unicef | for every child
SOUTH AFRICA

JOINT SDG FUND
TRANSFORMING OUR WORLD

AN UPDATE STUDY ON THE EXCLUSION ERROR RATE FOR CHILDREN **WHO ARE ELIGIBLE TO RECEIVE THE CHILD SUPPORT GRANT**

ACRONYMS & ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
CSG	Child Support Grant
DSD	Department of Social Development
EPRI	Economic Policy Research Institute
EPWP	Extended Public Works Programme
GHS	General Household Survey
HIV	Human Immunodeficiency Virus
ICROP	Integrated Community Outreach Programme
ID	Identity Document
KII	Key informant interviews
NIDS	National Income Dynamic Survey
SALDRU	Southern Africa Labour and Development Research Unit
SASSA	South African Social Security Agency
UNICEF	United Nations Children's Fund

Table of Contents

Table of Contents Continued

List of Figures

List of Tables

1. RESEARCH SUMMARY

1.1 Background of the study

The Child Support Grant (CSG) was first introduced in 1998 as an important instrument of social protection in South Africa. Over the years, it has evolved into one of the most successful instruments for addressing child poverty. Despite the steady expansion of the CSG over the years, studies conducted in recent years highlight that many vulnerable children continue to be excluded.

UNICEF South Africa commissioned the Economic Policy Research Institute (EPRI) to undertake this study to better understand the current status of the CSG - to monitor and assess the take-up of the CSG and to provide recommendations on strategies to reduce exclusion. This is in accordance with UNICEF's mission to ensure the realisation of children's rights to appropriate and effective social protection and to provide social assistance to those in need.

This study intends to empower the South African Social Security Agency (SASSA) and the Department of Social Development (DSD) with the necessary information to improve the take-up rates of the Child Support Grant among eligible children. The children who are eligible to receive social grants are typically the most vulnerable in society, and the national Constitution obliges the government of South Africa to provide social services, including social assistance benefits to all, especially vulnerable children.

1.2 Study methodology

The study used a mixed-methods design using quantitative and qualitative analysis.

For the quantitative analysis, the study drew from two primary data sets to comprehensively understand the demographic, socio-economic, and geographic trends in the take-up rates of children's social grants. The principal data sets used include the General Household Survey (GHS) 2020 and the National Income Dynamics Study (NIDS) Wave 5 of 2017. These datasets were cleaned and analysed to develop an understanding of the characteristics of eligible children most likely to be excluded from the child support grant and other grants by factors such as the child's location, personal demographics, and socio-economic status. Access to the CSG is based on a means test. For the study, it was key to match children to their caregivers so that the means test can be properly applied to simulate eligibility. To enable this, several assumptions were made which are outlined in section 2.3.1.

For the qualitative analysis, Key Information Interviews (KIIs) were conducted with individuals with specialist knowledge of the CSG at both the national and provincial level. At the provincial level, Western Cape and Gauteng provinces were selected as the locations for KIIs due to their higher exclusion rates. KIIs helped identify factors that prevented eligible children (especially infants and adolescents) from receiving the grant, the outreach and other activities taken to overcome exclusion, and suggested changes to legislative or programmatic policies to reduce barriers to access.

The results of the qualitative and quantitative research were combined and analysed together.

1.3 Key findings:

I.3.1 OVERALL EXCLUSION FROM THE CSG:

In 2020, nearly 82.6% of eligible children received the Child Support Grant i.e. take-up stood at 10.3 million eligible children, while nearly 2.2 million were excluded. Take-up decreased by 4.1 percentage points, most likely due to the economic impact of the COVID-19 pandemic.

I.3.2 AGE RELATED EXCLUSION:

The exclusion is greatest among children under one year at 48.3%. Exclusion begins to fall for children of older ages, dropping to 12.4% by age 5. Exclusion then remains stable as age increases, with slight upticks at ages 3, 4, 16 and 17. For children between 16 and 17, exclusion rates stand at 16.3% and 19.9% respectively. Interviews highlighted that cultural factors are significant in driving exclusion for children in the 0-1 age group. Women giving birth traditionally remain at home with their new-borns for up to three months after delivery and only enrol later into the CSG. Women also tend to wait to exit the hospital before settling on a name for their baby, which also delays applications for birth certificates. Children between 16-17 might be excluded as there is a mistaken belief amongst the caregivers of adolescents and adolescents themselves that not enrolling or attending school disqualifies them from the grant. Another reason is that young parents move out of the system to register their own child.

I.3.3 GEOGRAPHICAL EXCLUSION:

As in previous analyses of exclusion, the data indicates that the Western Cape (32.1%) and Gauteng provinces (28.6%) continue to display the lowest average take-up rates in the country. In terms of districts, the West Rand district in the Gauteng province displays the highest exclusion rate (36.5%) followed by the Garden Route district (32.2%) in the Western Cape. Informants suggested that the low exclusion in the Western Cape and Gauteng provinces might partly be due to (1) misunderstanding of the eligibility criteria i.e., individuals believing that being employed disqualifies them from the grant. (2) these provinces tend to have improved health facilities which push mothers to migrate to these provinces to deliver their children before moving back to their original provinces (3) the lack of documentation or misunderstanding of the required documentation. (4) some affluent households with incomes lower than the means test may find the grant not worthwhile while others fear the stigma associated with receiving a social grant.

In terms of geo-type and metro-status, formal urban areas have the highest exclusion (23.5%), followed by farm areas (13.5%) and informal urban areas (10.8%). The data shows significant disparities with the exclusion rate in metropolitan areas being more than twice as high as in non-metro areas. Though SASSA's footprint is higher in urban areas, caregivers in these areas might be less interested in the grant as they are more likely to be employed. Applicants in overpopulated areas might also be discouraged by queues or might believe that the application might be too time-consuming, meaning they cannot forego working hours to apply.

I.3.4 Exclusion by child characteristics

Nearly 84.3% of eligible Black children (9.6 million children) received the CSG in 2020. This compares with only 70.7% of eligible Coloured children (617 thousand children), 34.9% of Asian/Indian children (54 thousand children) and 40.5% of eligible White children. In terms of educational attainment, children with no schooling display the highest exclusion- in 2020, nearly one in three of those who never attended school are excluded from the grant. These findings broadly mirror age-related exclusion trends. In terms of school enrolment, overall, the number of CSG beneficiaries enrolled in school is overwhelmingly higher than the number of children not enrolled. Although enrolment in school is unlikely to influence CSG access or registration, these trends seem to point towards a misunderstanding of the grant's eligibility criteria.

I.3.5 Exclusion by caregivers' characteristics

Exclusion rates are the highest among children with caregivers who cannot read. The data further shows that all eligible children aged 0-1 born to parents who cannot read are excluded from the CSG. Exclusion across all age cohorts is higher for eligible children with male (30%) rather than female caregivers (22.4%). This is possibly because mothers are made aware of the grant when they are pregnant or after delivery. Examining exclusion by mothers age, nearly 38.6% of children born to women under the age of 20 are excluded from the CSG, while exclusion nearly halves for children of mothers older than 30. Exclusion is also related to the educational attainment of caregivers and is highest for caregivers who have a post-school level education indicating that either these caregivers tend to belong to wealthier households and are less likely to require social assistance or that these caregivers may misunderstand the means test criteria (assuming they are not eligible).

I.3.6 Exclusion by income and poverty

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 12–15-year range. Overall, nearly 84% of eligible children below the poverty line receive the CSG compared to 75.4% of those above the line.

In terms of household income levels, the second decile showed the highest take-up rate at 89.2%, while the 9th decile showed the lowest at 62.2%. Self-reported household wellbeing shows a significant difference in take-up between households that report to be very poor compared to wealthy ones. Of the former, only 13.6% are excluded from the grant, compared to 28.5% of the latter.

I.4 Overall barriers to access

The analysis relied on the 2012, 2015 and 2017 waves of the NIDS survey to illustrate the most common barriers to take-up and their change over time, which was complemented by KIIs.

1) Lack of documentation: The most common reason for eligible caregivers not applying for the grant is the lack of documentation needed to complete the application process (caregiver ID, birth certificate). Nearly 22.3% of caregivers, around 220 thousand, reported documentation as the main barrier in 2017.

2) Income eligibility: In 2017, 32.7% of eligible caregivers did not apply because of high income, but this factor's contribution decreased to 22.1% in 2017.

3) Lack of information or knowledge: The data shows that knowledge about the grant's existence is widespread. Less than 0.2% of eligible caregivers did not apply because they had not heard about the CSG in 2017, compared to 2.4% five years earlier. Physical outreach activities have, however, been paused since the outbreak of the COVID-19 pandemic in early 2020, which might affect these trends.

4) Application barriers: About 16.7% of eligible caregivers in 2017 suggested that they had not set about applying for the grant (a one percentage point increase from 2012). Although these responses can be attributed to various factors, some of the responses from discussions with informants suggest that physical barriers and time constraints are often issues that discourage caregivers from coming to SASSA offices

While examining the geographical disparities in barriers to access, the lack of required documentation is the most common barrier to access in six of the nine provinces. This barrier could be due to applicants actually missing the required documentation or to them not being aware of the alternative documentation policy.

I.5 Conclusion:

The analysis shows that 17.4% of eligible children, a total of 2.2 million, continue to be excluded from the Child Support Grant. Exclusion from the grant is, however, not homogenous across demographic and socio-economic groups. The findings clearly indicate that those in the 0-1 and 15-17 age cohorts are disproportionally affected by exclusion, similar to the previous analyses of exclusion in 2015 and 2012. At the same time, geographical disparities in exclusion (particularly in Western Cape and Gauteng provinces) are still very pronounced. The analysis identified the lack of documentation, misunderstanding of the means test and misperception of the application process as main application barriers. The data also shows that the factors driving exclusion vary significantly by province.

I.6 Key recommendations

The key recommendation include:

1. Restart outreach activities with a focus on excluded groups: Two of the factors that contribute to the highest rates of CSG exclusion are the absence of documentation as well as lack of awareness of income eligibility, indicating that potential applicants might still be uninformed about the current CSG rules. Thus, it is critical to restart awareness campaigns (through ICROP and other local initiatives) that were suspended due to the pandemic and place emphasis on the use of alternative documentation (e.g., sworn statements from a reputable person, school letters, etc.) for the grant application as well as the income eligibility for the CSG.

Further, based on exclusion trends, ICROP initiatives should focus on the following:

i. Geographically excluded areas: Children in metropoles and in urban formal areas are more likely to be excluded than others. Outreach activities should be enhanced in these areas to bolster take-up. District-specific outreach programmes should also be launched in districts where exclusion is persistent. In particular districts in the Western Cape and Gauteng provinces (such as the West Rand and the Garden Route) should be prioritized and the barriers to the grant should be understood more carefully in these areas.

ii. Fathers/ Male caregivers: The trends show that the uptake of CSG is lower among households with male (30%) rather than female caregivers (22.4%), illustrating the dominance of women as primary caregivers and their consequent care burden. While mothers are made aware of the grant when they are pregnant or after delivery, it is recommended that similar campaigns be designed to target fathers/ male caregivers (especially young fathers/ caregivers as the exclusion is the highest for this group) to inform them about the CSG and application process.

iii. Adopting a racial equity lens: The data indicates that that 84.3% of eligible Black children received the CSG in 2020, compared to only 70.7% of eligible Coloured children, 34.9% of Asian/Indian children and 40.5% of eligible White children. Besides determining racial disparities in the pattens of uptake/ exclusion of the CSG, it is key to examine the causes of such patterns and to identify effective solutions to increase uptake.

2. Explore provisional application processes for new parents: Campaigns to spread information about the CSG at birth (for instance: in hospitals/maternity wards/ midwives' offices) have been successful and efforts

have been made to offer rapid birth certificates at hospitals after delivery to facilitate applications in the 0-1 cohort. However, parents often do not have the remaining documents necessary for applying to the programme (e.g., income certificate, spouse ID etc.). Hence, exploring the start of a provisional application with the child's birth certificate conditional on receiving the other documentation within a stipulated time period may encourage new parents to take-up the CSG. Additionally, in cases where rapid birth certificates are not issued, providing clear information to caregivers on how to begin registration while awaiting formal birth registration may help increase uptake.

3. Relaunch SASSA satellite offices to service remote areas: Currently remote satellite offices help reach communities that live away from urban centres. Satellite offices not only enable promoted uptake of the CSG in rural areas, but also helps reduce congestion and queues in urban centres, which streamlines the application process for those living in urban areas. Satellite offices were mandated to close or limit their capacity throughout the pandemic. However, further investing in and relaunching SASSA satellite offices can help increase CSG uptake in both rural and urban areas.

4. Streamline the online application process: A key development in the CSG application process is the launch of an online portal for grant applications in September 2020. Though this is a promising development, in many cases, documents still need to be approved by commissioners of oaths and hence applicants still need to commute to areas that are already serviced by SASSA offices, which defeats the purpose of an online process. Hence, the online application has not significantly increased uptake of the CSG. Adopting an integrated system of application with a simplified process in which all eligibility criteria are verified at the back-end can increase take-up, such as one similar to the Social Relief of Distress Grant. A simplified process would reduce confusion about documentation requirements, put less stress on applicants to obtain the required documents, and push applicants discouraged because of distance or time issues. In conjunction with SASSA's continued and widespread outreach efforts, this strategy can help promote grant take-up and achieve coverage objectives as part of the 2020-2025 Strategic Plan.

5. Establish self-help kiosks to increase the uptake of online applications: Another important impediment to the online application process is the lack of access to an internet connection or misunderstanding about the application process. Hence, exploring the establishment of computer-equipped self-help kiosks for this purpose where applicants can obtain additional information on the process and can submit their applications online may be helpful in overcoming these barriers.

6. Adopt integrated approaches to facilitate grant management and application: Establishing linkages with other governmental departments can help better deliver the grant and maximise its impact. Informants suggest that there needs to be better tracking of births and children, especially those whose families migrate internally, to ensure they receive the services they are entitled to. By establishing a direct linkage with the Department of Home Affairs, DSD could track children who are born in hospitals but whose parents do not apply for the grant. The department could then follow-up with these children's families to issue them birth certificates and/or encourage them to apply for the grant. Integrated approaches are also beneficial from an applicant's perspective. An integrated grant management system could for instance eliminate the need for applicants to provide I.D. documents or proof of income such as in the SRD grant. Informants explained that the current system should be expanded and integrated with other departments', such as DHA's, to better understand applicant's current receipt of programmes, to reduce the burden of documentation in applying for grants and to monitor the CSG more effectively.

1. INTRODUCTION

1.1. Background

The Child Support Grant (CSG) is one of the key social protection instruments in South Africa. Reaching nearly 13 million children as of March of 2021, it is the largest of any social protection programmes currently active in the country and one of the most impactful.[1] Recent evaluations of social grants in the country have unequivocally identified their ability to effectively reduce poverty, build human capital and contribute to a broad range of employment and growth impacts.[2] In particular, more recent evaluations robustly identify the human capital and other developmental impacts of social grants.[3]

Recent studies of the CSG have shown that many children who are eligible for the grant are excluded from it due to a variety of factors. These include not having the proper documentation, misunderstanding the grant's eligibility criteria or confusion about the means test requirements. Estimates show that the exclusion rate decreased from 23.7% in 2011 to 17.5% in 2014, a significant improvement.[4] However, this means that nearly 1.8 million eligible children were not receiving the required support from this grant. The biggest challenge in reducing exclusion has typically been promoting the take-up of infants and adolescents, two of the most often excluded groups. Evidence has shown that early and consistent receipt of the CSG and other grants is correlated with a greater developmental effect and greater poverty reduction. Studies also provide strong evidence of its ability to directly tackle poverty and vulnerability, provide care and support to those affected by HIV and AIDS, promote developmental outcomes, and reduce the risky behaviours that leave adolescents vulnerable to HIV infection. Identifying barriers to access to the CSG and adopting strategies to nullify them can help maximise the impact and effectiveness of the programme.

1.2. Purpose of the Study

1.2.1. Rationale

This study intends to empower SASSA and the DSD with the necessary information to improve the take-up rates of the Child Support Grant among eligible children. The children who are eligible to receive social grants are typically the most vulnerable in society, and the national Constitution obliges the government of South Africa to provide social services, including social assistance benefits to all, especially vulnerable children.

1.2.2. Aims, objectives, and research questions

The objectives that this study aims to accomplish are as follows:

- To establish the take-up rates of the CSG using the most recent datasets available such as the General Household Survey (GHS) 2020 and 2019 and the National Income Dynamic Survey (NIDS) 5.
- To compare these take-up and exclusion rates to those reported in the 2013 study by UNICEF and the Department of Social Development.
- To ascertain the changes in factors that impede take-up rates of children's grants, particularly in relation to the attempts made by the South African Social Security Agency (SASSA) in recent years to make these children's grants more accessible.
- To review relevant SASSA and DSD initiatives designed to reduce exclusion with respect to their effectiveness at national and local levels.
- To understand the factors resulting in exclusion and identify strategies aimed at increasing take-up.

[1] *(SASSA, 2021)*
[2] *(Samson, et al., 2004)*
[3] *(Heinrich, Hoddinott, & Samson, 2016) (DSD, SASSA and UNICEF, 2012)*
[4] *(DSD, SASSA & UNICEF, 2016) (SASSA & UNICEF, 2013)*

2. METHODOLOGY

This report was developed using a mix of quantitative and qualitative research techniques in line with the terms of reference. The benefits of the mix method evaluation are manifold. A quantitative study of exclusion identifies trends and correlates of exclusion. However, a quantitative study alone cannot identify the causes of these trends. Qualitative research and analysis identify the barriers that result in exclusion trends through programme review and discussions with key informants.

2.1. Quantitative Analysis

This study drew from two primary data sets to comprehensively understand the demographic, socio-economic, and geographic trends in the take-up rates of children's social grants. The principal data sets used include the General Household Survey (GHS) 2020 and the National Income Dynamics Study (NIDS) Wave 5 of 2017. The study also used the GHS 2019 and 2017 and the NIDS 3 and 4 to construct take-up and exclusion trends. These data sets represent national samples of South African households and allow for the comprehensive socio-economic and demographic profiling of the characteristics of persons deemed eligible in terms of the legislation who are non-recipients. The surveys also assist in the determination of the most salient reasons for non-receipt of social assistance benefits by those who are eligible. The following surveys were used in this analysis:

- The General Household Survey of 2017-2020: The General Household Survey (GHS) has been conducted annually by Stats SA since 2002. The GHS is designed to understand and determine the progress of development in the nation. 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.[5] The GHS is representative at the national, provincial and metro levels only.

- The National Income Dynamic Survey, 2015-2017: The National Income Dynamic Survey (NIDS) is the first national panel study of South Africa and was conducted by the Southern Africa Labour and Development Research Unit (SALDRU). The survey has interviewed 28,226 South African residents in 7,296 households since 2008 and is repeated in the same households every two years.[6] The latest wave used in this analysis covers 52,361 individuals in 13,719 households. 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, as well as vulnerability and social capital.[7] More importantly, NIDS contains richer information on grant take-up and the reasons people do not apply for a grant even when they are eligible for one. The personal identifier variable makes it possible to link the information of a child surveyed in NIDS 5 to earlier responses about them. The survey is used to investigate trends in child grant take-up rates and to explore how these reasons evolve over time. The dynamics of exclusion are also explored.

[5] *(Statistics South Africa, 2020)*
[6] *(SALDRU, 2013)*
[7] *(SALDRU, 2019)*

These datasets were cleaned and analysed to develop an understanding of the characteristics of eligible children most likely to be excluded from the child support grant and other grants by factors such as the child's location, personal demographics, and socio-economic status.

The following eligibility criteria were used to assess eligibility for the CSG:

- **Citizenship:** The primary care giver must be a South African citizen, permanent resident or refugee.[8]
- **Residence:** The applicant and the child must reside in South Africa.
- **Age:** The child must be under the age of 18 years.
- **Application process requirement:** The applicant must be the primary care giver of the child when he/she applies
- **Means test:** The applicant and spouse must meet the requirements of the means test.[9]
- **Institution:** The applicant cannot be cared for in state institution.

SASSA officials apply a methodology to calculate eligibility for the CSG, and the criteria is outlined in the Social Assistance Act of 2004 further detailed in the Regulations to the Act.[10]

Grant access is subject to a means test. It is critical to match children to their caregivers so that the means test can be properly applied to simulate eligibility. Both the GHS and NIDS contain information on both children and their co-resident parents, so it is possible to link this information together in order to simulate the means test. This matching strategy fails to include children whose parents are deceased or absent in the sample because it is impossible to match these children to their caregivers. Without employment and income data for the primary caregivers of these children, it is impossible to simulate the means test accurately, and thus assumptions must be made relating to eligibility. This issue mainly pertains to the GHS; for NIDS, children aged 0-14 years are asked a separate question that identifies the child's primary caregiver. This allows for children with deceased or absent parents to be matched to a caregiver and for simulating the means test.
Numerous assumptions are made in matching children with their caregivers in order to simulate the means test:

1. If both parents are residents of the household, children are matched to their parents and the income and employment status of the parents are used to assess satisfaction of the means test.
2. In cases where information for only one parent is available, the marital status of that parent is checked. If they are not married, they are treated as a single caregiver and the means test for a single caregiver is applied.
3. If the single resident parent is married, they are matched to their current spouse and the relevant income and employment information is used when simulating the means test.
4. In NIDS, the primary caregiver of children aged 0-14 is identified through a secondary question. This question is used to generate matches between children and their caregivers. In all cases, if the parents of the child are present in the household, their information is used to determine eligibility.

Additional assumptions are made when simulating eligibility based on income and the means test:

1. For the GHS, employment status and reported wages are used to create a measure of annual wages. For those that report a non-zero labour market income, weekly wages were multiplied by 52 and monthly wages by 12. Yearly wages and wages for which the salary period was not specified are not multiplied and reported as is.
2. When individual or spouse income was missing in either the GHS or NIDS datasets, monthly household income is used instead of individual or joint labour market income. If monthly household income is used, income is multiplied by 12 in order to obtain the total annual household income.
3. In instances where total household income is also missing, net household income was used instead.[11]
4. For NIDS, monthly income is constructed 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 appropriate aggregate income measure was then compared to the means thresholds for the Child Support

[8] *Note the datasets used for this study do not capture whether individuals are refugees*
[9] *Only the income component of the test is simulated. The asset component is not considered when simulating eligibility*
[10] *The Regulations have been amended several times to provide for policy changes*

Grant (see Table 1 below). For instance, in 2019, a single caregiver was eligible if they earned R48,000 or less; married caregivers had to have a joint income of R96,000 or less.

The means test threshold is adjusted each year in April in line with the increase in the grant amount. As the GHS is generally conducted between July and September, the updated means test threshold for each year is used to determine eligibility.

Children whose parents' aggregate income fell below the means threshold were considered eligible on this criterion for the CSG. Children whose parents' aggregate income fell above the means threshold were considered ineligible on this criterion for the grant.

It is important to note that children with deceased or absent parents and children for whom a caregiver is not specified were not included in the sample since the dataset does not contain the relevant information (e.g. employment status, labour market income, etc.). As a result, it was impossible to construct an income measure for these children.[12]

Table 1: Annual means test thresholds[13]

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	R36,000	R72,000
2014	R38,400	R76,800
2017	R45,600	R91,200
2019	R48,000	R96,000
2020	R52,800	R105,600

[11] *This is mostly the case in GHS 2019-other surveys do not have a significant number of missing income observations. Specifically, the GHS asks households what level of income the household would need to make ends meet. In a follow-up question, households are asked if their current income is currently higher, lower or the same as that value. For households with no income but that reported earning the same as their minimum required income, the latter was used as a measure of total income*

[12] *See Annex B*

[13] *(SASSA, 2021) (UNICEF, 2019)*

Additionally, the following assumptions were made regarding the eligibility criteria for the grant:

- The GHS survey does not explicitly ask about the individual's citizenship status. While it does ask questions on where the individual was born, this is not a good proxy for determining the individual's citizenship status. Therefore, eligibility was not simulated based on this criterion.
- The GHS sample is comprised of individuals residing in South Africa. It was assumed that the entire sample was eligible on this criterion.
- The GHS sample is comprised exclusively of individuals residing in households. Therefore, the entire sample was assumed to be eligible on the state institution criterion.

Within the previous eligibility calculations, the following inclusion errors may have been made with regards to the CSG:

- If a child lacks caregiver information they would be excluded from the means test simulation. In these cases, where a child has no identifying information for a caregiver but is reported as receiving the CSG, these children are considered eligible and receiving. Those that are not receiving the CSG are not included in the analysis.
- In cases where an individual's labour market income salary period is not specified, that labour market income value is recorded as the total yearly income for the means test simulation. This may include individuals whose labour market income is actually higher than the means test threshold on an annual basis.
- Children who were reported as receiving the CSG and who had caregivers who were reported to be employed but for whom income data were missing were recorded as eligible on the means test criterion.
- Children who were reported as receiving the CSG and who had caregivers for whom income and employment data were missing were recorded as eligible on the means test criterion.
-

Annex B displays the unweighted distribution of children based on the availability of information about their parents and the latter's incomes.

2.2. Qualitative Research

This report uses qualitative research to complement and support the findings of the quantitative analysis. The qualitative analysis was used to identify more specific reasons for exclusion and answer several of the core research questions. Qualitative analysis was also used to further focus on geographical areas of high exclusion and low grant take-up to corroborate and deepen the understanding of the correlates of exclusion brought out by the quantitative analysis.

Fieldwork was supplemented by desk-based research consisting of a survey of literature on the take-up rates of the Child Support Grant and other social grants for children and a review of the relevant reports by DSD, SASSA, and other government departments on actions taken to increase take-up rates. This literature review was primarily directed at understanding the best practices in the disbursement of children's social grants and key shortcomings in delivery programmes.

The fieldwork essentially consisted of Key Information Interviews (KIIs). These were conducted with individuals with specialist knowledge of the CSG, particularly officials involved in the planning, allocating of resources, management, programme administration, and disbursement of children's grants in South Africa. These interviews helped the research team identify factors that prevented eligible children (especially infants and adolescents) from receiving the grant, the outreach and other activities taken to overcome exclusion, and suggested changes to legislative or programmatic policies to reduce barriers to access.

Western Cape and Gauteng provinces were selected as the locations for key informant interviews. These provinces were selected because their exclusion levels are higher than the national average. Interviews were conducted in most districts of these provinces to obtain a good socio-economic and geographical mix (urban, rural, farms). Annex A lists the Key Informant Interviews conducted as part of this research.

2.3. Analysis and reporting on the fieldwork results

The results of the qualitative work, the quantitative research and the fieldwork were combined and analysed together. This analysis was organised into broad categories according to the correlates of exclusion in order to understand best, explain, and resolve the barriers and challenges associated with grant uptake and exclusion.

3. EXCLUSION FROM THE CHILD SUPPORT GRANT[14]

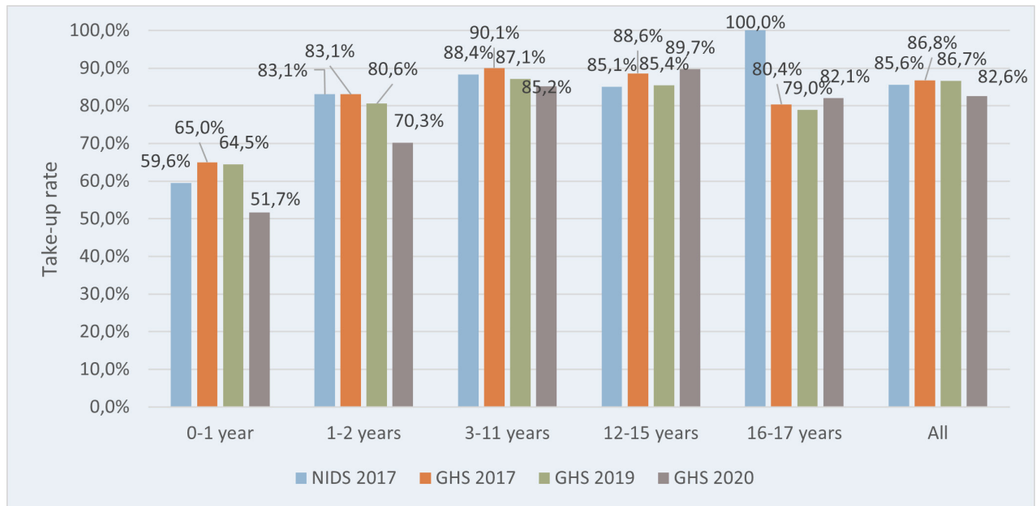
3.1. Total and trends

As shown in Figure 1, In 2020, nearly 82.6% of eligible children received the Child Support Grant. This means that take-up stood at 10.3 million eligible children, while nearly 2.2 million were excluded. In absolute numbers, an additional 1.6 million eligible children benefitted from the grant since 2014, and an additional 277 thousand since 2019.[15] While the number of eligible children receiving the grant increased in magnitude over the years, the take-up rate remained relatively steady over the last four years.

In 2020, take-up decreased by 4.1 percentage points, most likely due to the economic impact of the COVID-19 pandemic, which affected households' livelihoods and potentially made them eligible for social grants, while at the same time hindering their access to SASSA offices to apply for grants. Interviews with DSD informants at the national level have also suggested that CSG applications slowed down in 2020 mainly due to barriers to physical access brought upon by the pandemic, while demand likely increased significantly more due to livelihood loss. Findings from the GHS survey indicate that the percentage of households that received salaries or wages decreased to 57.6% in 2020 from 62.2% a year earlier. SASSA also reports that the rise in unemployment rates, from 25.4% to 29.3%, between 2014 and 2019 led to a significant increase in the demand for grants.[16]

[14] *All tables and figures in this section are based on an analysis of the GHS and NIDS surveys*
[15] *This is without counting those that benefitted but then aged out of the programme*
[16] *(SASSA, 2020)*

Figure 1: Trends in Take-Up Rates by Age Cohort, NIDS 2017 & GHS 2017-2020



3.2. Age-related exclusion

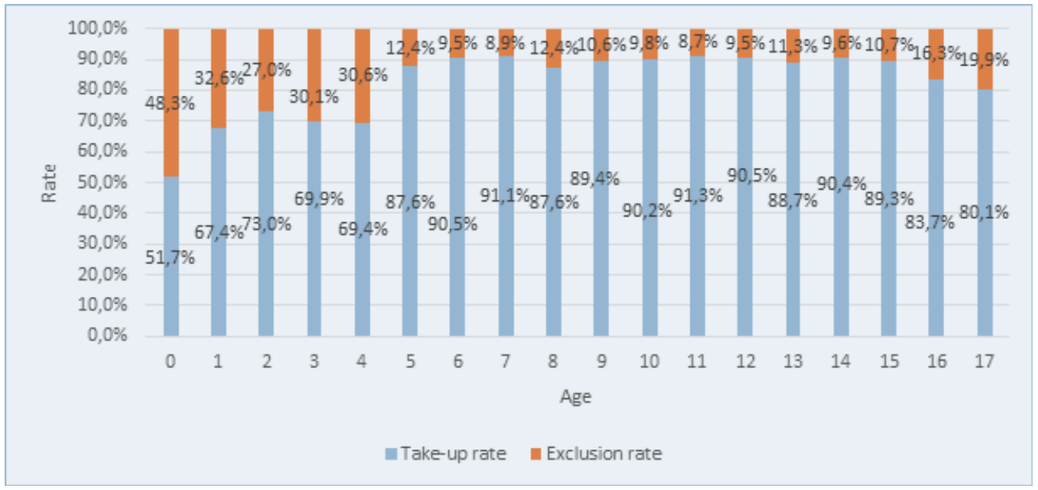
The take-up rates are least (i.e., exclusion is greatest) among children under one year, reaching a high of 48.3% as shown in Figure 2. Exclusion begins to fall for children of older ages, dropping to 12.4% by age 5. Exclusion then remains stable as age increases, with slight upticks at ages 3, 4, 16 and 17. For children between 16 and 17, exclusion rates stand at 16.3% and 19.9% respectively.

Although exclusion is high for those under one, trends show that take-up had improved significantly for that group. In 2014, the take-up rate registered 56.7% for infants and had reached 64.5% in 2019 before dropping the following year.[17] Interviews with SASSA and DSD officials have consistently highlighted that cultural factors are significant in driving exclusion for children in the 0-1 age group. Women giving birth traditionally remain at home with their new-borns for up to three months after delivery and only enrol later into the CSG. Women also tend to wait to exit the hospital before settling on a name for their baby, which also delays applications for birth certificates. Interviews highlighted that efforts had been made to offer rapid birth certificates at hospitals after delivery to facilitate applications- but mothers in these cases were unlikely to have the remaining documents necessary for applying to the programme (e.g., income certificate, spouse ID etc.).

As for children in the 16-17 age group, interviews suggested that these children might be excluded as there is a mistaken belief amongst the caregivers of adolescents and adolescents themselves that not enrolling or attending school disqualifies them from the grant. Another reason is that young parents move out of the system to register their own child.

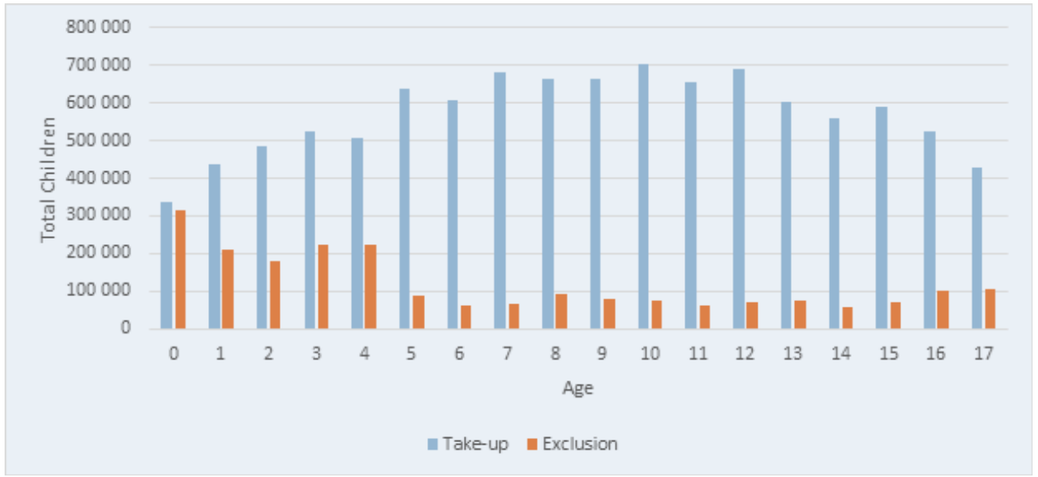
[17] *(DSD, SASSA & UNICEF, 2016)*

Figure 2: Take-up and Exclusion Rates by Age, GHS 2020



In terms of magnitude, as shown in Figure 3, over 314 thousand infants under one are excluded from the CSG. The second-largest concentration of excluded children is in the age three and four brackets. In each of these cohorts, nearly 224 thousand eligible children do not receive the CSG.

Figure 3: Take-up and Exclusion by Age, GHS 2020



These findings have important repercussions in terms of SASSA's coverage targets. While the current aim is to reach 80% of eligible beneficiaries of social grants, SASSA's strategic plan for 2020-25 (issued before the pandemic) envisages an endline target of 95%. Therefore, achieving this take-up requires adopting strategies to capture cohorts and demographics that are currently disproportionally excluded.

3.3. Geographical exclusion

Tables 2 and 3 display average and total take-up and exclusion by province in 2020, respectively. As in previous analyses of exclusion, the data indicates that the Western Cape and Gauteng regions continue to display the lowest average take-up rates in the country. Exclusion in the Western Cape registers 32.1%, roughly the same as in 2014. However, this is an increase from 2019 when exclusion for this province stood at nearly 26.9%. Alternatively, exclusion in Gauteng is 28.6%, 6.6 percentage points lower than in 2014 and 1.7 percentage points lower than in 2019.

Exclusion in all provinces is the highest for children in the 0-1 age cohort. In the Western Cape and Gauteng, nearly 76.5% and 58.3% of infants are excluded, respectively. The Free State and Northern Cape provinces also display exclusion rates (of 65.1% and 61.4%, respectively) for this cohort, despite having low overall exclusion rates.

Table 2: Take-up by province, GHS 2020

Province	Take-up	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Western Cape	67.9%	23.5%	64.9%	71.7%	78.4%	59.8%
	774,112	18,412	74,394	440,665	174,698	65,944
Eastern Cape	89.7%	64.3%	80.4%	91.2%	95.0%	94.9%
	1,556,086	62,312	150,171	847,441	331,355	164,806
Northern Cape	78.2%	38.6%	55.0%	86.7%	83.9%	80.8%
	214,188	5,707	22,899	118,369	46,726	20,487
Free State	84.4%	34.9%	64.9%	89.5%	90.3%	81.0%
	653,973	10,888	48,055	363,006	174,166	57,856
KwaZulu-Natal	85.6%	50.7%	73.9%	89.3%	88.2%	86.6%
	2,071,992	49,191	191,859	1,140,868	499,124	190,951
North West	91.6%	73.8%	87.2%	91.5%	93.9%	94.0%
	870,320	21,172	57,036	440,277	246,132	105,705
Gauteng	71.4%	41.7%	50.8%	73.6%	85.9%	72.0%
	1,697,635	56,225	139,724	936,740	400,809	164,137
Mpumalanga	87.3%	65.8%	87.8%	88.3%	91.1%	84.6%
	1,007,232	43,470	116,950	538,810	235,382	72,621
Limpopo	88.2%	67.1%	74.4%	91.0%	95.9%	82.5%
	1,454,045	69,614	124,057	817,009	331,241	112,125

Informants at national SASSA and DSD offices suggested that the low exclusion in the Western Cape and Gauteng might partly be due to misunderstanding of the eligibility criteria. These provinces are the most urbanised in the country and have higher than average employment rates. Therefore, exclusion in these areas might be due to individuals in these regions believing that being employed disqualifies them from the grant. SASSA informants note that while awareness of the grant itself is very high, there is room for outreach programmes to better inform on the eligibility criteria (especially the means test), which might confuse caregivers.

Additionally, informants noted that these provinces tend to have improved health facilities which push mothers to migrate to these provinces to deliver their children before moving back to their original provinces – this internal migration leads to higher rates of exclusion in the province where children are delivered.

Another factor that frequently came up through interviews in these provinces is the lack of documentation or misunderstanding of the required documentation. Specifically, applicants were reported to being often unaware of regulations that allow them to apply if they can show that they are in the process of obtaining the requisite documentation.

Finally, informants also pointed out that some affluent households with incomes lower than the means test may find the grant not worthwhile while others fear the stigma associated with receiving a social grant.

The North West and Eastern Cape provinces display the lowest exclusion rates at 8.4% and 10.3%, respectively. In particular, the North West province shows the highest take-up for children in the youngest age cohort; over 73.8% of eligible children aged 0-1 in that province receive the CSG.

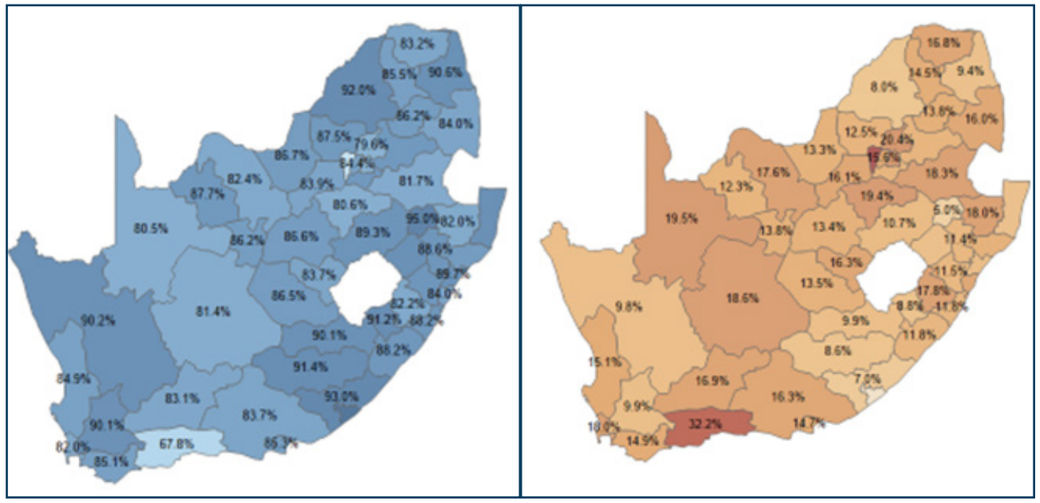
Over 679 thousand excluded children are concentrated in the Gauteng provinces, equivalent to 31% of total excluded children. The Western Cape (366 thousand) displays the second-highest concentration of excluded children, while Kwazulu-Natal shows the third-highest concentration despite an exclusion rate of just 14.4%.

Table 3: Exclusion by province, GHS 2020

Province	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Western Cape	32.1%	76.5%	35.1%	28.3%	21.6%	40.2%
	366,315	59,808	40,149	173,808	48,270	44,280
Eastern Cape	10.3%	35.7%	19.6%	8.8%	5.0%	5.1%
	179,069	34,658	36,565	81,450	17,578	8,818
Northern Cape	21.8%	61.4%	45.0%	13.3%	16.1%	19.2%
	59,746	9,074	18,715	18,132	8,964	4,862
Free State	15.6%	65.1%	35.1%	10.5%	9.7%	19.0%
	121,143	20,272	25,940	42,655	18,740	13,537
KwaZulu-Natal	14.4%	49.3%	26.1%	10.7%	11.8%	13.4%
	349,198	47,760	67,908	137,309	66,566	29,656
North West	8.4%	26.2%	12.8%	8.5%	6.1%	6.0%
	79,558	7,498	8,404	40,844	16,042	6,771
Gauteng	28.6%	58.3%	49.2%	26.4%	14.1%	28.0%
	679,320	78,750	135,054	335,819	65,958	63,739
Mpumalanga	12.7%	34.2%	12.2%	11.7%	8.9%	15.4%
	146,893	22,548	16,323	71,636	23,133	13,253
Limpopo	11.8%	32.9%	25.6%	9.0%	4.1%	17.5%
	195,308	34,142	42,695	80,502	14,165	23,803

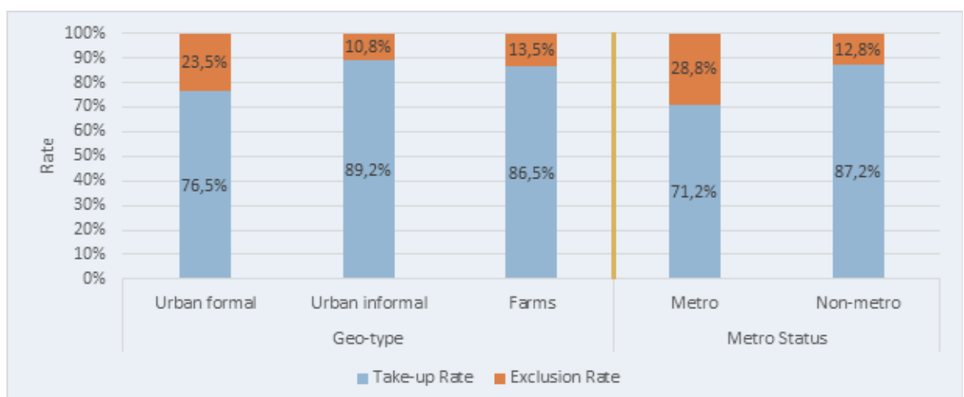
As shown in Figure 4, examining exclusion and take-up by district in 2020, the West Rand district in the Gauteng province displays the highest exclusion rate nationally (36.5%) followed by the Garden Route district (32.2%) in the Western Cape. The Gauteng and Western Cape provinces account for the four districts with the highest exclusion rates in the country, with the Siyanda district (19.5%) in the Northern Cape completing the top five. Alternatively, the Buffalo City Municipality in the Eastern Cape registers the highest take-up nationally at 99.5%, followed by Amajuba (95%) in the KwaZulu-Natal province. The analysis further indicates that 12 out of the 52 districts in the country register take-up rates over 90%.

Figure 4: Exclusion and Take-up by District, NIDS 2017



Looking at exclusion by geo-type and metro status, as shown in figure 5, formal urban areas have the highest exclusion (23.5%), followed by farm areas (13.5%) and informal urban areas (10.8%). Formal urban and informal urban areas account for nearly the same take-up of children—nearly 4.8 million eligible children in each of these geo-types receive the CSG. However, nearly three times as many children are excluded in urban formal areas (1.49 million) compared to informal urban areas (589 thousand). Only 570 thousand eligible children receive the grant in farm areas, while 88 thousand are excluded. The data shows significant disparities in exclusion between metropolitan and non-metropolitan area types. Although a similar number of children is excluded in each type, the exclusion rate in metropolitan areas is more than twice as high as in non-metro areas.

Figure 5: Exclusion by Geo-type and Metro Status, GHS 2020



As shown in Table 4, this disparity by metro status is present across all age cohorts but is most pronounced for children aged 0-1. In metro areas, more eligible children in the 0-1 cohort are excluded than receiving the CSG.

Informant interviews pointed out that although it is easier to apply in urban centers because SASSA's footprint is higher in these areas, caregivers in these areas might be less interested in the grant as they are more likely to be employed, even if this employment is in a low-paying job. Applicants in overpopulated areas might also be discouraged by queues or might believe that the application might be too time-consuming, meaning they cannot forego working hours to apply.

Table 4: Exclusion by Metro Status and Age Cohort, GHS 2020

	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Metro	28.8%	66.3%	41.6%	26.2%	19.6%	23.7%
	1,046,357	147,734	166,110	508,464	138,216	85,834
Non-metro	12.8%	38.9%	24.6%	10.1%	7.0%	15.3%
	1,130,193	166,776	225,642	473,692	141,199	122,884

3.4. Exclusion by child characteristics

Table 5 shows that 84.3% of eligible Black children (9.6 million children) received the CSG in 2020. This compares with only 70.7% of eligible Coloured children (617 thousand children), 34.9% of Asian/Indian children (54 thousand children) and 40.5% of eligible White children (25 thousand children). Overall, the take-up rate has remained nearly unchanged for African/Black and Coloured children since 2014. However, among eligible Indian/Asian children, take-up increased from 24.7% to 34.9% between 2014 and 2020. For White children, the increase was from 13.3% to 40.5%. Although exclusion is only 15.7% among African/Black children, since this group is the largest demographically, it accounts for over 81% of excluded children in the country.

Table 5: Take-up by Race and Age Cohort, GHS 2020

Race	Take-up	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
African/Black	9,602,395	315,952	861,596	5,227,544	2,303,520	893,784
	84.3%	54.2%	70.8%	87.0%	91.3%	85.0%
Coloured	617,987	12,630	57,825	363,716	134,172	49,644
	70.7%	31.6%	61.0%	75.9%	78.3%	56.3%
Indian/Asian	54,064	0	5,724	37,136	0	11,205
	34.9%	0.0%	100.0%	38.3%	0.0%	57.8%
White	25,137	8,409	0	14,789	1,939	0
	40.5%	100.0%	0%	38.8%	16.3%	0.0%

Figure 6 shows exclusion rates for children based on their educational attainment across different years. The data shows that exclusion is consistently the lowest for children with some level of schooling, i.e., Grade R or Primary School, but it increases significantly for children in high school. However, children with no schooling display the highest exclusion- in 2020, nearly one in three of those who never attended school were excluded from the grant. These findings broadly mirror age-related exclusion trends. Children with no schooling tend to be younger, while children in high school tend to be 16 years or more. As seen in previous sections, both cohorts experience greater exclusion than other age groups.

Figure 6: Exclusion by Child's Education and Year, GHS 2017, 2019, 2020

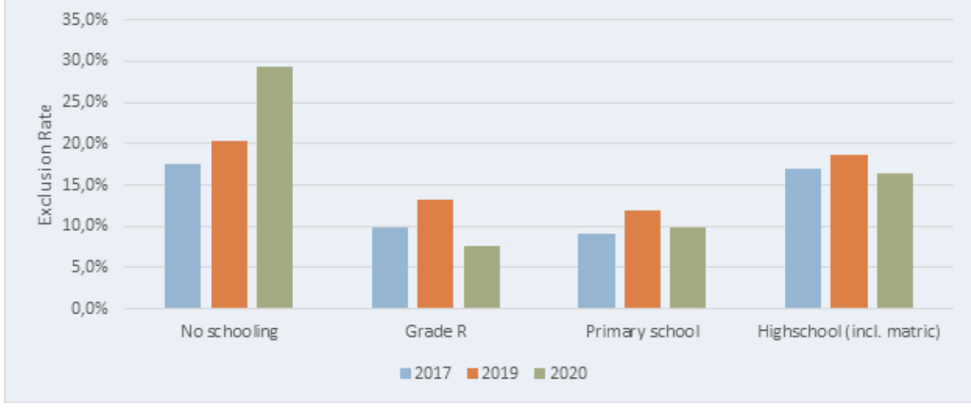


Table 6 explores the overall take-up for children based on school enrolment status and age cohort. Overall, the number of CSG beneficiaries enrolled in school is overwhelmingly higher than the number of children not enrolled. Take-up rates are systematically higher for children enrolled in school, and this is the case across all age cohorts. The most significant difference in take-up rate is amongst those aged 16-17. Take-up for those enrolled in that age cohort is 40 percentage points higher than those not enrolled. Although enrolment in school is unlikely to influence CSG access or registration, these trends seem to point towards a misunderstanding of the grant's eligibility criteria. Programme officials at the national and subnational noted that applicants tend to erroneously believe that school enrolment or attendance is a requirement for CSG receipt. This was mentioned to especially be the case for those in the 16-17 age group which are more likely to drop out of school. Overall, and given that most children are enrolled in school, about 137 thousand non-enrolled children are excluded from the CSG compared to 880 thousand enrolled children.

Table 6: Exclusion by Child's Enrolment Status and Age Cohort, GHS 2020

Enrolment Status	Take-up	3-11 years	12-15 years	16-17 years
Enrolled	89.6%	90.6%	90.2%	84.1%
	7,591,925	4,269,709	2,393,651	928,564
Not Enrolled	75.0%	79.8%	71.5%	44.2%
	412,938	340,889	45,981	26,069

3.5. Exclusion by caregiver characteristics

The reading and writing fluency of the child's primary caregiver is likely to affect the latter's ability to complete a CSG application. Table 7 shows that exclusion rates are the highest among children with caregivers who cannot read. The data further shows that all eligible children aged 0-1 born to parents who cannot read are excluded from the CSG. Nearly half the infants of parents with a lot of difficulty reading are also not receiving the CSG. Although exclusion is slightly lower for children of parents with no difficulty reading (21.4%), this group captures most of the excluded children (approximately 1.8 million children).

Table 7: Exclusion by Caregiver's Reading Fluency, GHS 2019

	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
No difficulty	21.4%	38.3%	22.8%	17.7%	21.6%	29.6%
	1,818,410	229,458	245,721	799,615	351,566	192,051
Some Difficulty	14.7%	17.5%	21.8%	13.3%	7.8%	25.9%
	20,240	1,256	1,844	8,363	2,787	5,991
A lot of difficulty	20.2%	49.0%	47.6%	18.1%	8.3%	25.1%
	17,959	1,102	5,207	7,618	2,194	1,838
Cannot read	26.5%	100.0%	36.2%	19.4%	17.7%	32.3%
	36,147	6,255	2,913	8,598	8,150	10,232

Table 8 shows that exclusion across all age cohorts is higher for eligible children with male rather than female caregivers. This is possibly because mothers are made aware of the grant when they are pregnant or after delivery. Around 30% of eligible children with male caregivers are excluded from the CSG, compared to 22.4% 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 (0-1 years) and oldest (16-17 years) eligible children.

Table 8: Exclusion by Caregiver's Gender, GHS 2020

	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Male	29.9%	100.0%	75.0%	18.1%	26.1%	56.2%
	139,270	6,776	19,722	43,189	34,343	35,239
Female	22.4%	51.7%	33.2%	19.7%	13.2%	22.7%
	2,037,281	307,733	372,030	938,967	245,072	173,479

As shown in Table 9, in terms of parents' residence in the household, findings show that exclusion is highest among children where only the father is resident (29.9%), followed closely by households where both parents are resident (28%). But households with only mothers present have significantly lower exclusion rates (17.4%). Overall, only about 6.3% of excluded children live only with their fathers, while 38.2% live with their mothers. Of households where only the father resides, all infants aged 0-1 are excluded from the CSG and three-quarters of those aged 1-2. Regardless of residency status, exclusion is highest among the youngest and oldest age cohorts.

Table 9: Exclusion by Caregiver's Residency Status, GHS 2020

Residency Status	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Both parents resident	28.0%	55.4%	37.3%	26.5%	17.8%	27.0%
	1,204,590	161,522	192,459	593,778	160,076	96,754
Only mother resident	17.4%	48.1%	29.7%	13.7%	8.9%	18.9%
	832,691	146,212	179,570	345,189	84,995	76,725
Only father resident	29.9%	100.0%	75.0%	18.1%	26.1%	56.2%
	139,270	6,776	19,722	43,189	34,343	35,239

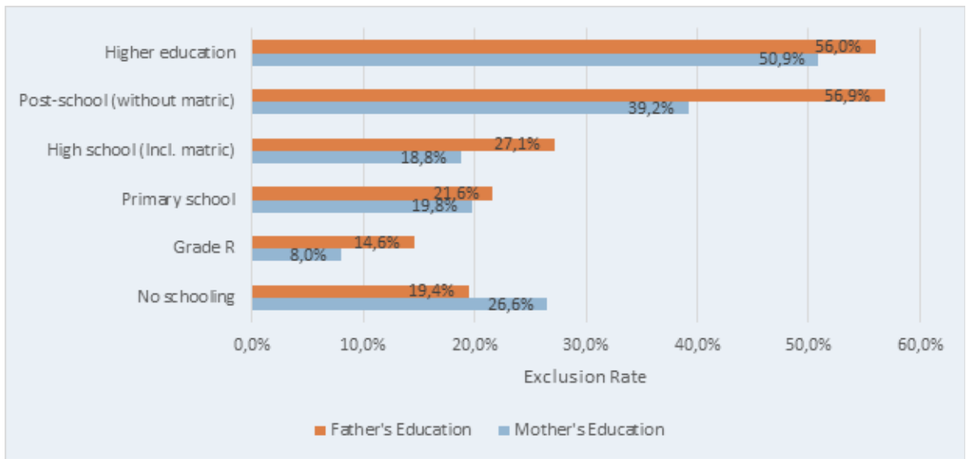
As shown in Table 10, examining exclusion by mothers age, nearly 38.6% of children born to women under the age of 20 are excluded from the CSG, while exclusion nearly halves for children of mothers older than 30. Although exclusion is consistently higher for younger mothers, the findings show that infants aged 0-1 are nearly equally likely to be excluded regardless of the mother's age.

Table 10: Exclusion by Mother's Age, GHS 2020

Mother's Age	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Below 20 years	38.6%	49.9%	30.9%	31.3%	N/a	N/a
	45,352	31,554	12,488	1,309	N/a	N/a
Aged 20-29	26.4%	51.5%	31.8%	18.8%	6.5%	0.0%
	332,200	96,913	87,685	142,417	5,185	
Aged 30+	20.9%	52.2%	34.7%	20.1%	13.4%	22.9%
	1,394,850	103,790	150,343	623,484	332,124	185,110

As shown in Figure 7, exclusion rates are highest among eligible children whose mothers have a post-school level education (50.9%). In contrast, those with only grade R education have exclusion rates of only 8%. This trend reflects the socio-economic status of households; mothers with higher education status tend to be in wealthier households and these are either less likely to need social assistance or to misunderstand the means test criteria (assuming they are not eligible). Similar trends are observed in terms of fathers' education attainment – nearly 56% of children whose fathers have a high school education are excluded from the grant. Eligible children of fathers that have grade R schooling are the least likely to be excluded from the CSG (14.6%)

Figure 7: Exclusion by Parents' Education, GHS 2020



As shown in Table 11., eligible children whose mothers have been diagnosed with HIV are less likely (12.7%) to be excluded from the CSG than children with mothers free of the disease (21.8%). For mothers with HIV negative status, the youngest and oldest children face comparatively higher levels of exclusion. Alternatively, for mothers with HIV, exclusion peaks for children aged below one and decrease significantly for other age cohorts.

Table 11: Exclusion by Mother's HIV Status, GHS 2019[18]

	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Diagnosed with HIV	12.7%	37.6%	14.4%	9.2%	14.0%	10.5%
	93,997	16,839	12,017	35,403	23,087	6,653
Not diagnosed with HIV	21.8%	38.3%	23.9%	18.0%	21.1%	30.3%
	1,678,405	215,419	238,499	731,807	314,222	178,457

Similar trends are observed with regards to fathers' HIV/AIDS status as shown in Table 12. Eligible children whose fathers have HIV are less likely (24.1%) to be excluded from the CSG than children with fathers not diagnosed with HIV (30.2%). The youngest and oldest children face comparatively higher levels of exclusion for those with fathers free of HIV. However, among those whose fathers have HIV, exclusion is the highest for the youngest age cohort and the 12-15 cohort.

[18] *GHS 2019 is used to derive exclusion by HIV status as GHS 2020 does not capture this information*

Table 12: Exclusion by Father's HIV Status, GHS 2019

	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Diagnosed with HIV	24.1%	53.7%	15.3%	17%	38.1%	18.9%
	49,485	5,410	3,030	17,433	19,437	4,176
Not diagnosed with HIV	30.2%	43.2%	34.5%	27.1%	27.6%	39.1%
	1,127,512	108,909	151,598	537,419	202,335	127,251

In reference to Table 13, eligible children with a disabled caregiver have a lower exclusion rate than those whose caregiver is not disabled. However, exclusion is significantly higher for children aged 0-1 whose caregiver has a disability. Among both groups, exclusion shows the same trend whereby rates peak for those below one and decreases gradually before increasing again in the oldest age cohort.

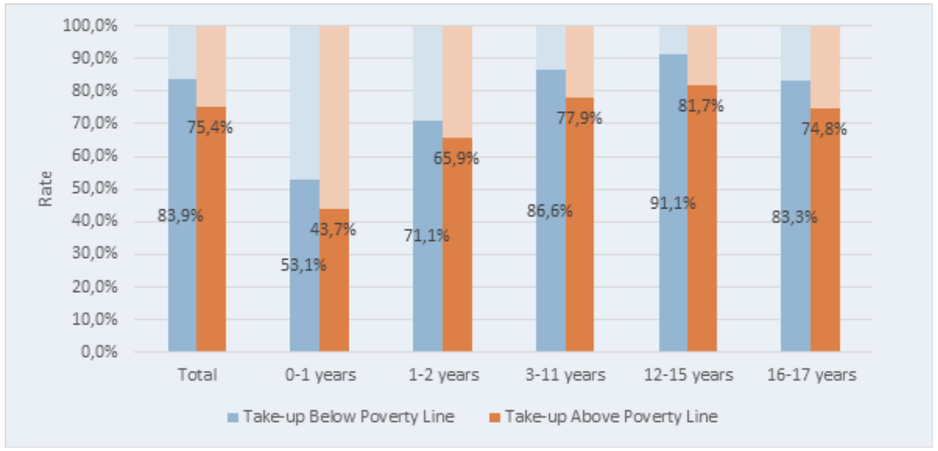
Table 13: Exclusion by Caregiver's Disability Status, GHS 2019

Disability Status	Exclusion	0-1 year	1-2 years	3-11 years	12-15 years	16-17 years
Not disabled	23.0%	51.9%	34.0%	20.0%	14.1%	25.6%
	2,093,496	306,882	374,697	952,730	262,478	196,708
Disabled	17.1%	72.4%	37.4%	11.7%	13.4%	20.4%
	80,479	7,627	17,055	26,849	16,937	12,010

3.6. Exclusion by income and poverty

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 12-15 year range as shown in Figure 8. Overall, nearly 84% of eligible children below the poverty line receive the CSG compared to 75.4% of those above the line. Large disparities exist in take-up between eligible households above and below the poverty line. There are 1.7 million children above the poverty line who are eligible for the CSG, but do not receive it. Of those children, over 260 thousand are infants. Exclusion for this group is likely be due to lack of information about the grant's eligibility criteria wherein households mistakenly believe that their level of income puts them above the means test threshold. Additionally, some excluded households might simply not apply because they do not find the grant amount to be valuable enough or the time to apply to be worth their investment.

Figure 8: Take-up by Poverty Status (Upper Poverty Line), GHS 2020

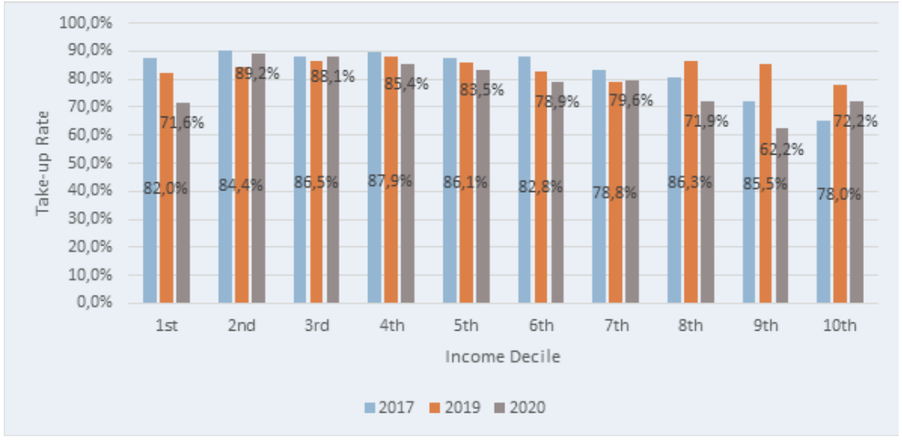


Caregiver and household income are important determinants of access to information and the ability to take time to go through the application process for the CSG, they are also directly correlated with the means test criteria for the grant. Household income levels would be expected to be associated with levels of grant take-up and exclusion.

Figure 9 shows trends in take-up rates by decile for 2017, 2019 and 2020. The findings point to relatively steady take-up rates across the 2nd to 7th decile across the years. For these deciles, the trends, however, show marginal decreases over time, consistent with overall exclusion rates in the country. Despite the decrease, take-up is still relatively high across the years, with rates not dropping below 78% for any of these deciles. In 2020, the second decile showed the highest take-up rate at 89.2%, while the 9th decile showed the lowest at 62.2%.

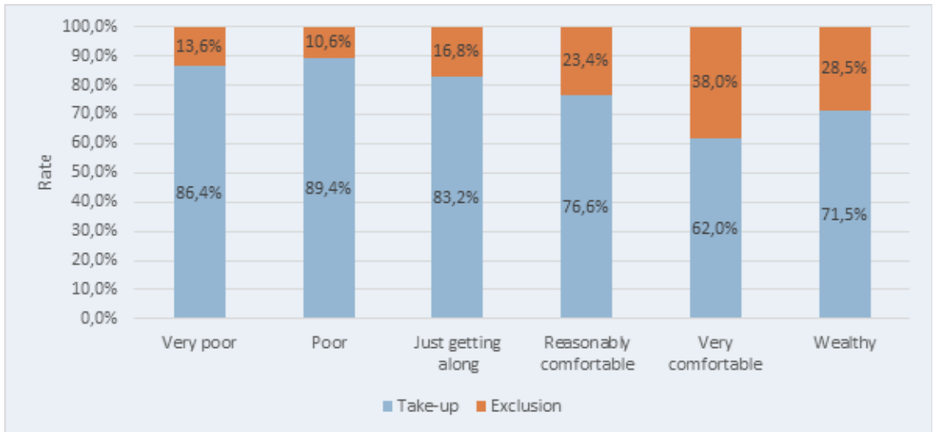
The analysis, however, shows disparities at either end of the income distribution. For instance, take-up rates appear to have increased in the top three deciles between 2017 and 2019 before significantly dropping again the following year. Alternatively, in the first decile, the data points show a slight decrease in take-up rates between 2017 and 2019, followed by an even sharper decline the year after. Although the datasets do not capture the factors behind these changes, the COVID-19 pandemic is very likely to have changed income dynamics in the country. Non-receiving households that were in higher deciles could have potentially suffered a loss of income between 2019 and 2020, causing the drop into lower decile and making them eligible for the grant.

Figure 9: Take-up by Income Decile, GHS 2017, 2019, 2020



As shown in Figure 10, self-reported household wellbeing offers an insight as to exclusion from the grant. Data from 2019 shows a significant difference in take-up between households that report to be very poor compared to wealthy ones. Of the former, only 13.6% are excluded from the grant, compared to 28.5% of the latter. However, exclusion is the highest among households that report being "very comfortable" and the lowest among those that report being "poor".

Figure 10: Take-up by Self-reported Wealth Status, GHS 2019

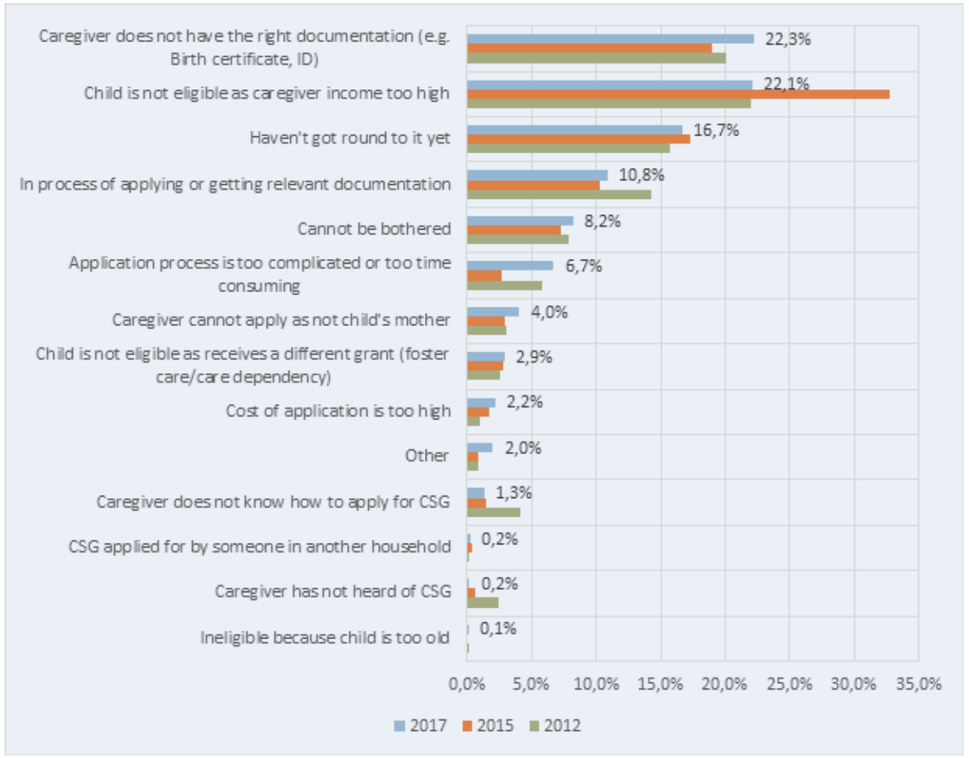


4. BARRIERS TO ACCESS

4.1. Changes in barriers over time

To identify the factors 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. The analysis also relies on the 2012, 2015 and 2017 waves of the NIDS survey to illustrate the most common barriers to take-up and their change over time as shown in Figure 11. The survey captures why non-beneficiaries of the CSG do not receive or have not applied for the grant. Finally, informant interviews give additional insight into how barriers prevent eligible children from accessing the grant.

Figure 11: Reasons for CSG non-application amongst Caregivers of Eligible Children, NIDS 2012, 2015, 2017



4.2. Lack of documentation

The most common reason for eligible caregivers not applying for the grant is the lack of documentation needed to complete the application process (caregiver ID, birth certificate). Nearly 22.3% of caregivers, around 220 thousand, reported documentation as the main barrier in 2017. Of this group, nearly 124 thousand reported not having a birth certificate while 75 thousand did not have a South Africa ID. A total of 57 thousand reported having neither document. The significant amount of exclusion due to the absence of documents shows that potential applicants might still be uninformed about the current programme rules. Regulation 11 of the Social Assistance Act allows caregivers to apply for the grant using alternative documentation (e.g., sworn statements from a reputable person, school letters, etc.). Specifically, concerning birth certificates, applicants can present an affidavit from the Department of Home Affairs showing that they are in the process of obtaining the certificate.

Interviews with informants at DSD suggest that only a small fraction of applicants currently take advantage of the rule for alternative documentation. Interviews with SASSA stakeholders at the national and sub-national level also suggested that some exclusion might be attributed to undocumented and non-South African parents giving birth in the country who might be missing some documents.

4.3. Income eligibility

A significant factor for non-application is the belief that the caregiver's income is too high to be eligible for the grant. In 2015, nearly 32.7% of eligible caregivers did not apply because of high income, but this factor's contribution decreased to 22.1% in 2017. DSD and SASSA informants frequently cited the misunderstanding of the means test qualifying as a barrier to the programme. Specifically, informants noted that in some cases, individuals might believe that earning any income (even if below the means test threshold) disqualifies one from the grant. An informant at the sub-national level in Gauteng also said that in a limited number of cases, confusion about the means test could come from the administrative staff. An example was shared about two individuals who received wages through the Extended Public Works Programme (EPWP) and had their application rejected. However, informants have confirmed that continuous staff training means there are very few cases where confusion on behalf of programme administrators causes exclusion.

4.4. Lack of information or knowledge

The data shows that knowledge about the grant's existence is widespread. Less than 0.2% of eligible caregivers did not apply because they had not heard about the CSG in 2017, compared to 2.4% five years earlier. Informants at the subnational level have all noted that awareness of the grant is generally very high in their districts. They attribute this wide awareness to the outreach and information campaigns that SASSA offices run in their areas. Through the Integrated Community Outreach Programme (ICROP) and other initiatives in conjunction with other departments and the establishment of mobile access points, interviewed SASSA officials noted that they can effectively raise awareness about the grant and conduct intake activities in remote areas. Physical outreach activities have, however, been paused since the outbreak of the COVID-19 pandemic in early 2020, which might affect these trends.

4.5. Application Barriers

The responses indicate that some caregivers are likely to have had issues directly pertaining to their grant application which contributed to their exclusion. About 16.7% of eligible caregivers in 2017 suggested that they had not gotten around to applying for the grant (a one percentage point increase from 2012). Another 10.8% reported being in the process of obtaining relevant documents (down from 14.2% five years earlier), while 8.2% and 6.7% responded that they cannot be bothered (although this could be because the person does not find the grant valuable , this is more likely due to perceived difficulty in the application process) or that the application is too time-consuming, respectively. The findings also show that although more caregivers in 2017

found that the application is too costly, there is a steady decline in the number of applicants that did not know how to apply.

Although these responses can be attributed to various factors, some of the responses from discussions with informants suggest that physical barriers and time constraints are often issues that discourage caregivers from coming to SASSA offices. Interviews in rural districts have pointed out that this is mostly the case in farmland areas that require a significant commute to the nearest access point. Other informants suggested that employed caregivers can find it difficult to forego working hours to apply for the grant, despite the now-streamlined application process. Queues in overpopulated areas were also mentioned as critical factors that might discourage applicants. Informants noted that the creation of satellite offices to reduce travel times and queues have proven to be effective ways of increasing take-up. Informants also suggested that more affluent households that still meet the means test criteria can also be excluded as the grant is not worth the time or money needed to apply, or they do not require social support.

Interviewees also noted that applicants might overestimate the time needed to complete an application. Specifically, officials in Gauteng reported that caregivers are often surprised at the rapidity of the turnaround. Officials in that province noted that they are able to process most applications in a day. SASSA documentation confirms that while 95% of applications are processed in 10 days, nearly 80% of these are completed in a day.[19]

4.6. Geographical disparities in barriers to access

The factors driving exclusion from the CSG not only change over time but also vary geographically. Table 14 shows the most important factors cited by eligible caregivers as to why they did not apply for the CSG – these factors are shaded according to their relevance within each province.

The lack of required documentation is the most common barrier to access in six of the nine provinces. In Mpumalanga, over 44% of eligible non-applications are due to missing documentation, the highest of any provinces. Alternatively, less than 3.5% of eligible caregivers in the Western Cape and Limpopo provinces report having difficulty obtaining the correct documentation. Similarly, in the Northern Cape province, just under 10% of caregivers cited documentation as a limiting factor. It is important to note that this barrier could be due to applicants actually missing the required documentation or to them not being aware of the alternative documentation policy.

In the Limpopo province, at 60%, the main reason for non-application is high caregiver income. This is the single highest contributing factor to non-application for any province. The second most cited reason is not having gotten around to applying, at 13.7%.

[19] *(SASSA, 2020)*

The Western Cape province shows an equally distributed number of reasons for non-application to the grant. Most caregivers in that province cited their income as being too high, but a significant shared also noted that they could not be bothered to apply. Around 15.3% noted that the application process is too complicated or too time-consuming, the highest of any province. An additional 14.6% reported that they have not gotten around to applying. The latter reason is also the most cited in the Northern Cape province at 36%.

The data also shows that the cost of application being too high is not a common factor cited by caregivers in most provinces, except in Free State where nearly 10% responded as such. Finally, Gauteng and KwaZulu-Natal provinces display a higher share of caregivers that did not apply because they are not the child's parent.

Table 14: Reasons for non-application amongst caregivers of eligible children, by Province, GHS 2020

Disability Status	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo
Caregiver has not heard of CSG	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%
Caregiver does not know how to apply for CSG	0.2%	2.1%	0.0%	2.1%	2.8%	0.0%	1.6%	0.6%	0.0%
CSG applied for by someone in another household	0.1%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%
Ineligible because the child is too old	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%
Caregiver cannot apply as not the child's mother	0.8%	0.2%	1.8%	3.2%	6.7%	1.3%	7.0%	3.7%	2.6%
Child is not eligible as receives a different grant	9.0%	0.0%	0.0%	0.0%	1.6%	0.0%	3.9%	0.0%	5.6%
Child is not eligible as caregiver income too high	22.0%	23.3%	28.2%	22.8%	11.6%	10.6%	18.0%	18.3%	60.8%
Caregiver doesn't have the right documentation	2.6%	30.1%	9.2%	28.2%	23.9%	32.1%	23.9%	44.1%	3.3%
Cost of application is too high	1.7%	0.2%	0.0%	10.1%	1.2%	2.4%	0.9%	4.3%	3.2%
Application process is too complicated or too time consuming	15.3%	4.8%	5.9%	6.5%	5.8%	1.9%	9.3%	0.0%	4.2%
In process of applying or getting relevant documentation	13.3%	17.8%	5.1%	6.2%	16.9%	19.7%	6.8%	5.5%	3.4%
Haven't got round to it	14.3%	8.9%	36.0%	19.3%	20.0%	17.0%	21.6%	7.0%	13.7%
Cannot be bothered	20.6%	7.1%	13.7%	1.5%	3.1%	9.0%	6.9%	14.5%	1.7%
Other (specify)	0.1%	4.1%	0.0%	0.0%	5.5%	5.9%	0.0%	0.0%	1.5%

5. CONCLUDING OBSERVATIONS

The analysis shows that 17.4% of eligible children, a total of 2.2 million, continue to be excluded from the Child Support Grant. Exclusion from the grant is, however, not homogenous across demographic and socio-economic groups. The findings clearly indicate that those in the 0-1 and the 15-17 age cohorts are disproportionally affected by exclusion. This trend continues to be observed from previous analyses of exclusion in 2015 and 2012. At the same time, geographical disparities in exclusion are still very pronounced. The Western Cape and Gauteng provinces still display the highest exclusion rates nationally, while disparities across geo-types are also highly significant. Formal urban areas and metropolitan ones tend to have higher exclusion rates.

Disaggregation by race show that white and Indian/ Asian children are disproportionally excluded from the CSG. Findings also show that take-up is considerably higher for children that are enrolled in school, but take-up does decrease for children at the high school level. Caregiver characteristics are also important determinants of exclusion from the grant. Households, where only the mother is a resident are the least likely to be excluded from the grant. Eligible mothers with no education are also unlikely to receive the grant as do those with post-high school attainment. Exclusion is also lower for both fathers and mothers that are infected with HIV, as well as caregivers that have a disability.

Several factors contribute to eligible children and their caregivers not benefitting from the CSG. Cultural factors surrounding birth are frequently cited as causing late registration for the grant, pushing exclusion rates higher for those under age one. The findings confirm that the obtention of application documents is the most frequently cited reason for not applying to the grant. Misunderstanding about the means test criteria also appears to be a significant factor. In contrast, a significant proportion of shareholders do not bother applying either because they cannot commit the required time to do so, cannot commute to the nearest SASSA office, have misconceptions about the length of the process, or do not believe that they need social support.

7. REFERENCES

DSD, SASSA & UNICEF. (2016). *Removing barriers to accessing Child Grants: Progress in reducing exclusion from South Africa's Child Support Grant.* Pretoria: UNICEF.

DSD, SASSA and UNICEF. (2012). *The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their household.* Pretoria: UNICEF South Africa.

Heinrich, C., Hoddinott, J., & Samson, M. (2016). *Reducing adolescent risky behaviors in a high-risk context: The effects of unconditional cash transfers in South Africa.* Nashville: Vanderbilt University.

SALDRU. (2013). *Introduction to NIDS - Wave 1 - September 2013 Update.* Cape Town: SALDRU.

SALDRU. (2019). *Wave 5 Overview 2008-2019*. Cape Town: SALDRU.

Samson, M., Lee, U., Ndlebe, A., Mac Quene, K., van Niekerk, I., Gandhi, V., . . . Abrahams, C. (2004). *The Social and Economic Impact of South Africa's Social Security System.* Cape Town: Economic Policy Research Institute.

SASSA & UNICEF. (2013). *Preventing Exclusion from the Child Support Grant: A Study of Exclusion Errors in Accessing CSG Benefits.* Pretoria: UNICEF South Africa.

SASSA. (2020). *Strategic Plan 2020-2025.* Pretoria: SASSA.

SASSA. (2021). *Annual Report for the Year Ended March 2021.* Pretoria: SASSA.

SASSA. (2021). *You and Your Grants 2020/21.* SASSA.

Statistics South Africa. (2020). *General Household Survey 2019.* Pretoria: Statistics South Africa .

UNICEF. (2019). *Universal Child Benefit Case Studies: The Experience of South Africa* . Pretoria: UNICEF South Africa.

8. ANNEX

8.1 Annex A

The following table lists the Key Informant Interviews conducted as part of this research:

Table 15: Key Informant Interviews

	Agency/Area	Name of SASSA District Office	Status
National Level	DSD	National	2 Completed
	SASSA	National	4 Completed
District level	Gauteng [5 Districts] **No. of Employees: 1152**	West Rand	Completed
		Northrand	Completed
		JHB Metro	Completed
		Sedibeng	Completed
		Ekurhuleni	Completed
	Western Cape [4 Districts] **No. of Employees: 1028**	West Coast	Completed
		Eden / Karoo	Completed
		Boland / Overberg	Completed
		Metropole West	Completed

8.1 Annex B

Annex B displays the unweighted distribution of children based the availability of information about their parents and the latter's incomes.

Table 16: information about children, parents and their income

Year	2017	2019	2020
Total Children	**25915**	**24527**	**12552**
Total children with both parents deceased	644	640	335
Of whom received the CSG	277	326	155
Of whom did not receive the CSG (not included in the analysis)	367	314	180
Total children with no parents resident/no parent info	6718	6510	3202
Of whom received the CSG	4913	4754	2410
Of whom did not receive the CSG (not included in the analysis)	1805	1756	792

unicef | for every child
SOUTH AFRICA

An update study on the exclusion error for children who are eligible to receive the Child Support Grant

UNICEF South Africa
@UNICEF_SA
@unicef_southafrica
@unicefsouthafrica