

2016

REMOVING BARRIERS TO ACCESSING CHILD GRANTS

Progress in reducing exclusion from
South Africa's Child Support Grant



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This publication is based on a study commissioned by the Department of Social Development, the South African Social Security Agency and the United Nations Children's Fund to the Economic Policy Research Institute. The study team was led by Michael Samson, Selwyn Jehoma and Quinn Pitcher from EPRI. The study received valuable inputs from the Technical Steering Committee, comprised of representatives from the national departments of Social Development, Basic Education, Health, Home Affairs, the Office of the Presidency (Planning, Monitoring and Evaluation), National Treasury, Statistics South Africa, the South African Social Security Agency (SASSA) and the United Nations Children's Fund (UNICEF). The project was coordinated by Alejandro Grinspun from UNICEF South Africa, who provided technical guidance and prepared the study for publication. Special thanks to Virginia Pedersen, Raphaahle Ramokgopa, Pathamavathy Naicker, Dianne Dunkerley and the Regional Managers and field staff of SASSA who contributed their expertise and insights for the study's fieldwork component. Many thanks as well to Cobus van Doorn of SASSA for his assistance in generating the GIS maps of exclusion at municipality and ward levels. The views shared by community workers, caregivers and children are gratefully acknowledged. Funding for the project was provided by the South African Social Security Agency.

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Acronyms and abbreviations

CDG	Child Dependency Grant
CSG	Child Support Grant
DHA	Department of Home Affairs
DSD	Department of Social Development
FCG	Foster Care Grant
GHS	General Household Survey
ICROP	Integrated Community Registration Outreach Programme
ID	identity document
MOU	memorandum of understanding
NIDS	National Income Dynamics Study
SAMPI	South African Multidimensional Poverty Index
SASSA	South African Social Security Agency
SOCPEN	social grants payment and administration system
UNICEF	United Nations Children's Fund



Foreword

DEPARTMENT OF SOCIAL DEVELOPMENT

The Department is pleased to present this publication, which represents a new milestone in our efforts to better our understanding of how to extend the reach of social assistance to every needy family in South Africa.

The Constitution enshrines the right of every person to access social security and appropriate social assistance, when unable to provide for themselves and their dependants. Until two decades ago, this right was limited to only a portion of our people. The introduction of the Child Support Grant (CSG) in 1998 was a major step towards extending this right to every poor family living in our country.

Since the CSG was introduced, it has consistently expanded its scope. Initially, the aim was to cover about 30 per cent of children too young to go to school. The resource envelope for the new grant was limited, given the many demands placed on the budget at a time when we were faced with the challenge of redressing the myriad problems inherited from the old regime. For this reason, only children younger than seven years qualified for the CSG, provided that their caregiver's income fell below the grant's means test threshold. Initial take-up was low, until the Government launched a campaign to "register all who are eligible for the child grant" in 2002.

In February 2003, it was announced that the CSG would be extended, over a period of three years, to include children under the age of 11 years. Shortly thereafter, eligibility was extended to children up to 14 years old and, from 2009, to 15 years and older. By 2012, all children whose caregivers met the income threshold became eligible to the grant.

At the same time as the maximum age for eligibility was being raised, so was the income threshold. The means test requirement remained essentially unchanged until 2008, when it was more than doubled and pegged to the value of the grant, which was to be adjusted at least yearly to prevent the loss of its value in real terms.

These policy changes, introduced over many years along with the budget provisions required to accommodate them, have turned the CSG into one of the largest cash grant programmes in the world. Today, nearly two out of every three children in South Africa are receiving it every month. For many poor households, the grant serves as the main or even sole source of income, in the absence of regular jobs.

We are proud of the progress made, but more lies ahead to make sure that every child who needs and is entitled to receive a grant gets it. Knowing that this is not the case, the Department joined hands with the South African Social Security Agency (SASSA) and the United Nations Children's Fund (UNICEF) to examine exclusion errors in relation to the CSG, and what can be done to improve access to the grant. This is the product of that collaboration.

We hope that this study, which reveals progress but also how much remains ahead, will provide further impetus to our untiring quest for bringing every child in South Africa within the reach of our social security system.

Mr Thokozani Magwaza
Acting Director General
Department of Social Development



Foreword

SOUTH AFRICAN SOCIAL SECURITY AGENCY

The Child Support Grant (CSG), which started in 1998, is one of the South Africa's most successful social protection instruments for addressing child poverty. Despite the steady expansion of the CSG, studies conducted over the years kept revealing that a great many poor children were being missed. The studies estimated the percentage of age- and income-eligible children not accessing the grant as being in the range of 20 to almost 30 per cent before 2010. Children younger than one year and adolescents aged 13 years and older were consistently found to be the most affected cohorts.

It is encouraging, therefore, that the findings presented in this report show that the efforts made to expand the reach of the child grants to all the families in need are bearing fruit. This report reveals that both the number and percentage of children who are not accessing the CSG have declined from previous estimates, including those of a study commissioned by the Agency, in collaboration with the United Nations Children's Fund (UNICEF), in 2013. Most encouraging is that, for the first time, it appears that take-up rates among infants are rising, as are those of older children who gained access to the CSG only recently. There is still more work to be done, but the progress made must be acknowledged.

With a coverage of more than 80 per cent of all the children who are eligible, the CSG already counts itself as one of the best targeted programmes in the world. This progress results from the firm and sustained commitment of the Department of Social Development, SASSA and many government departments to improve grant administration and remove implementation bottlenecks preventing access to the grants. This publication shows how SASSA has invested in expanding its presence, standardising and improving its processes, reaching out to the communities, and streamlining the procedures that applicants and beneficiaries must comply with. The publication also shows how other departments have contributed to facilitate access to the CSG. As a result, the whole process from applying to receiving the grant is now much easier and faster.

In February 2014, SASSA adopted a Plan of Action aimed at removing barriers that kept many caregivers and children from getting the CSG. The Plan was a direct response to the findings of the 2013 study, which confirmed that more was needed to reach poor children from as early in their lives as possible. Despite being in place for a short time, the Plan of Action seems to be working in positive ways.

Future efforts will benefit from one novel contribution of this study, which provides the first attempt at mapping the geography of grant take-up and exclusion at municipality and ward levels for the whole country. While, for reasons explained in the report, the maps depicting CSG exclusion must not be taken as reflecting precise estimates at such low levels of geographic disaggregation, they do provide invaluable information for improving the Agency's targeting and outreach efforts.

This work would not have been possible without the strong collaboration with the Department of Social Development and the technical support from UNICEF. It shows progress as well as challenges. Altogether, we shall make sure that every child in need across the country will get the support that the Constitution entitles them to receive.

Ms R Ramokgopa
Acting Chief Executive Officer
South African Social Security Agency

ACRONYMS AND ABBREVIATIONS	ii
FOREWORD BY MR THOKOZANI MAGWAZA, DSD	iii
FOREWORD MS R RAMOKGOPA, SASSA	iv
1. INTRODUCTION	1
2. EXCLUSION FROM GRANT RECEIPT: IDENTIFYING THE CHILDREN	5
2.1 CSG take-up and exclusion of eligible children	5
2.2 Exclusion by age	6
2.3 Exclusion by residence	6
2.4 Correlates of grant exclusion	10
2.4.1 Children's race	10
2.4.2 Children's education	11
2.4.3 Caregiver and parent characteristics	16
2.4.4 Income and poverty	25
2.5 Why children are excluded: Barriers to grant access	29
2.5.1 The means test	29
2.5.2 Lack of documentation	31
2.5.3 Lack of information and knowledge	34
2.5.4 Barriers associated with the grant application	35
2.5.5 Refugees	37
3. THE GEOGRAPHY OF GRANT EXCLUSION	39
3.1 Exclusion at the municipality level	39
3.2 Exclusion at the ward level	52
4. EXCLUSION FROM THE CHILD SUPPORT GRANT OVER TIME	61
4.1 Overall trends in take-up and exclusion	61
4.2 Trends by age	62
4.3 Trends by race	65
4.4 Trends by income decile	65
4.5 Trends by province	67
4.6 Trends in CSG coverage of all children under 18 years	68
5. REVIEW OF NATIONAL POLICY	70
5.1 Phased extension of the CSG	70
5.2 Means test review	71
5.3 Alternative document regulations	72

6. REVIEW OF SASSA POLICIES AND DIRECTIVES	74
6.1 Budgeting and planning	75
6.2 Segmentation and targeting of beneficiaries	77
6.3 Reaching and receiving beneficiaries	81
6.4 Determining eligibility and processing applications	84
6.5 Grant review	87
7. GRANT REGISTRATION AND OUTREACH PROGRAMMES	89
7.1 Integrated Community Registration Outreach Programme	89
7.2 Re-registration Initiative	92
7.3 Project Mikondzo	93
8. REVIEW OF SASSA'S 2014 PLAN OF ACTION	95
8.1 Reinstatement of grants to school dropouts	95
8.2 Children heading households	95
8.3 Targeting street youth	96
8.4 Children of refugees	96
8.5 SASSA's footprint and accessibility	97
8.6 SASSA offices and service delivery	97
8.7 Appointment of Commissioners of Oaths	97
8.8 Targeting of urban areas	97
8.9 Education and training on the means test	98
8.10 Education and training of government officials	98
8.11 Collaboration with other departments	98
8.12 Follow-up research and monitoring of exclusion from child grants	99
ANNEXURE A. DATA SOURCES FOR THE QUANTITATIVE ANALYSIS	101
ANNEXURE B. MEASURING GRANT EXCLUSION AT THE MUNICIPAL LEVEL	103
ANNEXURE C. MEASURING GRANT EXCLUSION AT THE WARD LEVEL	105
ANNEXURE D. IMPACT OF SASSA'S RE-REGISTRATION INITIATIVE ON CSG TAKE-UP	107

Figures

Figure 1. Total take-up and exclusion by age, GHS 2014	5
Figure 2. Take-up and exclusion rates by age, GHS 2014	6
Figure 3. Take-up and exclusion by geotype, GHS 2014	8
Figure 4. Exclusion rates by poverty status (upper poverty line), GHS 2014	27
Figure 5. Reasons for CSG non-application amongst caregivers of eligible children, NIDS 2012	28
Figure 6. Reasons for CSG non-application amongst caregivers of excluded children (percentages), NIDS 2012	28
Figure 7. Children excluded due to means test confusion, NIDS 2008–2012	30
Figure 8. Percentage of children excluded due to means test confusion, NIDS 2008–2012	30
Figure 9. Children excluded because caregiver lacked the necessary documents, NIDS 2008–2012	31
Figure 10. Number of excluded children with a caregiver who lacks a South African ID, NIDS 2010–2012	32
Figure 11. Number of excluded children without a birth certificate, NIDS 2008–2012	33
Figure 12. Excluded because of lack of knowledge, NIDS 2008–2012	34
Figure 14. Percentage of excluded children’s caregivers not applying for the CSG, NIDS 2008–2012	36
Figure 13. Reasons for not applying to the CSG, NIDS 2008–2012	36
Figure 15. CSG take-up and exclusion in absolute numbers, GHS 2009–2014	61
Figure 16. CSG take-up and exclusion rates, GHS 2009–2014	62
Figure 17. CSG take-up and exclusion among all children 0–18 years, GHS 2009–2014	69
Figure 18. CSG take-up and exclusion rates for all children 0–18 years, GHS 2009–2014	69
Figure 19. Maximum age of CSG eligibility	70
Figure 20. Number of CSG Benefits 2004–2015, SOCPEN 2004–2015	71
Figure 21. Children excluded because they lack necessary documentation, NIDS 2008–2012	73
Figure 22. Caregivers in the process of applying or getting relevant documentation, NIDS 2008–2012	73
Figure 23. SASSA’s delivery model	74
Figure 24. Excluded children by age cohort, Western Cape, GHS 2014	78
Figure 25. CSG take-up rates among children in poverty, GHS 2014	79
Figure 26. Per cent change in number of CSG benefits, SOCPEN 2005–2014	90
Figure 27. Total change in exclusion by district, NIDS 2008–2012	90
Figure 28. Change in number of CSG benefits, SOCPEN 2009–2015	94
Figure 29. Total number of CSG benefits over time	108

Maps

Map 1. CSG exclusion by municipality, South Africa, 2011	39
Map 2. CSG exclusion by municipality, Eastern Cape, 2011	40
Map 3. CSG exclusion by municipality, Free State, 2011	42
Map 4. CSG exclusion by municipality, Gauteng, 2011	42
Map 5. CSG exclusion by municipality, KwaZulu-Natal, 2011	45
Map 6. CSG exclusion by municipality, Limpopo, 2011	46
Map 7. CSG exclusion by municipality, Mpumalanga, 2011	46
Map 8. CSG exclusion by municipality, Northern Cape, 2011	48
Map 9. CSG exclusion by municipality, North West, 2011	48
Map 10. CSG exclusion by municipality, Western Cape 2011	50
Map 11. CSG exclusion by ward, South Africa, 2011	55
Map 12. CSG exclusion by ward, Eastern Cape, 2011	56
Map 13. CSG exclusion by ward, Free State, 2011	56
Map 14. CSG exclusion by ward, Gauteng, 2011	57
Map 15. CSG exclusion by ward, KwaZulu-Natal, 2011	57
Map 16. CSG exclusion by ward, Limpopo, 2011	58
Map 17. CSG exclusion by ward, Mpumalanga, 2011	58
Map 18. CSG exclusion by ward, Northern Cape, 2011	59
Map 19. CSG exclusion by ward, North West, 2011	59
Map 20. CSG exclusion by ward, Western Cape, 2011	60

Tables

Table 1. Eligibility requirements for South Africa's child grants	2
Table 2. Annual means test thresholds for the Child Support Grant, 2008–2015	4
Table 3. Total take-up and exclusion	5
Table 4. Take-up by province, GHS 2014	7
Table 5. Exclusion by province, GHS 2014	7
Table 6. Take-up by geotype, GHS 2014	9
Table 7. Exclusion by geotype, GHS 2014	9
Table 8. Take-up by metro status	9
Table 9. Exclusion by metro status	10
Table 10. Take-up by race, GHS 2014	10
Table 11. Exclusion by race, GHS 2014	11
Table 12. Take-up by child's education, GHS 2014	11
Table 13. Take-up rates by child's education attainment, GHS 2014	12
Table 14. Exclusion by child's education, GHS 2014	12
Table 15. Exclusion rate by child's education, GHS 2014	13
Table 16. Take-up by race and education, GHS 2014	13
Table 17. Exclusion by race and education, GHS 2014	14
Table 18. Take-up by current enrolment status, GHS 2014	14
Table 19. Exclusion by current enrolment status, GHS 2014	15
Table 20. Take-up and exclusion among school dropouts, NIDS 2012	15
Table 21. Take-up by caregiver's reading fluency, GHS 2014	16
Table 22. Exclusion by caregiver's reading fluency, GHS 2014	16
Table 23. Take-up by caregiver's writing fluency, GHS 2014	17
Table 24. Exclusion by caregiver's writing fluency, GHS 2014	17
Table 25. Take-up by caregiver's gender, GHS 2014	17
Table 26. Exclusion by caregiver's gender, GHS 2014	18
Table 27. Take-up by caregiver's employment status, GHS 2014	18
Table 28. Exclusion by caregiver's employment status, GHS 2014	18
Table 29. Take-up by parent residency, GHS 2014	18
Table 30. Exclusion by parent residency, GHS 2014	19
Table 31. Take-up by parent residence status, NIDS 2012	19
Table 32. Exclusion by parent residence status, NIDS 2012	20
Table 33. Take-up by mother's disability, GHS 2014	20
Table 34. Exclusion by mother's disability, GHS 2014	20
Table 35. Take-up and exclusion by mother's severe disability, GHS 2014	21
Table 36. Take-up by mother's walking ability, GHS 2014	21
Table 37. Exclusion by mother's walking ability, GHS 2014	21
Table 38. Take-up by mother's HIV and AIDS status, GHS 2014	21
Table 39. Exclusion by mother's HIV and AIDS status, GHS 2014	22
Table 40. Take-up by mother's education, GHS 2014	22

Table 41. Exclusion by mother's education, GHS 2014	22
Table 42. Take-up by father's disability. GHS 2014	23
Table 43. Exclusion by father's disability, GHS 2014	23
Table 44. Take-up by father's walking ability, GHS 2014	23
Table 45. Exclusion by father's walking ability, GHS 2014	23
Table 46. Take-up by father's HIV and AIDS status, GHS 2014	24
Table 47. Exclusion by father's HIV and AIDS status, GHS 2014	24
Table 48. Take-up by father's education, GHS 2014	24
Table 49. Exclusion by father's education, GHS 2014	24
Table 50. Take-up by household income decile, GHS 2014	25
Table 51. Exclusion by household income decile, GHS 2014	26
Table 52. Take-up by poverty status, GHS 2014	27
Table 53. Exclusion by poverty status, GHS 2014	27
Table 54. Per cent of children excluded due to missing documentation, NIDS 2012	32
Table 55. Exclusion in Eastern Cape by municipality, 2011	40
Table 56. Exclusion in Free State by municipality, 2011	41
Table 57. Exclusion in Gauteng by municipality, 2011	43
Table 58. Exclusion in KwaZulu-Natal by municipality, 2011	43
Table 59. Exclusion in Limpopo by municipality, 2011	45
Table 60. Exclusion in Mpumalanga by municipality, 2011	47
Table 61. Exclusion in the Northern Cape by municipality, 2011	49
Table 62. Exclusion in North West by municipality, 2011	50
Table 63. Exclusion in Western Cape by municipality, 2011	51
Table 64. Top 25 wards based on the estimated number of CSG-excluded children, 2011	52
Table 65. Top 25 wards based on the estimated rates of CSG exclusion, 2011	53
Table 66. Top 25 municipalities based on the proportion of wards with higher than average CSG exclusion rates, 2011	54
Table 67. CSG take-up by age, GHS 2009–2014	62
Table 68. CSG exclusion by age, GHS 2009–2014	64
Table 69. CSG take-up by race, GHS 2009–2014	65
Table 70. CSG exclusion by race, GHS 2009–2014	65
Table 71. CSG take-up by household income decile, GHS 2009–2014	66
Table 72. CSG exclusion by household income decile, GHS 2009–2014	66
Table 73. CSG take-up by province, GHS 2009–2014	67
Table 74. CSG exclusion by province, GHS 2009–2014	68
Table 75. SASSA policies and directives, by year of implementation	75
Table 76. Poverty index and Mikondzo targeting by province	94
Table 77. Grants suspended or lapsed for registration, SOCPEN	107
Table 78. Number of approved CSG applications, SOCPEN	108
Table 79. Differences in CSG application approvals between re-registration time periods, SOCPEN	109

1. Introduction

Social grants for children represent South Africa's most successful intervention for promoting equitable economic growth and inclusive human development. Early evaluations of the government's social security system identified its ability to reduce poverty, build human capital and contribute to a broad range of employment and growth impacts.¹ The most recent evaluations robustly document the system's positive developmental impacts.²

Studies of the Child Support Grant (CSG) provide ample evidence of its ability to tackle poverty and vulnerability, provide care and support to those affected by HIV and AIDS, promote developmental outcomes and reduce the risk behaviours that leave adolescents vulnerable to HIV infection. The Foster Child Grant (FCG) and the Care Dependency Grant (CDG) provide a higher level of financial support to children whose parents are absent or deceased and children who suffer from a severe disability. These children are some of the most vulnerable and, therefore, the most in need of social support. The CSG, FCG and CDG represent the main social assistance programmes for children and their families.

One of the main challenges for child-sensitive social protection is to ensure that South Africa's most vulnerable children receive the grants for which they are eligible. This applies especially to infants and adolescents, two of the groups most often excluded. Early and continued receipt of the CSG and other grants increases the poverty-reducing and developmental effects of the grants. Removing the barriers to accessing child grants cannot only increase their coverage, but their effectiveness and positive impacts as well.

This study examines trends in take-up and exclusion of eligible caregivers and children from grant receipt. It focuses specifically on the CSG, given its scale and the fact that it is South Africa's main poverty-targeted grant for children. The study also analyses which children are most prone to being incorrectly excluded from the grant, what drives exclusion of age- and income-eligible beneficiaries, and the reasons most often cited for not accessing the CSG. One important contribution of this study is the spatial analysis and mapping of CSG exclusion rates across the country. This is done at a high level of disaggregation – for all of the country's municipalities and wards. Such fine-grained analysis of exclusion will help to inform the implementation of actions, whether by government or other actors, to remove access barriers and increase uptake of the grant. Finally, the study includes a review of government policies and outreach strategies which have contributed to expanding CSG coverage over the years, but can be improved further to reach those children who are still not accessing their entitlements to social assistance.

Methodology

The study uses a mix of quantitative and qualitative research techniques. Quantitative analysis can help identify *trends* and *correlates* of grant exclusion, but it cannot determine the *causes* of these trends. Qualitative research allows for identifying the *barriers* that prevent access to the grant. A mixed method approach can thus yield insights that either method would not be able to do on its own.

For the quantitative analysis, the study draws from four nationally representative data sets: the 2011 Census, the General Household Survey (GHS), the National Income Dynamics Study (NIDS) and the

1 Samson et al., *The social and economic impact of South Africa's social grants*, 2004.

2 DSD, SASSA & UNICEF, *Quantitative analysis of the impact of the Child Support Grant*, Pretoria: UNICEF South Africa, 2008; DSD, SASSA & UNICEF, *The South African Child Support Grant impact assessment: Evidence from a survey of children, adolescents and their households*, Pretoria: UNICEF South Africa, 2012; Heinrich C., Hoddinott J. & Samson M., *Reducing adolescent risky behaviors in a high-risk context: The effects of unconditional cash transfers in South Africa*, Nashville: Vanderbilt University, 2016.

social grants payment and administration system, managed by the South African Social Security Agency (SASSA) and known as SOCPEN. These data sets allow for the socio-economic and demographic profiling of persons deemed eligible for, but not receiving, social grants. They also assist in the determination of the reasons for non-receipt of social assistance benefits by those who are eligible in terms of the legislation. Annexure A provides details on each of the four data sets used in the study.

To estimate the numbers and rates of exclusion of eligible children from receipt of the grant, it is first necessary to determine who is eligible to receive it. Table 1 presents the eligibility criteria for South Africa's three child grants, as established in the law and relevant regulations. The means test thresholds set for CSG eligibility between 2008 and 2015 are presented in Table 2. In turn, the box on page 3 describes the procedure followed in simulating eligibility for the CSG, drawing on information from the data sets mentioned in the preceding paragraph.

Table 1. Eligibility requirements for South Africa's child grants

CHILD SUPPORT GRANT	CARE DEPENDENCY GRANT	FOSTER CHILD GRANT
CITIZENSHIP		
The primary caregiver must be a South African citizen, permanent resident or refugee	The applicant must be a South African citizen, permanent resident or refugee	The foster parent must be a South African citizen, permanent resident or refugee
RESIDENCE		
The applicant and the child must reside in South Africa	The applicant and the child must reside in South Africa	The applicant and child must be resident in South Africa
AGE		
The child must be under the age of 18 years	The child must be under the age of 18 years	The child must be under the age of 18 years. The age threshold is 21 years if the child is completing formal or vocational education
GRANT APPLICATION		
The applicant must be the primary caregiver of the child when he/she applies	The applicant must submit a medical assessment report confirming that the child has a severe permanent disability	The applicant has a court order indicating that the child is in need of care and protection
MEANS TEST		
The applicant and spouse must meet the requirements of the means test	The applicant and spouse must meet the requirements of the means test	The child must remain in the care of the foster parent(s) and no means test is applied
OTHER		
The applicant cannot be cared for in a state institution	The care-dependent child must not be permanently cared for in a state institution	FCG beneficiaries can also receive the CDG

Source: SASSA Social Grants, 2015.³

³ SASSA, "Social grants", <http://www.sassa.gov.za/index.php/social-grants>, 2015.

SIMULATING ELIGIBILITY FOR THE CHILD SUPPORT GRANT

The criteria applied by SASSA to determine eligibility for the CSG are outlined in the Social Assistance Act, 2004, and its Regulations. Grant access is subject to a means test. To simulate eligibility to the CSG, one needs to match children to their caregivers so that the means test can be properly simulated based on income information. Both the GHS and NIDS contain information on children and their parents. This matching strategy fails to include children whose parents have died or are absent in the sample. Without employment and income data for these children's caregivers, it is impossible to accurately simulate the means test. This issue mainly pertains to the GHS; the NIDS asks children aged 0–14 years a separate question that identifies the child's primary caregiver. This allows the matching of children with parents who are deceased or absent, thereby making it possible to simulate a means test.

Numerous assumptions are made in the process of matching children to their caregivers:

1. If both parents are residents of the household, the analysis matches children with them and simulates the means test using the income and employment status of both parents.
2. In cases where information for only one parent is available, the marital status of that parent is checked. If that parent is not married, the analysis treats the parent as a single caregiver and applies the means test for a single caregiver.
3. If the single resident parent is married, the analysis matches the parent to their spouse and uses the relevant income and employment information when simulating the means test.
4. The analysis uses the person numbers of the child's parents to identify if the parents were residents of the household. If both person numbers are missing and the child is receiving the CSG, the analysis considers that child as eligible and receiving the grant. If both person numbers are missing and the child is not receiving the CSG, the analysis cannot use an alternative method to determine eligibility, because income and employment information for the child's caregivers are not available.
5. In the NIDS, the primary caregiver of children aged 0–14 is identified through a secondary question. The analysis uses this question to generate matches between children and their caregivers. In all cases, if the parents of the child are present in the household, the analysis uses this information to determine eligibility.

The analysis makes additional assumptions when simulating eligibility based on income and the means test:

1. For the GHS, the analysis uses employment status and reported wages to create a measure of annual wages. For those who report a non-zero labour market income, the analysis multiplies weekly wages by 52 and monthly wages by 12. For yearly wages and wages for which the salary period was not specified, the analysis reports those numbers as captured in the surveys.
2. When the GHS records individual income or employment status as unspecified or not applicable, the analysis treats that information as a missing value.
3. When individual or spouse income was missing in either the GHS or NIDS data sets, the analysis uses monthly household income in place of individual or joint labour market income. If monthly household income is used, the analysis multiplies income by 12 to obtain the total annual household income.
4. For the NIDS, the analysis constructs monthly income from the detailed wages information as the total of main wages, wages from casual work, wages from self-employment and 'extra' wages from other sources.

The analysis then compares aggregate income measures to the means test thresholds for the CSG, as depicted in Table 2. In 2014, for instance, a single caregiver was eligible if he/she earned R38,400 or less, while married caregivers had to have a joint income of R76,800 or less.

SASSA adjusts the means test threshold each year in April, so the analysis adjusts accordingly based on the year in question. The means test threshold increased twice in 2013, once in April and again in October. Since the GHS was conducted before the October increase, eligibility was determined based on the threshold established in April. Children whose parents' aggregate income fell below the means test threshold were considered eligible for the CSG. Children whose parents' aggregate income exceeded the means threshold were deemed ineligible for the grant.

Table 2. Annual means test thresholds for the Child Support Grant, 2008–2015

YEAR	SINGLE CAREGIVER	MARRIED CAREGIVER (JOINT INCOME)
2008	R25,200	R50,400
2009	R28,800	R57,600
2010	R30,000	R60,000
2011	R31,200	R62,400
2012	R33,600	R67,200
2013	R34,800 (as at 1 April)	R6,9600 (as at 1 April)
	R36,000 (as at 1 October)	R72,000 (as at 1 October)
2014	R38,400	R76,800
2015	R39,600	R79,200

For the qualitative part of the analysis, the study relies on a thorough desk review of research and documents (including reports produced by government departments) on the take-up rates of the CSG and the other child grants. This review enables an understanding of the actions taken by the government to increase take-up rates and reduce exclusion from the grants.

Fieldwork complemented the desk review. It consisted of focus group discussions, key informant interviews and participatory workshops⁴ with: (i) children and caregivers who are excluded from the CSG, despite being eligible to receive it; (ii) social workers, non-governmental personnel, community leaders and others working with vulnerable children and their families on issues of grant access and exclusion; and (iii) government officials employed at the national Department of Social Development (DSD) and SASSA. Locations in Gauteng, KwaZulu-Natal, Limpopo and Western Cape were selected for the fieldwork. They represent a mix of rural, urban, wealthy and less wealthy sites, which can be expected to capture reasonably well a broad set of challenges to grant take-up and drivers of exclusion affecting CSG eligible children and caregivers.

The main findings of the study are presented in the following chapters.

⁴ Focus group discussions consisted of discussions with 6–12 caregivers of eligible non-beneficiary children. The focus group discussions provided a rich source of information on the factors that drive grant exclusion, and helped to identify barriers to access that the quantitative analysis had not highlighted. The key information interviews (consisted mainly of interviews with officials involved in the planning, allocation of resources, management, administration and disbursement of child grants). Key information interviews were critical in deepening understanding of the factors inhibiting children from accessing grants, the actions taken to overcome the access barriers and the challenges that persist in addressing exclusion.

2. Exclusion from grant receipt: Identifying the children

The simulation of the number of CSG-eligible children was done using the GHS and the application of the relevant means test. Children are categorised as eligible if their primary caregiver's aggregate income falls below the threshold value, or as ineligible if that income surpasses the means test threshold. It is thus possible to estimate the number of South African children who were eligible but did not receive the CSG.

The primary quantitative analysis utilises the most recent data set, GHS 2014. The analysis examines changes in the receipt and non-receipt of the grant, and develops a demographic profile of the excluded children based on information about the child and their caregiver.

2.1 CSG TAKE-UP AND EXCLUSION OF ELIGIBLE CHILDREN

In 2014, an estimated 82.5 per cent of eligible children received the CSG, while 17.5 per cent did not. In absolute numbers, this translates into 8.6 and 1.8 million children, respectively (Table 3). The latter represents the children who failed to get the grant, despite qualifying for it. These figures reflect an increase in both total take-up and the percentage of children enrolled in the CSG since 2011.⁵ The improved coverage of the CSG indicates the capacity of SASSA and other institutions to reach eligible children and their families.

Table 3. Total take-up and exclusion

TAKE-UP	EXCLUSION
8,637,997	1,834,350
82.5%	17.5%

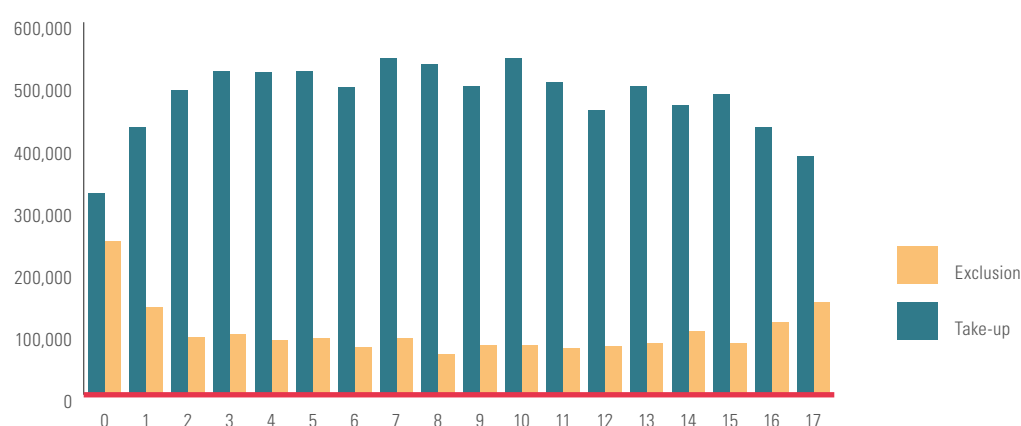


Figure 1. Total take-up and exclusion by age, GHS 2014

5 According to the numbers in SASSA & UNICEF, *Preventing exclusion from the Child Support Grant: A study of exclusion errors in accessing CSG benefits*, Pretoria: UNICEF South Africa, 2013.

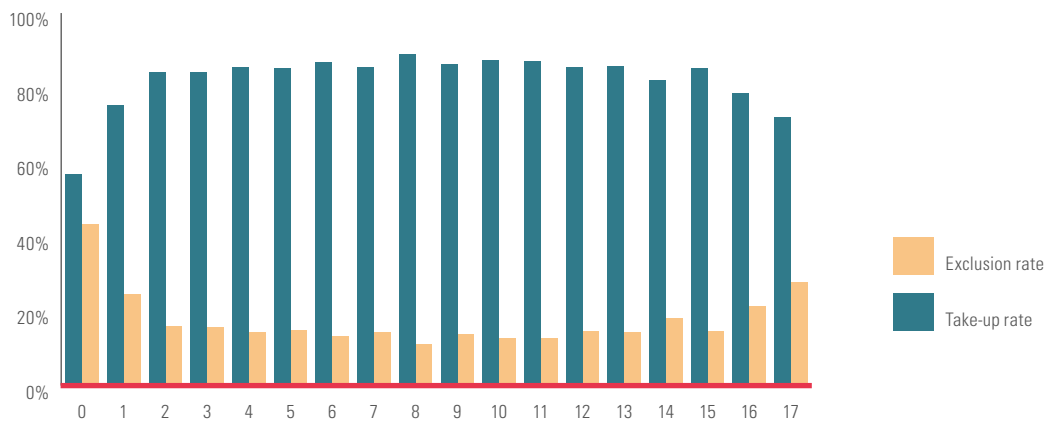


Figure 2. Take-up and exclusion rates by age, GHS 2014

2.2 EXCLUSION BY AGE

Exclusion is greatest among children under 1 year, reaching a high of 43.3 per cent. Exclusion begins to fall soon after, dropping to 14.4 per cent by age 4. Exclusion then remains stable as age increases, with slight upticks at ages 14, 16 and 17.

While exclusion of children aged 0–1 remains stubbornly high (15 percentage points higher than the next highest exclusion rate at age 17), there are nonetheless some promising signs:

- GHS data indicate that 56.7 per cent of eligible infants (nearly 324,000 children) are now receiving the grant. This is a marked improvement from 2011 when the exclusion rate was over 50 per cent for eligible children aged 0–1.⁶ Exclusion is much lower for 1-year-olds, with three quarters of eligible children in this cohort receiving the CSG.
- Exclusion falls rapidly as children grow older, up until age 16. The exclusion rate falls by 18.7 percentage points at 0–1 year, and another 10 percentage points from age 1 to 2 years.
- After age 1, exclusion rates are lower than 20 per cent until age 16, when exclusion rises to 21.4 per cent. Exclusion falls again at age 15, before beginning to climb back to 27.9 per cent at 17 years.
- Overall, take-up rates in 2014 are comparable to those reported in a previous study by the DSD and SASSA, but with notable improvements for children 0–1 year and children aged 16 and 17. Take-up rates are steady, even as the pool of eligible children has grown by 5.7 per cent.
- Inclusion of older children has improved significantly since 2010 when eligibility was extended beyond age 15. Four years into extended eligibility, 15-year-old children enjoy levels of take-up as high as any other age cohort. Take-up for children aged 16 and 17 still lags behind other cohorts, although the take-up rate for children aged 16 is higher than that of 1-year-olds. As the phase-in for these children occurred in a staggered manner – 2011 for 16-year-olds and 2012 for 17-year-olds – coverage of these new cohorts is expected to keep rising as the policy change takes root.

2.3 EXCLUSION BY RESIDENCE

Tables 4 and 5 display total and average exclusion by province, broken down by age. Western Cape and Gauteng continue to have higher exclusion rates than the other provinces, at over 30 per cent of eligible children.

6 SASSA & UNICEF, 2013.

Table 4. Take-up by province, GHS 2014

PROVINCE	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Western Cape	561,524	22,242	54,696	327,192	109,011	48,383
	67.3%	39.9%	61.6%	73.8%	68%	56%
Eastern Cape	1,624,902	53,353	173,919	872,671	360,539	164,420
	90%	64.2%	85%	93.6%	93.4%	82.6%
Northern Cape	203,138	7,207	23,080	111,159	43,684	18,009
	84.6%	55.2%	87.9%	89.2%	84.4%	74%
Free State	496,180	19,413	53,848	269,675	104,197	49,047
	85.5%	64.1%	83.6%	89%	86.6%	78.6%
KwaZulu-Natal	2,092,906	83,680	213,783	1,141,035	467,300	187,108
	88.3%	67.7%	88.5%	91.9%	88.9%	78.7%
North West	646,882	29,954	68,460	349,648	144,227	54,593
	82.3%	67.5%	72.4%	85.4%	87.5%	75.5%
Gauteng	942,007	22,244	107,513	544,495	205,936	61,818
	64.8%	31.2%	61%	70%	66.2%	52.4%
Mpumalanga	785,331	34,151	78,536	405,661	189,156	77,827
	84.2%	56.30%	80.8%	86.5%	89.9%	82%
Limpopo	1,280,944	51,651	146,569	648,785	280,597	153,343
	87.5%	58.1%	91.6%	91.4%	87.6%	82.7%

Table 5. Exclusion by province, GHS 2014

PROVINCE	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Western Cape	273,260	33,446	34,064	116,096	51,421	38,233
	32.7%	60.1%	38.4%	26.2%	32.1%	44.1%
Eastern Cape	180,650	29,795	30,632	59,884	25,665	34,674
	10%	35.8%	15%	6.4%	6.7%	17.4%
Northern Cape	36,854	5,840	3,167	13,453	8,074	6,320
	15.4%	44.8%	12.1%	10.8%	15.6%	26%
Free State	84,183	10,876	10,577	33,228	16,174	13,327
	14.5%	35.9%	16.4%	11%	13.4%	21.4%
KwaZulu-Natal	277,169	39,897	27,743	100,829	58,115	50,585
	11.7%	32.3%	11.5%	8.1%	11.1%	21.3%
North West	138,802	14,431	26,143	59,908	20,643	17,678
	17.7%	32.5%	27.6%	14.6%	12.5%	24.5%
Gauteng	512,616	49,136	68,857	233,401	105,071	56,150
	35.2%	68.8%	39%	30%	33.8%	47.6%
Mpumalanga	147,197	26,565	18,640	63,546	21,337	17,109
	15.8%	43.8%	19.2%	13.5%	10.1%	18%
Limpopo	183,620	37,294	13,439	61,046	39,819	32,023
	12.5%	41.9%	8.4%	8.6%	12.4%	17.3%

Exclusion has fallen slightly in Western Cape since 2011, but Gauteng has seen the exclusion rate rise from 33.3 to 35.2 per cent.⁷ Gauteng has been unable to keep pace with an expanding eligible population, as both the total number of children excluded and the rate of exclusion have risen.

Exclusion amongst young children drives higher exclusion in both provinces. For children aged 0–1, exclusion rates were 60.1 and 68.8 per cent in Western Cape and Gauteng, respectively. Children in this cohort are excluded at rates at least 15 percentage points higher than in the nearest comparable province.

In both Western Cape and Gauteng, exclusion rates begin to fall after infancy. For eligible children aged 3–11 years, the exclusion rate is half of that for younger children, before ticking up slightly for the older age cohorts, a trend seen across provinces.

Eastern Cape and KwaZulu-Natal have the lowest rates of exclusion at 10 and 11.7 per cent respectively. KwaZulu-Natal sees a high level of take-up for eligible children in the youngest age cohort. Two thirds of children aged 0–1 receive the CSG in the province, the highest rate across the nine provinces in 2014.

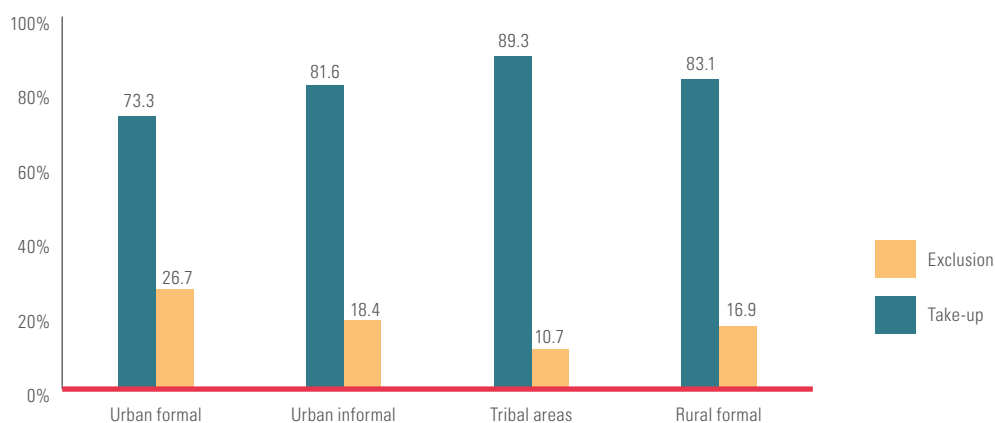


Figure 3. Take-up and exclusion by geotype, GHS 2014

Exclusion by geographic type resembles exclusion by province (Figure 3 and Tables 6 and 7). Formal urban areas have the highest exclusion (26.7 per cent), while urban informal, tribal areas and rural formal areas have rates lower than 20 per cent. Tribal areas have 89.3 per cent take-up of the CSG by eligible children, which amounts to nearly 4.7 million CSG beneficiaries, more than any other area.

There are over one million eligible children excluded from the CSG in urban formal areas, close to double the number of any other geographic area. Tribal areas, despite their low rate of exclusion, have a high number of excluded children (about 560,000). Urban informal and rural formal areas have comparable exclusion rates of 18.4 and 16.9 per cent, respectively. However, these rates belie the difference in the number of children excluded in each area. There are about 177,000 eligible children who are excluded from the CSG in urban informal areas, as compared to 66,000 in rural formal areas.

⁷ SASSA & UNICEF, 2013.

Table 6. Take-up by geotype, GHS 2014

GEOTYPE	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Urban formal	2,826,220	112,761	301,807	1,570,707	591,951	248,994
	73.3%	51.3%	68.8%	78%	74%	64.8%
Urban informal	786,997	25,514	78,630	442,325	177,566	62,962
	81.6%	48%	74.6%	85.2%	86.8%	76.7%
Tribal areas	4,698,175	171,165	504,205	2,478,542	1,065,796	478,467
	89.3%	62.5%	89.1%	92.6%	91.5%	83%
Rural formal	326,606	14,457	35,763	181,883	69,332	25,172
	83.1%	59.5%	82.4%	88.7%	85.3%	64.6%

Table 7. Exclusion by geotype, GHS 2014

GEOTYPE	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Urban formal	1,029,753	107,279	137,024	442,243	208,209	134,998
	26.7%	48.8%	31.2%	22%	26%	35.2%
Urban informal	177,311	27,620	26,810	76,652	27,071	19,158
	18.4%	52%	25.4%	14.8%	13.2%	23.3%
Tribal areas	560,910	102,536	61,789	199,400	99,060	98,127
	10.7%	37.5%	10.9%	7.5%	8.5%	17%
Rural formal	66,377	9,845	7,640	23,096	11,980	13,816
	17%	40.5%	17.6%	11.3%	14.7%	35.4%

Further examination reveals the persistence of the urban/rural divide in grant take-up and exclusion. The take-up rate for children aged 0–1 year is 19 percentage points higher in non-metro than in metro areas⁸ (Tables 8 and 9). While exclusion rates are higher in metro areas, a greater number of eligible non-recipient children reside in non-metro areas (1.1 million against 770,000), reflecting differences in population distribution and eligibility based on other characteristics of the two areas. Despite differentials in take-up rate, the majority of excluded children reside outside of metro areas.

At nearly 40 per cent, the exclusion rate for children aged 0–1 in metro areas is the only instance across age cohorts, in both metro and non-metro areas, where more eligible children are excluded from than receiving the CSG. This high level of exclusion stands out when compared with rates at the national level, where more than half of all eligible infants are accessing the grant.

Table 8. Take-up by metro status

METRO STATUS	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Metro	1,618,219	54,089	168,883	929,926	346,313	119,008
	67.8%	39.6%	62.2%	72.8%	70.8%	55.5%
Non-metro	7,019,778	269,806	751,521	3,743,532	1,558,332	696,586
	86.8%	62.1%	85.2%	90.5%	88.5%	80.3%

⁸ 'Metro' refers to metropolitan areas characterised by "high population density; intense movement of people, goods, and services; extensive development; and multiple business districts and industrial areas." SASSA & UNICEF, 2013.

Table 9. Exclusion by metro status

METRO STATUS	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Metro	770,177	82,447	102,610	346,825	142,892	95,403
	32.3%	60.4%	37.8%	27.2%	29.2%	44.5%
Non-metro	1,064,173	164,833	130,652	394,567	203,427	170,695
	13.2%	37.9%	14.8%	9.5%	11.6%	19.7%

2.4 CORRELATES OF GRANT EXCLUSION

There is a clustering of CSG exclusion according to certain categories such as race, age, household income, caregiver literacy and school enrolment status. Understanding these can provide valuable insight into the barriers to take-up and root causes of grant exclusion.

2.4.1 CHILDREN'S RACE

Table 10 shows that 84.1 per cent of eligible Black children (8.1 million children) received the CSG in 2014. This compares with only 69.8 per cent of eligible Coloured children (498,000 children), 24.7 per cent of Asian/Indian children (13,000 children) and 13.3 per cent of eligible White children (6,000 children). Overall, the take-up rate has improved across all racial groups, with the exception of Indian/Asian children. Among eligible Black children, take-up increased from 78.4 to 84.1 per cent between 2011 and 2014. For Coloured children, the increase was from 63.4 to 69.8 per cent, while take-up among eligible White children rose from 3.5 to 13.3 per cent. By contrast, eligible Indian/Asian children saw take-up fall from 42.5 to 24.7 per cent.⁹

Exclusion remains highest amongst eligible Coloured, Indian/Asian and White children. However, the size of these groups relative to the eligible Black population obscures the picture. Eligible Black children make up 94 per cent of all CSG recipients and 83.9 per cent of excluded children. While the absolute number of eligible Black children is much larger than for any other group, the difference between take-up and exclusion rates indicates the disproportionate contribution of the other three racial groups to overall levels of exclusion.

Table 10. Take-up by race, GHS 2014

RACE	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
African/Black	8,120,465	305,561	870,636	4,381,735	1,794,580	767,953
	84.1%	58.3%	81.1%	87.7%	86.4%	77.7%
Coloured	498,233	18,335	48,771	280,984	104,746	45,397
	69.8%	43.8%	70.5%	76%	68.9%	55.8%
Indian/Asian	13,311	0	997	8,239	2,690	1,385
	24.7%	0%	12.8%	33.6%	25.2%	16.6%
White	5,987	0	0	2,500	2,629	859
	13.3%	0%	0%	10.3%	22.8%	25.7%

9 SASSA & UNICEF, 2013.

Table 11. Exclusion by race, GHS 2014

RACE	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
African/Black	1,539,076	218,999	202,413	614,718	282,200	220,747
	15.9%	41.8%	18.9%	12.3%	13.6%	22.3%
Coloured	215,716	23,563	20,461	88,541	47,241	35,910
	30.2%	56.2%	29.6%	24%	31.1%	44.2%
Indian/Asian	40,536	2,448	6,815	16,319	7,995	6,959
	75.3%	100%	87.2%	66.5%	74.8%	83.4%
White	39,022	2,270	3,573	21,813	8,884	2,482
	86.7%	100%	100%	89.7%	77.2%	74.3%

2.4.2 CHILDREN'S EDUCATION

Data from GHS indicates that exclusion rates for children eligible for the CSG decrease as children enrol in and attend school compared to those who do not.¹⁰ Exclusion rates then rise for children in high school. Children with no schooling and children in high school face the highest levels of exclusion.

Table 12. Take-up by child's education, GHS 2014

AGE	NO SCHOOLING	GRADE R	PRIMARY SCHOOL	HIGH SCHOOL
0	323,896	n/a	n/a	n/a
1	430,427	n/a	n/a	n/a
2	489,978	n/a	n/a	n/a
3	520,832	n/a	n/a	n/a
4	498,116	10,181	n/a	n/a
5	429,808	82,028	n/a	n/a
6	124,363	290,058	69,481	n/a
7	15,980	165,541	348,230	n/a
8	4,151	38,782	476,155	n/a
9	3,353	15,510	466,685	n/a
10	1,670	3,858	519,121	n/a
11	730	2,277	479,073	761
12	1,794	923	439,749	3,775
13	0	683	431,369	40,583
14	613	590	297,488	150,354
15	244	0	186,073	282,211
16	900	2,087	85,843	329,124
17	341	765	48,849	328,602
TOTAL	2,847,194	613,283	3,848,115	1,134,686

¹⁰ Education is treated as beginning at 4 years, as children who are 4 years but turning 5 by 30 June in the year of admission are eligible for Grade R. For all children under 4, the analysis assumed placement in an education cohort to be in error and recoded the observation as having no schooling.

Take-up rates generally fall as age increases for children with no schooling. At 86.6 per cent, take-up rates for children in primary school are higher than for any other cohort. Children with no schooling and children in high school have very similar exclusion rates. Children with no schooling are overwhelmingly young, while children in high school tend to be 16 years or more. As seen earlier, both of these cohorts experience greater exclusion than other age groups.

Table 13. Take-up rates by child's education attainment, GHS 2014

AGE	NO SCHOOLING	GRADE R	PRIMARY SCHOOL	HIGH SCHOOL
0	56.7%	n/a	n/a	n/a
1	75.4%	n/a	n/a	n/a
2	84.1%	n/a	n/a	n/a
3	84.2%	n/a	n/a	n/a
4	86.3%	59.2%	n/a	n/a
5	85.6%	85%	n/a	n/a
6	85%	86.9%	88.4%	n/a
7	76.9%	83.5%	87.6%	n/a
8	60.8%	90.4%	89.3%	n/a
9	77.2%	76.7%	86.5%	n/a
10	63.7%	68.7%	87.4%	n/a
11	36.3%	69.1%	87.2%	100%*
12	56.3%	100%	86.3%	81%
13	0%*	58%	86.3%	87.5%
14	100%	25.7%	84.3%	79.4%
15	34.9%	0%	90.3%	83.6%
16	64.2%	80.4%	81.6%	78%
17	20.8%	72.3%	64.6%	74.3%
Total	78.8%	84.4%	86.6%	78.7%

* Result is due to limited number of observations that meet relevant criteria.

Table 14. Exclusion by child's education, GHS 2014

AGE	NO SCHOOLING	GRADE R	PRIMARY SCHOOL	HIGH SCHOOL
0	247,280	n/a	n/a	n/a
1	140,351	n/a	n/a	n/a
2	92,911	n/a	n/a	n/a
3	97,655	n/a	n/a	n/a
4	79,209	7,028	n/a	n/a
5	72,425	14,487	n/a	n/a
6	21,967	43,677	9,105	n/a
7	4,788	32,787	49,108	n/a
8	2,675	4,107	57,288	n/a
9	992	4,699	72,971	n/a
10	950	1,756	74,920	n/a
11	1,278	1,019	70,145	0
12	1,391	0	69,812	888

AGE	NO SCHOOLING	GRADE R	PRIMARY SCHOOL	HIGH SCHOOL
13	789	496	68,231	5,823
14	0	1,707	55,597	38,950
15	456	1,153	20,056	55,516
16	501	510	19,361	92,704
17	1,295	292	26,814	113,903
TOTAL	766,913	113,718	593,406	307,785

Table 15. Exclusion rate by child's education, GHS 2014

AGE	NO SCHOOLING	GRADE R	PRIMARY SCHOOL	HIGH SCHOOL
0	43.3%	n/a	n/a	n/a
1	24.6%	n/a	n/a	n/a
2	15.9%	n/a	n/a	n/a
3	15.8%	n/a	n/a	n/a
4	13.7%	40.8%	n/a	n/a
5	14.4%	15%	n/a	n/a
6	15%	13.1%	11.6%	n/a
7	23.1%	16.5%	12.4%	n/a
8	39.2%	9.6%	10.7%	n/a
9	22.8%	23.3%	13.5%	n/a
10	36.3%	31.3%	12.6%	n/a
11	63.7%	30.9%	12.8%	0%*
12	43.7%	0%*	13.7%	19%
13	100%	42%	13.7%	12.5%
14	0%*	74.3%	15.7%	20.6%
15	65.1%	100%*	9.7%	16.4%
16	35.8%	19.6%	18.4%	22%
17	79.2%	27.7%	35.4%	25.7%
TOTAL	21.2%	15.6%	13.4%	21.3%

* Result is due to limited number of observations that meet relevant criteria.

To understand the relationship between race, schooling and receipt of the CSG, take-up and exclusion were analysed based on race and schooling cohort.

Table 16. Take-up by race and education, GHS 2014

RACE	NO SCHOOLING	GRADE R	PRIMARY SCHOOL	HIGH SCHOOL
Black/African	1,004,801	572,056	3,615,635	1,073,343
	86.8%	86.6%	88%	80.9%
Coloured	75,985	39,836	223,478	58,145
	77.3%	70.2%	76.1%	56.4%
Indian/Asian	1,189	771	6,850	2,156
	30.6%	13.4%	29.3%	33.8%
White	87	620	2,153	1,764
	0.8%	16.7%	15.1%	25.5%

Trends in exclusion and take-up broadly mirror broad trends by race and education. Eligible Black children experience lower exclusion rates than other population groups, while children in primary school generally have lower exclusion rates than any other education group. In turn, eligible White children have higher exclusion rates than all other groups, but those with no schooling are especially affected. Less than 1 per cent of unschooled White children receive the CSG.

Table 17. Exclusion by race and education, GHS 2014

RACE	NO SCHOOLING	GRADE R	PRIMARY SCHOOL	HIGH SCHOOL
Black/African	152,715	88,750	494,804	253,426
	13.2%	13.4%	12%	19.1%
Coloured	22,304	16,880	70,017	44,972
	22.7%	29.8%	23.9%	43.6%
Indian/Asian	2,696	5,001	16,492	4,230
	69.4%	86.6%	70.7%	66.2%
White	11,000	3,087	12,093	5,158
	99.2%	83.3%	84.9%	74.5%

Further analysis explored overall exclusion and take-up for children based on school enrolment status.¹¹ Overall, the number of CSG beneficiaries enrolled in school dwarfs the number of children not enrolled. Only 143,000 children not enrolled receive the CSG, while 6.2 million enrolled children receive it. Yet exclusion rates are systematically higher for children not enrolled in school. In some cases, take-up rates between the two cohorts can differ by almost 80 percentage points. The only outlier is for 14-year-olds, as 92.5 per cent of children not enrolled in school at 14 receive the CSG.

Table 18. Take-up by current enrolment status, GHS 2014

AGE	CURRENTLY ENROLLED	CURRENTLY NOT ENROLLED	AGE	CURRENTLY ENROLLED	CURRENTLY NOT ENROLLED
5	434,859	68,024	12	456,437	1,351
	85.7%	79.3%		85.8%	32.4%
6	479,284	15,367	13	493,663	2,442
	87.4%	70.4%		86.2%	40.6%
7	537,052	3,544	14	461,964	4,910
	86.1%	47%		81.9%	92.5%
8	531,654	356	15	476,265	7,615
	89.4%	10.8%		85.7%	67.4%
9	496,666	805	16	416,371	14,612
	86.4%	44.8%		80.5%	46.8%
10	541,121	1,399	17	362,646	20,854
	87.5%	45.4%		74.6%	45.1%
11	500,950	2,511	TOTAL	6,188,931	143,791
	87.7%	37.4%		85.2%	61.4%

¹¹ The GHS does not ask the question to children who are younger than 5 years, so results are only presented for children aged 5 and older.

Table 19. Exclusion by current enrolment status, GHS 2014

AGE	CURRENTLY ENROLLED	CURRENTLY NOT ENROLLED	AGE	CURRENTLY ENROLLED	CURRENTLY NOT ENROLLED
5	72,692	17,704	12	75,298	2,817
	14.3%	20.7%		14.2%	67.6%
6	69,218	6,467	13	78,778	3,567
	12.6%	29.6%		13.8%	59.4%
7	86,593	3,997	14	102,404	397
	13.9%	53%		18.1%	7.5%
8	62,869	2,948	15	79,373	3,684
	10.6%	89.2%		14.3%	32.6%
9	78,082	992	16	100,836	16,641
	13.6%	55.2%		19.5%	53.2%
10	77,610	1,680	17	123,257	25,364
	12.5%	54.6%		25.4%	54.9%
11	70,140	4,205	TOTAL	1,077,149	90,463
	12.3%	62.6%		14.8%	38.6%

Table 20 presents data on CSG take-up and exclusion for children who had dropped out of the school the previous year.¹² Overall, 12,000 children who had dropped out of school received the CSG in 2012, while 50,000 eligible children did not receive it. All of these children are over the age of 11. The absolute number of eligible children who had dropped out is exceedingly small. Only around 63,000 children eligible for the CSG had dropped out of school in the past year.¹³

Table 20. Take-up and exclusion among school dropouts, NIDS 2012

AGE	TAKE-UP	EXCLUSION	AGE	TAKE-UP	EXCLUSION
4	0	0		100%	0%
	0%	0%	12	202	2,935
5	0	0		6.5%	93.5%
	0%	0%	13	417	0
6	0	0		100%	0%
	0%	0%	14	267	5,104
7	0	0		5%	95%
	0%	0%	15	1,722	4,489
8	0	0		27.7%	72.3%
	0%	0%	16	2,894	25,044
9	0	0		10.4%	89.6%
	0%	0%	17	1,554	13,268
10	0	0		10.5%	89.5%
	0%	0%	TOTAL	12,518	50,839
11	5,462	0		19.8%	80.2%

¹² This analysis was undertaken using NIDS Wave 3, as the GHS does not contain information on child enrolment in school for the previous year. NIDS Wave 3 asks if a child is currently enrolled in school, and whether the child was enrolled in school in the previous year. If a child was enrolled in the previous year and is not enrolled in the current year, and the child would continue into a year of primary or secondary schooling, that child is considered to have dropped out.

¹³ According to NIDS Wave 3, only 0.7 per cent of school-age children dropped out of the education system, so the absolute number of eligible school dropouts is small.

2.4.3 CAREGIVER AND PARENT CHARACTERISTICS

The reading and writing fluency of the child's primary caregiver is a useful indicator of the capacity of the CSG to reach eligible children whose caregivers might have difficulty completing the application on their own or properly representing their personal details. For this reason, Tables 21 and 22 present the take-up and exclusion statistics for eligible children based on their caregiver's ability to read. Tables 23 and 24 present take-up and exclusion data for children based on their caregiver's ability to write.

Table 21. Take-up by caregiver's reading fluency, GHS 2014

READING FLUENCY	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
No difficulty	672,197	21,193	43,686	326,994	184,808	95,515
	80%	52.4%	75%	86%	83.5%	68.2%
Some difficulty	92,615	2,047	6,249	39,727	25,554	19,038
	80%	70.7%	86.7%	81.3%	78.1%	79.2%
A lot of difficulty	73,179	1,197	4,425	33,489	23,338	10,730
	74.7%	68.2%	80.6%	71.7%	79%	74.4%
Unable to read	224,881	6,256	7,926	86,241	84,426	40,032
	81%	79.3%	84.7%	81%	85.8%	72.1%

Table 22. Exclusion by caregiver's reading fluency, GHS 2014

READING FLUENCY	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
No difficulty	168,162	19,262	14,607	53,243	36,478	44,572
	20%	47.6%	25.1%	14%	16.5%	31.8%
Some difficulty	23,121	847	962	9,123	7,177	5,011
	20%	29.3%	13.3%	18.7%	21.9%	20.8%
A lot of difficulty	24,744	559	1,063	13,232	6,196	3,694
	25.3%	31.8%	19.4%	28.3%	21%	25.6%
Unable to read	52,722	1,630	1,432	20,241	13,926	15,494
	19%	20.7%	15.3%	19%	14.2%	27.9%

For the above, it can be seen that eligible children with caregivers who are unable to read have take-up rates for the CSG of over 80 per cent. Even for infant children with caregivers unable to read, take-up rates are close to 80 per cent, the highest across all fluency levels, and a full 27 percentage points above the take-up rate for eligible infants with caregivers who have no difficulty reading.

Nearly half of all eligible infants with caregivers who have no difficulty reading or writing do not receive the CSG. Exclusion is highest for eligible children with caregivers who have a lot of difficulty reading, with a rate of 25.3 per cent.

In relation to writing fluency, exclusion rates are marginally higher for the children of caregivers who cannot write compared to those who can. Eligible children with caregivers who have no difficulty writing are the largest group by numbers. An estimated 159,000 children with a caregiver who had no difficulty writing did not receive the CSG in 2014, compared to the 53,000 children whose caregiver was unable to write.

Take-up rates are highest in this sample for eligible children with caregivers who are unable to write. The rate of exclusion for eligible children aged 0–1 year exhibits high variability, with exclusion falling to about 4 per cent for children with caregivers who are unable to write and 80.7 per cent for those whose

caregivers have a lot of difficulty writing. Children aged 0–1 year with a caregiver who has no difficulty writing are the largest group by size, with over 17,000 or 47 per cent of eligible children who are excluded from the CSG.

Table 23. Take-up by caregiver's writing fluency, GHS 2014

WRITING FLUENCY	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
No difficulty	609,893	20,091	39,853	299,812	162,756	87,382
	79.3%	53%	76.2%	85.6%	81.5%	67.8%
Some difficulty	101,254	2,402	7,779	43,521	27,071	20,481
	79.1%	51.1%	82.6%	80.5%	80.9%	77.5%
A lot of difficulty	85,851	451	3,973	39,117	29,225	13,084
	74.3%	19.3%	73%	72%	83.8%	70.6%
Unable to write	261,653	7,750	10,680	103,090	95,764	44,368
	83.1%	96.3%	80.9%	83.9%	86.6%	73.7%

Table 24. Exclusion by caregiver's writing fluency, GHS 2014

WRITING FLUENCY	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
No difficulty	158,859	17,812	12,437	50,264	36,871	41,474
	20.7%	47%	23.8%	14.4%	18.5%	32.2%
Some difficulty	26,837	2,298	1,635	10,540	6,406	5,958
	21%	48.9%	17.4%	19.5%	19.1%	22.5%
A lot of difficulty	29,703	1,889	1,472	15,209	5,672	5,461
	25.7%	80.7%	27%	28%	16.3%	29.5%
Unable to write	53,349	300	2,519	19,826	14,827	15,877
	16.9%	3.7%	19.1%	16.1%	13.4%	26.4%

Take-up across all age cohorts is lower for eligible children with male rather than female caregivers. Only 66.5 per cent of eligible children with male caregivers receive the CSG, compared to 77.1 per cent of children with female caregivers. Regardless of the caregiver's sex, exclusion of CSG-eligible children follows the same trends of exclusion by age, with higher rates experienced by the youngest and oldest eligible children.

Table 25. Take-up by caregiver's gender, GHS 2014

GENDER	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Male	275,485	7,063	25,522	146,053	68,101	28,746
	66.5%	58.5%	69.5%	70%	66.4%	53.1%
Female	5,708,140	286,456	711,349	3,062,910	1,162,292	485,132
	77.1%	54.2%	76.2%	81.9%	78.7%	66.9%

Table 26. Exclusion by caregiver's gender, GHS 2014

GENDER	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Male	138,875	5,021	11,228	62,705	34,525	25,397
	33.5%	41.6%	30.6%	30%	33.6%	46.9%
Female	1,693,546	242,260	222,034	677,899	311,504	239,850
	22.9%	45.8%	23.8%	18.1%	21.1%	33.1%

Among unemployed caregivers, 78.8 per cent of eligible children receive the CSG. This is 7.7 percentage points higher than take-up among children whose caregivers were employed in 2014 (71.1 per cent). Again, exclusion of CSG-eligible children follows similar trends as shown earlier, with the youngest and oldest children experiencing the highest levels of exclusion. This is irrespective of the employment status of their caregivers.

Table 27. Take-up by caregiver's employment status, GHS 2014

EMPLOYMENT STATUS	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Employed	1,641,851	42,897	155,454	917,780	374,674	151,047
	71.1%		69.6%	75.3%	72.4%	57.8%
Not employed	4,300,854	247,988	576,930	2,266,535	848,334	361,067
	78.8%	55.2%	78%	83.9%	80.7%	70.1%

Table 28. Exclusion by caregiver's employment status, GHS 2014

EMPLOYMENT STATUS	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Employed	667,147	44,536	67,824	301,681	142,924	110,182
	28.9%	50.9%	30.4%	24.7%	27.6%	42.2%
Not employed	1,155,034	201,254	162,306	434,644	202,473	154,358
	21.2%	44.8%	22%	16.1%	19.3%	30%

In terms of parent's residence in the household, children with only their mothers recorded as being resident experience the highest level of take-up (83.3 per cent), compared to 62.4 per cent of eligible children when only their fathers are recorded as residing in the household and 69 per cent in the case of children with both parents resident.

Exclusion of eligible children who reside with either both parents or only their mother is higher among the youngest and oldest age cohorts. In households where only the father is present, exclusion peaks among children aged 16–17 years.

Table 29. Take-up by parent residency, GHS 2014

RESIDENCE STATUS	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Only mother resident	3,564,812	181,973	462,283	1,874,579	731,314	314,663
	83.3%	57.9%	85%	87.4%	85.9%	74%
Only father resident	191,831	4,697	16,599	100,855	49,845	19,835
	62.4%	64.1%	80.3%	65.1%	61.4%	45.7%
Both parents resident	2,239,265	107,553	260,292	1,239,675	451,029	180,716
	69%	48.9%	63.8%	74.8%	69.8%	57.8%

Table 30. Exclusion by parent residency, GHS 2014

RESIDENCE STATUS	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Only mother resident	713,478	132,283	81,490	269,390	119,700	110,615
	16.7%	42.1%	15%	12.6%	14.1%	26%
Only father resident	115,691	2,634	4,061	54,151	31,293	23,551
	37.6%	35.9%	19.7%	34.9%	38.6%	54.3%
Both parents resident	1,005,182	112,363	147,712	417,850	195,326	131,932
	31%	51.1%	36.2%	25.2%	30.2%	42.2%

Table 31. Take-up by parent residence status, NIDS 2012

AGE	BOTH/EITHER PARENT RESIDENT	NEITHER PARENT RESIDENT	AGE	BOTH/EITHER PARENT RESIDENT	NEITHER PARENT RESIDENT
0	210,550	3,954	8	408,967	102,120
	49.7%	47.5%		81.2%	86.2%
1	374,370	22,484	9	395,715	88,780
	71.6%	73.7%		89.7%	84.6%
2	404,301	50,068	10	390,293	92,227
	74.7%	79.3%		83.4%	76.8%
3	498,695	69,225	11	429,289	100,056
	86.7%	81.4%		81.4%	74.3%
4	550,087	97,670	12	401,387	103,729
	82.6%	85.3%		86.6%	82.4%
5	498,823	68,744	13	388,937	96,125
	84.7%	81.9%		84.1%	85.8%
6	465,685	82,628	14	408,830	72,984
	81.6%	77.1%		81%	71%
7	436,274	102,525	TOTAL	6,262,202	1,153,319
	93.7%	82.8%		81.1%	80.4%

Tables 31 and 32 present take-up and exclusion by the residence status of the child's parent.¹⁴ Overall, eligible children under 15 who do not have resident parents experience no significantly higher levels of exclusion. For both children with neither parent resident, as for those who have at least one parent resident, the percentages of those receiving the CSG are close to 20 per cent.

Eligible older children and infants receive the CSG at lower rates than children with at least one resident parent. While exclusion rates by age tend to be fairly close, large differentials exist for children aged 7, 10, 11 and 14 years.

¹⁴ This analysis uses NIDS Wave 3, which allows for the identification of the child's caregiver even if he/she is not a parent, making the application of the standard means test and assumptions possible. If both parents are not resident and the child is not receiving the CSG, the analysis cannot make a determination of eligibility. However, this identification mechanism fails for children older than 14 because the NIDS survey does not make provisions to identify alternate caregivers for these older children.

Table 32. Exclusion by parent residence status, NIDS 2012

AGE	BOTH/EITHER PARENT RESIDENT	NEITHER PARENT RESIDENT	AGE	BOTH/EITHER PARENT RESIDENT	NEITHER PARENT RESIDENT
0	212,962	4,367	8	94,795	16,281
	50.3%	52.5%		18.8%	13.8%
1	148,466	8,029	9	45,337	16,110
	28.4%	26.3%		10.3%	15.4%
2	137,047	13,102	10	77,559	27,938
	25.3%	20.7%		16.6%	23.2%
3	76,289	15,777	11	97,983	34,685
	13.3%	18.6%		18.6%	25.7%
4	115,652	16,808	12	61,871	22,197
	17.4%	14.7%		13.4%	17.6%
5	90,255	15,217	13	73,439	15,882
	15.3%	18.1%		15.9%	14.2%
6	104,691	24,539	14	95,867	29,756
	18.4%	22.9%		19%	29%
7	29,414	21,340	TOTAL	1,461,626	282,028
	6.3%	17.2%		18.9%	19.6%

There is little difference in take-up rates between eligible children with disabled and non-disabled mothers. Take-up among the former stands at 75.9 per cent, compared to 77.3 per cent for children with non-disabled mothers. As before, exclusion of eligible children with both disabled and non-disabled mothers reflects larger trends, with the highest rates among the youngest and oldest age cohorts.

Table 33. Take-up by mother's disability, GHS 2014

DISABILITY STATUS	TAKE-UP	0-1 YEAR	1-2 YEARS	3-11 YEARS	12-15 YEARS	16-17 YEARS
Not disabled	5,400,759	270,330	686,026	2,927,504	1,086,177	430,722
	77.3%	53.7%	75.9%	82.2%	79%	66.8%
Disabled	380,614	17,725	33,836	175,303	90,702	63,048
	75.9%	61.1%	75.3%	79%	78.9%	69.7%

Table 34. Exclusion by mother's disability, GHS 2014

DISABILITY STATUS	EXCLUSION	0-1 YEAR	1-2 YEARS	3-11 YEARS	12-15 YEARS	16-17 YEARS
Not disabled	1,589,500	233,102	217,435	635,609	289,099	214,255
	22.7%	46.3%	24.1%	17.8%	21%	33.2%
Disabled	120,652	11,272	11,110	46,589	24,240	27,441
	24.1%	38.9%	24.7%	21%	21.1%	30.3%

Eligible children whose mothers are severely disabled have similar take-up rates to children whose mothers are not. For both categories, take-up of the CSG is about 77 per cent.

Table 35. Take-up and exclusion by mother's severe disability, GHS 2014

DISABILITY STATUS	TAKE-UP	EXCLUSION
Not disabled	5,710,803	1,688,457
	77.2%	22.8%
Severely disabled	70,570	21,694
	76.5%	23.5%

Children whose mothers have significant difficulty walking take up the CSG at lower rates than other children (66.4 per cent as compared to 77.2 and 80.7 per cent of eligible children whose mothers experience some or no difficulty walking). For these two groups, exclusion rates mirror larger trends by age. There are not enough observations for eligible children whose caregivers experience a lot of difficulty walking to discern trends broken down by age.

Table 36. Take-up by mother's walking ability, GHS 2014

WALKING ABILITY	TAKE-UP	0-1 YEAR	1-2 YEARS	3-11 YEARS	12-15 YEARS	16-17 YEARS
No difficulty	5,689,929	285,805	713,551	3,058,938	1,155,023	476,612
	77.2%	54.5%	75.9%	82%	78.9%	66.9%
Some difficulty	39,045	1,192	1,757	18,213	10,072	7,812
	80.7%	39.3%	80.1%	83.4%	88.3%	78.7%
A lot of difficulty	11,339	307	0	4,666	3,278	3,087
	66.4%	100%	0%	79.7%	75.1%	47.1%

Table 37. Exclusion by mother's walking ability, GHS 2014

WALKING ABILITY	EXCLUSION	0-1 YEAR	1-2 YEARS	3-11 YEARS	12-15 YEARS	16-17 YEARS
No difficulty	1,680,887	239,047	226,438	669,808	309,666	235,928
	22.8%	45.6%	24.1%	18%	21.1%	33.1%
Some difficulty	9,342	1,838	436	3,621	1,336	2,111
	19.3%	60.7%	19.9%	16.6%	11.7%	21.3%
A lot of difficulty	5,740	0	0	1,188	1,088	3,464
	33.6%	0%	0%	20.3%	24.9%	52.9%

Eligible children whose mothers have HIV and AIDS take up the CSG at a higher rate (85.9 per cent) than children with mothers free of the disease (76.3 per cent). The youngest and oldest children face comparatively higher levels of exclusion, whatever their mother's status with respect to HIV and AIDS.

Table 38. Take-up by mother's HIV and AIDS status, GHS 2014

HAS HIV AND AIDS	TAKE-UP	0-1 YEAR	1-2 YEARS	3-11 YEARS	12-15 YEARS	16-17 YEARS
Yes	541,623	19,285	53,864	293,937	120,353	54,184
	85.9%	62.1%	78.6%	89.6%	89.7%	78.5%
No	5,240,539	268,045	664,413	2,809,630	1,058,941	439,510
	76.3%	53.6%	75.7%	81.2%	77.9%	66%

Table 39. Exclusion by mother's HIV and AIDS status, GHS 2014

HAS HIV AND AIDS	EXCLUSION	0-1 YEAR	1-2 YEARS	3-11 YEARS	12-15 YEARS	16-17 YEARS
Yes	89,147	11,757	14,654	34,039	13,874	14,823
	14.1%	37.9%	21.4%	10.4%	10.3%	21.5%
No	1,624,728	232,514	212,920	652,413	300,008	226,873
	23.7%	46.5%	24.3%	18.8%	22.1%	34.1%

Finally, take-up rates are highest among eligible children whose mother has only attained Grade R. Children whose mothers have no schooling have comparatively lower take-up, and rates decline as educational attainment increases. Eligible children whose mothers have some higher education experience the lowest take-up: only 13 per cent of these children receive the grant.

Table 40. Take-up by mother's education, GHS 2014

EDUCATION ATTAINMENT	TAKE-UP	0-1 YEAR	1-2 YEARS	3-11 YEARS	12-15 YEARS	16-17 YEARS
No schooling	255,686	5,828	11,103	105,568	87,185	46,003
	79.5%	81.8%	81.7%	79.7%	83.4%	71.9%
Grade R	21,663	2,640	2,364	10,212	4,272	2,175
	91.5%	74.9%	100%	96.7%	91.9%	84.2%
Primary school	1,141,011	31,820	83,799	544,409	320,354	160,629
	80.4%	47.6%	75.6%	84.6%	86.2%	71.1%
High school (incl. matric)	4,146,698	234,411	590,196	2,328,226	721,587	272,278
	77.8%	55.4%	76.3%	83.4%	77.7%	66.3%
Post-school (without matric)	148,505	9,963	23,213	76,135	31,126	8,067
	61.3%	44.4%	72.2%	60.6%	68.9%	48.6%
Higher education	8,338	1,089	2,438	3,958	852	0
	13%	22.6%	52.6%	10.8%	5.6%	0%

Table 41. Exclusion by mother's education, GHS 2014

EDUCATION ATTAINMENT	EXCLUSION	0-1 YEAR	1-2 YEARS	3-11 YEARS	12-15 YEARS	16-17 YEARS
No schooling	66,025	1,299	2,486	26,943	17,324	17,972
	20.5%	18.2%	18.3%	20.3%	16.6%	28.1%
Grade R	2,015	887	0	346	375	407
	8.5%	25.1%	0%	3.3%	8.1%	15.8%
Primary school	277,958	35,054	27,031	99,092	51,399	65,383
	19.6%	52.4%	24.4%	15.4%	13.8%	28.9%
High school (incl. matric)	1,180,960	188,857	183,708	463,266	206,601	138,529
	22.2%	44.6%	23.7%	16.6%	22.3%	33.7%
Post-school (without matric)	93,668	12,485	8,947	49,602	14,084	8,549
	38.7%	55.6%	27.8%	39.5%	31.2%	51.5%
Higher education	55,721	3,725	2,196	32,803	14,336	2,660
	87%	77.4%	47.4%	89.2%	94.4%	100%

Children's take-up and exclusion from the CSG based on their fathers' characteristics is examined next. Eligible children with a disabled father have a slightly higher take-up rate than those whose father is not disabled. Among the former group, take-up rates peak at 1–2 years and decline with age. Among the latter, exclusion follows the trends depicted earlier for all children according to their age. The presence of severely disability, on the other hand, makes no difference to take-up rates.

Table 42. Take-up by father's disability. GHS 2014

DISABILITY STATUS	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Not disabled	2,236,830	108,868	258,023	1,240,680	447,631	181,627
	68.3%	50.3%	63.7%	73.9%	68.3%	56.9%
Disabled	187,519	2,614	17,742	96,597	51,641	18,924
	71.5%	28.5%	80.4%	76.5%	75.8%	51.9%

Table 43. Exclusion by father's disability, GHS 2014

DISABILITY STATUS	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Not disabled	1,037,431	107,442	147,187	437,435	207,952	137,415
	31.7%	49.7%	36.3%	26.1%	31.7%	43.1%
Disabled	74,602	6,568	4,338	29,649	16,500	17,547
	28.5%	71.5%	19.7%	23.5%	24.2%	48.1%

CSG take-up rates are the same whether a child's father has no or a lot of difficulty walking. At 68 per cent, these rates are slightly higher than when a child's father experiences some difficulty walking (62.3 per cent).

Table 44. Take-up by father's walking ability, GHS 2014

WALKING ABILITY	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
No difficulty	2,360,343	110,429	268,736	1,304,706	485,240	191,233
	68.6%	49.7%	64.3%	74.1%	69%	56.6%
Some difficulty	17,700	355	2,235	5,763	6,852	2,495
	62.3%	39.9%	64.4%	50%	85.7%	55%
A lot of difficulty	5,819	0	0	3,074	1,680	1,065
	68.6%	0%	0%	69.5%	84.9%	51.2%

Table 45. Exclusion by father's walking ability, GHS 2014

WALKING ABILITY	EXCLUSION	0–1 YEARS	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
No difficulty	1,081,043	111,667	148,948	456,123	217,548	146,758
	31.4%	50.3%	35.7%	25.9%	31%	43.4%
Some difficulty	10,711	534	1,234	5,756	1,145	2,042
	37.7%	60.1%	35.6%	50%	14.3%	45%
A lot of difficulty	2,666	0	0	1,349	300	1,016
	31.4%	0%	0%	30.5%	15.2%	48.8%

Eligible children whose father has HIV and AIDS experience slightly higher take-up rates than eligible children whose father does not have HIV and AIDS (72 and 68 per cent take-up rates, respectively). For both groups, the youngest and oldest children are the ones most likely to be incorrectly excluded from the CSG.

Table 46. Take-up by father's HIV and AIDS status, GHS 2014

HAS HIV AND AIDS	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Yes	117,036	4,532	12,316	71,690	22,306	6,192
	72.1%	58.3%	63.7%	77.7%	70%	56.4%
No	2,305,434	106,950	262,823	1,263,949	477,353	194,359
	68.3%	49.1%	64.7%	73.7%	68.8%	56.5%

Table 47. Exclusion by father's HIV and AIDS status, GHS 2014

HAS HIV AND AIDS	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Yes	45,241	3,248	7,032	20,603	9,576	4,782
	27.9%	41.8%	36.4%	22.3%	30%	43.6%
No	1,070,465	110,761	143,522	450,416	216,273	149,493
	31.7%	50.9%	35.3%	26.3%	31.2%	43.5%

In terms of father's education, children whose fathers have no schooling experience, or have at most completed Grade R, show the highest take-up rates at nearly 79 and 81 per cent, respectively. After Grade R, take-up rates decrease as children's fathers attain higher levels of education. Only one out of five (21 per cent) children whose fathers have attained some higher education receives the grant.

Table 48. Take-up by father's education, GHS 2014

EDUCATION ATTAINMENT	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
No schooling	151,093	2,224	7,994	61,617	55,196	24,062
	78.6%	60.4%	73.4%	83.5%	84.4%	62.4%
Grade R	4,990	780	406	2,178	1,258	369
	80.9%	65%	100%	74.1%	100%	100%
Primary school	644,051	14,044	43,510	343,931	164,101	78,465
	74.5%	43.7%	66.2%	80.4%	75.5%	64.7%
High school (incl. matric)	1,504,518	88,473	204,890	864,781	258,138	88,236
	66.9%	51%	63.8%	73.1%	65.1%	50.8%
Post-school (without matric)	64,709	3,244	11,074	36,733	10,020	3,638
	58%	44.8%	71%	57.3%	55.3%	55.5%
Higher education	8,593	698	2,180	5,149	566	0
	21.3%	18.1%	49.9%	28.5%	6.8%	0%

Table 49. Exclusion by father's education, GHS 2014

EDUCATION ATTAINMENT	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
No schooling	41,238	1,461	2,892	12,179	10,219	14,486
	21.4%	39.7%	26.6%	16.5%	15.6%	37.6%
Grade R	1,181	420	0	762	0	0
	19.2%	35%	0%	25.9%	0%	0%
Primary school	220,283	18,090	22,208	83,891	53,215	42,879
	25.5%	56.3%	33.8%	19.6%	24.5%	35.3%
High school (incl. matric)	744,249	85,046	116,221	319,006	138,579	85,396
	33.1%	49%	36.2%	27%	35%	49.2%
Post-school (without matric)	46,925	3,993	4,524	27,389	8,102	2,916
	42%	55.2%	29%	42.7%	44.7%	44.5%
Higher education	31,796	3,159	2,185	12,928	7,789	5,734
	78.7%	81.9%	50.1%	71.5%	93.2%	100%

2.4.4 INCOME AND POVERTY

Income is a correlate of access to information and the ability to take time to go through the application process for the CSG. Household income levels would be expected to be associated with levels of grant take-up and exclusion. Tables 50 and 51 examine take-up and exclusion by income decile.

Table 50. Take-up by household income decile, GHS 2014

INCOME DECILE	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
1	1,658,721	79,448	194,077	898,533	348,547	138,118
	83.8%	56.9%	82.9%	88%	88.1%	73%
2	1,727,361	81,398	201,222	935,026	353,513	156,202
	86.2%	61.3%	86.4%	89.9%	87.7%	80.1%
3	1,494,861	51,830	145,629	822,923	324,141	150,337
	87.1%	59.7%	85%	90.8%	88.6%	81.2%
4	1,090,072	30,101	107,831	583,444	261,521	107,175
	86.3%	60.5%	82.9%	89.6%	88.1%	79.5%
5	919,790	24,725	90,681	478,585	220,791	105,009
	80.3%	45.5%	75.9%	83.9%	82.5%	78.5%
6	905,902	24,808	82,659	500,684	207,921	89,831
	80.8%	60.4%	69.5%	85.4%	82.8%	72.6%
7	539,874	19,296	70,251	288,364	118,573	43,389
	72.1%	48.6%	71.7%	75.9%	75.9%	58.2%
8	235,839	9,685	23,655	126,850	57,400	18,249
	68%	44.9%	63.3%	75.6%	66.4%	54%
9	45,763	2,605	2,192	26,649	9,295	5,023
	45.3%	55.6%	54%	44%	41.8%	53.2%
10	15,631	0	2,209	9,263	2,945	1,215
	37.7%	0%	30.1%	35.2%	50.2%	100%

CSG take-up is highest for children in the second, third and fourth income deciles. The rates of take-up in these deciles are all over 85 per cent. Inclusion of eligible children peaks in the third decile and then falls as income increases. Exclusion in higher income deciles is to be expected, as many households without proper information may believe themselves to be ineligible for the CSG and erroneously exclude themselves from the grant.¹⁵

Take-up rates for eligible infants range between 45 and 60 per cent across all deciles, except for the richest. Such levels of take-up are considerably lower than for other age cohorts, suggesting that the challenge of reaching infants is not driven by income disparities. Infants are disproportionately excluded from the grant they are entitled to receive, regardless of their household's income level.

The fact that a certain number of children living in households in income deciles 9 and 10 take up the CSG may be due to cohabitation between poorer and richer families under the same roof, and the use of household income to calculate income deciles. For the CSG, any child whose caregiver's income falls below the means test threshold qualifies for the grant, regardless of whether they live in a rich or poor household.

Table 51. Exclusion by household income decile, GHS 2014

INCOME DECILE	EXCLUSION	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
1	321,304	60,137	40,031	122,979	47,118	51,038
	16.2%	43.1%	17.1%	12%	11.9%	27%
2	276,949	51,447	31,657	105,494	49,502	38,850
	13.8%	38.7%	13.6%	10.1%	12.3%	19.9%
3	221,183	34,976	25,716	83,848	41,784	34,859
	12.9%	40.3%	15%	9.3%	11.4%	18.8%
4	172,440	19,662	22,248	67,557	35,347	27,627
	13.7%	39.5%	17.1%	10.4%	11.9%	20.5%
5	226,070	29,677	28,856	92,096	46,710	28,730
	19.7%	54.6%	24.1%	16.1%	17.5%	21.5%
6	215,294	16,276	36,221	85,671	43,298	33,829
	19.2%	39.6%	30.5%	14.6%	17.2%	27.4%
7	208,831	20,378	27,802	91,746	37,706	31,200
	27.9%	51.4%	28.4%	24.1%	24.1%	41.8%
8	111,106	11,891	13,739	40,945	28,988	15,543
	32%	55.1%	36.7%	24.4%	33.6%	46%
9	55,291	2,082	1,866	33,970	12,951	4,422
	54.7%	44.4%	46%	56%	58.2%	46.8%
10	25,883	754	5,126	17,086	2,917	0
	62.4%	100%	69.9%	64.9%	49.8%	0%

Figure 4 and Tables 52 and 53 look at grant exclusion and take-up based on whether the child falls above or below the upper poverty line.¹⁶

¹⁵ Unfortunately, the GHS survey does not chart the reasons for why a household did not apply for the CSG, so it is not possible to examine the reasons for non-application further.

¹⁶ The upper poverty line was generated using information contained in Statistics South Africa, "Methodological report on rebasing of national poverty lines and development of pilot provincial poverty lines", Report No. 03-10-11, 2015.

Take-up rates below the poverty line are well above the national average across all age cohorts and are especially high for children in the 3–11 year range. Close to 85 per cent of eligible children below the poverty line receive the CSG. Large disparities exist in take-up between eligible households above and below the poverty line. There are 542,000 children (28.5 per cent) above the poverty line who are eligible for the CSG, but do not receive it. Of those children, over 47,000 are infants.

Table 52. Take-up by poverty status, GHS 2014

POVERTY STATUS	TAKE-UP	0–1 YEAR	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Above poverty line	1,359,250	45,221	147,187	740,490	311,215	115,138
	71.5%	48.8%	66%	75.8%	73.9%	61.3%
Below poverty line	7,278,747	278,675	773,218	3,932,968	1,593,430	700,456
	84.9%	58.3%	83.1%	88.6%	87.1%	78.4%

Table 53. Exclusion by poverty status, GHS 2014

POVERTY STATUS	EXCLUSION	0–1 YEARS	1–2 YEARS	3–11 YEARS	12–15 YEARS	16–17 YEARS
Above poverty line	542,334	47,539	75,933	236,228	109,798	72,837
	28.5%	51.3%	34%	24.2%	26.1%	38.8%
Below poverty line	1,292,017	199,742	157,329	505,163	236,521	193,261
	15.1%	41.8%	16.9%	11.4%	12.9%	21.6%

Figure 4 highlights the disparity for eligibility above and below the poverty line. For both groups, exclusion rates fall until ages 12–15, when they begin to climb again. The exclusion rate for children above the poverty line is consistently higher in every age cohort.

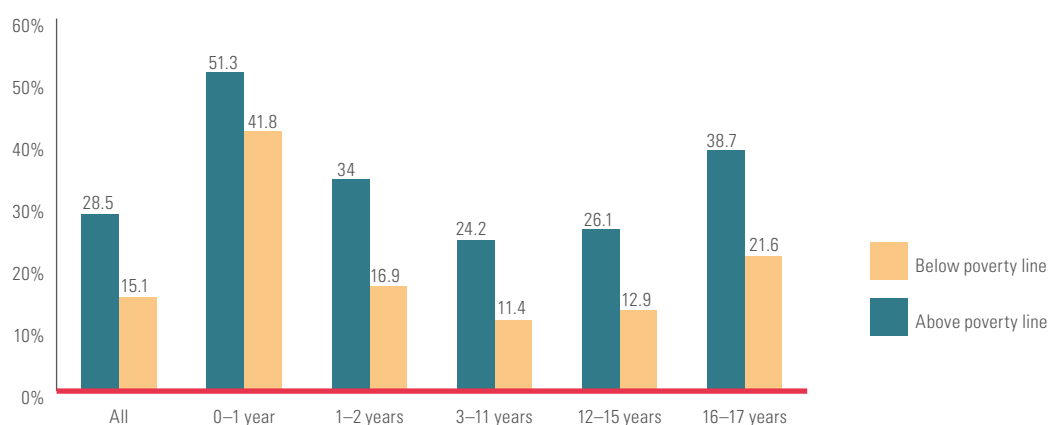


Figure 4. Exclusion rates by poverty status (upper poverty line), GHS 2014

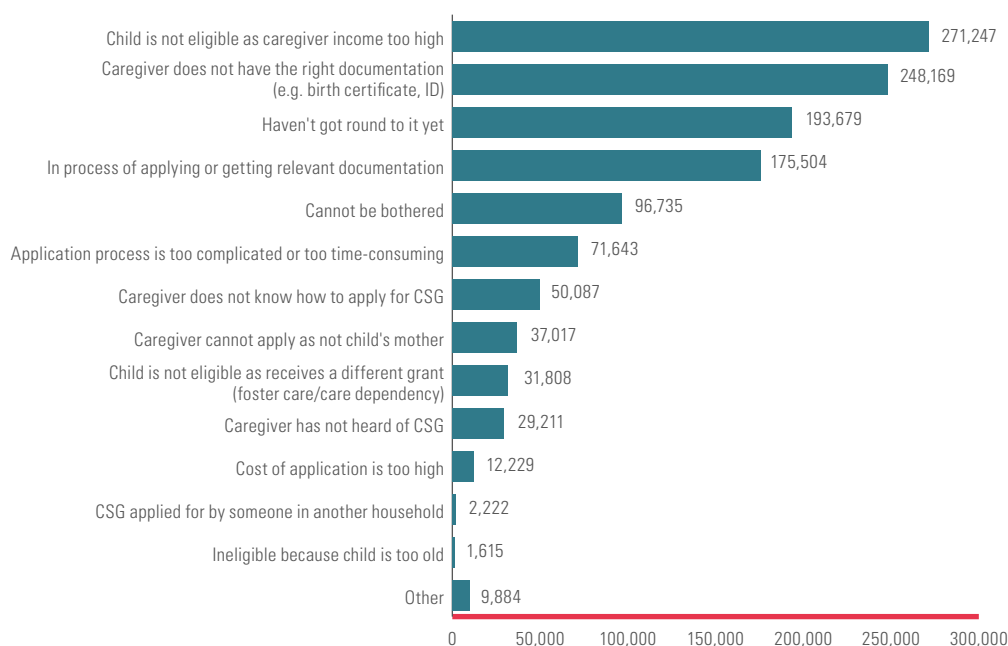


Figure 5. Reasons for CSG non-application amongst caregivers of eligible children, NIDS 2012

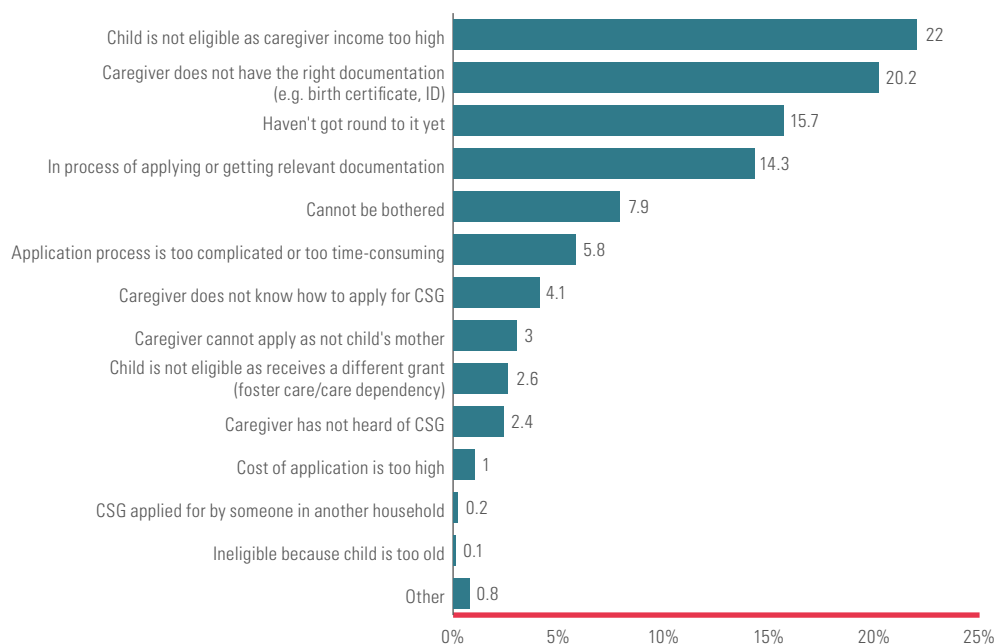


Figure 6. Reasons for CSG non-application amongst caregivers of excluded children (percentages), NIDS 2012

2.5 WHY CHILDREN ARE EXCLUDED: BARRIERS TO GRANT ACCESS

To identify barriers to CSG take-up that prevent eligible children and their families from accessing the grants to which they are legally entitled, the analysis uses the correlates of exclusion discussed earlier to focus attention on particularly vulnerable groups facing high levels of exclusion. Previous work on access barriers serves as an important reference.¹⁷ The analysis also draws from three waves of the NIDS (2008, 2010 and 2012) to highlight the most common barriers to take-up and their change over time, as the survey captures the reasons why non-beneficiaries of the CSG do not receive or have not applied for the grant. Finally, informant interviews and focus groups conducted during the fieldwork phase of the research give additional insight into how barriers work to deny eligible children access to the grant.¹⁸

According to NIDS data, the following are the most common reasons for non-application and non-receipt of the CSG:

- 22 per cent of respondents (271,000 caregivers) did not apply for the grant because their income was too high and, therefore, their child was not eligible. However, these caregivers' reported income was actually below the means test threshold, suggesting that they in fact qualified for the CSG but had not applied because of confusion about the grant's means test requirement.
- 20 per cent (248,000 caregivers) reported they did not possess the right documentation to apply for the grant. This is an erroneous belief, as a caregiver can apply for and start receiving the CSG while they apply for proper documentation from the Department of Home Affairs (DHA).
- About 16 per cent of respondents (194,000 caregivers) said that they had not gotten around to applying.
- 14 per cent (175,000 caregivers) reported that they were in the process of applying or were obtaining the required documentation.

2.5.1 THE MEANS TEST

According to the official eligibility requirements, a child's primary caregiver must pass a means test by earning on aggregate under R3,500 per month for single caregivers and R 7,000 per month for caregivers living with a spouse.¹⁹ Grant applicants must show proof of their income by providing an ID (identity document), a three-month bank statement and a pay slip. SASSA expects unemployed caregivers to provide an Unemployment Insurance Fund card.²⁰

Confusion about the means test has been cited as a significant barrier to CSG take-up. As noted earlier, over 271,000 grant-eligible caregivers never applied for the CSG in the belief that their income disqualified them from receiving it. Some caregivers did not know about the means test threshold; others believed that having a job or working for the government rendered them ineligible. Lack of reliable information at the community level and misinformation among SASSA staff about the means test threshold and its administration further contribute to keep eligible children away from the CSG.²¹

Between 2008 and 2012, the number of eligible caregivers reporting that they believed their income was too high for the grant dropped by 16 per cent. Still, it seems that confusion over the means test, and the mistaken belief among caregivers that their income disqualifies them, remain important barriers to CSG access. Figure 8 indicates that, even as the absolute number of eligible children affected by this problem has fallen, the percentage of children who are excluded due to confusion about the means test

17 SASSA & UNICEF, 2013.

18 The fieldwork consisted primarily of focus group discussions with eligible non-beneficiaries and key informant interviews with community leaders, NGO workers, social workers and South African government officials. These techniques helped to identify obstacles to social grant take-up and provided in-depth information about how the obstacles function to drive exclusion.

19 Western Cape Government, *SASSA Child Support Grant*, 2015.

20 Ibid.

21 SASSA & UNICEF, 2013.

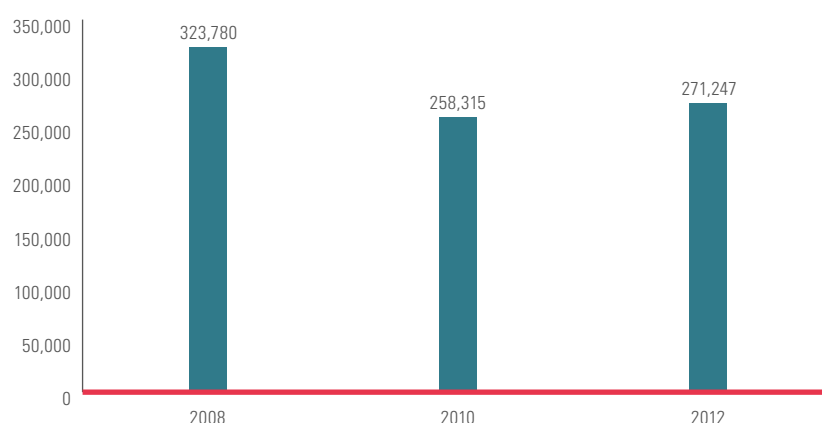


Figure 7. Children excluded due to means test confusion, NIDS 2008–2012

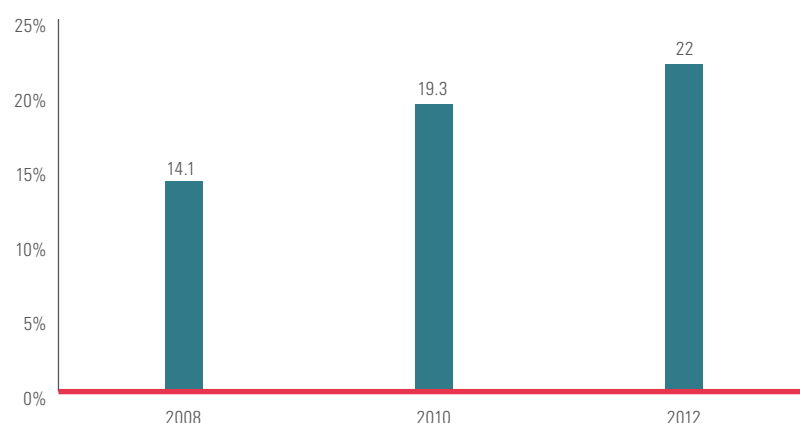


Figure 8. Percentage of children excluded due to means test confusion, NIDS 2008–2012

has risen steadily in recent years. In 2012, one in five caregivers of eligible children thought their income was too high for the CSG, when it appears that it was not.

Informant interviews suggest that, occasionally, the means test may fail to screen out non-eligible children. Caregivers may not always disclose the existence of regular income streams and bank accounts for fear of not getting the CSG – even when their income or savings are too low to disqualify them from the grant. Some caregivers allegedly do not reveal the money they receive from the non-custodial parent – typically, the father – or simply claim ignorance of his whereabouts when applying for a grant. Other caregivers reportedly assert that the child’s father is unemployed so that his income is excluded from the means test.²²

At the same time, the means test has come under criticism for unfairness. It does not take into account basic deductions like electricity and water expenses. More importantly, it is based on the caregiver’s income without considering the number of dependants in the household. The CSG means test is the same whether a caregiver cares for a single child or more, despite the fact that households with more children are likely to incur more expenses and be in need of greater assistance.²³

²² Key informant interview, Cape Town, Western Cape, 1 September 2015.

²³ Key informant interview, KwaZulu-Natal, 16 July 2015.

2.5.2 LACK OF DOCUMENTATION

One in five eligible respondents did not apply to the CSG because they did not possess the right documentation. This reflects a misunderstanding of current policy with regard to the documentation requirements for social grants, which constitutes one of the most important drivers of exclusion.

According to current rules, caregivers can apply for the CSG even if they do not have all the proper documents at the time of application. If they do, they must also apply for documentation with the DHA soon after to keep receiving the grant. Despite improvements in the processing of documentation, the difficulty of acquiring identity documents for the caregiver and birth certificates for the child remains a serious problem.

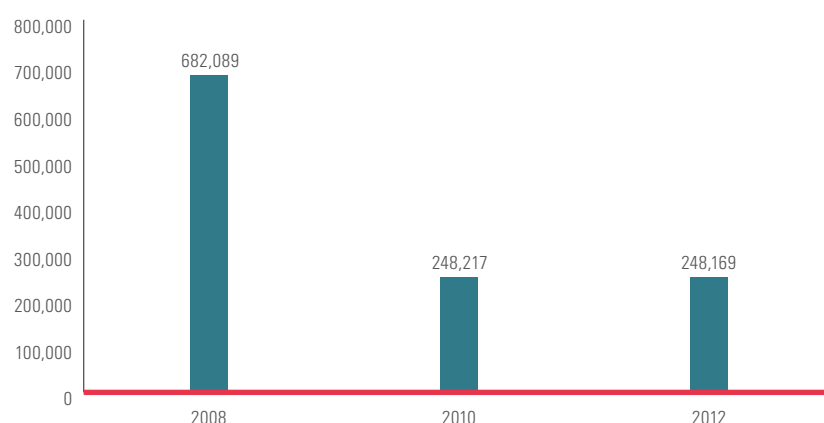


Figure 9. Children excluded because caregiver lacked the necessary documents, NIDS 2008–2012

According to data from the NIDS, more than 680,000 eligible children did not get their CSG in 2008 because their caregivers did not apply for lack of the proper documentation. By 2010, this number had dropped by more than 50 per cent, although it remained steady at 248,000 over the next two years.

It is difficult to attribute the drop between 2008 and 2010 to one specific reason. It is not clear, for instance, if more caregivers managed to get the correct documents or were simply more aware that they could apply for and start receiving the CSG while waiting for their official documentation from the DHA. The available data does not support the notion that the change resulted from the introduction by SASSA of alternative documentation requirements meant to ease the application process (see Chapter 5.3 on page 72). Instead, the improvement may be due to shorter processing times for birth certificates and identity documents for caregivers and their children. Faster processing times make it easier to obtain documents to meet the requirements of the CSG application.²⁴

Caregivers, social workers and SASSA officials reported difficulties with the following aspects of documentation.

Documentation and application process

Given the uneven education standards across the country and the lack of access to information for grant applicants, the complex array of documents required to apply for a grant is an important driver of exclusion.²⁵ This is exacerbated by the lack of coordination across government institutions and with

²⁴ Martin, Lane, Ngabase & Voko, *A rapid review of the implementation of Regulation 11(1) to the Social Assistance Act, 2004*, Alliance for Children's Entitlement to Social Security & Black Sash, 2013.

²⁵ Statistics South Africa, *Poverty trends in South Africa*, 2014.

social workers, which can leave applicants with differing information about grant eligibility criteria and application procedures.

Many social workers and focus group discussion participants expressed frustration at having to travel back and forth between different government offices. In a focus group held in Gauteng, a participant reported that:

*"They [SASSA] need a lot of papers. When you go to get a certain document they send you back for more. It is a long process of you going up and down collecting documents and it never ends."*²⁶

Often applicants simply give up on the CSG because of the complex documentation requirements and the time it takes to collect them.

Identity documents

The CSG application requires that caregivers produce their own identification documents when applying for the grant; failure to do so can cause the rejection of the grant application. Table 54 shows that 15 per cent of eligible non-recipient caregivers do not possess an ID.

Table 54. Per cent of children excluded due to missing documentation, NIDS 2012

	NO BIRTH CERTIFICATE	NO ID
Per cent of excluded children	7.1%	7.9%

Figure 10 shows the number of children excluded from the CSG whose caregiver lacked a South African ID in 2010 and 2012.²⁷ The increase in numbers between these two years suggests that caregivers were not aware of the new regulations introduced in 2011, which make it possible to apply for the CSG without having all the identification documents.



Figure 10. Number of excluded children with a caregiver who lacks a South African ID, NIDS 2010–2012

The DHA cannot process an application for an identity document without an original copy of the individual's birth certificate and the payment of a fee.²⁸ However, an application for a birth certificate requires proof of

²⁶ Focus group discussion, Braamfontein, Gauteng, 15 July 2015.

²⁷ The NIDS survey only began to asking respondents if they had a South African ID in Wave 2 (2010).

²⁸ Department of Home Affairs, "Apply for your identity document or smart ID", 2015.

identity, which often means an ID.²⁹ In some cases, these interlocking requirements become a cyclical, self-perpetuating barrier to CSG take-up. A focus group participant in KwaZulu-Natal noted:

“My mother does not have an ID, I do not have an ID, and my child does not have a birth certificate.”³⁰

If a mother does not have an ID, she cannot get a birth certificate for her child. This child, in turn, will not be able to acquire an ID when he or she turns 16. This cycle can persist throughout generations, as it is difficult for the DHA to corroborate an individual’s identity and issue an ID if that individual has never possessed any form of identification. Although alternative methods exist to verify an individual’s identity, they are not always effective. Methods such as requesting an interview with a representative from both the mother’s and father’s side of the family do not seem to be standardised or uniformly enforced. A focus group participant from Gauteng recounted her experience:

“They [Home Affairs] said I should get some papers from the school I used to go to and bring my uncle from my mother’s side and my dad. Then they did an interview, but both of them did not raise me and the information they provided would differ. When they came back with the interview results, [Home Affairs] said the information we had provided was incorrect and that is why I do not have an ID.”³¹

Birth certificates

In accordance with new fraud prevention regulations, an original birth certificate has always been one of the key documents required when applying for a CSG.³² Even though the number of excluded children lacking birth certificates has fallen by more than 50 per cent since 2008, close to 200,000 CSG-eligible children not accessing the grant still have no birth certificate.

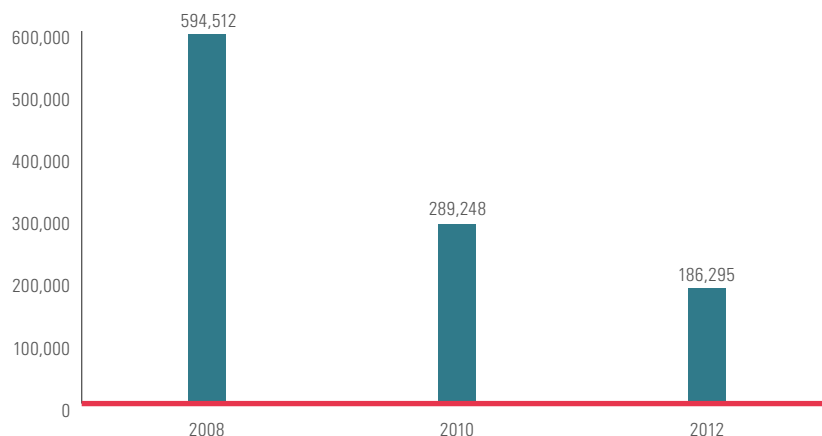


Figure 11. Number of excluded children without a birth certificate, NIDS 2008–2012

The policy change introduced in 2011 to allow caregivers to apply for and receive the CSG without having all the required documentation has not caught on. As a non-recipient caregiver from Gauteng put it:

²⁹ Department of Home Affairs, “Birth certificates”, 2015.

³⁰ Focus group discussion, Umlazi, KwaZulu-Natal, 18 July 2015.

³¹ Focus group discussion, Ekurhuleni, Gauteng, 9 July 2015.

³² DSD, *Annual report 2013/2014*, 2014.

*"I did not apply for a grant for the child or a [birth] certificate because I do not have an ID."*³³

Even for mothers who have the correct documentation at the time of applying for a birth certificate for their child, it can take as long as a year to get it because of backlog at the DHA. According to a social worker in KwaZulu-Natal:

*"Our difficulty now is that every child must have an unabridged birth document ... and that's where Home Affairs is part of the process, and they're not processing fast enough."*³⁴

In other cases, the DHA turns away birth certificate applicants for unclear reasons. A focus group participant in Umlazi noted that:

*"Home Affairs is declining to do the certificate, I have tried all the Durban branches [and] they all say they cannot help me."*³⁵

If a mother does not possess an ID or is unaware of the whereabouts of her child's father, there is no publicly available information about how she could register her child. Informants have indicated that DHA officials in Gauteng and KwaZulu-Natal have employed informal methods of verifying the child's identity, such as soliciting letters from the child's early childhood development centre or school. These informal methods vary in their effectiveness, allowing these barriers to persist.

2.5.3 LACK OF INFORMATION AND KNOWLEDGE

Lack of knowledge represents an important driver of exclusion among eligible caregivers. In 2012, around 50,000 eligible caregivers did not apply for the CSG because they did not know of the grant's existence or how to apply for it. Rather surprisingly, the lack of information about the grant's eligibility criteria continues to pose a barrier to access.

Figure 12 shows that lack of information as a reason for non-application has declined in prevalence since 2008, but continues to represent an important driver of exclusion. In 2008, over 120,000 children were excluded because their caregiver did not know about either the CSG or how to apply for it. By 2012, this number had dropped more than 50 per cent, to just over 50,000 children.³⁶

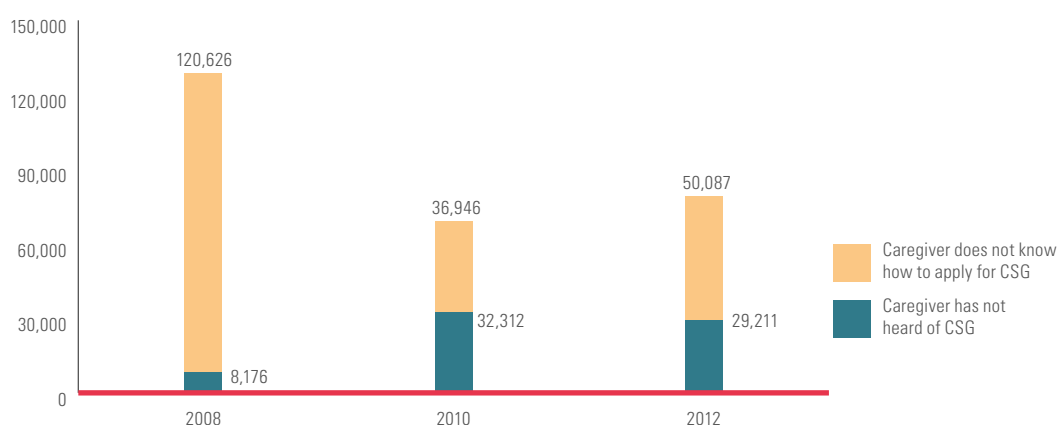


Figure 12. Excluded because of lack of knowledge, NIDS 2008–2012

³³ Focus group discussion, Ekurhuleni, Gauteng, 14 July 2015.

³⁴ Key informant interview, Durban, KwaZulu-Natal, 14 July 2015.

³⁵ Focus group discussion, Umlazi, KwaZulu-Natal, 18 July 2015.

³⁶ It is possible that these two specific data points from NIDS Wave 3 do not fully capture all of the children and their caregivers excluded because of lack of information. NIDS data does not address other information barriers that may exclude eligible caregivers, for example, incorrect perception of the eligibility requirements.

Generally, the following factors affect exclusion due to a lack of information about the grant or its eligibility requirements:

- Limited access to reliable information.
- Poor awareness of rights and procedures.
- Misinformation with regard to eligibility.
- Misinformation with regard to the application process and ID documents.

Caregivers can become discouraged because they do not know where or how to apply for the grant. A respondent from a focus group in Gauteng expressed the following:

*"I did not know of social workers before my husband died. I did not know about any of the grants available to me. I had no access. There are no workshops or campaigns informing us on these things."*³⁷

While the DSD and SASSA do conduct significant outreach, this example suggests that the existing programmes are not reaching all caregivers.

Other caregivers lack accurate knowledge about the eligibility criteria. While the vast majority of CSG applicants are women, there is no regulation that prohibits fathers from applying. The applicant must simply be the child's primary caregiver. Yet, a focus group participant from KwaZulu-Natal said:

*"Maybe SASSA should now allow fathers to apply for grants ... It would be easy to get a grant if the father could apply for it."*³⁸

Studies confirm that many women who intend to apply for social grants do not possess enough information prior to approaching SASSA about the documentation needed to apply. This results in wasted time, as applicants have to stand in long queues only to be told to come back with additional documentation. This discourages many caregivers from continuing with the application, due to the transaction costs incurred in the process.³⁹

2.5.4 BARRIERS ASSOCIATED WITH THE GRANT APPLICATION

About 550,000 eligible children could not get the CSG because their caregiver thought the cost of applying for the grant was too high, the application process too complicated or time-consuming, or they could not be bothered or had not gotten around to applying, or were in the process of getting relevant documentation to apply for the grant. While some of these responses might suggest a lack of effort on the part of the caregiver, they are likely the product of difficulties encountered in the grant application process.

Figure 13 shows that in 2008 a total of 823,000 eligible children failed to get the CSG because their caregivers found the application process too complicated or time-consuming (99,000 children); were still in the process of getting the relevant documentation (138,000 children); felt that the cost of application was too high (15,000 children); did not bother to apply (325,000 children); or had not yet gotten around to applying for the grant (246,000 children). By 2012, these numbers had declined by one third. However, the percentage of children not accessing the CSG because their caregivers were in the process of obtaining the relevant documents more than doubled between 2008 and 2010 and remained at the same levels in 2012. This appears to indicate that the process of getting relevant documents for applying for the grant had not eased.

³⁷ Focus group discussion, Braamfontein, Gauteng, 8 July 2015.

³⁸ Focus group discussion, Braamfontein, 17 July 2015.

³⁹ Wright, Neves, Ntshongwana & Noble, *Social assistance and dignity*, 2015.

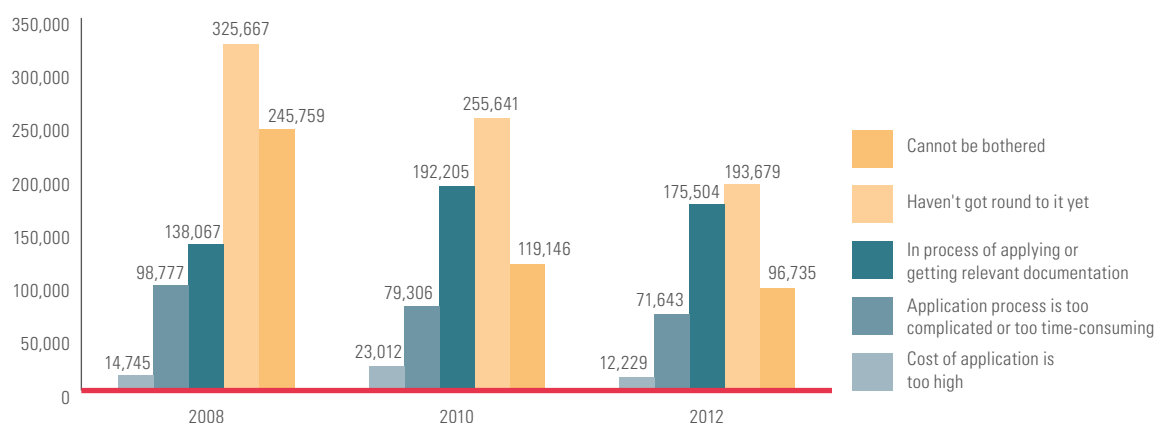


Figure 13. Reasons for not applying to the CSG, NIDS 2008–2012

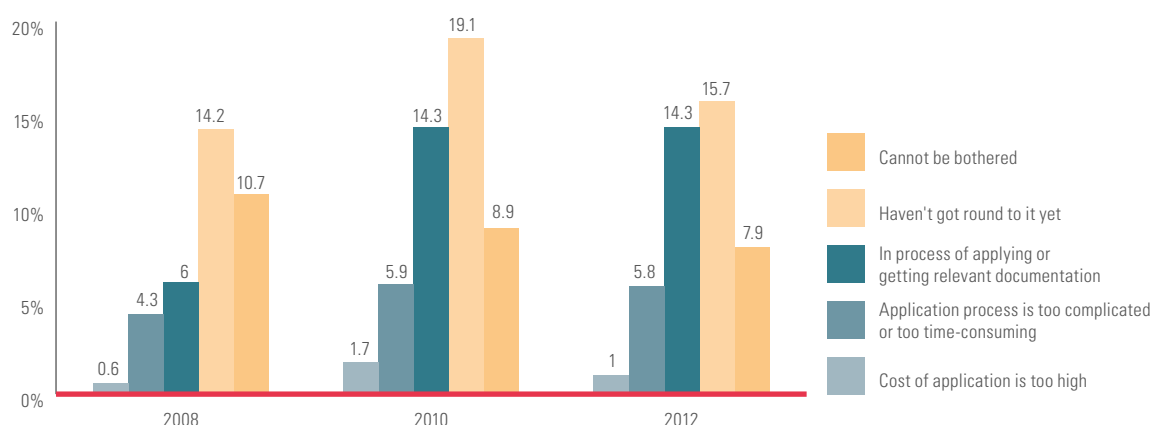


Figure 14. Percentage of excluded children's caregivers not applying for the CSG, NIDS 2008–2012

It is less clear why an eligible caregiver would not bother or make time to apply for the CSG. Views expressed during the focus group discussions suggest that caregivers often find it challenging and onerous to apply. Conditions in SASSA offices can be less than inviting. Long queues, for instance, are a commonly cited barrier to CSG take-up, as they require caregivers to spend time away from work or childcare responsibilities.⁴⁰

When asked what changes had been recently implemented to make the SASSA office more child-friendly, an official in KwaZulu-Natal noted:

*"There is nothing. There is no space for children to play; it's just a working environment."*⁴¹

In relation to SASSA's queue-management policy in recent years, another official in Western Cape did not think that "the queue lines have necessarily decreased."⁴²

Some caregivers have tried to apply but failed. A participant from a focus group discussion in Ekurhuleni reported that:

40 SASSA & UNICEF, 2013.

41 Key informant interview, KwaZulu-Natal, 16 July 2015.

42 Key informant interview, Stellenbosch, Western Cape, July 2015.

"I have just given up. I tell myself every night that I am never going to get this money. August next year, the child is turning 18 and that is the end of grant money anyway."

Another participant from the same group expressed frustration with SASSA officials. She said that her visits to SASSA offices had been frustrating and unhelpful, so she ultimately gave up on applying. As this caregiver put it:

"These people [SASSA officials] are meant to serve us, but when you get there you just lose hope. I went in 2006 and went again in 2010. I have just lost hope; I am tired."⁴³

2.5.5 REFUGEES

A refugee, as defined by the Refugees Act 130 of 1998, is a person to whom the South African state has granted asylum. According to Section 3 of the Act, a person qualifies for refugee status:

- Owing to a well-founded fear of being persecuted because of characteristics like his or her race, tribe or religion.
- Because violence has forced him or her to leave his or her place of habitual residence in order to seek refuge elsewhere.⁴⁴

While South African law has not always allowed refugees to access social assistance, an amendment to the Social Assistance Act in 2012 extended eligibility to refugees, permitting them to access the Older Persons Grant, the CSG and, as of late, the FCG. As long as grant recipients maintain their refugee status and meet the other eligibility criteria, they and their children remain eligible for social grants. Despite the legal provision granting refugees access to social assistance, a number of barriers have resulted in the exclusion of eligible children from these grants.

Lack of documentation

South African law allows refugees to be foster parents. However, it can be difficult for refugees to claim grants because they often lack documentation such as the child's birth certificate, identity documents and death certificates of the parents. SASSA has tried to ease these barriers, with help from the DHA. Refugees can use their refugee card or permit to work when applying for a grant. Moreover, the DHA now issues an alternative birth document to refugee children which SASSA accepts in lieu of a birth certificate.⁴⁵

Yet very frequently refugees do not have these documents. In an interview with a community leader who works with refugees in Western Cape, the informant said that SASSA officials require complex documentation for foster care placement for refugees.⁴⁶ Since many of these children lack proper documentation, they end up being excluded from receiving the grant.

Once the documentation possessed by refugees expires, they may experience delays in obtaining and renewing their refugee status.⁴⁷ Without a valid refugee permit, foreigners cannot access social grants, until such time as they manage to renew their permit.

The lack of an official birth certificate is another hurdle for refugee children. A birth certificate is not always required to receive treatment at clinics; it is required, however, to register for grants and apply for

⁴³ Focus group discussion, Ekurhuleni, Gauteng, 9 July 2015.

⁴⁴ Government of South Africa, Refugee Act 130, Section 3, 1998.

⁴⁵ Interview with National Senior Grants Administration Manager, 11 March 2016.

⁴⁶ Key informant interview, Western Cape, 18 June 2015.

⁴⁷ Key informant interview, Western Cape, 18 June 2015.

school. A social worker interviewed in Gauteng province reported that many children were excluded from these services because they lacked a birth certificate.⁴⁸ Even in cases where one of the child's parents is a South Africa citizen, difficulties still exist, for instance, when the child's other parent is a foreign national and does not have a South African identity document.⁴⁹

Discrimination and fear

In some cases, exclusion from social assistance is a result of discrimination. A key informant in Western Cape reported that some officials prevented refugees from obtaining the documents they needed for grant registration.⁵⁰ Sometimes, fear itself erects a barrier to take-up, which can prolong the grant application process and deny refugees access to grants. Reports of other refugees who experienced discrimination and whose applications were unsuccessful breed this fear.

Language

Language poses an additional barrier. Many refugees do not understand the instructions they receive during the application process. In child disability cases, if the child's mother is not able to understand the doctor's diagnosis, she will find it difficult to take care of her child and may not complete an application for the appropriate grant.⁵¹

48 Key informant interview, Gauteng, 14 June 2015.

49 Focus group discussion, Gauteng, 9 August 2015.

50 Key informant interview, Western Cape, 18 June 2015.

51 Key informant interview, Gauteng, 17 July 2015.

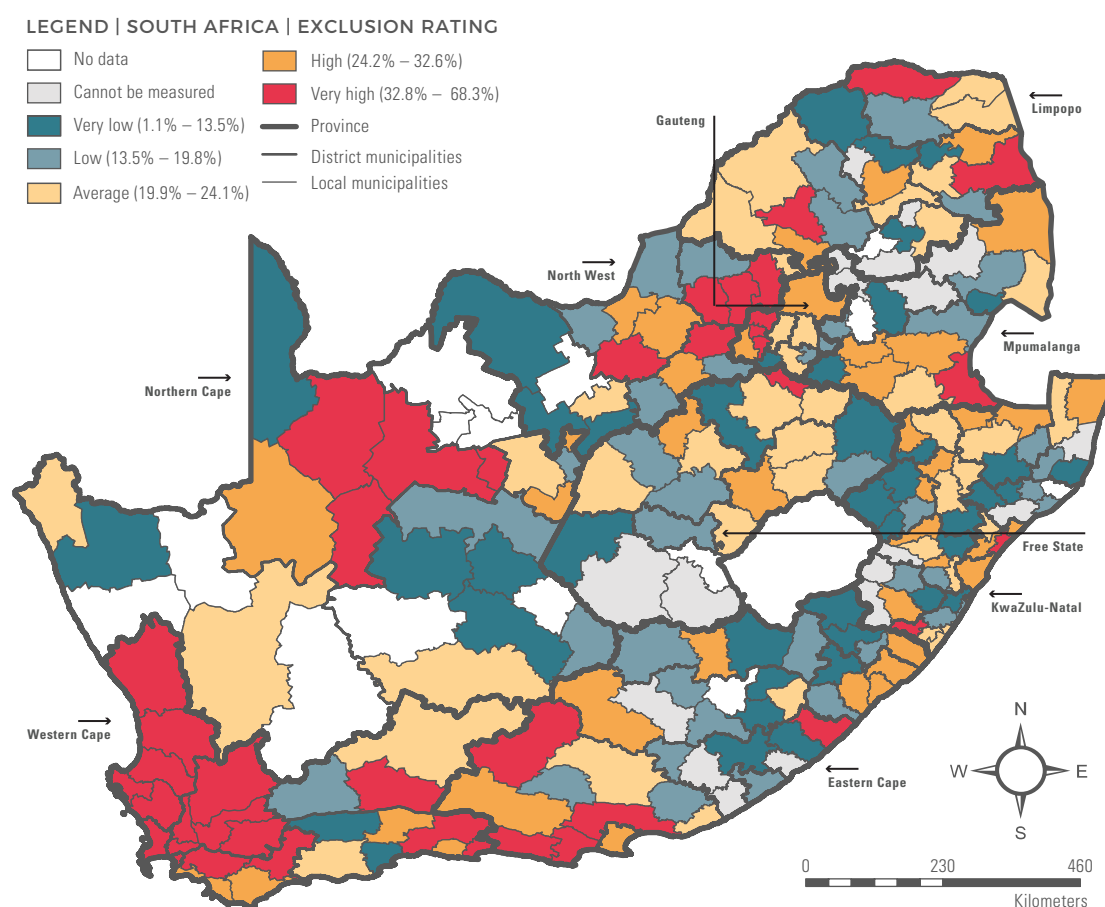
3. The geography of grant exclusion

This section presents an analysis of the spatial distribution of exclusion rates for the whole country, at both the municipality and ward levels. This is a first attempt at mapping how the exclusion of eligible children from the Child Support Grant is distributed spatially across South Africa.

The analysis of municipal level exclusion was undertaken using information from the 2011 Census, the NIDS 2012 and the SOCPEN system. The methodology followed to generate estimates of CSG exclusion at the municipality level is explained in detail in Annexure B.

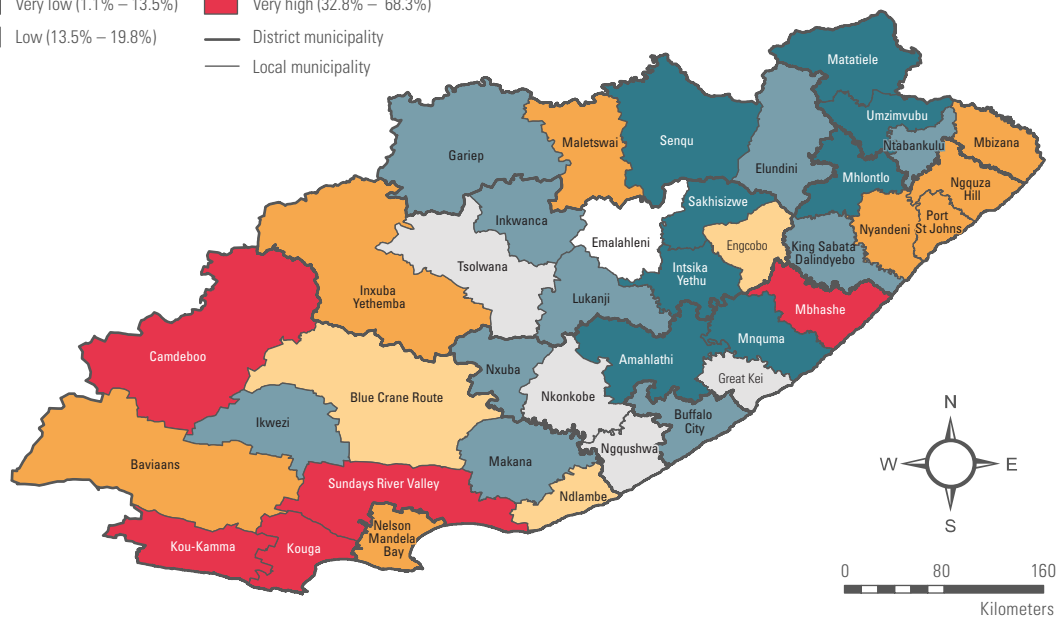
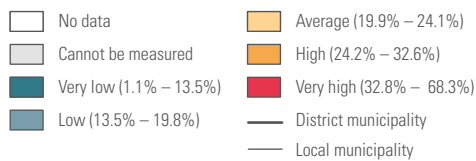
3.1 EXCLUSION AT THE MUNICIPALITY LEVEL

Map 1 presents the level of exclusion from the CSG by municipality across the whole of South Africa. The Western Cape stands out as the province with the greater number of municipalities with high levels of exclusion of CSG-eligible children. Parts of Eastern and Northern Cape, Gauteng and North West provinces also display very high levels of exclusion.



Map 1. CSG exclusion by municipality, South Africa, 2011

LEGEND | EXCLUSION RATING



Map 2. CSG exclusion by municipality, Eastern Cape, 2011

Eastern Cape

Table 55 presents all the municipalities in the province in descending order from the municipality with the highest rate of exclusion from the CSG. Map 2 depicts them in different colours, ranked by quintiles from very high to very low exclusion.

The Eastern Cape has a large range of exclusion, from over 50 per cent to just 3 per cent of children not receiving the CSG. Kou-Kamma, in Cacadu district, has the highest exclusion rate in the province. In fact, four of the top five municipalities with the highest exclusion rates in Eastern Cape are in Cacadu district, in the area between Port Elizabeth and Plettenberg Bay. The municipalities with the lowest levels of CSG exclusion gravitate towards the eastern part of the province (former Transkei and Ciskei).

Table 55. Exclusion in Eastern Cape by municipality, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Kou-Kamma	Cacadu	51.1%
Kouga	Cacadu	47.1%
Camdeboo	Cacadu	37.7%
Sundays River Valley	Cacadu	37.3%
Mbhashe	Amathole	32.8%
Nyandeni	OR Tambo	31%
Baviaans	Cacadu	29.2%
Mbizana	Alfred Nzo	28.4%
Ngquza Hill	OR Tambo	28.1%
Inxuba Yethemba	Chris Hani	26.9%
Maletswai	Ukhahlamba	26.2%
Nelson Mandela Bay	Nelson Mandela Bay	25.4%

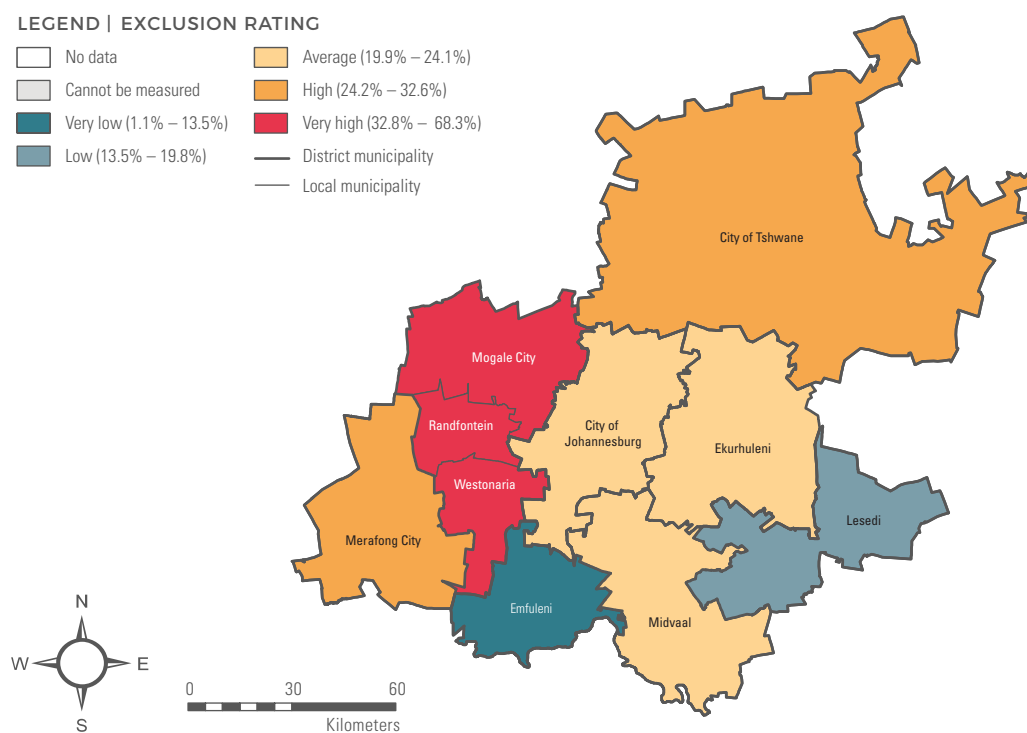
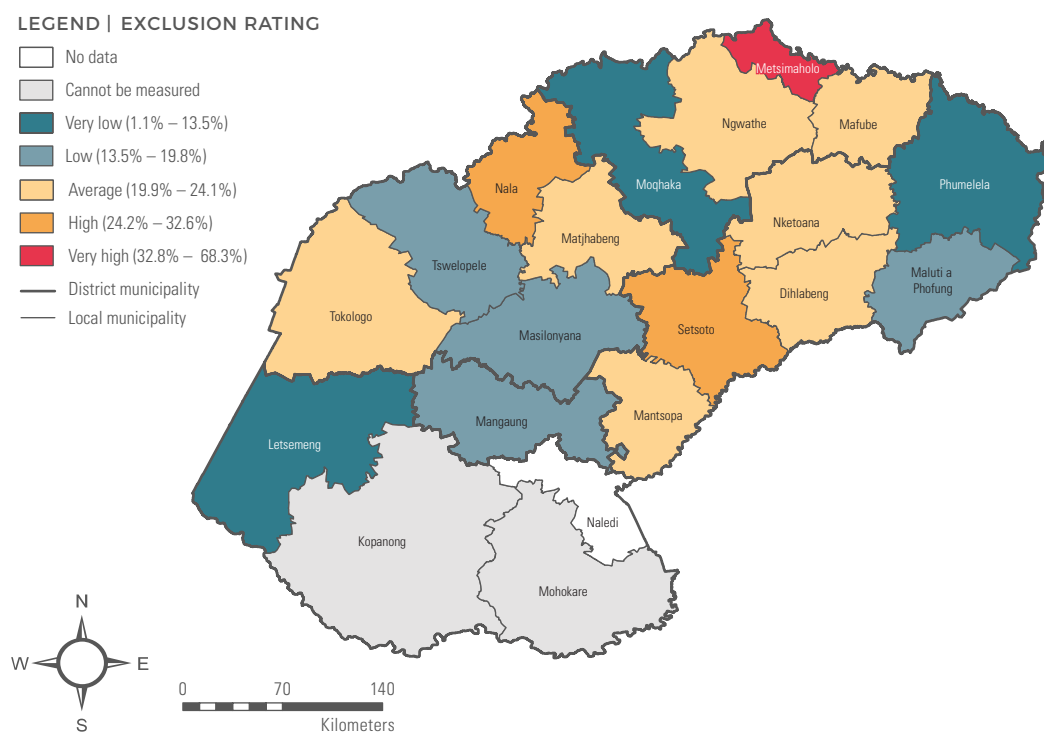
MUNICIPALITY	DISTRICT	EXCLUSION RATE
Port St Johns	OR Tambo	25.2%
Engcobo	Chris Hani	23.7%
Ndlambe	Cacadu	23.5%
Blue Crane Route	Cacadu	23.4%
Ntabankulu	Alfred Nzo	19.7%
Ikwezi	Cacadu	19.5%
King Sabata Dalindyebo	OR Tambo	17.8%
Inkwanca	Chris Hani	17.7%
Nxuba	Amathole	16.9%
Makana	Cacadu	16.7%
Gariep	Ukhahlamba	15%
Lukanji	Chris Hani	14.6%
Elundini	Ukhahlamba	14.3%
Buffalo City	Buffalo City	13.7%
Umqumbuso	Alfred Nzo	12.4%
Sakhisizwe	Chris Hani	12%
Matatiele	Alfred Nzo	10.6%
Mnquma	Amathole	10.4%
Senqu	Ukhahlamba	9.7%
Mhlontlo	OR Tambo	6.2%
Intsika Yethu	Chris Hani	3.5%
Amahlathi	Amathole	3.4%
Tsolwana	Chris Hani	Cannot be measured
Nkonkobe	Amathole	Cannot be measured
Great Kei	Amathole	Cannot be measured
Ngqushwa	Amathole	Cannot be measured
Emalahleni	Chris Hani	No data

Free State

Table 56 and Map 3 show exclusion of CSG-eligible children in Free State. The highest exclusion rate is in the municipality of Metsimaholo bordering Sedibeng in Gauteng province. The lowest rates are one third or less as high as in Metsimaholo. They are found in Phumelela, Moqhaka and Letsemeng.

Table 56. Exclusion in Free State by municipality, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Metsimaholo	Fezile Dabi	38.1%
Nala	Lejweleputswa	31.8%
Setsoto	Thabo Mofutsanyane	24.5%
Nketoana	Thabo Mofutsanyane	23.9%
Ngwathe	Fezile Dabi	22.5%
Tokoloso	Lejweleputswa	22.4%
Matjhabeng	Lejweleputswa	21.8%
Mafube	Fezile Dabi	20.4%
Mantsopa	Thabo Mofutsanyane	20%



MUNICIPALITY	DISTRICT	EXCLUSION RATE
Dihlabeng	Thabo Mofutsanyane	19.9%
Maluti a Phofung	Thabo Mofutsanyane	19.3%
Mangaung	Mangaung	18.8%
Masilonyana	Lejweleputswa	18.8%
Tswelopele	Lejweleputswa	17.6%
Phumelela	Thabo Mofutsanyane	13.1%
Moghaka	Fezile Dabi	11.8%
Letsemeng	Xhariep	11.6%
Mohokare	Xhariep	Cannot be measured
Kopanong	Xhariep	Cannot be measured
Naledi	Xhariep	No data

Gauteng

Table 57 and Map 4 present exclusion rates for the municipalities in Gauteng province. They reveal that exclusion of CSG-eligible children is fairly high in the cities of Tshwane and Johannesburg, although not as high as in the municipalities in West Rand, where approximately one in every three children qualifying for the CSG fails to get it.

Table 57. Exclusion in Gauteng by municipality, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Westonaria	West Rand	37.7%
Mogale City	West Rand	33.6%
Randfontein	West Rand	32.9%
Merafong City	West Rand	30.7%
City of Tshwane	City of Tshwane	29.7%
City of Johannesburg	City of Johannesburg	23.1%
Midvaal	Sedibeng	22.8%
Ekurhuleni	Ekurhuleni	22.8%
Lesedi	Sedibeng	16.8%
Emfuleni	Sedibeng	13.1%

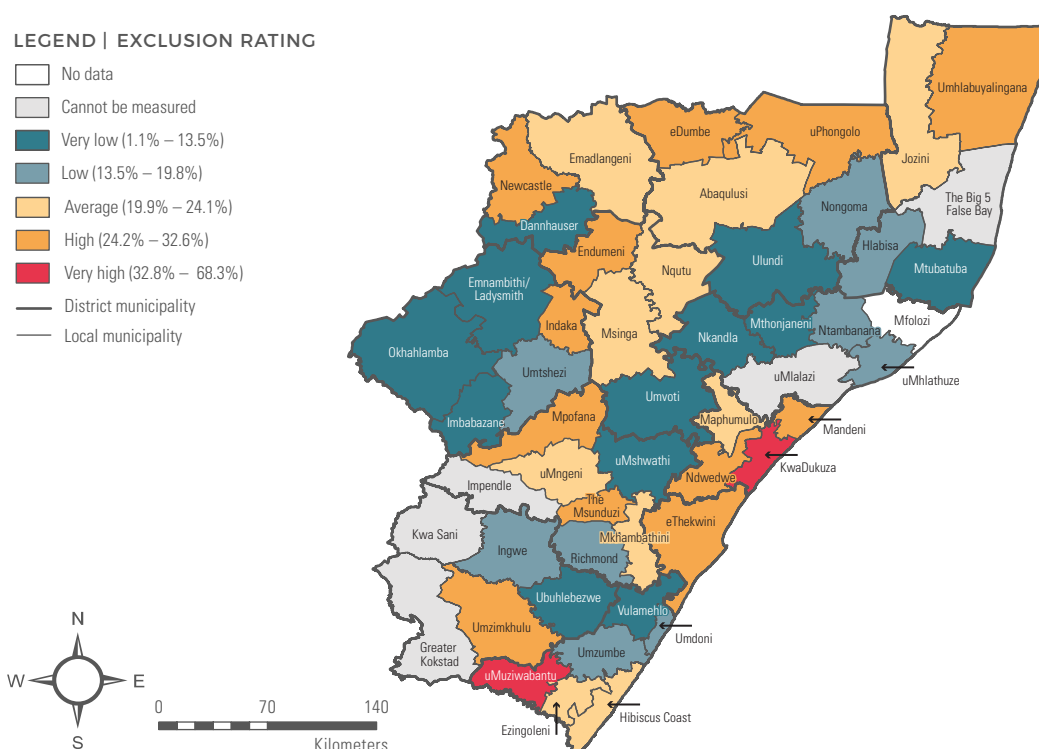
KwaZulu-Natal

Exclusion rates for children in municipalities in KwaZulu-Natal are shown in Table 58 and Map 5. Generally, there is a fairly high take-up of the CSG by eligible children in this province, with only a few municipalities (KwaDukuza and Umuziwabantu) showing very high exclusion rates.

Table 58. Exclusion in KwaZulu-Natal by municipality, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
KwaDukuza	iLembe	42.3%
Umuziwabantu	Ugu	38.5%
Uphongolo	Zululand	31.1%
eDumbe	Zululand	29.7%
Umhlabuyalingana	Umkhanyakude	28%

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Mandeni	iLembe	28%
eThekweni	eThekweni Metropolitan	27.4%
Mpofana	UMgungundlovu	27.2%
Indaka	Uthukela	26.7%
Umzimkhulu	Sisonke	26.5%
Newcastle	Amajuba	26.5%
The Msunduzi	UMgungundlovu	24.6%
Ndwedwe	iLembe	24.4%
Endumeni	Umzinyathi	24.2%
Jozini	Umkhanyakude	23.6%
Msinga	Umzinyathi	23%
Hibiscus Coast	Ugu	22.2%
Mkhambathini	UMgungundlovu	22.2%
Abaqulusi	Zululand	22.2%
Ezingoleni	Ugu	22.1%
Emadlangeni	Amajuba	21%
Maphumulo	iLembe	20.6%
Nqutu	Umzinyathi	20.3%
uMngeni	UMgungundlovu	20%
Umdoni	Ugu	19.7%
Nongoma	Zululand	19.2%
Ingwe	Sisonke	18.3%
uMhlathuze	Uthungulu	18.2%
Richmond	UMgungundlovu	17.3%
Ntambanana	Uthungulu	16.4%
Umzumbe	Ugu	15.8%
Hlabisa	Umkhanyakude	14%
Umtshezi	Uthukela	13.5%
Okhahlamba	Uthukela	12.5%
Vulamehlo	Ugu	11.6%
Ulundi	Zululand	10.8%
Ubuhlebezwe	Sisonke	9.7%
Dannhauser	Amajuba	9.5%
Imbabazane	Uthukela	8.7%
uMshwathi	UMgungundlovu	7.5%
Mtubatuba	Umkhanyakude	7.1%
Umvoti	Umzinyathi	5.4%
Mthonjaneni	Uthungulu	5%
Emnambithi/Ladysmith	Uthukela	4.5%
Nkandla	Uthungulu	2.6%
Impendle	UMgungundlovu	Cannot be measured
uMlalazi	Uthungulu	Cannot be measured
The Big 5 False Bay	Umkhanyakude	Cannot be measured
Greater Kokstad	Sisonke	Cannot be measured
Kwa Sani	Sisonke	Cannot be measured
Mfolozi	Uthungulu	No data



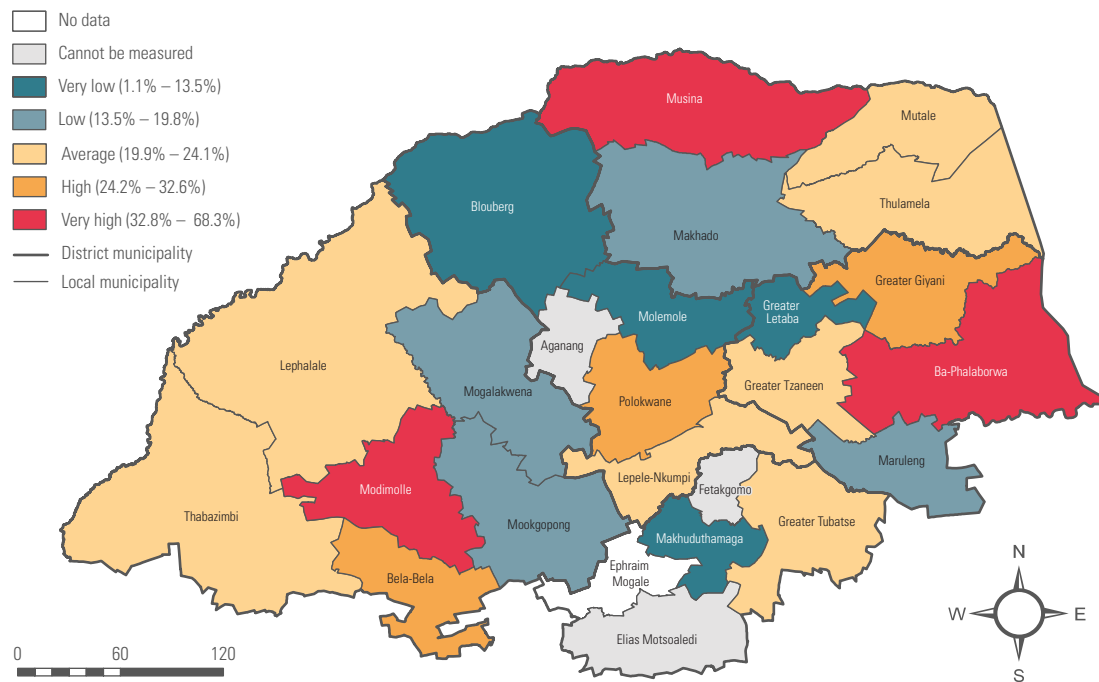
Map 5. CSG exclusion by municipality, KwaZulu-Natal, 2011

Limpopo

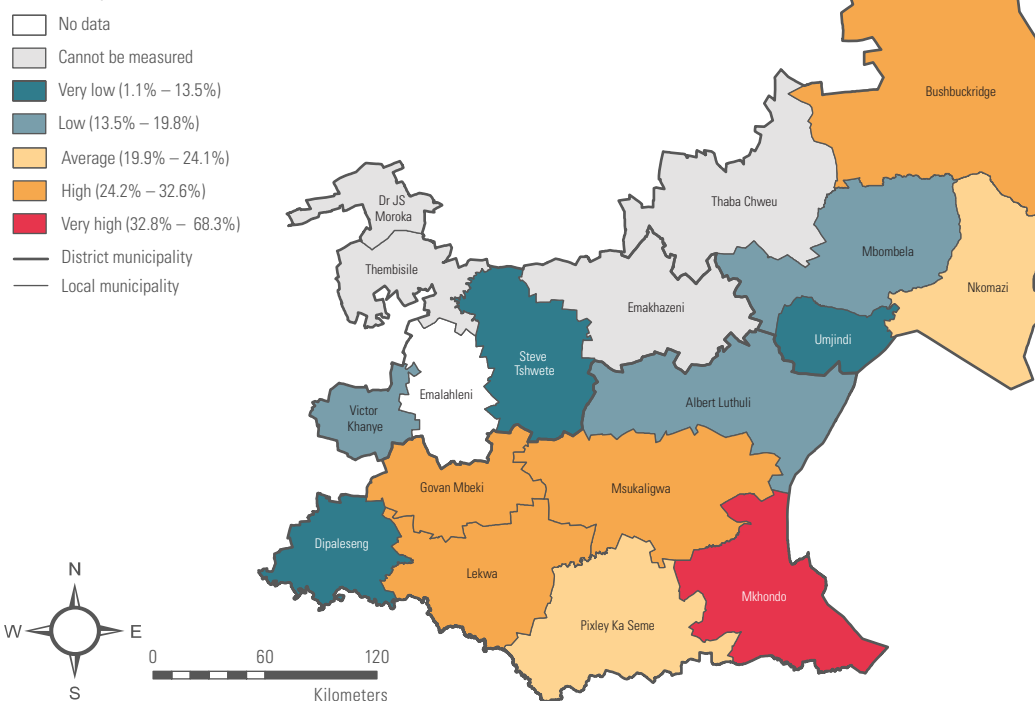
Table 59 and Map 6 present grant exclusion rates by municipality in Limpopo. Three municipalities (Ba-Phalaborwa, Modimolle and Musina) stand out for their high levels of exclusion from the CSG. The area around and especially north of Polokwane is where exclusion rates are the lowest.

Table 59. Exclusion in Limpopo by municipality, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Ba-Phalaborwa	Mopani	37.8%
Modimolle	Waterberg	34.8%
Musina	Vhembe	33.9%
Bela-Bela	Waterberg	31.7%
Polokwane	Capricorn	27.7%
Greater Giyani	Mopani	25%
Mutale	Vhembe	24.1%
Lephalale	Waterberg	23.9%
Thulamela	Vhembe	21.8%
Greater Tubatse	Greater Sekhukhune	21.4%
Thabazimbi	Waterberg	21.2%
Lepele-Nkumpi	Capricorn	20.6%
Greater Tzaneen	Mopani	20.2%
Maruleng	Mopani	19.3%
Makhado	Vhembe	17.7%
Mogalakwena	Waterberg	17.2%



Map 6. CSG exclusion by municipality, Limpopo, 2011



Map 7. CSG exclusion by municipality, Mpumalanga, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Mookgopong	Waterberg	15.8%
Blouberg	Capricorn	13.4%
Greater Letaba	Mopani	9.8%
Molemole	Capricorn	6.9%
Makhuduthamaga	Greater Sekhukhune	6%
Elias Motsoaledi	Greater Sekhukhune	Cannot be measured
Aganang	Capricorn	Cannot be measured
Fetakgomo	Greater Sekhukhune	Cannot be measured
Ephraim Mogale	Greater Sekhukhune	No data

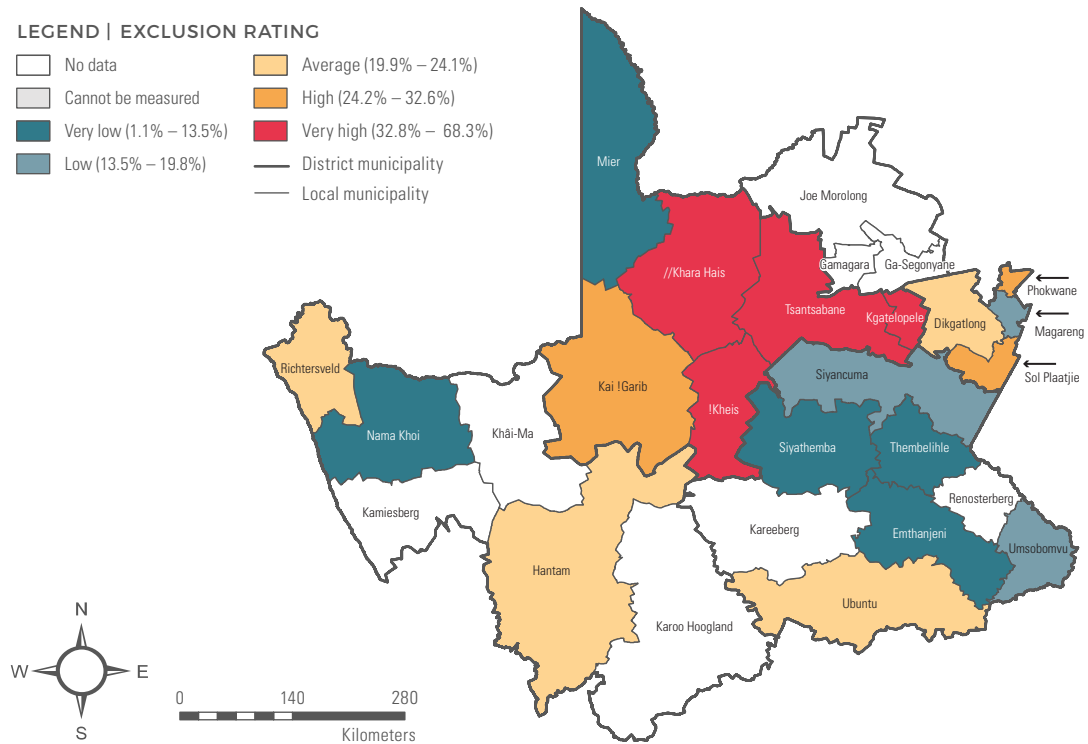
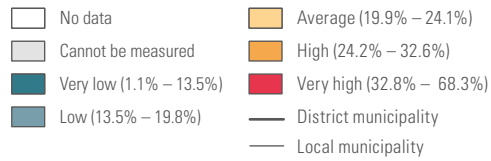
Mpumalanga

Rates of exclusion of eligible children from the CSG in Mpumalanga are depicted in Table 60 and Map 9. The district of Gert Sibande, in the southern part of the province, is where exclusion from the CSG is relatively highest.

Table 60. Exclusion in Mpumalanga by municipality, 2011

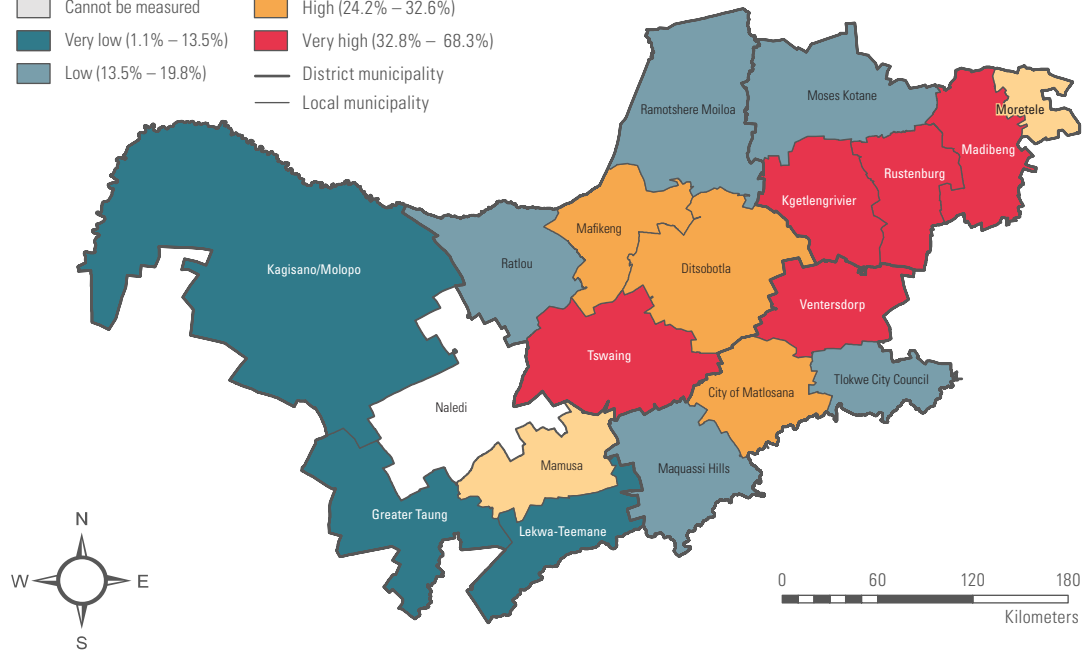
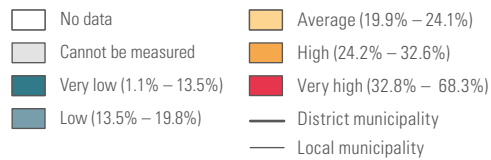
MUNICIPALITY	DISTRICT	EXCLUSION RATE
Mkhondo	Gert Sibande	35.1%
Govan Mbeki	Gert Sibande	27.9%
Lekwa	Gert Sibande	25%
Msukaligwa	Gert Sibande	25%
Bushbuckridge	Ehlanzeni	24.2%
Nkomazi	Ehlanzeni	22.6%
Pixley Ka Seme	Gert Sibande	20.7%
Albert Luthuli	Gert Sibande	19%
Victor Khanye	Nkangala	17.4%
Mbombela	Ehlanzeni	15.1%
Dipaleseng	Gert Sibande	11.3%
Umjindi	Ehlanzeni	10%
Steve Tshwete	Nkangala	2.4%
Thembisile	Nkangala	Cannot be measured
Thaba Chweu	Ehlanzeni	Cannot be measured
Dr JS Moroka	Nkangala	Cannot be measured
Emakhazeni	Nkangala	Cannot be measured
Emalahleni	Nkangala	No data

LEGEND | EXCLUSION RATING



Map 8. CSG exclusion by municipality, Northern Cape, 2011

LEGEND | EXCLUSION RATING



Map 9. CSG exclusion by municipality, North West, 2011

Northern Cape

Municipalities around Upington tend to display high to very high levels of exclusion of CSG-eligible children in the Northern Cape, as shown in Table 61 and Map 8.

Table 61. Exclusion in the Northern Cape by municipality, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Kgatelopele	Siyanda	37.4%
Tsantsabane	Siyanda	34.3%
!Kheis	Siyanda	33.4%
//Khara Hais	Siyanda	33%
Phokwane	Frances Baard	28.4%
Sol Plaatjie	Frances Baard	24.7%
Kai !Garib	Siyanda	24.5%
Dikgatlong	Frances Baard	23.9%
Hantam	Namakwa	23.2%
Richtersveld	Namakwa	22.5%
Ubuntu	Pixley ka Seme	21.7%
Umsobomvu	Pixley ka Seme	16.5%
Siyancuma	Pixley ka Seme	16.5%
Magareng	Frances Baard	15.9%
Mier	Siyanda	8.3%
Nama Khoi	Namakwa	7.3%
Thembelihle	Pixley ka Seme	4.2%
Emthanjeni	Pixley ka Seme	3.5%
Siyathemba	Pixley ka Seme	2.6%
Kareeberg	Pixley ka Seme	No data
Khâi-Ma	Namakwa	No data
Renosterberg	Pixley ka Seme	No data
Kamiesberg	Namakwa	No data
Ga-Segonyane	John Taolo Gaetsewe	No data
Gamagara	John Taolo Gaetsewe	No data
Joe Morolong	John Taolo Gaetsewe	No data
Karoo Hoogland	Namakwa	No data

North West

As depicted in Table 62 and Map 9, there is a swath across the eastern part of the province where exclusion from the CSG is very high. It is an area bordering West Rand and City of Tshwane, around the city of Rustenberg. By contrast, municipalities in the western corner of the province, bordering the Northern Cape, have comparatively low rates of CSG exclusion.

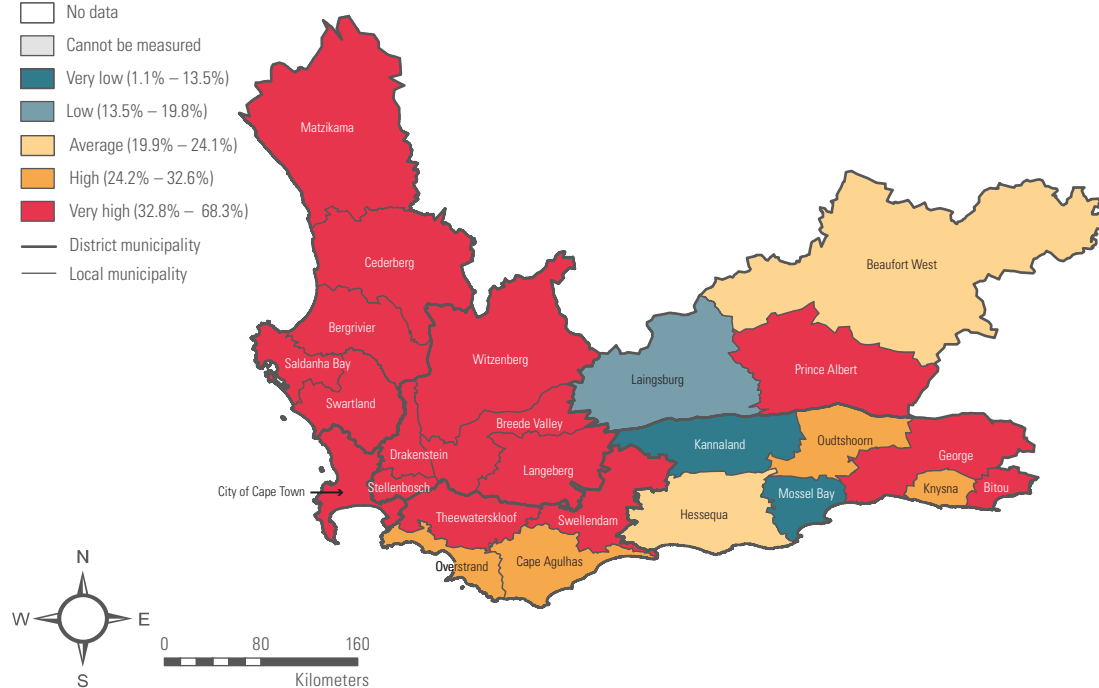
Table 62. Exclusion in North West by municipality, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Ventersdorp	Dr Kenneth Kaunda	41.2%
Rustenburg	Bojanala	37.2%
Kgetlengrivier	Bojanala	34.3%
Madibeng	Bojanala	33.8%
Tswaing	Ngaka Modiri Molema	33.1%
Ditsobotla	Ngaka Modiri Molema	32.6%
Mafikeng	Ngaka Modiri Molema	29.4%
City of Matlosana	Dr Kenneth Kaunda	28.2%
Moretele	Bojanala	23%
Mamusa	Dr Ruth Segomotsi Mompati	20.2%
Maquassi Hills	Dr Kenneth Kaunda	19.8%
Moses Kotane	Bojanala	18.6%
Tlokwe City Council	Dr Kenneth Kaunda	17.9%
Ratlou	Ngaka Modiri Molema	16.2%
Ramotshere Moiloa	Ngaka Modiri Molema	14.6%
Lekwa-Teemane	Dr Ruth Segomotsi Mompati	13.5%
Greater Taung	Dr Ruth Segomotsi Mompati	13.2%
Kagisano/Molopo	Dr Ruth Segomotsi Mompati	1.1%
Naledi	Dr Ruth Segomotsi Mompati	No data

LEGEND | EXCLUSION RATING

- No data
- Cannot be measured
- Very low (1.1% – 13.5%)
- Low (13.5% – 19.8%)
- Average (19.9% – 24.1%)
- High (24.2% – 32.6%)
- Very high (32.8% – 68.3%)

- District municipality
- Local municipality



Map 10. CSG exclusion by municipality, Western Cape 2011

Western Cape

Table 63 and Map 10 show exclusion rates in the province. Western Cape is, by far, the province with the highest percentages of eligible children excluded from the CSG. Municipalities in the West Coast, the Winelands, around George and Knysna, and the City of Cape Town display the highest exclusion rates, with more than half and sometimes two out of every three eligible children not being able to access the CSG.

Table 63. Exclusion in Western Cape by municipality, 2011

MUNICIPALITY	DISTRICT	EXCLUSION RATE
Swartland	West Coast	68.3%
Bergervier	West Coast	64%
Matzikama	West Coast	61%
Saldanha Bay	West Coast	60.3%
Langeberg	Cape Winelands	58.8%
Witzenberg	Cape Winelands	57.3%
Cederberg	West Coast	55.6%
Stellenbosch	Cape Winelands	54.7%
Breede Valley	Cape Winelands	50.2%
City of Cape Town	City of Cape Town	46.5%
Drakenstein	Cape Winelands	45.2%
Prince Albert	Central Karoo	39.4%
Swellendam	Overberg	38.2%
Theewaterskloof	Overberg	33.9%
Bitou	Eden	33.6%
George	Eden	33.5%
Knysna	Eden	29.7%
Overstrand	Overberg	29.1%
Oudtshoorn	Eden	27.4%
Cape Agulhas	Overberg	25%
Hessequa	Eden	22.8%
Beaufort West	Central Karoo	20.9%
Laingsburg	Central Karoo	13.7%
Kannaland	Eden	9.2%
Mossel Bay	Eden	8.6%

3.2 EXCLUSION AT THE WARD LEVEL

To complement the information on exclusion from the CSG by municipality, the following analysis disaggregates further to the ward level. The aim of this analysis is to assist in targeting outreach campaigns and other measures, seeking to remove barriers to access by children who are eligible but not receiving the CSG.

The analysis of exclusion by ward uses information from the 2011 Census, the NIDS 2012 and the SOCPEN system. The methodology adopted in this section is described in Annexure C.⁵²

Wards with the highest exclusion

Table 64 presents the 25 wards with the highest estimated absolute numbers of children who are not accessing the CSG, despite being eligible. This gives a sense of the likely size of the problem of grant exclusion in specific wards, although care must be exercised when reading these numbers. Because of the nature of statistical estimation and error, the actual number of children excluded from the CSG in any ward is bound to differ from the estimates reported here. Further collection of data and qualitative evidence at the ground level will be needed to develop a more accurate picture of CSG exclusion at the ward level.

It is noticeable that the 25 wards with the largest estimated number of eligible children excluded from the CSG are predominantly in urban areas. Of the 25 wards, 13 are in Cape Town and 8 in Johannesburg. Three of the wards have more than 10,000 children estimated to be missing the CSG.

Estimates of poverty in most of these 25 wards, which are not shown here, are lower than the national median poverty rate, in some cases 20 percentage points lower, for instance, in urban areas across Gauteng and Western Cape. This suggests that there may be either a measure of self-exclusion in those wards or pockets of deprivation in otherwise relatively affluent wards. It also suggests that targeting errors, as captured by the exclusion of eligible children from the CSG, are less prevalent in comparably poorer wards of South Africa, an indication of targeting efficiency in the provision of the grant.

Table 64. Top 25 wards based on the estimated number of CSG-excluded children, 2011

WARD CODE	MUNICIPALITY	DISTRICT	PROVINCE	EXCLUSION
79800113	City of Johannesburg	City of Johannesburg	Gauteng	12,895
19100106	City of Cape Town	City of Cape Town	Western Cape	12,612
19100095	City of Cape Town	City of Cape Town	Western Cape	10,701
19100108	City of Cape Town	City of Cape Town	Western Cape	9,538
19100099	City of Cape Town	City of Cape Town	Western Cape	8,039
19100019	City of Cape Town	City of Cape Town	Western Cape	7,311
19100013	City of Cape Town	City of Cape Town	Western Cape	7,031
19100080	City of Cape Town	City of Cape Town	Western Cape	6,944
93504008	Polokwane	Capricorn	Limpopo	6,906
19100033	City of Cape Town	City of Cape Town	Western Cape	6,839
19100067	City of Cape Town	City of Cape Town	Western Cape	6,793
19100101	City of Cape Town	City of Cape Town	Western Cape	6,651
29300041	Nelson Mandela Bay	Nelson Mandela Bay	Eastern Cape	6,518
19100020	City of Cape Town	City of Cape Town	Western Cape	6,347

52 The analysis of exclusion by ward is the result of a statistical measure prone to measurement error. Since exact exclusion rates are subject to some amount of variance, wards are 'graded' based on the quintile of estimated exclusion rates that the ward is placed in. A ward is categorised as being likely to have a very low or a very high exclusion rate, or any of three categories in between those two. The grading approach aims to provide an accurate picture of ward-level exclusion, while minimising the biasing effects of statistical error on the way that exclusion rates at the ward level are interpreted.

WARD CODE	MUNICIPALITY	DISTRICT	PROVINCE	EXCLUSION
79800111	City of Johannesburg	City of Johannesburg	Gauteng	6,305
59500077	eThekweni	eThekweni	KwaZulu-Natal	6,159
79800005	City of Johannesburg	City of Johannesburg	Gauteng	6,062
79800077	City of Johannesburg	City of Johannesburg	Gauteng	5,899
79800122	City of Johannesburg	City of Johannesburg	Gauteng	5,882
19100035	City of Cape Town	City of Cape Town	Western Cape	5,843
79800128	City of Johannesburg	City of Johannesburg	Gauteng	5,717
79800121	City of Johannesburg	City of Johannesburg	Gauteng	5,711
19100104	City of Cape Town	City of Cape Town	Western Cape	5,619
79800049	City of Johannesburg	City of Johannesburg	Gauteng	5,561
74201006	Emfuleni	Sedibeng	Gauteng	5,349

Table 65 lists the 25 wards with the highest estimated rates of exclusion from the CSG in the country. Two wards, one in Stellenbosch in the Cape Winelands and another in Ngwathe in Free State, have exclusion rates estimated at 100 per cent. There are likely over 1,000 children in each of these wards who are eligible for the CSG, but there are no recorded instances of grant receipt. It could be that there are CSG recipients in each of these wards, but their ward of residence, as recorded in SOCPEN, is elsewhere. The safest assumption is that exclusion may not be exactly 100 per cent, but is still likely to be very high.⁵³

Among the 25 wards with the highest estimated rates of exclusion, not one is located in the provinces of Mpumalanga, Eastern or Northern Cape. The Western Cape has the largest number of wards in the top 25, followed by KwaZulu-Natal. The municipalities of Stellenbosch,⁵⁴ Newcastle and Tloke City Council stand out for the number of wards with high estimates of exclusion from the CSG.

Table 65. Top 25 wards based on the estimated rates of CSG exclusion, 2011

WARD CODE	MUNICIPALITY	DISTRICT	PROVINCE	EXCLUSION RATE
10204012	Stellenbosch	Cape Winelands	Western Cape	100%
42003016	Ngwathe	Fezile Dabi	Free State	100%
10204008	Stellenbosch	Cape Winelands	Western Cape	97.5%
52202008	uMngeni	UMgungundlovu	KwaZulu-Natal	95.9%
10204007	Stellenbosch	Cape Winelands	Western Cape	95.2%
41805008	Nala	Lejweleputswa	Free State	94.1%
41804025	Matjhabeng	Lejweleputswa	Free State	90.6%
10105011	Swartland	West Coast	Western Cape	88.5%
64002007	Tlokwe City Council	Dr Kenneth Kaunda	North West	88%
93601011	Thabazimbi	Waterberg	Limpopo	86.6%
64002022	Tlokwe City Council	Dr Kenneth Kaunda	North West	86.5%
52502017	Newcastle	Amajuba	KwaZulu-Natal	85.6%
42003003	Ngwathe	Fezile Dabi	Free State	85%
10204011	Stellenbosch	Cape Winelands	Western Cape	84.4%

⁵³ Qualitative evidence from the SASSA local offices would be needed to verify the results of this simulation and determine if they present a realistic snapshot of the state of CSG exclusion in each of these wards.

⁵⁴ Stellenbosch suffers from the lack of a fixed SASSA office, combined with a high presence of farm workers with seasonal income. These two factors have made it difficult to reach potential beneficiaries and reduce exclusion errors. Interview with regional SASSA Grant Administration Manager, Western Cape, 18 February 2016.

WARD CODE	MUNICIPALITY	DISTRICT	PROVINCE	EXCLUSION RATE
10407002	Bitou	Eden	Western Cape	83.9%
52502013	Newcastle	Amajuba	KwaZulu-Natal	83.4%
64002018	Tlokwe City Council	Dr Kenneth Kaunda	North West	82.9%
10204010	Stellenbosch	Cape Winelands	Western Cape	82%
52502008	Newcastle	Amajuba	KwaZulu-Natal	81.8%
52502011	Newcastle	Amajuba	KwaZulu-Natal	81.6%
10204009	Stellenbosch	Cape Winelands	Western Cape	81.5%
52502009	Newcastle	Amajuba	KwaZulu-Natal	81.3%
10101001	Matzikama	West Coast	Western Cape	80.5%
52502030	Newcastle	Amajuba	KwaZulu-Natal	79.7%
79900056	City of Tshwane	City of Tshwane	Gauteng	79%

Again, the wards with the greatest under-coverage of potential CSG beneficiaries are in general less poor than the average ward in South Africa, as reflected in lower poverty rates than the national median (not shown here). Some of the wards in Western Cape, particularly in Cape Winelands, have poverty rates about 35 per cent below the median poverty rate for all of South Africa's wards. This should have useful implications for the targeting of SASSA's outreach programmes.

CSG exclusion at ward level by municipality

Some municipalities have high levels of exclusion of CSG-eligible children in a majority or even all of its wards. Table 66 presents the 25 municipalities with the highest proportion of wards with high estimated rates of exclusion from the grant. This gives a sense of whether high exclusion at the municipal level is the result of a few outlier wards or rather the result of consistently high levels of exclusion across the entire municipality.

Systematic exclusion of eligible children from CSG receipt appears to be an especially serious issue in Western Cape. In nine of its municipalities, each ward has high or very high exclusion rates. In total, Western Cape municipalities make up over half of the 25 wards on the list.

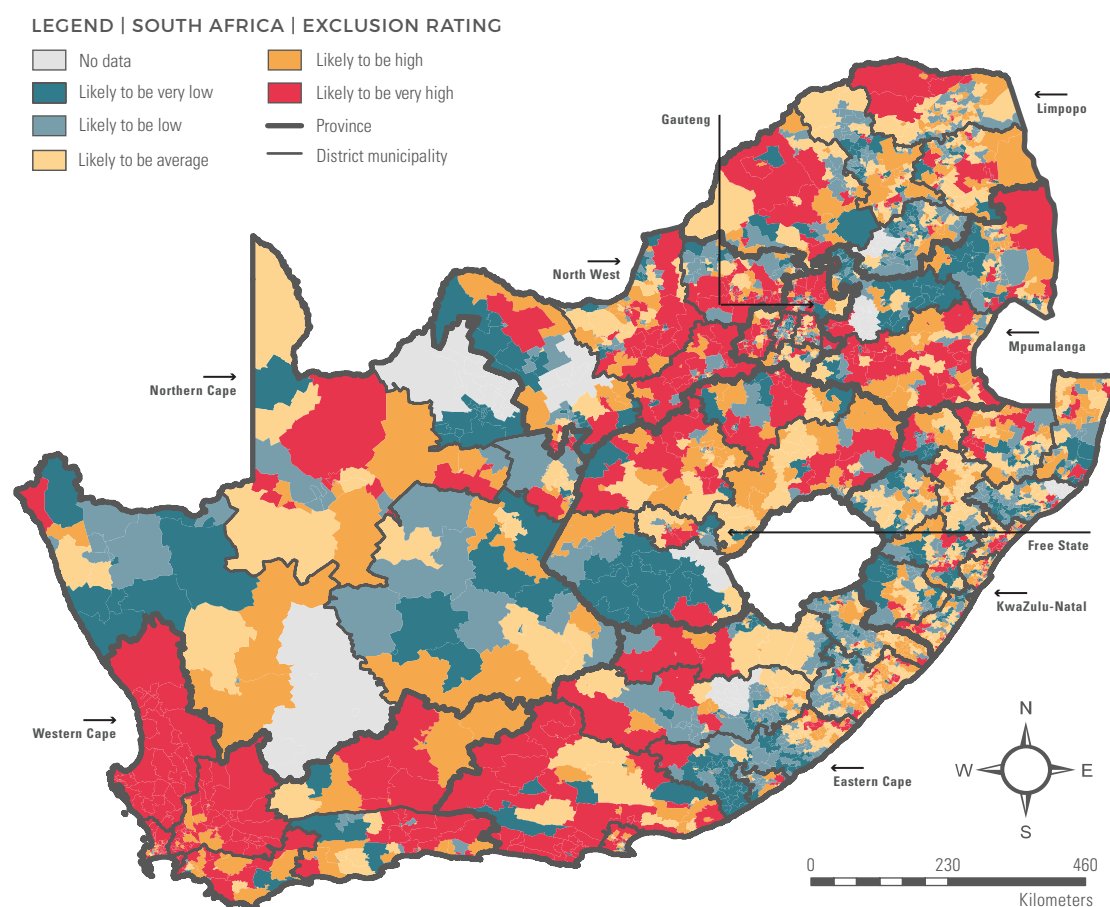
In each of these 25 municipalities, at least three out of four of their wards have CSG exclusion rates that are higher than the national average. The municipalities represent six provinces, excluding Mpumalanga, Free State and North West.

Table 66. Top 25 municipalities based on the proportion of wards with higher than average CSG exclusion rates, 2011

MUNICIPALITY	PROVINCE	DISTRICT	WARDS WITH HIGHER THAN AVERAGE EXCLUSION RATES	TOTAL WARDS
Bergvriër	Western Cape	West Coast	7	7
Cederberg	Western Cape	West Coast	6	6
Kou-Kamma	Eastern Cape	Cacadu	6	6
Langeberg	Western Cape	Cape Winelands	12	12
Matzikama	Western Cape	West Coast	8	8
Prince Albert	Western Cape	Central Karoo	4	4
Saldanha Bay	Western Cape	West Coast	13	13
Swartland	Western Cape	West Coast	12	12
Swellendam	Western Cape	Overberg	5	5

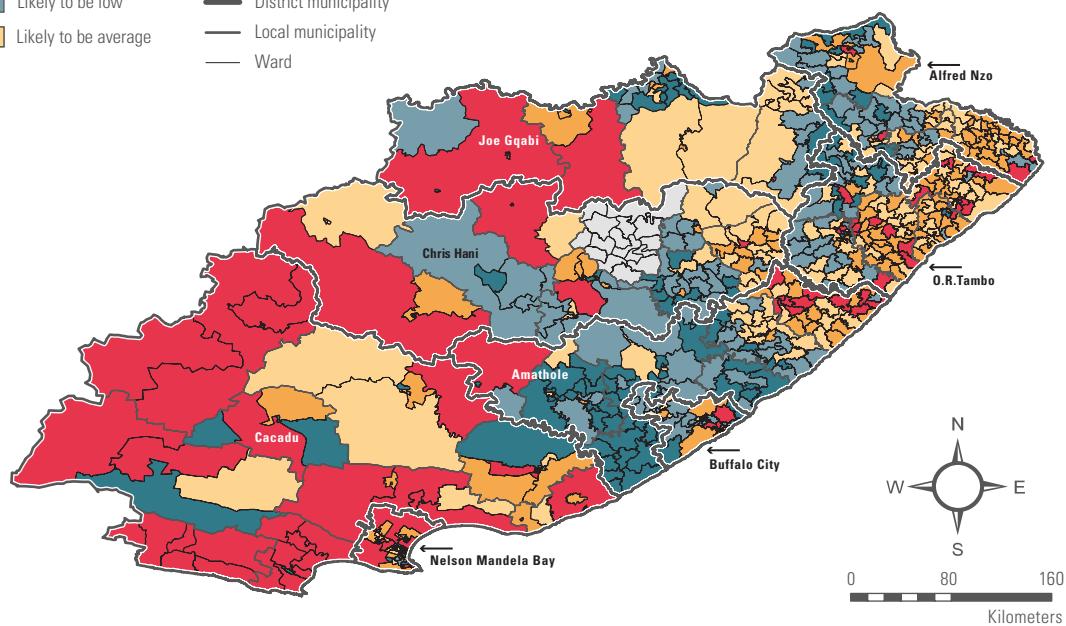
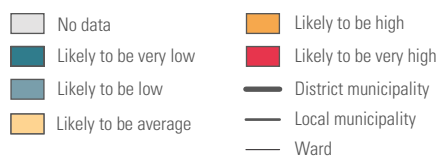
MUNICIPALITY	PROVINCE	DISTRICT	WARDS WITH HIGHER THAN AVERAGE EXCLUSION RATES	TOTAL WARDS
Umuziwabantu	KwaZulu-Natal	Ugu	10	10
Witzenberg	Western Cape	Cape Winelands	12	12
City of Cape Town	Western Cape	City of Cape Town	101	111
Stellenbosch	Western Cape	Cape Winelands	20	22
Breede Valley	Western Cape	Cape Winelands	19	21
Camdeboo	Eastern Cape	Cacadu	6	7
Musina	Limpopo	Vhembe	5	6
Tsantsabane	Northern Cape	Siyanda	5	6
KwaDukuza	KwaZulu-Natal	iLembe	22	27
Westonaria	Gauteng	West Rand	13	16
Drakenstein	Western Cape	Cape Winelands	25	31
Knysna	Western Cape	Eden	8	10
Kouga	Eastern Cape	Cacadu	12	15
Uphongolo	KwaZulu-Natal	Zululand	11	14
IKheis	Northern Cape	Siyanda	3	4
Kgatelopele	Northern Cape	Siyanda	3	4

Maps 11–20 provide a visualisation of the spatial distribution of CSG exclusion by ward in each of South Africa’s provinces and for the whole country.



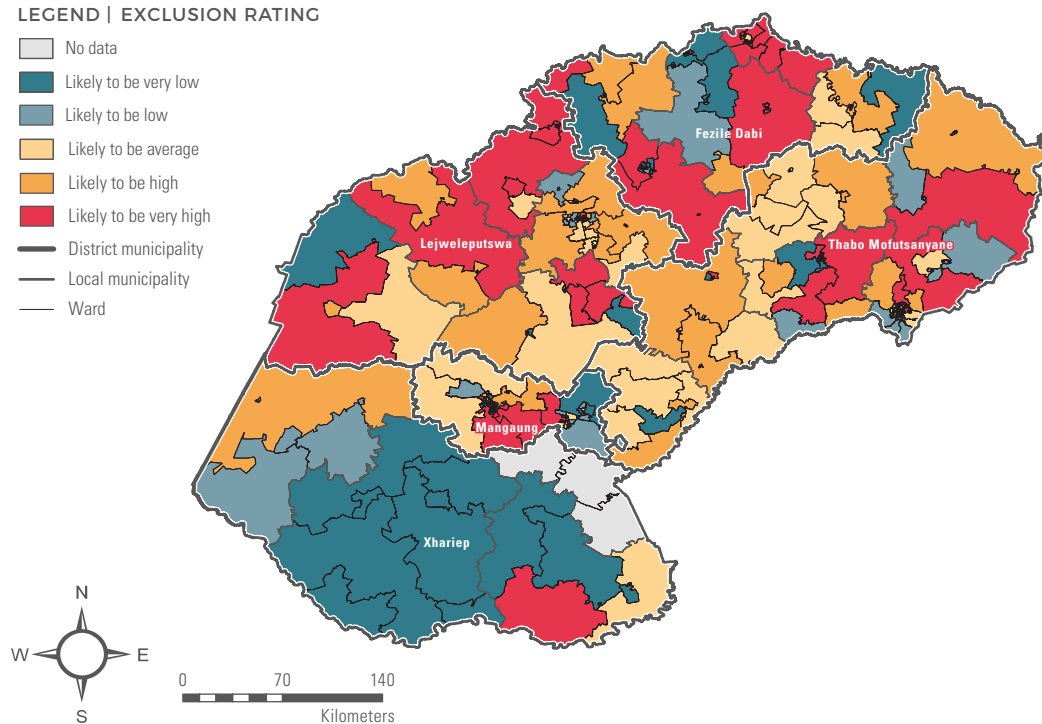
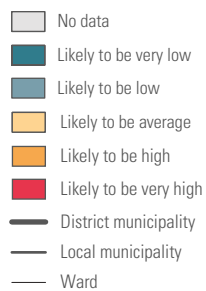
Map 11. CSG exclusion by ward, South Africa, 2011

LEGEND | EXCLUSION RATING



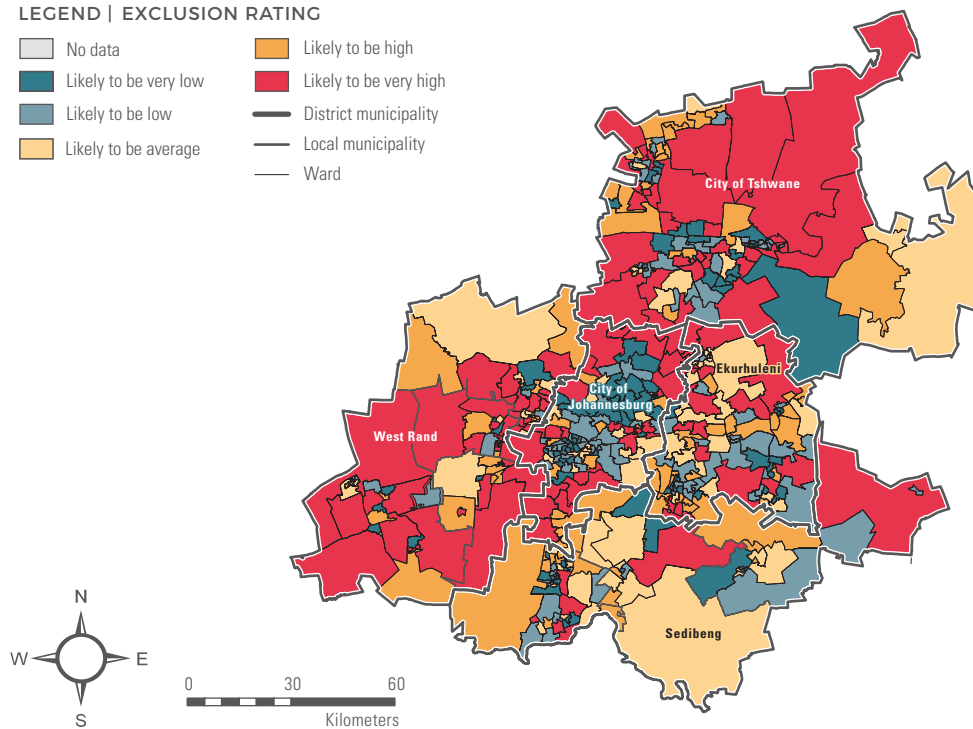
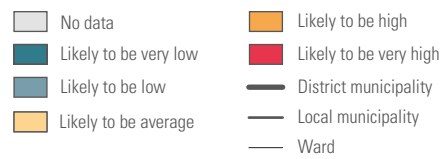
Map 12. CSG exclusion by ward, Eastern Cape, 2011

LEGEND | EXCLUSION RATING



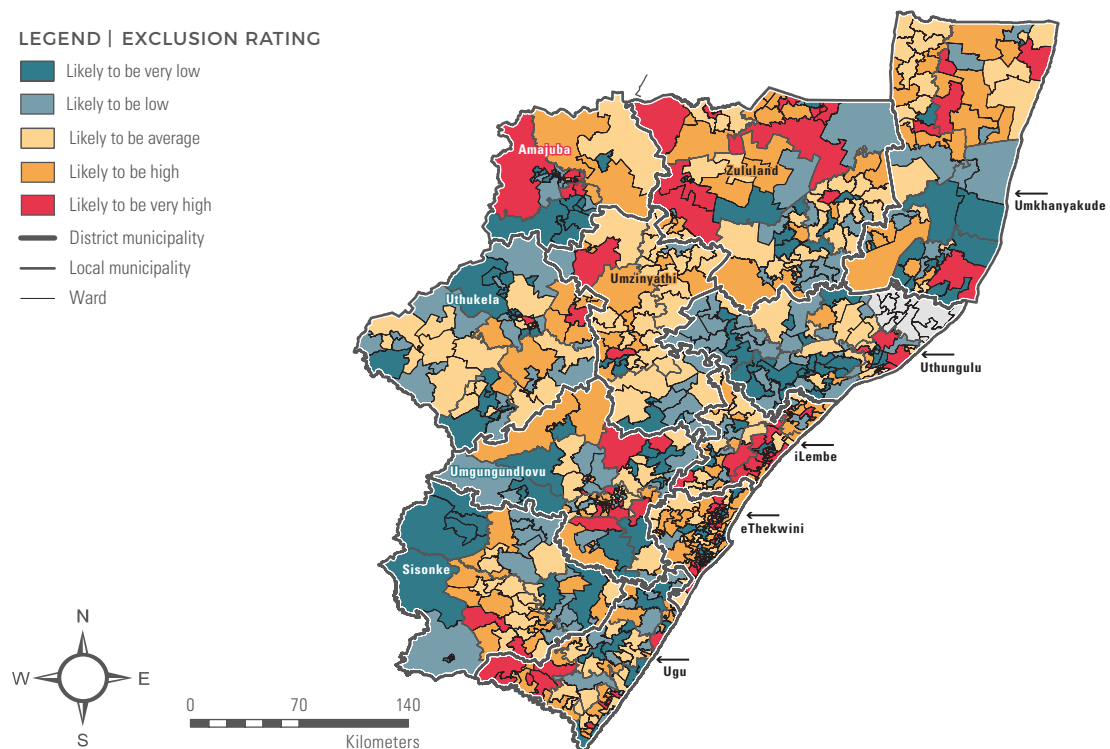
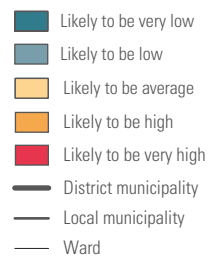
Map 13. CSG exclusion by ward, Free State, 2011

LEGEND | EXCLUSION RATING



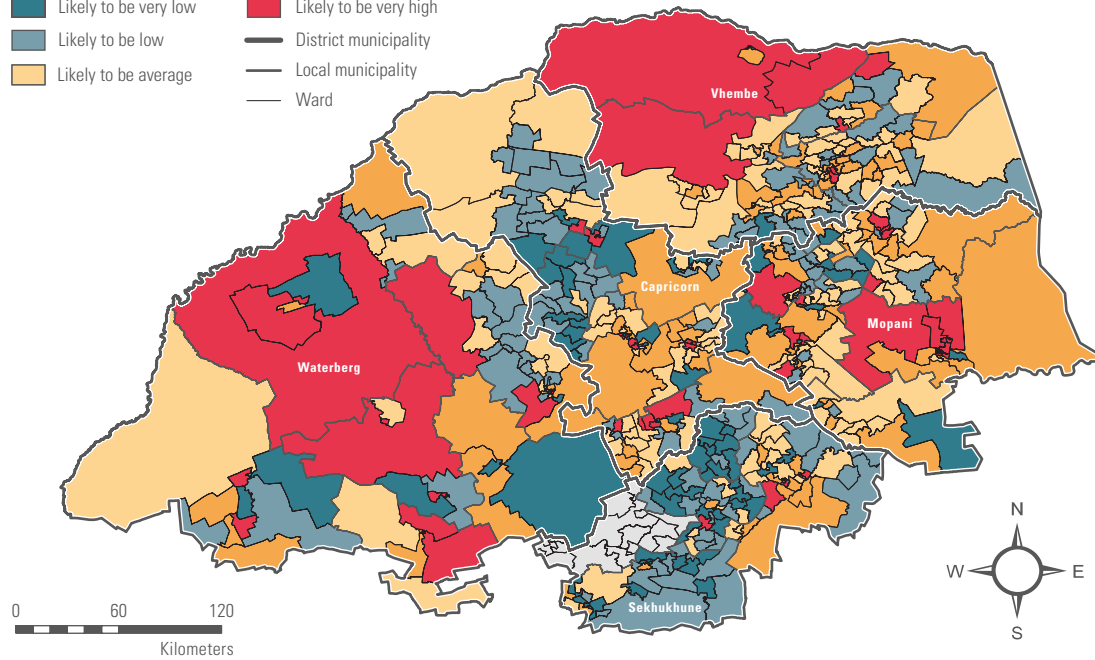
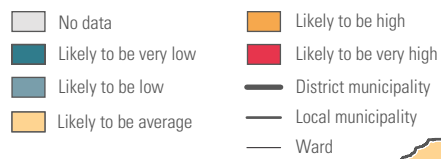
Map 14. CSG exclusion by ward, Gauteng, 2011

LEGEND | EXCLUSION RATING



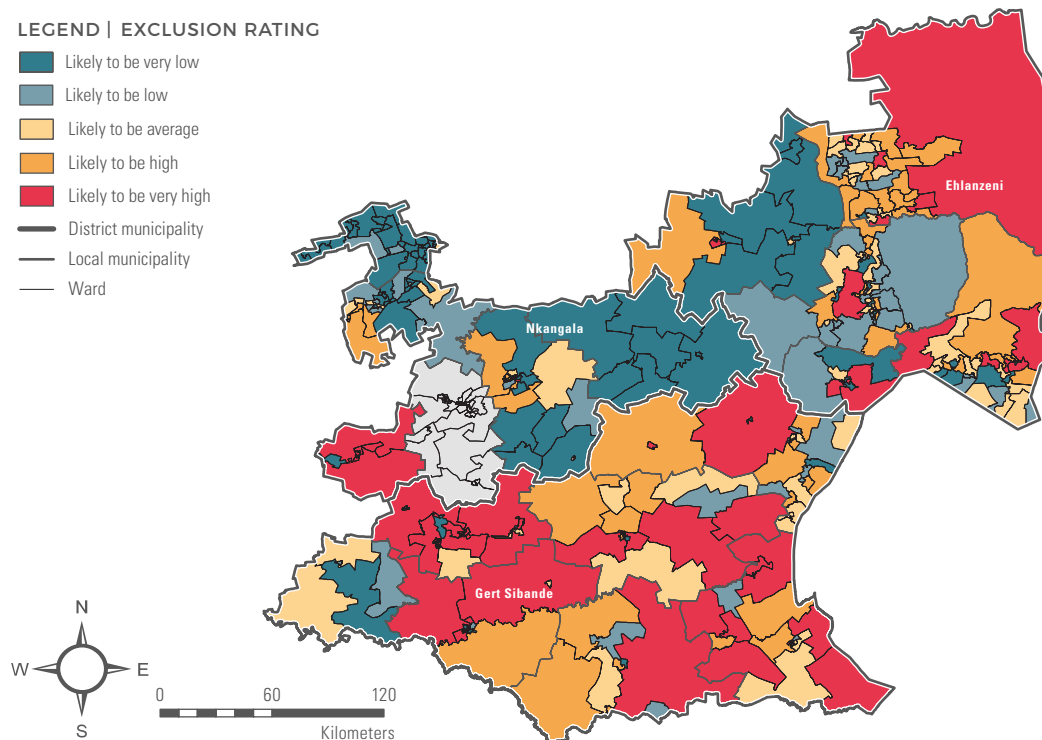
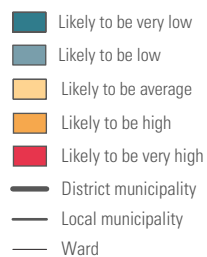
Map 15. CSG exclusion by ward, KwaZulu-Natal, 2011

LEGEND | EXCLUSION RATING

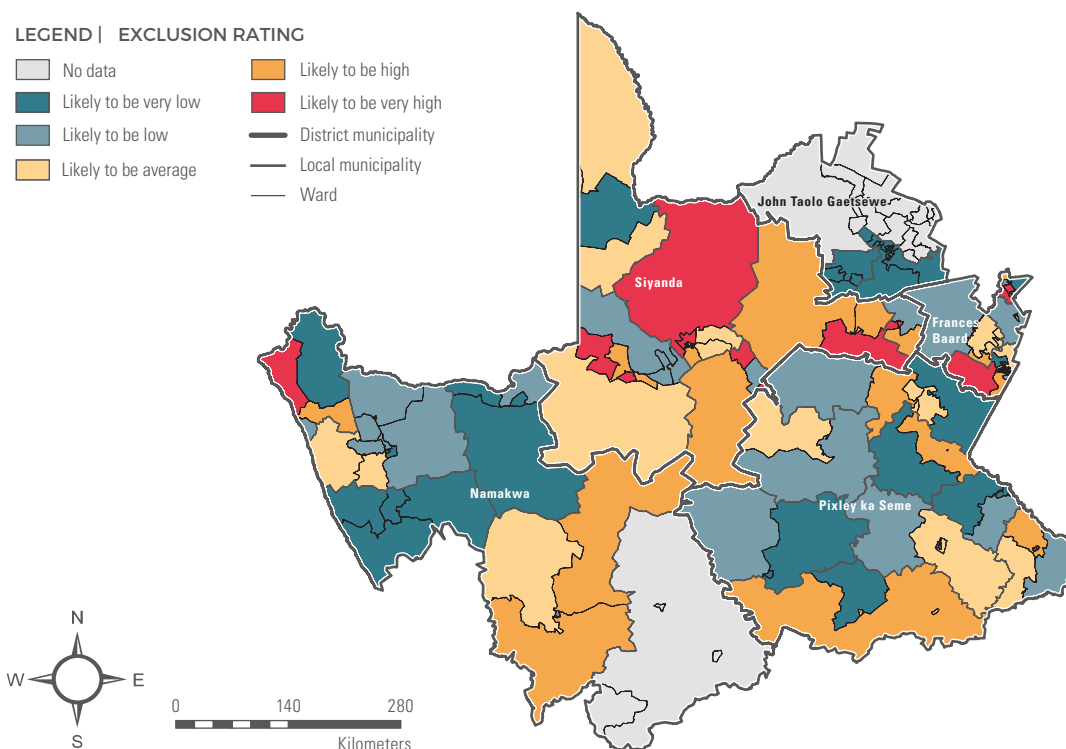


Map 16. CSG exclusion by ward, Limpopo, 2011

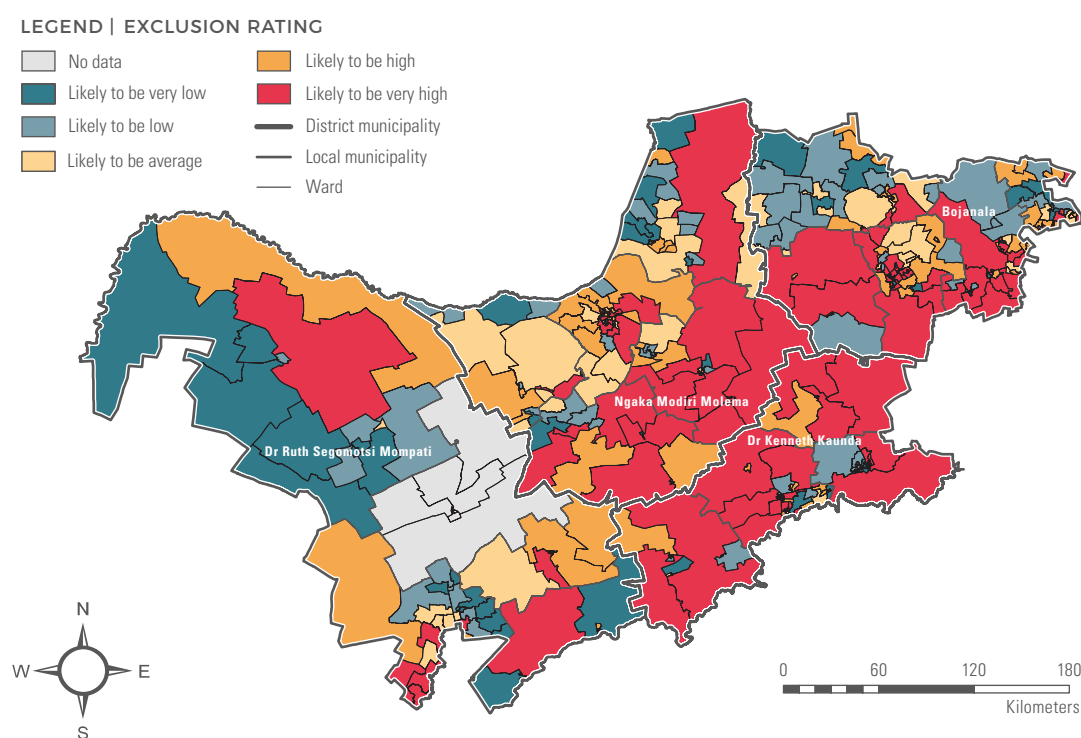
LEGEND | EXCLUSION RATING



Map 17. CSG exclusion by ward, Mpumalanga, 2011



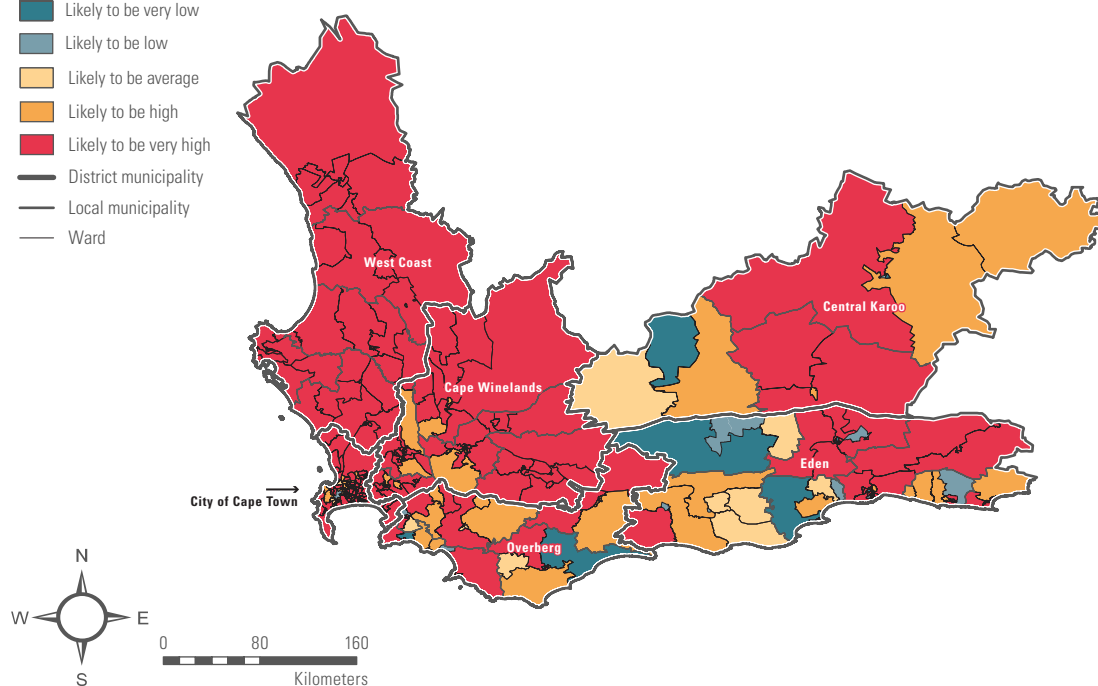
Map 18. CSG exclusion by ward, Northern Cape, 2011



Map 19. CSG exclusion by ward, North West, 2011

LEGEND | EXCLUSION RATING

- Likely to be very low
- Likely to be low
- Likely to be average
- Likely to be high
- Likely to be very high
- District municipality
- Local municipality
- Ward



Map 20. CSG exclusion by ward, Western Cape, 2011

4. Exclusion from the Child Support Grant over time

The analysis that follows explores trends in CSG coverage of eligible children over the period 2009 to 2014, using information from the General Household Surveys conducted in each of those years. This was a time during which eligibility for the CSG was gradually extended through the phase-in of new age cohorts, starting with 15-year-olds in 2010, to 16-year-olds in 2011 and 17-year-olds in 2012. For this reason, the issue of exclusion from the grant is explored in two ways.

First, the numbers and percentages of children excluded from the grant are estimated based on the simulated means test (to appraise eligibility according to the primary caregiver's income) and the age threshold set by the programme's rules in each specific year. In other words, children are deemed excluded from the CSG if, for any particular year, they were not receiving the grant despite being age-eligible and living in a household where the caregiver's income fell below the means test.

This is complemented by analysis of CSG exclusion based on the income-eligibility criteria alone. To generate estimates of grant exclusion, therefore, this second strand of analysis omits the fact that only children younger than 15 in 2009, 16 in 2010, 17 in 2011 and 18 in 2012 were eligible for the CSG, and instead considers the entire child population whose caregivers' income fell below the means test. The aim is to shed light on the extent to which, during the period 2009 to 2014, government policy responded to the Constitutional provision asserting everyone's right to access social security, by progressively ensuring that all children whose caregivers were unable to provide for themselves and their dependants would be entitled to a child grant, regardless of their age.

4.1 OVERALL TRENDS IN TAKE-UP AND EXCLUSION

Figures 15 and 16 depict the overall trends in CSG exclusion and take-up between 2009 and 2014, first in absolute numbers, then in percentages.

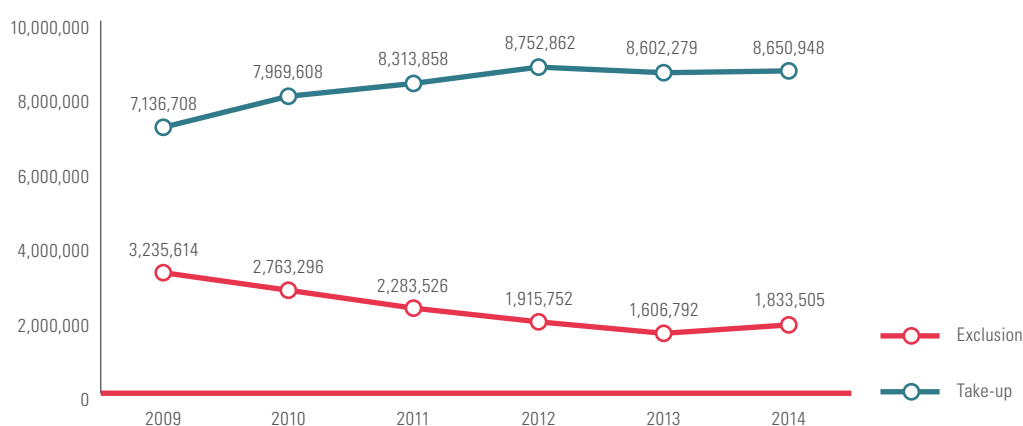


Figure 15. CSG take-up and exclusion in absolute numbers, GHS 2009–2014

Exclusion stood at 2 million children in 2009 which was about one quarter (22.4 per cent) of all eligible children under the age of 15. From 2009, exclusion begins to decline, falling to 1.9 million children younger than 18 years in 2012 and 1.6 million in 2013. Between 2009 and 2013, exclusion from the CSG fell by 4.7 per cent annually, even as the pool of eligible children was expanding as a result of the phased-in extension of eligibility for older adolescents.⁵⁵

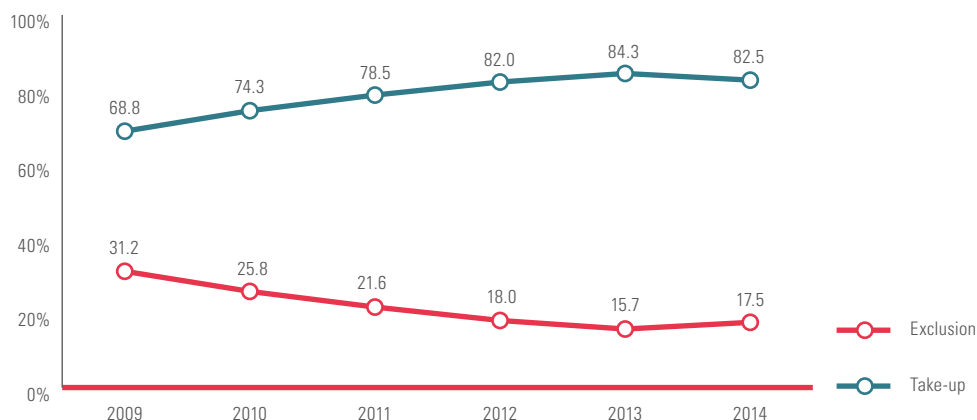


Figure 16. CSG take-up and exclusion rates, GHS 2009–2014

4.2 TRENDS BY AGE

Tables 67 and 68 document the considerable improvements in CSG take-up between 2009 and 2014. For all ages, take-up rates were higher in 2014 than five years earlier. Gains were especially pronounced among certain age cohorts. Less than half of eligible infants received the CSG in 2009; five years later, the percentage of children 0–1 year accessing the grant had increased by 11 points, from 46 to 57 per cent. Children aged 14 or older saw the largest overall gains in take-up. In 2009, 300,000 14-year-olds were receiving the CSG. By 2014, that number had risen almost six-fold to 1.76 million children, thanks to the age phase-in policy begun in 2010.

Improvements in take-up by older adolescents have been great, both in absolute numbers and percentages. As age eligibility was extended to children aged 15 and above, each age cohort realised similar gains. During the year in which a new age cohort became eligible, approximately 60 per cent of eligible children of that age would receive the CSG. This percentage steadily increases for each age cohort as the policy takes root, so that even among 17-year-olds nearly three in every four eligible children were accessing the CSG the year after they first qualified for the grant.

Table 67. CSG take-up by age, GHS 2009–2014

AGE	2009	2010	2011	2012	2013	2014
0	270,537	272,660	285,257	336,337	278,679	324,483
	45.9%	48.1%	50.1%	56.7%	51.5%	56.7%
1	453,187	463,170	409,159	461,584	436,711	431,750

⁵⁵ Take-up fell slightly between 2012 and 2013. During this time, however, the take-up rate increased due to a reduction in the pool of eligible children and a drop in exclusion. This apparent anomaly may have resulted from SASSA's Re-registration Initiative which began in March 2012 and applied to all the grants administered by SASSA. In the process of re-registering beneficiaries, over 850,000 grants were cancelled. A portion of these were deemed to be fraudulent grants. However, it is possible that the re-registration inadvertently excluded children who were eligible for the CSG.

AGE	2009	2010	2011	2012	2013	2014
	73.4%	74.1%	74.8%	78.8%	78.7%	75.5%
2	491,406	554,846	498,589	502,008	481,739	493,806
	79.8%	82%	81.6%	80.9%	83.2%	84.1%
3	538,485	537,716	512,287	539,960	517,487	523,824
	80.8%	81%	84.2%	85.3%	85.4%	84.3%
4	535,389	547,556	484,137	546,418	539,775	520,852
	83.6%	84.4%	84.1%	87.6%	88.2%	85.5%
5	537,091	610,420	622,059	570,167	514,022	523,337
	83.2%	84.3%	87.3%	87.8%	90.2%	85.2%
6	516,846	544,447	570,590	546,319	530,968	495,864
	85.4%	87.2%	86.6%	87.9%	87.7%	86.8%
7	477,299	524,290	521,602	548,576	548,123	541,533
	85.1%	86.4%	88.5%	89%	89.9%	85.6%
8	507,753	504,334	494,117	536,875	516,110	534,471
	83.1%	86.4%	86.7%	87.6%	91%	89%
9	553,542	517,212	452,409	478,859	463,656	497,408
	84.5%	86.2%	85.6%	88%	90%	86%
10	488,409	528,380	543,507	487,826	525,145	543,234
	81.7%	83%	86.1%	86.2%	88.6%	87.2%
11	439,255	486,942	549,157	493,516	469,357	504,242
	82.8%	84%	83.4%	86.7%	88.6%	87.4%
12	494,754	470,839	476,232	547,473	515,217	456,700
	77.5%	83.1%	85.4%	85.5%	86.1%	85.4%
13	469,776	531,679	471,487	474,177	504,336	496,772
	76%	80.4%	81.5%	84.3%	87.3%	86%
14	300,443	444,490	508,459	487,116	460,545	467,126
	57.2%	74.1%	79.7%	83%	88.1%	81.9%
15	0	297,089	435,602	456,904	464,303	485,914
		59.1%	77.9%	79.4%	85.0%	85.5%
16	0	0	335,029	442,906	427,382	427,260
			61.9%	77.7%	80.2%	78.4%
17	0	0	0	295,841	408,726	382,374
				59.6%	74.6%	71.9%

By 2014, 15-year-olds received the CSG at a rate that is comparable to any other age cohort. While the take-up rates for 16- and 17-year-olds were still lower relative to other age groups (save infants), this likely reflects that the phased-in extension of age eligibility had not yet been firmly entrenched by then. Take-up for children aged 15 only peaked in the fifth year since they became eligible for the grant. It can therefore be expected that take-up rates will also keep improving for children 16 and older in the coming years.

The record of the past few years is equally positive with regard to trends in exclusion. Every age cohort has seen a drop in percentages of eligible children not getting the CSG. The drop is particularly pronounced between 2009 and 2013, especially for children aged 12 and above. For infants, the decrease in exclusion continued further into 2014. This means that the overall improvements in grant take-up and

exclusion observed in recent years have not been confined to a few specific cohorts, but have benefited children of all ages.

Table 68. CSG exclusion by age, GHS 2009–2014

AGE	2009	2010	2011	2012	2013	2014
0	318,818	294,001	283,938	256,843	262,678	247,731
	54.1%	51.9%	49.9%	43.3%	48.5%	43.3%
1	163,867	162,130	138,116	124,555	118,313	140,375
	26.6%	25.9%	25.2%	21.3%	21.3%	24.5%
2	124,528	121,599	112,734	118,701	97,431	93,486
	20.2%	18%	18.4%	19.1%	16.8%	15.9%
3	127,598	126,527	95,872	93,230	88,635	97,349
	19.2%	19.1%	15.8%	14.7%	14.6%	15.7%
4	105,379	100,911	91,883	77,319	72,436	88,083
	16.5%	15.6%	16%	12.4%	11.8%	14.5%
5	108,169	113,838	90,532	79,171	56,056	90,955
	16.8%	15.7%	12.7%	12.2%	9.8%	14.8%
6	88,378	79,968	88,355	75,373	74,203	75,296
	14.6%	12.8%	13.4%	12.1%	12.3%	13.2%
7	83,778	82,587	67,882	67,787	61,935	91,100
	14.9%	13.6%	11.5%	11%	10.2%	14.4%
8	103,304	79,319	76,094	75,848	50,951	65,974
	16.9%	13.6%	13.3%	12.4%	9%	11%
9	101,897	82,544	76,040	65,567	51,279	78,851
	15.6%	13.8%	14.4%	12%	10%	13.7%
10	109,123	108,054	87,721	78,287	67,745	79,487
	18.3%	17%	13.9%	13.8%	11.4%	12.8%
11	91,437	92,468	109,589	76,029	60,650	73,054
	17.2%	16%	16.6%	13.4%	11.4%	12.7%
12	143,835	95,838	81,746	92,766	83,029	77,798
	22.5%	16.9%	14.7%	14.5%	13.9%	14.6%
13	148,471	129,887	106,733	88,473	73,133	81,259
	24%	19.6%	18.5%	15.7%	12.67%	14.1%
14	225,246	155,463	129,699	99,613	62,515	103,615
	42.9%	25.9%	20.3%	17%	12%	18.2%
15	0	205,841	123,685	118,354	81,662	82,204
		40.9%	22.1%	20.6%	15%	14.5%
16	0	0	206,250	127,200	105,297	117,477
			38.1%	22.3%	19.8%	21.6%
17	0	0	0	200,635	138,843	149,408
				40.4%	25.7%	28.1%

4.3 TRENDS BY RACE

Tables 69 and 70 present take-up and exclusion by race, respectively. Numerous trends become apparent. Increases in take-up have been most significant among Black African and Coloured children. Between 2009 and 2014, more than 1.4 million Black children and 165,000 Coloured children gained access to the CSG. Consequently, these two groups have seen the largest decrease in exclusion.

Table 69. CSG take-up by race, GHS 2009–2014

RACE	2009	2010	2011	2012	2013	2014
African/Black	6,717,007	7,389,026	7,732,262	8,248,133	8,098,470	8,133,816
	79.9%	81.6%	82.8%	83.9%	85.7%	84.1%
Coloured	333,453	411,070	410,383	471,663	463,979	497,833
	57.9%	64.7%	62.6%	66%	69.6%	70.1%
Indian/Asian	15,743	25,115	25,905	20,486	23,829	13,311
	26.2%	27%	33.1%	36%	59.9%	24.7%
White	7,969	10,860	1,128	12,580	16,000	5,987
	10.3%	12.4%	1.9%	21%	30.4%	13.3%

For Blacks, exclusion of eligible children fell from 1.69 million in 2009 to 1.35 million in 2013, before creeping back up in 2014. For eligible Coloured children, the number of those excluded from the grant dropped from 243,000 to 213,000. As these two population groups make up the vast majority of eligible children, their widening coverage by the CSG has been the major driver of the fall in exclusion seen since 2009.

By contrast, take-up of Indian/Asian and White children has remained low since 2009, even though exclusion from the grant generally followed a downward trend until 2014 when it rose again.

Table 70. CSG exclusion by race, GHS 2009–2014

RACE	2009	2010	2011	2012	2013	2014
African/Black	1,687,565	1,662,236	1,611,417	1,588,622	1,351,299	1,541,548
	20.1%	18.4%	17.3%	16.2%	14.3%	15.9%
Coloured	242,750	224,018	245,512	243,403	202,849	212,397
	42.1%	35.3%	37.4%	34%	30.4%	29.9%
Indian/Asian	44,270	68,045	52,447	36,497	15,955	40,536
	73.8%	73%	66.9%	64.1%	40.1%	75.3%
White	69,241	76,677	57,492	47,231	36,689	39,022
	89.7%	87.6%	98.1%	79%	69.7%	86.7%

4.4 TRENDS BY INCOME DECILE

Trends in grant take-up and exclusion by income decile can be seen in Tables 71 and 72. Deciles are based on total monthly household income.

Clearly, take-up rates have consistently been very high for the bottom six deciles. Only eligible children in households with income in the sixth decile ever had a take-up rate below 75 per cent. By 2014, eligible children in all six of these income deciles had take-up rates above 80 per cent.

In terms of numbers, CSG beneficiaries in households in deciles 1 to 6 range from 900,000 to 1.7 million children per decile. Children in deciles 1 and 2 have seen the largest absolute increase in take-up.

The number of CSG beneficiaries then falls drastically from decile 8 to 10, an indication that the CSG is very well targeted.

Table 71. CSG take-up by household income decile, GHS 2009–2014

INCOME DECILE	2009	2010	2011	2012	2013	2014
1	1,254,338	1,155,517	1,313,342	1,408,277	1,624,010	1,658,721
	77.2%	75%	78.4%	78%	82.2%	83.8%
2	1,511,145	1,501,887	1,700,344	1,750,076	1,685,625	1,727,970
	81.3%	82.7%	82.1%	85.8%	85.5%	86.2%
3	1,252,415	1,435,568	1,420,151	1,547,187	1,497,413	1,496,851
	84%	85.6%	86.1%	86.4%	89.8%	87.2%
4	931,393	1,085,761	1,157,569	1,188,825	1,238,524	1,100,015
	82.4%	85%	85%	89.1%	88.5%	86.4%
5	768,817	991,860	936,413	1,067,522	1,018,693	921,990
	77.6%	82.6%	83.3%	84%	84.3%	80.3%
6	642,757	737,422	726,158	800,238	748,594	902,124
	73%	76.2%	80%	77.6%	80.8%	80.8%
7	425,158	565,184	533,309	619,546	518,912	539,196
	63.3%	72%	70.5%	77.1%	78.5%	72%
8	229,845	278,859	291,774	286,882	184,014	238,503
	63.9%	63.5%	67.9%	69.4%	71%	68.1%
9	54,952	67,832	76,404	59,781	72,343	45,763
	52.9%	60.3%	67.6%	58.6%	72.2%	45.3%
10	3,352	12,602	13,289	13,681	14,150	15,631
	59.9%	44.5%	60.1%	69.9%	60.2%	37.7%

Eligible children in the bottom quintile have also seen the most pronounced drop in exclusion rates over these six years, by approximately 30 per cent of their take-up rates in 2009. By contrast, exclusion of children in higher income deciles remains a persistent trend, from the seventh decile up. The number of children involved shrinks considerably, especially in the top two deciles, relative to the child population in the bottom half of the income distribution.

Table 72. CSG exclusion by household income decile, GHS 2009–2014

INCOME DECILE	2009	2010	2011	2012	2013	2014
1	371,407	384,969	362,833	398,016	351,105	321,304
	22.9%	25%	21.7%	22%	17.8%	16.2%
2	347,092	315,258	370,591	290,421	285,449	276,598
	18.7%	17.4%	17.9%	14.3%	14.5%	13.8%
3	238,311	242,129	228,682	243,327	169,582	219,442
	16%	14.4%	13.9%	13.6%	10.2%	12.8%
4	198,790	191,596	204,935	145,139	161,648	173,209
	17.6%	15%	15%	10.9%	11.5%	13.6%
5	222,582	209,387	188,289	203,158	190,368	225,972
	22.5%	17.4%	16.7%	16%	15.8%	19.7%

INCOME DECILE	2009	2010	2011	2012	2013	2014
6	238,310	230,377	181,568	231,428	177,703	214,137
	27%	23.8%	20%	22.4%	19.2%	19.2%
7	246,415	220,189	223,132	183,924	142,557	209,960
	36.7%	28%	29.5%	22.9%	21.6%	28%
8	129,832	160,639	137,944	126,442	75,059	111,708
	36.1%	36.6%	32.1%	30.6%	29%	31.9%
9	48,839	44,693	36,623	42,309	27,835	55,291
	47.1%	39.7%	32.4%	41.4%	27.8%	54.7%
10	2,249	15,737	8,812	5,892	9,346	25,883
	40.2%	55.5%	39.9%	30.1%	39.8%	62.4%

4.5 TRENDS BY PROVINCE

Take-up rates, shown in Table 73, increased in all provinces, sometimes by large margins, even as coverage of the CSG was expanding year after year as a result of the phase-in of new age cohorts. During the period examined, KwaZulu-Natal saw the largest absolute increase in CSG take-up in an additional 450,000 children from 2009 to 2014. The Western Cape, in turn, experienced the largest increase in rates of CSG receipt among eligible children, from 53 to 68 per cent. Eastern Cape, KwaZulu-Natal and Limpopo are the provinces with the highest CSG take-up rates, approaching 90 per cent of the eligible children residing there.

Table 73. CSG take-up by province, GHS 2009–2014

PROVINCE	2009	2010	2011	2012	2013	2014
Western Cape	358,969	498,738	497,470	552,421	533,917	563,223
	53%	64.6%	62%	66.7%	70.5%	67.5%
Eastern Cape	1,317,971	1,398,397	1,464,013	1,592,778	1,588,969	1,624,770
	87.5%	88.5%	87.7%	88.6%	89.4%	90%
Northern Cape	180,765	198,568	229,738	198,465	206,631	201,939
	79.7%	83.5%	85.9%	82.1%	87.5%	84.6%
Free State	395,782	441,598	540,414	479,901	496,240	496,361
	81.8%	79.1%	83.7%	85.5%	88.1%	85.1%
KwaZulu-Natal	1,640,408	1,826,645	1,986,272	2,124,828	2,047,008	2,093,136
	81.9%	81.9%	84.2%	86.7%	89.3%	88.3%
North West	522,972	584,922	587,211	623,072	628,416	648,695
	77.8%	80.3%	80.2%	80.9%	82%	82.4%
Gauteng	860,903	964,372	924,698	1,092,483	996,963	943,004
	62.9%	66%	68.6%	69.8%	70%	64.7%
Mpumalanga	709,847	741,152	693,032	822,965	802,075	784,979
	80.9%	81.2%	82%	84.8%	86.5%	84.3%
Limpopo	1,086,554	1,181,679	1,246,830	1,255,101	1,302,061	1,290,656
	83.5%	85.3%	84.9%	85.4%	88.9%	87.5%

Despite a steep decline in exclusion rates in Western Cape since 2009, one in every three eligible children were still not accessing the CSG in the province by 2014, much like in Gauteng. These high levels of exclusion contrast with Eastern Cape, where only 10 per cent of eligible children continued to face exclusion from the grant.

Table 74. CSG exclusion by province, GHS 2009–2014

PROVINCE	2009	2010	2011	2012	2013	2014
Western Cape	318,562	272,906	305,037	275,773	223,048	270,740
	47%	35.4%	38%	33.3%	29.5%	32.5%
Eastern Cape	187,687	181,968	204,582	205,218	188,079	180,835
	12.5%	11.5%	12.3%	11.4%	10.6%	10%
Northern Cape	46,003	39,265	37,753	43,272	29,571	36,772
	20.3%	16.5%	14.1%	17.9%	12.5%	15.4%
Free State	88,099	116,979	105,023	81,619	67,179	86,771
	18.2%	20.9%	16.3%	14.5%	11.9%	14.9%
KwaZulu-Natal	363,754	402,836	373,279	326,929	246,065	276,343
	18.2%	18.1%	15.8%	13.3%	10.7%	11.7%
North West	148,921	143,343	145,117	147,398	137,919	138,291
	22.2%	19.7%	19.8%	19.1%	18%	17.6%
Gauteng	507,303	497,918	423,021	473,493	427,128	513,536
	37.1%	34.1%	31.4%	30.2%	30%	35.3%
Mpumalanga	167,952	171,303	151,989	147,186	124,950	146,269
	19.1%	18.8%	18%	15.2%	13.5%	15.7%
Limpopo	215,545	204,459	221,067	214,864	162,852	183,946
	16.6%	14.8%	15.1%	14.6%	11.1%	12.5%

4.6 TRENDS IN CSG COVERAGE OF ALL CHILDREN UNDER 18 YEARS

This section concludes with a brief analysis of trends in take-up and exclusion for all children up to 18 years. This analysis defines eligibility only in terms of meeting the grant's means test threshold. It deliberately omits the fact that the age eligibility for the CSG changed during the period under consideration, with the aim of assessing the extent to which the change in policy with regard to eligibility, combined with the implementation of outreach programmes, affected the extent of coverage and exclusion of South Africa's entire child population aged 0–18 years.

Figure 17 shows the number of children younger than 18 whose caregiver's income fell below the means test threshold, but did not receive the CSG each year from 2009 to 2014. Based on these considerations, there were 3.2 million children under 18 who did not access the grant in 2009. This number halved, to 1.6 million children, in 2013. The same results are obtained if exclusion rates rather than absolute numbers are analysed (Figure 18).

In terms of the Constitutional provision mandating that everyone has the right to access social security, especially where families cannot provide for themselves and their dependants, it is clear that South Africa has made great strides in reducing the gaps in coverage of its poorest children.

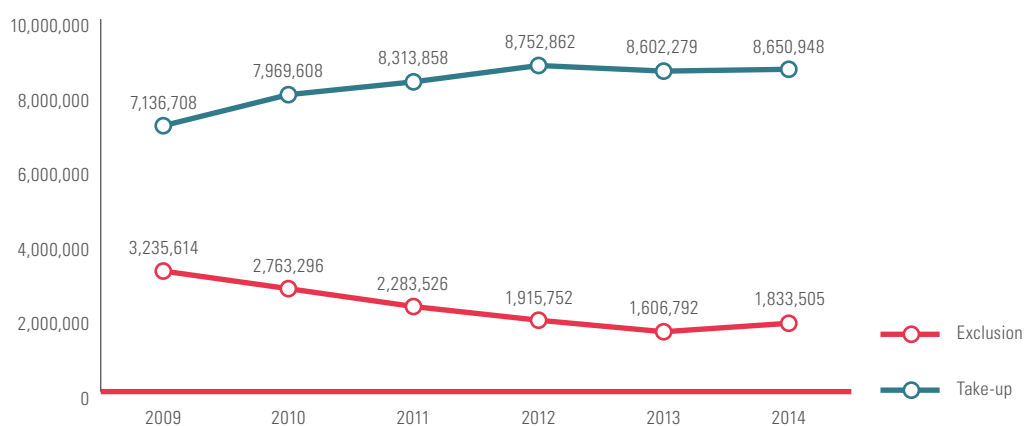


Figure 17. CSG take-up and exclusion among all children 0–18 years, GHS 2009–2014

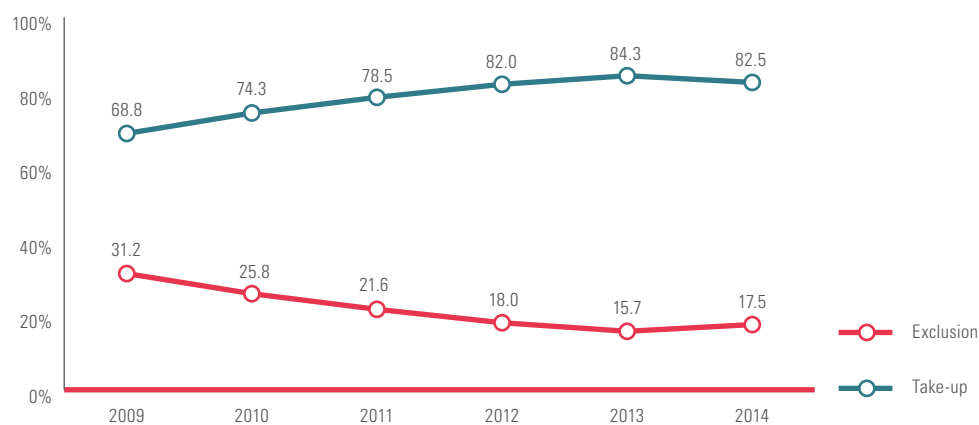


Figure 18. CSG take-up and exclusion rates for all children 0–18 years, GHS 2009–2014

5. Review of national policy

Three policy changes introduced during the period under review did or may have affected the growth of the CSG in recent years. They are reviewed briefly in this section.

5.1 PHASED EXTENSION OF THE CSG

The South African government abolished the racially based Child Maintenance Grant in 1997 and introduced the CSG with a view to providing income support to children in poor households. At its inception, the grant targeted children up to the age of 7 years. Upon their seventh birthday, children accessing the grant were no longer considered eligible and their grant payments were discontinued.

Since 2003, the South African government has made significant strides in expanding access to the CSG by increasing the age of eligibility in a phased manner over a period of less than 10 years. The changes in eligibility criteria are illustrated in Figure 19.

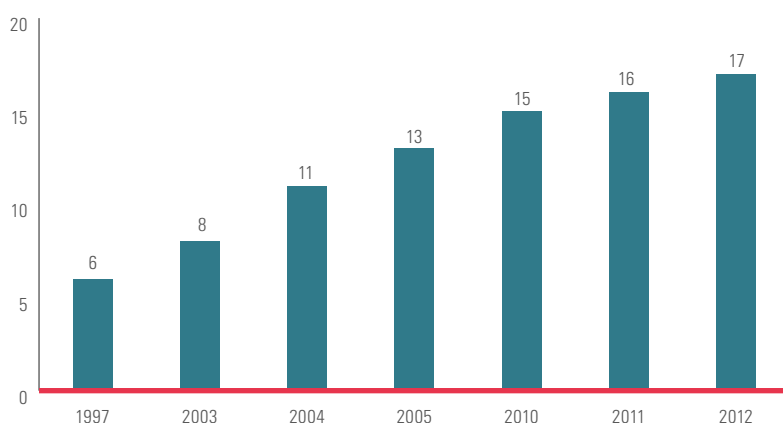


Figure 19. Maximum age of CSG eligibility

The total number of beneficiaries was about 1.1 million in 2001. In April 2003, the grant was extended to children under the age of 9 years, and the number of beneficiaries increased by 170 per cent to nearly 3 million by 2003. In April 2004, 10- and 11-year-olds were also included in the CSG, increasing the number of beneficiaries by another 39 per cent between 2003 and 2004.

Children in poor households under the age of 14 became eligible in April 2005.⁵⁶ This year witnessed a 70 per cent increase, bringing the total number of beneficiaries to over 7 million.⁵⁷ By January 2011, all children in poor households under 16 years of age were eligible for the CSG, and the grant was extended to 17-year-olds in January 2012.⁵⁸ As a result of these changes, the number of beneficiaries had grown to more than 11.3 million children by 2012, and is now about to reach 12 million.

⁵⁶ Alliance for Children's Entitlement to Social Security, *Phased-in extension of Child Support Grant up to 14 years*, May 2003.

⁵⁷ SASSA, *Annual report 2005/2006*, 2006.

⁵⁸ SASSA, *Annual report 2012/2013*, 2013.

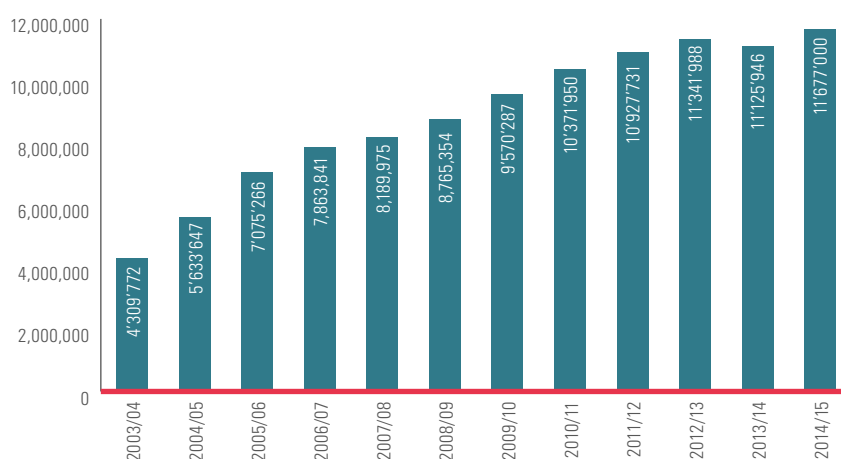


Figure 20. Number of CSG Benefits 2004–2015, SOCPEN 2004–2015

Figure 20 reflects the increase in the number of CSG benefits distributed between 2004 and 2015. While this growth cannot be attributed solely to the increased age of eligibility, the rapid and vast expansion of the pool of eligible children has largely been the result of the change in policy regarding the age of eligibility.

5.2 MEANS TEST REVIEW

When the CSG was first introduced in 1998, the means test was based on household income, the type of household structure and whether the child lived in a rural or urban area. The income eligibility threshold was R800 and R1,100 in urban and rural areas, respectively.⁵⁹ The means test was not changed until 2008. This means that an income threshold used to determine grant eligibility remained effectively unchanged for a 10-year period.

In 2007, the DSD commissioned a review of the means test. The review concluded that the eligibility income threshold had not accounted for price inflation between 1999 and 2008, meaning that an increasing number of poor families were being excluded from social assistance. By 2007, children had to be 50 per cent poorer to qualify for the CSG than at its inception.⁶⁰

For poor mothers, a low means test threshold could also provide a disincentive to seek employment, for fear of losing their grant.⁶¹ Married couples were subject to the same income threshold as single caregivers, despite having to support a larger household. There were also concerns about discrimination against the urban poor who faced a lower threshold than rural households.⁶²

In May 2008, the Legal Resources Centre took the government to court over a case involving a woman who did not qualify for the CSG because of the anomaly in the means test. In response, the National Treasury and DSD agreed on a set of amendments to the legal provisions governing eligibility to the CSG.⁶³ In August 2008, the DSD changed the Regulations of the Social Assistance Act, introducing a formula to provide for annual adjustments of the means test to keep pace with inflation.

59 DSD, SASSA & UNICEF, 2012.

60 Williams, M., *The social and economic impacts of South Africa's Child Support Grant*, Cape Town: Economic Policy Research Institute Working Paper #40, 2007.

61 In 2004, the CSG amount was R170, and if a single mother was earning R900 (a figure just slightly over the eligibility threshold) she could risk losing over 15% of her monthly income.

62 McEwen, H., & Woolard, I., *The changing dynamics of child grants in the context of high adult mortality in South Africa: A simulation to 2015*, Cape Town: SALDRU: University of Cape Town, 2007.

63 Manuel, T., Budget speech, Pretoria, National Treasury, 2008.

In the revised threshold, single mothers earning an income up to ten times the value of the grant were considered eligible, while the joint income of a married couple could equal twenty times the value of the grant to qualify for it. Since the monthly CSG amount in 2008 was R220, this meant raising the income threshold by at least twice as much as the previous one – to R2,200 per month for single caregivers and R4,400 for married couples.

The DSD acknowledged that increasing the means test would pose a fiscal challenge. To fund the expansion of grant access to nearly 2 million additional children, DSD and Treasury suggested a gradual phasing out of the original means test and a reassessment of the tax threshold levels. It was stated that the Social Assistance Act would be amended to reflect the changes in the means test.⁶⁴

The relaxation of the means test threshold had a dual effect. Many beneficiaries whose income had increased over the years now became legally eligible. In turn, a growing number of families were able to apply for the grant as the change in eligibility rules was widely publicised. It is estimated that these changes expanded the pool of eligible children from 7.8 million under the old, stricter means test to 9.5 million.

According to the 2008 Budget Speech by the National Treasury, the budget for social grants was R75.3 billion in 2008, and an additional R13.2 billion was allocated in 2009 to accommodate the increase in the number of beneficiaries.⁶⁵

5.3 ALTERNATIVE DOCUMENT REGULATIONS

While the eligibility criteria have been relaxed since the grant's inception in 1998, access to documentation has proven to be a consistent barrier to take-up among eligible children.⁶⁶ In particular, the requirement of formal identity documentation to approve an application for the grant disqualifies many households whose children would otherwise be entitled to social assistance.

Apart from the requirement that a police officer or commissioner of oaths certify all copies of documents, the list of documents needed is itself quite onerous. When the Social Assistance Act was drafted, only original documents were accepted as part of applications.⁶⁷ Many who should have received the CSG were unable to apply, as they did not have barcoded identity documents or birth certificates.

In 2007, the Children's Institute estimated that up to 20 per cent of eligible children were excluded from the grant because they lacked the documentation to apply.⁶⁸ The Alliance for Children's Entitlement to Social Security then took the matter to the Pretoria High Court, and in June 2008 SASSA was obliged to process all applications under the alternative documentation requirements. This meant accepting a sworn statement from a reputable reference in lieu of official documents to verify questions such as a child's name, age and parentage. Upon acceptance of these documents, the grant is paid on an interim basis for three months, during which the beneficiary is expected to apply for the missing documents. Within the first three months of grant payment, proof that the beneficiary has applied for the missing documents, or new copies of the missing documents, must be submitted. If these documents are not submitted, grant payment is discontinued.⁶⁹

Yet the alternative documentation requirements do not seem to have had a significant effect on removing barriers to accessing the CSG. According to data from the NIDS, more than 680,000 eligible

64 DSD, Skweyiya: Social Development budget vote, 2008/09.

65 Manuel, T., Budget speech, Pretoria, National Treasury, 2008.

66 Hall, K., "The Child Support Grant: Are conditions appropriate?", Children Count Brief, Cape Town: Children's Institute, University of Cape Town, 2011.

67 Government of South Africa, Social Assistance Act 13 of 2004, amended 21 July 2015.

68 Hall, K. & Proudlock, P., "Litigating for a better deal" in Children's Institute *Annual Report 2007/08*, 2008. The regulatory requirements remained in place despite the deaths of children in places in Eastern Cape, reported cases of serious malnutrition across the nation and objections from civil society organisations about the deleterious effects of requiring original documents.

69 Martin, Lane, Ngabase, & Voko, *A rapid review of the implementation of Regulation 11(1) to the Social Assistance Act, 2004*, Alliance for Children's Entitlement to Social Security & Black Sash, 2013.

caregivers did not apply for the CSG in 2008 because they lacked the proper documentation. After the statutory provisions that allowed for alternative documentation had come into effect, this number decreased dramatically by over 430,000 children or 63 per cent between 2008 and 2010, as can be seen in Figure 21. However, SASSA recorded only 11,000 applications processed with alternative documents between 2009 and 2011.

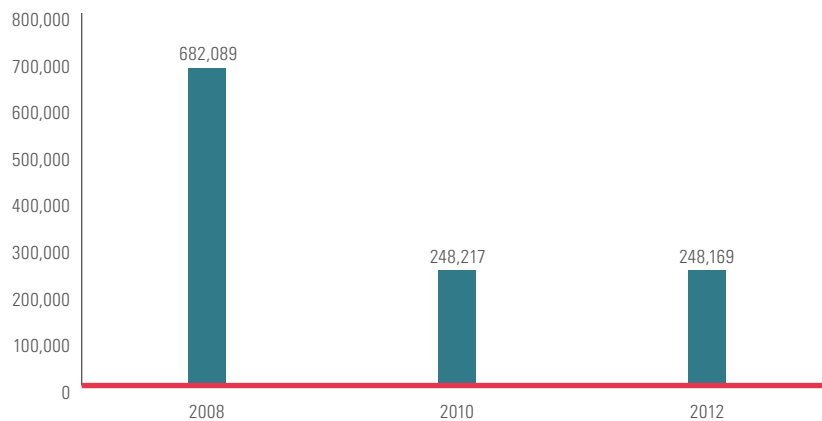


Figure 21. Children excluded because they lack necessary documentation, NIDS 2008–2012

Figure 22 shows that the number of children whose caregivers were in the process of applying for documentation increased from 140,000 to 175,000 in 2008 and 2012, respectively. This suggests that while documentation has declined in prominence since 2008, it remains an important driver of grant exclusion.

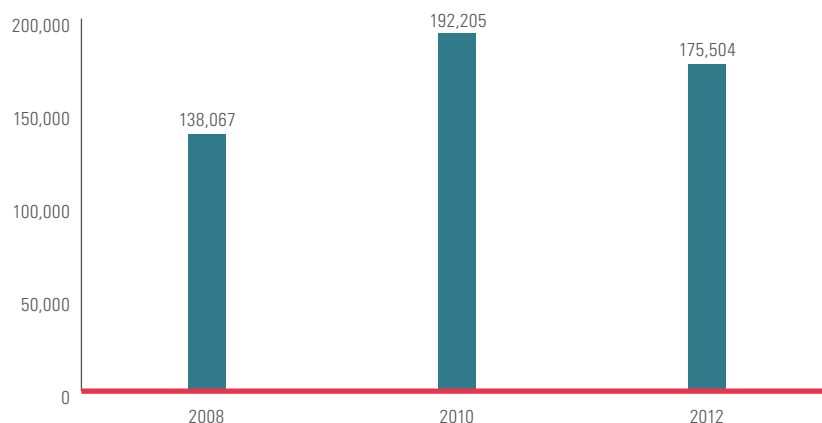


Figure 22. Caregivers in the process of applying or getting relevant documentation, NIDS 2008–2012

The decline in documents as a barrier cannot, therefore, be attributed to the implementation of the alternative documentation rules. Instead, a recent report suggests that the improvement is driven by faster processing times of document applications and increases in registration within a child's first year of life.

6. Review of SASSA policies and directives

The South African Social Security Agency Act of 2004 mandates SASSA to manage, administer and pay social security grants to eligible persons. This section presents a review of the policies and directives issued by SASSA over a period of less than 10 years. These policies and directives were formulated in accordance with legislative priorities. The aim of the review is to assess the extent to which they may have affected growth trends in the CSG and improved the delivery of SASSA services.

The growth in grant take-up is influenced by two factors: the extent to which household poverty and people's awareness of their entitlement to a social assistance benefit drive the demand for a social grant, and the extent to which SASSA supplies services, along with the processes that enable beneficiaries to apply for the grant. The review of policies and directives takes account of key processes in SASSA's value chain, as depicted in in Figure 23.⁷⁰

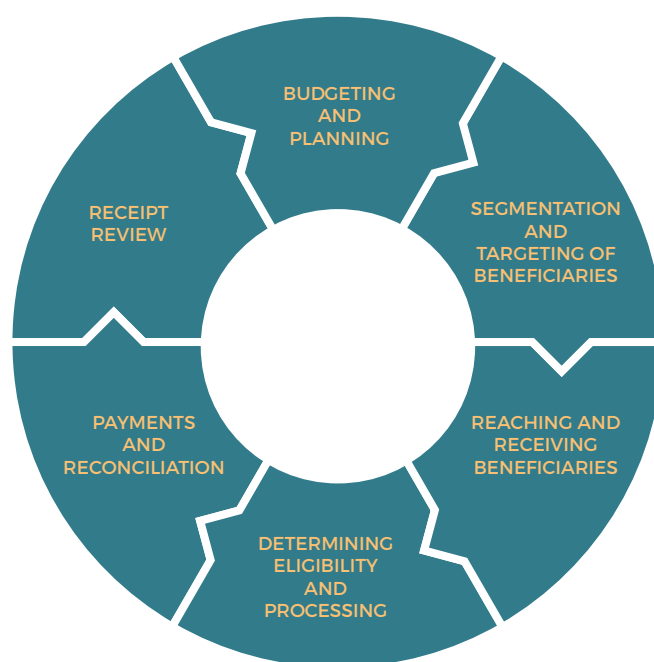


Figure 23. SASSA's delivery model

These steps encapsulate SASSA's delivery model, developed in 2004 and revised in 2007, to standardise and simplify the procedures for the effective and efficient delivery of social grants. To assess the extent to which these policies are applied in practice and how they are applied, questionnaires were developed and administered to SASSA national and provincial grant administration managers. Additional interviews

⁷⁰ The payments and reconciliation step is omitted as it is believed to have little bearing on minimising exclusion, considering that targeting and eligibility will already have been determined at the point of payment.

were conducted with members of beneficiary and non-beneficiary households in Limpopo and Western Cape, to gain an understanding of their experience in interacting with SASSA.

Table 75. SASSA policies and directives, by year of implementation

	NO DATE	2009	2010	2011	2012	2013	2014	2015	TOTAL
Procedures manuals	0	0	0	0	0	2	1	1	4
Standard operating procedures	1	0	0	0	0	1	2	1	5
Practice notes	0	1	0	0	0	7	8	4	20
Guidelines	0	0	0	0	1	0	1	1	3
TOTAL	1	1	0	0	1	10	12	7	32

6.1 BUDGETING AND PLANNING⁷¹

Budgeting and planning constitutes the first step in determining the eligible population at different levels of jurisdiction, based on projections of beneficiary growth and the requisite coverage of the estimated population. The more accurate the planning and budgeting, the more likely it is that the funds will be available to support growth or address gaps in coverage. Policy relating to budgeting and planning can factor in the expected growth rates of eligible households, regional staffing requirements and total grant disbursements, among other things.

In the current arrangement, budgeting and planning is concentrated at the national level. This is done by a national forum of SASSA, the DSD and the National Treasury. The forum looks at existing data, especially on take-up rates, and projects how grant take-up will change over the coming year, although the model also provides for a medium term expenditure period of three years. The numbers on expected grant take-up are then disaggregated to the nine regions based on various data sources and historic needs. This process is balanced by SASSA's commitment to a rights-based budget for transfer payments, meaning that under no circumstances will an application be refused based on budgetary concerns.

Local offices present budgets for operational costs only. These budgets are aggregated at the district and then regional levels, whereupon SASSA head office's budget committee looks at the set of inputs against the original allocation and begins to make decisions on the local budgets.⁷²

To allocate the budget, the finance unit of each regional office will engage with the other units in the office to distribute staffing costs and lease agreements. The rest of the operational budget is distributed based on other operational and programmatic needs.⁷³

With respect to operational costs, the lowest level to which budgeting and planning guidelines are handed down is the district level. The guidelines stem from the office of the Chief Financial Officer, but also from 'finance forums' with regional managers responsible for finance, where policies and procedures are discussed to iron out details relating to planning and budgeting.

⁷¹ This section draws heavily on an interview with SASSA's National Senior Grants Administration Manager, held on 2 February 2016.

⁷² Local budgets vary greatly from area to area, but the vast majority of local budgets include a request for more staff. However, these requests are hard to fill, as SASSA's national office generally first looks to increase efficiency through business processes rather than increase staff.

⁷³ According to a senior SASSA Grants Administration Manager in Western Cape, the majority of their remaining budget is spent on communications and travel for staff to rural service points. This situation is rather unique to the region as Western Cape has the most mobile service points of the nine provinces. Interview with Regional Grant Administration Manager, Western Cape, 16 February 2016.

Budgeting for regional and local needs

Currently, projections of regional needs are conducted by a national forum. This process guarantees centralisation and adherence to national priorities, but has the possibility of perpetuating local inefficiencies and gaps.

The national-level budgets for grant beneficiaries, including all projections of recipient growth, are based on historical trends as well as macro-economic assumptions. These projections are the backbone of regional allocations for grant disbursement. They are, however, subject to a number of assumptions, and current policy does not allow for local inputs into grant receipt or demand projections.

Local offices must have a better understanding of local population needs and, therefore, of how demand for the grant may grow, including how the pool of eligible but excluded beneficiaries in their area may change. However, it appears that local knowledge of the eligible population and take-up rates is not being brought to bear in the budgeting process, partly because the requisite skills to budget at ward and municipality levels do not always exist. The consequence is a discrepancy between policy, budgeting and planning at the local level.

This discrepancy between policy and budgeting was a significant problem before the consolidation of the budget at the national level in 2004, when provinces were responsible for budgeting for social grants. It created significant disparities in the provinces' ability to meet social grant budget obligations. While there has been no shortfall at the national level since 2004, budgeting often does not meet service delivery and fiscal needs for social grants at many local levels.

The lack of a feedback loop also means that the national office, using historical trends of take-up rates to make projections of future fiscal requirements, may under- or overestimate the demand for social grants. Insofar as projections may extrapolate historical gaps and past inefficiencies, they will not be fit for addressing the challenge of present levels of grant exclusion and backlogs at the local level. From a fiscal federal perspective, bottom-up budgeting can be both more effective and efficient.⁷⁴

Feedback between operational levels

Grant take-up could potentially be improved by encouraging feedback between the regions and national office. By the time that regions are given their operational budget, decisions have already been made, so that the regional offices must tailor their plans to the operational money handed to them by the national office.⁷⁵ The process ensures centrality in decision-making, but in many cases regional offices would like more feedback in the process, with the ability to direct resources to where they see a need.

Targets set through national projections compound these issues. In some cases, money allocated for operations does not correspond to the targets established in an area. The mismatch of funds and targets deepens the plight of different areas, making it difficult for them to reach the targets set or expand grant coverage to address the exclusion of eligible persons.

Increased feedback between the various levels of organisation in SASSA would identify such mismatches and allow for a more equitable and efficient distribution of resources based on needs and targets. Increasing feedback between different levels of operations can improve allocations and inform national budgeting for grants, with increased coordination and an evidentiary base for budget decisions.

⁷⁴ According to a regional SASSA Grant Administration Manager, there is always a discrepancy in the grant number target set by the Head Office and what is actually achieved. In particular, there is a large variance in the number of new completed applications compared to actual payments being processed. The same Manager stated that SASSA does not review these numbers after the initial count, and there is little feedback from the Head Office with regard to these discrepancies. Interview with regional SASSA Grant Administration Manager, Western Cape, 16 February 2016.

⁷⁵ Interview with regional SASSA Grant Administration Manager, Gauteng, 16 February 2016.

Local budget creation

Budget quality can vary greatly from locality to locality. Sometimes, offices submit budgets that are akin to wish lists. The discrepancies in budget quality can hide genuine needs on the ground, as seen by local managers.⁷⁶

To avoid such situations, SASSA could consider a number of options:

- Regional or local office budgets are based on the eligible population at ward, district and municipality levels that are informed by national census statistics.
- New standardised guidelines for local budget requests that address historical backlogs in service delivery capacity are based on national norms and standards.
- The national office provides the capacity for local managers to obtain training in budgeting and planning that more accurately determines local level needs.
- Clear communications processes are established that allow feedback from local offices to escalate upwards to district, regional and national levels.

Indeed, the 2003 Integrated Blueprint for SASSA calls for the standardisation of budgeting processes and procedures across provinces, as well as the development of financial management capacity across the national and provincial offices. However, this standardisation across provinces does not appear to have been fully embraced by local offices, nor has there been a focus on developing financial management capacity at the local level.

In the absence of policies addressing these issues, many local offices will find it difficult to convey needs based on the situation in the locality. This could prevent them from being able to address grant exclusion, even where the problem is identified. The issue is twofold: managers may not have training in constructing credible budgets, nor do they have channels through which they can appeal national decisions. Better coordination between the three spheres (national, provincial and local) of SASSA offices will help improve service delivery.⁷⁷

Service delivery is one of the biggest barriers to budgeting and planning for SASSA policy implementation. Based on a 2003 report commissioned by the Presidency, SASSA should consider implementing more integrated budget planning at a provincial level with municipal level inputs once the national framework has been identified.⁷⁸ This would allow for more input from the local level for their specific needs, and finances could then be allocated according to priorities made in the integrated budget planning. There needs to be a stable budget plan that can change accordingly, within certain parameters set in the original one.

6.2 SEGMENTATION AND TARGETING OF BENEFICIARIES

The segmentation and targeting of beneficiaries is essential in establishing the eligibility of persons who should be receiving a social grant. Policies relating to targeting include analysis of national, regional and local household data, conducting surveys and demographic research, outreach and communication strategies to identify and reach eligible households, and public meetings (*imzimbizo*), among others.

⁷⁶ Interview with regional SASSA Grant Administration Manager, Gauteng, 16 February 2016.

⁷⁷ The example of North West province should be considered in revising budgeting processes for local offices. In North West, a first draft of each budget is transmitted to the regional office where feedback is provided. In addition to this review, officials meet at a district office, where office heads debate their needs to find common ground and ways of working together. Local offices then revise their budget, based on more realistic targets and projections. Interview with regional SASSA Grant Administration Manager, North West, 18 February 2016.

⁷⁸ The Presidency, *Intergovernmental relations and service delivery in South Africa*, 2003.

Communication is central to SASSA policy. This involves concerted efforts to raise awareness of the eligibility requirements for grants, especially the means test, which continues to be one of the most misunderstood facets of the application process.

SASSA has an obligation to provide information on its programmes to beneficiaries. Funds earmarked for this purpose are used to disseminate information by means of pamphlets and other mediums such as community radio. Officials must make sure there is constant visual contact with beneficiaries to raise awareness of the grants.⁷⁹

According to the sources interviewed, there are no current national or local policies on the segmentation of potential beneficiaries. Segmentation⁸⁰ is an essential first step in targeting; it begins the process of breaking the population into easily identifiable groups, so that targeting can be effected with accuracy.

Segmentation policy is thus crucial in the early stages of identifying eligible populations and makes the targeting process simpler and more efficient. Figure 24 illustrates a simple example of segmentation, in which the population of eligible but excluded children in Western Cape is broken down into five age cohorts, so that officials can understand the excluded segment of the population and plan targeting accordingly.

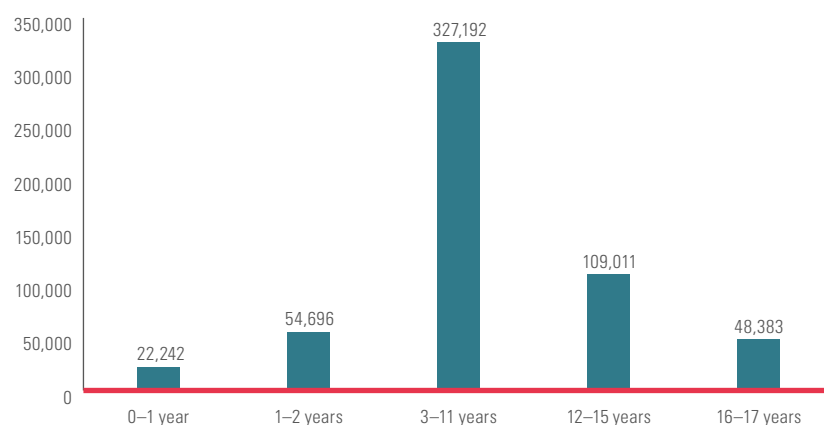


Figure 24. Excluded children by age cohort, Western Cape, GHS 2014

There are also no specific national or local policies aimed at reaching beneficiaries and understanding their characteristics, although there are staff guidelines for identifying potential eligible persons.⁸¹ When SASSA officials come into contact with potential beneficiaries, they assess them based on the criteria set out in the Social Assistance Act. Grant administrators are meant to encourage individuals to enrol and obtain information about the grants so that they can qualify for one as quickly as possible.⁸²

At the start of the year, each region finalises its outreach schedule. This is an essential process for the region, as the schedule determines when and where to establish service points. This review of the province uses past information on beneficiaries as well as information from the Presidency regarding 'poverty wards', from which a service footprint must be developed.⁸³

This schedule has been successful in reaching some of the most impoverished wards in South Africa, but the approach has limitations. None of the approximately 1,300 wards identified by the Presidency

⁷⁹ Interview with regional SASSA Grant Administration Manager, Western Cape, 16 February 2016.

⁸⁰ Segmentation can be broadly defined as the use of different indicators (poverty, income, age, etc.) to separate the population into broad groups with characteristics that relate them back to eligibility for certain social grants.

⁸¹ Interview with National Senior Grants Administration Manager, 2 February 2016.

⁸² Interview with regional SASSA Grant Administration Manager, Gauteng, 16 February 2016.

⁸³ Interview with regional SASSA Grant Administration Manager, North West, 18 February 2016.

are in Western Cape or Gauteng.⁸⁴ Wards in Western Cape have high levels of CSG exclusion despite relatively low levels of eligibility in the overall population, indicating that factors other than the prevailing poverty in the area affect the take-up of child grants.

In North West province, additional targeting efforts are guided by the Office of the Premier, which has a programme in place to identify municipalities with social service deficiencies. Once these municipalities are identified, all service delivery organisations, including SASSA, spend more than a week on location in order to improve service provision.⁸⁵

The CSG take-up rate for children below the poverty line as a proxy for targeting effectiveness reveals that North West is successful in reaching vulnerable children (Figure 25). Other provinces, such as Eastern Cape and KwaZulu-Natal, also have significant success in reaching the poor with the CSG.

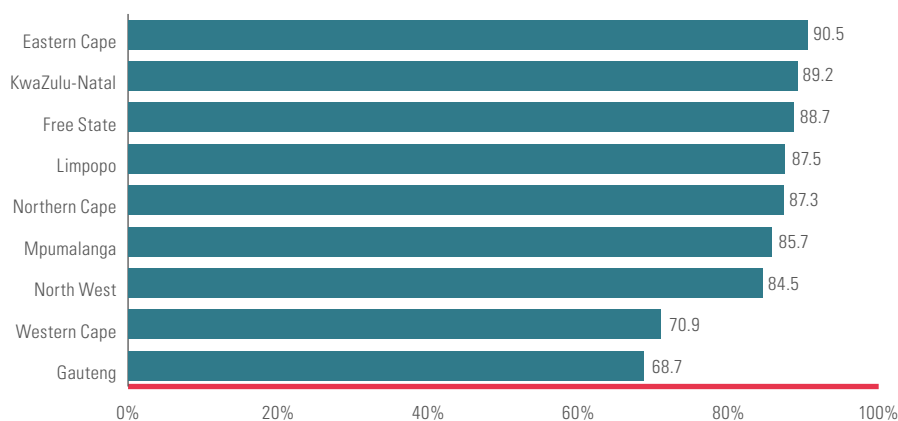


Figure 25. CSG take-up rates among children in poverty, GHS 2014

Staff outreach and information collection

Consideration should be given to utilising local knowledge of beneficiaries and local conditions in developing a national policy on targeting. Neither local offices nor beneficiaries are seen as potential sources of information on households with persons excluded from social grants.

Local offices could serve as focal points for receiving information from local organisations and neighbours on households that are likely to qualify for a grant. Staff limitations prevent SASSA workers from actively working in the field to develop targeting data. However, local offices can still act as advocates, transmitting local information gained from various sources to the regional and national offices.

Regions should aim to develop an outreach strategy similar to North West's, which is systematically determined by the regional and local offices. This ensures efficient deployment of resources across the region, alleviating national office concerns over efficiency.⁸⁶

Targeting and segmentation approaches

Unlike similar programmes across the world, it would appear that SASSA does not have any institutionalised methods of identifying beneficiaries for social grants. This lack of identification mechanisms increases the risk of exclusion for the poor and limits the ability of regional offices to efficiently administer social grants.

⁸⁴ In Gauteng and Western Cape, there are no identified poverty pockets within the 1,300 wards identified by the Presidency, although metro-fringe areas and farming areas have been identified for targeting.

⁸⁵ Interview with regional SASSA Grant Administration Manager, North West, 18 February 2016.

⁸⁶ Interview with regional SASSA Grant Administration Manager, North West, 18 February 2016.

Most countries tend to combine targeting methods in determining eligibility. The conditional cash transfer programme in Mexico, *Oportunidades*, uses geographic targeting, community participation and poverty analysis to identify its beneficiaries.

Three important stages in *Oportunidades* segment and target the population. First, a marginality index allows the programme to identify areas with the highest concentration of poverty. Second, beneficiaries are selected using a census, based on a basket of poverty indicators for families below the extreme poverty line. Finally, a review of the selected families takes place in a community meeting to make sure the correct families have been included.⁸⁷

Bolsa Familia in Brazil is one of the most successful cash transfer programmes in the world, due to its effective targeting of the poor. Their national single registry (*Cadastro Único*) collects all the required information on poor households (self-reported income, household characteristics, etc.) and identifies beneficiaries using that data against national eligibility requirements.⁸⁸ Using poverty estimates, municipalities are given beneficiary quotas, which then enable them to supply the transfer to beneficiaries.

Colombia implements *Familias en Acción*, a programme targeted geographically to the poorest municipalities with a population of fewer than 100,000 people. Children younger than 18 years are deemed eligible in these municipalities, as well as the poorest 20 per cent of the population. Those eligible are identified using the beneficiary selection system for social programmes, SISBEN.

Based on evidence from other countries, SASSA may want to introduce a policy to increase the utilisation of poverty analysis and community information in the segmentation and targeting process. A procedure for segmenting the population based on multiple indicators of poverty, similar to Mexico's marginality index, can improve the quality of targeting and complement potential revisions to the projections of future beneficiaries.

Utilising community sources to improve targeting efficiency allows for access to local knowledge to complement administrative approaches to targeting that already exist through Project Mikondzo, analysed in the next chapter. This would create targeting and segmentation methods unique to SASSA and its administrative needs.

Regional research departments

Prior to the consolidation efforts of SASSA, each separate province was in charge of its own policy review and research.⁸⁹ Consolidation brought the cessation of these regional reviews.

Reintroducing regional research departments would have myriad benefits for grant administration, segmentation and targeting. Research departments with the mandate to investigate regional circumstances can deepen institutional knowledge about the nature of each region and potential beneficiaries. Research informs targeting approaches and allows for more accurate targeting in each region.

The reintroduction of regional research departments would create a forum for reflection on SASSA's internal policies, something that now seems lacking, and create an informed knowledge base for future policy changes. Without this space, it is difficult to evaluate the success of policies in achieving SASSA's goals.⁹⁰ These research departments could also contribute to monitoring and evaluation.⁹¹

If concerns over decentralisation of a research schedule proved to be overwhelming, a new research department could be linked to grants administration at the national level. However, the benefits of localised

87 Bastagli F., "From social safety net to social policy? The role of conditional cash transfers in welfare state development in Latin America". IPC-IG Working Paper no. 60. 2009.

88 Bastagli, F. 2009. Ibid.

89 Interview with regional SASSA Grant Administration Manager, Gauteng, 16 February 2016.

90 Interview with regional SASSA Grant Administration Manager, Gauteng, 16 February 2016.

91 Interview with regional SASSA Grant Administration Manager, North West, 18 February 2016.

research departments should not be underestimated in their ability to bring a diversity of knowledge to bear on SASSA's operations.

Reaching out to applicants

In most cases, SASSA does not actively seek out potential beneficiaries. Instead, SASSA usually waits for applicants to approach a local office or service point. This ensures that resources are not misused in reaching out to potential applicants who are found not to be eligible. However, it misses certain low-risk, high-reward opportunities to reach out to certain segments of the population to increase grant take-up.

There are already instances of more proactive engagement by SASSA officials. Enrolment of infants in the CSG through point-of-birth registration at hospitals has proven difficult because mothers seldom go to the hospital with all of the documentation needed to complete the application process. In these situations, officials often take down the contact information of the mother so that a follow-up consultation can be made rather than waiting for the mother to come to a SASSA office on her own.⁹²

Strengthening these procedures is a way for SASSA to build on existing progress in proactively contacting potential beneficiaries and increasing take-up. These procedures can be further institutionalised and strengthened as a means of increasing take-up among infants.

Technology remains an underutilised method of reaching potential beneficiaries. According to the Pew Research Centre, 89 per cent of South African adults have a mobile phone.⁹³ Around 13 million persons are now on social media websites such as Facebook, Instagram and Twitter.⁹⁴ Proactive engagement with current and potential beneficiaries via short message service (SMS) or social media is a cost-effective method of contact, one that has the potential to reach different audiences than traditional communications campaigns.

6.3 REACHING AND RECEIVING BENEFICIARIES

Policies that fall into this category optimally use the information obtained during segmentation and targeting to make SASSA services available to targeted, eligible populations. Efficient policies with regard to reaching and receiving beneficiaries ensure that potential applicants have full, hassle-free access to SASSA services; that processes are simplified to ensure that applicants have fruitful, pleasant experiences when accessing SASSA services; and that potential applicants are properly contacted about the full range of benefits that they are eligible to access.

SASSA currently has a number of practices and policies for reaching and receiving beneficiaries. Many seek to help previously excluded households. According to SASSA guidelines, an applicant cannot be refused the right to lodge an application, and SASSA staff must encourage applicants through the process, even if the preliminary screening indicates that the individual will not qualify. This entrenches the right of access as set in the Constitution and ensures that the applicant has the right to request a reconsideration of his or her application.⁹⁵

These guidelines seek to promote a positive experience whenever an applicant comes into contact with SASSA staff. The head office provided trainers in terms of processes and legislation for implementing this policy. If these guidelines are properly carried out, they will ensure that no applicant is turned away based on perceived eligibility.⁹⁶

92 Interview with National SASSA Grant Administration Manager, 11 March 2016.

93 Pew Research Center, *Cell phones in Africa: Communication lifeline*, April 2015.

94 News24, September 2015.

95 Comments from National Senior Grants Administration Manager, 14 March 2016.

96 Interview with regional SASSA Grant Administration Manager, Western Cape, 16 February 2016.

Distance to SASSA offices can pose a significant hurdle to take-up for eligible households where the caregiver's ability to travel long distances is limited. To ease the burden of travelling to an office to apply for a grant, SASSA makes application possible via mobile registration at any designated point, most recently through the Integrated Community Registration Outreach Programme (ICROP). As long as there is a SASSA official at the designated point, the application can be processed and completed, easing travel burdens for potentially eligible children.⁹⁷

One of the most significant additions to policy in recent years has been the new application procedure manual, introduced in July 2013. A chief goal of the new manual is the standardisation of forms and processes across offices to ensure that beneficiaries have the simplest and most pleasant initial interaction with SASSA staff in-office.

Prior to the new application procedure manual and processes, there was a high degree of variation in the processing of applications based on region. In many cases, different regions would introduce their own forms to try to gain greater control over the application process. To curtail this trend, all processes were standardised to improve efficiency and ensure that the experience of clients would be the same across every SASSA office and region.

There is evidence that this is working, including positive feedback from beneficiaries. SASSA is now focusing on strengthening the customer care section of the application process. According to the 2013 SASSA Norms and Standards Document, a customer satisfaction survey has to be submitted at the end of every financial year in order to gauge service quality.⁹⁸

Along with the new application manual, online capturing of applications has significantly improved the process for both SASSA and beneficiaries. In Western Cape, between 60 per cent and 70 per cent of applications are now done at service points in rural areas. Once received by the local office, manually captured applications are immediately transferred online in SOCPEN, so that Western Cape can continue its full online service. Currently, it takes only a few working days to process the applications, and most applicants no longer have to visit the offices more than once. If they arrive with all their documentation, they can leave the same day with a notification of the outcome of their application.⁹⁹

Distance and mobile service points

SASSA states that a recipient should not have to travel further than 5 km to a pay point and 20 km to a SASSA office. Ideally, there should be one local office for each municipality; however, this varies across provinces, and in practice this is often not the case.¹⁰⁰

The issue of office distance is particularly acute in Western Cape. Although the province has the largest number of mobile service points (227), they do not have enough fixed offices to complement these service points (only 16 fixed offices).¹⁰¹

Gauteng has similar issues in terms of office footprint, with good coverage in some areas and very poor coverage in others.¹⁰² This means that more money has to be spent on staff travelling to these points, as SASSA administrators have to be present during the application process. A modern office footprint would reduce this budgetary stress and free up resources for tackling grant exclusion, while allowing easier access to full SASSA services across a larger geographic area.

97 Interview with National Senior Grants Administration Manager, 2 February 2016.

98 SASSA Revised Norms and Standards request document, 2013.

99 SASSA ensures that at least 95 per cent of applications are processed within 1–15 working days. In Western Cape, 97 per cent of applications are being processed in this time, and an impressive 84 per cent in just one day. Interview with regional SASSA Grant Administration Manager, Western Cape, 16 February 2016.

100 Interview with National Senior Grants Administration Manager, 2 February 2016.

101 Interview with regional SASSA Grant Administration Manager, Western Cape, 16 February 2016.

102 Interview with regional SASSA Grant Administration Manager, Gauteng, 16 February 2016.

SASSA acknowledges the challenge of meeting changes in the concentration of potential beneficiaries due to the growth of informal settlements, especially when adjusting office footprints.¹⁰³ In fact, SASSA is currently looking to create a more efficient footprint. In its view, each municipality should have an office and multiple service points depending on its size and density; service points should be no less important than local offices as they cut down on travel time for beneficiaries.

SASSA is looking into different methods of applying these principles to reduce travel time, such as the submission of applications via the Internet or at organisations that have the appropriate information to file applications on behalf of potential beneficiaries.¹⁰⁴ However, such a change will need to be made in conjunction with the DSD, as it requires changes to the legislation.

Staff service

There is a current gap in policy with regard to staff conduct when interacting with potential applicants, driving exclusion and depressing grant take-up. Staff attitude can often have a major bearing on grant outcomes in the current system. Some administrators believe that the current grant system is unsustainable, while others will ask prying personal questions to caregivers applying for child grants, in many cases about the child's father.¹⁰⁵

Such experiences can contribute to an overall poor experience with SASSA local offices, deterring many otherwise eligible caregivers from applying for grants. The new application procedures have reduced instances of poor staff service. However, the persistence of these complaints indicates that there is still a gap between national policy relating to customer service and actual service at the local level. Regular staff training and supervision are needed to make sure that grant administrators offer the level of service and expertise that SASSA's customers expect.

Channels for grant application

At present, applications can only be accepted by SASSA workers at designated points by the caregiver applying for the grant in question. This reduces the possibility of fraud, but some SASSA officials believe that it is still an undue restriction and that there is room to expand into alternative channels for accepting applications.¹⁰⁶

For instance, there could be avenues for applying for grants over the Internet and through organisations that have adequate information on the application process. These avenues would not likely supplant the need for an in-office visit from applicants. Nevertheless, they would speed up the application process and ease some of its burden. This would be particularly beneficial for children with caregivers who may be disenchanted with the process of applying with SASSA or do not have time to apply through traditional avenues.

The lack of alternative channels for application prevents SASSA from utilising resources such as rapidly expanding Internet access and the information collected by outside organisations. Again, this change would require a change in the legislation surrounding grant applications, which falls under the DSD's mandate.

103 The success of Western Cape and North West with mobile service points should be emulated to create more flexibility in the administration of social grants, as long as an effective office footprint complements mobile services.

104 Interview with National Senior Grants Administration Manager, 2 February 2016.

105 Interview with National Senior Grants Administration Manager, 2 February 2016.

106 Interview with National Senior Grants Administration Manager, 2 February 2016.

Information linkages with other departments

As part of the application process, SASSA verifies an applicant's identity with the DHA, and is also informed of a person's death to proceed with grant cancellation. The relationship, governed by a Memorandum of Agreement since 2011, illustrates the benefits of cross-departmental data and information sharing. To minimise exclusion from social grants, SASSA should strengthen inter-departmental relationships through information sharing with institutional actors that have a stake in social assistance, such as the Department of Health and Department of Basic Education.¹⁰⁷

A stronger relationship with the Department of Health would offer SASSA myriad ways to gather information about beneficiaries and reach mothers and infants. The Department of Health's MomConnect programme, which uses mobile SMS to register pregnant women across the country, sends health messages to each mother based on the stage of her pregnancy.¹⁰⁸ While the system is used to inform mothers of health issues, it could also be a platform for sending information on the CSG and other social assistance benefits. The programme would aid SASSA in identifying mothers before the child is born, thus enabling them to begin outreach – and perhaps even the grant application process – so that payments to caregivers could start as soon as the child is born.

This is just one way in which a stronger inter-departmental relationship could reduce exclusion from grants. SASSA should continue exploring ways in which different departments can aid each other in fulfilling their mandates.

6.4 DETERMINING ELIGIBILITY AND PROCESSING APPLICATIONS

Once applications are received, the focus shifts to determining whether the applicant is truly eligible and processing their application accordingly. Policy relating to processing and eligibility includes, but is not limited to, application procedures, quality assurance checks and decision appeals.

To determine an applicant's eligibility and then process the application, SASSA has implemented various measures to make the process quicker and easier for the recipients. SASSA has also put in place measures to reduce risk and improve efficiency on their side, as well as for applicants.

Most of the policies relate to the application procedure manual reviewed earlier. The process begins with a screening of the applicant. Applicants are supplied with a checklist to ensure that they have the correct documents and can go ahead with their application.

To apply for the CSG, the child has to be present at the office so that both caregiver and child can have biometric scanning done. The applications are completed on the SOCPEN system to avoid discrepancies. Paper applications are only done if the SOCPEN system is down or when they are done manually at mobile service points. Quality checks are conducted at every stage in the application process. If an error is picked up, the applicant is sent back a stage to another SASSA administrator so that irregularities can be corrected.

Once the process is completed, the applicant is provided with an outcome letter indicating the result of the application. If it is successful, the applicant and the child are referred to Cash Paymaster Services, which has an enrolment desk at every SASSA office, for biometric enrolment and issuance of a payment card.¹⁰⁹

The quality check is one of the most critical aspects of the new application processing procedures. It is also one of the main mechanisms for reducing error caused by human negligence in the application process. As important facets of the application process have been automated – the means test, in

¹⁰⁷ SASSA already enjoys a strong relationship with the Department of Basic Education and shares information regularly.

¹⁰⁸ Department of Health, MomConnect booklet.

¹⁰⁹ Interview with National Senior Grants Administration Manager, 2 February 2016.

particular – the main source of potential error arises from the negligence of SASSA staff. The quality check ensures accountability throughout the process, and some regions have seen a corresponding drop in negligent error.¹¹⁰

Standardisation of the application process

The application forms are now all standardised so that every regional office is completing the same form in the same system. This has allowed for a shorter application form as well as a more effective system for categorising information. While the number of requests for reconsideration processed by SASSA has stayed constant in many provinces, the number of decisions overturned – less than 5 per cent of all requests – suggests that the standardised procedures are working effectively and decreasing the number of errors made in the grant application process.¹¹¹ The change most indicative of the benefit of the new procedures is seen in the application form itself: it was originally 20 pages and now it is just five.

SASSA's 2013 Norms and Standards stipulate that applications should take no longer than 20 minutes to attest. Applicants must be given a call centre number where they can enquire from their local office, and these enquiries or complaints should be resolved on the day they are lodged. The number of machines at each pay point must be set with the number of recipients who need to be paid on each day; payments begin at 08.00 and must be finished by 16.00.¹¹² These standards complement the policies relating to application manuals to maintain a basic level of service.

Correct application of the means test is also essential for the proper determination of eligibility. The 2003 Delivery Blueprint acknowledged the problems with the incorrect application of the means test. Consequently, the automated determination of the means test was established to remove variations in interpretation.¹¹³

The training of SASSA officials puts a great emphasis on the means test. Most importantly, there is no sliding scale for the means test for children's grants; the applicant either qualifies or does not qualify. The threshold for the means test increases when the grant amount increases. Local offices are notified as soon as the head office sends a formal notification of a change in the means test so that it can be applied immediately.

Staff training and funding

Although the new procedures introduced in 2013 have aided in the grant application process, there are still gaps due to staff training issues. Current processes require an applicant to be attended to by three or four different administrators over the course of the application, i.e. those responsible for screening, attesting, quality control and verification.

However, this is rarely the case. SASSA administrators often silo themselves into a certain job function, eschewing operational flexibility and creating bottlenecks in the application process. Many administrators are not sufficiently trained in the new procedures. As a result, the quality check portion of the application process usually takes longer than anticipated. The lack of knowledge of the new procedures cannot only create confusion for applicants, but even turn eligible people away.¹¹⁴

These shortcomings are emblematic of the difficulty in the application of nationally prescribed policy at lower levels. Addressing them requires continual on-the-job coaching and regular retraining as new policies are introduced. Strengthening staff skills, without restricting administrators to one specific job

110 Interview with regional SASSA Grant Administration Manager, North West, 18 February 2016.

111 Interview with National Senior Grants Administration Manager, 2 February 2016.

112 SASSA Revised Norms and Standards Request Document, 2013.

113 SASSA, 2003.

114 Interview with National Senior Grants Administration Manager, 2 February 2016.

function, will help improve efficiency at ground level. It will also speed up the application process, as administrators will be able to complete different tasks.

Unfortunately, funding for staff training is largely treated as discretionary. If cuts need to be made in budgets, staff training is always one of the first areas to be considered. This attitude perpetuates staff inefficiencies and hampers their ability to carry out national policies effectively.¹¹⁵

Current policy measures have not been able to address this gap fully, leading to persistent issues in grant administration that can keep individuals from receiving their grants. These issues will persist if budgeting for staff training is not treated as a priority.

Regional capacity

The new application procedures were implemented nationally without first evaluating different levels of regional capacity.¹¹⁶ Despite the standardisation, there may still be differentials in how the procedures are applied, depending on the conditions of local offices in different regions. For instance, North West continues to capture a number of applications on paper, due to its reliance on paper applications when travelling to remote, rural areas of the province.

Evaluating regional capacity helps identify differences in ability to process applications according to the new procedures. This analysis aids in the allocation of funds for operational and training expenditures. Capacity analysis and any subsequent capacity-building need not erase progress made to standardise offices and procedures; it would rather support these measures by ensuring that a minimum capacity is developed across every region.

Special attention must be paid to quality checks and the regional capacity to conduct them efficiently. In North West, the knowledge that an independent official will review application decisions has significantly reduced the incidence of negligent error.¹¹⁷ Other regions may not have developed the same capacity to undertake this sort of quality check. An evaluation of the differences in regional capacity to implement the new processes, followed by targeted capacity-building measures, will make it possible to apply regional best practices on a national scale.

SASSA may also consider implementing spot checks to improve accountability in the regional and local offices. Spot checks have been successfully used in Colombia and Ethiopia. They are a type of third-party review whereby quick evaluations are performed to check design, operational management, payments and the monitoring system of a social assistance programme. Spot checks are generally done by interviewing both staff and beneficiaries on various types of indicators to reveal any flaws with the current programmes needing to be addressed.

Alternative documents

To implement legislative changes and improve the processing of grants, in 2009 SASSA adopted a new policy on the acceptance of alternative ID documents for applying. If an applicant does not have the required documentation, they are given a chance to present alternative documents that include clinic cards and affidavits to support their application for a CSG. If the alternative documents are accepted, the applicant is given a three-month temporary grant. During this time, they have to apply for the prescribed documents to maintain receipt. When the prescribed documents or proof of application for the documents are handed over to SASSA, the grant becomes permanent.¹¹⁸

115 Interview with regional SASSA Grant Administration Manager, North West, 18 February 2016.

116 Interview with regional SASSA Grant Administration Manager, Gauteng, 16 February 2016.

117 Interview with regional SASSA Grant Administration Manager, North West, 18 February 2016.

118 SASSA & UNICEF, 2013.

In an attempt to ease the process of applying for grants with alternative documents, SASSA finalised a Memorandum of Understanding (MOU) with the DHA in 2011. The DHA agreed to speed up the issuance of IDs, refugee permits or birth certificates for those who are using alternative documents, while SASSA would give the applicant a standard referral letter to send to the DHA when applying for their documents. In tandem, these efforts should decrease the waiting time for ID documents and ensure uninterrupted receipt of the grant.¹¹⁹

There are concerns that this change in policy could create space for fraud, without greatly reducing the exclusion of eligible children. The fear is that a number of individuals will register for a temporary CSG, even if they know that they do not qualify for it nor intend to apply to the DHA immediately for the proper documentation. The temporary grant can then be extended further if the applicants wait three months to apply to the DHA and provide proof of application for their ID documents.¹²⁰

6.5 GRANT REVIEW

Grant review is the final link in the SASSA workflow that can have a bearing on excluding eligible individuals from access to social grants. This step includes policy relating to the review of grant recipients, redetermination of eligibility and cancellation of grants.

The main purpose of the review is to determine whether the beneficiary still complies with the eligibility criteria. Legislation requires regular reviews of grant applications. SASSA is mandated to implement an “ongoing beneficiary review process” and an “ongoing verification [process] when entering beneficiaries into the system.”¹²¹ It is the responsibility of the beneficiary to inform SASSA of any changes to their situation and find out whether or not they still qualify for the grant.

The grant review process consists of multiple steps:¹²²

- SASSA must give a beneficiary written notice of their intention to review the grant. The written notice period must be 90 days.
- In the notice, SASSA must ask the beneficiary to provide the information needed to make the decision as to continue or suspend the grant. If the information is not provided or acceptable to SASSA, 90 days’ notice will be given to inform the beneficiary of SASSA’s intention to suspend the grant.
- Within the notice period, the beneficiary has the right to appeal the decision within 90 days of its implementation, by requesting representation and making his or her case as to why the intended action should not be taken. If the decision is not overturned, the beneficiary retains the right to request an internal reconsideration and then to appeal if still not satisfied with the decision.¹²³

As grant reviews are prescribed by legislation within a narrow and specific definition, there have been no major policy or procedural decisions by SASSA that would impinge on the implementation of the grant review process.

Policy and guidelines

There are currently no policies or procedures in relation to the grant review process. Current legislation is very clear on the ability of beneficiaries to appeal a review decision at any number of points. However,

119 Interview with National Senior Grants Administration Manager, 2 February 2016.

120 The clarification of regulation 11(1) on alternative documentation, passed in December 2014, tightens the conditions under which alternative documents would be accepted at the time of applying for a grant. However, the grant will remain in payment if proof of application at the DHA is provided, as SASSA does not have the right to stop payment of a grant once it begins. Comments from National Senior Grants Administration Manager, 14 March 2016.

121 SASSA Blueprint, 2003.

122 Black Sash, *You and your rights: Social grant lapses, reviews, suspensions and cancellations*, 2016.

123 Interview with National Senior Grants Administration Manager, 2 February 2016.

the processes through which these reviews and appeals occur are not so clear to outside observers. Policy and guidelines can make the review process more transparent and specific, providing reviewers and reviewees with a clearer understanding of the process.

Customer service

The 2012 Strategic Plan for SASSA notes that grant reviews were not conducted “in a dignified manner.”¹²⁴ Despite improvements in customer service, there are still issues with staff reviewing grants. Staff attitude can impact on whether a beneficiary feels comfortable complying with the practical needs of the review and is treated fairly during its conduct. A lack of respect may cause beneficiaries to simply give up the process, rather than face poor treatment.

Policy can improve customer service by clearly outlining appropriate behaviour and processes. This would reduce the feeling of stigmatisation by beneficiaries and improve compliance, by fostering an open and respectful exchange between the reviewer and the reviewed.

Grant review and fraud

Too often, individuals think that the primary purpose of grant review is to ‘catch’ ineligible individuals in an act of fraud. This line of thinking often can lead to stigmatising beneficiaries under review, in the eyes of the public and SASSA administrators. This makes the already stressful experience even more difficult, and introduces a notion of distrust that can permeate all operations.

SASSA should rethink the philosophy around the grant review, and instil in its staff members a new attitude about it. The grant review should be seen, first and foremost, as a means to ensure continued receipt by eligible beneficiaries. SASSA staff should approach each case as a process that is first intended to maintain grant receipt, instead of merely finding fraud. In reviewing each grant, staff should take an ‘innocent until proven guilty’ approach, to prevent harmful biases from informing the review and encourage positive thinking, rather than distrust, about the process and its outcome.

¹²⁴ SASSA, Strategic plan, 2012.

7. Grant registration and outreach programmes

Over the last 10 years, SASSA has implemented a number of programmes that have affected the take-up rates of children's grants. Three initiatives are presented here:

- The Integrated Community Outreach Programme (ICROP), introduced in 2007.
- The Re-registration Initiative, introduced in 2012.
- Project Mikondzo, introduced in 2013.

7.1 INTEGRATED COMMUNITY REGISTRATION OUTREACH PROGRAMME

ICROP was introduced in 2007 as a ministerial priority programme. SASSA was to be the key driver of initiatives to target marginalised rural and semi-urban areas that were earmarked as the most excluded in the 2007 Index of Multiple Deprivation.¹²⁵

From its inception, ICROP sought to facilitate access to a basket of basic integrated services for the most excluded people and address common barriers restricting children and caregivers from access to the CSG and other grants. These barriers include distance and the cost of visiting multiple service points to obtain supporting documents; the lack of integration of services; poor access to information regarding SASSA programmes at the local level; and lack of documentation needed to apply for social grants.¹²⁶

Officially, ICROP's primary objectives include:

- Registering eligible non-beneficiaries for social grants.
- Facilitating a link between the CSG, schooling and an integrated Early Childhood Development Strategy.
- Enhancing the registration and distribution of identity documents and birth certificates.
- Promoting access to healthcare services.
- Ensuring that the distance to access government services is minimised.
- Encouraging the participation of other community members in SASSA service delivery.¹²⁷

To achieve these objectives, one of ICROP's stated interventions was to bring integrated government services to local communities by utilising trucks as mobile satellite offices. The mobile trucks are accompanied by a diverse array of personnel who are needed to provide SASSA services, ranging from doctors to government officers, information technology technicians and customer care officials. The teams assist with grant registrations that, in the best scenarios, can be approved on the same day. This helps to expedite significantly the application process, allowing families to access their social grants faster and more conveniently.¹²⁸

Through the mobile satellite offices, ICROP is able to serve as a community information node and education platform to disseminate information about SASSA initiatives and programmes. It seeks to make community members in vulnerable areas aware of new laws, or amendments to existing laws, which could impact their lives. The programme takes into account community members whose literacy is limited, and

¹²⁵ SASSA & UNICEF, 2013.

¹²⁶ SASSA, "Presentation on the ICROP programme to Batho Pele Learning Network", 11 October 2007.

¹²⁷ United Nations International Labour Office, *ICROP: Reaching out to rural poor through mobile service units*, 2015.

¹²⁸ United Nations International Labour Office Social Protection, Interview with Frank Earl on South Africa's ICROP, 2 September 2015.

thus tries to extend its reach through other forms of communication, including plays, dancing and video screenings.¹²⁹

In rural communities, ICROP consists of regular mobile and satellite services. Due to the density of fixed offices and service points, ICROP in urban areas consists of smaller, ad hoc events.

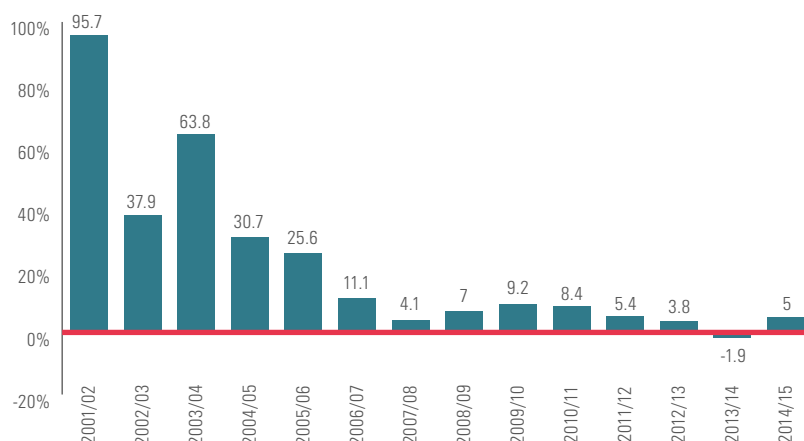


Figure 26. Per cent change in number of CSG benefits, SOCPEN 2005–2014

As Figure 26 shows, the growth rate of CSG benefits in the year when ICROP started (2006/07) was 4 per cent. In the year after ICROP's introduction, the growth took off, with a 7 per cent increase from the previous year, and a further 9 per cent increase in 2008/09. Between the 2006/07 and 2008/09 fiscal years, the overall take-up of the CSG grew 11 per cent or over 900,000 children. This suggests that the programme may have had a positive impact on CSG take-up in its initial years.

In subsequent years, growth of CSG benefits tapered off, in spite of the phased-in extension of the maximum age of eligibility. Since, during these years, ICROP was being implemented in tandem with the means test review (2008) and the changes in the age of eligibility for the CSG, it is difficult to isolate specific effects of the programme on grant take-up.

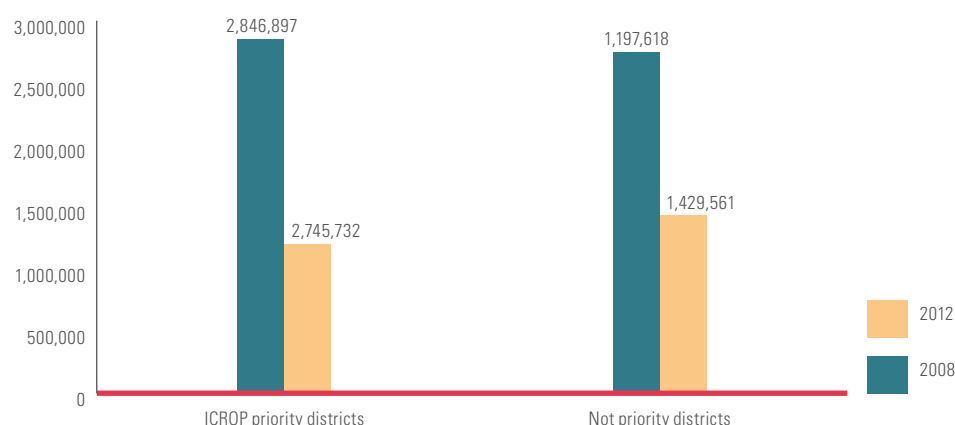


Figure 27. Total change in exclusion by district, NIDS 2008–2012

129 SASSA & UNICEF, 2013.

Further analysis does suggest that ICROP had comparatively stronger effect in the 27 areas identified as 'priority districts' where it was implemented.¹³⁰ These districts saw a greater per cent decrease in exclusion between 2008 and 2012 than non-priority districts. In 2008, there were roughly the same number of eligible children excluded (about 2.8 million) in priority as in non-priority districts. By 2012, these numbers had changed significantly: in ICROP priority districts, about 1.2 million children remained excluded, compared to more than 1.4 million in the non-priority districts. Overall, ICROP priority districts reflected a 58 per cent decrease in exclusion, while non-priority districts saw a reduction of 48 per cent.

Door-to-Door Campaign

The Door-to-Door Campaign, initiated by the Department of Social Development, is a component of the ICROP outreach strategy carried out by SASSA to facilitate grant take-up. The initiative was originally piloted in Gauteng, Eastern Cape and Western Cape. Following the pilot period, it was expanded to target 420 wards identified by Statistics South Africa as the poorest and most excluded in the nation.¹³¹

The primary objectives of the programme are:

- To assess the knowledge, attitudes and perceptions of SASSA beneficiaries and eligible non-beneficiaries regarding SASSA services, and make recommendations for further intervention through ICROP.
- To raise awareness of SASSA services in communities, particularly among those who qualify for the services but are not receiving them.¹³²

The Door-to-Door Campaign does not explicitly register eligible children and their families for grants. However, it does play an important role in gathering and disseminating information that can lead to successful grant registration, thereby reducing exclusion among non-beneficiaries.

District officials in KwaZulu-Natal report that the Door-to-Door Campaign consistently informs SASSA's outreach. According to one office manager:

*"Every day when [Door-to-Door staff] come back we record all the challenges and, on a weekly basis, we report that in a specific area we found x, y and z problems. And from there we discuss where we need an intervention."*¹³³

It has also been reported that the Door-to-Door visits help inform the targeting of Project Mikondzo. Door-to-Door operatives collect information directly from grant beneficiaries and non-beneficiaries on their access to social assistance, their knowledge of SASSA services and grant application procedures, the quality of service delivery, the competency of SASSA staff and instances of fraud and corruption.¹³⁴

Following a Door-to-Door site visit, programme staff are expected to submit a referral form designed to "contribute to rendering a comprehensive developmental service ... and facilitate access to a range of services that will effectively address the customer's needs."¹³⁵

The Door-to-Door Campaign plays a role in informing non-beneficiaries of the grants that SASSA offers and their eligibility for them. Door-to-Door visits also serve to inform beneficiaries of impending Project Mikondzo and ICROP site visits. In KwaZulu-Natal and Western Cape, the programme is often used to disseminate pamphlets and other information related to social grants.¹³⁶

130 SASSA, "27 priority districts."

131 SASSA, Concept note: Door-to-Door Campaign.

132 SASSA, Draft revised ICROP procedure guideline public awareness and Door-to-Door Campaign, 2014–2015.

133 Key informant interview, KwaZulu-Natal, 23 July 2015.

134 SASSA, Door-to-door knowledge and experience survey 2014/15, 2014.

135 SASSA, Draft guideline referral system, 2014.

136 Key informant interviews, KwaZulu-Natal, 23 July 2015 and Western Cape, 29 July 2015.

Challenges with ICROP grant registration

Despite the increase in CSG take-up contemporaneous with ICROP's implementation, a number of challenges associated with grant registration through the programme remain, limiting its potential to help eligible non-registered persons receive the social grants to which they are legally entitled. Some key challenges are:

- Many people attend the ICROP sites with the information and documentation needed for registering for a grant, but some do not. These people will need to return another day to receive assistance, by which time the ICROP visit may have already concluded. As a result, the programme does not effectively reach them as intended.
- Clients who do not possess the proper documentation when they visit an ICROP site are generally able to acquire the documentation on-site. However, the process has costs that can prevent eligible grant beneficiaries from acquiring the documents they need to register.
- Many attendants of ICROP site visits do not attend with the purpose of registering for grants. Some may have already registered at a permanent service point or local office. This, again, reduces the number of new beneficiaries registered during the programme's site visits.

7.2 RE-REGISTRATION INITIATIVE

SASSA's Re-registration Initiative began in March 2012 as a prerequisite to receiving social grants through the new payment system. It was primarily intended to "rid the social grant system of fraud."¹³⁷

The process involved the biometric registration of all beneficiaries, caregivers and their children. It was rolled out in two stages. The first stage involved the enrolment of all new successful applicants as well as the re-registration of all Sekulula beneficiaries¹³⁸ using biometric technology. The second stage, begun in June 2012, consisted of the re-registration of all cash and banked beneficiaries using the new electronic system.¹³⁹

In order to reapply, SASSA grant administrators required that beneficiaries provide their name, address and contact information, as well as a valid identity document and, when applicable, a child birth certificate and a court order. Then, Cash Paymaster Services captured beneficiaries' finger and voiceprints using biometric technology, and took a photograph of each applicant for use in the new payments system. Once the biometric enrolment was done, the new SASSA payment card was issued to the beneficiary. A back-office process took place, comparing fingerprints with information collected by the DHA in order to confirm the validity of the enrolment process and to identify duplicates within the SASSA database.¹⁴⁰

This process has created a significant number of records that are still being attended to, mostly only requiring new biometrics due to quality control concerns. Still others require a full review due to apparent duplication within SASSA's database.¹⁴¹

Impact on grant take-up

The re-registration programme greatly reduced the number of social grants paid by SASSA and thus had a significant impact on the take-up of child grants. According to the SASSA's 2013/14 Annual Report, over 850,000 grants were cancelled or not continued due to beneficiaries not engaging in the re-registration process. Many of these 850,000 beneficiaries have since returned to the system, claiming to have been

¹³⁷ SASSA, *Annual report 2011/2012*, 2012.

¹³⁸ These are beneficiaries who had previously been paid with Allpay.

¹³⁹ Government of South Africa, "Grants will be paid as re-registration begins", *SANews.gov.za*, 1 March 2012.

¹⁴⁰ SASSA, Select Committee on Social Services, "The re-registration process."

¹⁴¹ Comments from National Senior Grants Administration Manager, 14 March 2016.

unaware of the process until the grant money stopped. Many more are understood to represent cases of inclusion error.¹⁴²

SASSA officials believe that the re-registration primarily affected grant take-up by increasing wait times at SASSA offices and discouraging potential applicants from making the trip to SASSA offices. In this re-registration period, the number of new applications fell off from previous trends, which one SASSA official ascribed to the large crowds and waiting times at SASSA offices, due to beneficiaries having their grants re-registered.¹⁴³

Annexure D discusses the apparent impact of the Re-registration Initiative on the take-up of the CSG in greater detail.

7.3 PROJECT MIKONDZO

Launched in 2013, Project Mikondzo serves as a signature programme of the DSD, SASSA and the National Development Agency (NDA). Aimed at strengthening multi-party collaboration, Mikondzo originally targeted 1,300 wards in 23 municipalities in South Africa.

At its inception, Mikondzo focused on sending out managers from national offices at the DSD and national and regional managers of SASSA and NDA to understand local situations and conduct audits of existing social services.¹⁴⁴ Using fieldworkers, Project Mikondzo aimed to increase engagement with local leadership structures to understand the intricate issues facing each province and develop programmes to tackle poverty and vulnerability.

Evaluating the services offered to children, youth, people with disabilities and older persons was a top priority during the initial information-gathering phase. This entailed meeting with over 45,000 participants in 25 sites across the nine provinces and setting up toll-free hotlines for people to report difficulties with SASSA and DSD service delivery. The programme staff also sought to understand and address the unique challenges created by substance abuse, gender-based violence and food insecurity.¹⁴⁵

Following the information gathering phase, the aim of the project shifted to facilitating service delivery improvements across the provinces, by bridging the gap between policy development and implementation at local levels. Project Mikondzo has focused more on providing social services that were severely lacking than on increasing the take-up rate for the various social grants.

Targeting and impact

Project Mikondzo is currently targeted according to a ministerial directive. A comparison of Statistics South Africa's Multidimensional Poverty Index (SAMPI) with the areas targeted by Mikondzo suggests that the project's targeting scheme has been effective.¹⁴⁶

This is shown in Table 76. South Africa has a baseline SAMPI score of 0.03. In comparison, Eastern Cape represents the most impoverished province in the nation, with a score of 0.06, followed closely by KwaZulu-Natal. At the other end, Free State, Gauteng and Western Cape are the least impoverished provinces.

142 Comments from National Senior Grants Administration Manager, 14 March 2016.

143 Interview with National Senior Grants Administration Manager, Monitoring and Evaluation, 11 March 2016.

144 Durban.gov.za, "Project to improve social services in 1,300 poor wards", 2015, accessed electronically 29 June 2015.

145 DSD, "Project Mikondzo: Improvement of social development services", induction session PowerPoint, South Africa, 23 July 2013.

146 SAMPI is a measure of deprivation that takes into account health, education and standard of living dimensions. Statistics South Africa uses SAMPI scores to rank the most impoverished and deprived municipalities in all nine provinces. Areas with high SAMPI scores represent some of the most impoverished places in South Africa. Statistics South Africa, *The South African MPI: Creating a multidimensional poverty index using census data*, Pretoria, 2014.

Table 76. Poverty index and Mikondzo targeting by province

PROVINCE	SAMPI SCORE	MUNICIPALITIES TARGETED BY MIKONDZO (NUMBER)	MUNICIPALITIES TARGETED BY PROVINCE (%)	TARGETED MUNICIPALITIES WITH SAMPI SCORE \geq 0.05 (%)
Eastern Cape	0.06	32	82	100
KwaZulu-Natal	0.05	43	82	90
Limpopo	0.04	22	84	100
North West	0.04	10	58	100
Mpumalanga	0.03	5	28	33
Northern Cape	0.03	5	11	25
Free State	0.02	9	30	0
Gauteng	0.02	7	60	0
Western Cape	0.02	14	12	0

It is clear that Project Mikondzo has prioritised areas of greater deprivation. More than 80 per cent of the municipalities in Eastern Cape, KwaZulu-Natal and Limpopo were targeted by the project. Nationwide, Project Mikondzo has also prioritised the poorer areas, focusing on 76 out of the 86 municipalities with a SAMPI score of 0.05 or above, while paying less attention to the comparatively wealthier areas.

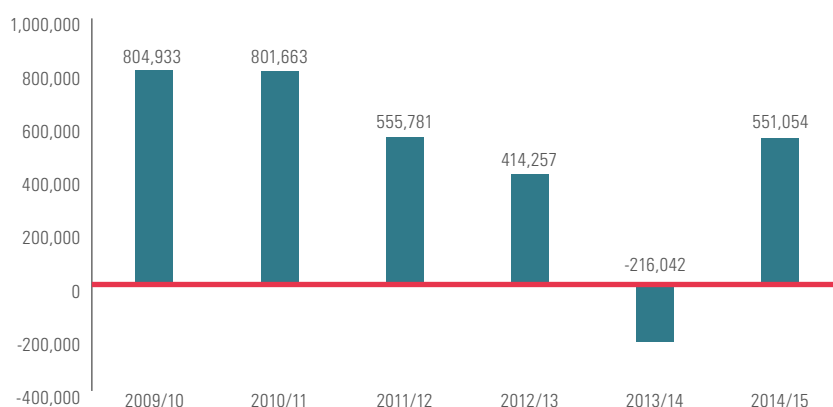


Figure 28. Change in number of CSG benefits, SOCPEN 2009–2015

The careful targeting of Project Mikondzo may have proven effective. As can be seen in Figure 28, the implementation of Mikondzo, which started in 2013, was contemporaneous with an increase in the take-up of the CSG. Between 2013/14 and 2014/15, the number of benefits dispensed by SASSA increased by nearly 5 per cent, or over 550,000 grants. However, this growth could also be driven by other factors, and isolating the effects of Project Mikondzo on CSG take-up is not possible.¹⁴⁷

¹⁴⁷ As Mikondzo was implemented in 2013, no recent survey data exists that would allow for tracking the effect of the programme on CSG take-up, as GHS data only records province and NIDS 4 only became available after this analysis was conducted.

8. Review of SASSA's 2014 Plan of Action

In February 2014, the Chief Executive Officer of SASSA approved and instructed all national and regional managers to implement a Plan of Action to address the main barriers to take-up of the CSG, which had been identified in a study commissioned by the DSD, SASSA and UNICEF the previous year. The aim was to focus SASSA's efforts on a discrete set of actions that could yield tangible benefits to eligible children who were not receiving or had been removed from the grant.

Next, this report assesses whether SASSA management adhered to the commitments made in the Plan in order to reduce grant exclusion, and the extent to which such initiatives were successful.

8.1 REINSTATEMENT OF GRANTS TO SCHOOL DROPOUTS

In extending the CSG to children older than 14 years, the government passed Regulations providing that, at the time of applying for the CSG, caregivers of children of school-going age had to provide proof that the children were enrolled at and attending school. In the absence of proof of school enrolment and attendance, SASSA officials often implemented the rule without seeking national or regional guidance. Local officials not only suspended the benefits, but also cancelled the grants of children who had left school, even when they met all the other criteria for grant eligibility.¹⁴⁸

This was contrary to the Regulations, which put the onus of suspending or maintaining the grant on the Director General of the DSD. To address this issue, the 2014 Plan of Action mandated the reinstatement of all eligible children who had had their grant cancelled. The head office instructed that letters be sent to the households with children who had lost their grants due to failure to produce school records and to reach out to them by other means, as necessary.

Over the last two years, SASSA has informed most of the affected families and the majority have reapplied for the grant. In some cases, families could either not be reached or have not made an effort to re-register. However, the number of families so affected is relatively small (fewer than 1,000) and tracking children who had their grants cancelled is difficult because SOCPEN does not give a reason why a grant has been cancelled or suspended.¹⁴⁹

More importantly, SASSA has taken steps to ensure that this problem does not happen again. Every local office has been informed of the nature of the school attendance requirement, which seeks to trigger actions to support the child's reinsertion into school, not to disqualify them from accessing the CSG. Routine circulars are now sent to remind field staff of how this rule must be applied.

8.2 CHILDREN HEADING HOUSEHOLDS

The Regulations to the Social Assistance Act prescribe the conditions for accessing the CSG. Children receiving a CSG cannot submit an application as a parent or primary caregiver for a sibling or other family member. They cannot receive the grant and at the same time apply for children in their care. This provision

¹⁴⁸ Interview with National Senior Grants Administration Manager, 11 March 2016.

¹⁴⁹ Interview with National Senior Grants Administration Manager, 11 March 2016.

acts as a barrier to people in the 16–18-year age cohort who may have lost their parents and have to assume responsibility for a household that contains other children. These tend to be among the most vulnerable in South Africa.

As a stopgap measure, some SASSA officials are of the view that urging eligible teenagers to cede primary caregiver status to a cohabiting adult could resolve the dilemma. If an adult residing in the household or the surrounding community became primary caregiver to the youths and children in their care, they would be able to retain the CSG benefit for themselves and their children, at least until the legislation changes.

In the meantime, the provision in the Regulations preventing children without caregivers or who act as caregivers from access to the CSG remains constitutionally invalid. It requires an amendment which falls within the purview of the national DSD.

8.3 TARGETING STREET YOUTH

The 2014 Plan of Action established the need to devote additional resources to communication campaigns targeting street youth eligible for the CSG. Despite SASSA's efforts to get street youth enrolled, practical and policy concerns continue to hinder success.

A major barrier to increasing CSG receipt amongst street youth is the need for a primary caregiver. In many cases, these youths have lost or do not want to have any contact with their parents and families. Therefore, as in the case of teenage parents who cannot receive the CSG for themselves and their children, current legislation makes it difficult for street youth to access child grants.¹⁵⁰

In addition to the legislative barrier, the desire to have street youth enrolled often takes second place to the need to address more immediate needs such as distributing food, coats or blankets for the winter, before getting to grant enrolment. Understandably, the urgency to provide for more basic needs therefore supersedes the registration of street youth into the CSG as a priority.

8.4 CHILDREN OF REFUGEES

Lack of valid documents affects refugees more severely than any other group. It serves as a major driver of grant exclusion for their children.¹⁵¹

To ease this constraint, SASSA's Plan of Action sought to strengthen collaboration with the DHA to fast-track the issuance of documents for refugees and birth certificates for their children. SASSA has also engaged numerous organisations, including the United Nations High Commission for Refugees and the Scalabrini Centre, to identify and enrol refugees in the CSG.

There are practical problems as well. Refugees need to present their refugee cards at the time of applying for a social grant. However, nothing compels a refugee to get this card and many do not have it. As a result, SASSA has amended the application process to accept a refugee's permit to work in lieu of a refugee card.¹⁵²

Obtaining birth certificates for refugee children is also problematic. The DHA does not issue birth certificates to the children of refugees. Instead, it requires the caregiver to go to their country's consulate to register their child for a birth certificate. This requirement is often hard to comply with, considering the circumstances of many refugees coming into South Africa. For this reason, the DHA now issues a

¹⁵⁰ Interview with National Senior Grants Administration Manager, 11 March 2016.

¹⁵¹ SASSA & UNICEF, 2013.

¹⁵² Interview with National Senior Grants Administration Manager, 11 March 2016.

document similar to a birth certificate for refugee children, which SASSA accepts for enrolling them in the CSG.¹⁵³

These administrative changes have eased some of the barriers for accessing the CSG, but obstacles remain. Staff attitude towards refugees is one of them. The changes, moreover, do not cover asylum seekers. Although often just as vulnerable as refugees, asylum seekers face additional policy hurdles that prevent their full access to social grants and services.

8.5 SASSA'S FOOTPRINT AND ACCESSIBILITY

Due to distance and the cost of travelling to local offices, accessibility remains a driver of exclusion for eligible children. For this reason, SASSA is in the process of creating a more efficient footprint to reduce exclusion based on people's inability to reach the service delivery points. Each municipality should have its own local office and service points, depending on the size of the municipality and the density of the population.

Moreover, the use of mobile service points in provinces such as Western Cape and North West points to a method of increasing accessibility as SASSA revamps its fixed office footprint. Yet SASSA's plans to expand its footprint of offices have been delayed because of financial constraints.

8.6 SASSA OFFICES AND SERVICE DELIVERY

SASSA offices can deter grant registration, to the extent that they lack space for children to play and wait safely while their caregiver applies for the grant. As children must be present at the time of applying, the lack of child-friendly spaces makes it difficult for caregivers to go through the application process.¹⁵⁴

SASSA has been working to improve local offices, adding spaces for children so that caregivers can feel more at ease. However, many of these office improvements go hand-in-hand with the plan to improve SASSA's office footprint, so many changes are still in progress.¹⁵⁵

8.7 APPOINTMENT OF COMMISSIONERS OF OATHS

To avoid repeated visits by applicants, SASSA's 2014 Plan of Action called for the appointment of Commissioners of Oaths at all SASSA offices. Because of this initiative, all Level 7 officials are certified Commissioners of Oaths. This development has directly reduced waiting times and the number of repeat visits that applicants are forced to make.

However, certifying Level 7 SASSA officials is often not enough to ensure that barriers stemming from a lack of Commissioners of Oaths are adequately addressed. Issues arise at mobile service points. Many do not operate with a full SASSA team, and will therefore lack Level 7 staff to perform the role of a Commissioner of Oaths. This means that the problem of repeat visits is being tackled but has not been fully resolved.¹⁵⁶

8.8 TARGETING OF URBAN AREAS

Despite the success of the ICROP programme in extending SASSA's reach, it has not been as effective in urban settings. There, the growth of informal settlements has created pockets of deprivation amidst

¹⁵³ Interview with National Senior Grants Administration Manager, 11 March 2016.

¹⁵⁴ SASSA & UNICEF, 2013.

¹⁵⁵ Interview with National Senior Grants Administration Manager, 11 March 2016.

¹⁵⁶ Interview with National Senior Grants Administration Manager, 11 March 2016.

comparatively well-off areas. Because of ICROP's emphasis on rural communities, the poor in informal urban settlements do not get as much information about child grants as they need.

Consequently, exclusion from the CSG remains high in urban formal and informal areas relative to other places. This may account for the higher level of exclusion among White, Indian/Asian and Coloured children. These groups are more urbanised. Since they seldom live in the poorest areas of the country, the initiatives put in place to expand CSG coverage have largely failed to reach them.

Acknowledging this problem, SASSA's Plan of Action undertook to extend the ICROP schedule to poor urban communities and improve advance communication of impending site visits as a means of addressing the increasingly urban nature of poverty in South Africa. This should help confront the perception that the CSG targets areas in which mostly Blacks live.

8.9 EDUCATION AND TRAINING ON THE MEANS TEST

The Plan of Action outlines the need for education and training to enable grant administrators to apply the means test correctly. Since SASSA has automated the application of the means test, officials have little or no discretion on approving an application. Officials take and process all applications, and the SOCPEN system determines if an applicant's income falls within the eligibility threshold. The challenge of the means test, therefore, may not lie so much with the level of training and skills of SASSA staff but with the public's awareness of their right to apply for the child benefit.

Confusion and lack of knowledge about the means test have consistently ranked as major drivers of self-exclusion from the CSG. Potential applicants who would otherwise be eligible do not apply for the grant in the belief that their income is too high to qualify. In the absence of knowledge about the means test, eligible people do not even attempt to register.

SASSA has tried to engage this population in numerous ways. The Plan of Action highlighted the need for ongoing media and awareness campaigns among the public, especially as the means test threshold rises annually. SASSA's efforts, however, have not resulted in sustained public awareness and education campaigns in areas of high exclusion from the CSG.

SASSA's communication strategy, therefore, has not completely addressed information gaps relating to the means test and other eligibility criteria. Local offices routinely handle calls from individuals asking questions relating to eligibility. Some of these questions reveal a fundamental misunderstanding of the purpose of the CSG. More structured and deliberate efforts are needed to close these persistent information gaps.

8.10 EDUCATION AND TRAINING OF GOVERNMENT OFFICIALS

The 2014 Plan of Action called for the "training all government officials" on the means test. Whether this meant *all officials* across the public service or *all SASSA officials* is not readily apparent. Still, there is little evidence that the Agency would have the capacity to train all government officials on the eligibility criteria for social grants and the application process, including the alternative document provision. Neither has SASSA succeeded in the roll out of a national standardised training programme on the means test.

8.11 COLLABORATION WITH OTHER DEPARTMENTS

SASSA's Plan of Action of 2014 acknowledges the need to strengthen the relationship with other departments such as the Department of Health and Department of Basic Education, the absence of which limits their ability to integrate service provision.

Over the past two years, there have been concrete steps to improve the relationship with the Department of Basic Education, especially around sharing information on potentially eligible children and supporting initiatives targeting non-recipient eligible children of school-going age. These developments have aided in reducing exclusion for children in early education centres and primary schools.¹⁵⁷

SASSA also took steps to strengthen collaboration with other departments to register infants in places such as hospitals, clinics, early education centres and schools. In 2012, SASSA had sealed a Memorandum of Understanding with the DHA. While the DHA has facilities in hospitals in poor areas to register on site, such facilities are often absent in areas of high exclusion from social grants. Further developing this relationship will allow SASSA to reach children more effectively from the time they are born.

The initiative to get birth certificates issued at hospitals across South Africa has had some success. However, mothers do not always have all the documentation necessary to process the birth certificate. To address this, SASSA has been moving towards a system where it maintains contact with the mother so that administrators can follow up with her once the child leaves the hospital. This more proactive stance is intended to enable caregivers to submit an application as soon as possible after the child's birth, rather than waiting for the mother to approach SASSA in her own time.

It is also encouraging that the use of community development workers for disseminating information on social grants to communities is showing signs of improvement. This is especially the case when the efforts of community workers complement those of Project Mikondzo. There are places where community workers have been assisting the Mikondzo teams with information gathering, which is used to improve the targeting of programmes like ICROP.¹⁵⁸

Developing a working relationship with the Department of Health has proven more difficult. While collaboration exists between the national offices of SASSA and the Department of Health, it has not permeated down to the regional level. Both partners are willing to work together. It is, therefore, a matter of devising concrete ways to render this collaboration more operational at the level where services are delivered.

8.12 FOLLOW-UP RESEARCH AND MONITORING OF EXCLUSION FROM CHILD GRANTS

As part of its Plan of Action, SASSA's head office recommended that additional research be carried out to monitor the implementation of measures designed to address exclusion of eligible children from the CSG and other grants.

This study is a direct product of that commitment. It not only tracks the extent to which measures have been put in place, but also the positive results that they have mostly had. Efforts are needed to further embed the practice of ongoing research and monitoring into all of SASSA's operations.

¹⁵⁷ Interview with National Senior Grants Administration Manager, 11 March 2016.

¹⁵⁸ Interview with National Senior Grants Administration Manager, 11 March 2016.

Annexure A. Data sources for the quantitative analysis

General Household Survey 2008 to 2014: Statistics South Africa has been conducting the GHS annually since 2002. Data in the GHS encompass six broad categories: education, health and social development, housing, household access to services and facilities, food security and agriculture. The GHS includes data on private households from all nine provinces of South Africa.

National Income Dynamics Survey 2008 to 2012: The NIDS is South Africa's first national panel study. Initiated by the Presidency, the survey interviewed 28,226 South African residents in 7,296 households in 2008, and returns to the same households every two years. The NIDS examines changes to the livelihoods of individuals over time, as well as how households respond to positive and negative shocks such as a death in the family. Some themes captured in the survey include: poverty and wellbeing, household composition and structure, fertility and mortality, migration, labour market participation and economic activity, human capital formation, health and education, and vulnerability and social capital. More importantly, the NIDS contains richer information than other surveys on grants, in particular, the reasons people do not apply for a grant even when they are eligible, and the personal identifier variable makes it possible to link the information of a child surveyed in 2008 to their 2010 and 2012 survey responses.

SOCPEN 2014: This data set is only comprised of beneficiaries of the CSG and all other social grants. SOCPEN identifies CSG recipients at a finer geographic level than the other data sets. SOCPEN data can identify the municipality in which CSG beneficiaries are resident. When combined with Census data, SOCPEN data can identify children from a grant, by comparing eligible children by municipality with recipients of the CSG in the relevant municipality.

Census 2011: The 2011 Census contains information on households at the municipal level for the whole of South Africa. It is possible to estimate the number of eligible children per municipality using the characteristics contained in the Census. When combined with SOCPEN, a measure of grant exclusion can be developed.

Annexure B. Measuring grant exclusion at the municipal level

The following steps were taken to create a measure of exclusion at the municipality level:

1. SOCPEN data has information on recipients' postal codes, to identify the municipality of residence for recipients of the CSG. Using this information, it was possible to map out the municipality of residence for children receiving the CSG.
2. The analysis calculates the number of children eligible for the CSG by district using the NIDS 2012 and identifies the reason for their eligibility. In 97.5 per cent of cases, a child was deemed eligible because they passed either the single or the joint means test. In the remaining cases, the child was deemed eligible because their caregiver and caregiver spouse information was missing and they were already receiving the CSG.
3. The number of children eligible by municipality was calculated in the 2011 Census by using the reason for eligibility in the NIDS 2012 and applying that same logic to the 2011 Census data. Children in the 2011 Census were matched to their parents to determine the application of either the single or the joint means test. Once this identification was complete, the analysis applied the means test to simulate eligibility using the household income variable in the 2011 Census.
4. Having established the number of eligible children in each municipality, the share of eligible children by each municipality within a district was determined. This was done by calculating the percentage of eligible children in a district who reside in each municipality. The analysis used the same strategy to determine the share of CSG recipients: each municipality was given a percentage of CSG receipt based on the percentage of CSG recipients (SOCPEN) who reside in each municipality.
5. Using these municipal-level shares of children, the analysis distributes the number of eligible children by district in the NIDS by municipality, to arrive at the total number of eligible children by municipality.
6. The municipal-level eligibility data was merged with the SOCPEN information on municipal-level CSG receipt. The analysis looked at the difference between the number of eligible children and the number of CSG recipients, with the resulting number being the number of eligible children who were not receiving the CSG.

The methodology does have some limitations. Because the analysis takes information from three different data sources, the estimates of exclusion and eligibility are prone to measurement error when combined. In some cases, the number of CSG recipients is greater than the number of eligible children, a result of combining SOCPEN and NIDS data on the number of recipients and the number of eligible children, respectively.

In other cases, the number of eligible children was greater than the number of children in the municipality, a result of differences between the NIDS from which the analysis derives the former number, and the 2011 Census from which the analysis derives the latter number. In these cases, the resulting rate of exclusion or eligibility is interpreted as being sufficiently high or low, but measurement error prevents the precise identification of the true level of eligibility or exclusion.

The unavailability of recent data also limits this analysis. Because the most recent South African Census was dated 2011, this analysis reflects exclusion and eligibility from that year. It is possible that the geographic distributions reflected in the maps on exclusion have changed over time. Information on CSG receipt was not available for some municipalities: Mfolozi, Ephraim Mogal, Karoo Hoogland and Joe Morolong. Therefore, they were not included in the analysis of exclusion.

Annexure C. Measuring grant exclusion at the ward level

To simulate eligibility for the CSG and estimate exclusion of eligible children, a number of steps were followed:

1. The Independent Electoral Commission of South Africa matched SOCPEN data on CSG receipt to the ward level, which allows for the analysis of receipt.
2. The analysis matches this information on ward-level CSG receipt to Census information on population. The Superstar system is the primary means of collecting Census information, limiting ward-level population information to totals by the ward in question.
3. The methodology used to determine the number of eligible children in each municipality informs the ward analysis. In the NIDS 2012, the analysis calculated the number of children eligible for the CSG, along with the reason for their eligibility. In 97.5 per cent of cases, a child was eligible because they passed either the single or the joint means test. In the remaining cases, the child was deemed eligible because their caregiver's and caregiver spouse's information is missing and they are already receiving the CSG.
4. The number of children eligible by municipality was calculated in the 2011 Census by using the reason for eligibility in the NIDS 2012 and applying the same logic to the 2011 Census data. Children in the 2011 Census were matched to their mother and father to determine whether to apply the single or joint means test. Once this identification was complete, the analysis assigned children's eligibility based on the household income variable in the 2011 Census.
5. In order to determine the number of children who were eligible for the CSG in each ward, the rate of poverty in each ward and the resultant share of municipality-level poverty in each ward acted as the mechanism to distribute eligible children at the municipality level across every ward. The South African Social Policy Research Institute provided data on ward-level poverty lines which allowed for the calculation of the number of individuals below the upper bound poverty line in each ward.¹⁵⁹ The analysis aggregates these numbers to the municipal level and calculates the share of individuals below the poverty line in each ward as a percentage of the total number of individuals below the poverty line in the municipality. These poverty shares act as the distributive mechanism for eligible children. There were 115 wards where ward analysis was not possible due to the lack of municipality information on CSG receipt in SOCPEN, which makes calculation of CSG receipt impossible.
6. Receipt of the CSG was distributed from NIDS based on the percentage of CSG recipients at a municipality level receiving the grant at the ward level, after distributing NIDS eligible receipt to the municipality level in the municipality-level analysis. This approximates the distribution of the CSG across wards, while lending the confidence and standardisation of NIDS markers for eligible receipt.

The results provided stem from a statistical measure prone to measurement error. The number of eligible children was determined based on NIDS data at the district level. The analysis distributes these district level numbers on eligibility to the ward level, requiring numerous assumptions that are bound to create

¹⁵⁹ Noble, M., Zembe, W., Wright, G., Avenell, D. & Noble, S., *Income poverty at small area level in South Africa in 2011*, Cape Town: SASPRI, 2014.

variance in numerical estimates. The assumptions were defined based on their ability to approximate real-world scenarios, but the nature of statistical error necessitates that ward-level exclusion results be interpreted with care. The estimates of ward-level exclusion are as precise as available data allows for. They still allow for the calculation of the level of CSG exclusion, if not the exact number, with some degree of confidence.

Since exact exclusion rates are subject to some amount of variance, wards are ranked and then assigned to a quintile based on the estimated exclusion rates in each ward. Regarding exclusion, a ward can be categorised as likely to have a very low or very high exclusion rate, or any of the three categories in between those two. This approach was chosen because of its ability to portray an accurate picture of ward-level exclusion, while minimising the biasing effects that statistical error could have on the interpretation of exclusion rates at the ward level.

In some cases, the analysis presents numbers of children excluded from the CSG. These numbers should be interpreted with caution, based on the methodological caveats described above, and should be considered as estimates of the true number. The numbers illustrate the likely level of exclusion within a range of potential levels of exclusion, based on the nature of statistical measurement. Numbers give decision makers an estimate of the severity of the issue of grant exclusion in specific contexts.

Finally, the listed ward of receipt may not in many cases represent the actual ward in which the recipient resides. Due to the small geographic size of the ward, a great deal of care is necessary when interpreting the results with regard to ward-level exclusion from the CSG.

Annexure D. Impact of SASSA's Re-registration Initiative on CSG take-up

This annexure seeks to disentangle the possible impact of SASSA's Re-registration Initiative on the take-up of the CSG.

Table 77 shows records in SOCPEN that have been flagged with the '160' code, which indicates that a grant was suspended or lapsed for re-registration. These records are further divided based on whether the record was coded as active or still suspended/lapsed. If a record is active, it means that the record can be reinstated and grant amount owed can be paid from the date on which the grant was suspended or lapsed. If the record is suspended or lapsed, then the individual must reapply for the grant.¹⁶⁰

In total, there were 126,105 grants that were suspended/lapsed for which the grant could be reinstated, and 318,551 grants that were suspended/lapsed and needed to be reapplied for. The share of these records by province broadly follows province-by-province distributions of child grants, with Eastern Cape and KwaZulu-Natal having a high share of lapsed or suspended grants due to the Re-registration Initiative. The fact that a much larger number of grants affected by re-registration were suspended or lapsed and thus required reapplication, may indicate that grant beneficiaries were either unaware of the Re-registration Initiative or were unable to make it to a SASSA office to re-register before the grant was suspended or lapsed.

Table 77. Grants suspended or lapsed for registration, SOCPEN

PROVINCE	ACTIVE RECORDS	SHARE OF ACTIVE RECORDS	LAPSED/ SUSPENDED RECORDS	LAPSED/ SUSPENDED SHARE
Eastern Cape	16,888	13.4%	64,015	20.1%
Free State	5,470	4.3%	11,124	3.5%
Gauteng	17,286	13.7%	59,612	18.7%
KwaZulu-Natal	43,327	34.4%	88,316	27.7%
Limpopo	15,706	12.5%	22,874	7.2%
Mpumalanga	9,573	7.6%	23,488	7.4%
North West	5,466	4.3%	19,428	6.1%
Northern Cape	2,911	2.3%	5,898	1.9%
Western Cape	9,478	7.5%	23,796	7.5%
TOTAL	126,105		318,551	

Figure 29 presents CSG receipt by month, developed from SOCPEN data and SASSA's annual reports. A significant drop in CSG beneficiaries of around 1 million children occurred in September and November

¹⁶⁰ Interview with National Senior Grants Administration Manager, Monitoring and Evaluation, 11 March 2016. Among the nearly 450,000 grants flagged with the '160' reason code, only 13 were FCGs and 787 were CDGs. There were 329 grants that were not yet accepted, three that were refused by a medical officer, 15 records who had their grant changed, and 467 who had their grant transferred.

2013. The drop in November 2013 was followed by a near-equal rise in beneficiaries in December 2013, followed by consistent gains in take-up since then. These gains have erased any decreases in beneficiaries which may have been caused by the Re-registration Initiative and its removal of ineligible beneficiaries.

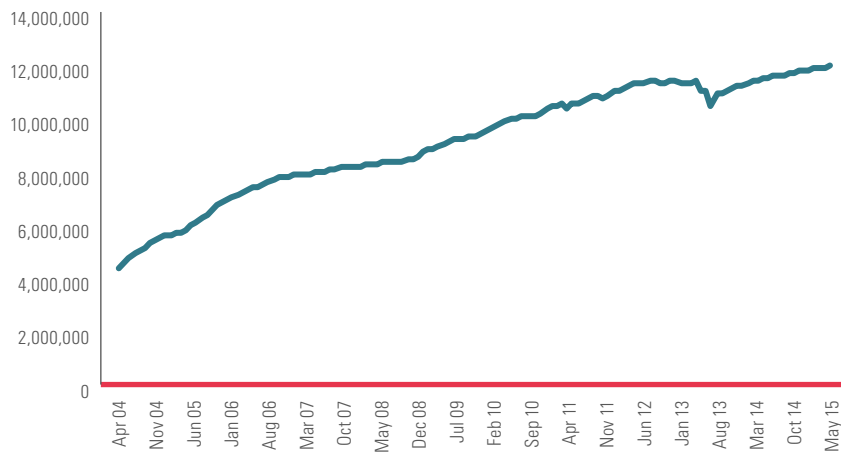


Figure 29. Total number of CSG benefits over time

Table 78 presents the total number of new CSG applications approved in three time periods – the year prior to re-registration, the year during which re-registration took place, and the year after re-registration ended. Table 79 presents the difference in the number of approved CSG applications between the period prior to and during re-registration, and the period during and after re-registration.¹⁶¹

Table 78. Number of approved CSG applications, SOCPEN

PROVINCE	APPROVED BEFORE RE-REGISTRATION	APPROVED DURING THE YEAR OF RE-REGISTRATION	APPROVED IN THE YEAR AFTER RE-REGISTRATION
Eastern Cape	249,880	170,475	211,432
Free State	76,471	58,525	66,321
Gauteng	200,840	190,070	194,208
KwaZulu-Natal	396,030	258,696	338,528
Limpopo	275,956	189,461	184,716
Mpumalanga	160,242	116,504	107,216
North West	125,316	88,473	98,594
Northern Cape	33,957	33,132	35,574
Western Cape	146,080	112,008	108,906
TOTAL	1,664,772	1,217,344	1,345,495

In the year prior to re-registration, 1.66 million CSG applications were approved compared to 1.22 million applications approved in the year during which re-registration took place, and 1.35 million in the year after re-registration. This represents a decrease of over 410,000 grants approved before and during re-registration, and an increase of over 130,000 grants approved in the year after re-registration ended.

¹⁶¹ For the purposes of this analysis, the period before re-registration was taken to be from 1 March 2011 to 1 March 2012. The re-registration period was considered as spanning from 1 March 2012 to 1 March 2013. The period after re-registration spanned from 1 March 2013 to 1 March 2014.

Between the period before re-registration and the year during re-registration, the number of grants approved decreased in every province. However, while KwaZulu-Natal saw the largest drop in the number of approved grants (137,334), Northern Cape experienced virtually no change in the number of grants approved in the two periods.

After re-registration ended the number of approved CSG applications approved increased again, but not across all provinces. Most provinces made modest gains of no more than several thousand new applications approved, and in some (Limpopo, Mpumalanga and Western Cape) the number of CSG applications approved actually decreased relative to the previous year. The growth in the number of approved applications was driven by Eastern Cape (40,957) and KwaZulu-Natal (79,832).

Table 79. Differences in CSG application approvals between re-registration time periods, SOCPEN

PROVINCE	DIFFERENCE BETWEEN GRANTS APPROVED BEFORE AND DURING RE-REGISTRATION	DIFFERENCE BETWEEN GRANTS APPROVED DURING AND AFTER RE-REGISTRATION
Eastern Cape	-79,405	40,957
Free State	-17,946	7,796
Gauteng	-10,770	4,138
KwaZulu-Natal	-137,334	79,832
Limpopo	-86,495	-4,745
Mpumalanga	-43,738	-9,288
North West	-36,843	10,121
Northern Cape	-825	2,442
Western Cape	-34,072	-3,102
TOTAL	-413,356	131,253

From the analysis of SOCPEN data, it is clear that the number of CSG applications approved during the re-registration was lower than in the periods before and after it, especially when compared to enrolment prior to re-registration. However, the smaller difference between the period of re-registration and the one after it suggests that if re-registration did in fact reduce the number of CSG applications approved, this effect continued beyond the Re-registration Initiative.

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