

The table above also shows that half of the CSG recipients were single (51%) and a third (36%) were married or living with a partner. Non-eligible caregivers were more likely to be married than eligible caregivers, and it is likely that often the combined income of the caregiver and her or his spouse puts them above the means test threshold.

The current CSG policy includes the spouse's income in the means test. However, it cannot necessarily be assumed that a spouse, who may not be a parent of the child, is contributing towards the child's expenses. In this study a fifth of the married primary caregivers (20%) reported that their spouses did not live in the household 'most of the time', suggesting that in some cases the spouse's income was not always available to provide for the child concerned.

5.2.3. Involvement in Work Activities

Involvement in work activities provides an indication of the extent to which caregivers are able to make a living or earn an income.

	ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT
% working (rural/ informal)	37%	37%	32%	48%
% working (formal urban)	39%	34%	21%	68%
Overall average (% working)	38%	36%	27%	64%
N	*2 675*	*1 963*	*402*	*286*

Table 17: Proportion of caregivers working, by area and category type (all caregivers)

Table 17 shows that 38% of all caregivers were engaged in some form of work activity, although this is not always paid work (see Table 18).

Just over a third of CSG recipients (36%) were involved in work activities, compared to almost two-thirds (64%) of non-eligible caregivers. The lower proportion of eligible non-recipients involved in work activities (27%) may reflect an under-reporting of income or sources of financial support.

The table below describes the different types of work activities in which caregivers may be involved, and compares participation in these activities by area type.

	ALL	URBAN FORMAL	RURAL, URBAN INFORMAL
Run or do any kind of business for self/partner	13%	15%	11%
Do any work for wage, salary, commission or payment in kind	15%	19%	11%
Work on own plot, farm, food garden or kraal or help to grow farm produce or look after animals	7%	6%	7%
Do any work as a domestic worker for wage, salary, payment in kind	5%	4%	6%
Help unpaid in business of any kind	8%	3%	14%
Do any construction or major repair work on own home, plot, cattle post, business	3%	2%	4%
Catch fish, shellfish, wild animals or other food for sale or household food	1%	–	1%
N	*2 675*	*1 195*	*1 479*

Table 18: Work activities undertaken by primary caregivers, by area (multiple response, all caregivers)

Table 18 indicates that running or doing any kind of business for themselves or with one or more partners (including survival activities) or working for a wage or salary was more common in formal urban areas, while helping unpaid in a business was more common in rural and informal urban areas.

Not surprisingly, those who were not eligible for the grant were more likely to be running or doing any kind of business, or to be doing work for some form of remuneration such as a wage, commission or payment in kind, than those who are eligible.

ALTERNATIVE MEANS OF SUPPORT	
Child support grant	78%
Supported by persons in household	14%
Supported by persons not in household	4%
Old age or disability pension	2%
Other sources e.g. bursary, study loan	2%
TOTAL	**100%**

Table 19: Alternative means of support for CSG recipients aged 59 years or younger who were not working (multiple response, N=1 077)

When CSG recipients under the age of 60 years who were *not* involved in work activities were asked to indicate how they supported themselves, three-quarters (78%) indicated that they did so by means of the CSG. The most common reasons given by recipients under 60 years for not working over the seven days prior to the interview were that they could not find any work (61%) or they were too ill, disabled or unable to work (9%).

Just over a third of CSG recipients under 60 years (35%) indicated that they had actively looked for work during the past four weeks, while 8% indicated that they had taken some form of action to start some kind of business.

TIME SPENT LOOKING FOR WORK	
Less than 6 months	35%
6 months to less than a year	15%
1 year to less than 3 years	17%
3 years or more	30%
Don't know	3%
TOTAL	**100%**

Table 20: Length of time CSG recipients aged 59 years or younger who are not working spent looking for work

A third of non-working CSG recipients under the age of 60 years (35%) had been looking for work for less than six months, while another third (30%) had been looking for work for three years or more.

In the focus group discussions held with caregivers there was little support for the notion that CSG recipients do not wish to work. Arguments against this included the low monetary value of the grant, which is difficult to live on, and the desire to develop themselves. A young recipient in rural KwaZulu-Natal explained:

'So when people see you sitting at home, they think you are satisfied with the CSG. Little do they know that I would also like to be working or have money to further my studies.' **Recipient, Xolo, KwaZulu-Natal**

5.2.4. Profile of Young Children Under Two Years

Very young children form a particularly vulnerable group and the CSG can play a role in increasing nutrition for these children. In this study we asked primary caregivers for additional information on children under the age of two years in their households. More specifically, caregivers were asked to provide information on the application process and barriers to applying experienced by caregivers of these very young children; and information about access to preventive health care, both generally and by obtaining information from the children's Road to Health clinic charts.

	N	%
Eastern Cape	134	15%
Free State	46	5%
Gauteng	152	17%
KwaZulu-Natal	226	25%
Limpopo	108	12%
Mpumalanga	68	7%
Northern Cape	19	2%
North West	102	11%
Western Cape	64	7%
TOTAL	**918**	**100%**

Table 21: Distribution of the sample of children under the age of two years, by province

The table above provides the distribution of the sample of children under the age of two years. Children in this age group are of interest because they are particularly vulnerable to poor nutrition.

AGE	CSG BENEFICIARY	ELIGIBLE NON-BENEFICIARY	TOTAL
Birth to <6 months	39%	61%	100%
6 to <12 months	64%	36%	100%
12 to 24 months	66%	34%	100%
TOTAL	**57%**	**43%**	**100%**

Table 22: Proportion of children under two in household with eligible caregiver receiving the grant, by age (N=764)

Table 22 provides an indication of the age of the children at the time of this study, and whether or not they were receiving the grant. This table refers only to those children who lived in a household where the respondent for this study was eligible for the grant. Eligibility was not calculated for all caregivers in the household and therefore this measure is likely to be an overestimate of eligibility.

Using this measure, more than half of children (57%) who lived with caregivers who were eligible for the grant were receiving it. The proportion of children receiving the grant under the age of six months was markedly lower than the proportion who received the grant in the second six months or in the second year. This will be discussed further in the section on the CSG application process.

5.3. Conclusion

This chapter shows that the CSG targeting (in the form of the means test) was relatively accurate, with low levels of inclusion errors and slightly higher exclusion errors. However, attention should be paid to the higher exclusion error as this refers to caregivers who were eligible for state assistance but were not receiving it.

The means test appeared to be successful in targeting caregivers, and therefore children, in disadvantaged rural and informal urban areas, although the criterion relating to dwelling type did not appear to be consistently applied.

The study found that households receiving the CSG tend to be larger than others, but at present the means test does not take into account household size or the number of children being supported by the primary caregiver's income.

Using access to basic services and amenities as an economic indicator, the CSG can be said to be targeting the most vulnerable households. This study found that less than half of the households assumed to be eligible for the grant have running water or a flush toilet in their homes, while those who earn too much to be eligible for the grant have consistently higher levels of access to basic services.

The profile of the primary caregivers highlighted the role of women in society as carers for children. In these low income areas the large majority of caregivers were African, although there was more racial variation amongst those who were not eligible. While the CSG has gone a long way in addressing the racial discrimination that existed prior to 1994, this racial composition indicates that inequality along racial lines continues to exist. In addition, it was noted that CSG recipients were likely to have lower levels of education than those who were not eligible. One reason for this may be that higher levels of education allow caregivers to access employment or income generation opportunities.

Non-eligible caregivers were more likely to be married than either group of eligible caregivers and it is likely that often the combined income of the caregiver and her or his spouse puts them above the means test threshold. A higher proportion of CSG recipients were single than among groups who do not receive the grant, suggesting that the CSG reaches low income caregivers who lack the financial support that a family unit or partner can provide, and therefore require assistance from the state to maintain the child.

6. Role of CSG in the Household

The previous chapter assessed the degree to which the CSG is targeting and reaching vulnerable caregivers and children. In this chapter the focus shifts to the role of the CSG within the household. Again, the findings here are based on the responses of one primary caregiver per household. This section considers income, expenditure and financial decision-making.

Household income provides an indication of the socio-economic status of the household, while the discussion on household expenditure provides insight into the impact that the CSG makes on vulnerable families.

6.1. Income

The data presented in this section suggests that the grant is reaching poor households. Two types of income are considered here, namely household income and personal income.

Household income refers to the caregivers' estimates of earnings, remittances, grants and other forms of income that the household receive as a whole on a monthly basis. Personal or individual income refers to that income which the caregiver alone receives, either through earnings, remittances, grants or other income streams.[15] More specifically, caregivers were asked to consider the following forms of income when estimating both household and personal total monthly income:

- Earnings, salaries or wages (labour income).
- Remittances from inside South Africa.
- Remittances from outside South Africa.
- Child support grant.
- Other grants.
- Other forms of income.

The limitations of self-reported income have already been highlighted. These are particularly important to bear in mind in a study on grants, due to perceptions that income information provided may impact on receipt of the grant.

15. When determining eligibility, grants were excluded from the calculations, but this is not the case in this section.

However, in cases where the household depends on relatively small amounts of money, we can expect the adult members to be well informed about the household's financial affairs. In addition, caregivers who contribute income to the household in the form of the CSG and take part in the financial decision-making (as reported by a large proportion of respondents) are likely to be able to provide relatively accurate information regarding both and personal income.

The monthly mean household income for all respondents in these low-income areas was R1 936 and the median was R1 270. The income of households in Gauteng was above this national average in Gauteng, and below it in Limpopo, Eastern Cape and the Northern Cape.

The table below considers the average monthly household income for the different eligibility and recipient categories. Given that this study included both eligible and non-eligible caregivers, the reported household incomes ranged widely. Because of the sensitivity of the mean to extreme cases or outliers (i.e. cases in which income is much higher than most), both the mean and the median are presented below.

	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NOT ELIGIBLE NON-RECIPIENT
Mean monthly household income	R1 519	R1 503	R5 584
Median monthly household income	R1 200	R1 000	R3 600
Mean per capita monthly household income	R290	R324	R1 254

Table 23: Mean, median and per capita monthly household income, by category type (all caregivers)

Household income as defined in Table 23 combines incomes, remittances, grants and other income streams from all adults considered to be part of the household. As was to be expected, the overall household incomes for CSG recipients and those who are eligible for the grant but not receiving it, were similar – and substantially lower – than the household

income reported for those classified as ineligible for the grant in this study.

In the context of limited household income, as suggested by the low per capita income, it is likely that the CSG is used to cover general household expenses that may benefit the child indirectly, rather than being spent on the child alone.

Overall there was a clear bias on the level of mean monthly household income in favour of those living in formal urban areas, where the average monthly household income is R2 386, compared to R1 536 in rural or informal urban areas.

	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NOT ELIGIBLE
Urban mean monthly household income	R1 579	R1 691	R6 224
Rural mean monthly household income	R1 478	R1 324	R3 386

Table 24: Mean, median and per capita monthly household income, by area and category type (all caregivers)

Table 24 shows a similar pattern across the three categories of caregivers. In addition to asking about household income, caregivers were also asked to estimate their own personal or individual income, as shown in the table below. Not surprisingly, average personal income was much lower than household income.

The overall mean monthly personal income was R915, compared to R1 936 for the mean monthly household income.

	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NOT ELIGIBLE
Mean monthly personal income	R738	R471	R2 714
Median monthly personal income	R600	R325	R1 600

Table 25: Mean, median and per capita monthly personal income, by category type (N=2 628)

Using both mean and median, the average personal income reported by the eligible groups tends to be below the means test threshold, as shown in Table 25. The reported income of the CSG recipients includes the income from the CSG.

Half of the CSG beneficiaries (51%) did not receive any other form of income, including other grants and remittances.

	HOUSEHOLD INCOME (CSG RECIPIENTS)		
	ALL	URBAN FORMAL	RURAL OR URBAN INFORMAL
Salary/wages/ labour income/informal trading	27%	31%	24%
Remittances from within SA	9%	8%	10%
Remittances from outside SA	1%	1%	1%
CSG	40%	38%	42%
Other grants/monies from government	21%	20%	22%
Money from other sources e.g. rental, maintenance	2%	2%	2%
TOTAL	100%	100%	100%

Table 26: Sources of income for CSG recipients by category type (CSG recipients only, N=1 890)

Table 26 shows the reported contribution that the different sources of income made to the overall household income for CSG recipients. Households in rural areas were less likely to receive income from earnings than households in formal urban areas.

In households containing a CSG recipient, the grant contributed approximately 40% of total income.

For personal income this proportion was even higher, with approximately 67% of the individual income coming from the CSG. This large contribution of the CSG to household and personal income supports the argument that this money is often used to support the household at large rather the child beneficiary alone.

	% OF HOUSEHOLD INCOME
Limpopo	47%
Northern Cape	47%
Eastern Cape	45%
North West	41%
KwaZulu-Natal	39%
Gauteng	38%
Free State	39%
Mpumalanga	37%
Western Cape	31%
OVERALL	**40%**

Table 27: Dependence on CSG amongst households of CSG recipients, by province (N=1 891)

Table 27 shows the dependence on the CSG across the provinces. The CSG forms a larger proportion of household income than the national average in Limpopo (47%), and a lower proportion in the Western Cape (31%). When considering personal income, the CSG again formed a larger proportion of income than the national average in Limpopo (78%).

This reliance on this grant makes these households vulnerable to a significant reduction in income once the child beneficiary reaches the age of 14 or 15 years, and the household will no longer receive the CSG. Given the relatively low contribution of salaries or other earnings from labour to household income, the households that lose the grant are unlikely to be able to compensate easily for the loss.

6.2. Household Expenditure

This section considers how the household income discussed above was spent in order to gain further insight into the effect that the CSG has in the households of low-income caregivers and children.

Caregivers were asked to estimate the amounts that they spent each month on a range of expenditure categories. Table 28 outlines the contribution of each category to the overall household expenditure. Lifestyle expenses refer to personal care (including toiletries), entertainment and tobacco, while education consists of school fees and transport only (uniforms and the cost of books or school trips have not been included). Child care refers to paying someone to care for the child in the home or at a daycare facility or crèche. Basic services refers to the costs of accessing water and electricity.

	ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NON-ELIGIBLE NON-RECIPIENT
Food	52%	55%	53%	33%
Lifestyle	10%	10%	10%	9%
Basic services	9%	9%	10%	11%
Education	5%	5%	5%	8%
Transport (adults)	5%	5%	5%	8%
Debt	4%	4%	3%	9%
Medical care	4%	3%	3%	5%
Fuel	3%	4%	4%	1%
Housing	4%	2%	4%	11%
Child care	2%	2%	1%	2%
Communication	2%	2%	2%	3%
TOTAL	**100%**	**100%**	**100%**	**100%**

Table 28: Contribution to household expenditure, by category type (N=2 662)

Table 28 shows that households that were assumed to be eligible for the CSG spent a higher proportion of their household budget on food – more than half of their household budget was spent on food, compared to an average of a third (33%) for non-eligible non-beneficiaries. For all groups, food took up a far larger proportion of the household budget than any other single cost.[16]

Table 29 shows the distribution of expenditure on food by CSG recipients across the provinces. The proportion of household income spent on food was higher than the national average in the Eastern Cape (65%) and lower in Gauteng (45%).

16. Respondents were asked to estimate expenditure on clothing on an annual rather than a monthly basis. Estimates appeared inflated, however, when compared with other costs and therefore have not been included in these calculations.

	% SPENT ON FOOD
Eastern Cape	65%
KwaZulu-Natal	57%
Mpumalanga	57%
Free State	56%
Limpopo	54%
Northern Cape	52%
Western Cape	51%
North West	50%
Gauteng	45%
OVERALL MEAN	**55%**

Table 29: Proportion of household expenditure spent by CSG recipients on food, by province (N=1 901)

In all three groups, expenditure on basic services was approximately 10% or less of total monthly household expenditure. Little was spent on child care.

The education costs in the table above refer to fees and transport costs only. No significant provincial differences were found in the proportion of household income spent on education costs. Respondents were asked to specify other associated costs such as books and uniforms, but these are difficult to estimate as part of monthly expenditure because many of these expenses are annual or *ad hoc* costs, such as school trips. In the focus group discussions, participants frequently mentioned the costs associated with school, such as providing lunch money and buying uniforms, which are not included in the figures in the table above. A non-recipient in a rural area in KwaZulu-Natal explained the school-related costs for primary school children as follows:

'They cry when they are wearing worn-out shirts or if they are wearing old shoes that have been repaired over and over. They don't want to carry plastic bags anymore because other kids have bags. There are school trips and they also want to go and the situation at home won't allow that.' **Non-recipient, Xolo, KwaZulu-Natal**

The lack of food security for many of the responding households was demonstrated by responses to questions about whether household members had gone hungry in the past year because there was no money for food.

In the past year, was there ever a time when…went hungry because there was no money for food?	
Children under seven years	18%
Other members of the household	20%
N	*2 675*

Table 30: Experience of hunger in household

Approximately one in five households (18%) reported experiencing hunger in the past year because there was not enough money to buy food.

While non-eligible households were less likely to report hunger, there were no discernible differences between eligible households.

In future research it may be more useful to consider how many days in a month children or other members of the household go hungry, rather than whether hunger occurs or not. This is likely to provide a better measure of the impact of the CSG on hunger in vulnerable households.

	CSG RECIPIENTS		
	ALL	URBAN FORMAL	RURAL/ URBAN INFORMAL
Food	78%	77%	79%
School fees	26%	28%	24%
Uniforms	25%	21%	28%
Electricity	22%	20%	23%
Personal care	13%	4%	9%
Medical care (children)	9%	9%	10%
Child care	8%	12%	6%
Fuel	8%	4%	10%
Communication	4%	3%	6%
Transport – adults	4%	3%	5%

Table 31: Expenses that CSG recipients struggled to cover before receiving the CSG (multiple response, N=1 908)

Table 31 outlines the ten most common expenses that CSG recipients indicate they could now afford, but which they had struggled to cover prior to receiving the grant.

The large majority (78%) indicated that they were now able to buy a greater quantity or variety of food as a result of receiving the CSG. A quarter of CSG recipients reported that they could now spend more on school-related expenses for their children.

In the focus group discussions on expenditure, caregivers frequently spoke of using the grant to buy food for their children, as illustrated by the quote below:

'Sometimes at the end of the month there is no maize meal in the house, so when this money comes I use it to buy maize meal, pay crèche fees and maybe buy some potatoes because we don't have any other income in the house. I am a salesperson and sometimes you find that people don't pay on time and then I have no money, so when this money comes I am able to buy food for the children.' **CSG recipient, mother of five children, Orange Farm, Gauteng**

A fifth of recipients (22%) indicated that since receiving the grant they could afford to use more electricity than before. Spending on food and electricity benefits the child indirectly, while spending on education is focused directly on the child.

A larger proportion of CSG recipients living in rural or informal urban areas reported increased spending on school uniforms and personal care, while recipients in urban areas were more likely to report increased spending on child care.

There were no statistically significant differences by area in terms of the proportion who reported increasing their spending on food or school fees.

The grant therefore appears to be primarily used to buy essential food. Given the modest cash value of the grant, it is not likely that the grant will be used to cover a wide range of expenditure.

6.3. Use of Grant

Although social grants are targeted at specific categories of individuals within households, the discussion thus far suggests that in low income families any grant money will be pooled with other income sources to meet the broader needs of vulnerable families. To explore this issue further, caregivers were asked directly how they usually spend their CSG money.

	ALL	URBAN FORMAL	RURAL/ URBAN INFORMAL
Grant pooled with other income for household expenses	21%	20%	23%
Portion spent on child, rest for household expenses	30%	27%	31%
Grant money is spent exclusively on the child	49%	53%	45%
TOTAL	**100%**	**100%**	**100%**
N	*1 862*	*772*	*1 090*

Table 32: Target of CSG spending amongst CSG recipients, by area type

In the table above, half of the CSG recipients (51%) indicated that at least a portion of the CSG was pooled to cover household expenses. This was to be expected, as household budgets are rarely compartmentalised, particularly when it comes to expenditure on food. However, almost half of the recipients reported that they spend the grant exclusively on the child. Responses to this question may have been influenced by respondents' awareness that the grant is intended for the benefit of the child rather than others in the household. Recipients in formal urban areas (53%) were most likely to say that they spend the grant exclusively on the child.

In the focus group discussions, reports of the use of the grant varied. Some explained the 'exclusive' use of the grant on the child by reporting that they used other grants (old age grants in particular), remittances or income to support themselves and used the grant for child-specific expenses, such as education-related costs, buying

clothes or shoes for the child or, as mentioned in one case, larger items such as beds for the children.

Many others argued that the CSG formed an important source of income for the broader family. This was reflected in the discussions in the North West, where younger recipients indicated that they had applied for the grant because of unemployment in the home, and getting the grant was a way of 'helping in the house' or supporting the family.

In Limpopo, a recipient spoke of getting the grant so that 'you can help buy food at home'. Several spoke of using the money to buy groceries for the household, or to pay expenses such as electricity because of the lack of other income.

A caregiver in KwaZulu-Natal noted that due to the low cash value of the grant, she alternates each month: 'if you have bought clothing for the child this month, you will buy groceries the next month'.

'I get the grant for two kids. I pay transport, crèche, mealie meal and electricity. Their father is not working so it supports all of us.' **Older recipient, North West**

Several argued that the grant should be increased or extended because households depend on this income. A non-recipient in Orange Farm in Gauteng argued for a broader-based grant, saying, 'The grant should be for the family and not for the child because it supports the whole family and not just the child'. Participants in rural KwaZulu-Natal spoke of families starving if the grant were to be stopped 'because this money is what keeps us going'.

Pooling of the grant income does benefit the child indirectly because it contributes to the improved functioning of poor households. However, the extent to which the child beneficiary targeted by the CSG benefits directly from the grant money is likely to be reduced by the need to share the income.

In addition to assisting households to meet their basic needs, it is possible that the receipt of the grant has other broader benefits for the household. Examples include having cash to open a bank account, and being able to save money for the future.

	ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NOT ELIGIBLE
Have a bank account	42%	42%	24%	68%
Have savings in some form	22%	20%	11%	46%
TOTAL	**2 675**	**1 963**	**402**	**286**

Table 33: Access to bank account and existence of savings, by category type

The table above indicates that CSG recipients were more likely to report having a bank account (42%) and some form of savings (20%) than eligible non-recipients (24% and 11% respectively). It is not clear if the increased likelihood of having a bank account was because of the possibility of having the grant paid into an account; or whether it was because the recipients had more money available to make a bank account viable. Use of the banking system will be discussed further in a later section.

Respondents living in formal urban areas were more likely to have bank accounts. This is likely to reflect levels of access to the banking system, as well as higher incomes. The same pattern was not found in terms of savings.

	ALL	EC	FS	GP	KZN	LP	MP	NC	NW	WC
Bank account	42%	44%	45%	56%	36%	39%	33%	23%	43%	34%
Savings	21%	19%	26%	25%	21%	31%	19%	8%	16%	14%
N	*2 475*	*350*	*176*	*443*	*553*	*318*	*205*	*144*	*249*	*237*

Table 34: Access to bank account and existence of savings, by province (all caregivers)

Table 34 considers access to bank accounts by all caregivers. The proportion of caregivers with a bank account was relatively constant across the provinces, with the exception of Gauteng (56%) – which had a higher proportion – and the Northern Cape, where the proportion of grant recipients with bank accounts was lowest.

These variations are likely to be due to levels of access to banks and, in particular, greater distances in the Northern Cape and shorter distances in Gauteng. There were no significant differences across the provinces in the proportion of caregivers with savings, except for the Northern Cape (8%) where the proportion of caregivers who reported having savings was lower than the national figure.

The ability to save as a result of receiving the grant was not raised by many caregivers in the focus groups, where discussions tended to focus on the limited value of the grant.

However, some did indicate that the grant allowed them to participate in 'stokvels' or informal savings groups, which in turn allowed them to save for items that require larger payments, as indicated in the following quote:

'It helps a lot in the home, not just for buying food. You can join a "stokvel" and save the money. Maybe if they don't have beds when you get that lump sum then you can use it to buy them the beds.' **Younger recipient, Orange Farm, Gauteng**

6.4. Financial Decision-making

This section addresses the question of who in the household decides how the CSG is spent. There is a concern that if the primary caregiver does not have control of the money, it is less likely to be used for the benefit of the child.

The CSG was designed with the intention of targeting women as recipients in the expectation that women would be more likely to spend on essential items that will benefit the child.

	ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NOT ELIGIBLE
I decide	51%	56%	46%	32%
My partner/ spouse decides	9%	7%	10%	15%
My mother/ father decides	15%	14%	21%	7%
We both/all decide	25%	23%	24%	45%
TOTAL	**100%**	**100%**	**100%**	**100%**
N	2 631	1 936	391	281

Table 35: Description of primary financial decision-maker in household, by category

The table above shows that approximately half of the CSG recipients (56%) make the important financial decisions in the household themselves, while another 22% make decisions together with another household member. The proportion of CSG recipients who reported having control over the financial decision-making was significantly higher than either of the non-recipient categories.

This suggests that primary caregivers have control over the spending of the CSG grant money. A higher proportion of women in rural or informal urban areas (57%) indicated that they were involved in the financial decisions than women in formal urban areas (44%). This could be because fewer women in non-rural or informal areas have resident partners in the household. Financial decision-making was also linked to the age of the respondent, with older CSG recipients being more likely to indicate that they are solely responsible for financial decisions.

6.5. Conclusion

It is clear that the CSG is reaching poor households and making a significant contribution to household income.

Households in rural or informal urban areas had lower levels of income, indicating that the area-based

targeting is useful in distinguishing between areas of differing advantage.

On average, the CSG accounted for 40% of reported household income. The contribution of CSG to household income tended to be highest in the Northern Cape and lowest in the Western Cape. Dependence on the CSG was even higher when the personal incomes of the primary caregivers were considered. In cases where respondents were unwilling to divulge personal financial information, the contribution of the CSG may be overestimated; despite this, the research indicates that the CSG acts as a lifeline for many households in the face of high levels of unemployment and limited opportunities for economic development. Given the relatively low contribution of salaries or earnings from labour, it is unclear how these households will be able to compensate for the loss of income when the child turns 14 or 15.

Food formed the largest category of expenditure across all groups, but the proportion of expenditure was higher amongst those eligible for the grant. Four areas in which CSG recipients indicated they had increased spending since receiving the grant included food (79%), school fees (26%), school uniforms (25%) and electricity (22%). This was in line with the growing body of evidence that the CSG is being used for essentials such as food, basic services and education-related costs.

Half of the CSG recipients reported pooling the grant money with other household income, although this was likely to be an under-estimate as recipients were aware that the grant is intended for the targeted child. Recipients in rural or informal urban areas were less likely to report that they spend the money exclusively on the child. Given the dire poverty in which many people live, this pooling of resources is to be expected, but is likely to dilute the extent to which the targeted child benefits directly.

Extending the grant to children aged 15 to 17 years would mean that all children receive some form of income support and that younger children would benefit from the 'freeing' up of some of the current grant that is shared.

There was evidence that CSG recipients were more likely to have bank accounts and some form of savings than those who are eligible, but not receiving, the grant. Recipients also tended to be involved in financial decision-making, either alone or jointly with others, and generally had control over how the grant is spent.

7. Access to Services

This chapter shifts from looking at the use of the CSG specifically to considering access to other programmes and initiatives that have been put in place to support vulnerable families.

Access to education, healthcare and nutrition is essential for all children, but for some children the poverty in which they live can make it difficult to access their basic rights and break the cycle of poverty. The CSG is intended to be bolstered by other poverty alleviation measures implemented by the government, such as free primary health care for children under the age of six years, free basic services, school fee exemptions and the provision of food at primary schools through the national school nutrition programme. To deal with child poverty holistically, people accessing the CSG should be linked to other poverty alleviation programmes. Integration across sectors, however, can be difficult to achieve in practice. This section considers knowledge of and reported levels of access to other government services and poverty alleviation measures.

7.1. Access to Education

This section draws on information provided by respondents about school enrolment, payment of school fees and access to the school nutrition programme for all children in their households, including those who are in the care of others in the household. The following section considers all children in the household and, for the purposes of analysis, categorises them as follows:

- CSG beneficiaries aged 0–13 years.
- Non-beneficiaries aged 0–13 years.
- Children aged 14 years and older.

The term *beneficiary* is used to refer to the children who are intended to benefit from the CSG.

7.1.1. Enrolment at School (Children Aged 7 to 17 Years)

The South African Schools' Act (1996) made basic education compulsory for children aged seven to 15 years. While children may be admitted to school earlier than this, in this section we consider school attendance amongst children aged seven to 17 years. Caregivers were asked to indicate whether or not a child was attending school. This provided an indication of enrolment rather than regularity of attendance at school.

	ALL	7–10 YRS	11–13 YRS	14–17 YRS
Attending school	96%	98%	99%	92%
Not attending school	4%	2%	1%	8%
TOTAL	**100%**	**100%**	**100%**	**100%**
N	*4 112*	*1 654*	*1 234*	*1 215*

Table 36: Reported school attendance amongst all children in household aged seven – 17 years

Table 36 presents the reported attendance of children in the household at school by age group. Overall reported attendance was high, but non-attendance rose markedly for older children (8% of children aged 14 to 17 years, compared to 1–2% for younger children). While the attendance rate remained high amongst 14-year-olds (97%), it fell as the age of the children increased (95% for 15-year-olds; 92% for 16-year-olds and 85% for 17-year-olds). This drop in attendance coincides with the end of compulsory education and ineligibility for the CSG, but could be prompted by a number of factors.

Reasons provided by caregivers for children not attending school included that the child dropped out of school of his or her own accord; there was insufficient money to cover education-related costs; disability; or the child had completed his or her education. NGO respondents noted that in their experience a possible reason for school dropout was that school becomes less affordable when the CSG is stopped at the age of 14 years. They also argued that the absence of school feeding programmes for this age group at high school is likely to affect performance and may impact on enrolment and retention.

This study found no discernible differences in levels of school attendance between children aged seven to 13 years who are receiving the grant and those who are not. Nor were there discernable differences according to the

area in which children lived. There did appear to be a difference by sex amongst the older children – overall, boys aged 14 to 17 years were less likely to be at attending school (91%) than girls of the same age (94%).

Caregivers were asked to indicate who had decided that the child should not attend school. For children aged seven to 13 years, the decision not to attend school was most commonly made by the caregiver, or was the result of external circumstances, such as lack of money. Among 14- to 17-year-olds, the decision was most commonly made by the child, but may have been influenced by external circumstances.

Regularity of children's attendance at school is an important factor that may be assisted by receipt of the CSG and this should be considered further.

In addition to attendance, caregivers were asked to indicate if school fees were paid for each child in their household. The Department of Education has a policy of providing full or partial school fee exemption to those who cannot afford to pay, and in 2007 'no-fee' schools were rolled out in selected areas.[17] It should be noted that this study took place in the same year that 'no-fee' schools were first rolled out and therefore was unlikely to reflect the impact of this policy. In this section we consider only children aged seven to 17 years who are at school, as such policies do not apply to early childhood development (ECD) facilities.

	ALL	URBAN FORMAL	RURAL/ URBAN INFORMAL
Pay school fees	63%	73%	57%
Do not pay	37%	27%	43%
TOTAL	**100%**	**100%**	**100%**
N	*4 189*	*1 599*	*2 589*

Table 37: Payment of school fees amongst children aged seven to 17 years, by area type

As shown in Table 38, it was reported that school fees are paid for just under two-thirds (63%) of cases. This picture is likely to change as more 'no-fee' schools are rolled out in 2008 and subsequent years. Reported payment of school fees varied according to the type of area in which children live – caregivers of children living in poorly resourced rural or informal urban areas (57%) were less likely to pay fees than those in urban formal areas (73%).

According to the Amended National Norms and Standards for School Funding (2006), recipients of poverty-linked social grants are not required to pay school fees.[18] This does not include children 14 years or older (who do not qualify for the CSG), unless they are foster grant beneficiaries.

	ALL	7–13 YEARS		14 YRS OR OLDER
		CSG BENEFICIARY	NON-BENEFICIARY	
Pay school fees*	63%	63%	68%	62%
Do not pay	37%	37%	32%	38%
TOTAL	**100%**	**100%**	**100%**	**100%**
N	*4 189*	*1 974*	*899*	*1 263*

Confidence intervals: CSG recipient 61,1%–65,6%; Eligible non-recipient 64,6%–71,6%; Not eligible 59,3%–65,3%

Table 38: Payment of school fees amongst children aged seven to 17 years who reportedly attend school, by category

It is surprising, therefore, that this study did not find a difference between the proportion of CSG beneficiaries and non-beneficiaries in the same age group for whom school fees are paid. Table 38 shows no statistically significant difference in the reported payment of school fees between CSG beneficiaries (63%) and non-beneficiaries (aged seven to 13 years, 68%, or older, 62%). This requires further investigation.

The focus group discussions indicated that respondents may have differed in their understanding of the question of whether school fees were paid for

17. Amended Norms and Standards for School Funding (August 2006), p44.

18. Ibid.

the child. Most participants indicated that they are required to pay fees, but later agreed that they could access fee reductions or to obtain full exemptions.

There were also cases in which respondents indicated that they pay school fees, but later clarified that school fees as such were not required, but some form of donation or financial contribution was requested. It was noted that in certain cases fees were paid by employers or others, rather than by the caregiver. Despite this, the above data suggest that more needs to be done to increase awareness of funding norms and standards amongst caregivers and school management.

Caregivers were asked directly whether anyone had applied for a school fee exemption for the child. The proportion that indicated they had done so was low, but this may be explained in part by the phrasing of the question, since only caregivers who indicated that fees are paid for the child were asked if they had applied for an exemption. Those who had successfully received an exemption may have indicated that they do not pay fees. Another complication is that children attending 'no-fee' schools do not need to apply for exemptions as non-payment of school fees is automatic. The focus group discussions suggested a lack of awareness of the term 'exemptions' – some spoke of 'making arrangements' with the school, and these may not have been captured by the question on exemption.

The most common reasons given for not applying for exemption were that caregivers were unaware of them, or did not know how to go about accessing them, again suggesting that further education campaigns are required. Representatives from NGOs indicated that some schools are reluctant to give fee exemptions and that access to exemptions in practice is dependent on the individual schools and their governing bodies.

The personal experiences within the focus groups regarding accessing exemptions varied. In the North West, an older recipient indicated that she received a fee exemption each year because she is not working, while another in the same area said that despite approaching the school for assistance, she had not been able to access an exemption because 'they said the kids don't look like they struggle, they are always neat and their school uniform is up to date'. In essence, this response of the authorities provides a perverse incentive for caregivers not to do their best in respect of their children's appearance.

Education-related costs were commonly identified by non-recipients as expenses that receipt of the CSG would help them to cover. In Orange Farm, a non-recipient's child's results had not been released because the caregiver could not pay the school fees, while another had reportedly not been accepted at a new school closer to her place of residence because the caregiver did not pay fees at the previous school 'and now she is just sitting at home'. Several focus group participants did not appear to be aware that they are entitled to apply for a school fee exemption. Levels of knowledge of 'no-fee' schools in the area were generally low, in part because these schools were in the process of being rolled out at the time.

	7–13 YRS		14 YRS OR OLDER
SCHOOL FEES	CSG BENEFICIARY	NON-BENEFICIARY	
Mean (average) amount paid per year	R106	R394	R302
Median (average) amount paid per year	R60	R100	R120

Table 39: Mean monetary value of annual school fees for children seven to 17 years, by recipient type

A wide range of school fees were reported. Table 39 suggests that caregivers of CSG beneficiaries were likely to pay less in school fees than the two other groups. The reported value of school fees paid in urban areas was higher than fees paid in rural or informal urban areas. A dedicated study would be required to assess the impact of the Norms and Standards for Funding and other policies in practice on a national scale.

7.1.2. Attendance at Crèche or School (Children Under Six Years)

Attendance at some form of early childhood development facility is important for the cognitive and psychosocial development of the child. Caregivers were asked to indicate whether young children in the household were attending crèche or preschool.

Overall, 26% of children were reportedly attending some form of preschool or crèche, while 10% had started attending school and were in Grade R or Grade One. Almost two-thirds of children (63%) under the age of six in these low income areas did not attend crèche or preschool. There were no discernible differences in attendance at crèche across the provinces.

		ALL	0–6 YEARS	
			CSG BENEFICIARY	NON-BENEFICIARY
URBAN FORMAL	At crèche	32%	34%	29%
	At school	10%	9%	10%
	Neither/don't know	58%	57%	61%
	TOTAL	**100%**	**100%**	**100%**
	N	*1 345*	*819*	*516*
RURAL/URBAN INFORMAL	At crèche	21%	24%	15%
	At school	11%	12%	9%
	Neither/don't know	67%	64%	76%
	TOTAL	**100%**	**100%**	**100%**
	N	*1 805*	*1 296*	*494*

Table 40: Attendance at crèche or school by children under six years, by category and area type

In addition, Table 40 illustrates that attendance at crèche was higher among CSG beneficiaries than non-beneficiaries under the age of six in all settings (urban formal, rural or informal urban). However, for both CSG beneficiaries and non-beneficiaries, attendance at crèche was lower in rural and informal urban areas, where children were most likely to live in resource-poor areas and therefore require the support and stimulation provided by ECD centres. Attendance at crèche or preschool was highest in Gauteng (40%), while North West had the largest proportion of children who did not attend either school or crèche (76%).

7.2. Access to School Nutrition Programmes

One programme which appeared to be accessible to a large proportion of vulnerable children is the school nutrition scheme. This national programme aims to alleviate hunger, improve learner concentration and encourage learner achievement and attendance. Since this programme is only implemented at primary schools (Grade R to Grade 7), only children aged seven to 13 years who are attending school are considered here.

	ALL	URBAN FORMAL	RURAL/ URBAN INFORMAL
Access to nutrition programme at school	71%	55%	81%
No access to nutrition programme	28%	43%	18%
Don't know	1%	2%	1%
TOTAL	**100%**	**100%**	**100%**
N	*2 820*	*1 074*	*1 745*

Table 41: Access to free food at school by area type, seven to 13 years only

Table 41 shows that approximately 70% of children attending primary school in these low income areas had access to free food at school.[19] This was particularly the case for children living in rural or informal urban areas (81%). In addition, CSG beneficiaries (74%) were more likely to report receiving free food at school than non-beneficiaries (62%) in the same age group. The frequency with which the children received food, and the quality of the food, were not recorded.

Reported access to nutrition programmes among learners aged seven to 13 years was consistent across the

19. This is based on the reports of the caregiver being interviewed.

provinces, with the exception of a higher level of access in the Northern Cape than nationally; and lower levels of reported access in Gauteng.

The data presented above addresses access to nutrition programmes for children at primary schools. Many NGO respondents were concerned about the lack of nutrition programmes at high school level, particularly since children at high school do not qualify for the CSG. They argued that these policies increased the vulnerability of this group of children and made them more likely to drop out of school.

7.2.1. Knowledge of and Access to Free Primary Health Care

For children to be able to access free primary health care, it is necessary for the primary caregiver to be aware of the policy and to have access to public health care facilities. This section is based on the responses of primary caregivers rather than information collected on all children in the household as above.

	N	%
Government/public clinic	1 774	66%
Government hospital	181	7%
Private doctor/clinic/hospital	546	20%
Nowhere	134	5%
Other	21	1%
TOTAL	**2 656**	**100%**

Table 42: Source of assistance last time the child(ren) needed medical care (all caregivers)

Three-quarters of all caregivers (73%) indicated that they had gone to a public hospital or clinic the last time their child required medical care. Only 7% of caregivers who indicated that they took their child to a public health facility said they had had to pay to see the medical practitioner, and this payment generally referred to the buying of medicines or sometimes a registration fee.

Table 43 shows that access to public health facilities was relatively high. Approximately three-quarters of caregivers (77%) who travel by foot lived within half an hour of the nearest clinic. A smaller proportion travelled by car or used public transport, and of these, two-thirds (66%) lived within a half hour radius of the nearest clinic.

	TRAVEL TIME	ALL	URBAN FORMAL	RURAL/ URBAN INFORMAL
TRAVEL BY FOOT	0–15 mins	35%	45%	28%
	16–30 mins	42%	42%	41%
	31 mins – 1 hour	15%	11%	19%
	> 1 to 2 hours	5%	1%	8%
	More than 2 hours	3%	1%	4%
	TOTAL	**100%**	**100%**	**100%**
	N	*1 916*	*869*	*1 046*
	TRAVEL TIME	**ALL**	**URBAN FORMAL**	**RURAL/ URBAN INFORMAL**
TRAVEL BY CAR (PUBLIC TRANSPORT)	0–15 mins	23%	32%	16%
	16–30 mins	43%	49%	38%
	31 mins – 1 hour	23%	16%	29%
	> 1 to 2 hours	7%	3%	11%
	More than 2 hours	3%	0%	6%
	TOTAL	**100%**	**100%**	**100%**
	N	*679*	*281*	*398*

Table 43: Time taken to reach the nearest clinic, by type of transport and area (all caregivers)

Table 43 also shows that whether the caregivers travelled by foot, car or public transport, the time required to reach clinics tended to be longer in rural and informal urban areas than in formal urban areas. In the focus group discussions most participants agreed that access to public clinics was good and that the service that they received was adequate. Complaints raised regarding access to quality health care included having to spend several hours in long queues without food and sometimes being told to return the following day; concerns about medicines which run out; varying levels of helpfulness amongst health practitioners; and covering costs such as medication and taxi fare for referrals.

	%
Do you have to pay if you take a child under six years to a public hospital/clinic for basic medical care?	
Pay	2%
Don't pay	94%
Don't know	3%
N	*100%*
Do you have to pay if you take a child under six years to a public hospital/clinic for preventive care?	
Pay	2%
Don't pay	96%
Don't know	2%
N	*100%*

Table 44: Knowledge of health care policies for children under the age of six years (N=2661, all caregivers)

The table above shows that knowledge of the policy of free primary healthcare for children under the age of six years and free preventive care was high amongst all caregivers (94% and 96% respectively). There were no differences by area type or by province.

7.2.2. Access to Additional Poverty Alleviation and Developmental Measures

While the CSG is targeted directly at children, other poverty alleviation measures are aimed at improving the quality of life of the household more broadly. Additional poverty alleviation measures include access to free housing, free basic services such as water, sanitation and electricity, and assistance through municipalities for families that are registered as indigent. Developmental programmes such as the public works programmes and adult basic education and training (ABET) are also considered. This section focuses on access for the primary caregiver rather than other members of the household.

Table 45 presents the proportion of caregivers who report participating in the programmes and initiatives outlined above. In general, CSG recipients were no less likely to access these programmes than others living in these low-income areas. However fewer non-eligible caregivers than CSG recipients had applied for a housing subsidy.

Overall, 16% of caregivers indicated that they had registered with the municipality as indigent in order to receive assistance with basic services. There was no statistically significant difference across these three groups. There was a difference by area type: Overall, the proportion who had registered as indigent was higher in formal urban areas (19%), compared to 13% in rural or informal urban. Access to support for the indigent was higher than the national average in the Northern Cape (27%) and Mpumalanga (33%).

Public works programmes are intended to provide vulnerable adults with the opportunity to obtain and practise skills in a working environment, and therefore have a developmental component. Very few of the respondents in any of the three categories had worked on a Public Works programme in the previous two years and there was no statistically significant difference in levels of participation between CSG recipients and those not receiving the grant. Those who had worked on such a programme most commonly mentioned working on construction projects.

		ALL	CSG RECIPIENT	ELIGIBLE NON-RECIPIENT	NOT ELIGIBLE
Registered as indigent with municipality		16%	16%	17%	11%
HOUSING	Applied for house (subsidy scheme)	20%	22%	17%	12%
	Got a house	19%	19%	16%	24%
	Never applied	61%	59%	67%	64%
	TOTAL	**100%**	**100%**	**100%**	**100%**
Worked on PW programme in previous two years		5%	5%	3%	8%
Taken part in ABET classes in last two years		4%	4%	3%	6%
N		*2 675*	*1 963*	*402*	*286*

Table 45: Access to additional poverty alleviation and developmental measures, by area type (all caregivers)

Similarly, few respondents had accessed ABET classes despite the lower levels of education among the sample population outlined earlier. It is not clear if the low level of take up is due to lack of information, lack of service provision or difficulties accessing such programmes. There were no discernible areas or provincial differences in access to public works programmes and ABET classes.

Such low levels of access to these poverty alleviation and developmental initiatives is concerning, as these are low-income communities in which these initiatives should be most active. There was also no significant difference between CSG recipients and non-recipients in terms of access to these services, despite that fact that accessing the CSG could provide a gateway or referral for recipients to access other governmental initiatives. A key aspect of the CSG is that it was intended to be complemented by access to other services and development measures. NGO respondents all mentioned the need to develop further integration.

7.3. Access to and Use of Preventive Health Care Measures

This section considers the additional data collected for all children under the age of two years in the households that were surveyed, and considers levels of access to preventive health care. A number of preventive health care measures for young children are provided at public health facilities and caregivers are encouraged to make use of them on a regular basis. They are assisted in monitoring this through the use of the Department of Health's Road to Health chart. These services include growth monitoring through regular weighing, immunisation and the provision of vitamin supplements, amongst others. Caregivers reported high levels of access among the children younger than two years living in their households.

- In almost all cases (97%) in which information on immunisation was obtained, the children surveyed had been immunised or taken for vaccinations[20], primarily at a public or government clinic (92%).
- Similarly, in almost all cases (92%) the child had been taken for growth monitoring in the past six months, again at a government clinic (95%).
- In almost all of these cases (98% and 99% respectively), no payment was required.

The high level of access to immunisation reported here is in line with the 90% immunisation coverage in 2005 reported in the Presidency's *Development Indicators Mid-term Review 2006*.[21] The above figures, however, do not provide information about the frequency with which these children access the services or whether their vaccinations are up-to-date.

To obtain further insight into these questions, information was collected from the child's Road to Health chart, a home-based record of a child's health and development introduced by the Department of Health to improve the identification of children needing extra care.

AGE OF CHILD	IMMUNISATION
At birth	BCG Polio vaccine
6 weeks	Polio vaccine DTP vaccine Hib vaccine Hepatitis vaccine
10 weeks	Polio vaccine DTP vaccine Hib vaccine Hepatitis vaccine
14 weeks	Polio vaccine DTP vaccine Hib vaccine Hepatitis vaccine
9 months	Measles vaccine
18 months	Polio vaccine DTP vaccine Measles vaccine
5 years	Polio vaccine DT vaccine

Table 46: Primary schedule for vaccinations

20 N=744.

21 Immunisation coverage is defined as the proportion of children under one year who received all their primary vaccines for tuberculosis, diphtheria, tetanus, pertussis, polio, measles, hepatitis B and haemophilus influenza.

This section required fieldworkers to request the caregiver to provide the dates of vaccinations as recorded on the child's Road to Health chart. In many cases the chart was not available as it was kept elsewhere or had been mislaid. In some cases the information contained in the chart was viewed as confidential and the respondent was not willing to share the information.

Table 46 outlines the primary schedule for immunisations provided by the Department of Health. The date of each immunisation must be recorded on the Road to Health chart, together with the signature of the health worker who administered it.

AT BIRTH	BCG	POLIO 1
At birth	86%	48%
6–30 days	8%	7%
> month	6%	45%
TOTAL	**100%**	**100%**
N	*550*	*532*

AT 6 WEEKS	DTP	HEP B
< 5 weeks	17%	15%
5–7 weeks	51%	48%
> 7 weeks	32%	37%
TOTAL	**100%**	**100%**
N	*453*	*485*

AT 9 MONTHS	MEASLES
< 8 ½ months	23%
8–10 months	55%
More 9 ½ months	22%
TOTAL	**100%**
N	*278*

Table 47: Age at which children reportedly received immunisations (under two years)

Table 47 provides an indication of the age of the child at the time of the recorded immunisation up to two years. Almost all children (86%) appeared to have received their BCG vaccinations at birth. The polio vaccination at birth, however, was only recorded in approximately half (48%) of the cases. In a similar proportion of cases the children received the polio vaccination a month later (the expected date for the second polio vaccine is at six weeks old).

While most children appeared to receive the BCG vaccination at the scheduled time, this was not the case for the other vaccinations. In two-thirds of cases recorded, the first DTP and Hepatitis B immunisations took place before or when the child was approximately six weeks old. In a third of cases the vaccinations took place later than seven weeks. Half of the children (55%) had received a measles vaccination between eight and ten months.

7.4. Conclusion

Cash transfers must be accompanied by access to other poverty alleviation programmes and developmental initiatives if they are to have a noticeable impact on reducing poverty. The wide-ranging reach of the CSG makes it a useful mechanism for linking poor households with other poverty alleviation measures. However, the levels of access to services and poverty alleviation measures discussed in the section were very varied.

School attendance was already high. This study did not find an association between school attendance and receipt of the CSG. An association was, however, found between attendance at an ECD facility or Grade R, and receipt of the CSG.

An issue of concern was that fees were reportedly paid for two-thirds of CSG recipients, despite a number of policies, including school fee exemptions, being put in place by the Department of Education to remove the burden of this expense from vulnerable families.

Knowledge of exemptions and how to apply for them appeared to be low, but CSG beneficiaries did tend to pay lower fees than those not receiving the grant. Further education campaigns are required to ensure that policies aimed at assisting the poor are translated into practice.

A useful starting point would be for SASSA and the Department of Education to work together in an information outreach effort, to ensure that those receiving the CSG are aware of the policies that have been put

in place to assist them, and are able to access them at a local level.

There was also a high level of knowledge about access to free primary health care for children under the age of six years, and access to facilities within half an hour's travel distance is relatively high, although travel times in rural areas are longer. Access to preventive health care measures was also high among young children.

In contrast, the study found that access to other poverty reduction and developmental initiatives was low, despite the focus of this study on low-income areas which such programmes may be expected to target. Greater communication about these programmes and co-operation between government departments is needed to improve linkages between the different poverty alleviation programmes.

8. Implementation of the CSG

This section focuses on the CSG application process and implementation as experienced by CSG recipients who were receiving the grant.

To ensure consistent answers and avoid confusion, the adult recipients were asked to respond in respect of one child beneficiary only. If the recipients received the grant for more than one child, one of these children was randomly selected for discussion using a random number grid. Where the caregiver was looking after a child under the age of two years who was not selected on the random number grid, the information for that child was also captured where possible in a separate section of the questionnaire. This chapter therefore also presents the data for caregivers of children under the age of two years.[22]

Experiences of the application process, payment of the grant and access to services are covered in this section.

8.1. Application Process

The average age of the children considered in this section is six years old. There is no discernible difference in the distribution of the age groups within urban and rural areas.

	TOTAL	FORMAL URBAN	RURAL/ URBAN INFORMAL
Before 2000	7%	6%	7%
2000–2002	23%	19%	26%
2003–2005	38%	41%	37%
2006–2007	29%	32%	28%
Can't remember/don't know	2%	2%	2%
TOTAL	**100%**	**100%**	**100%**
N	*1 908*	*790*	*1 117*

Table 48: Year when grant was first received, by area type (0–13 years)

Table 48 shows the year in which recipients first started to receive the CSG for the child in question. Almost a third (29%) of current recipients had received the grant for less than two years, while more than two-thirds of the current recipients (67%) had been receiving it for less than five years (since 2003). A very small number of recipient respondents claimed to have received the grant prior to 1998, the year that the CSG was introduced. It is assumed that they do not accurately remember the year in which they applied for the grant – a number indicated that they started receiving the grant in 1997. There were no significant differences in the year of application between recipients living in rural and urban areas or across provinces.

8.1.1. Age at First Application

Of particular interest to this study is the age of the child when the caregiver first applied for the grant, as young children are particularly vulnerable to the ill effects of malnutrition associated with poverty and are less likely to be able to access other forms of support such as nutrition programmes than older children.

AGE GROUP	%
Birth to 6 months	29%
6 months to < 12 months	15%
12 to < 18 months	9%
18 to 24 months	8%
> 2 yrs to 5 yrs	20%
6 yrs to 9 yrs	14%
10 yrs to 13 yrs	5%
TOTAL	**100%**
N	*1 856*

Table 49: Age of child at grant application (0–13 years)

The table above shows that in 60% of cases, the caregiver applied for the grant in the first two years of the child's life. This is a critical age range during which malnutrition can have life-long detrimental effects. Access to the grant in this 24-month window period can assist caregivers to give the child adequate nourishment. More than one in four (29%) applications were made when the child was younger than six months. This

22. Children under two years received the grant in approximately 486 cases, and did not get the grant in approximately 424 cases (weighted).

is important, as caregivers need to access other sources of food for the child, in addition to breast milk, after the age of six months.

There were no significant differences in the age of application across urban and rural areas or dwelling types. The age of application was consistent across the provinces, except for the Eastern Cape, where children tended to be older when the application was made – 52% applied when the child was under the age of two years compared to the national average of 62%.

Applications for older children were, in part, a reflection of lower levels of awareness in the early years of the grant and the extension of the grant from seven to 14 years between 2003 and 2005. They also reflect changes in the circumstances of vulnerable households as the child is growing up (e.g. loss of employment or loss of a caregiver, which necessities an application for financial support). Given the importance of the first two years for the nutritional status of the child, more needs to be done to ensure early access to the grant in vulnerable households.

The table below considers the age of application amongst children who were under the age of two years.

	%
Under 6 months old	83%
6 months to <12 months	13%
12 months to <18 months	3%
18 to <24 months	1%
TOTAL	**100%**
N	*425*

Table 50: Age of children when caregivers first applied for the CSG (under two years)

The table above indicates that the majority of caregivers of children under the age of two years at the time of the interview first applied for the grant when the child was less than six months old.

Another 17% only applied when the child was older than six months.

The age of application differs from the age of receipt of the grant. Given the time required to process applications and payments, and the delays that may be introduced as a result of incorrect or missing documentation, it is possible that these caregivers may lose out on this support for children in the first year of their lives.[23]

More than half (56%) of caregivers of children under 14 years of age who applied in the first two years of the child's life indicated that they did not apply for the grant immediately or soon after the child was born. The table below provides a detailed breakdown of the reasons given by CSG beneficiaries for not applying for the grant shortly after birth. Table 52 gives the breakdown of the reasons given using the additional data collected from the caregivers of children under the age of two only.

	N	%
Lack of/difficulties accessing the required documentation	223	36%
Did not know about CSG or how to apply	100	16%
The child was supported by other means at the time	52	9%
Difficulties accessing service point (transport, queues, childcare)	52	9%
No reason	50	8%
Traditional beliefs (cannot take child out in first 3 months)	28	5%
Ill health	22	4%
Misinformed about the grant e.g. can only apply for one child	17	3%
Challenges in application process	20	3%
In care of another caregiver	18	3%
Before introduction of grant	7	1%
Other	21	3%
TOTAL	**610**	**100%**

Table 51: Reasons for not applying for the CSG soon after the child's birth (0–13 years)[24]

23. Caregivers were asked about the child's age at application but not at receipt of the grant.

24. Only caregivers who indicated that they had applied for the grant in the first two years of the child's life were asked whether they had done so shortly after birth, and to give reasons if they had not.

The most common reasons for not applying for a CSG soon after the child was born appeared to be challenges regarding the required documentation and a lack of awareness, either of the grant or how to apply for it.

In over half of the cases in which problems with the documentation was raised, respondents spoke of not having applied for a birth certificate, waiting for the birth certificate to be processed, or inaccuracies either on the birth certificate or clinic card, which had to be corrected. Other problems included the lack of IDs, lost documentation or difficulties obtaining documentation when a child moved between caregivers, usually because the caregiver had died.

The lack of awareness of the grant or how to apply for it is also of concern, although this was to be expected amongst caregivers whose children were young in the early years of the implementation of the CSG. Other reasons for not applying included changes in family circumstances; most commonly, the person who had been supporting the child when they were first born was no longer able (or willing) to do so (9%); or the child was not under the care of the current caregiver soon after his or her birth (3%).

	N	%
Difficulties with the birth certificate	43	25%
Difficulties with other required documentation	27	16%
Child too young/caring for child	26	15%
Lack of money for transport	16	19%
Did not know of CSG or how to apply	7	4%
Supported by other means	12	7%
Recovering from birth/sick	13	7%
Misunderstanding of process and criteria	6	3%
Other	25	14%
TOTAL	**173**	**100%**

Table 52: Reasons for not applying for the CSG 'immediately' after the birth of the child (under two years)

The patterns indicated for caregivers of children under the age of two years old are similar. In half of the cases in which a child was receiving the grant (59%), primary caregivers indicated that they had applied for a CSG 'immediately', or soon after the child was born. Table 52 outlines the most common reasons given for *not* applying 'immediately'.

Like the caregivers of older children, the most striking reason given for the delay in applying for a grant for caregivers of children under two years was the lack of access to documentation (40%) and to birth certificates in particular. Consideration should be given to methods of fast-tracking the process of issuing birth certificates so that caregivers of young children are able to access the grant earlier in the critical nutritional window period.

The difficulties of travelling and standing in queues with a newborn, as well as cultural traditions, were also mentioned as reasons for not applying immediately. Several caregivers who indicated that their child was 'too young' for them to apply referred to the cultural norm of staying in the home until the baby had reached a certain age (e.g. one or three months). One respondent gave her reasons as follows: 'It is not right to go to overcrowded areas with a newborn baby. It's unethical to do that. My culture doesn't allow that. Therefore I waited until the child was six months old'.

Caregivers in the focus groups noted that, like their non-beneficiary counterparts, the level of care and attention required by very young children made it difficult to go through the application process, which requires applicants to travel and stand in queues, and possibly move between role-players (such as Home Affairs and the South African Police Service) to obtain the necessary documentation. As a result, caregivers were likely to wait until the child is slightly older before going through this process.

'It's because their kids are still young. You cannot go anywhere when your baby is an infant at about five o'clock in the morning (to travel to a service point), or you cannot leave an infant that breastfeeds at home. You cannot take your child with because even when you get there early, there are people who come and say I was in the queue and you wind up in the queue till late and

the only money you have is for bus fare. You don't have any money for food to eat in order to breast feed. **Non-recipient, KwaZulu-Natal**

Some argued that another reason for the delay is that very young children, particularly those who are being breastfed, do not require a great deal of expenditure. Only as the costs begin to increase with the addition of fees for crèche, food, transport and clothes did they feel the need to apply for the grant. Most, however, disagreed with this assessment and argued that the grant was necessary to cover the cost of formula, clothes and other essentials for very young children.

One respondent referred to the issue of 'perverse incentives' in this discussion, when she indicated that initially she was too afraid to apply for a grant for a second child in case others thought she was a 'baby maker'. Others mentioned concerns about losing the grant for other children for whom they were already receiving the CSG.

Lack of knowledge of the CSG did not seem to be as much of a concern for caregivers of children under two years as it was for caregivers of older children. This is likely to be the result of active awareness-raising around the CSG by DSD, SASSA and NGOs, as well as word of mouth. Another factor is that caregivers of younger children may have already applied for the grant for older children.

8.1.2. Time Period Between First Enquiry and Submission

The length of time between initial enquiry and submission of the application may be seen as an indication of the ease or difficulty of meeting the application requirements (providing the required documentation etc).

Almost a third of the beneficiaries (30%) reported that they had submitted the application within one week of their first inquiry. A quarter (23%) took up to one month and a third (35%) reported that the period from first query to submission was one to three months.

Table 53 shows that those living in traditional dwellings (19%), generally located in more remote rural areas, were significantly less likely to report submitting their application within a week of the first enquiry than those living in formal (32%) or informal housing (31%).

	ALL	FORMAL	INFORMAL	TRADITIONAL
Less than one week	30%	32%	31%	19%
1 week to 1 month	23%	22%	24%	25%
> 1 month to 3 months	35%	36%	29%	43%
> 3 months to 6 months	6%	6%	7%	6%
More than 6 months	6%	5%	9%	7%
TOTAL	**100%**	**100%**	**100%**	**100%**
N	*1845*	*1292*	*345*	*208*

Table 53: Time lapsed between first enquiry and submission of application (0–13 years)

The only provincial difference was found in the Eastern Cape (38%), where caregivers were less likely to submit their application within a month of their first enquiry. The data for caregivers of children under two years in particular is similar and is presented in the table below.

	N	%
Less than a week	171	40%
A week to under a month	112	26%
One to three months	123	29%
More than three months	19	5%
TOTAL	**425**	**100%**

Table 54: Time lapsed between first enquiry and submission of application (under two years)

As shown in Table 54, in 40% of cases the caregiver indicated that a week or less lapsed between the time of their initial enquiry and the submission of the application. In a third of cases (34%), however, this process took a month or longer.

	ALL	URBAN FORMAL	RURAL/ URBAN INFORMAL
Difficulty obtaining documents	35%	33%	37%
Did not get round to it	18%	17%	19%
Poor service	8%	5%	10%
Long process	4%	4%	4%
Other personal difficulty	5%	5%	5%
Did not have ID document	4%	6%	3%
Office is far	1%	1%	1%
Did not have birth certificate	2%	3%	1%
Don't know	21%	25%	19%
TOTAL	**100%**	**100%**	**100%**
N	*208*	*80*	*127*

Table 55: Reasons for delays longer than three months in submission process (0–13 years)

In cases where the submission process took longer than three months, the recipients were asked to give reasons for the delay.

As shown in the table above, more than a third of recipients (35%) cited the difficulty of obtaining required documents as the main reason for not submitting the application quickly; this problem was particularly likely to be a challenge in rural and informal urban areas.

A fifth (18%) indicated that the delay had been as a result of their own inactivity.

The following quote from one of the focus groups illustrates the frustration with difficulties of obtaining the required documents, and notes in particular the challenges faced by caregivers who are not the children's biological parents.

'It's not easy to apply for the grant, because they ask you questions about the children's father. For example, I am looking after my deceased sister's children and I was asked where the children's fathers were; why am I the one applying for their grant? I don't know where the fathers are and it took a lot of back and forth for me to get the grant because I didn't even know the children's fathers.' **Older recipient, mother of eight-year-old, Orange Farm, Gauteng**

Discussions in the focus groups frequently focused on documents lost due to the movement of the child and problems with paperwork as a result of the child's parent or guardian passing away. The problems of being able to locate or work with fathers or other relatives who must play a part in the application process were also mentioned. These challenges make it difficult for the grant to 'follow the child' in practice.

Recipients were asked if they received any assistance with their application. Almost half reported receiving assistance with paperwork or obtaining documents from a DSD or SASSA official and almost a third (29%) reported receiving assistance from a social worker.

	%
DSD/SASSA official	45%
Social worker	29%
NGO representative	5%
N	*1 886*

Table 56: Assistance with application (multiple response, 0–13 years)

Only 5% of recipients reported receiving assistance from NGOs. This is likely to be because NGO representatives do not have a presence in SASSA offices, but provide assistance more broadly in communities. NGOs in the children's sector have been active in raising awareness and lobbying for increased access to the grant for vulnerable children. Recipients in KwaZulu-Natal (14%) reported a higher level of assistance from NGOs than in other provinces.

8.1.3. Payment for Application

A positive finding is that only 2% of recipients (29 respondents) reported they were required to pay money

as part of their application. This referred to payment for the application itself, and not to associated costs such as travel or work time lost when applying.

When asked further, it was indicated that the payments were primarily for photocopies of documents, letters of proof of residence and for a stamp. In one case it was reported that a recipient paid R14 for a birth certificate, while in another R30 was paid 'to fill in the application form'.

In four other cases the recipients paid for assistance with the application to a maximum of R20. The highest amount mentioned in respect of application-related payments was R50.

8.2. Implementation and Payment of Grant

	%
Less than one month	11%
1–2 months	27%
2–3 months	50%
More than three months	12%
TOTAL	**100%**
N	*1 827*

Table 57: Time elapsed before grant went into payment (0–13 years)

Table 57 shows the reported time that elapsed between submitting the application and receiving the first payment.

SASSA aims to pay within 21 days from application, but the table above indicates that there were delays in the time taken to receive the first payment.

Close to one in four (27%) received the grant after the 21-day period had elapsed but within two months of their application. Half of the recipients (50%) received the money two to three months after submitting the application. There were no discernible differences in the waiting period between those living in formal urban areas and those living in rural or informal urban areas.

	%
Less than one month	23%
1–2 months	35%
2–3 months	38%
More than three months	4%
TOTAL	**100%**
N	*419*

Table 58: Time elapsed before grant went into payment (under 2 years)

Amongst caregivers of children under two years, a shorter processing time was reported – a quarter (23%) of caregivers received the grant in less than a month and 35% indicated that they received the grant within two months. The other caregivers (42%) reported having to wait for more than two months to receive the payment.

8.2.1. Use of Payment Options

	ALL	URBAN FORMAL	RURAL/ URBAN INFORMAL
Cash collection	69%	59%	76%
Payment into bank account	27%	37%	19%
Other	4%	4%	5%
TOTAL	**100%**	**100%**	**100%**
N	*1 882*	*780*	*1 101*

Table 59: Payment options used by recipients (0–13 years)

Table 59 shows that a little over two-thirds (69%) reported collecting their grants in cash each month, while a quarter (27%) had the money deposited into a bank account. The patterns among caregivers of children under two years were very similar. The post office was mentioned as an alternative method of payment, as were shops, the magistrate and a 'library near the house'.

As seen above, there was a clear difference in the use of payment options between recipients in formal urban areas and those in rural or informal areas, with the former significantly (37%) more likely to be paid electronically than the latter (19%).

	ALL	EC	FS	GP	KZN	LP	MP	NC	NW	WC
Payment into account	27%	36%	14%	61%	17%	16%	14%	16%	33%	9%
Cash collection	73%	64%	86%	39%	83%	84%	86%	84%	67%	91%
TOTAL	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
N	*1 883*	*302*	*128*	*274*	*429*	*231*	*153*	*44*	*182*	*140*

Table 60: Use of the banking system, by province (0–13 years)

In Gauteng, 61% of recipients reported that they received payment in their bank accounts, which is a significantly higher percentage than for the other provinces. The table above shows that the proportion of 'banked' recipients was lower than the national average in KwaZulu-Natal (17%), Limpopo (16%), Mpumalanga (14%), and the Western Cape (9%). These provincial differences can be explained in part by varying levels of access to banks, but this is unlikely to be the only explanation in the Western Cape.

Those with very small or unstable incomes tend to be 'unbanked', i.e. to not have bank accounts. Many were unable to afford the bank charges, nor could they maintain the minimum account balances required to keep an account active.

This was reflected in the reasons given by recipients for not using the banking option in the table below:

	%
Concern about bank charges	29%
Distance to banks (cost, travel time inconvenience)	18%
Have never interacted with the bank	16%
Did not know about/not given banking option	16%
Do not know how to use ATMs	6%
Do not have a bank account	5%
Prefers current option	4%
In process of moving to banking option	3%
Other	4%
TOTAL	**100%**
N	*1 346*

Table 61: Reasons for not using the banking system

The impact of bank charges compared to the amount of the grant was clearly the biggest concern for those not using the banking option. They were concerned with both charges for withdrawals and transactions and the minimum required deposit to open an account. There was also some mention of payments to bank accounts being made later in the month, which did not suit respondents, and the frustration of queues at the banks.

Lack of access to banks, as well as the time and money involved in accessing bank facilities, was frequently mentioned. Not surprisingly, this was of more concern to people in rural and informal urban areas than to those living in formal urban areas. A lack of familiarity with the banking system (e.g. 'I'm too old to use these things' and 'I'm illiterate so I don't know anything about banking') was also cited as a reason for avoiding the banking option.

In some cases respondents were happy with the collection of grants as the facility was close by, while others were simply not interested in changing to the banking option (4%).

Caregivers of children under two years were also concerned primarily about bank charges, lack of access to banks and were not comfortable or familiar with the banking system.

In the focus groups, participants spoke of the limited cash value of the grant and their unwillingness to spend a proportion of the grant on transport to the bank or ATM fees and charges for depositing and withdrawing the money.

Participants in the focus groups also spoke of the impact that bank charges had on the limited grant amount, and their lack of clarity about the reason for

the various charges. Another recipient in a rural area summed up her concerns with the banking option as follows:

'We prefer to get (the grant) in full on hand. You pay public transport to get to the bank, and then there are bank charges. Then how much would I be left with?'
Recipient, KwaZulu-Natal

In contrast, a group of younger recipients in Orange Farm, Gauteng, all received their payments through the banking system and argued that this way they are able to access the money at any time, whereas 'at the pay point you have to wait for the date; if it's the 15th then you have to be there'.

One indicated that she had had to take half days off from her position as a volunteer to collect her money at the pay point, and therefore the banking system was more convenient.

Recipients were asked to estimate the distance in terms of travel time, and how they travelled to the bank or ATM that they would usually use, or the closest SASSA pay point. Travelling by foot was the most common mode of travel (57%), followed by public transport (42%). A very small proportion (2%) spoke of using alternative means of transport such as private cars, hitch-hiking, obtaining lifts or using tractors to reach the point at which they collect their grant. This did not differ by area type.

Table 62 provides an indication of the travel times by foot and by other modes of transport.

It is positive to note that 81% of recipients who travelled by foot, and 64% of recipients who had to use public transport (or get lifts or use private cars), were within half an hour of the pay point or bank from which they collect their grant. However, almost a fifth of recipients (19%) who travelled by foot and 36% of those who travelled by public transport or car had to travel more than half an hour to access their grant money. A few travelled for longer than two hours.

The table above also shows a bias in favour of urban areas in terms of the travel time required; recipients in formal or informal urban areas were likely to report shorter travel times, irrespective of the means of transport. Access to pay points within a half hour radius was higher than the national average (74%) in Gauteng (81%) and the North West (88%), and lower in the Eastern Cape (60%).

	TRAVEL TIMES	ALL	URBAN FORMAL	RURAL/ URBAN INFORMAL
TRAVEL BY FOOT	0–15 minutes	38%	46%	33%
	16–30 minutes	43%	42%	45%
	31–60 minutes	15%	10%	17%
	1–2 hours	3%	1%	4%
	More than two hours	1%	1%	1%
	TOTAL	**100%**	**100%**	**100%**
	N	*1 044*	*426*	*618*
TRAVEL BY PUBLIC TRANSPORT, CAR, OTHER	**TRAVEL TIMES**	**ALL**	**URBAN FORMAL**	**RURAL/ URBAN INFORMAL**
	0–15 minutes	18%	22%	15%
	16–30 minutes	46%	55%	39%
	31–60 minutes	26%	16%	33%
	1–2 hours	8%	7%	10%
	More than two hours	2%	0%	3%
	TOTAL	**100%**	**100%**	**100%**
	N	*801*	*346*	*455*

Table 62: Distance to payment point (pay point or bank/ ATM), by type of area (all recipient caregivers)

The findings were similar for caregivers of children under two years.

An NGO respondent working in rural KwaZulu-Natal noted that travel was a particular concern to the most vulnerable households. Often there was a lack of access to transport, but it was too costly to use. Unfortunately, the cost of travel to the pay points, banks or ATMs were not captured in this study.

8.2.2. Assessment of Application Process and Implementation

Recipients were asked to provide feedback on their experience of the application process and the payment of the grant, and on the whole they responded positively. It should be noted that this question was asked of recipients who are currently receiving the CSG, who are likely to be more positive than those who were not able to access the grant.

The table below shows the responses given by recipients when asked for the key challenges they had faced in applying for or receiving the CSG.

	%
No real challenges	73%
Difficulties with documentation	10%
Delays in payment	6%
Access challenges	5%
Lack of information	4%
Problems with application procedures	2%
Other	1%
TOTAL	**100%**
N	*1 838*

Table 63: Challenges in the application and payments process (0–13 years)

Table 63 shows that the majority of successful recipients (73%) indicated they did not experience any 'real' challenges. This is a positive finding but is to be expected from successful applicants; it is the challenges experienced by non-recipients that are of most concern.

Where challenges were reported, these referred primarily to the documentary proof required for the application. As a young recipient from Orange Farm in Gauteng noted, 'When you have all the documents, it's easy'.

Caregivers of children under two years of age who are already receiving the grant were also generally satisfied with the application process. When asked about challenges they had faced with the application process, most (83%) indicated that they had experienced 'no real challenges', although there were once again reports of problems with documentation (6%) and difficulties with travel to the service point (4%).

To obtain an indication of perceptions of the application process and implementation, recipients were asked to rate four aspects using a five-point scale ranging from one (very poor) to five (very good).

	RATING	POOR	NEUTRAL	GOOD
Helpfulness of officials	3,8	10%	15%	74%
Ease of application process	3,7	12%	18%	70%
Access to information	3,7	14%	17%	69%
Access to service points	3,7	13%	16%	71%

Table 64: Evaluation of the application process (N=1 886)

The results presented in Table 64 indicate that, on average, the recipients are satisfied with the ease of the application process, access to information and access to service points. Most respondents noted that they were also happy with the helpfulness of officials although some focus group participants recounted cases where the officials had been rude.

At least 10% of those already receiving the grant, however, rated the application process that they had gone through as poor.

There were no discernible differences between recipients by the type of area in which they live, but provincial differences exist to some extent.

The ratings in the Free State and Limpopo were consistently higher than those in the Western Cape and Eastern Cape across the four aspects. The availability of the information received a particularly weak rating in the Western Cape.

The challenges in the overall process raised by recipients in focus groups tended to focus on difficulties in accessing the grant for other children in their care, as well as concerns about the value of the grant.

ACCESS TO SERVICE POINTS/PAY POINTS		HELPFULNESS OF OFFICIALS		AVAILABILITY OF INFORMATION		EASE OF APPLICATION PROCESS	
LP	4,2	LP	4,3	FS	4,1	LP	4,3
FS	4,1	FS	4,2	LP	4,1	FS	4,1
NW	3,9	NC	4,1	NW	3,9	NC	4,0
NC	3,9	NW	4,0	NC	3,9	NW	4,0
GP	3,7	MP	3,9	GP	3,7	GP	3,8
MP	3,7	GP	3,9	MP	3,6	MP	3,6
KZN	3,6	KZN	3,7	KZN	3,5	KZN	3,5
EC	3,5	WC	3,4	EC	3,4	EC	3,5
WC	3.5	EC	3,4	WC	3,2	WC	3,3
All	3,7	All	3,8	All	3,7	All	3,7

Table 65: Evaluation of the application process and implementation, by province (N=1 886)

'We buy them clothes and food, and we also pay school trips and school fees. The money is very little, especially because the food prices are so high; but it does help because we are unemployed. We are grateful for the grant but it doesn't cover all the expenses.' **Young recipient, Orange Farm, Gauteng**

8.3. Conclusion

Overall those who have been successful in accessing the grant appeared to be satisfied with the process, but a number of areas require further attention.

Of particular interest to this study was the emerging picture with regard to access to the grant among very young children. It is encouraging that a large proportion of caregivers of young children indicated they had first enquired about the grant when the child was less than six months old. However, delays of a month or two between enquiry and submission to obtain the required documentation, and then another few months for the payment to be processed and to reach the caregiver, suggest that there may be substantial delays from time of first enquiry to receipt of the grant. Given that the CSG can play an important role in facilitating access to nutrition early in life and particularly as children move from breast milk to solids, it is important to encourage caregivers to begin this process early and to remove obstacles that may cause delays.

The reasons given for not applying for the grant immediately after the birth of the child point to possible solutions for addressing this issue. These reasons included delays with birth certificates and other documentation; the need to recover from the birth; cultural norms regarding taking the baby out in public; and the fact the queues and travel involved in applying are not conducive for new mothers. All of these factors lead to understandable delays in applying for the grant, and indicate that the best way to address this issue would be to begin the process of application early. This could include information and communication campaigns at ante-natal clinics; facilities at hospitals and clinics to assist with registration of births and the application process; and alternative forms of identification that can be used while official documentation is being processed.

Difficulties with obtaining the required documentation were frequently mentioned as obstacles, and this is an area that has been identified in numerous previous studies. In addition, discussions in the focus groups pointed to particular challenges facing guardians who are not biological parents in obtaining documentation from government departments and, in some cases, uncooperative relatives.

This makes the intention that the grant 'follows the child' difficult to implement in practice.

There was an indication that payments take time to be processed, or at least to reach the pocket of the recipient, and some complaints about the lack of communication on the part of officials regarding the status of applications. Travel times to pay points and cash points appeared reasonable, both by foot and by car, although travel times favoured those living in urban areas. Recipients living in urban areas were more likely to prefer the grant to be paid into a bank account than recipients in rural and informal urban areas. This was primarily because of the perception that banking charges would take up too much of an already small grant; and because of access and transport problems. These concerns and preferences should be borne in mind when considering ways in which to increase the efficiency of the payment system.

9. Barriers for Non-Recipients

While the focus of this study is on recipients and child beneficiaries of the CSG, the study design allowed for non-recipient households to be interviewed as well. Non-recipients were asked to restrict their responses in this section to one child aged 0–13 years. If they cared for more than one child, one was randomly selected using a random number grid. The average age of the randomly selected children age 0–13 years was six years. Additional information was also captured for non-recipient caregivers of children under the age of two.[25] This data is presented separately.

It should be noted that given the relatively high levels of coverage of the CSG, the obstacles that exist for non-recipients now are likely to be more localised than in the first few years of the grant's implementation. Therefore, while a national survey is useful to identify common barriers faced by non-recipients, more focused, possibly qualitative, research is required in addition to identify and develop specific interventions for remaining areas where access is low.

9.1. Reasons for Unsuccessful Applications

The majority of non-recipients with children aged 0–13 years in this study had not applied for a CSG before – only 14% of caregivers of children aged 0–13 years living in non-recipient households indicated that they had done so.[26] Table 66 presents the reason given by non-recipients who have applied for a CSG before as to why their applications were not successful.[27]

The most common reason given was that the applicant did not pass the means test. It should be noted, as many NGO respondents pointed out, that the means test in many ways does not account for vulnerabilities of households because it does not take into account the number of children cared for, and it has not been raised with inflation since inception. This means that although applicants may not meet the criteria of the means test officially, they may still be very vulnerable and in need of the grant. The second challenge for non-beneficiaries was not having the correct documentation.

	N
Income was too high to meet means test	27
Applicant does not have the required documentation	13
Applied and awaiting payment or approval	13
Caregiver did receive the CSG but stopped when secured employment	12
Caregiver passed away and CSG was stopped	8
Caregiver did receive CSG but it was stopped 'for no apparent reason'	8
Office/service point too far away	2
Child was too old at time of application	1
Don't know	10
Other	12
TOTAL	**106**

Table 66: Reasons for unsuccessful applications (0–13 years)

Approximately 12% of primary caregivers of children under the age of two years who are not receiving the grant had tried to apply for one before.[28] In a third of these cases the primary caregiver had applied for the CSG and was awaiting the outcome. Other reasons why caregivers of very young children did not get the CSG were that others were receiving the grant on behalf of the child, or that they not meeting the criteria of the means test.

9.2. Reasons for Not Applying for the Grant

Of those who had not applied for the CSG, the most common reasons for not doing so were that they did not feel they qualified in terms of the means test or did not have the correct documentation. While the first is a form of

25. Approximately 424 children under the age of two were not receiving the grant.

26. N=765.

27. Others had applied for the CSG and were awaiting the outcome, or had received the CSG at some point but it had been stopped.

28. N=404.

self-selection likely to be linked to levels of income, the second is a barrier that requires further attention.

	N
Don't qualify on means test	210
Don't have correct documentation	140
Don't know how to apply	61
Caregiver not in household	47
Child is supported by other means	35
R200 not worth the effort	18
Not a South African citizen	16
Applied for or receives foster care grant (FCG) or CDG	11
Travel costs too expensive	9
Did not know if eligible	9
Not eligible – government employee	8
Primary caregiver left or died	6
Can't miss work to go to office	5
Offices too far away	4
Other	69
TOTAL	**647**

Table 67: Barriers that prevented non-beneficiaries from applying for the CSG (0–13 years)

Discussions in the focus groups about barriers to accessing the grant tended to focus on problems with documentation. These problems tended to relate either to a lack of documentation; an inability to access existing documentation; or the need to deal with inaccuracies in existing documentation.

Participants in the survey and the focus groups frequently mentioned the lack of IDs, birth certificates and clinic cards as obstacles to applying for the grant. The time taken for these documents to be processed by the Department of Home Affairs was of particular concern, as without one form of official documentation (such as an ID or birth certificate), it can be almost impossible to apply for other documentation or any services requiring identification.

'I don't have an ID. I only have a clinic card; I don't even have a birth certificate (for the child). I was told I could only apply for a birth certificate for the child if I have an ID.' **Non-recipient mother of 11-month-old son, Orange Farm, Gauteng**

In Orange Farm, an urban area in Gauteng, the barriers that non-recipients spoke of included difficulties in accessing existing documentation. Examples included caregivers who had taken in relatives' children and were unable to access the children's birth certificates or clinic cards; and others who were still waiting for documentation such as death certificates or 'a letter from the undertaker' to prove that the person is deceased and therefore the caregiver is eligible to apply. One NGO stated that the requirement of a death certificate is a particular problem in rural areas where people are buried traditionally and do not register the death.

Where documentation contains inaccuracies, the caregiver has to reapply for the document before being able to apply for the grant.

'I have seven children but am receiving the grant for four children. The last born (two years old) has a problem with the birth certificate because the certificate came out with my name on it. I am having a problem in the grant application for that child now. I was advised to go to the police to make an affidavit but still I am not successful in getting a grant. The others suggested that I start from the beginning to apply for a birth certificate…I do not know but I think the mistake was made by the person who was looking at the card when the certificate was made. Now the problem is that he has a female name which is mine, and he is a boy.' **Older recipient, Xolo, KwaZulu-Natal**

'His mother died when he was one month old and then I am raising him. So the problem is that his clinic card has his mother's surname and I don't know how to change that. My surname is (X) and his is (Y), so all his (other) documents are with the mother's sister and we have no access to them.' **Non-recipient in Orange Farm, Gauteng, applying for 10-year-old boy**

The lack of documentation is compounded by the fact that the system for accessing documentation at Home Affairs or affidavits at police stations is bureaucratic and can be difficult to navigate, particularly for people who may be illiterate. As one NGO representative said: 'Often applicants are passed from pillar to post and this is the worst thing for vulnerable people'. The application process requires a number of government bodies, namely DSD, SASSA, Home Affairs and the South African Police Service (SAPS), to work in conjunction to ensure that the application process runs smoothly.

The lack of documentation and problems associated with accessing documentation through Home Affairs were a major stumbling block in terms of access to the CSG. As one NGO respondent stated, 'It is important for SASSA to acknowledge that they are in a marriage with Home Affairs and Home Affairs notoriously underperforms'. Until this relationship can be addressed, the barriers to accessing the grant will remain. A SASSA official reiterated this point, stating that an agreement needed to be reached at a national level between SASSA and Home Affairs to ensure that Home Affairs prioritises the needs of the most vulnerable.

Moving between offices, or simply having to return to a DSD or SASSA office on repeated occasions, has time and cost implications for vulnerable households, as described below:

'You catch a taxi and when you get there they cannot help you. They tell you to come back on another day and when you go back, they say their systems are down and you have to come back on another day. Sometimes there are long queues so you have to go back and come back the following day, and most of the time you are using borrowed money.' **Non-recipient, KwaZulu-Natal**

Participants in a rural area in the North West expressed frustration at having to make repeated visits at two or three month intervals to check on the status of their applications, and at not being informed when there are problems with their applications. In two cases the participants did not pass the means test but this was not explained until several months after the applications were submitted. In another case, the applicant was told on her third visit that her application was unsuccessful because she was working, despite her having been retrenched prior to her application and having submitted a letter confirming her retrenchment with her application.

Several participants indicated that they had now given up on the process. The box below is an example of the frustrations and lack of assistance experienced by another non-recipient in the North West:

'I went to apply for a child grant in January (2007) and they told me to come back after three months. And I went back in April and there was no money. They told me to come back after three months again. Then I went back in June, there was no money. They told me to come and check again after three months. I went back in October because it was not there in August. They then told me to go and check it at the post office. I went there, it was not there. At the post office they told me to go and check it at the bank. When I could not find it at the bank they told me to go back to the post office. I then went to (the) social workers and I explained to them that I have since applied for a child grant and have not yet being successful. They checked on their computer and told me that my papers were not properly processed. They told me that I will have to re-apply.' **Non-recipient, Lethlabile, North West**

Participants in a rural area in Limpopo shared similar experiences. They spoke of having to travel to the Home Affairs offices in Polokwane and other urban areas to apply for documents, or to SASSA service points to apply for the grant or check on applications. This places a financial burden on them that they can ill afford. As one participant noted, 'If you ask R10 from your neighbour (to cover transport), they wonder how you are going to pay that back because you don't even get the grant'.

Participants in the Western Cape said their frustration with the bureaucratic process ultimately deterred them from applying for the CSG. 'Yes, you have to have affidavits, when you come to them, then they look…then it's not right…you now have to go back, and there you must be filling in again'.

An official in the North West province noted that problems have been experienced with the affidavits from the police submitted by beneficiaries, as they are often too general, poorly written or unclear. An effort is being made to provide a template for the police so that beneficiaries do not need make several trips to correct the affidavits to SASSA's satisfaction.

Interviews with SASSA officials indicated that efforts are being made to address the issue of accessibility via mobile 'one stop' service points.

Known as the Integrated Community Registration Outreach Programme, the intervention brings together a range of stakeholders including SASSA, DSD, the South African Police Service (SAPS), and Home Affairs so that applicants are able to access all the required documents in one place. The aim is to provide eligible applicants with a letter approving their application on the day it is made.

The programme aims to bring services closer to poor communities, in rural areas in particular. This intervention goes beyond the CSG to provide access to a range of social assistance and other services.

This programme is most established in the Eastern Cape, Free State and KwaZulu-Natal. It was noted, however, that applications from the mobile units or satellite offices sometimes have to be taken to the district office for processing, thus increasing the response time. In addition, it is not clear how often the mobile units visit each area.

As can be expected, caregivers of children under the age of two years found documentation to be most problematic (Table 68). They referred to difficulties obtaining birth certificates and IDs, and problems caused by incorrect documentation, such as names spelt incorrectly or having documentation in different names (i.e. in cases where the child's surname differs from the primary caregiver's name). Not meeting the means test was also a common reason for not applying for the grant. In other cases the caregiver did not apply because of misinformation, such as being able to apply for only three children, or only being able to apply when the child was a month old. The data for caregivers of children under two years are presented in the table below.

	N	%
Do not have correct documentation	175	48%
Do not qualify on means test	47	13%
Does not know how to apply/misinformation	35	10%
Waiting for child to get older	21	6%
Transport difficulties/office too far	18	5%
Someone else is receiving the grant for the child	16	4%
Not a South African citizen or permanent resident	7	2%
Child supported by other means	10	3%
Other	36	10%
TOTAL	**365**	**10%**

Table 68: Barriers preventing non-beneficiaries from applying (caregivers of children under two years)

Again, the table above shows that documentation poses a challenge for caregivers of young children. One barrier that was specific to caregivers of very young children was not being able to travel because of the care and attention required by a new-born baby. Respondents also referred to the custom of not taking a young child out in public for a specified period of time, usually between one and three months. These customs, together with the time required to recover from, and adapt to, the birth of a baby, decrease the likelihood of caregivers applying for the CSG in the first few months of the child's life.

When asked about potential barriers to accessing the grant for caregivers of very young children, the SASSA officials and NGO respondents indicated that they had not found this to be a problematic age group in terms of providing access. The NGO respondents said that they actively assist caregivers of very young children

to access the grant, although it was noted that adjusting to the birth of a new baby could act as an obstacle. One NGO respondent suggested that SASSA place offices at clinics in order to assist new mothers with the application process. Another suggestion from an NGO interviewee was to do away with the need for the name on the birth certificate and instead use a number specific to the child. This would assist with the obstacles around naming of the child and incorrect names on birth certificates mentioned above.

Focus group participants indicated that the lack of correct documentation posed a challenge, and young beneficiaries in Gauteng suggested that birth certificates should be processed at the hospital just after the birth of the child, 'to guarantee that all children have birth certificates and mothers can apply'. A further challenge discussed was the logistic difficulty of caring for a very young child while travelling to and from the service point or police station, and having to wait in queues.

10. Conclusions and Recommendations

This study targeted caregivers of children aged 0–13 years in low income areas with the intention of examining:

- The use of the CSG in poor households.
- The application process and implementation of the CSG from the perspective of those receiving the grant.
- The operational barriers that affect those who do not receive the grant.

The study found that the targeting of the CSG in the form of the means test was relatively accurate, with low levels of inclusion errors and slightly higher exclusion errors. However, more attention needs to be paid to addressing the higher exclusion error.

The research found that caregivers in formal urban areas were favoured in several respects, such as access to basic services and travelling times to public clinics. This indicates that the distinction between formal urban and rural or informal urban areas is useful. A higher proportion of eligible caregivers in rural or informal urban areas were receiving the grant, suggesting that this differential targeting is effective. However, concerns about the target mechanism include the need to take into account the number of children being supported by the primary caregiver's income and the availability of the spouse's income to contribute to the upkeep of the child.

The CSG appears to target the most vulnerable groups, including those with limited access to basic services and disadvantaged groups.

CSG recipients are primarily women with lower levels of education than those who are not eligible for the grant. This is linked to levels of prosperity, as those living in poverty are more likely to have lower levels of education, which in turn makes them less likely to find employment and income generation opportunities.

The households of eligible caregivers allocate a larger proportion of their household expenditure to essentials such as food, and more than three-quarters of CSG recipients indicated that food was the main cost that the grant helped to cover.

CSG beneficiaries appeared to be more likely to attend crèche or preschool than non-beneficiaries in the same age group.

CSG recipients tended to report being involved in the financial decision-making, suggesting that they had direct or joint control over how the money is spent.

Cash transfers must be accompanied by access to other poverty alleviation programmes and developmental initiatives if they are to have a noticeable impact on reducing poverty. This would require increased provision of, and access to, other services.

This study found that enrolment at school was high, as was access to free healthcare, but levels of participation in ABET classes, public works programmes and other municipal support programmes were low. This was particularly striking given that the study focused on low-income areas where participation in such programmes should be at its highest. More collective outreach is required by government departments in this regard.

Reflections on the application and payment process suggest that those who were successful in their applications were relatively satisfied with the process, but the challenges with regard to documentation were a persistent problem.

In addition to delays in processing IDs and birth certificates, non-biological guardians experienced additional difficulties in accessing the required documentation, and these general delays could lead to the exclusion of eligible caregivers and children.

From the discussion of the application process there emerged a pattern in which initial delays in applying for the grant on the part of the caregiver were later compounded by delays in obtaining the required documentation and the time required to process payment. The various delays and time required to process the grant meant that several months could pass between the first inquiry and receipt of the grant. It is therefore important to encourage early application for the grant to increase the potential impact of the CSG during crucial nutritional window period of the first year of the child's life.

The following are areas of policy and implementation that need to be considered further by DSD and SASSA to improve the effectiveness and efficiency of the current CSG system:

1. The CSG is intended as one of a 'basket' of services aimed at reducing poverty holistically. While a number of poverty alleviation policies have been implemented to reduce the burden on vulnerable families, further communication between and about these programmes is required to ensure that caregivers are able to access these benefits at a local level. An example of this would be for SASSA and the Department of Education to work together to raise awareness about school fee exemptions.

2. Receipt of the CSG should act as a gateway or referral to other available poverty alleviation programmes in a more co-ordinated and pro-active manner than is currently the case. This should not, however, take place at the expense of others in low-income communities who may not meet the stringent means test threshold of the CSG but would still benefit from other poverty alleviation measures.

3. Documentation was repeatedly identified as a challenge or barrier to accessing the grant. The current requirement of official documentation for identification purposes means that administrative delays delay access to the grant. Consideration should be given to alternative forms of identification.

4. Improved co-ordination between the different stakeholders involved in the process is necessary, as is the provision of more easily accessible services. A practical example of this is increasing the reach of mobile 'one stop' units in rural areas, which would allow eligible applicants to submit their application and receive a letter of approval within a day. Further assessment of the impact of such mobile units would be needed to ensure they were effective. The use of alternative forms of identification would also improve the application process.

5. A review of the means test is required to avoid excluding those who are eligible for the grant. Issues to be taken into consideration include the following:
   a. Increasing the income threshold in line with inflation.
   b. Taking into account the number of children being supported by the caregiver's income. However, this needs to be done without adding to the administrative burden of the means test for the applicants.
   c. Further consideration needs to be given to the extent to which the spouse's income is available to contribute to the upkeep of the child, especially since spouses may not live in the same household as the child.
   d. The burden of providing documentary proof to ensure that the CSG is correctly targeted means that eligible caregivers may be excluded because of the difficulties they experience in obtaining IDs, birth certificates and other requirements.
   e. Additional obstacles facing non-biological guardians must be removed so that the grant can 'follow' the child.

6. More must be done to encourage eligible caregivers in vulnerable households to apply for the CSG in the first few years of the child's life.
   a. While SASSA officials indicated that campaigns about early registration are held in some areas, further education campaigns that describe the benefits of applying early for the CSG are needed. Advertisements and information could be placed at ante-natal clinics.
   b. Delays in obtaining birth certificates could be circumvented by allowing alternative forms of proof of identification to be accepted while the birth certificate is being processed. This would also assist non-biological guardians. There are, however, concerns about the possibility of fraud if official documentation is not required. Another possibility is for fa-

cilities at all hospitals and clinics to assist with the registration of births and begin the grant application process; and to ensure that existing offices that take applications are made more user-friendly for mothers of young children.

7. Children aged 14–17 years are currently not covered by the grant, despite being more likely to have dropped out of school and having no access to poverty alleviation programmes such as nutrition programmes. Children aged 14 will be covered as from January 2009, but there is as yet no firm plan to roll out to older children. Extension of the grant to this age group will assist in fulfilling the government's mandate to protect the rights of all children.

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