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Dissertation

GOOD BUT NOT GOOD ENOUGH: THE LIMITATIONS OF A SOCIAL ASSISTANCE PROGRAM FOR CHILDREN IN SOUTH AFRICA –THE CASE OF THE CHILD SUPPORT GRANT

by

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ABSTRACT

Background: In recent years cash transfer programs have increasingly become the strategy of choice for poverty alleviation in middle and low income countries. Several child cash transfer programs have been implemented in middle and low-income regions such as Latin America, Asia, and Africa, and many of them have been found to be effective in improving child outcomes.

South Africa‘s child support grant (CSG) constitutes the largest cash transfer programme in the country and the continent. Even though evidence exists which shows that the CSG is associated with improved child outcomes,less research has gone into examining how the different aspects of the grant all work together to facilitate or limit it as a policy instrument for child poverty reduction. Such evidence is important in facilitating an understanding of the capacity of the CSG as a poverty alleviation strategy in a developing country context.

Methods: This dissertation utilises a mixed-methods approach to explore: 1) barriers to CSG take up; 2) the adequacy of the CSG in supporting its recipients; 3) participants’ views on current topical issues surrounding the CSG.

Results: Despite evidence that the CSG is important in tackling child poverty, this dissertation found that the grant is not without its shortcomings as a poverty alleviation instrument. The limitations of the grant are influenced by the policy environment, operations, institutions working alongside the CSG, and the social context in which the grant is implemented.

Conclusion: The findings raise important questions about the capacity of cash transfers to make a significant difference in the lives of poor children and their families if they are neither substantial nor linked to other poverty measures in developing country contexts**.** The policy recommendations that have been made can strengthen theChild Support Grant’s potential to lift children out of poverty in South Africa.

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ACRONYMS AND ABBREVIATIONS

CTs –Cash Transfers

CCTs =Conditional Cash Transfers

UCT –Unconditional Cash Transfers

CSG –Child Support Grant

UNICEF –United Nations Children's Fund

DSD –Department of Social Development

SASSA –South African Social Security Agency

IMF –International Monetary Fund

DFID –Department for International Development

CHAPTER 1: HOW ADEQUATE IS THE CHILD SUPPORT GRANT AS A POLICY INSTRUMENT TO REDUCE CHILD POVERTY IN SOUTH AFRICA

In recent years cash transfers (CTs) have been receiving growing recognition from international donors, academics, policy analysts and governments for their potentially positive impact on poverty reduction in low and middle-income countries (Robertson et al, 2013; DFID, 2005; Samson et al, 2006; Ellis et al, 2009; World Bank Policy Report, 2008; Basset, 2008). Current evidence on cash transfers in low and middle income countriesshows that CTs are affordable, efficiently reduce current poverty, and potentially prevent future poverty by facilitating economic growth and promoting human development (Basset, 2008; DSD, SASSA and UNICEF, 2011; Hanlon et al, 2010; Fernald et al, 2010;). This favourable perception of, and renewed interest in cash transfers has been said to represent a paradigm shift: where previously governments, policy analysts and donors viewed cash transfers as unaffordable, unsustainable, and as undermining work motivation and promoting dependency (Chronic Poverty Research Centre, 2004;Ellis et al, 2008; DFID, 2005; Steel, 2006;), to, in recent times, upholding them as a policy instrument with considerable potential for poverty alleviation (Hanlon et al, 2010; Robertson et al, 2013).

This paradigm shift has also been apparent in South Africa. This is evidenced by the series of evaluations of the child support grant (CSG) – a means tested social assistance transfer for children – which show the grant to have positive impacts on aspects of child poverty (Aguero et al, 2006; DSD, UNICEF and SASSA, 2011; Samson, 2008;). This thesis builds on that research. Whilst acknowledging the

evidence that the CSG has helped to reduce child poverty, the cash transfer is interrogated comprehensively.Current arguments and debates about the grantare taken further, and evidence is presented to show that there are shortcomings to the CSG which limit its capacity to be fully effective and which, if addressed, would strengthen its role as a poverty reduction instrument.

BACKGROUND

Northern hemisphere countries have a long history of cash transfer programs as a core feature of their welfare arrangements. Across Europe most countries have cash transfers for families with children, often referred to as Child Benefits or Family Benefits (Van Mechelen et al, 2011). These are typically unconditional, universal, non-contributory and non-means tested. In 2011, of the thirty countries which make up the European Union, at least 18 of them had universal child benefits (Van Mechelen et al, 2011). Such countries include Austria,the United Kingdom[1], The Netherlands, Sweden, Norway, Greece, Japan, France,Luxemburg, Denmark, Finland, and Ireland[2] (Van Mechelen et al, 2011). The policy intentions about the role and use of child benefits in developed countries are significantly different from those in developing countries. Whereas in developing countries child cash transfers are generally used for the alleviation of poverty, in developed countries the use of child benefits goes beyond poverty reduction, and is underlined by a 'social investment' perspective, where children's wellbeing is seen as playing a pivotal role in the social and economic future of nations (Esping-Andersen, 2002; Lister, 2006; Lewis, 2006).

[1]The United Kingdom has since fallen off this list after its child benefit was turned into a means-tested program in 2013 (Bradshaw, 2012).

[2] The generosity and comprehensiveness of these packages differs from country to country

Furthermore, the use of family allowances in developed countries is historically associated with pro-natalist objectives which sought to bolster national fertility rates (Beveridge Report, 1942). There is a current move in some industrialised countries to revive the pro-natalist agenda as welfare states seek solutions to post-industrial social risks such as declining fertility rates and ageing (Demeny, 2007; Hofmeister, 2010).

Additionally, in some developed countries child benefits are used as a policy instrument to encourage female participation in the labour market by facilitating work-family reconciliation (Bradshaw and Finch, 2006; Crompton and Lyonette, 2006; Coleman, In Pierson and Castles, 2006;Esping-Andersen 1999; *).* Child cash transfers in developed countries typically form part of a package of family and child oriented benefits that range from cash transfers, to child tax credits, to family leave policies, childcare facilities, housing and health care (Bradshaw, 2002). In contrast, cash transfer programs in developing countries are rarely linked to a broader package of benefits targeted at children and their families.

It is only relatively recently that the use of cash transfers as a policy mechanism has begun to emerge in developing countries. Previously, the prevailing belief among multilateral donor organisations and policy analystswas that in order to successfully implement cash transfer programs in developing countries there had to be developed fiscal and institutional conditions in place, similar to those in developed countries (DFID, 2005)[3]. Standard arguments were that CTs were non-viable in developing countries due to limited fiscal and administrative capacity, poor infrastructure, and

[3]The various factors influencing the historical unpopularity of cash transfers in developing countries are discussed in greater detail in the literature chapter

corruption (DFID, 2005; Hanlon et al, 2010). The perceived impracticality of implementing cash transfers in such settings was further worsened by their association with dependency, perverse incentives, hand-outs, and short-term crisis relief (Devereux et al, 2005); further impeding developing countries from adopting them as a viable poverty alleviation strategy.

Since the 2000s, misgivings about the applicability of CTs in developing countries have been changing. This change is, to a large extent, the result of a recent, rapid generation of robust evidence which shows that cash transfers for developing countries do not have to emulate those in industrialised countries (in terms of benefit levels and roll-out procedures) to work, nor is there a need to wait for developing countries to have similar conditions to those in the West to implement CT programs that are effective in poverty alleviation (Hanlon et al, 2010). Other factors, such as a deepened understanding of the links between poverty and vulnerability; the improved economic environment of many developing countries observed for much of the 2000s decade ending in 2008; and the association of cash transfers with 'pro-poor growth', have also contributed to the changed thinking about CTs in developing countries[4] (Behrendt 2008;Ellis et al, 2009; UNICEF, 2009; Farrington et al, 2006;Nino-Zarazua et al; 2010; Samson, 2009;World Development Report; 2006).

Cash Transfers In Developing Countries

Samson (2009:43) defines cash transfers[5] as "*regular…… payments of money provided by government or non-governmental organisations to individuals or households with the objective of decreasing chronic or shock-induced poverty,*

[4] To avoid repetition, these factors are discussed in greater detail in the literature chapter
[5]As they apply in developing country contexts

addressing social risks and reducing economic vulnerability". The implementation ofthese programs in developing countries and their performance in tackling childhood poverty have contributed to the current global interest in child cash transfers as policy instruments for poverty alleviation.

There are different types of cash transfers: CTs can be contributory or non-contributory; universal or means-tested. Social assistance-type CTs that are intended for poverty alleviation are usually non-contributory and targeted to those below a defined income threshold i.e. means-tested. Cash transfer programs in developing countries have varied design features which delineate the policy intentions, political processes, and ideological views underpinning the formulation and design of each program. The main distinguishing features are targeting, conditionality, benefit levels, and expenditure on the programs as a proportion of GDP. Below, issues surrounding each design feature are discussed briefly.

Targeting

A hotly contested design feature of cash transfer programs is targeting versus universalism. Universalism refers to programs that benefit everyone in a given populationwithout basing access on means-tested criteria (Barrientos, 2011). Targeting on the other hand refers to programs that benefit a specific group of people who meet a certain pre-defined income poverty threshold. Sen (1992) suggests that the term 'targeting' in social policy derives from an analogy of something that is 'fired at'. More specifically, van Oorschot (1995) defines targeting as policies which are directed at 'something or someone'. This could be categories of people (such as children, the elderly) and or people whose income levels fall below a

certain defined threshold (means-tested benefits). In this sense, all benefits are targeted because they are either directed at someone (special categories) or something (income level). van Oorschot (1995) further argues that "*policies that are targeted at more narrowly defined target populations [as] more selective, and those aimed at more broadly defined groups of people as more universal in character*" (pp 240).

Most child cash transfer programs in developing countries are both targeted to specific categories of people, and to people with incomes that fall below defined thresholds.

The typical justification for targeting (in the sense of means-testing) is that it is the most cost-effective and equitable use of limited resources as it directs assistance to where it is most needed (Ellis et al, 2008; Hodges et al, 2007; Lund, 2011; Mkandawire, 2005;Sen, 1992). In an ideal world this works out perfectly: '*all those entitled receive the benefit, and all recipients are entitled', thus there is a 'perfect correspondence between the target population, eligible population, and recipient population'* (van Oorschot, 1995: 240).

However in reality targeting often works out differently. This is mainly because it is difficult to determine with any precision those who meet the means test criteria from those who do not. This is especially the case in contexts of high poverty levels characterised by high unemployment rates and informal work where it becomes difficult to determine the employed from the unemployed, and the earnings of prospective beneficiaries.This leads to selection criteria errors which represent

‘leakages’ where the benefit ends up going to individuals falling outside the criteria (Ellis et al 2009; Hall 2007; van Oorschot 1995). This is worsened in the context of widespread poverty where it is difficult to differentiate the ‘extremely poor’ from the poor, as is often the case with cash transfer programs in developing countries. The difficulties in selection criteria also make the administration of targeted cash transfers extremely costly and complex (Barrientos, 2011; Devereux et al, 2005; Hall, 2007; van Oorschot, 1995). van Oorschot (1995) argues that these two ‘negative effects’ of targeted programs result in inefficiency (administration costs) and ineffectiveness (leakages and exclusionerrors which lead to non-take up). van Oorschot (1995) further states that the problem of ineffectiveness is of a greater concern with greater negative implications than the problem of inefficiency. He avers that the ineffectiveness of targeted programs which results in non-take up leads to an ‘underconsumption of rights’. Other authors have voiced similar sentiments about how targeting contradicts the principle of ‘rights-based’ social assistance, that it is cumbersome and requires substantial administrative capacity (Lund et al, 2009). Ineffectiveness in targeting may also lead to overconsumption, that is the abuse of cash transfer programs, and both underconsumption and overconsumption can exist simultaneously in one program (van Oorschot, 1995). Concerns about overconsumption and resultant endeavours to prevent and reduce it preoccupy the efforts of policy makers the most, while non-take up arguably receives less attention and concern (Lund 2007).

In developing country contexts targeting evokes a different set of concerns because of the lack of infrastructure and administrative capacity. Thus in these contexts, while “*finely targeted cash transfers may be more fiscally affordable than universal*

transfers, but delivering these transfers every month, in full, and on time presents challenges…" (Devereux et al, 2005: 6).

It is worth noting that concerns about targeted programs leading to non-take up do not only centre on supply side issues, but rather include reasons related to claimants' behaviour and attitudes (Craig, 1991). Some of these factors relate to stigma, the belief that the costs of accessing a targeted benefit far outweigh the benefits of claiming it, and misconceptions about a given program (Craig, 1991). Significantly, when claimant factors combine with administrative factors, barriers to take up become more even potent (Craig, 1991; Deacon and Bradshaw, 1983;).

Mkandawire (2005) traces the history of targeting in developing countries and shows that in the 60s and 70s similar to the North, countries in the South that had social protection programs preferred universalism. However, from the early 80s until now, policy makers and donors in developing countries have shown a decided partiality for targeted programs. He identifies several factors as responsible for the shift. The shifts occurred at the ideological level, at the fiscal level, and in terms of development aid (Mkandawire 2005).

Several scholars have argued that ideologyunderpins the choice and design of policy instruments to address poverty (Devereux and Sabates-Wheeler, 2006;Kabeer, 2006; Mkandawire, 2005). Mkandawire (2005) assertsthat even though policy makers attempt to explain the preference for targeted programs through efficiency arguments (giving limited resources to those most in need), it is really a way of seeing the world, the values of a polity and the way in which a government defines

its responsibilities to its citizens, that underlies the choice of targeted instruments. As such "*the technical nature of the argument cannot conceal the fact that, ultimately, value judgements matter not only with respect to determining the needy and how they are perceived, but also in attaching weights to the costs and benefits of approaches taken…..such a weighting is often reflective of one's ideological predisposition*" (Mkandawire, 2005:1). Further, in a given polity, such value judgements or ideology will not only be seen in social protection programs but in other national policies that are congruent with the choice to target, and which reflect the desired social and economic policy regime (Devereux and Sabates-Wheeler, 2006; Mkandawire, 2005).

Importantly, welfare regime theory conceives the clustering or configuration of welfare states as explaining the decision to apply targeting or means-testing versus universalism in social policies (Esping-Anderson, 1990; Titmuss, 1974). According to this theory welfare states with a penchant for means-tested social assistance fall under a liberal welfare regime which is residualist in nature and prioritises the role of the market,*vis–a-vis* social democratic states which tend towards universalism (Esping-Anderson, 1990). Such explanations further the idea that means-testing is not purely based on efficiency arguments but is rather associated with a specific type of polity and a certain vision of society as determined by governments, policy makers and donors.

After World War II many industrialised countries adopted universalism as part of the post-war contract of solidarity and the economic boom that enabled welfare state expansion. In these countries the move towards targeting emerged in the early 80s

and became particularly strong the rest of that decade through the 1990s and ever since. The move is by and large attributed to the 'rise of the Right', particularly led by Margaret Thatcher in Britain and Ronald Reagan in the US who advanced the ideology of self-interest, the hegemony of the market, and a limited role of the state (Mkandawire 2005). Mkandawire (2005) contends that Margaret Thatcher's pronouncement that "*there is no such thing as community*" attacked two key ideological concepts that had hitherto underpinned social policy, that is, solidarity and citizenship. As this ideology spread its influence the language of user fees, means-testing and an emphasis on the delivery of social services by the market began to dominate social policy and replaced the centrality of equity in poverty eradication goals (Okuonziand Macrae, 1995).

Developing countries could not escape the influence of these ideological shifts; especially as many of them depended on aid from international development partners and organisations of first world countries where these changes originated. Until then, in many developing countries that had gained independence, socialist and nationalist ideology dominated social policy, and as such "*the Nationalist approach was driven by three core values: an 'explicit commitment to high moral standards', a 'people-centred' approach to development, and a pan-African orientation*" (Adesina 2006:7). It goes without saying then that universalism was the preferred design in services such as education, health and food subsidies. Mkandawire (2005) acknowledges that ideological shifts in developing countries were not only influenced by what was happening in the North, but were also affected by internal shifts as evidenced by rampant corruption, dictatorships and the breakdown of nationalist and populist pacts in many developing countries that had gained independence. As such

developing countries to which this applied "*……..had been captured by both internal and external forces inclined to liberal ideologies and their aversion to state provision*" (Mkandawire 2005:2).

The period of the early 70s which signalled the end of the post war economic expansion also known as the 'Golden Age' of the welfare state, introduced a fiscal crisis the world over, and led to a general consensus on the need for budgetary restraint. In this way the crisis somewhat legitimised the ideologically driven view that targeting was the most sensible option to choose (Mkandawire 2005). Mkandawire does not agree with the argument that proffers fiscal constraints as a justification for targeting. Instead he contends that economic explanations are used as '*deliberate attempts to limit the state, on the assumption that one can attack poverty with less money' (2005:2).*

Shifts in aid concern developing countries which are dependent on external assistance. As already stated, ideological and fiscal shifts concerning targeting first occurred in Northern welfare states, and as aid largely flows from these countries, it follows that the changes that took place in the North had to affect developing countries dependent on development assistance. Further, in donor-dependent countries, aid shapes social policy in important ways. In such countries aid policies inform the general policy environment. Adesina (2006) comments that

"*the consistency with which the 'donor-sovereign rentier' establishment have sought to maintain control over policymaking is remarkable…….the degree of policy*

intrusiveness has been defined by ideological affinity of the local state-agents and the external policy merchants."(Adesina, 2006: 11).

A case in point is the period of the 80s when developing countries that had been hard hit by the economic crisis had to adopt structural adjustments as a condition of their loans from the World Bank/International Monetary Fund. International donors in these countries immediately latched on to the idea of adjustments and sought to minimize its worst effects by creating and supporting programs targeting the most vulnerable (Arellano-Lopez and Petras, 1994;Petras, 1999;). Additionally, changes in perception about what aid is for and what it is about have influenced the preference for targeting. Mkandawire (2005) argues that aid has gone from being regarded as helping developing countries to being perceived as existing to help the poor, thereby placing further emphasis on the need to design special programs targeting the poor. Influential international financial institutions (IFIs) such as the World Bank, an institution credited with much power and influence in shaping donor philosophy, have been at the forefront of advancing such thinking. The World Bank does this through its stated commitment to pro-poor policies that require '[a] *program of well-targeted cash transfers and safety nets as an essential complement to the basic strategy'* (World Bank 1990:3). While recognition of the permanence of problems that underlie poverty has led to changes in approaches to poverty reduction (Ellis et al 2009), these approaches still have to fit within the '*ideological predispositions and macroeconomic policies favoured by IFIs and bilateral donors'* (Mkandawire 2005). If this argument holds, then the current prominence of cash transfers in the poverty reduction agenda is testament to the change in approaches, while the targeted nature of CTs remains faithful to the ideological predisposition of donor countries.

Arguments about the most appropriate design to choose (between targeting and universalism) in cash transfer programs that seek to alleviate poverty, rage on.

Conditionality

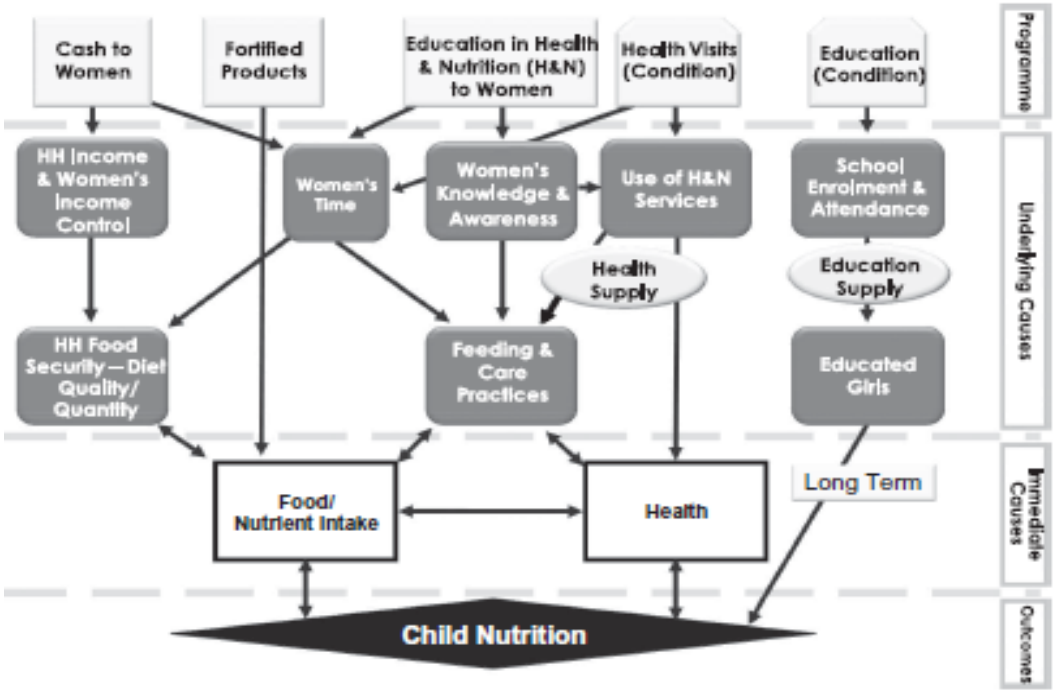
Some cash transfers have conditions attached to them for continued receipt. These are called Conditional Cash Transfers (CCTs). The conditions attached to continued receipt usually involve human capital enhancing requirements such as school attendance and health care utilisation in the case of children (Basset 2008), and participation in work programs in the case of adults (Samson et al 2006). Unconditional cash transfers have no mandated behaviour change requirements attached to them.

Conditional cash transfers have become highly popular in recent years with supra-state actors such as the World Bank supporting and financing many CCT programs in developing countries (Rawlings 2004). Just about all the child cash transfers that have been implemented in Latin America are conditional. In the absence of, or limited evidence on the effectiveness of unconditional cash transfers in poverty alleviation and human capital development, there has been a significant move towards replicating the Latin American model of conditional cash transfer programs in developing countries all over the world, including Sub-Saharan Africa (Kwakwani et al, 2005; Hanlon et al, 2010).

Nevertheless, conditionality is one of the most contested aspects of the design features of child cash transfers. Debates on conditional versusunconditional cash

transfers centre on two main contending arguments. Proponents of conditional cash transfers argue that conditioning transfers on behavioural change helps to address not only immediate but long-term poverty through its insistence on human capital investments, thereby curbing the dependency that is alleged by some to be associated with cash transfers (World Bank Policy Report 2009; Barrientos 2011). According to this view, while unconditional cash transfers may improve access to schooling and health care services, an imposition of conditions will have additional effects because they will highlight to beneficiaries the importance of investing in human development. Furthermore, where there are gender asymmetries in access to schooling, conditionality may improve this in a way that pure cash transfers would not; and conditionality may 'force' governments to put the necessary infrastructure (e.g schools and clinics) in place (Barrientos, 2011). Also, it is argued, conditional cash transfers may improve coordination and linkages between agencies responsible for supplying services to improve human capital, where unconditional cash transfers would not be able to facilitate this directly (Robertson et al, 2013).

Below, authors Leroy et al (2009) present a framework that explains the way in which different inputs related to conditionality interact to make it effective in improving child outcomes.



igure 1. Mechanisms by which CCT programmes might affect nutritional status. HH = household.

On the opposite end of the spectrum, advocates of unconditional cash transfers believe that human capital investments in beneficiaries can be enhanced without enforcing conditionality (Lund, 2011; Freeland, 2006). This group asserts that conditionality is a violation of social protection as a human right since it interferes with beneficiaries' right to choose what and how the transfer should be spent (Freeland, 2006). Ideas about needing to enforce conditions to make sure that the poor send their children to school and utilise health care services provokes one to, as Cookson[6] (BMJ, 2008) did, ask the question "*should disadvantaged people be paid to take care of their [own] health*?", Do they need to be incentivised to take care of their health and invest in the human development of their children? Those in support of conditionality would say yes to each of these questions. Indeed, Cookson who posed the first question above, agreed with the use of conditions to force the poor to 'do the right thing' and argued that this is not 'excessive paternalism' as poor

people's failure to take care of their health, if left unchecked, would have adverse effects on the whole population and that conditionality was thus the application of the principle that *"power can be rightfully exercised over any member of a civilized community, against his will, [if the intention] is to prevent harm to others*" (BMJ, 2008: 140). For those who are ideologically opposed to the idea of attaching conditions to income transfers, this line of thinking adds power to the conviction that conditionality is driven by paternalism, and stems from the idea that the poor need to be taken care of and cannot be trusted to take care of themselves (Freeland, 2006). In this sense, conditionality is 'pernicious' in its underlying assumptions about human nature.

Additionally, opponents propose that the reason for underinvestment in human capital is tied to structural poverty issues (Lund, 2011; Freeland, 2006). For instance, in contexts of high unemployment rates (as a result of structural macroeconomic issues) sending children to primary school on its own hardly improves their vulnerability to (future) poverty.

Supply-side issues around access to services and quality of services are also seen as playing a bigger role in determining human capital investment, than parents' motivation (Lund, 2011). In other words, if access to and quality of services such as schools and health care are improved, the poor will make use of them (Freeland, 2006; Hanlon, et al, 2010). As such, Barrientos (2011) argues that "*the core issue is to combine income transfers with improvements in school infrastructure and in the quality of education, independently of whether transfers are conditional or unconditional*" (p21).

Other concerns about tying cash transfers to services are based on the fact that conditional cash transfer programs require very specific conditions to work (Barrientos 2011; Devereux and Sabbareo, 2006; Freeland, 2007; Hanlon et al, 2010;Lund et al, 2009;Lund 2011; Samson et al, 2006;World Bank Policy Report, 2009;). According to this view CCTs have a greater potential for effectiveness in contexts that are *not* characterised by limited administrative capacity to implement and monitor compliance to the conditionalities; high backlogs in service delivery, and poor quality of services, as is the case in many developing countries.

Moreover, feminist writer Maxine Molyneux argues that conditional cash transfers in Latin America promote 'maternalism' through the implied expectation for women to carry out unpaid care work in order to ensure that their children comply with conditions(Molyneux, 2006). As such, this means that the CCTs impose most of the costs of compliance on women[7](Molyneux, 2006).

However, others are more pragmatic in their endorsement of conditionality arguing that conditionality may be necessary for cash transfer programs to gain domestic political support where tax payers need reassurance that cash transfer receipt is tied to productivity (World Bank Policy Report, 2009; Barrientos, 2011). Indeed Barrientos (2011) categorises tax-payer support for conditionality into three types of tax payers: the paternalistic tax payer, the prudent taxpayer, and the self-interested taxpayer. Paternalistic taxpayers '*impose on beneficiaries the values and priorities they themselves hold*'; while prudent taxpayers are concerned with ensuring that the benefit is used to lift people out of poverty, thereby '*limiting future liabilities*'; and the

[7]Molyneux's arguments are discussed in greater detail in Chapter 6.

self-interested taxpayers wants to ensure that the conditional cash transfer will minimize the adverse by-product effects of poverty such as children loitering in the streets (leading to crime) through its insistence on school attendance (Barrientos, 2011:18).

Ultimately, conditionality reflects an ideological view about causes of poverty, human rights, and the poor (Devereux et al, 2006; Hanlon et al, 2010), and can be said to be a variant of the dependency thesis[8]. Indeed it could be argued that conditionality is a characteristic of Esping-Andersen's liberal welfare regimes. As Lund et al 2009 put it:

"*Liberal welfare regimes are characteristically associated with ideologies which see the causes of poverty rooted in individual pathologies rather than having structural causes. Such liberal regimes tend to place the responsibility for exiting poverty firmly on the individual..... Consequently the role of the state in poverty alleviation through CTs is seen as undesirable. Often such transfers, where made, will be buttressed with conditions to ensure that the poor 'take responsibility' for their own redemption from poverty." (*Lund et al. 2009:71*)*

Benefit levels

Benefit levels of child cash transfers in developing countries vary widely. Unsurprisingly, they are generally set at much lower levels than would be found in industrialised countries. The current cash value of many CT programs ranges from US$3 per person per month in the Yuan cash transfer program from China, to US$38 per family per month in the Oportunidades program from Mexico, to US$3

[8]Discussed further on in this chapter

per month in Mozambique, and US$35 per child per month in the Child Support Grant of South Africa (Hanlon, et al, 2010). These wide differences result in a "*variability in purchasing power, both within and across programs, and this means that their impact on households' wellbeing rages from negligible to significant*" (Devereux et al, 2005).

It is generally accepted that, unlike developed countries, CTs in developing countries are not designed to supplement family incomes, hence the low value. Barrientos states that "*In European countries, the level of social assistance transfers is commonly set to cover households' poverty gaps, following an income maintenance approach, whereas in developing countries transfers provide a limited income supplement, often fixed to around 20-30% of the poverty line*" (Barrientos 2011: 16). For comparison with achild benefit in a developed country, the UK pays out US$133 per month for the first child and US$88 per month each subsequent child for those with incomes less than £50 000 per year (rates as at April 2013).

Expenditure on child cash transfers as a proportion of country GDP

Spending on social protection has been said to reflect political will and commitment to development goals (ILO, 2001; UNICEF, 2009). Expenditure on cash transfers as a proportion of GDP in developing countries varies widely from country to country. South Africa's spending on cash transfers represents 12% of national spending, and 3.5% of GDP. As Hanlon et al (2010:39) observe that amongst developing countries *"this makes South Africa one of the world's (sic) biggest spenders on social grants"*. In 2007 in Brazil, child cash transfer programs cost 1.5% of GDP. The Oportunidades child cash transfer program in Mexico accounted for 0.3% of the GDP

in 2008. In China the Yuan family benefit costs 0.1% of GDP. The cost of the Child Money Program in Mongolia has increased from 0.8% to 3.9% of GDP in 2007 (Hanlon et al, 2010).

The design elements of cash transfer programs discussed above, show how varied these programs are in developing countries, albeit with commonalities clustering around key design features such as conditionality (Latin American CTs, South Asian CT and the South African Child Support Grant), targeting and benefit levels. Hanlon et al note that *"the huge variations in cash transfers reflect significant differences in local politics, history, resources, and goals"* (2010:47).

Policy development on child cash transfers in Africa

In the last 15 years several cash transfer programs have been implemented in middle and low-income regions such as Latin America, Asia, and Africa. Many of these cash transfer programs have been found to be effective in improving child developmental outcomes such as learning outcomes, nutrition, and child growth (Barrientos and Dejong, 2004; Hanlon et al, 2010; World Bank Policy Report, 2008;). South Africa is unique in sub-Saharan Africa for its implementation of an extensive cash transfer program, the Child Support Grant (CSG) which targets poor children and their families. Cash transfers that typically exist in Africa cover the elderly (pensions in Namibia, Mauritius, Lesotho, Botswana, and Swaziland), poor households, and some are linked to livelihoods-enhancing strategies (Ellis et al, 2008; Nino-Zarazua et al, 2010). Some of the other countries with cash transfer programs that target poor children and their families are Zambia, Kenya, Ghana, and Namibia. Across these countries "*cash is put to a wide range of uses, from*

purchases of food, groceries, clothes and seeds, to meeting the costs of services like education and health" (Save the Children UK, HelpAge International, and Institute for Development Studies, 2005:6). Much of the spending is said to benefit children directly and indirectly (Save the Children UK, HelpAge International, and Institute for Development Studies, 2005).

Nino-Zarazua et al (2010) posit a typology of cash transfer programs in Sub-Saharan Africa which splits the region into two sub-regions where two distinct models of social protection can be observed. These are the 'Southern Africa' model (encompassing South Africa, Mauritius, Botswana, Namibia, and Lesotho), and the 'Middle Africa' model (encompassing Kenya, Ghana, Malawi, Zambia, and Ethiopia). The authors present key distinguishing features between the two models. The Southern Africa region is characterised by a'grant-based' system of social protection where cash transfers are part of an institutionalised social security system that takes the form of non-contributory, targeted, permanent, and unconditional social grants covering the elderly, the disabled, and recently, children . Further, cash transfers in Southern Africa are tax-financed and thus reflect domestic political support, and an implicit 'social contract' between government and citizens, typified by notions of rights, entitlements, or claims (Devereux and White, 2008; Nino-Zarazua et al, 2010). Lastly, CTs in Southern Africa typically cover large numbers of households and individuals.

The Middle-Africa model, on the other hand is characterised by a pot-pourri of cash transfer programs that are marked by the heavy influence and involvement of international donors who are at the forefront of financing, formulating, designing, and

delivering the CTs. Donor-led cash transfer programs have been implemented in Zambia, Kenya, Malawi, Ethiopia, Ghana and Nigeria. These cash transfer programs are often designed as pilots with the intention of marketing them to governments to adopt as part of their national strategies for poverty alleviation in the long term. This piloting and 'marketing' of cash transfer programs, combined with donor-financing reflect the minimal role that domestic political support and processes play in the adoption of CT programs in this region (Noni-Zarazau et al, 2010). As a result, some governments have been resisting the adoption of cash transfer programs (Barrientos andHulme, 2008; Devereux andWhite, 2008; Nino-Zarazua et al, 2010). Zambian cash transfer pilot programs have been observed to *"have very precarious institutional and financial arrangements, and reflect directly the interest of donors rather than a considered strategy by the Government, which has been reluctant to endorse them"* (Barrientos andHulme, 2008). The weak institutional and fiscal capacity observed in Zambia is a general feature of Middle Africa countries. The authors cite this absence of strong institutional capacity as a major barrier to the expansion of social protection in the region: *"Limitations in capacity to formulate, deliver, and evaluate transfer programmes are a key constraint in many low income countries in sub-Saharan Africa. This is why there is such a strong reliance on community management of social protection programmes in middle Africa*" (Nino-Zarazua, 2010:29). Community organisations in Zambia, Malawi and Ethiopia are largely responsible for selecting beneficiaries, collection and distribution of benefits, and monitoring and management of eligibility. Further, CT programs in this region involve a mix of providers: public providers, not for profit organisations, and for profit organisations, with the authors observing that "*Social protection provision in Middle Africa resembles, in many ways, the mixed provision in health care" (*Nino-

Zarazua,2010:29*).*This mixed bag of providers makes for a fragmented, uncoordinated system of social assistance which lacks coherence, and differentiates such programs from policies and only serves to 'projectise' them (Devereux and White, 2008).

The characteristics of cash transfer programs found in Middle Africa in large part reflect the complex nature of introducing cash transfer programs in low-income countries (Nino-Zarazau et al, 2010). Some argue that the involvement of donors, while perhaps necessary in some countries, points to the need for greater state-ownership of cash transfer programs that can reflect the needs, views and attitudes of the citizenry. Devereux and White emphasise the importance of investing in *"research of cash transfer programs that are operated and financed by national governments without donor support to provide lessons on how such programs work, what makes them work, and to create opportunities for policy transfer within the Sub-Saharan region"* (2008:13).

However, a move towards a Southern African model within the Continent can be observed. One such example is Ghana which recently implemented a completely tax-financed, small cash transfer program (LEAP[9]). The Ghanaian government used technocrats from Brazil's Ministry of Social Development to help with the design and formulation of their CTs, instead of the usual international donors, thus indicating south-south 'transfers of policy learning' (Nino-Zarazua et al, 2010:14).

Also, while most of the CT programs in these countries remain donor-funded pilot programs that cover fewer than 500 000 households overall (Devereux et al, 2005;

[9]Discussed in greater detail later on in the chapter

Ellis et al, 2008; Nino-Zarazua et al, 2010), this trend is changing rapidly as governments in Africa begin to embrace the use of cash transfers as a core feature of their poverty alleviation agenda.

This is evidenced by current regional efforts to develop transnational policy frameworks for responding to social policy challenges and to clarify the relationship between Social Policy and Economic Policy in the African Union (AU) as well as the Southern Africa Development Community (SADC) region (Wright and Noble, 2010). Such efforts began in 2003 with an agreement to develop a Social Policy Framework for Africa at the African Union Labour and Social Affairs Commission in Mauritius. This was followed by the release of the actual draft in 2005 (*Draft Social Policy Framework for Africa*), which added a historical and ideological background to the profile of social policy in Africa and focused on the areas of social protection, basic infrastructure, education, health, population and development, agrarian reform, labour market, and community participation (Wright and Noble, 2010). In 2008 a new *Social Policy Framework for Africa* was eventually presented in Namibia at the African Union Conference of Ministers in charge of Social Development. The AU identified the central purpose of the new Social Policy Framework for Africa as providing *"….an overarching policy structure to assist AU Member States in the development of their national social policies to promote human empowerment and development in their ongoing quest to address the multiple social issues facing their societies*" (African Union, 2008a: 10).

The offshoots of the AU framework include other regional initiatives such as that captured in a clause in the AU's 2004 *Declaration on Employment and Poverty*

Alleviation in Africa which focused on addressing social protection challenges; and the three Regional Experts Group Meetings on Social Protection on the theme "Investing in Social Protection in Africa" in 2008 organised by the AU and other partners. At sub-regional level SADC sought to adopt the goals of the AU draft *Framework for Social Policy in Africa* through developing its own Social Policy Framework expressed in the document *Towards an African Regional Social Policy (SADC 2006)*. The SADC definition of Social Policy in Southern Africa states that

"*social policies at the national level are collective state-lead measures, implemented by the central and local governments and other stakeholders such as organized employers and workers, the broader private sector and civil society, as well as international development partners. Social policies are interventions which are about promoting the well-being of all citizens and which address structural inequalities in wealth, ensure greater equity and equality for all, correct market shortcomings, reduce poverty and promote social inclusion" (*SADC 2006*).*

Through these policy frameworks, the AU and SADC located their understanding of Social Policy within the pro-poor policy framework which could be

"*described as* ***sector investmentsand programmes*** *in the fields of employment, social protection, education, health, housing, social services, and utilities, providing mechanisms of* ***social redistribution*** *(land reform, taxation, cash transfers, targeted subsidies);* ***social regulation*** *(to ensure that business, trade and agriculture serve a social purpose); and* ***social rights*** *(to enable citizens to make claims about social entitlement from their governments)…..to address a range of* ***social issues and***

concerns *such as unemployment, poverty and social exclusion; and promote redistribution, equity, social justice, solidarity and integration*" (SADC, 2006)

The frameworks also emphasised the centrality of social policies in consensus building at the national level and in preventing and managing conflicts (SADC2006). The AU regional policy framework initiative was widely lauded by international organisations as an "*historic stride towards addressing the social divisions that have ravaged the Continent*" (DFID, 2008). However, several criticisms were also levelled against it for its lack of comprehensiveness in showing an understanding of the role of ideology in the choices made about social policies in Africa and the trade-offs that result from such choices (Wright and Noble, 2010). Other criticisms were around the Framework's inadequate treatment of labour market, labour standards and collective labour relations context; the limited space and attention given to social security priorities; its lack of a human rights protective framework; and its failure to acknowledge the large-scale exclusion of people in social security arrangements in Africa (Wright and Noble 2010:113).

Nevertheless, these developments, while they are expressions of intent on how Member States wish to pursue, establish and prioritise social policy in the region and sub-regions, do not necessarily reflect policy actions taken by Member States to advance social policy and welfare arrangements in their respective countries, but they do signify political will and a strengthening of social policy in the region. In particular, the SADC draft framework clearly articulates what one might describe as a "social Democratic" definition of social policy which would, if translated into policy by the member nations, tend to support non-means tested, non-conditional grants.

That said, current evidence of child cash transfer effectiveness in developing countries still mainly relies on the Latin American experience of conditional cash transfer programs.

The South African Child Support Grant

Despite high poverty levels South Africa boasts the most developed social security system in the African continent, the expansion of which dates back to the 1940s at the same time that industrialised countries developed their own social security systems. The history of the development of the present-day social security system in South Africa can be chiefly divided into two eras: the colonialism and apartheid periods; and the post-apartheid era. After the Second World War, industrialised countries were preoccupied with the establishment of welfare states which were based on the ideals of social solidarity and social rights of citizenship. This period in history was hailed as the "radical period of welfare reform" which saw the largest extension of welfare rights across the globe (Van Niekerk, 2008; Seekings and Dubow, 2005).

South Africa was not left unaffected by this tidal wave of optimism. The colonial administrators in charge in the period 1930 to 1940s established an impressive social security system which covered White citizens with benefits for the elderly, the unemployed, children and families. This period also saw some significant steps towards the inclusion, albeit limited, of Black people (including Coloured, Indian and African people[10]), particularly in the areas of education and health. This was

[10] The South African race classification distinguishes between Black Africans, mixed race people (called Coloureds), Indian/Asian and Whites. There is also an umbrella classification (Blacks) for all people who are

influenced in large part by a combination of 'global welfarist idealism" sweeping through the world at the time (Seekings and Dubow, 2005), trusteeship, the demands of the wartime period (which translated to a huge demand for Black soldiers), as well as the influential Africans Claims document authored by African leadership opposed to segregation, and demanding equal rights for all citizens of South Africa[11] (Van Niekerk, 2008).

However, this extension of social rights to marginalised Black groups was intermittent throughout the periods of segregation and apartheid, and certainly never encompassed the wide range of benefits that White citizens enjoyed. Further, the advent of Apartheid in the period 1945 up until the early 1990s, only further regressed the progression towards an inclusive welfare system in the country.

The formal dismantling of apartheid in 1994 ushered in a new era for the welfare system of South Africa. The racial barriers that had determined disparities in access to social grants were removed, and the largely fragmented system of social provision was replaced by a unified administration. The social protection agenda that the new South Africa adopted was premised on social democratic values that recognised social assistance as a social right of citizenship, and this was well reflected in the Constitution, and the Reconstruction and Development Programme White Paper (Lund et al, 2009). Until then, the only cash transfer program that targeted children living in poor families was the State Maintenance Grant, and it was mainly used to benefit white citizens, with less than 1% of Africans accessing the grant (Lund,

not White in acknowledgement of the apartheid effects of racial classification on the way people of colour were treated compared to white people

[11] The Africans Claims document by Dr AB Xuma was premised on the principles of the Atlantic Charter (an agreement between the US and Britain which promoted the rights to self-determination, freedom from want and fear, as well as the advancement of social welfare, amongst others)

2007). When the Lund Committee was established in the mid-1990s to determine the feasibility of a child cash transfer program which would serve as one of a 'basket' of poverty alleviation strategies, the State Maintenance Grant was phased out, and the Committee deliberations replaced it with the Child Support Grant (CSG) and the Foster Care Grant (Lund, 2007).

The CSG is the largest cash transfer in the country and the continent, both in terms of coverage (+9 million children) and the state budget allocated to it (US$695 million per annum) (Madonsela, 2010).The age limit for eligibility and receipt was recently extended to 18 years of age. The CSG is non-contributory and means-tested. When the CSG was first introduced in 1998 it had a cash value of R70 per month (Kola et al 2000).

Initially the CSG was introduced as an unconditional cash transfer program, and until 2010 it remained so. In January 2010 the South African Government introduced soft conditionality to the grant[12] (Lund, 2011). The conditions mainly related to school enrolment and attendance. This is called soft conditionality because the attempt to make the CSG conditional was ferociously opposed by advocates of children's rights in South Africa who challenged the decision and thereby forced government to water down its initial intention to apply strict conditions. The end result is a program that is in effect conditional on paper but does not enforce conditions in practice. Lund et al forcefully argue that the attaching of conditions to the CSG is incompatible with the policy intent with which the grant was established, and is in direct contravention of the Constitution and the children's Bill of Rights which "*set out an unparalleled series*

[12]The introduction of these conditions is discussed in greater detail in Chapter 6.

of socio-economic rights in respect of social security, health, education and housing" (Lund et al, 2009:86). As such, conditionality "*based on assumptions that poor parents are in some way culpable if their children fail to attend school or attend clinics is inconsistent with the structural explanations for poverty which are implicit in the Constitution*" (Lund et al, 2009:86).

In 2011 the CSG transfers was worth R260 (or US$32) per month, per child beneficiary. Some have argued that this amount is too small to take care of the needs of a growing child (Goldblatt 2006). Hall and Wright (2011:3) note that "though large numbers of children receive this grant, the child support grant has a much smaller cash value than the other grants, and as a result has less of an impact on the poverty headcount (the number of children below a defined poverty line)".Lund (2007) reported that during the design phase of the CSG, the decision to start the grant off on R70 per month was both strategic and pragmatic. Pragmatic because budgetary constraints at the time meant that the Committee had to choose between a higher benefit level covering fewer children, or a smaller amount covering more children. The decision was to go with the latter. Strategic because the Committee tried to align the value of the CSG to some objective measure of need, which at the time was the Household Subsistence Level (HSL), in the hopes that "*if the principle of a needs-based measure was accepted, even if this was restricted only to the costs of food for children, then once the CSG was secured, work could be done on finding a basis for increasing the amount of the benefit*" (2007: 61).The current value of the CSG shows that not much success has been achieved in linking the grant to the cost of raising a child.

Several studies have been conducted to assess the reach of the CSG, its implementation, and its impact on child poverty. Early research on take up the CSG has suggested a link between lack of access to the CSG and child malnutrition in rural South Africa (Sogaula et.al, 2001). Some of the barriers in accessing grants were associated with lack of knowledge and information on the application process (i.e. documentation needed) as well as other related costs such as transport costs to town (especially for those living in rural areas) repeat visits to social services offices to enquire about progress of the application or to sort out documentation-related queries (Delany et al, 2008; Kola et al, 2000; Sogaula et al, 2001).

There have been other concerns about the grant's potential to produce unintended effects such as perverse incentives and dependency (Biyase, 2005;Lund, 2007; Mokoma, 2008; Steel, 2006; Surender et al, 2010;Richter, 2009;). Concerns range from speculation that the Child Support Grant incentivises young women to have more children (Makiwane and Udjo, 2006), to fears that there might be misappropriation of the CSG by parents and primary caregivers. Particularly, there have been concerns that mothers misuse the grant by spending it on items unrelated to the needs of the children such as beauty products and liquor[13]. Despite wide ranging evidence that such concerns are unfounded (Noble, Ntshongwana and Surender 2007;Makiwane and Udjo, 2006; Surender et al, 2008), these concerns have led to some advocating for the present system of transfers in cash form to be replaced with food and state subsidies (Biyase, 2005). Equally, the grant has been criticised from 'the Left', with questions about whether the CSG is capable of making a difference to the improved status and wellbeing of poor children when the amount

[13] Public statements made in the media to which the South African Council of Churches and Black Sash responded in October 2008 www.sacc.org.za

of the cash transfer is so negligible (at about $30 per month) (Barrientos and Dejong, 2004).

Previous evidence on the effect of the CSG on child outcomes has reported its associations with positive nutritional outcomes, reduced hunger, and improved school attendance (Aguero et al, 2007; Leibrandt et al, 2010;Samson et al, 2008;).

A more recent assessment of the impact of the CSG reports results from a national study commissioned by the Department of Social Development, UNICEF and the South African Social Security Agency in 2011. The results showed that early receipt of the grant (in the first 2 years) was associated with higher growth monitoring (clinic visits), and improved height for age for children whose mothers had more than 8 grades of schooling. These findings both confirm that the Child Support Grant is associated with positive nutritional outcomes in small children, as well as improved cognitive development. This is important as poor child growth (as represented by low height for age z-scores or stunting and poor health care utilisation) is associated with low education attainment and low productivity in adulthood and overall poor life chances (Berry et al, 2010;Case and Paxson, 2010; Crookston et al, 2010; The Lancet Series, 2007, 2008;). As such, the association of the CSG with positive nutritional outcomes means that it contributes to human capital development. For older children (>10 years old), the study reported strong associations between the CSG and more grades completed in school and improved Math scores by children who were early recipients of the grant compared to late recipients. It has been suggested that this is because the grant helped to reduce delays in entry to school for early recipients of the grant. These results underline the importance of early

receipt of the grant. And, as the impacts were particularly strong for girl children, it means that the grant also potentially addresses gender imbalances in terms of schooling. Interestingly, children born of mothers with less than 8 grades of schooling faired even better.

Even though we have this evidence which shows that the CSG invests in the human capital of beneficiaries, improves gender outcomes, and helps to reduce inequality, we still have limited understanding about how households use the cash transfer and its adequacy in meeting the needs of recipients. We still have several questions about whether it is used for subsistence needs only, whether it is used only for the child or the whole household, whether it facilitates 'pro-poor growth' by enabling primary caregivers to participate in micro-enterprising activities and the labour market, whether it facilitates credit worthiness for beneficiaries; if it enables quicker recovery from risk events such as illnesses, deaths, accidents, and disasters; and whether is it enough. While current evidence does point to the existence of barriers to CSG receipt resulting in non-take up, we still do not have a clear idea of the factors and dynamics that explain CSG non-take up by eligible children. Other questions about the sustainability of the CSG and how it relates to the social goals on the basis of which it was implicitly created, are yet to be answered.

These questions highlight the many gaps that still exist in our detailed understanding of the adequacy of the grant, and its limitations and shortcomings as a social assistance program for children in poverty. In order to fully understand the capacity of the Child Support Grant as a policy instrument for poverty reduction in a developing country context, these questions have to be answered. Further,

understanding the detailed pathways and mechanisms through which the grant works can be used to improve and inform current and future policy developments in social assistance programs.

Study rationale

It is against this background that the present study seeks to contribute to the current knowledge base about the adequacy and limitations of cash transfers as poverty reduction instruments in developing countries, and the dynamics of social assistance in such settings. It does this through the use of qualitative studies exploring barriers to take up, the adequacy of the CSG in supporting children from poor households, and participants' views on current topical issues surrounding the CSG; and by using quantitative analyses of a longitudinal cohort study which enabled observation of take up of CSG over a longer period of time in different settings across South Africa.

Thus, in this thesis whilst acknowledging that cash transfers for children in general, and the CSG in particular, play an important role in addressing child poverty, the limitations of the CSG as currently implemented are investigated and appropriate policy recommendations are made.

Research Question:

How adequate is the Child Support Grant as a policy instrument to reduce child poverty in South Africa?

Specific objectives:

1. To explore the experiences of CSG recipients in order to understand the adequacy of the grant to meet the needs of child beneficiaries in poor households;
2. To assess and explore barriers to successful grant receipt;
3. To explore the manner in which the design features of the CSG, such as targeting and conditionality, affect the accessibility and usability of the grant
4. To explore, through recipient and non-recipient views and perspectives, the ways in which the politics surrounding the grant, impact on social goals and future sustainability

RESEARCH METHODS[14]:

This doctoral research study emanates from a primary study called Good Start Study II (GSII) conducted by the Medical Research Council of South Africa. The primary study was a community randomised controlled trial assessing the effectiveness of community workers in increasing the uptake of social grants by mothers in one arm, and the effectiveness of community workers in promoting mothers' exclusive feeding practices in the other arm. The research stemmed from a previous study which had shown that take up rates of the CSG at the time were low (Sogaula et al 2001), and that few mothers were practising exclusive feeding of their children. At the time of the study, exclusive feeding was important in preventing the transmission of HIV from mother to child, and was a World Health Organisation sanctioned guideline. The trial had two intervention arms, with each arm acting as a control for the other (the social grants arm vs. the exclusive feeding arm). I was one of the primary investigators on

[14]the research methods are introduced here but are dealt with in depth in chapter 3

this trial and was thus involved in the conceptualisation, design, training and data collection processes of the research study.

The doctoral study:

Following the completion of the above primary study, for the purposes of this doctoral study, I initiated a follow-up study assessing take-up rates of the CSG. Three municipalities were selected as study sites, and they were located in three provinces –peri-urban Paarl in Western Cape, urban Umlazi Durban, Kwazulu Natal; and rural Rietvlei which was then under the Eastern Cape administration.

The sample size of the primary study (GSII) was 4000 households out of which 1800 were selected for data collection. By the time the follow-up study commenced the final sample was 746 households due to loss-to-follow-up from the previous study (many of the participants had either moved or died between the period of the first study and the beginning of the follow-up study).

In the primary study data (relevant to the doctoral study) were collected on baseline characteristics of the mothers and their infants. These included age, education, socio-economic status, and employment. Further data on CSG application, time to receipt, reasons for delays in take up, and reasons for non-take up were collected in the follow up (doctoral) study.

In addition to the quantitative data collected in the primary and follow-up studies I undertook a number of in depth interviews and a focus group discussion which formed the data for the qualitative component of the study[15].

This is in recognition of the complexity of the research question which cannot be fully answered by one research method alone. The use of one select method may obscure the nuances and insights that are important in explaining the precise ways in which the CSG works and interacts with other factors to benefit children.

More specifically, the qualitative study focused on an in-depth exploration of the utilisation of the CSG and the factors that facilitate the adequacy of the grant at the household level. It also explored the attitudes and views of the participants about the grant. Attitudes and views that were explored concerned the CSG benefit level (the difference it makes to household income/purchasing power), means-testing (CSG targeting of the very poor instead of being received by all children in South Africa), the impact on household dynamics (if and how its targeting of women as recipients on behalf of their children affects household dynamics and efficient utilisation), overall performance of the grant (views on how, if at all, it has impacted households), implementation (roll-out, age extension, application process). The qualitative component also looked at the experiences of those who, though eligible for the CSG, had not been able to access it, in order to examine the barriers and facilitators of successful grant receipt.

[15]Chapter 3 provides greater detail of the methods used for this dissertation

Chapter outline

Chapter 1: Introduction

The first chapter introduces the topic of cash transfers in developing countries. The rationale for the study as well as the research question, aims and objectives are outlined. This chapter also presents the methodology employed by the study. The chapter closes with a brief outline of the dissertation chapters.

Chapter 2: This chapter comprises a literature review onthe role of cash transfers in alleviating childhood poverty in developing countries. Tracing the historical use of cash transfers in the world, Chapter 2 discusses in greater detail the debates for and against the use of cash transfers as policy instruments to reduce poverty in developing countries. The chapter reviews available evidence on the child cash transfer programs in developing countries. Finally, this chapter identifies the gaps in evidence and knowledge, as well as ways to address them.

Chapter 3: Methods

Chapter 3 presents the qualitative and quantitative research methods employed to answer the research question. It provides a rationale for the use of mixed methods. Further, this chapter discusses the strengths and limitations of each method. A detailed description of the study setting, as well as study objectives and design, data collection methods, sample selection, and data analysis methods is presented.

Chapter 4: Chapter 4 explores existing barriers to CSG receipt. This is done through a mixed methods approach where quantitative data on barriers to CSG receipt is supplemented with qualitative data on reasons behind non-take up and experiences of not being in receipt of the grant.

Chapter 5is the second empirical chapter of the thesis. This chapter utilises data from the qualitative component of the dissertation. This chapter describes the experiences of CSG recipients in raising their children, their utilisation of the grant and their views on its adequacy to make a difference in the lives of their children. The chapter closes with a summary and discussion of salient points emanating from the findings. The performance of the CSG as a cash transfer implemented in a developing country context is discussed.

Chapter 6 presents qualitative research findings from CSG recipients and non-recipients and their perspectives about the child support grant concerning its role, design, and its association with perverse incentives perverse. This chapter also presents participants' views on placing the CSG in the hands of women and how this affects decision-making about spending, and gender empowerment.

Chapter 7: synthesis of findings

Chapter 7 brings together all the findings of the empirical chapters, identifying salient points. An analytical discussion of the limitations of the CSG as a cash transfer implemented in a developing country context is presented. This chapter also contributes to current evidence about the usefulness of cash transfer programs as policy instruments for childhood poverty alleviation in developing countries. It identifies the precise mechanisms through which cash transfer programs in developing countries can be adequate.

Chapter 8 presents the conclusions and policy recommendations of the study. It makes policy recommendations to mediate the shortcomings of the CSG (and similar cash transfer programs operating in similar settings) identified in the thesis. Specifically, this chapter discusses policy responses to some of the challenges surrounding the CSG which are either under consideration or already enacted to improve the implementation of the grant.

CHAPTER 2: THE ROLE OF CASH TRANSFERS IN ALLEVIATING CHILDHOOD POVERTY IN DEVELOPING COUNTRIES

This chapter discusses the role of cash transfers (CTs) in alleviating childhood poverty in developing countries. The first section broadly describes the state of poverty in the world and in developing countries in particular, utilising the latest available statistical findings to discuss the impact of poverty on child health outcomes, child development, intergenerational poverty and life chances.This section also briefly describes the various policy responses that have been implemented to tackle childhood poverty in developing countries. The section ends by narrowing its focus to cash transfers as policy responses to childhood poverty in developing countries.

The second section discusses the nature of cash transfer programs in developing countries, and the evolution in thinking about cash transfers as policy instruments for poverty alleviation in developing countries.

Section three describes and discusses the current evidence on the effectiveness of child cash transfers in low and middle income countries.

The fourth section identifies and discusses the knowledge gaps in the current evidence base. It provides the rationale for more research to be conducted to expand the knowledge base on the role of cash transfers in sub-Saharan Africa.

The conclusion section briefly sums up the chapter and identifies opportunities to conduct research that will meet the identified gaps in knowledge and evidence base.

Background

In the 21st century, in terms of income poverty, children represent between 37% and 40% of the world's poor, amounting to more than half a billion children who are poor (Peterson, 2003;UNICEF, 2000). Of these, the highest proportion lives in Sub-Saharan Africa and South Asia (The State of the World's Children, 2010). This pattern persists even when other measures are used, such as 'basic needs poverty', that is, other non-income multi-dimensional indicators of severe deprivation such as health, education, nutrition, safe drinking water, sanitation, shelter and information (Gordon et al, 2003, UNICEF, 2005). Further, this demonstrates the differential vulnerability of children in developing countries (Barrientos and Dejong 2004; Gordon et al, 2005;UNICEF, 2000,), where they are known to be disproportionately represented among the income-poor due to higher fertility rates (Barrientos and Dejong, 2004; UNICEF, 2000, 2009). In 2005, UNICEF reported that in developing countries , 90 million children under 5 were severely malnourished; 270 million had no access to health services, and one in four children from South Asia and Sub-Saharan Africa either had not had all the 8 immunisations recommended by WHO, or had no access to treatment for childhood illnesses like diarrhoea (UNICEF, 2005). Furthermore, 400 million children did not have access to safe water in 2005, with 1.8 million child deaths resulting from diarrhoea every year (United Nations Human Development Report, 2006). In terms of educational outcomes 101 million children who are of primary-school age are not in school , and 57% of these are girls (The State of the World's Children, 2010; MDG Report, 2007).

Today, more than 600 million children do not live in adequate shelter, and more than 500 million have no access to proper sanitation (Shah, 2010). Poverty claims the lives of 22000 to 25000 children under 5 every day (Shah, 2011; The State of the

World's Children[16], 2010), with hunger and malnutrition as the underlying cause of 60% of all child deaths in developing countries (UN, 2008; Shah, 2010). These children "*die quietly in some of the poorest villages on earth, far removed from the scrutiny and the conscience of the world. Being meek and weak in life makes these dying multitudes even more invisible in death*" (UNICEF, 2000).

These indicators express the deleterious effects of poverty on children, which, without early intervention, have an impact beyond childhood, affecting future life chances (Berry et al, 2010; Black et al, 2008; Esping-Andersen, 2002; Gordon et al, 2003;Peterson, 2003; UNICEF, 2000, 2009, State of the World's Children, 2010). Poor child health outcomes such as undernutrition[17]in the first 3 years of life, have negative ripple effects on timing of entry into school, educational attainment, economic productivity, and ultimately, the transmission of poverty from generation to generation (Case and Paxton, 2010; The State of the World's Children, 2010; Black et al, 2008; Smith et al, 2000; The Lancet editorial, 2007; Walker et al, 2007; Harper et al, 2003). Children who experience undernutrition and poor early cognitive stimulation in the first 3-5 years of life are likely to suffer loss of developmental potential, severely diminishing their chances of economic productivity and meaningful earnings in adulthood (Black et al, 2008The Lancet Series, 2008;). Girl children who are undernourished are more likely to give birth to low-weight babies in adulthood, who in turn face higher risks of childhood illnesses such as pneumonia, diarrhoea and malnutrition, perpetuating the cycle of poverty. The crucial link

[16] A Unicef publication

[17]expressed by stunting and underweight

between child poverty, child development, and life chances is captured well in the UNICEF maxim "*poverty reduction begins with children*"[18] (UNICEF, 2000).

Existing policy responses to childhood poverty and vulnerability in developing countries include the provision of basic services such as education, health, water supply, in-kind transfers such as school feeding schemes and nutritional supplements, and more recently cash transfers for consumption or education subsidies (Barrientos and Dejong, 2006:538; Samson et al, 2006). This chapter examines the role that cash transfers play in alleviating childhood poverty in developing countries.

Historical view of cash transfer programs in developing countries

As mentioned in Chapter 1, historically, cash transfers (CTs) were considered a luxury of industrialised countries and were not deemed to be viable policy instruments for poverty alleviation in developing countries. Until recently, the prevailing perception about the role of cash transfers in developing countries was that the context of widespread poverty found in these countries made it impractical to implement such programs (Hanlon, et al., 2010). Broadly, concerns about the affordability of cash transfer programs in developing countries have centred on perceptions that such programs would require a substantial share of the GDP, which developing countries with low tax basesand other competing needs and priorities would not be able to afford (UNICEF, 2009). However, simulation studies conducted in some Sub-Saharan African countries show that child cash transfers targeting poor

[18]I acknowledge that there is no universal consensus on the correctness of this statement. It has been argued that poverty should not only be seen to begin with children; poverty is poverty and affects all age groups.

children 0-14 years would require as little 1.2% of the GDP, which makes them affordable (UNICEF, 2009).

More specifically, concerns about the viability of CTs in developing countries centred on four factors: firstly the limited fiscal space of many developing countries, which includes challenges to do with the low tax revenue from which social assistance programs are normally expected to be financed. The second concern was the weak institutional capacity to formulate, deliver and evaluate cash transfer programs that characterises developing country contexts (DFID, 2005; ILO, 2001;Nino-Zarazua et al., 2010). This led to some questioning the efficiency of using cash transfers in such contexts, instead of, for instance, strategies that stimulate economic growth, such as investing in public infrastructure, perceived to be a far less cumbersome undertaking than CTs which are more difficult to target and deliver in developing countries (World Bank Policy Report, 2009).

The third factor was the long-term sustainability of cash transfer programs. The main concern about sustainability has centred on whether governments can keep up with escalating demands for cash transfer programs in the long term (Nino-Zarazau et al, 2010; UNICEF, 2009;). In low-income countries such as those in Africa where cash transfers are largely financed and implemented by donors and non-governmental organisations, these concerns find particular resonance. In South Africa, where cash transfer programs have been extended to millions of people, this has fostered greater demand for social assistance, leading to major concerns about the long term financial sustainability of these programs (Lund et al, 2009).

Lastly, long-standing concerns about the potential for cash transfers to lead to dependency and to create perverse incentives have contributed to the unpopularity of CTs. As mentioned, these concerns exist in both developing and developed countries; and have an established history in the literature of the Northern hemisphere. As such, the language of dependency is firmly entrenched in social policy; with terms like 'dependency culture', 'welfare dependency', and 'the underclass' regularly thrown around in any discussion that concerns recipients of social assistance (Lister et al, 1996). The fundamental concern about dependency is "*that [welfare] dependency is bad for people, that it undermines their motivation to support themselves, and isolates and stigmatizes welfare recipients in a way that over a long period feeds into and accentuates the underclass mindset and condition*" (Nathan 1986: 248). The underclass thesis identifies the causes of poverty as behavioural rather than structural. Charles Murray who has popularised this thesis argues that the 'type of poverty' that produces the underclass is characterised by poor people who *"[don't] lack just money. They [are] defined by their behaviour. Their homes [are] littered and unkempt. The men in the family [are] unable to hold a job for more than a few weeks at a time. Drunkenness [is] common. The children [grow] up ill-schooled and ill-behaved and contribute a disproportionate share of the local juvenile delinquents*" (Murray, 1989: 24). However it is generally agreed thatconcerns about dependency and perverse incentives are informed by differing ideological views and understandings of poverty and carry "*assumptions about human nature, gender roles, the causes of poverty, the nature of citizenship, the sources of entitlement, and what counts as work and as a contribution to society*" (Fraser and Gordon, 1994: 311).

Fraser and Gordon (1994) trace the aeteologyof the term “dependency” to the preindustrial era. They posit four ‘registers’ of the meaning behind the term: economic, social, political, and psychological registers. The economic register concerns dependence on a person(s) or institution for sustenance; while the social register “*denotes a sociological status, the lack of a separate legal or public identity, as in the status of married women created by coverture*” (Fraser and Gordon, 1994: 312). In the third register, political dependency refers to being under the government of an external ruling power as was the case with countries that were colonised; and the final register which is psychological, attributes the state of dependency to a personal character trait or flaw (Fraser and Gordon, 1994:312). It is this last register around which the dependency thesis is built.

In preindustrial times the term dependency related to subordination and was not differentiated by social, political, and economic registers. Further, the association of dependency with individual character traits was not prominent during this period, rather to be dependent meant gaining one’s livelihood by working for someone else, thus this applied to many people including labourers, serfs, slaves, and was not differentiated by gender (Gundersen, 1987). In this sense, dependency, while associated with an inferior station in life, had no negative connotations attached to it, it “*was a normal, as opposed to a deviant, condition, a social relation, as opposed to an individual, trait. Thus, it did not carry any moral opprobrium. Neither English nor U.S. dictionaries report any pejorative uses of the term before the early twentieth century. In fact, some leading preindustrial definitions were explicitly positive, implying trusting, relying on, counting on another, the predecessors of today's dependable***”** (Fraser and Gordon, 1994: 313). The 14th century predated the English

Poor Law of 1601's formalisation of distinctions between those 'worthy and unworthy of assistance'. Industrialism in the 18th and 19th centuries brought with it a semantic change in the understanding and use of the term dependency. From this period onwards, more pessimistic views of poverty and of the poor took hold (Green, 2010) and **"….***what in preindustrial society had been a normal and unstigmatized condition became deviant and stigmatized"* (Fraser and Gordon, 1994: 315). Additionally, in the industrialism era the 'pauper', 'natives' and 'slaves', and the 'housewife' came to be embodiments of the dependency thesis (Fraser and Gordon, 1994). Paupers were especially derided for their reliance on poor relief, as such they "*were not simply poor but degraded, their character corrupted and their will sapped through reliance on charity*" (Fraser and Gordon, 1994: 316). The dependency of natives and slaves derived from their political subjugation and was additionally thought to be driven by character traits, where, by reason of race such people were characterised as savages and submissive simpletons to justify colonisation and slavery (Gundersen, 1987). In the housewife all the different registers (political, social, economic and psychological) melded together to constitute their dependency and subordination on their husbands. These personifications of dependency then meant that "*those who aspired to full membership in society would have to distinguish themselves from the pauper, the native, the slave, and the housewife in order to construct their independence*"(Fraser and Gordon, 1994: 319).

It can thus be seen that the periods of preindustrialism and industrialism laid the foundation for the present day post-industrial construction of the dependency thesis. In the post-industrialism era the term dependency, as it relates to personal failure and deficiency, is more distilled, with a more intense focus on individual traits as

explaining the causes of poverty. The "*postindustrial uses of the term carry a stronger negative charge***",** and there is greater stigma attached to any form of social assistance, *"….all dependency is suspect, and independence is enjoined upon everyone…….everyone is expected to 'work' and to be 'self-supporting'"* (Fraser and Gordon, 1994: 324).

The US is identified as a developed country that popularised the dependency thesis in the 20th century. Indeed the US is said to have been particularly "*hospitable to elaborating dependency as a defect of individual character*" (Fraser and Gordon, 1994). In this regard, Charles Murray gets singular credit for promoting the usage of the term'welfare dependency' in US politics (Arneson, 1997; Fraser and Gordon, 1994; Frye, 2005; 2008; Green 1998;Lister et al, 1996; Murray, 1984, 1986, 1989). His main proposition is that state assistance relieves the pressure to seek work and to participate in human capital enhancing activities, and that with the general absence of motivation to work the poor are content to remain passively and indefinitely dependent on hand-outs (Arneson, 1997; Green 1998; Murray, 1984; Mead et al 1997).Thus, the argument goes, social assistance (if untied to conditions for work or human capital development) exacerbates, rather than reduces poverty (Green, 1998; Mead et al, 1997; Steel, 2006). Industrialised countries such as the United States, and Canada, and increasingly, a number of European countries, notably the UK, have overhauled their welfare systems to reflect this thinking (Fellows and Rowe, 2006; Mead, 1997; Steel, 2006). The use of the term is now firmly embedded in social policy discourse in both the Northern and Southern Hemispheres, with policy makers on both sides seeking to minimise welfare

dependency through such strategies as introducing time limits to social assistance programs, and tying receipt of cash transfers to work (welfare-to-work programs).

However, recent studies from the UK find little evidence to support 'dependency culture' claims (Lister, 2013), and previous studies, mostly based in the US, which show some correlation between social assistance and dependency mostly based their assessments on small samples and had mixed results (Page, 2002). Similarly in developing countries such as South Africa, current evidence shows no link between social grants and dependency[19] (Noble et al, 2008; Makiwane and Udjo 2006; Surender et al, 2010).

Evidence on the effectiveness of child cash transfer programs on childhood poverty

Having discussed the nature and role of cash transfers in developing countries in the foregoing, the following section reviews existing evidence on the effectiveness of child cash transfers in tackling childhood poverty in developing countries.

As discussed in Chapter 1, in recent years the intellectual tide has turned in favour of cash transfers as a legitimate poverty alleviation strategy in developing countries[20]. As such, cash transfers are increasingly recognised for their important role in realising social protection and in contributing to broader global development goals as expressed in the Millennium Development Goals (MDGs) such as those relating to

[19]Evidence on South Africa is discussed in greater detail in Chapter 7

[20]these are general arguments about the importance of cash transfers for tackling poverty. See later in the chapter for specific arguments relating to child poverty

hunger, education, and health in developing countries (Basset, 2008; Devereux et al, 2007;DIFD, 2005; Farrington and Slater, 2006; Samson et al, 2006; World Bank Policy Research Report, 2009). More than five years ago Barrientos and Dejong observed that "*there is an emerging consensus around the view that social protection provides the most appropriate framework for addressing poverty and vulnerability in the context of current conditions in developing countries*" (2004:10).

Several factors have contributed to the turnabout in traditional perceptions about the role of cash transfers in poverty alleviation in developing countries. First, previous efforts to respond to poverty at the individual level in developing countries focused on shock-induced poverty, taking the form of emergency and or humanitarian relief (Ellis et al, 2009;Hanlon et al, 2010; UNICEF, 2009). However, in time it became apparent that poverty in developing countries was both transient *and* chronic, and thus was fundamentally an issue of vulnerability than anything else. Shocks (risk events) such as accidents, illness, death, and community disasters, find poor people with few assets and coping mechanisms, and deplete what little there is, leading to a diminished ability to recover from such events, and an inability to cope with future shocks (Ellis et al 2009). Supra-state actors such as the World Bank thus realised that '*predictable funding was needed for predictable needs*" (Ellis et al, 2008; World Development Report, 2006). Within this discourse, especially in poor low-income countries ravaged with famine and conflict,cash transfers represent a regular and reliable source of income and are "*partly a response to a growing unmet need for social protection and partly a reaction against institutionalised food aid, with several governments and donors shifting in favour of meeting predictable hunger with predictable cash transfers"*(Devereux et al, 2005: 5).

Second, the 2000s decade, ending in 2008, was marked by sustained economic growth in developing countries, and this, together with a rise in revenues from natural resources, debt relief and budget support from developmental partners, contributed to a potentially conducive environment for implementing cash transfer programs (Nino-Zarazua et al, 2010).

A third persuasive factor in turning around the thinking on cash transfers has been the linking of cash transfers to pro-poor growth, human capital development and improved life-chances (Behrendt, 2008; Farrington et al, 2006; Hanlon et al, 2010;Samson, 2009; UNICEF, 2009;). Hanlon et al assert that *"cash transfers work to stimulate economic growth at three levels: Individuals can invest and earn more, the local economy is stimulated by increased spending, and this positive spiral of local economic growth helps to promote economic growth on the national level"* (2010:31). Others have concurred with this view, with UNICEF stating that *"even small cash transfers can make it possible for poor families to invest in assets, take risks in more productive and remunerative activities and purchase inputs such as seeds, tools and fertiliser (*UNICEF, 2009: 20*).* Mounting evidence on the strong association between receipt of cash transfers and human capital development has served to strengthen the potential of cash transfers as an instrument to interrupt intergenerational poverty[21].

Fourth, some suggest that the linking of cash transfers with big global development goals such as the MDGs (through growing evidence of effectiveness of CTs in

[21]This refers to evidence from Latin American cash transfers, and increasingly, the South African experience of cash transfers (pensions and child benefit), to be discussed later in this chapter

improving child developmental outcomes) has contributed to their growing popularity (Hodges et al, 2009).

Finally, there is now growing evidence that cash transfers for children are able to alleviate child poverty (Gordon et al, 2005; Institute for Development Studies, 2006). As such, several cash transfer programs implemented in Latin America, South Asia and sub-Saharan Africa have been associated with improved child health outcomes and human capital development[22]. Thus, ultimately, it is a combination of the acknowledgement that the aforementioned previous alternative strategies were simply not working, together with growing research evidence of the strong impact of social protection measures, which led to a renewed interest in cash transfers as valid poverty alleviation instruments (Devereux and Sabates-Wheeler, 2006).

Among developing countries, Latin American and Caribbean (LAC) countries such as Brazil, Mexico, Chile, Honduras, Columbia have the longest (combined) experience of child cash transfer programs that have been rolled out at scale. The only other comparable large scale child cash transfer program is the one found in South Africa, which was established at aroundthe same time as Mexico's Oportunidades program. However, there are several other countries in the South which have CTs targeting poor households with children, although very few of these have been subjected to rigorous evaluation. This section will first give a brief overview of some of these cash transfer programs which arepresented in a table format (Table 1), and then move on to present evidence from the Latin American

[22]These will be discussed in greater detail further on in the chapter

countries, and finally review evidence from the South African child cash transfer program.

Country	**CT program**	**Conditionality**	**Targeting**	**Reach**	**Cash value (per month)**
Armenia		Yes (health and school attendance)	Households with children living in poverty	141 000 households	US$15/household
Malawi	Social Cash Transfer Scheme	No	Ultra poor labour constrained households	260 000 households	US$13/household
Ghana	*LEAP*	Yes (school attendance and health visits)	Orphaned and vulnerable children, pregnant and lactating women, impoverished elderly, severely disabled, households dependent on fishing and crop farming	35000 households	US$6-10/household
Mozambique	*INAS*	*No*	Pregnant malnourished women, elderly, disabled and the chronically ill (not from HIV/AIDS)	101 800 households	US$3-6/household
Philippines	*Pantawid Pamilyang Pilipino Program*	Yes(school attendance and health visits)	Households with children living in poverty	380 000 households	US$11 + US$7/child up to age 3
Kenya	CT-OVC	Yes (school enrolment, attendance, health visits and nutritional education)	Orphaned and vulnerable children	300 000 households	US$22.50/household

Ethiopia	Productive Safety Net Program	Yes/no (some public works requirement)	Chronically food insecure households	8 million beneficiaries	US$17/year+ food+cereals
Zambia	Social Cash Transfer Scheme	No	Destitute incapacitated households	9600 households	US$10/ household + US$2.50 child bonus
Mongolia	Child Money Program	Yes (school enrolment, attendance, health visits)	Universal coverage of all children	1.4 million children	US$26/child

Table 1[23]: Child cash transfer programs in developing countries (excludes Latin America and South Africa) as detailed in Hanlon et al, 2010.

Latin American and Caribbean Child Cash Transfer Programs

Latin American and Caribbean countries are generally considered to be leaders and pioneers (along with South Africa) of child cash transfer programs in developing countries. Several cash transfer programs from this region have been subjected to rigorous research and evaluation, the results of which point to them being effective in improving child outcomes. Specifically, "*the Mexican, Brazilian and Nicaraguan programmes all resulted in an increase in nutrition monitoring, in immunisation rates, and in growth rates*" (Lund et al, 2009: 76).

Mexico's Oportunidades program

Mexico is arguably the leading country in cash transfer programs in Latin America, with its Oportunidades program, which has perhaps garnered more interest from researchers, policy makers, donors, social scientist and academics than any other transfer program in developing countries. The Oportunidades conditional cash

[23]This table is by no means an exhaustive list of CTs in developing countries, indeed new cash transfer programs are being implemented all the time

transfer (CCT) program is the second largest cash transfer program in the developing world accessed by more than 5 million families, thus reaching 24 million people or 22% of the population (Fernald et al , 2008; Hanlon et al, 2010). In the 3 poorest states in Mexico it reaches more than half of all families. The benefit level averages US$38 per child or per familyper month[24] (27% and 20% average household income in rural and urban areas respectively). Consequently it is the most popular cash transfer program with policy makers, researchers and donors from all over the world seeking to study and understand its model. There are many countries that are also replicating the Oportunidades program, such as Argentina, Chile, Colombia, Honduras and Brazil (Gertler, 2003; World Bank Policy Report, 2008). Increasingly, there are attempts to also replicate it in Sub-Saharan Africa (Kakwani et al, 2005; Nino-Zarazua et al, 2010).

The Oportunidades Human Development Program (formerly known as Progresa) was established in August 1997 as Mexico's foremost poverty alleviation program (Hanlon, 2010;Levy, 2006). This conditional cash transfer program is means testedand non-contributory, focusing on the health, education and nutrition of children from the poorest households in Mexico. It has been suggested that the conditionality of the program reflects the transfer of ideas and attitudes from the neighbouring United States to Mexican elites, and the strong influence of the Inter-American Development Bank, which played a major role in designing the program (Hanlon et al, 2010).

[24]Whether it is per child or per family depends on the scheme category that the applicant falls under –the Opportunidades program has categories for individual children and for families (for instance families/households get incentives for complying with certain aspects of the conditions)

The conditions pertaining to education seek to boost both school enrolment and school attendance rates. This is done by providing a cash transfer to poor households that have children who are enrolled in school with regular attendance. Continued receipt of the transfer depends on at least 85% attendance of all school classes during a school year (Garcia-Verdu, 2003). The transfer increases with age and peaks at the ages 11-12 years of age as this is the start of the transition period from primary to secondary school where the lowest rates of attendance are observed in Latin American rural schools. The transfer is also differentiated by gender, with females receiving a higher amount as they grow older in order to encourage the education of girl-children (Garcia-Verdu, 2003). The component of the transfer which is conditioned on educational outcomes constitutes the largest share of the overall amount of the Oportunidades transfer (Garcia-Verdu, 2003).

Schulz (2000) evaluated the effectiveness of the program on enrolment and attendance rates. The results showed that the program is positively associated with increasing enrolment and attendance rates across the board. The association was particularly strong at the transition period from primary to secondary school where pre-enrolment rates were 67% for girls and 73% for boys: the increase in enrolment rates was 4 to 6 percentage points for boys and 7 to 9 percentage points for girls. These enrolment rates account for post-program increases of 7% for boys, 15% for girls and 11% on average. Enrolment rates which had already been over 90% before the Oportunidades program at the primary school level had a weak but positive association with the program with increases of 0.74 to 1.07 percentage points for boys and 0.96 to 1.45 percentage points for girls. These results indeed confirm that the impact of the program is strongest for periods where enrolment is particularly low

–in this case the transition period from primary school to secondary school level, and has a weaker effect where enrolment rates were already high –in this case primary school levels. This brings home a point often made about conditionality –that school related conditions that seek to bolster enrolment rates are not sensible in contexts, like South Africa, where such rates are already high (Lund et al 2009). Lund (2011) argues that in such contexts what needs improving are supply-side related issues concerning quality of education in terms of increasing achievement rates and educator quality, and not conditionality. Indeed a review of cash transfers in East and Southern Africa concluded that "*in Africa, CCTs have proved less popular to date, possibly because the quality of education and health services is often so poor that the benefits of imposing conditions are doubtful*" (Devereux et al, 2005: 5)

Another evaluation by Behrman, Sengupta, and Todd (2002) similarly found that the Oportunidades program is associated with reduced drop-out rates, early entry and re-entry in school. Additionally, this study found that whilst the Oportunidades program is associated with increased enrolment and attendance rates, it has no effect on school achievement. This means that whilst more children are going to school, they are not graduating from one class to the next (Hanlon et al, 2010). The reasons for this remain largely unexplained: one consideration is that the quality of education has not improved with the increase in attendance, pointing to a need to pay careful attention to the supply-side issues raised by the finding (Hanlon et al, 2010).

A further point of concern is raised by the finding that a "*substantial number of children continue to combine both work and school under the program*" (IFPRI, 2002:

4) even though the educational component of the program sought to decrease child labour.

The health component of the conditions attached to the Oportunidades program focused on boosting primary health care utilization rates (Gertler, 2000). A recent evaluation of the impact of the Oportunidades program on child health outcomes shows that it is associated with improved growth: height-for-age lower prevalence of stunting, lower body-mass index for age percentile, and lower prevalence of being overweight (Fernald et al, 2008:833). A less recent evaluation of the health component of the program was carried out by Gertler (2000). Results showed that the Oportunidades program is associated with increased primary health care utilisation and reduced public hospital utilisation. For children aged 0-5 the incidence of illness was found to be 12% lower than in the control group. However, no significant difference was found for children older than 5 years (Garcia-Verdu, 2003).

The evidence of the impact of Oportunidades certainly points to its association with increased investments in the human capital of its beneficiaries. In all the studies that have been conducted the conditional cash transfer has been associated with improved utilisation of health care services, and with early entry into school, higher school enrolment and attendance rates, as well as reduced drop-out rates. However, the lack of program impact on school achievement remains a concern as human capital investments in the form of education are meaningless if they are not linked to school achievement (Hanlon et al, 2010). Also, the program does not seem to have impacted on child labour practices although this was one of its key goals in linking the cash transfer to education.

Lastly, in spite of the positive press surrounding the Oportunidades program, one systematic review which included its famed randomised experiment cautioned that "*Despite its widely acclaimed design, we found that the [Oportunidades] trial was undermined by a number of methodological issues that hampered the interpretation of its results*" (Lagarde et al, 2009: 35). The major methodological issue identified was the lack of a proper counterfactual, where the assessment of the impact of the CCT could be based on a comparison with a program paying out cash with no conditions attached to receipt (Lagarde et al, 2009).

Brazil's Bolsa Familia Program (BFP)

Brazil implemented its Bolsa Familia Program (BFP) in 2003 by combining four pre-existing cash transfer programs *"in an effort to improve efficiency and coherence of the social safety net and to scale up assistance to provide universal coverage of Brazil's poor*" (Lindert, Linder, Hobbs and de la Briere, 2007). Since merging the four cash transfers into BFP, the program has become the largest cash transfer program in the world, reaching 11.1 million families in 2007 (about 46 million people), providing transfers ranging from US$7-45 per month to poor families with children. The BFP is conditional on school attendance, immunisations, and prenatal visits (Lindert et al, 2007).

The BFP has been lauded for its contribution to reducing income inequality in Brazil, accounting for 20-25% of the reduction in inequality, and 16% of the recent fall in extreme poverty (Hanlon et al, 2010; Lindert et al, 2007). The program has also been found to be well targeted with 73% of the transfer going to the poorest quintile, and

94% going to the poor. Further, Bolsa Familia is positively associated with increased school attendance (Soares et al, 2007), and a 46% reduction in chronic child malnutrition in the poorest regions (Rawlings et al, 2005).

Notably, the program adopted a 'graduation agenda' in 2007 where program designers and planners started to think about ways in which the program could "*help the poor graduate from poverty and reliance on transfers to self-reliance*" (Lindert et al, 2007). The agenda consists of plans to either enforce time limits on the cash transfer or gradually decrease benefit value; there are also plans to link the program to job services (to be accessed by parents). There are elements of the welfare-to-work 'ideology' underpinning this agenda, reminiscent of United States and Canada attitudes to welfare.

However, as was noted above as regards the Mexican Oportunidades programme, a major criticism of the Brazilian BFPis that evaluations conducted on itdo not have a true counterfactual against which to assess the impact of the cash transfer programs on child outcomes (Barrientos, 2011; Lund et al, 2009). Samson et al (2011) state that *"….any attempt to measure causal program impacts must address the problem of the counterfactual….."* (Samson et al 2011: 1). With conditional cash transfer programs, often the evaluations are on the basis of conditionality versus a control wherenothing happening in it; very few evaluations have been able to base their comparisons on cash transfer programs with conditions attached to them versus cash transfers with no conditions attached (Robertson et al, 2013). One such evaluation in Brazil compared an unconditional cash transfer targeting the elderly and disabled with the conditional *Bolsa Escola* and found that both programs were

similarly well-targeted to the poor and had similar poverty reduction effects (Soares et al in Lund et al 2009).

CCTs in Colombia, Honduras and Chile[25]

Colombia's *Familias en Accion* is a conditional child cash transfer that had reached nearly 2 million households (15% of the population) by 2007. The amount of the cash transfer is dependent on the age of the child recipient, ranging from US$8 to $33 per child, and costs 0.2% of GDP (Hanlon et al, 2010).The receipt of the transfer is conditional on school and clinic attendance. The *Familias en Accion* program is positively correlated with an increase in school attendance, improved child nutritional status as measured by height for age for children under two years of age (Soares et al, 2007) and increased health visits (for immunisations) (Attanasio et al, 2005).

Honduras's *Programa de Asistencia Familiar,* is a child and family cash transfer program**,** that reaches 240 000 households in 1000 of the poorest communities in Honduras. The program costs 0.3% of the country's GDP (Hanlon et al, 2010). The transfer is conditional on school attendance and health care utilisation (health visits and immunizations). It has been found to be correlated with increased health care utilisation (Morris et al, 2004; Son, 2008).

Chile has two conditional cash transfer programs for poor households with children. One, Subsidio Unitario Familiar (SUF), reaches 1.2 million people (7% of the population) and transfers US$10 per month to households. The second one, Chile

[25]These cash transfer programs have been subjected to fewer rigorous evaluations than Oportunidades, hence there is less evidence on them

Solidario, is conditional on school enrolment and attendance, as well as health care utilisation. The program targets 5% of households which are in extreme poverty. The cash transfer value starts at US$21 per month and decreases to the SUF level of US$10 per month after 18 months (Hanlon, 2010; World Bank Policy Report, 2008). Chile Solidario is positively correlated with an increase in school enrolment and attendance, but has a low impact on health visits and utilisation (World Bank Policy Report, 2008).

A 2009 Cochrane systematic review of CCTs mainly selected studies from Latin American countries such as Mexico, Brazil, Nicaragua, and Honduras, with only one study outside LAC (a Malawi study). Having initially found 29 papers on CCTs, the review selected 10 papers on the basis of methodological rigour which met the criteria for systematic reviews (Lagarde et al, 2009). The results showed that the way in which the studies were designed and the analyses utilized minimized the risk of bias. They also found strong evidence for a positive correlation between the CCTs and health care utilisation, nutritional status and child health outcomes, especially relating to child growth and self-reported episodes of illness (Lagarde et al, 2009). However the authors stated that "*It is hard to attribute these positive effects to the cash incentives specifically because other components may also contribute*" (Lagarde et al, 2009: 36).

As we have seen, althoughevidence on CCTs from Latin America has generally shown positive associations of cash transfers with improved child outcomes the evidence of the additional impact of the 'conditionality' is limited. Similarly, evidence on conditionality from developing countries outside LAC is also equivocal. A recent

study, published in the Lancet, conducted a randomised controlled trial in Zimbabwe which tested the effect of conditionality on key child outcomes (Robertson et al 2013). The study was a matched, cluster-randomised controlled trial in ten sites in Manicaland, Zimbabwe. Each study site was divided into three clusters, and after a baseline survey at the start of the study, clusters in each site were randomly assigned to either a unconditional cash transfer (UCT) program, a conditional cash transfer program, or control, by drawing of lots from a hat. The inclusion criteria were: households with children younger than 18 years; head of household younger than 18 years; and or a household that cared for at least one orphan younger than 18 years, a disabled person, or an individual who was chronically ill; or a household that was in the poorest wealth quintile (Robertson et al 2013). Households in the CCT and UCT arms received bi-monthly cash transfers, with CCT households additionally being required to comply with conditions related to obtaining a birth certificate, children younger than 5 years having complete vaccination records, and children 6-12 years attending school at least 80% of the time. The findings showed mixed results. While the CCT group had stronger effects for possession of a birth certificate compared to the UCT and control groups, the UCT group had a higher (though weaker) effect on vaccinations compared to the CCT group and the control arm; and both the UCT and CCT arms had similar impacts on school attendance. Specifically, compared with control clusters, the proportion of children aged 0–4 years with birth certificates had increased by 1·5% (95% CI –7·1 to 10·1) in the UCT group and by 16·4% (7·8–25·0) in the CCT group by the end of the intervention period. The proportions of children aged 0–4 years with complete vaccination records was 3·1% (–3·8 to 9·9) greater in the UCT group and 1·8% (–5·0 to 8·7) greater in the CCT group than in the control group. The proportions of children aged

6–12 years who attended school at least 80% of the time was 7·2% (0·8–13·7) higher in the UCT group and 7·6% (1·2–14·1) in the CCT group than in the control group. The authors posit several factors that could explain the large effect of the CCT on birth registration compared to the UCT. They suggest that the key factors included low baseline levels of birth registration (less than 50%) which is an indication of poor awareness about the importance of registration and barriers at the supply level. The CCT program helped participants to obtain birth certificates, while households in the UCT arm did not get similar assistance. The authors also point out that as an intervention birth registration does not have to be maintained as it is a one-time event; and previous research has shown that CCTs have better effects on behaviour for interventions that are short-term (Robertson et al, 2013). Robertson et al (2013) further explain that the similar effects found for school attendance in both the UCT and CCT arms in their trial could be due to the fact that Zimbabwe has an established, strong education system with relatively high adult literacy and enrolment rates compared to many countries in sub-Saharan Africa, and therefore "*conditions might not be necessary to raise awareness about the benefits of education, which leaves poverty as the principal barrier to school attendance*" (Robertson et al, 2013: 8).

The authors conclude that the results support the importance of cash transfer programs, regardless of conditionality, in developing countries; but state that " *further evidence is needed for the comparative effectiveness of UCT and CCT programmes in this region……further work is needed to assess whether the increased costs associated with monitoring compliance with conditions is compensated by greater improvements in child welfare outcomes*" (Robertson et al, 2013: 9).

The South African experience of implementing a child cash transfer program

South Africa is a middle-income country in the Sub-Saharan region of Africa. In 2010 estimates of the population reported approximately 50 million people living in South Africa (Mentjies and Hall, 2012) from diverse ethnic groups and 11 official languages.

South Africa is in its 19th year of democracy having survived nearly 350 years of colonialism and apartheid. Said to be 'Africa's superpower', the country has a two-tiered economy: the first tier is comparable to any developed country, with a well-developed infrastructure and advanced financial and manufacturing sectors; whilst the second tier is characterised by an informal economy and the attendant high levels of poverty (Leatt and Budlender, 2006). This necessarily means that South Africa is a highly unequal society with a Gini Coefficient[26] above 0.7 in 2009 (The Presidency, 2009). The country is also plagued by high levels of unemployment with a rate of 23.5%[27] in 2009, widely considered to be a conservative estimate (Statistics South Africa, 2009).

South Africa is no different from the rest of the developing world in terms of poverty indicators that are disproportionately skewed towards children. In South Africa a greater proportion of children than adults live in poverty, and they are exposed to higher levels of poverty than adults, with a different and more severe experience of poverty (Hall and Chenells,2012). Children under 18 years make up 37% of the total population with 18.5 million children living in the country in 2010, accounting for a 6%

[26]Where 0 is perfect equality and 1 is perfect inequality.

growth rate (1.1 million) between 2002 and 2010 (Hall and Mentjies, 2012). Recent research reports that 64% or 11.9 million children live in income poverty in South Africa, with the wealthiest provinces, Western Cape and Gauteng being the only areas with child poverty rates below the national average (UNICEF, 2011). Estimates from 2010 further reveal that 35% of children live in extreme poverty on less than US$ 2 per day (Hall, 2012). Further, half of all children live in the three poorest provinces in the country: Kwazulu-Natal (24%), Eastern Cape (14%) and Limpopo (12%) (Mentjies and Hall, 2012). Each of these provinces has former homelands from the apartheid-era Bantu Homelands Citizenship Act of 1970, with large rural populations.

Additionally, about 70% of all children live in the poorest 40% of households (Mentjies and Hall, 2012). Hall, Lake and Barry (2012) point out that in South Africa "*…poor children bear the greatest burden of disease, partly due to poorer living conditions and levels of services (water and sanitation). Yet health facilities are least accessible to the poor. Nearly half of children (45%) in the poorest 20% of households have to travel far to access health care, compared with 19% of children in the richest 20% of households*" (Hall et al, 2012:91). The wealth inequalities and poverty that are the legacy of the apartheid era have determined the face of child poverty in the country today. This means that, when taking into account the official classifications of race in the country, African children are the worst off on every poverty indicator, and then Coloureds, followed by Asians, with White South Africans being the least affected. Thus, African children account for 93% of all poor children, Coloured children make up 5.3% and White children make up 2% (Streak et al, 2008).

In terms of other non-income poverty indicators, South Africa does not fare any better. While there has been a significant drop in reported child hunger (from 30% of all children in 2002 to 16% in 2006), the fact that 3 million children were still living in households where hunger was reported in 2010, remains a cause for concern (Hall et al, 2012). Hall et al (2012) report that while child hunger was drastically reduced between 2002 and 2006, from 2006 until now the rate has remained fairly constant (16% in 2006, 18% in 2008, 17% in 2010), "*suggesting that despite expansion of social grants, school feeding schemes and other efforts to combat hunger amongst children, there may be targeting issues which continue to leave households vulnerable to food insecurity" (*Hall et al, 2012: 94*)*. Furthermore, even with the targeting of social grants to the poorest households where they are associated with improved nutritional outcomes, children living in such households still report high rates of hunger (26%) compared to children in the wealthiest households (less than 1%) (Hall et al, 2012).

With child nutritional status indicators such as stunting, underweight, and wasting[27], the picture is varied. Stunting, an indicator of chronic poverty measured by child height for age, is associated with developmental delay and impaired cognitive function and is the strongest predictor of child mortality in children under 5 (Berry et al, 2010; The Lancet, 2007; Walker, 2007). In South Africa the prevalence of stunting was reported to be at 18% in 2005 and a decrease in prevalence has been observed since 1999. However, the prevalence rates of some provinces reveal a much bleaker picture; Free State, Limpopo and the Northern Cape have stunting

[27]Internationally recognised specific measures/thresholds that measure child nutritional status

rates of 28%, 24% and 28% respectively. The World Health Organisation classifies these rates as 'medium prevalence of stunting' indicators (Berry et al, 2010).

When utilising other child deprivation measures, the South African Index of Multiple Deprivation for Children for 2007 (SAIMDC 2007) shows similarly concerning levels of child poverty. The SAIMDC 2007 shows that at national level 78% of children are income or materially deprived, 41% live in households with no working adults, 5 % of children between the ages of 7-15 are education deprived, and 5% living in a household without a biological parent (Wright et al, 2009). Further, 72% of children live in poor quality environments defined by the absence of either one of these services: piped water in dwelling or yard, pit latrine or flush toilet, formal dwelling, and electricity, and who live in overcrowded households (Wright et al, 2009). At the provincial level the Eastern Cape, North West, Kwazulu-Natal and Limpompo at varying degrees, have the highest levels of child deprivation for living environment, income, and employment deprivations (Wright et al, 2009).

The government of South Africa's response to child poverty is mainly through the implementation of child grants which reach millions of poor children across the country. As detailed in Chapter 1, The Child Support Grant is the biggest cash transfer program in the country and the continent.

Evidence for the effectiveness of the South African Child Support Grant

There is now a relatively large body of literature on the impact of the Child Support Grant in South Africa. Evidence exists on the areas of its reach, usage within households, and more recently, impact on educational outcomes, health outcomes

(immunisations and nutrition) and labour. In terms of reach, that is, the number of children who have accessed the grant in comparison to the number of children who are eligible for the grant, the CSG has been shown to be well targeted (Case, et al 2003). More recent evidence shows that it is reaching more than 80% of its intended beneficiaries (Delany et al, 2008; Hall et al, 2009). However variations in CSG take up at the provincial level have been reported with rates ranging from 84% in Western Cape and Gauteng, to 66%, 63% and 64% in the Eastern Cape, Northern Cape and Free State provinces respectively (Noble et al, 2005).

In terms of usage, the CSG has been reported to constitute 40% of the household income in poor families (Delany et al, 2008). This is a strong illustration of the role social protection in the form of cash transfers plays in contexts of chronic poverty. Further, evidence suggests that as much as 80% of the monthly grant is used for food, clothing and school-related costs (Delany et al, 2008; Lund, 2006).

Research on the impact of the CSG on educational outcomes includes school attendance and school enrolment in pre-school, primary school and high school (Delany et al, 2008; D S D, SASSA and UNICEF, 2011). Findings reveal that overall there are no discernible differences between CSG recipients and non-recipients in terms of school attendance (Delany et al, 2008). This is largely because school attendance is generally high in South Africa (Freeland, 2006) though it is relatively lower for high-school age children, specifically those between the ages of 16-18 (Barnes et al, 2009; Delany et al, 2008). However, specific differences have been discerned in the pre-school population with CSG recipients showing a higher likelihood of pre-school or crèche attendance than children who are not in receipt of

the grant (Delany et al, 2008). Early receipt of the CSG is also associated with recipients completing more grades (number of classes) in school, and higher math scores for girl children living with mothers who have less than 8 grades of schooling (D S D, SASSA and UNICEF, 2011).

A few studies have estimated the impact of the CSG on child nutritional status. Aguero, Carter and Woolard (2006) estimated the impact of the CSG on child growth and adult earnings using longitudinal data from the Kwazulu-Natal Income Dynamics Study (KIDS, 1993-2004), a nationwide living standards survey. The results revealed that large dosages of the CSG early on in the first three years of life significantly boost child height and are associated with higher earnings in adulthood (Aguero et al, 2006). Another simulation study by Samson et al (2008) has reported an association between the CSG and child hunger. Finally, a recent study assessing the impact of the CSG finds that early receipt of the grant is associated with improved height for age for children whose mothers have more than 8 years of schooling (D S D, SASSA, and UNICEF, 2011).

Few studies have looked at the impact of the CSG on health care utilisation. The recent impact report mentioned above assessed the link between CSG receipt and access to preventive health measures such as growth monitoring and immunisations and found no correlation (DSD, SASSA, and UNICEF, 2011). Immunisations coverage in South Africa stands between 97% and 99% (depending on specific immunisations) (UNICEF, 2009). This is considerably high coverage though no direct link has been made between these specific rates and CSG receipt.

The recent CSG impact study by the Department of Social Development, UNICEF and the South African Social Security Agency discussed in Chapter 1 provides even stronger effects for association of the CSG with improved child outcomes. This was a rigorous study which used the difference in difference (DID) methodology to measure the effect of the CSG on recipients over time. This method allowed the authors to measure the effect of change due to the presence of the CSG in early recipients compared to late recipients, thus they were able to estimate the dose-response or change in effect on children (in terms of key outcomes) as a result of differing levels of exposure to the CSG (DSD, SASSA and UNICEF, 2012). The study was conducted in 5 provinces across South Africa sampling 2266 children at cash paypoints.. The positive correlation of the CSG with nutritional outcomes, equity, improved outcomes for girl children, and the protective effect it has on adolescent risky behaviour cements the grant's important role in poverty alleviation in South Africa.

Existing gaps in the evidence base and the need for future research

The child cash transfer programs that have been reviewed in this chapter indicate that cash transfers may indeed be effective in alleviating child poverty through the improvement of child developmental outcomes. However, several gaps in our understanding of the precise manner in which child cash transfers are designed, implemented and utilised affect their effectiveness as policy instruments for poverty alleviation. In particular these gaps relate to the need to understand how the decision to make the CSG a targeted cash transfer as opposed to a universal one, with soft conditions attached it, affects its adequacy in meeting the needs of children. Gaps in understanding the implementation of the grant relate to its delivery mechanisms and

how such mechanisms facilitate or bar eligible applicants from accessing the grant. Utilisation relates to understanding if and how the CSG meets the needs of recipients in light of its low benefit level. Utilisation also relates to the need to understand how households cope with the grant in the presence of high unemployment rates and a depressed economic environment. Further, there is a need to understand how the policy and social contexts in which the grant operates interact to limit and or facilitate the adequacy and sustainability of a cash transfer like the CSG operating in a developing country context.

Specifically, there are questions about whether the specific targeting of women as recipients of cash transfers on behalf of their children, as is the case with the CSG, has impacts similar to what has been observed in the Latin American conditional cash transfer programs (Molyneux, 2006). There are other gaps in our understanding of how receipt of the cash transfer by women on behalf of their children affects the use of the money and household dynamics in the sub-Saharan Africa context. For instance, does the benefit promote the empowerment of women in settings where patriarchy exists? Is it utilised better in the hands of women?

Further questions about how the Sub-Saharan Africa context matters in the implementation of child cash transfers remain. Specifically, in highly unequal contexts like South Africa where there are poorly resourced areas (often rural, and or in former Bantustans) with high poverty rates and limited public infrastructure, it is important to know whether the CSG performs similarly in such settings as it does in urban settings with lower poverty rates and advanced infrastructural development.

These gaps in understanding are particularly pronounced for child cash transfers implemented in the African context, due in large part to the small evidence base that exists on child CT programs in the continent. Besides the South African Child Support Grant, the other cash transfer programs targeting poor households with children in Sub-Saharan Africa, such as Kenya's CT-OVC and Ghana's LEAP, are recent, relatively small-scale programs[28], covering less than 500 000 households, thus limiting the extent to which these programs can be studied.

As can be seen, nearly all the child cash transfer programs discussed in this chapter are implemented in Latin American countries, necessitating caution in generalising their applicability to the Sub-Saharan Africa context.

Although the South African CSG is the largest child cash transfer in the Continent, all the current evidence that exists on it is largely focused on assessing its impact, on assessing whether it plays a role in poverty alleviation, on how many people it has reached. Less research has gone into looking at the cash transfer in its entirety to examine how the different aspects of it (design, implementation, the way it is used in households, and the social environment in which it is implemented) all work together to facilitate or limit it as a policy instrument for child poverty reduction. It is important to generate this evidence as policy has to be "*informed by an awareness of both the advantages and disadvantages of cash transfers and social protection*"(du Toit and Neves, 2009: 24). It is not enough to know that the CSG is associated with positive child outcomes without understanding how or why, and equally its limitations and

[28]Though Kenya's CT-OVC and Ghana's LEAP are slowly evolving into larger CT programs

weaknesses need to be known and understood. Such knowledge is critical to future efforts to strengthen it as an instrument for child poverty alleviation.

Chapter summary

This chapter has reviewed literature on the nature, evolution, and impact of cash transfers in alleviating childhood poverty in its many dimensions in developing countries. In discussing the evidence for the effectiveness of cash transfer programs in developing countries, several gaps in evidence have become apparent. In particular the evidence existing on cash transfer programs, while showing that they play an important role in poverty reduction, does not expound on how the limitations of such programs (which follow a targeted, conditional, low-benefit level design) affect their ability to be adequate instruments for poverty alleviation. This dissertation undertakes a nuanced analysis ofthe CSG to address these gaps. It looks at how the limitations of the grant in terms of its targeted, quasi-conditional design act as barriers to accessing the cash transfer; how its benefit level affects its ability to meet its goals; and the manner in which current concerns about the CSG leading to welfare dependency and misuse affect its state-building goals[29].

In short, this thesis provides an opportunity to contribute to the existing knowledge base about the adequacy of child cash transfers in -sub-Saharan Africa's poorly resourced and diverse region.

[29]While the CSG policy does not specifically mention state-building goals, in her book Frances Lund (Lund, 2007) describing the process of designing the CSG , explains that state-building goals were implicit in the design of the grant.

CHAPTER 3: METHODS

Chapter 1 introduced the research topic and outlined the study aims and objectives of the dissertation. In this chapter I describe and discuss the methodological trajectory that I followed to answer the thesis question. This dissertation makes use of a mixed methods approach to answer the research question.

This chapter first outlines the research philosophy that underpins the research methods employed in the doctoral study. Then I expound on the research methods adopted for this study. Finally, I introduce and describe the research instruments developed and utilised to answer the thesis question.

The philosophical basis of research

Research philosophy refers to the underlying ideology and assumptions about the world which inform the way data is gathered, analysed, interpreted and utilised to accumulate knowledge. It is also the most basic and initial level at which research methods can be considered, described and classified (Clarke, 1998).

It is important to have knowledge and understanding of the research philosophy underpinning research methodologies as this helps the researcher to select, refine and clarify the overall research strategy that will be used; the researcher is able to evaluate various research methodologies in order to avoid inappropriate use; and the researcher is able to identify potential limitations of each strategy prior to undertaking the research (Crossan, 2003).

The two main (contending) philosophies that underpin different social research methods are positivism and post-positivism or interpretivist (also called anti-positivism). Proctor (1998) asserts that a demonstration of an understanding of the differences between the two main research philosophies is an important first step to deciding which research methodology to employ.

Positivism

Positivism is grounded in a belief in the absolute, thus its preoccupation is with objectivity, logic and a search for universal laws and prediction. As such positivists rely on quantification to design, gather data, analyse and understand a phenomenon being researched. Auguste Comte, one of the founding fathers of this philosophy asserts that the physical world needs to function on absolute laws of nature, and that real knowledge can only originate from the observation of objective reality (Bridges, 1908 in Proctor 1998). While many definitions of positivism have been proffered, Smith's (1998) description is perhaps the most relevant for the application of the philosophy in social science research: "*Positivist approaches to the social sciences . . . assume things can be studied as hard facts and the relationship between these facts can be established as scientific laws. For positivists, such laws have the status of truth and social objects can be studied in much the same way as natural objects"*. Crossan (2003) identifies 6 key elements of the positivist philosophy that characterise the research methods it underpins:

1. Methodology: the centrality of quantitative research methods as the basis of valid generalisations and laws

2. Value-freedom: objective criteria from which to determine research questions and study design
3. Causality: the importance of establishing causal relationships and fundamental laws to explain human behaviour
4. Operationalization: concepts need to be operationalized in a way that lends them to quantitative measurement
5. Independence: the importance of the independence of the researcher from the phenomena under study
6. Reductionism: reducing research problems to the simplest possible elements

Quantitative research methodology makes use of statistical and mathematical techniques to design research studies, and to collect and analyse data.

Jorge Larrain argues that *"one of the features of positivism is precisely its postulate that scientific knowledge is the paradigm of valid knowledge, a postulate that indeed is never proved nor intended to be proved*" (1979: 197). In saying thus, Larrain (1979) introduces the contention that anti-positivists raise about positivism: that it is neither possible nor desirable to quantify and statistically measure all phenomena, and that absoluteness is not necessary for the development or advancement of all knowledge. Another major criticism of the positivist approach is that it does not enable the examination of human beings in any way that is in depth (Crossan, 2003). Some go so far as to assert that it is not an approach that should be used to make generalisations and laws about human behaviour (Ayer, 1969). Parahoo (1997) expounds on this and adds that "*In physics, it is possible to formulate laws relating to the expansion of metal when heated. From such laws, the amount of expansion that will occur in particular circumstances can be predicted. However, when a man loses*

his job and becomes depressed, it does not mean that he will be depressed each time he loses his job, nor can we say that everyone who loses his job becomes depressed". Critics of positivism thus argue that human beings are not 'objects' but rather have behaviour, feelings, perceptions and attitudes that are influenced by many factors which cannot always be quantified;human beings have will, intentions and reasons for their actions, unlike atoms and molecules.These criticisms bring us to the other main research philosophy: the post-positivist approach.

Post-positivism approach

The post-positivist approach (also called anti-positivism or interpretivist approach) followed on from the acknowledgement that the positivist'sapproach to knowledge development was not entirely indefensible (Crossan, 2003). Crossan (2003: 52) argues that "*Post-positivism provides an alternative to the traditions and foundations of positivism for conducting disciplined enquiry. For the positivist reality is not a rigid thing, instead it is a creation of those individuals involved in the research*". Thus for post-positivists the objective reality that is foundational to the positivist philosophy becomes only one dimension of reality. Further, anti-positivists argue that unobservable phenomena do exist and that this understanding can give meaning to and explain observable reality (Crossan, 2003). As such post-positivists, rather than pursue absolute truth (through generalisations and laws), seek 'warranted assertability' where evidence is constructed from multiple realities and multiple perspectives without compromising research validity (Crossan, 2001).

Qualitative research methods have their philosophical roots in post-positivism although it has been said that the philosophy actually lends itself to both quantitative

and qualitative methods (Crossan, 2001). In qualitative research the researcher is an integral part of the research process, and the method values ‘critical multiplism’, where rigour, precision, logical reasoning, and attention to evidence are prioritised along with an openness to multiple perspectives to define and select research goals, questions, methods, and analyses and to interpret results (Cook, 1985). At its core, qualitative research is concerned with people’s experiences and accounts of the phenomena under investigation.

A regular criticism of the qualitative research methodology, and indeed of post-positivism, is the lack of reproducibility and generalisation of findings. Another key limitation is said to be the method’s emphasis on researcher involvement which increases the likelihood of bias (Mays and Pope, 1995). However this same limitation is also viewed as a strength of the qualitative method, i.e researcher involvement allows the researcher to immerse himself/herself in the world they are researching and thus walk away with an indepth understanding of it. Miles and Huberman (1994) also argue that as the real world is constantly changing, researcher immersion allows the researcher to be present if and when any changes occur in the context they are researching.

Mixed methods approach

While the two research philosophies discussed above seem to be polar opposites, some scholars advise that this difference is overstated, and in fact it is suggested that more often than not researchers use qualitative and quantitative research methods in conjunction with one another. This is in acknowledgement of the fact that no single research method is inherently superior to another; as such, a mixed methods approach is increasingly seen to be a strength for many research projects(Kaplan and Duchon, 1988) and it is recognised as the third major research paradigm (along with quantitative and qualitative research methods) (Johnson et al, 2007). Johnson et al (2007) assert that the philosophical basis of mixed methods research is pragmatism where the researcher makes use of multiple approaches to solve a research problem. This involves the consideration of "*multiple viewpoints, perspectives, positions and standpoints…including the standpoints of qualitative and quantitative research*" (p113). Mixed methods research is particularly acknowledged for its ability to facilitate 'triangulation' where more than one method is used as part of the validation process. Thus "*the convergence of findings stemming from two or more methods enhances our beliefs that the results are valid and not a methodological artefact*" (Bouchard 1976 in Johnson et al, 2007: 114).

It is in recognition of this fact that this dissertation has employed a mixed methods approach to investigate the thesis topic. The rest of this chapter describes the quantitative and qualitative methods used with a specific emphasis on study design, tools, data collection process, analyses and interpretation of results.

Genesis of the doctoral study:

I joined the Medical Research Council as an assistant project manager of a multi-country cluster randomised controlled trial (RCT) called PROMISE EBF[30] that sought to assess the effectiveness of community health workers in promoting exclusive infant feeding in 4 African countries: Uganda, Burkina Faso, Zambia and South Africa (Tylleskar et al, 2012). In RCTs the unit of analysis is either at the individual level where participants are randomised to receive an intervention; or at the cluster or institutional level where clusters or sites or institutions are randomly allocated to receive intervention(s).

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The South African PROMISE EBF trial had a parallel design with intervention arm clusters being randomised to receive infant feeding counselling and control arm clusters receiving information and assistance with the Child Support Grant. The trial was conducted in 3 municipalities across 3 provinces in South Africa: Western Cape, Kwazulu-Natal and the then Eastern Cape. In each of the sites 10-12 clusters (or areas) were selected[31].

In both arms participants were recruited by community health workers (known as Peer Supporters) from the 7th month of pregnancy and followed up until the 10th week after delivery. Four thousand women in total were recruited between December 2005 and May 2007, and 1800 (46%) of them were randomly selected for data collection and data were collected at 3 weeks, 6 weeks, 12 weeks and 24

[30]The EBF stands for 'Exclusive Breastfeeding'

[31] A detailed description of the sites follows in a later section

weeks after the birth of each baby. After cleaning the data, a final sample of 1148 remained for analysis. The key outcomes of the feeding arm were: exclusive feeding (either breast-milk or formula) by 24 weeks; child growth; morbidity; and HIV-free survival. Key outcomes of the social grants arm were: take-up rates of the CSG, time to receipt of the CSG (up to 24 weeks); reasons for delay in receipt, health care utilisation (vaccinations), child morbidity (illness and hospitalisations), and family planning.

I was almost exclusively involved with the South African study. As the control arm of the trial assessed the effect of community workers in increasing take up of the Child Support Grant among new mothers, I decided that I would use the MRC trial as the basis for my doctoral study

For my doctoral study I decided to conduct a follow-up cross-sectional study to assess longer-term impacts of the CSG on child poverty with all the mother-infant pairs who had participated in the PROMISE trial. I was the principal investigator of this follow-up study and with input from my colleagues I formulated the research questions, study protocol, tools development, training and implementation of the study.

When it came time to analyse the data from the MRC trial along with the follow-up study I encountered several problems. The main problem was that I did not have a proper counterfactual against which to assess the impact of the Child Support Grant on any of the outcomes I selected. This was because the survey questionnaire used

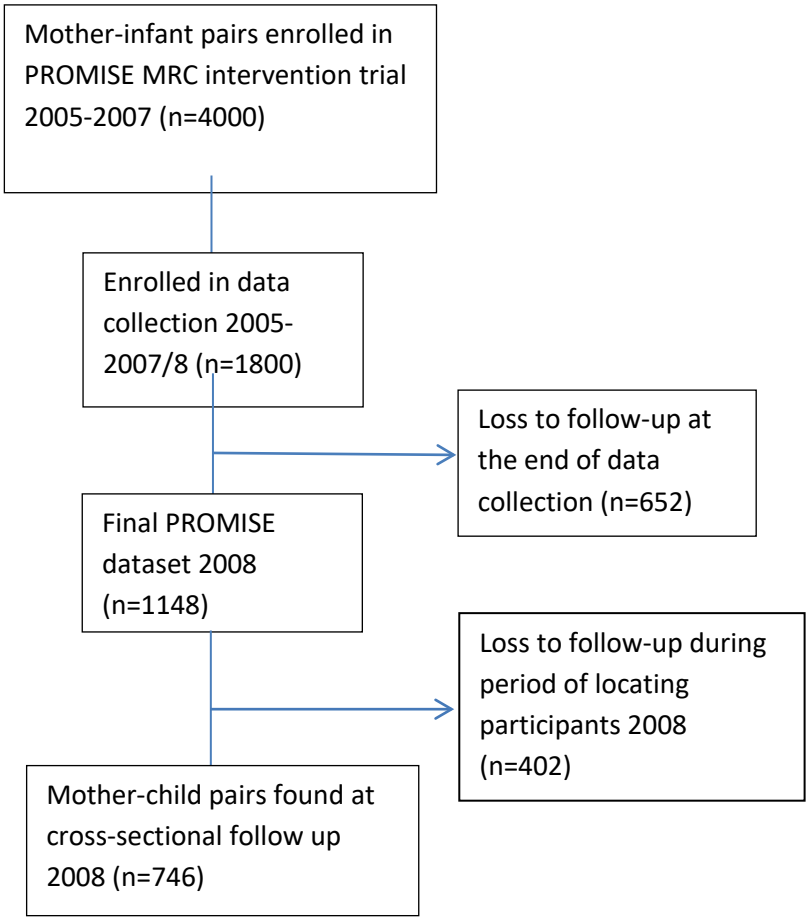
in both the trial and follow-up study assessed eligibility for the CSG through self-reported data where participants were asked whether they knew themselves to be eligible for the grant or not. As it became clear that I would not be able to use self-reported eligibility to assess impacts of the grant on child health outcomes, I tried to use the income data we had collected in the trial at baseline. However, the immediate problem I faced with this option was that the data were collected at the household-level, whereas eligibility of the CSG is determined on individual income of the primary caregiver and her spouse or partner and not household income. This meant that I had no other way of accurately estimating eligibility of the study participants for the CSG. I thus had to slightly adapt and refocus my research questions and thesis; away from measuring impact to assessing the shortcomings and limitations of the grant. This also meant that the quantitative chapter would no longer be the main anchor of the thesis, but rather the qualitative chapters would take this role. Fortunately I was able to collect rich qualitative data, enough to produce three empirical chapters. Another strength was that the quantitative data on barriers to accessing the CSG receipt that I was able to use from the MRC dataset were rigorously collected, and I was able to combine this with qualitative data that I had collected on barriers to receipt. Thus Chapter 4 utilised a mixed methods approach to explore factors associated with CSG non-take up.

The quantitative component of the doctoral study made use of survey research methodology. The survey research method is useful for collecting a wide range of information about practices, situations or views at one point in time. A survey is the tool used to collect survey research data and it is often called a survey instrument. Surveys can be standardized thus reducing error incidence. Surveys are also

relatively easy to administer and amenable to statistical techniques to measure validity, reliability and statistical significance (Bell in Glasow, 2005). In Glasow (2005), Kraemer (1991: pxiii) identifies three defining features of survey research methodology: it quantitatively describes specific aspects of a given population, a process which often includes establishing relationships between variables. Second, survey data are subjective as they are collected from people. Third, survey research is able to extrapolate findings based on a select sample of the population back to the wider population. An important disclaimer to the use of surveys is that they do not provide exact measurements for the true population, only estimates (Salant and Dillman in Glasow, 2005: 1).

In the doctoral study data collection for the follow-up study took place between March 2008 and September 2008. As a consequence of loss-to-follow-up from the main study, only 746 participants were traced and followed up in 2008.

Figure 1: study profile



Description of study sites

The three study sites were chosen for their diversity:, Rietvlei (under the Eastern Cape administration during the study period) in rural Kwazulu-Natal, peri-urban Paarl in the Western Cape,and Umlazi an urban township in Durban, Kwazulu-Natal. Below follows a description of each site.

Paarl site

Paarl is a town in the Drakenstein Local Municipality with a little over 130 000 inhabitants in the Western Cape province (www.drakenstein.gov.za). It is the third

oldest European settlement in the Republic of South Africa (after Cape Town and Stellenbosch) and the largest town in the Cape Winelands. It is situated about 60 kilometres northeast of Cape Town in the Western Cape Province and is renowned for its vineyards and fruit growing farms (www.drakenstein.co.za).

Although Paarl is not part of the Cape Town metropolitan area, it falls within its economic catchment. The people of Paarl are descendants of the Khoisan, African, and Eastern slaves, Dutch, French Huguenots, and Jewish immigrants from Eastern Europe, Italian Prisoners of War, and Xhosa migrant labourers. However, Paarl was first inhabited by the Khoikhoi and San people. Paarl has been profoundly affected by its colonial history and its present day demographic profile reflects this. The population of the small town is made up of wealthy white landowners (21.2%) who own many of the vineyards and fruit farms. Then there is a large population of largely working-class Coloureds[32] (68%), and a smaller (though growing) population of Black Africans (10.5) largely inhabiting Mbekweni Township and surrounding informal settlements. Unemployment and poverty affects a large number of people within the Municipal Area. An estimated 23% of working-ageresidents are unemployed. The monthly wages for unskilled employees is estimated at between R1 400 to R4 200 (www.drakenstein.gov.za). But even with high unemployment rates Paarl remains a better off site in terms of key poverty indicators compared to Rietvlei and Umlazi. In 2001 the average household income was R69 000 per year, slightly lower than the provincial average (R74 000) (Census, 2001). This is arguably higher than the average income of the other two sites. Further, when looking at other indicators of poverty and deprivation, such as those captured by the South African

.

Index of Multiple Deprivation for Children (SAIMDC), Paarl remains a better off area. The SAIMDC is a composite index for children based on five dimensions of deprivation experienced by children aged 0-17, that is income and material deprivation, employment deprivation, education deprivation, biological parent deprivation and living environment deprivation (Wright et al, 2009). The SAIMDC maps reflect datazones sorted by deprivation, and ranked into equal groups of 10. The areas with the most deprivation are shaded deep blue and the least deprived areas are yellow (Wright and Noble, 2012:38). When utilising the SAIMDC, the datazone-level map shows that the area of Paarl is mostly concentrated in the least deprived decile (yellow)[33]. In terms of key child health outcomes Paarl also fares better than the two sites with an Infant Mortality Rate (IMR) of 30/1000 live births, compared to Umlazi (68/1000 live births), and Rietvlei (99/1000 live births); and an antenatal HIV prevalence of 7%, compared to Umlazi's 47%, and Rietlvei's 28% (Doherty et al, 2006).

However, even though Paarl falls under the Western Cape Province -the second wealthiest of the nine provinces that make up South Africa -the province also has the highest levels of wealth inequalities in the country (The Department of Economic Development and Tourism, 2010). In this province the highest incidence of poverty, consistent with the distribution of poverty at the national level, is found amongst Black Africans, as almost half of this population is classified as making up the province's poorest households, and together with the Coloured population, account for all abject poverty in the province (Keller, 2004). As such, the indicators reported for Paarl do not mean that there are no pockets with concerning levels of poverty in the area. In fact in the Black African township Mbekweni and surrounding informal

[33]The map in Appendix B

settlements one would expect to find deprivation, but as Wright and Noble (2012) clarify "*Areas in the least deprived category are not without deprivation; they are simply relatively less deprived than other areas*" (Wright and Noble, 2012:38).

Umlazi study site

Umlazi is the biggest township in KwaZulu-Natal and the second biggest in South Africa after Soweto. In 1967 it was established as a black township under the apartheid government when many of its original residents were forcibly removed from Cato Manor (uMkhumbane) under the Group Areas Act of 1959. Maharaj (2008) notes that "*Umlazi was established as a typical apartheid dormitory and for most of its past it was administered by rurally based "homeland" structures*" (Maharaj, 2008: 3). According to legend, the name Umlazi comes from "*umlaza*" (Zulu for fermented milk or sour milk). It is believed that when King Shaka was passing through the area, he refused to drink from a local river claiming it had the taste of "umlaza", and from that incident, the area has been called Umlazi (Maharaj, 2008).

Umlazi is located approximately 17 kilometres South of Durban's Central Business District and immediately west of Durban International Airport and the Southern Industrial Basin. The area of Umlazi is 4 481.7 hectares and forms part of eThekwini Municipality in KwaZulu Natal. The population is estimated at 550, 000 inhabitants (Census, 2001).

This area experiences typical township problems; however they are magnified because it is the second largest township in South Africa (Maharaj, 2008). These

problems include severe housing shortages, overcrowding, high rates of unemployment, crime, a large number of informal settlements, and little economic development (Maharaj, 2008).

Maharaj (2008) further reports that despite the significant physical and social infrastructural development in the area since 1994, there is still a need for greater physical integration of the area into the greater Durban surrounds and there is also need for new economic strategies and opportunities to be offered for the area. As a residential area, Umlazi has very little economic activity (Demacon, 2010). The township inherited the dismal effects of apartheid planning policies characterised by spatial and economic isolation. As such, Umlazi and has been identified as a Neighbourhood Development Programme Grant (NDPG) target area (Demacon, 2010).

Umlazi is characterised as a densely populated area where an estimated 67% of households earn less than R2 000 per month in the formal economy. There is an informal sector from which household members obtain additional income (Maharaj, 2008).

In terms of the residential component of the Umlazi area, the type of housing varies from one area to the next, an indication of the different levels of socio-economic status in the township. A large majority of residents live in low-income and middle-income housing. Others reside in informal settlements and shacks because of an inability to buy housing, and or the unavailability of housing (Demacon, 2010). As one moves further west, the type of housing improves drastically to a higher income

category. This shows greater affordability of services and greater spending power of this group of the Umlazi population (Demacon, 2010).

According to the Census data of 2001, 36% of the population have some secondary education while 26% completed grade 12 or standard 10. 10% of the population did not attend formal educational institutions. Completion of primary education stands at approximately 15% and 6% with some form of primary education. Higher educated individuals who represent those who have completed or have some form of tertiary, university or other trade specific training comprise 7% of the population (Demacon, 2010; Maharaj, 2008).

Umlazi is characterised as a densely populated area where an estimated 67% of households earn less than R2 000 per month in the formal economy. There is an informal sector from which household members obtain additional income (Maharaj, 2008). Employment levels in the formal economy are relatively low with only 28% of the working age population in Umlazi engaged in formal employment; thirty-eight percent (38%) of the population is unemployed. Approximately 30% of Umlazi households earn no formal income. Annual household incomes captured reflect poor income levels for 25% of the population (Demacon, 2010). When using the SAIMDC 2001 (Wright and Noble, 2009), in the datazone-level map[34], Umlazi appears to be mostly concentrated in the less deprived deciles, although one can see pockets in the deciles shaded blue and deep blue.

[34]Appendix C

Umzimkhulu (Rietvlei) study site

Umzimkhulu is a rural town in Kwazulu-Natal with a rich history dating back to colonialism. Missionaries called the Umzimkhulu area “no man’s land”. According to legend, the area was reserved as pasture for the amaMpondo kings and hence, was sparsely populated. Tribes that had been dispersed by the Imfecane wars, the 100-year border war between settlers and the Xhosa in the Eastern Cape, and the Zulu wars, used Umzimkhulu as a temporary refugee camp (Business Trust, 2007). In 1860, the governor of the Cape encouraged Griqua captain Adam Kok to leave Kimberley and resettle in Umzimkhulu; Kok subsequently declared it the Republic of East Griqualand and divided the area into farms to be sold to anyone with sufficient money or cattle – (Business Trust, 2007). The area remained a halfway house for tribes fleeing different wars (Business Trust, 2007).

The Umzimkhulu Annual Report of 2011 reports that Umzimkhulu is one of five local municipalities that, together with a district management area, makes up Sisonke District Municipality. Umzimkhulu is the most populated of the Sisonke municipalities, accounting for 33% of the district’s population. Umzimkhulu consists of 18 wards; traditional areas make up 46% of the region. Umzimkhulu town is the area’s only urban centre. The entire municipal area falls within the former Transkei homeland area, with a settlement pattern that reflects a predominantly rural character. The population of Umzimkhulu Local Municipality is estimated at 179 654 people and 39 352 households as the Department of Co-operative Governance and Traditional Affairs. According to the official statistics provided by Statistics South Africa, the Community Survey 2007 indicates total population in Umzimkhulu to be 243 242 people and 43 545 households. This shows an increase from the Census Survey

2001, which stipulated the population to be 174 338 people and 36 246 households. The municipal area which is predominantly rural is characterised by dispersed rural settlements with minimum economic activity in the hinterland, except for trading stores and subsistence agriculture. Women make up the majority of the population in Umzimkhulu, and the prominence of female-headed households is indicative of male worker migration. Forestry is the main income generator but is privately owned (Umzimkhulu Municipality Annual Report, 2011).

The Umzimkhulu Municipality is predominantly occupied by the Black African population . Over 95 percent of the population is African, followed by a small percentage of Coloured, Indian and White people.

Racial classification

Race	**% of Population**
White	0.10%
Indian	0.30%
Coloured	0.60%
African	99%
Total	**100%**

Source: Umzikhulu Municipality Annual Report, 2011

The Umzimkhulu population is relatively young, with 75 percent of the population below the age of 34 (Umzikhulu Municipality, 2011).

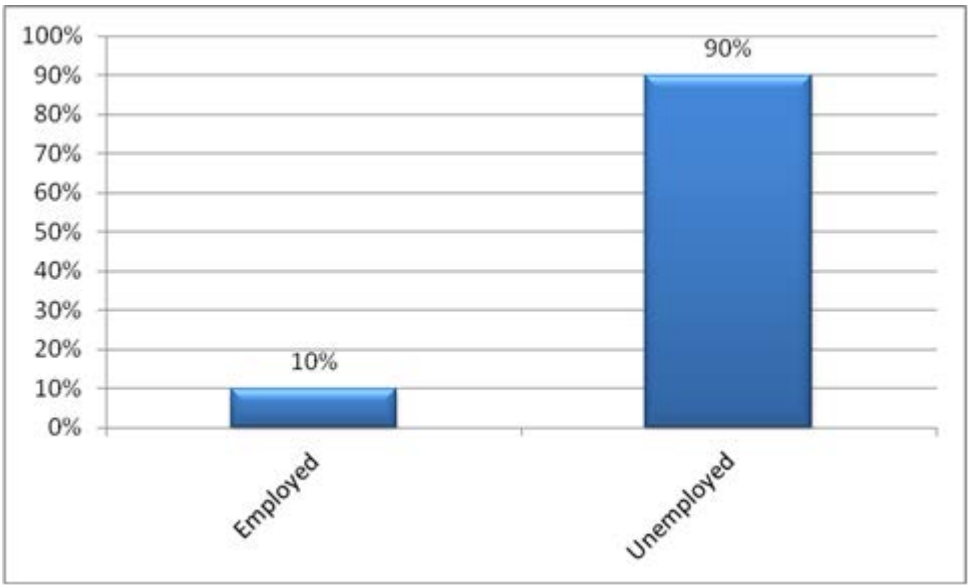
Education

Level of Education	% of Population
Higher Education	4%
Matriculation	7%
Some Secondary	27%
Complete Secondary	8%
Some Primary	32%
None	22%
Total	**100%**

Source: Umzikhulu Municipality Annual Report, 2011

Less than 10% of Umzimkhulu residents have a matric certificate, this number is significantly lower than the nodal and national averages (Business Trust, 2007).

Employment



Source: Umzikhulu Municipality Annual Report, 2011

Due in large part to the high levels of poverty that exist in the Municipality, mainly stemming from low education levels and widespread unemployment, 52 % of

individuals within Umzimkhulu Municipality have no income (Umzimkhulu Municipality Annual Report 2011; Business Trust, 2007).

The legacy of the apartheid homeland system continues to define the area. The Municipality Report states that "*Umzimkhulu is an impoverished region facing tremendous infrastructure and service delivery backlogs*" (Umzimkhulu Municipality Report, 2011). Furthermore, Umzimkhulu still faces severe backlogs with respect to water, sanitation and electricity provision; road infrastructure remains poor and provides only limited access to the area. Widely dispersed settlements patterns make it both costly and difficult to provide basic services.

In 2001, the then State President Thabo Mbeki announced an initiative to address underdevelopment in the most severely impoverished rural and urban areas ("poverty nodes") in South Africa, and Umzimkhulu was one of the areas selected as a Presidential Poverty Node (Umzimkhulu Municipality Report, 2011; Business Trust, 2007). Umzimkhulu originally formed part of the Alfred Nzo District Municipality located in the Eastern Cape province. In 2006, the district boundaries were redrawn and an exchange of local municipalities saw Umzimkhulu Local Municipality removed from the Alfred Nzo District Municipality and added to Sisonke District Municipality in KwaZulu Natal, while the Matatiele Local Municipality, formerly part of KwaZulu Natal, became amalgamated into the Alfred Nzo District Municipality (Business Trust, 2007).

The nodal economy has grown much more slowly than the provincial economy over the past decade, and the GDP per capita in Umzimkhulu is still less than a sixth of the KwaZulu Natal average (Business Trust, 2007). Compared with other nodal areas and also with the national averages, Umzimkhulu performs very poorly; the employment rate is less than a third of the national average while the percentage of people living below the poverty line is substantially higher than the national average (Business Trust, 2007; Umzimkhulu Municipality Annual Report, 2011). The percentage of people in Umzimkhulu living below the Household Subsistence Level is 90%, which is much higher than the national average of 65% (Business Trust, 2007). Furthermore, while the Eastern Cape economy has not performed as well as the KwaZulu Natal economy, GDP growth in Umzimkhulu is substandard in relation to both provinces. General Government Services are the dominant contributor to the nodal GDP (Business Trust, 2007).

The SAIMDC 2001 (Wright and Noble, 2009) map confirms the alarming levels of poverty and deprivation observed in Umzimkhulu. In the map[35] Rietvlei (Umzimkhulu) is completely concentrated in the most deprived decile, with the map mostly shaded deep blue. The dismal levels of poverty and deprivation in Rietvlei (Umzimkhulu) are further proof of the fact that deprivation in South Africa is spatially concentrated in former homeland areas (Wright and Noble, 2012: 38).

In sharp contrast, Port Shepstone, a neighbouring municipality a mere 60 kilometres from Umzimkhulu, is a popular holiday destination in Kwazulu-Natal with a very

[35]Appendix D

different socio-economic profile. This is largely because the formal part of Port Shepstone has historically been inhabited by white people from the 1800s when the first Europeans settled into the area. Even though Port Shepstone is south of the Umzimkulu River, explaining its proximity to Umzimkhulu the municipality, the area never formed part of the apartheid homeland system. As a result Port Shepstone is a bustling modern town with a well-developed infrastructure that has "*many recreational and shopping facilities, excellent schools, clinics, provincial and private hospitals*" (*http://www.visitmargate.co.za/history-of-port-shepstone*), worlds apart from the eyesore poverty-stricken Umzimkhulu area right next to it.

Study tools development

MRC Promise tools

The MRC PROMISE questionnaires were developed using a template questionnaire from the Good Start I project, a previous Medical Research Council observational cohort study that followed mother infant pairs to document their feeding patterns and HIV transmission from birth to 6 months. The specific questions on feeding which were adapted from Good Start 1 were originally from the UNICEF Infant Feeding Tools (UNICEF 2004). The socio-economic status questions from the MRC PROMISE questionnaire were largely informed by Demographic Health Surveys (DHS) tools. The questions relating to social grants were developed from discussions in the study team and from having read literature on previous CSG studies in South Africa.

The doctoral survey tool was made up of questions relating to demographic characteristics and the CSG in terms of eligibility, application, timing to receipt,

ultimate receipt status, and reasons for non-receipt. The questions in this section were adapted from previous studies on child poverty such as the Mount Frere Study, and some of the questions relating to application were taken from the MRC PROMISE questionnaire.

Data collection

I trained local community health workers and employed them to trace families, and along with trained data collectors I visited the households when the index children were between 9 and 36 months of age. The survey interview was undertaken with the mother or main caregiver in the household.

The data from this study were analysed along with the primary study dataset..

Data analysis: **data analysis for barriers of CSG receipt**

Quantitative data were analysed using the programme STATA version 11 and SAS version 9.2. CSG receipt was defined as a mother reporting receipt of the grant at any of weeks 12, 24 or the final data collection point (median age 22 months). Possession of a birth certificate was defined as the mother reporting possessing a birth certificate for her child at any of weeks 6, 12 or 24. A socioeconomic wealth index was constructed with the use of multiple correspondence analysis based on ownership of assets including mobile phone and television, and house characteristics including water source, roof material and toilet type. The infants' households were grouped into quintiles on the basis of socioeconomic rank.

As a result of the different data collection time points for CSG outcomes, a survival analysis approach was used to model time to receipt of the CSG grant on a set of determinants. The main aim of survival analysis is to derive and describe the distribution of survival time (time to event) and to investigate how this is affected by covariates or risk factors. A stratified Cox proportional hazards model was fitted to the data. The Cox model is an ordinary regression model with survival data to explain the relationship between the occurrence of the outcome of interest (CSG receipt) and explanatory variables. Hazard ratio estimates and 95% confidence intervals (CI) around these ratios were obtained, with equal coefficients across strata (site) but with a baseline hazard unique to each strata. Before constructing the model, crude estimates for potential predictor variables were obtained, then all the significant factors were inputted into the first model (unadjusted model), then after adjusting for clustering to account for the randomised controlled trial design, significant factors were inputted into the second model. Failure to event was receipt of CSG. The model was stratified by site to account for differences between sites. The cox model assumption was tested and the requirement was fulfilled. To test the goodness of fit of the model, the likelihood ratio test which has a chi-square distribution with 6 degrees of freedom was used. Testing the final model adjusting for all predictors against a model with only the intercept, the overall significance for the model was: Prob >chi2 == $p<0.0001$. This is an indication of a good model fit. All participants who were recruited into the study, irrespective of whether they were followed to the end of the study, are included in the survival analysis. Individuals were censored at their last follow up point as per standard survival analysis methods.

In survival analysis the likelihoods depend on the rank ordering of events, thus the resulting tied failure times need to be adjusted for (Hertz-Picciotto and Rockhill, 1997). In this study the Breslow method was used to adjust for ties in occurrences (or tied failures). To ensure that the Breslow method was best suited for this data I ran the final cox regression model using the Efron method as an alternative to the Breslow method to adjust for ties but this made no difference to the model. Knowledge of CSG application requirements as well as guidance from literature were used to select variables for the model including demographic and socio-economic factors relevant to the South African context.

The models were adjusted for arm and clustering to account for the community randomised trial design. In case of collinearity, one of the variables, such as Identity Document (ID) was collinear with Birth Certificate, and was subsequently dropped from the model. Possible interaction terms which included maternal education and arm; maternal education and birth certificate; birth certificate and arm were inserted into the model but none were found significant to include in the model.

To check whether timing of recruitment had any effect on uptake, the sample was divided into birth quarters to create a time effect variable, and the model did not change.

Qualitative study

A range of data collection techniques exist in qualitative research. These can be oral, visual and written data sources. Written data sources involve policy document reviews. Oral techniques include the use of individual interviews and focus group discussions (FGDs) (Turner, 2010). The doctoral study made use of individual interviews and focus group discussion techniques. Individual interviews are used to explore individual views and experiences, while FGDs are normally used to explore group norms. Each method has its own strengths and limitations which determine its appropriateness in a given research project. Specifically, while individual interviews will give the researcher an in-depth sense of the individual respondent's experience they are limited in capturing that depth/experience at a community level. Correspondingly, FGDs enable a researcher to explore issues at a community level but fail to provide rich individual level experiences. As such, a usual limitation with FGDs is that a respondent may hold back in sharing an interesting experience within the group if they feel that it is different from what others have experienced for fear of being judged and or that confidentiality would be compromised (Turner, 2010).

There are various forms of individual interview formats that can be followed. These are: 1) informal conversational interviews; 2) general interview guide approach; 3) standardised, open-ended interviews; 4) closed, fixed-response interview (Turner, 2010;Valenzuela and Shrivastava, 2003).

Informal conversational interviews do not follow any predetermined line of questioning, Gall et al (2003) state that such interviews rely "*…entirely on the*

spontaneous generation of questions in a natural interaction, typically one that occurs as part of ongoing participant observation fieldwork" (p. 239). This type of interview is regarded as useful because its lack of structure allows for flexibility during the interview (Turner, 2010). However, the inconsistency in the interview questions makes it difficult to code data and thus many researchers find it unstable and unreliable. As a result, it is suggested that any researcher who chooses this type of interview should be prepared to be flexible and original in the questioning (Turner, 2010:755).

The general interview guide approach works with a semi-structured topic guide which highlights the uniform information that the researcher wants to collect from all the respondents while still allowing for flexibility in questioning. This makes the interview more focused than an informal conversation and allows for easier comparisons later without closing the door to unexpected helpful new information not covered by the guide. A limitation of the approach is that it makes it makes it difficult to keep the line of questioning consistent from interview to interview and this may also present with coding challenges at analysis stage (Turner, 2010).

Standardised open-ended interviews on the other hand require all respondents to be asked the same questions, this makes for a quicker interviewing process and easier comparison and analysis of data (Valenzuela and Shrivastava, 2003). While this method may seem simple and straightforward it actually requires extremely structured questions that are open-ended in order to draw detailed information from respondents and to allow the researcher to follow up responses with further probing (Turner, 2010). This form of interviewing is said to be popular with researchers as it

rewards them with rich data. However, it can be a cumbersome process for the researcher when it comes to generating themes and codes, to filter through the general narrative in order to get the overall picture as represented by the whole data (Turner, 2010). Nonetheless, Gall et al (2003) suggest that this richness of data may reduce researcher bias as the researcher will have a lot of material to work through (which does not include their own voice) to get to the takeaway message.

In the doctoral study I used a general interview guide where I asked a similar set of questions from all the respondents but I was flexible in how I asked questions and allowed my probing to be prompted by participant responses. I constructed 3 topic guides in total: one for the CSG recipients, one for none-recipients and another for the focus group discussion. The construction of the topic guides was guided by the questions raised by the quantitative study, literature; as well the gaps in evidence that still existed in the dissertation which could not be filled by quantitative methods. It took me a few attempts at drawing up the topic guides before I was satisfied with the tools that I had. During the construction of the topic guides I had input from my dissertation supervisor and the Medical Research Council team of mentors. My supervisor and mentors commented on each draft of each tool until there was consensus that it was ready to be piloted. After piloting the tools in the field with 3 participants, I reworked the guides with further input and comments from my team of supervisor and mentors. I believe that this process has strengthened the validity of the tools.

I made use of a digital recorder to record all my interviews with permission from the respondents. While there are cons to the use of recorders in that they may change the atmosphere of an interview, I decided to use them in order to ensure that all the information that I needed would be captured.

The qualitative study used a descriptive, exploratory design. Thirty four in depth interviews were conducted with CSG receivers and non-receivers in the Western Cape (Paarl and Khayelitsha), and Kwazulu-Natal (Umlazi and Rietvlei provinces of South Africa. Only a subset of households was selected from each of the 3 intervention sites (Paarl, Umlazi, and Rietvlei) (Table1) for qualitative interviews based on the following processes: CSG receivers and non-receivers were identified from the quantitative study data reported in the previous chapter. Lists of families who had received and not received the CSG were compiled and the families were contacted to ascertain if they would be willing to participate in follow-up in depth interviews. More than 30 families were contacted in each site and 10-15 were available to be interviewed. As the qualitative study was conducted sometime after data for the quantitative study were collected, several participants had either moved to a different area, or the phone number was no longer working, or the participant could not be found at home by the time they were traced.

A CSG receiver was defined as a mother receiving the CSG for the index child (the child being followed from the quantitative study) at the last data collection point (ie follow-up), regardless of other children in the household who may have been in receipt/not in receipt of the CSG. Similarly, a CSG non-receiver was defined by the index child failing to access the grant at the last data collection point (ie follow-up),

regardless of other children in the household who may have been in receipt of the CSG. In total there were 18 CSG receivers and 16[36] non-receivers. Of the non-receivers, 7 came from Umlazi, 3 from Rietvlei, 3 from Paarl and 3 from Khayelitsha. Of the 18 CSG receivers, 11 came from Rietvlei and 7 came from Paarl. The participants from Umlazi, Paarl and Rietvlei were all part of the primary study outlined in the previous chapter. Khayelitsha was added as a fourth site to increase the sample of CSG non-receivers and because it was also the only site that was a pure informal settlement, unlike the other two urban sites (Paarl and Umlazi) which were mixed.

In addition, one focus group interview was conducted in the Umlazi Township with 7 mothers, 4 of whom were CSG non-receivers and 3 were receivers. Initially the plan was to have two separate focus group discussions for receivers and non-receivers, but this proved difficult as the numbers of each group who were willing and able to participate in the discussion were too small to constitute a focus group discussion, thus it was decided in the end to merge the two groups. The Umlazi Township was chosen because it was the only one of the 3 sites that had the most non-receivers who could be organised for a focus group discussion.

Table 2 shows the participant profile of mothers interviewed in the study. The mothers interviewed ranged in age from 17 to 42 years old. Marital status rates differed by site –in urban sites such as Paarl, Khayelitsha and Umlazi all the participants were single, whilst in the more rural Rietvlei site most of the respondents were married. In Paarl and Rietvlei the majority of participants had more than one

[36]The audio recordings of two of the 16 participants were ruined before transcriptions, and thus interview notes were used for these participants in place of transcripts.

child, and in Umlazi all but one participant, had one child. In all the sites, all of the respondents were unemployed (except for ad hoc casual work or what is locally referred to as “piece jobs”).

Table 2: Participant profile of CSG interviewees

Interviewee	Site	Age	Marital status	No. of children	Receives CSG for index child?	CSG received by other children?
UM001	Umlazi	20	Single	1	No	No
UM002	Umlazi	20	Single	1	No	No
UM003	Umlazi	25	Single	1	No	No
UM004	Umlazi	19	Single	1	No	No
UM005	Umlazi	29	Single	3	No	Yes (2)
UM006	Umlazi	23	Single	1	No	No
RT001	Rietvlei	28	Married	4	No	Yes (3)
RT002	Rietvlei	32	Married	4	Yes	Yes (3)
RT003	Rietvlei	42	Married	5	Yes	Yes (2)
RT004	Rietvlei	29	Single	2	Yes	Yes (1)
RT005	Rietvlei	21	Single	1	Yes	No
RT006	Rietvlei	31	Widowed	2	Yes	No
RT007	Rietvlei	23	Married	3	No	Yes (2)
RT008	Rietvlei	29	Married	3	Yes	Yes (2)
RT009	Rietvlei	41	Married	6	Yes	Yes (3)
UM007	Umlazi	19	Single	1	No	No
RT010	Rietvlei	30	Single	2	Yes	No
RT011	Rietvlei	35	Widowed	5	Yes	Yes (3)
RT012	Rietvlei	29	Single	3	Suspended	Suspended for all 3
KLT001	Khayelitsha	28	Cohabiting	4	No	Yes (3)
KLT002	Khayelitsha	17	Single	1	No	No
KLT003	Khayelitsha	25	Single	3	No	Yes (2)
PA001	Paarl	25	Married	1	stopped claiming	No
PA002	Paarl	23	Single	1	Yes	No
PA003	Paarl	27	Single	3	suspended	Suspended for 2 children
PA004	Paarl	22	Single	1	Yes	No
PA005	Paarl	25	Cohabiting	3	Yes	No
PA006	Paarl	28	Single	2	Yes	No
PA007	Paarl	22	Single	3	Yes	No
PA008	Paarl	23	Single	1	suspended	No

Data collection

Interview topic guides were developed and piloted in 2011. The construction of topic guides conformed to best practice methods as found in qualitative research methods literature (Ritchie and Lewis, 2003). The topic guides started with a broad question "can you tell me your experience of bringing up your child with the CSG?" or in the case of non- receivers "Can you tell me your experience of bringing up your child without the CSG?" From this opening question further probing questions followed. All interviews were undertaken by myself, the author of the thesis, in the local Xhosa/Zulu language of the participants. In all of the cases the child's mother was the interviewee.

Informed consent was sought from each participant through the use of consent forms (translated in the local languages) which detailed the objectives of the study and the risks and benefits of participating in the study (see Appendix A). Participants were only interviewed once they gave verbal and signed consent to participate.

In the case of non-recipients where possible I imparted information on how to access the CSG to eligible non-recipients.In two instances Iphoned the relevant local social security offices to seek clarity and help on behalf of eligible non-recipients who needed further assistance.

Data analysis

Data was transcribed and translated into English and the translation checked against the original recording to ensure accuracy. Following each interview, field notes were written to capture the context, home environment and non-verbal communication. These were reflected on after each interview and used to guide further interviews

where appropriate. Data were analysed using thematic content analysis where each transcript was first read through, then manually coded and repeated codes were categorised into themes (Taylor-Powell and Renner, 2003; Ritchie and Lewis, 2003). All data were analyzed using Graneheim et al's (2004) manifest and latent content analysis methods. The first transcripts and field notes were analysed over a week. I read through each of the transcripts, noted my initial thoughts on it, and began manifest coding of the data. A total of 20 codes were generated; these included "barriers", "not enough", "social support networks", "informal credit", "misuse", "conditions", "poverty", "food shortage", "school needs", "spending" "unemployment", "pregnancy", "dependency", "life without the grant" and "long queues". These were grouped together into categories such as "CSG adequacy", "CSG usage", etc, that were then further transformed into major themes. Major themes included "CSG access", "informal social protection", "CSG inadequacy", "barriers to accessing the grant". I discussed this first phase of the analysis with my supervisor, and once she had approved it the codes, categories and themes generated from this analysis were then used in the analysis of the remaining transcripts, which I undertook using the same steps that were followed during the initial analysis. The whole process was very iterative and saw me going back to the transcripts throughout the analysis and writing up of the qualitative chapters.

Reflexivity

Necessary steps were taken to ensure that I adhered to and complied with the principles of objective scholarship throughout the collection and analysis of these data. I was aware of the fact that I was undertaking the analysis as a young (28

years old at the time), Black, Xhosa-speaking female with a rural background who had been raised in a context similar to my respondents', and thus I carried this awareness and sensitivity with me as I sought to bring meaning to the data collection and analysis process. However, as qualitative analysis is interpretative, I acknowledge the impossibility of remaining 'outside of' my subject matter while conducting this research.

Strengths and limitations of the study

The study had some potential limitations. The sites where this research was undertaken were purposely selected and the infrastructural conditions differed greatly between them hence they are not statistically representative of South Africa. They do, however, reflect the most common settings in South Africa, namely urban, peri-urban and rural areas. Due to the observational research design in the quantitative component, there may be confounders which were not measured which could be related to CSG access that are not reported on here.

In the qualitative study the sample size was smaller than initially envisioned, and this was a result of having had to trace participants from the primary study more than 5 years after the study ended. For similar reasons I was not able to achieve an equal number of participants in each site, for instance I found more people in Rietvlei than I did in the other sites.

The study also has several strengths. The total study sample was large, it included both HIV positive and HIV negative mothers and data on CSG receipt were rigorously collected at four time points. The survival analysis approach enabled optimal use of all available data.

CHAPTER 4: BARRIERS TO ACCESSING CSG

The literature review in Chapter two shows that overall the child support grant has a positive impact on children living in poor households. The next three chapters of this thesis now move on to look at the limitations[37] of the grant in terms of barriers to access (current chapter) ; recipients' views on the adequacy of CSG (chapter 5); and the politics surrounding the grant and the shortcomings of its design (chapter 6).

However, before presenting and discussing the evidence on factors that serve as barriers to CSG access, it is worth looking at the experiences of those who were not in receipt of the grant who related their stories about what it was like to raise their children without the grant. Reporting on and examining the data on the experiences of non-recipients will give context to the findings which will be presented in the latter sections of this chapter, on what it means for people who are in desperate need of the grant to not receive it, and what this means for the Child Support Grant as a policy instrument for childhood poverty alleviation.

Living without the CSG

This section reports data from 16 CSG non-recipients from Umlazi an urban township in Kwazulu Natal, Rietvlei in rural Kwazulu Natal, and an informal settlement in Khayelitsha, Western Cape. The full methods for this study are reported in Chapter 3.

[37] I use the word "limitation" in a broad sense to encompass issues of both design and implementation

There were two types of CSG non-recipients that were interviewed. One type constituted mothers who were not in receipt of the CSG for the index child and had no other children in receipt of the CSG; and the other was made up of mothers who were not in receipt of the CSG for the index child but in receipt of it for other children in the household. Unsurprisingly, the mothers who were not in receipt of any CSGs felt the absence of the grant more keenly than mothers who were in receipt of other CSGs.

Non-recipients of the CSG experienced the absence of the grant at varying levels depending on other sources of income that they could draw from. In households where the main child being followed up by the study was a non-recipient, the presence of other sources of income, including CSGs for other children, made it difficult to tease out differences in the experiences of non-recipients compared to recipients of the CSG. Unsurprisingly, mothers would also use the CSG(s) of other child(ren) in the household to meet the needs of the children not receiving the grant.

> *I buy for the one who does not get the grant…..for……the eldest one, I pay his money for transport, R80, then I also buy the things for his lunch box….. he is the one who is schooling, I buy the things for the lunch box and other things of this house* (CSG Non-Recipient, Rietvlei, KZN)

> *There will be a big difference [when she gets her own grant] because all this time she has been surviving on the other children's money. I used this money to buy her formula milk at the time when she was still feeding on milk……. I took it from this money* (CSG Non-Recipient, Rietvlei, KZN)

The absence of the CSG was more keenly felt in households where there was no other source of income. In one household a mother talked about the experience of living without the CSG, which she had been receiving for her 3 children, after it was suspended:

> *But this month they go without food, they go to school. They leave this house with no food, they wash with whatever they can wash with, and they leave for school because their future has to be bright…. with no soap to bath with, no washing powder for their school uniforms when they get back from school, they come back wanting to wash their school uniforms, no powder* (CSG suspended, Rietvlei, KZN)

A young mother who had absolutely no other source of income, related a poignant story about having to depend on an aunt who was sometimes willing to help and sometimes not.

> *It is difficult because everything that she needs I have to ask from my aunt, if she does not have, I have to struggle , yes, I have to beg and stuff like that, cause sometimes my aunt she agrees [to help] and sometimes she refuses to help us* (CSG Non-receiver, Umlazi, KZN)

Another non-recipient tearfully related a story about often having to soak her child's dirty towel diapers in plain water for days at a time as a result of not having money to buy powdered soap, and how she would do this until she found someone willing to lend her money. Other experiences were about not being able to meet seemingly small but meaningful needs that mothers wanted to meet. One young mother who is unemployed and lives off her grandmother's old age pension, recounted a story where she was not able to buy her child a birthday cake as a result of not being in receipt of the CSG.

> *You can see a big gap when a child is not getting the grant. For example with me, Boy is turning 1 tomorrow; if I was getting the grant for him I would be able to buy him cake tomorrow. But now there is no money, so I will not be able to get him cake* (CSG Non-receiver, Umlazi , KZN)

Non-recipients experienced regular shortages and relied on social support networks. One young mother related a story about seeking help from friends when food runs out.

> *Sometimes I take Mange to her father's place cause I see that,… but there is no difference, still she comes back with nothing, and then I ask my friend [for help] and she gives me. So….. I have to pay her back (crying)* (CSG Non-receiver, Umlazi, KZN)

Another respondent who has casual work and who was not in receipt of the CSG for her children talked about the food shortages her household experiences in the middle of every month.

> *Now that it is the end of the month, by the 15th the food is finished, now that the food is finished, when the 15th comes there is nothing, everything is finished, now you wait for the 3rd to go and get the money so that you can buy what you can buy* (CSG Non-receiver, Umlazi, KZN)

A young mother who was receiving a DG for herself but no CSG for her child, shared about the sense of panic she experiences towards the end of the month when she runs out of supplies for her baby.

> *When it's around month end, when I can see that the formula milk and diapers are running out, I think where am I going get them from, what am I going to do, and what if she gets sick now and I need to take her to the clinic?* (CSG Non-receiver, Umlazi, KZN)

Mothers who were not receiving the CSG tried to put some money aside for health care. For one mother who was self-employed as a hair stylist, this meant buying smaller food items in order to have money to put aside for a rainy day.

> *You end up buying small items, so that if the baby gets sick, you can be able to keep some [money], in case something happens.* (CSG Non-receiver, Umlazi, KZN)

The findings above clearly speak to the desperate situations faced by poor mothers who are not in receipt of the CSG on behalf of their children. Mothers of children who were not in receipt of the grant struggled to meet even the most basic day-to-day

needs of their children. The results reveal the importance of the grant, because even though its value is very small, in ultra-poor households it is the difference between a child going to school hungry, with a dirty school uniform, and having a guaranteed meal every day. Findings on mothers who were non-recipients for the child followed by the study, but in receipt of the grant for other children further highlight the significant role that the CSG makes in households, because such households were able to use the grant to meet the needs of other children who were not in receipt of the grant. These findings also reveal the hard choices parents have to make about how to spend what available money there is. Households with no other form of income but grants, use whatever money there is to meet the needs of the entire household, and where some needs of non-recipients are more pressing than others, such as school-related needs, then the recipient whose grant has to be spent on such pressing needs goes without. As it has been demonstrated by previous evidence, the grant is used to close the gap left by high unemployment rates in South Africa, where in many households it becomes the only source of income (Hunter and Adato, 2007).

The experiences of non-recipient mothers also reveal the strong role played by social support networks in the lives of the poor. In this study non-recipients relied on relatives and friends for help, even in today's context where such networks rely on reciprocity, and where, as previous research in poor urban townships has revealed, 'kindness has its limits' (Murless, 2007). Murless's work on this topic showed that in these times of modernisation, unemployment, HIV, poverty, and inequality people are unwilling to give without expecting something in return (Murless, 2007). As such one of the key problems associated with not having a CSG is the lack of credit

worthiness that such a grant would normally provide to poor mothers when they run out of essential supplies or when there is a crisis.

The experiences of these mothers also further cement the argument that each child needs to have their own grant –as the findings showed even if a mother had her own bigger grant such as the DG, while better off than someone who has nothing, still experienced anxiety about meeting the basic needs of her child.

A most unsettling finding in this study was the level of indignity that non-recipients were exposed to, and the vulnerable uncertain position that mothers had to assume as a result of not having a guaranteed regular source of income. Those who sometimes had to resort to begging and borrowing had to live with the anxiety of not knowing how and when they would be able to pay their lenders back. Furthermore, the mother who had no money to buy soap for her child's diapers had to engage in unhygienic behaviour with no certainty of when she would be able to get money for soap. These findings speak to the fundamental rights of children which are violated when they are prevented from accessing a grant designed to meet their needs. The South African Constitution makes it clear that no child should have to go without the basics. However, the children in this study often had to make do without such basics as food, soap, diapers, and healthcare. When desperate caregivers such as the ones presented in these findings are not able to access the grant and so provide for their children' needs, it is a travesty of justice, the Constitution and their hard-won rights to a decent life.

These findings also challenge allegations often made in the media about how the poor largely want to spend the CSG on themselves and not on the needs of their children. Moreover mothers who were not in receipt of the grant in this study were destitute, and the gap created by its absence was obvious. Thus the findings of this study bring into sharp focus the level of desperation experienced by large proportions of the population in South Africa. and the important and urgent role social assistance plays in such contexts. It is thus imperative that reasons behind non-take up of the CSG are unpacked and understood so that they can be addressed in order for every child who needs the grant to receive it in a timeous and effective manner. In this way the government of South Africa will be able to deliver on the promises it made to little children when the CSG was first established.

Having set the context on the desperate plight of those who haven't been able to access tthe grant, I now explore the possible reasons why eligible children still do not receive the Child Support Grant using both quantitative and qualitative findings.

After briefly reviewing studies that examine the take up of CSG in South Africa, I use quantitative modelling techniques to examine the explanatory factors associated with claiming CSG and thus shed light of why some beneficiaries are impeded from taking up the grant. I go on to use qualitative data to shed futher light on non take up. I conclude by using a model of take up developed by van Oorschot (1995) to make sense of the South African situation.

Eligibility and take up rates of the CSG:

Take up of the CSG refers to the number of children in receipt of the grant divided by the number of children who are *eligible* for the grant (Noble et al, 2005; Case et al 2003). Eligibility refers to the number of children whose primary caregivers meet the means test criteria for CSG receipt. Today this requires identifying the income of the primary caregiver which must be below a certain threshold, but until recently, there were a variety of ways of assessing eligibility with different income thresholds used for means-testing. As stated in Chapter 2 the income thresholds for qualifying for the grant were initially differentiated by type of area and housing, where rural inhabitants and people living in urban informal settlements had to have an income less than R1100 per month to be eligible for the grant; and applicants living in urban areas had to earn less than R800 a month. In 2008 the income threshold was changed by removing all differentiation by type of area and or housing, and it was increased to 10 times the amount of the CSG. The age limit for qualifying children has similarly been extended a number of times since the introduction of the grant as a result of lobbying by human and children's rights advocates who argued that age-based targeting was a contravention of the state's obligation to provide for children of all ages (Delany et al, 2008). The CSG initially qualified children under seven for receipt; and this was extended to children under 9 in 2003; then it was extended to children under eleven in April 2004; and children under fourteen in 2005; finally it was expanded to children under 18 in 2009. Both the changes in the age limit and income thresholds have meant that the number of children who are deemed eligible has increased significantly since the implementation of the grant (Hall, 2007).

As discussed in Chapter two, from the time of its implementation the CSG has been plagued with take up issues relating to lack of awareness and knowledge about the requirements for applying for the grant, the application process itself, and turnaround times for application processing. One of the first studies commissioned to assess the implementation of the CSG two years after it was established reported very low numbers of beneficiaries accessing the grant (Kola et al, 2000). The study identified as one of the key reasons for low access, the onerous process that applicants had to go through in order to apply for and receive the grant. These included difficulties with amassing the long list of documents that were required, which at the time included birth certificates, identity documents, road to health cards (for immunisations), proof of [un]employment, proof that a child was not receiving maintenance support from his/her father, and intention to look for employment (Kola et al, 2000). The application process itself was difficult as applicants had to endure long queues where priority was often given to the elderly applying for the Old Age Pension (OAP). Once the application was submitted, applicants had to wait for long periods of time before hearing about the outcome of their application. Sogaula et al's Mount Frere study two years later identified similar problems with the process of applying for the grant. The Kola et al study was particularly influential in shaping reforms to the CSG administration system. The Department of Social Development tried to streamlinthe application process by doing away with many of the documents that were required and only retained the requirement for a birth certificate, ID and proof of income as compulsory documents. To shorten waiting times (queues) CSG applicants were seen on separate days from other grants such as the OAP, and the department implemented other systems aimed at improving turnaround times for processing applications.

However, in spite of these changes, estimates of the CSG national take up rates were a dismal 20% in 2002 (Taylor Committee, 2002). Two to three years later this had improved considerably, to 63% and 71% in 2004 in 2005 respectively (Noble et al 2005a; 2005b), and over 80% in 2008 (Delany et al, 2008; Hall, 2007). Nevertheless, while these improvements are truly impressive and have to be lauded, they do hide significant variations between and within provinces. In 2005 the Centre for the Analysis of South African Social Policy (CASASP) at the University of Oxford analysed CSG eligibility and take up rates using a combination of SOCPEN data (the administrative data on benefit payment held by national government) and the 10% sample from the 2001 Census. They produced eligibility and take up data for January 2004 and January 2005 at national, provincial and sub-provincial levels (Noble et al, 2005a; 2005b). This analysis remains the most comprehensive to date in terms of measuring take up rates of the CSG at the provincial and sub-provincial levels in South Africa. In this analysis primary caregivers in receipt of the CSG on behalf of their children were referred to as 'beneficiaries' and children were referred to as 'eligible children'.

The 2004 data showed the national profile of CSG beneficiaries as follows: 99% of its beneficiaries were females, and over 90% of them were the biological parent of the children on whose behalf they were receiving the CSG; with many of them falling between the ages of 20-29 (41%), 30-39 (35%), 40-49 (15%), and only a fraction were 50 and over (7.4%). Only 29% children under 3 were receiving the grant compared to 39% of children between ages 3 and 5, and 32% of children between

ages 6 to 8. Provincially the caregiver profile did not differ significantly from the national one, especially in terms of the gender of caregiver (97% female) and relationship of the caregiver to the child (mostly biological parents). However, caregiver ages differed among some provinces. Thus, while the overall picture was similar to the national age profile and showed that the majority of caregivers were between the ages 20 and 39 across all provinces; there were provinces that had a significant percentage of beneficiaries who were aged 50 and above (Eastern Cape 16% and North West Province (8.4%) and the Northern Cape (8.3%)). All these provinces contain former homelands with entrenched migratory patterns dating back to the apartheid era when Black African people (women in this context) living in Bantustans were often forced to leave their children with grandparents while they went to big cities to take up low-paid domestic work. It is thus not surprising to see that these are the same provinces with higher numbers of beneficiaries over 50. Delany et al (2008) assessment of the CSG in 2008 similarly found that the majority of beneficiaries were female (99%) and were biological parents of the children in receipt of the grant.

The CASASP SocPen provincial and sub-provincial data on take up rates for both January 2004 and 2005 were particularly compelling as they revealed a picture of wide variations that speak to the historic demographic configuration of the South African population.

Table3: eligibility and take up rates by province

Province	Eligibility rate	Take up rate
Western Cape	41.5	78.7
Eastern Cape	79.8	53.5
Northern Cape	65.2	58.9
Free State	72.0	57.5
Kwazulu-Natal	74.9	61.9
North West	71.4	59.1
Gauteng	46.7	75.4
Mpumalanga	72.0	67.3
Limpopo	80.2	67.8

Source: Noble et al, 2005a; 2005b.

For instance wealthy provinces such as the Western Cape and Gauteng had lower eligibility rates (42% and 47% respectively – see chart above) but higher rates of take up (79% and 75% respectively). While poorer provinces, often former homelands, such as Kwazulu-Natal, the Eastern Cape, and Limpopo had the highest eligibility rates (75%, 80% and 80% respectively) and lower take up (54% for the Eastern Cape, 62% for Kwazulu-Natal and 68% for Limpopo). Taking each province separately further variations in eligibility rates could be observed. The clear message is that provinces that contain former homelands typically had higher eligibility rates but lower take up rates. Homeland areas are defined by lack of resources, poor administration systems, and poorly trained staff; all a legacy of the apartheid era which isolated these areas.

At sub-provincial level many municipalities across South Africa had eligibility rates way over 50%. Similar to the provincial data, Kwazulu Natal, Eastern Cape, and Limpopo were among the provinces with municipalities that had the highest eligibility rates; Gauteng and the Western Cape had the most municipalities (over 80%) with the lowest eligibility rates. Across the municipalities the picture became even more varied: in provinces with lower eligibility rates and high take up rates one could find areas with high eligibility rates, and provinces with overall high eligibility rates had municipalities within them that had low eligibility rates. This was the same case with take up rates. It is important to note that while there were areas such as the Western Cape which generally seemed to have low eligibility rates the actual numbers of eligible children were high, and similar with take up, such provinces had high actual numbers of beneficiaries accessing the grant (Noble et al, 2005b).

Against the backdrop of this evidence on eligibility and take up rates, there have been other arguments, discussed in Chapter 2, about the accessibility of targeted social assistance programs and factors associated with non-take up in such programs (Craig, 1991: Hall, 2007; van Oorschot, 1995). I now assess and explore factors that act as barriers to CSG receipt using a sample from the three study areas presented in Chapter 3. I take both a quantitative and qualitative approach.

This chapter first presents the results of the quantitative component of the study where a survey was administered to participants from the three study areas. Thereafter, the findings of the qualitative study which sought the views of non-recipients on their experiences of attempting to access the grant are presented. The

chapter closes with a summary and discussion of the key findings from the two studies.

Results from the survey

Characteristics of mothers

Table 4 shows the demographics of the participants in the study by site. The mean age of mothers was similar in Paarl and Rietlvei (24 years) and slightly younger in Umlazi at 23 years. Educational levels of mothers were lower in Rietvlei with a median of 9 years schooling compared to 10 years in Paarl and 11 in Umlazi. Incomes also differed across the three sites, with a median of R1010 household income per month[38] in Paarl, R1000 in Umlazi, and notably lower in Rietlvei at R780 per month. Most of the mothers in Paarl were single (75%), as was the case in Umlazi (67%), with Rietvlei having the highest proportion of married mothers (57%). Across the three sites socio-economic status varied widely. Rietvlei had the highest proportion (62%) of participants who were in the poorest quintile compared to Paarl where there were no participants who fell within that quintile. Umlazi had the highest proportion of participants who were in the least poor quintile (30%), Paarl had 28%, and Rietlvei had none. Umlazi had the most HIV positive mothers (28%) and Paarl had the least (6%), with Rietvlei at 8%.

[38]as is mentioned in chapter 3, the data unfortunately do not allow us to report per capita income or income in any other way adjusted for household size

Table 4: Demographic characteristics of participants

Characteristics	Paarl (n=351)	Rietvlei (n= 307)	Umlazi (n=489)
Mother's Age Mean years (SD)	24.9 (6.3)	23.9 (6.1)	24 (5.6)
Mother's education level Median years (Q1-Q3)	10 (9-12)	9 (8-11)	11 (10-12)
Marital status			
Single	262 (74.6)	126 (41.5)	326 (66.7)
Married	62 (17.7)	172 (56.6)	34 (6.9)
Cohabiting	27 (7.7)	6 (1.9)	129 (26.4)
SES quintile			
1 (poorest)	0	183 (61.8)	12 (3.0)
2	35 (10.5)	84 (28.3)	68 (17.3)
3	82 (24.7)	26 (8.7)	95 (24.2)
4	120 (36.2)	3(1.0)	101 (25.7)
5 (least poor)	94 (28.4)	0	116 (29.5)
Mothers HIV status			
Positive	21 (5.9)	25(8.1)	138(28.2)
Child possessing birth certificate	333 (94.8)	193(62.8)	368(75.2)
Monthly family income Median income (Q1-Q3)	1010 (600-1700)	780 (500-1000)	1000 (700-1500)
Household size Mean number of members	5 (4-7)	6 (4-8)	7 (5-10)

Data are number (%) or mean (Std Dev) or median (IQR)

Indicators of CSG application and receipt

Table 5 shows basic indicators of CSG application and receipt. The majority of mothers applied for the CSG when their children were older than three months of age. Thirty-four percent of the mothers applied for the CSG more than 6 months after their child's birth, and 26% of the mothers applied for it more than 3 months after their child's birth. Rietvlei had the highest proportion of mothers who applied for the grant more than 6 months after their child's birth (44%), compared to Paarl (35%) and Umlazi (26%). Distances to social services and home affairs offices for application varied from site to site with Rietvlei being the furthest since it is a rural area, however in all cases applicants had to take a bus or taxi (minibus) to get to the nearest office.

The reasons for taking more than 3 months to apply for the CSG included long waiting lists at Department of Social Development (49%), not having a birth certificate (15%), the mother not having an ID document (13%), and 11% who said they knew of no reason at all.

At site level Rietvlei had a higher proportion (24%) of children who received the CSG more than 3 months after birth because of not possessing a birth certificate compared to Paarl (6%) and Umlazi (17%). The median age at grant receipt ranged from 5 months in Umlazi to 7 months in Rietvlei. The most cited reasons by mothers for not receiving the CSG at all at the time of final follow-up were not possessing an identity document (26%), and not qualifying for receipt because of perceived high financial status (28%).

Other reasons for non-receipt included mothers saying they were still waiting for a response from the social development office where they had made an application (10%), mothers who are not able to find time to go to the social development office to make an initial application because they are working (10%), 6% who had no birth certificate for their child, and 4% who had problems with the documentation needed to make an application (mismatched names, documents lost, documents not filled in correctly). Eligibility differed across the three sites as there were separate income thresholds applicable to rural and urban areas at the time of the study.

Table 5: Indicators of CSG application and receipt by site

	Paarl	Rietvlei	Umlazi	Total
Detailed CSG Indicators from the follow-up sample				
Child age application (n=549/741)*				
>1 month	17 (9.3)	7 (4.5)	34 (16.0)	58(10.5)
1 to <3 months	63 (34.6)	38(24.5)	60(28.3)	161(29.3)
3 to <6 months	38 (20.8)	42(27.1)	62(29.2)	142 (25.8)
Reasons for CSG application more than 3 months after birth (491/791)*				
Long waiting list	115(68)	99 (65.1)	29(11.7)	243(49.4)
Identity Document	17 (10)	14 (9.2)	35 (20.5)	66 (13.4)
Birth certificate	10 (5.9)	37 (24.3)	29 (17)	76 (15.4)
Road to Health Card	3 (1.7)	1 (0.6)	17 (10)	21 (4.2)
No proof of income	4 (2.3)	0	3 (1.7)	7 (1.4)
Misinformation about eligibility criteria	**1 (0.6)**	**0**	1 (0.5)	2 (0.4)
Mother lazy	7 (4.1)	0	0	7 (1.4)
Proof of residence	0	0	2 (1.1)	2 (0.4)
Baby too young	1(0.6)	0	1 (0.5)	2 (0.4)
Underage mother	0	0	2 (1.1)	2 (0.4)
No reason	10 (4.1)	0	45 (26.4)	55 (11.2)
Reason unclear	1 (0.6)	1 (0.6)	6 (3.5)	8 (1.6)
Median age at CSG receipt in months	**6 (4-9)**	7 (5-10)	5 (3-8)	6 (4-9)

Reasons for CSG receipt from welfare office (n=196)*				
Waiting for response from welfare office	**10 (9.8)**	7 (14.2)	2 (8.8)	19 (9.6)
No ID	**13 (12.7)**	20 (40.8)	17 (37.7)	50 (25.5)
No Birth Certificate	**2 (1.9)**	6 (12.2)	4 (8.8)	12 (6.1)
No Road to Health Card	**1 (0.9)**	1 (2.0)	0	2 (1.0)
Proof of income	**7 (6.8)**	0	0	7 (3.5)
Parental income above Threshold	**31 (30.3)**	10 (20.4)	13 (28.8)	54 (27.5)
No time to go to welfare office	**19 (18.6)**	0	1 (2.2)	20 (10.2)
Problems with documents	**3 (2.9)**	0	6 (13.3)	20 (10.2)
No money for transport	**0**	1 (2.0)	0	1 (0.5)
Misinformation about Eligibility	**11 (10.2)**	1 (2.8)	0	12 (6.1)
No reason	**0**	0	1 (2.0)	2 (0.1)
In receipt of another grant	**0**	2 (4.0)	0	2 (1.0)
Reason unclear	**3 (2.9)**	0	0	3 (1.5)
CSG take-up at the end of follow-up				
CSG receipt by median age of 22 months amongst eligible children	**116/186 (62.3)ββ**	**110/171 (64.3)β**	**168/279 (60.2)ββ**	

Data are number (%) or median (IQR)
Total n differs for the outcomes here as there are different denominators; *women who applied for the grant out of 741 follow-up sample; **women who never received the grant.
Eligibility criteria differs by site as there were different criteria for rural and urban areas at the time of the study; β rural income threshold (<R1100 per month) applicable to Rietvlei, ββ urban income threshold (<R800) applicable to Paarl and Umlazi.

Predictors of receiving the CSG

Table 6 shows the univariate and multivariate analysis of predictors of CSG receipt.As a result of the different data collection time points for CSG outcomes, a survival analysis approach was used to model time to receipt of the CSG grant on a set of determinants. The main aim of survival analysis is to derive and describe the distribution of survival time (time to event) and to investigate how this is affected by covariates or risk factors. A stratified Cox proportional hazards model was fitted to the data. The Cox model is an ordinary regression model with survival data to explain the relationship between the occurrence of the outcome of interest (CSG receipt) and explanatory variables. Before constructing the model, crude estimates for potential predictor variables were obtained, then all the significant factors were inputted into the first model (unadjusted model), then after adjusting for clustering to account for the randomised controlled trial design, significant factors were inputted into the second model. Odds ratio estimates and 95% confidence intervals (CI) around these ratios were obtained. The model was stratified by site to account for differences between sites. The cox model assumption was tested and the requirement was fulfilled. To test the goodness of fit of the model, the likelihood ratio test which has a chi-square distribution with 6 degrees of freedom was used. Testing the final model adjusting for all predictors against a model with only the intercept, the overall significance for the model was: Prob >chi2 == $p<0.0001$. This is an indication of a good model fit.

In the stratified Cox model after adjusting for clustering and study arm, the most important predictors of CSG receipt were the child having a birth certificate, mother being HIV positive, and family income. In the unadjusted model children who had a

birth certificate had 3 times the odds of receiving the CSG compared to children who did not have it. The odds of a child receiving the grant when possessing a birth certificate changed little in the adjusted model (HR 3.14, 95% CI: 2.41-4.09). The HIV positive status of a mother was a modest predictor of CSG receipt, with HIV positive mothers having 1.19 times the odds of receiving it than HIV negative mothers in the adjusted model. The adjusted model shows that the poor had higher odds of receiving the CSG than their better off counterparts, as applicants in households which earned less than R1100 per month had 1. 7 times the odds of receiving the CSG than those who earned more than R4000 per month. There was some evidence that more educated mothers who had completed high school were less likely to receive the CSG than mothers with primary school education, though this effect had borderline statistical significance (HR 0.76, 95% CI: 0.58-1.01, p-value 0.06).

Table 6: Cox proportional hazards regression model*

Characteristics	**Received CSG #/N (%)**	**Unadjusted HR(95%CI)**	**Adjusted HR=hazard Ratio=Odds not RR? (95% CI)**
Child has a birth certificate			
No	67/678 (9. 9)	1	1
Yes	611/678 (90.1)	3.06 (2.45 - 3.82)	3.14 (2.41 -4.09)
Mother HIV Status			
Negative	565/678(83.3)	1	1
Positive	113/678 (16. 7)	1.19 (1.06 -1.34)	1.19 (1.03-1.37)
Marital Status			
Married	145/675 (21.5)	1	
Cohabiting	98/675 (14.5)	0.63 (0.46 -0.85)	
Single	432/675 (64.0)	0.88 (0.74 -1.05)	
Socio-economic Status			
Top quintile, least poor	118/603(19. 6)	1	

2nd quintile 3rd quintile 4th quintile Bottom quintile, poorest	101/603 (16.7) 104/603 (17.2) 154/603 (25.5) 126/603(20.9)	0.98 (0.81 -1.18) 0.82 (0.61 -1.10) 1.15 (0.85-1.54) 0.86 (0.63 -1.18)	
Mother's age >35 25-35 16-24	 38/677(5.6) 230/677(34.0) 409/677(60.4)	 1 1.13(0.80 -1.59) 1.29 (0.85 -1.69)	 1 1.14 (0.81-1.16) 1.28 (0.94-1.74)
Total monthly family income >R4000 R1200 – <R4000 0-R1100	 15/636 (2.4) 193/636 (30.3) 428/636 (67.3)	 1 1.49 (1.00 -2.23) 1.79 (1.24 -2.58)	 1 1.40 (0.89 - 2.19) 1.67 (1.09 -2.55)
Educational level Some primary Some high school Completed high school	 72/673 (10.7) 402/673 (59.7) 199/673 (29. 6)	 1 0.96 (0.80 -1.15) 0.85 (0.67 -1.08)	 1 0.93 (0.75-1.15) 0.76 (0.58-1.01)
Study arm Infant feeding arm Grant arm	 367/677 (54.2) 310/677 (45. 8)	 1 1.06 (0.90-1.25)	 1 1.04 (0.91 -1.19)

*stratified by site and adjusted for clustering to account for the PROMISE-EBF study design

Findings from the qualitative study component

Turning now to the qualitative part of the study, where, as explained in the methods chapter (Chapter 3), study respondents from Umlazi, Paarl, Rietvlei and Khayelitsha were asked about their experiences of unsuccessful application of the CSG, I present findings from the in-depth interviews. Two major issues emerged from the data:

1. Lack of documentation
2. Other administrative barriers

Lack of documentation

Similar to the findings of the quantitative analysis, reasons for non-receipt ranged from reasons related to the provision of documentary evidence such as not possessing a birth certificate, not having an Identity Document (ID), to mismatched names and delays (including long queues) at the social grants administration offices. The stories below are testament to the complex, strenuous process involved in taking even the initial steps to applying for the CSG.

> *….the last born who is 1 year 5 months does not have a [birth] certificate. The reason for that is that I have two IDs, so the main problem with these IDs is the names [which are different].* (CSG non-recipient, Khayelitsha 3)

> *The card got lost, the hospital card. Now when I went to the hospital, they said it is difficult to make one, you are supposed to have 3 affidavits, now then it got lost with his father, now when it is made by him, it is not possible because his surname is not the same as mine, and because of that she does not get the grant* (CSG Non-receiver, Rietvlei KZN)

Two participants related poignant stories of being unable to obtain IDs because they could not get hold of their biological fathers.

> *The problem is that I do not get a [CSG] grant for my child. The problem is that I do not have an ID, my mother got married but she had a customary marriage you see… And she used her median name and I took my father's name, but then they separated in 1995, and now that we stay here we don't know where my father is, I don't know where he lives now…..so now when I try to get an ID they will not give it to me because they say I must first find my father (crying)….*(CSG non-recipient, Umlazi township, Kwazulu-Natal)

.

> *…….my mother never made birth (certificates) for us from the time we were born. So in order to get an ID you have to have a birth [certificate]. Even this one (referring to her child) does not have a birth [certificate] because I do not have an ID, the problem is that we do not use the same surname as my mother and that has complicated a lot of things for us……they want our father to be there with his ID as a witness that we are his daughters. So now our father is in jail, and at Home Affairswhen we apply for IDs and we give them my father's ID*

> *they say they want the stamp to prove that our father is truly in jail (*CSG non-recipient, Khayelitsha 1)

The first respondent ended up asking a stranger to pretend to be her own father[39]. The quote below shows the level of desperation that applicants will resort to in order to get the documentation necessary to access the grant.

> *So I actually ended up taking a random man who had the same surname as me and I pretended that he was my father, but then [at Home Affairs] during the interview our stories were not corresponding because it was just stuff we made up……. (CSG non-recipient, Umlazi township, Kwazulu-Natal)*

In other instances, even mothers who managed to fulfil the necessary preliminary requirements to apply for the grant were ultimately unsuccessful because they did not have additional documents required by their specific social development office. What began to emerge as a story from the various respondents is that while there are legislated, uniform requirements for applying for the grant, specific geographic areas have their own additional requirements to the already long list of what is needed to apply for the grant. In the excerpt below a mother related a story of her unsuccessful application of the grant as a result of not having a clinic card, even though she had all the other documents including an ID book, birth certificate, and proof of income.

> *I would say it is not easy (to access the CSG), because I do not receive it even though I went and applied for it but they said I must go back home and bring the green card –from the clinic –and the other card that you get from the hospital after you deliver your baby, then I couldn't get the green card, I did not have it. So I think it is really hard to get the grant* (M1, CSG Non-receiver, FGD, Umlazi, KZN)

[39]The respondent needed to bring her own -not the child's-father as a witness on her behalf that she is who she says she is

One interesting case was particularly revealing about the costs involved in obtaining the necessary documentation for the CSG, and how, for poor women, not having money to collect an ID could be a real barrier to accessing the CSG.

> *My ID was stolen last year December……. my ID came out and I fetched it from town….that [same] day my handbag was stolen , so I applied for a new one and it has not arrived. Friday afternoon they sent me a message that I must go and collect it but I am still waiting for my aunt to give me money, but she said she does not have it this month, so I'm still waiting [and] waiting…(CSG non-recipient, Umlazi township, Kwazulu-Natal)*

Misinformation and uncertainty about application requirements also played a role in some respondents failing to apply for the grant. In particular one mother who was in receipt of the disability grant (DG) was incorrectly informed that if she applied for the CSG her DG would be suspended, and so she was faced with the dilemma of whether to apply for the CSG and lose her bigger grant, or to keep her DG and forgo the child grant

> *No I did not apply for it because most people say you must not apply because it gets suspended. If you apply for a child grant, your own grant stops. I don't know I think the government complains that they pay too much for one person [if you get two grants], so I thought that the R250 would be too little if my grant gets suspended***.** (CSG Non-receiver, Umlazi, KZN)

Some respondents reported incidents of corruption by administrators of the CSG, and how this in additionally became a barrier to access. Others specifically explained that in their areas having the correct documentation did not necessarily guarantee CSG receipt as officials wanted to be bribed before they could process an application.

> *Like at home one of my siblings has even given up on trying to get the grant because each time she goes there they say no you need to come*

> *back with this, you didn't bring that, and she says 'but how is that because I have all the documents that are needed'… The problem is that those people [officials] want money, that is why they are sending her on the run-around, it is because they work with money, if you do not have money you will never get that grant, they only work with money* (M2, FGD, Umlazi, KZN)
>
> *…..and my grandmother said you have to pay R150 to some officials there who help you get grants, that is how it is in my community…* (M4, FGD, Umlazi, KZN).

In other cases respondents talked about being demotivated by the way social services administrators treated them. Participants were particularly disenchanted with the way in which administrators would send applicants back and forth for no apparent reason.

> *You see, here in Mbekweni, you go [to the social services office], then they say come back on Thursday, but the following Thursday you do not go [because] only the elderly [are served]. When you go back again, then they say " no sister, there is something missing in this thing of yours (the application form), it's not complete, the affidavit…" so some people become demotivated, and lose patience…some people are not patient…(CSG non-receiver, Paarl Western Cape)*
>
> *……with me I went there the first time and I did not get it, I went there for….for 3 months without receiving it, I would go and be told to come back later, and I would go back and be turned away again and again* (M4, FGD, Umlazi, KZN)

Some participants perceived the treatment by administrators to be hostile and sometimes to be purposefully engineered to elicit frustration in the hopes that applicants would resort to bribery. Respondents talked about how some people would eventually become so fed up with being sent back and forth that they would pay bribes for their applications to be accepted. This treatment did not seem to evoke feelings of anger or indignation in respondents, they seemed resigned to it.

i) Other barriers

Participants identified several barriers in the process of applying for the grant which delayed, and sometimes completely prevented access to the CSG. Participants relayed accounts of having to rise in the early hours of the morning to queue at their local social grants office and then having to wait for up to 6 hours for the offices to be opened, with no guarantee that they would be allowed to submit their application. One participant talked about an experience of making repeated such trips at least 5 times before she was eventually allowed to submit her application. Making these trips meant that she had to walk out of her house with her husband accompanying her at 02.30 in the morning leaving their small children sleeping alone.

> *I have had to go there to try and apply for him every week from when he was born…….[we get up at]2 in the morning, if you fail to get up at 2 and wake up at 4 maybe, then you might not be served that day, even now I was served because I got up at 2. We go on foot, we walk to (section) V……. you get there and you wait outside the yard, we light a fire, you wait until they open around 8* (CSG Non-Receiver, Khayelitsha informal settlement Western Cape)

Similar experiences were recounted in Paarl (urban township in Western Cape) and Umlazi (urban township in Kwazulu-Natal). One participant in Paarl particularly talked about how this process can be demotivating and make people give up on accessing the CSG.

> *You have to wake up at 4 or 3 am for the grant. Imagine waking up at 4 and queuing at the hall-outside- then when you get there they tell you that your thing is wrong, go back and start afresh….so you become demotivated, you quit [trying]* (CSG Non-Receiver, Paarl Western Cape)

A participant in Umlazi painted a picture of desperation, chaos and hunger when narrating locals' experiences of visiting the social grants offices.

> *So they get there early because the queues are always very long, very long, and people fight, people are always fighting, fighting about queuing, like people who jump the queue because they want to get this money. People wake up early to go there, at 3am, I know people who go there very early, because there is no food at home* (M1, FGD, Umlazi, KZN)

What seems to have worsened the problem with long queues is the new rule that the South African Social Security Agency (SASSA) introduced which requires applicants to apply only in the areas where they reside. Respondents reported that before this rule was enacted applicants were allowed to apply anywhere within their larger areas, so a resident of a large township like Khayelitsha could apply anywhere within the bounds of the area. But now if a resident of Khayelitsha applies for the grant they have to do it in the specific section that they live in. This change was supposedly implemented to make the administration process easier and to address the very issues that it now exacerbates such as long queues. This is because the number of people in each area differs, and the size of each SASSA office (in terms of the number of administrators) varies depending on the location of the area.

> *…..no I did not have this problem with all of them (children), because for some of them I did the grant at Site B or Site C, so it was not happening with all of them. But now it's the new thing of them separating (the application sites), where they say if you stay in a certain area you have to submit your application at a certain place* (CSG non-recipient, Khayelitsha informal settlement, Western Cape)

Understandably, in Rietvlei respondents did not complain about having to rise early to queue for the grant, because rising as early as 4am is normal in rural areas when taking a bus into town. However, unlike urban respondents, participants from Rietvlei complained about having to pay large sums of money to take a bus to town. For these participants if turned away from SASSA offices the first time, they have to find money to go into town again to submit their applications.

Summary and discussion

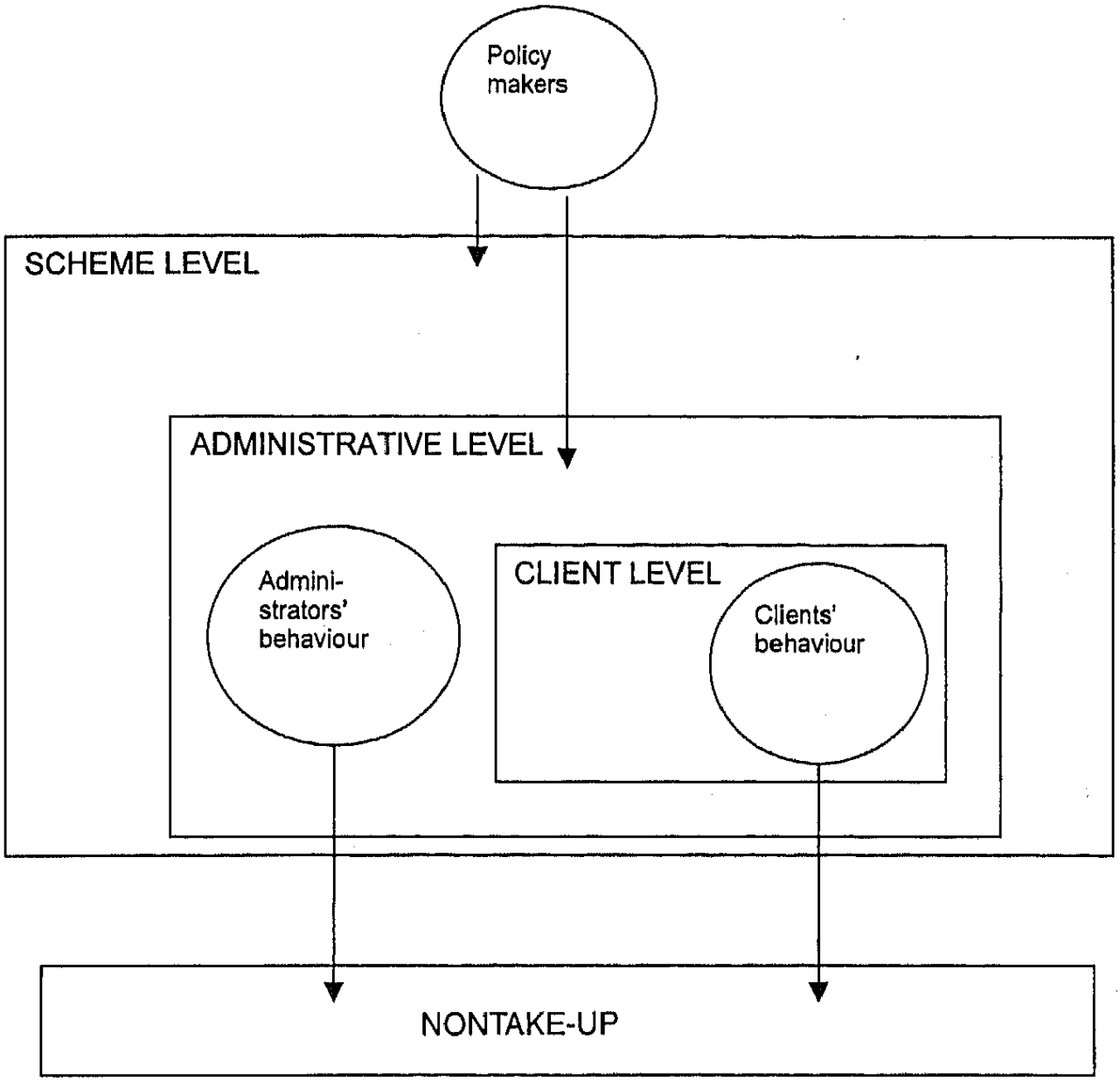
The findings of both the quantitative and qualitative components of the study present a fascinating picture of the factors that bar eligible applicants from accessing the grant, and the qualitative study in particular, provides a more nuanced story behind the factors that prevent access to the CSG.

The quantitative study shows that across the three sites around 60% of children who were eligible for the CSG received it by a median age of 22 months. While this take up rate is notably lower than national estimates previously reported by other authors (Samson et al, 2008; Noble et al, 2005b; Delany et al, 2008), it reveals the variations that exist within specific age cohorts (DSD, SASSAand UNICEF, 2011). Importantly, Samson et al (2008) using a General Household Survey panel dataset reported similar take up rates (61%) for children < 2; and Noble et al (2005a) reported even lower estimates (55%) for CSG take up rates for children under 2 . This shows that in the period between the first estimates for take up of the CSG were calculated and this doctoral study, not much has changed in the levels of CSG access for children under 2.This is disconcerting as this is the age group where children are more vulnerable to negative health and nutritional outcomes which have been shown to impact on life chances and economic productivity (Case andPaxton, 2010; Mayer-Foulkes, 2004). The means test criteria used to establish CSG eligibility during the study period (1998 to 2008) show that low income thresholds can prevent the poor from accessing a cash transfer program designed to help them. The poorest site in the study, rural Rietvlei had a low eligibility rate of 59% when using the < R1100 income threshold applied at the time, the corollary is a large number of children who were poor but were just above that threshold could not access the grant. Hall (2007)

argued that this made the grant system ‘fraudulent’ as the narrow definition of who qualified for it cheated deserving, needy children of a benefit created to address child poverty. van Oorschot (1995) adds that the non-take up or ‘underconsumption’ associated with targeted benefits which use income levels leads to the ineffectiveness of such programs in meeting their stated goals. It is thus encouraging to see that the CSG income threshold has since been raised substantially and no longer distinguishes between rural and urban inhabitants.

A useful model for analysing non-take up of targeted social assistance program is one proffered by van Oorschot (1995) which identifies interrelated multi-level factors interacting as barriers to benefit receipt. The model identifies three levels at which barriers to social assistance programs can exist. These are at the levels of the a) benefit scheme, b) administration, and c) clients (van Oorschot, 1995: 246-248). The model is presented below:

Figure 13.1
The Multilevel Influences on Nontake-Up: An Interactive Model



The different levels identified influence non-take up in direct and indirect ways. Factors at the benefit level include its design (who it is targeting, means test criteria, rules for claiming it, value of the benefit), while factors at the administrative level are around the way in which the program is administered, and client level factors include perceptions, attitudes, [relevant] knowledge and experiences regarding the application process (van Oorschot, 1995). Among the direct influencers the author identifies policy makers, administrators and clients as primarily responsible for non-

take up. Policy makers affect take up through their role as designers of benefit programs, in terms of the rules and influence they exert on decisions about budgeting and human resources that can be made available for programs, and their role in determining the administration system of a given program. vanOorschot argues that "*in doing so [policy makers] define the legal and organisational context in which administrators and clients act*" (1995:247). Administrators influence the process in some of the following ways: handling claims and applicants in ways that are deemed as humiliating and degrading; poor quality of communication with clients, and giving insufficient information and advice; using complex application forms; poor quality of decision making; and wrong interpretation of scheme rules (van Oorschot, 1995:245). Clients on the other hand can act in ways that ultimately prevent take up through for instance lack of knowledge of the correct procedures for applying, and having experiences with the administration system that discourage them from proceeding with the application. Craig (1991) identifies stigmatisation as one of the key client-level factors affecting non-take up[40].

When applying the model described above to CSG take up issues, an interesting and complex picture begins to emerge. With regards to barriers at the scheme level it is clear that the requirement for specific documents creates significant obstacles for applicants seeking to access the grant and becomes a key factor in non-take up. These requirements form part of the scheme design and structure. More to the point, the quantitative study shows that the most important barrier faced by families was the lack of a birth certificate for their child. A recent evaluation of the *Bolsa Familia* conditional cash transfer programme in Brazil found lack of a birth certificate to be

[40]Unpacked further in Chapter 6

related to poor anthropometric indicators in children since not possessing the document is seen as an indicator of extreme poverty (Paes-Sousa et al, 2011). This is because the poorest often live furthest from services and are least able to afford the costs related to obtaining documentation (e.g transport costs). As shown by the findings of the qualitative study, obtaining a birth certificate is one of the final steps in a series of steps to accessing the grant. The series of steps starts with the child's mother needing to have an identity document, and then a birth certificate, proof of income, and submitting these together with an application, with the final step being the approval of the application. In the CSG, scheme level factors (the actual requirements) collude with administrative issues during the process of obtaining these documents when applicants have to make repeat visits to the various departments and institutions responsible for furnishing the required documents, with the attendant monetary and non-monetary costs of obtaining them (e.g transport costs, time). Administrators play a central role during this process through poor communication and misinformation about what is required to apply for the grant thus leading to applicants being sent back and forth to sort out documentation issues. What is particularly unique about the CSG is that administrative barriers do not only exist within the office that dispenses the grant, but extend to other departments responsible for supplying identifying documents (IDs and birth certificates).

However, the findings do show that once an application is submitted the turnaround time is impressively quick as participants in this study mostly learnt the outcome of the application within the first week after applying. Nevertheless, while there seems to have been significant strides made in improving application turnaround times once an application is submitted, it is clear from the qualitative study that many still

struggle to reach the final stage of applying for the grant as they become stuck in the early hurdles of the application process (obtaining affidavits, hospital cards, IDs, birth certificate). van Oorschot (1995) asserts that such administrative barriers subvert the goals of social assistance programs which, through the targeting design, aim to deliver cash transfers to those who need them the most effectively.

In addition to the supply side problems, the finding that most mothers started the application process of the grant when their children were older than 3 months indicates that there may be demand side issues preventing applicants from starting the process early. In this case client level factors may be responsible for non-take up. In this study such factors can be said to be interacting with indirect administrative and scheme level barriers. Issues relating to the administration of the grant are apparent in the long queues that applicants have to endure just to get to be seen by an official to submit an application, and the discretionary rules that administrators make about who can be seen even if an applicant gets to the front of the line. Scheme level factors are apparent in the shortages in the number personnel available to process applications and thus reduce waiting times. Certainly in this study, these factors worked together to deter some eligible caregivers from applying for the grant timeously. In this context these barriers would undoubtedly be a strong consideration for mothers who adhere to the African custom of not taking a child out of the home in the first few months of life, making it difficult for such mothers to leave their new-borns for indefinite periods of time while attempting to submit an application for the grant. A few qualitative studies have reported similar findings of mothers who were eligible for the CSG but who took long to apply for the grant after the birth of their children (Delany e al, 2008; Hunter and Adato, 2007). In the Delany et al study the reasons given for late applications included delays with birth

certificates and other documentation; the need to recover from the birth; cultural norms regarding taking the baby out in public; and the fact that queues and travel involved in applying are not conducive for new mothers (2008: 55). In their study, Hunter and Adato (2007) likewise surmise that the reasons for delays concern administrative obstacles to applying for the grant, and add that in a few cases some caregivers did not seem interested enough in the wellbeing of the eligible children to apply early. This was especially the case for children who were not being raised by their biological mothers. In the quantitative component of this chapter there were a small number of mothers in one study site who cited 'laziness' as a reason for not applying for the grant soon after birth. None of these participants were available for interviewing in the qualitative study and the precise reasons behind their laziness could not be unpacked further.

Any contemplation of the problems that applicants encounter with acquiring documentation must take into account the historical legacy of apartheid on citizenship documentation for Black Africans. Such considerations elucidate the uniqueness of the South African context in the problems applicants contend with when amassing the necessary documentation for successful application of the CSG. The homeland system implemented through the Bantu Homelands Citizenship Act of 1951, 1959 and 1970 by the apartheid administration placed Black people in far-flung, largely rural areas of South Africa (Barnard, 2006). These homelands became Black South Africa, and Black Africans living within them had citizenship only within the designated areas, and required 'passports' to get into the rest of (White) South Africa (Barnard, 2006). Thus when democracy came in 1994 many black Africans in South Africa at the time did not have South African Identity Documents, and many

did not have the birth certificates needed to apply for an ID. Many black people have since continued to experience problems with obtaining identifying documents (IDs, birth certificates). The disturbing point is that, among the poor, these are the same people who continue to mainly reside in the former homelands which are underdeveloped and underserved, where it is hardest to efficiently obtain government services of any kind.

Furthermore, these findings confirm a point made in Chapter 3 that Rietvlei site in the Umzimkhulu area, a rural area formerly falling under the then Transkei Homeland, is a prime example of the continuing effects of the apartheid homeland system on poor people who live in these areas. In the quantitative study Rietvlei rural site had the lowest proportion of children with birth certificates and the highest proportion of participants in the poorest socio-economic status quintile. This necessarily means that these children, who by virtue of their socio-economic standing, are most desperate for the grant, are the same children whose parents have the least means to afford the expensive, arduous process of acquiring documents.

Some of the more optimistic findings in the quantitative study show higher grant receipt amongst HIV positive mothers than HIV negative mothers. One factor that could explain this finding is that HIV positive mothers are likely to have greater access to health services where they can be advised about applying for social grants both for themselves and their children. Access to the CSG also appears to be appropriately reaching the poorest families in South Africa as receipt was associated with a low monthly income. This finding is similarly reported by other authors who

concurred that the CSG appeared to be “well targeted at people living in poor households” (DSD, SASSA and UNICEF, 2011; Hall, 2007: 6; Leattand Budlender, 2006).

While reported only in the focus group discussion,reports of corruption by administrators at social services offices where the CSG is dispensedare perhaps unsurprising in a targeted program of this kind. Corruption by officials administering social protection programs has long been reported in literature (Rawlings, 2004; Sen, 1992; Stolk and Tesliuc, 2010;), and is said to be more prevalent in developing countries due to “*weaker systems for audit, oversight and control, and the relatively low pay of the social protection workers*” in such contexts (Stolk and Tesliuc, 2010:3). Sen (1992) asserts that “*the possibility of corruption is, of course, also present whenever some officials have significant control over the process of dispensing favors in the form of targeted benefits*” (p14). In the CSG program, administrators of the grant certainly have ‘significant control’ over the process of deciding who gets it, and as is evidenced by the findings of this chapter, authorities can and do exercise their power to bar eligible applicants from receiving the grant. Further, the long and difficult process of applying for the CSG, still present more than a decade after the implementation of the program, provides further credence to anti-targeting arguments about how targeting requires complex administration systems which ultimately serve to keep out the very individuals such benefits are established to assist (Ellis et al, 2009; Mkandawire, 2005;Sen, 1992).

Further, the barriers reported in this chapter and elsewhere (DS D, SASSA andUNICEF, 2011) are an inherent feature of developing country settings – the lack of free transportation, distance to facilities, inefficient administration systems

(resulting in long queues), high backlogs, staff shortages, and the lack of linkages between departments dispensing the documentation needed - and they provide a context for analysing factors associated with non-take up in such settings.

While it is clear that some attempts have been made to improve ease of access to the CSG, through such measures as improved turnaround times, it is noteworthy that the same barriers reported at the implementation phase of the CSG more than 14 years ago (Kola, 2000; Sogaula et al, 2005) continue, largely unabated. The administration system of the CSG continues to contain features of the initial requirements (such as clinic cards for proof of immunisation, proof of child maintenance) that were attached to the CSG at implementation. The fact that these requirements continue to be enforced in various ways long after they were scrapped is proof of the difficulty in undoing decisions once made in a bureaucracy as officials often find it difficult to keep up with changes in a policy and tend to stick to the original brief they were given (Kola et al, 2000).

Finally, his chapter has shown that reasons responsible for non-take up of the Child Support Grant include multi-level factors at the administrative, scheme and client levels. However, similar to van Oorschot's (1995) findings, in this study administrative factors played the most important role in the mix of influencing factors, and revealed the 'troublesome' nature of targeting social assistance programs to specific groups of people (van Oorschot, 1995). While this study did not find the means test criteria to be the strongest barrier to CSG access, the administrative barriers, particularly pertaining to document requirements, are unique to targeted cash transfer programs where complex administrative systems are the norm, and

where applicants have to prove who they are, within a rigid system that places the onus of starting and completing the application process solely on the applicant.

CHAPTER 5: DOES A LITTLE GO A LONG WAY? THE EXPERIENCES OF CSG RECIPIENTS IN THREE DIVERSE SETTINGS IN SOUTH AFRICA.

Background

The previous chapter discussed barriers to CSG receipt and the reasons underlying non-take up of the grant. It revealed administrative requirements as a key barrier to accessing the grant.

Having looked at who does not get the CSG and why it is accessed lateor not accessed at allby some, it is now time to focus on those who do receive the child support grant in order to have a more nuanced understanding of how the CSG is utilised and how it affects child poverty at the household level. This is important as there are still questions about how the grant is used, including whether and how it interacts with other sources of income in the household to meet the needs of its recipients (Goldblatt et al, 2006). There are other questions about whether the cash value of the transfer is adequate for recipients to cope with current soaring food prices, in the absence of an equivalent raise in the value of the benefit. This is important because "*in order to appreciate the impact and effectivity (sic) of cash transfers as policy intervention, it is essential to have an understanding of how poor people use grants, and how grant-expenditure decisions are made*" (du Toit and and Neves, 2009: 19).

Very few studies in South Africa have sought the views of recipients on their experiences of using the grant and on the adequacy of the CSG as a policy tool to

reduce child poverty, and of these there are even fewer studies which show evidence which suggests that recipients do not experience the Child Support Grant as being enough to meet the needs of their children. One such work is research conducted by Surender and colleagues (2010) and analyses the attitudes of South Africans towards paid work and social grants. The research project was a qualitative inquiry that involved 39 focus group discussions with men and women from the Western Cape (19 FGDs) and the Eastern Cape (20 FGDs) provinces. The two provinces were chosen for the mixed demographic profiles they represent in terms of the urban Western Cape and rural Eastern Cape mix, high (26%) unemployment in the Eastern Cape versus the low (18%) unemployment rate in the Western Cape, and the historical migration of people from the Eastern Cape to the Western Cape in search of employment (Surender, et al 2010). In the interviews a number of respondents were vocal about how the CSG was too small to be an incentive to avoid participation in the labour market, and was not even enough to meet the needs of recipients. As one respondent put it: "….*there's no way you won't want to work in order to live on R190*[41] *a month. When you work, you earn more than that. Yes . . . we are used to poverty, but there's no way you won't work* only to depend on R190. *By the time the R190 comes, your child needs a multitude of things from milk to shoes. You buy shoes and other small things, after that it's finished*" (Surender et al 2010: 214).

Another qualitative study conducted by Hunter and Adato (2007) in Kwazulu Natal reported similar views from respondents. The authors interviewed men and women in six urban and rural areas in Kwazulu-Natal. The main inclusion criterion was participants had to have been part of the Kwazulu-Natal Income Dynamics Study

[41] The value of the CSG at the time

(KIDS) of 2004 which assessed the quantitative impacts of the CSG on children (Woolard, Carter and Agüero, 2005). This qualitative component of the KIDS study looked at the perspectives and experiences of households in receipt of the grant, as well as wider community perspectives. The authors report that in the main, negative views about the CSG concerned its low amount (Hunter and Adato, 2007). As such, respondents in this study called for an increase in the amount of the grant (up to two times its value) (Hunter and Adato, 2007).

A third study that has referred to the views of recipients is Liziwe and Kongolo's 2011 qualitative study in Gugulethu, Cape Town. The study had respondents similarly complaining that the grant is too small to meet the needs of their children (Liziwe and Kongolo, 2011).

Lastly, the qualitative component of the recent CSG impact study conducted by DSD, UNICEF and SASSA (2011) had a number of participants that said the grant was too small to make a much of a difference (DSD, UNICEF and SASSA, 2011).

While all these studies offer some insight into how recipients of the grant view and experience it, many of them, barring the Hunter and Adato study, were not actually designed to explore this topic, it simply emerged from interviews, as such these studies do not go into analytic detail about what the findings mean. Thus, there remains a gap in our detailed understanding of the precise limitations of a cash transfer like the CSG and how recipients experience it. While plenty of evidence, reviewed in Chapters 1 and 2, shows that the CSG is associated with several positive outcomes, it is still not clear how it practically works in households, and

particularly how its small value limits its ability to meet its stated goal of meeting the nutritional needs of children. Additionally, such evidence is needed because current cash transfer programs in developing countries generally have very small benefit levels, without any clear corresponding evidence of how the low amounts translate to positive impacts. It is also not clear how a small cash transfer like the CSG operates within the context of high rates of poverty and unemployment as is the case in South Africa.

This chapter aims to contribute towards these research gaps, and presents findings of a qualitative study that was undertaken to seek a more fine-grain understanding of the adequacy of the child support grant in poor households. Findings on the ways in which recipient mothers supplement the CSG are also presented.

The chapter begins with a brief description of the methods used in this study. The methods section is followed by a presentation of findings by key themes. The chapter closes with a summary and discussion of the main findings.

Findings

Respondents were asked about their experiences of raising their children with or without the CSG. More specific probing questions were asked about how mothers used the CSG, their views on its ability to meet the needs of their children, and their participation in local savings clubs and burial societies. Two major points emerged from the data:

1. CSG utilisation and adequacy: how is the CSG utilised and does it make a difference?
2. Mechanisms to supplement the CSG

The themes are described below with their sub themes:

CSG utilisation and adequacy: how is the csg utilised and does it make a difference?

Perhaps, unsurprisingly, the interviews seem to confirm that the CSG is mostly used to purchase basic food items. This supports the survey findings which showed that the CSG was mostly spent on food, and that recipient diets were not greatly varied. Some mothers reported that the CSG was only enough to buy staples and that expensive food items such as meat were only purchased on "pay-out day".

> *I buy groceries, mealie-meal, I buy rice, I buy flour, I buy sugar, 5 litre oil, I buy potatoes and meat…….. but we don't buy much meat, just something for that moment which finishes up fast…..and salt and soups (CSG Receiver, Rietvlei, KZN)*
>
> *I am not able to buy them treats, you just buy food, you buy mealie-meal, you buy potatoes, you buy rice, you buy sugar, you buy oil, fish oil (cooking oil), salt, soups, by then there is no more money, you buy matches and candles so that you can have light at home……. yes I can buy meat on that first day, by the second day I cannot (CSG Receiver, Rietvlei, KZN*)

The importance or role of the CSG was often discussed in the context of meeting important basic needs for food; but sometimes its role was apparent in meeting seemingly non-basic needs, such as treats for children.

> *One of the kids had their birthday recently and I had to buy her cake, I had saved a R100 [from the CSG] and put it away for quite some time so that I could buy her a cake Monday…..I thought that I should save it for her because it's her money (CSG Receiver, Paarl Western Cape)*

It was striking to find that similar to non-recipients, many recipient mothers experienced frequent food shortages. The way in which respondents coped with food shortages ranged from finding menial jobs to earn extra income, to borrowing from neighbours and relatives.

One mother related her experience of having to do domestic work for other people in order to make it to the end of the month.

> *Yes the food is enough but then by month end we are pulling hard, by month end it is hard. You manage to buy food in the month, when you have just received the money food can be purchased… but when the month ends the food is running out when there is none of it…. [then] we hustle with piece jobs that we get in [people's] houses…. we do washing in the houses, yes where you can do washing and clean and then we manage to eat until month end (CSG Recipient, Rietvlei, KZN)*

Several mothers talked about having to borrow money from friends and neighbours to survive until the end of the month.

> *Yes it [food] does get finished before the month ends, and I have to borrow from someone, and say "just give me something, maybe R20 so I can buy some mielie-meal here at Shoprite (CSG Receiver, Paarl Western Cape)*

The next main item besides food, on which the CSG was spent were school-related needs. Mothers used the CSG to buy school uniforms, to buy food for lunchboxes, and to pay for school transport, activities and trips. Mothers acknowledged that it would be a struggle to meet these needs without the CSG.

Others, like this mother, used the CSG to meet the school needs of siblingswho were not the direct recipients of the grant.

> *I also buy the uniform, the firstborn; I buy his uniform with the grant money (CSG Receiver, Paarl Western Cape)*

What also came across clearly was that recipient mothers prioritised payment of school-related expenses over any other need in the household. One mother related

a story of how in the community in January the CSG is used to buy school uniforms, instead of food.

> *Clothes, we buy clothes in January and December. The only time they get them (clothes), they get them in January for school and in December for Christmas….. [in order to buy the uniform in January] we split the money, in order to buy food we go to look for piece jobs just because we have to buy uniform with their money. And then we look for piece jobs in the houses [to buy the other things) (CSG Receiver, Rietlvei, KZN)*

Another mother talked about spending most of the first CSG back pay that she received on school crèche-related expenses for her child.

> *You see, when it [first] came….it was about R500 because it's for 3 months. I paid her creche… It's R60 per month. I paid it for 2 months [because] I owed them R120. I bought 'carry' things (lunch box for school) with the remainder (CSG Receiver, Paarl, Western Cape)*

The interviewees were asked about what they did when a child was ill in the household. Mothers' responses reflected different strategies of coping with illness, depending on their distance from health facilities, the ability to put aside a portion of the CSG for savings for health care and access to credit. Thus some mothers reported that they did not have to spend the CSG on health care costs because they lived within walking distance of clinics where health care for children is free.

> *[when a child] gets sick out of the blue, we have a hospital which is just nearby, we simply take the child to the hospital (CSG Receiver, Paarl , Western Cape)*

Those who lived far away from clinics talked about their attempts to put aside some of the CSG money each month in case their child needed to go to the clinic.

> *I try to save it so that if a child is sick, to ensure that I have it in case a child gets sick" (CSG Receiver, Rietvlei, KZN)*

However, many acknowledged that it was often difficult to put money aside. In such cases when a child fell ill and there was no money to take them to the clinic mothers would borrow money to pay for these expenses. One mother relayed an incident

where she had to send a child to school with a toothache because there was no money to take her to the dentist, and she knew there would be no money until the next CSG pay out.

> *……..she had a toothache and was sent back from school, she was asked why she doesn't tell her mother to take out the tooth, and she told themshe hasn't received her grant for the month yet. She had this tooth ache even the night before, [but] I knew I couldn't go and get it taken out then (CSG Receiver, Paarl Western Cape).*

Some mothers talked about the importance of free health care in relieving the burden of having to pay for using these services when their children are ill. Several mothers reported that since they could barely afford to spare any money for health care from the CSG, the free health care services provided by clinics were essential. One particular mother talked about the importance of having access to credit when the clinic is not able to provide services such as an ambulance.

> *If there is no ambulance available I come back here and I borrow money and take the child to the hospital" (CSG Receiver, Rietvlei, KZN)*

Is the CSG enough to meet the needs of its beneficiaries?

Without any prompting, most participants complained about the cash value of the CSG asserting that it is very small at R260 per month (USD35). Some mothers had very strong feelings about the amount of the grant and could not at all identify anything positive about it.

> *"there is no food, it is finished, you can check for yourself. I keep cooking this and that. There is only mealie-meal left and so I take it and cook porridge…." (CSG Receiver, Paarl Western Cape)*

> *Oh, I don't really count it (the child support grant) ... it (the CSG) doesn't really help me….. That R260 is nothing, it is nothing, when you get it, it gets finished quickly on children's things (CSG Receiver, Paarl Western Cape)*

In most interviews I observed mothers struggling with their ambivalent feelings about the usefulness of the CSG in the work of raising their children. On the one hand they could see the important role that the CSG played in their households and how it was often the only source of income, yet on the other they kept lamenting its inadequacy in meeting the needs of their children. One mother's thoughts on the CSG captured this ambivalence well:

> *So we use R500 for a whole month in this house, but I thank the government even there, for the way he helps us with it, because otherwise we wouldn't even know what to mix with what, but we would like to ask the government to please increase this grant amount, because even the children use this same money for school, for food, when they are sick, all on this same money, if maybe they are sick and they need to go to the doctor you have to use this same money (CSG Receiver, Rietvlei, KZN)*

Other mothers confirmed this sentiment and said:

> *I manage to bring them up with it although this money is too little, it is not a lot of money at all, but they are able to grow (CSG Receiver, Rietvlei rural village, KZN)*
>
> *now the [child] grant, I really want to commend it for the way that it helps us but it is small because of the number of people who live in this house, because I am only getting it for 2 children. (CSG Receiver, Paarl Western Cape)*

Somemothers pointed out that while the CSG is small on its own to take care of all the needs of a child, Government intended it to supplement what is available in the household, and that it was not supposed to take care of everything, and thus receivers should be grateful that it is there at all. Two mothers put it this way:

> *….people say "It's not enough, a child is expensive…what does s/he eat? s/he must eat, s/he must be clothed, s/he must get this and that". Then I say*

half a loaf [of bread] is better than nothing, because half a loaf of bread is better than no bread at all in the [bread] bin. Because the government gives you, right? Here, then you [should] hustle and add to what the government gives you…..The government cannot provide everything. (CSG Receiver, Paarl Western Cape)

It's not much money but at least the government is helping and supplementing what you have as a mother, you supplement with it (CSG Receiver, Paarl Western Cape)

Mechanisms for Supplementing The CSG

There were some circumstances that seemed to influence the extent to which mothers would deem the CSG as enabling them to meet the needs of theirchild(ren); in particular having only one CSG versus having a CSG *and* additional social grants, the role of social support networks, and access to credit seemed to make a difference in mothers' experiences of the grant.

The role of additional grants in supplementing the CSG

The presence of other grants in the household and the cumulative impact this has on the CSG's ability to meet even the basic needs of beneficiaries seems to be determined by two factors: whether the other grants are all CSGs, or whether it's a mix of CSGs and one other 'big' grant such as a (Disability Grant) or an Old Age Pension (OAP) (each with a cash value of about R1100 a month). In households where there was more than one CSG but these CSGs were the sole income, mothers still complained about the transfer being small and not being enough to meet the needs of the family. But where the CSG was present with other CSGs *plus* a DG or an OAP, mothers seemed to feel less financial pressure in terms of meeting the needs of their children. One mother who is receiving a DG and 3 CSGs shared:

No we meet the needs of our family, I cannot say we do not. No I manage. There isn't anything that I think causes me stress (CSG Receiver, Khayelitsha, Western Cape)

Another mother who was receiving 3 CSGs and a Child Dependency Grant (equivalent to a Disability Grant) added:

No there is a huge difference now, there is, even whilst still earning the children's one only it was helping me, but now that I am getting grants for all of them, it helps me a lot. Especially since the older one's dependency grant has increased (CSG Receiver, Rietvlei rural village)

In families where there was more than one child receiving the CSG but no other source of income, the grants were acknowledged as the main source of income and the families' rescue from destitution

We live on this children's grant… the father is unemployed, he just holds piece jobs and I am also unemployed. They are being raised by this grant; it helps a great deal because it is the grant that educates them. Because it feeds them, buys them food even the school clothes and Christmas clothes we buy with this grant money… The main source of financial support is this grant (CSG Receiver, Rietvlei, KZN)

No they (CSGs) have made a huge difference because they eat, I clothe them, and things that are wanted at school, they come and say and it then gets done for them, there are no problems where I first have to go to other women saying 'please help me', no I get helped by this one (money) of the children (CSG Receiver, Khayelitsha, Western Cape)

Social support networks

On the whole, mothers who had regular financial support from relatives and/or from the fathers of their children felt able to cope and viewed the CSG as supplementing what financial support they already had.

But then it's better when you have a partner, [because] there is someone who is helping you… When your partner is not present, it becomes very difficult…perhaps at times you are not working you are dependent on this grant, on this R260. (CSG Receiver, Paarl Western Cape)

I get the grant, and I am able to supplement what the child's father brings in, because he is there as well and he supports me. (CSG Receiver, Umlazi, KZN)

When these mothers experienced food shortages, support from their relatives and partners became crucial during these times

No, that sort of thing [running out of food and supplies] we cannot avoid, it does happen, it truly becomes like that and you realise that now times are tough, I am struggling…but my sister gets paid every week so she manages to cover whatever we run out of (CSG Receiver, Paarl Western Cape)

So I said to her paternal aunt "we have not paid the school fees, I used her money (CSG) to release the layby" so she paid her school fees (CSG Receiver, Paarl Western Cape)

Access to credit and informal social insurance

Many mothers reported that whenever the CSG ran out they were able to borrow money because having a CSG made them credit-worthy in their communities as there was a guarantee that they would pay back their loans.

If I do not get the piece jobs the neighbours also help me with food when it runs out.You should return the food, yes, when you've been paid you buy it and return it(CSG Recipient, Rietvlei, KZN)

Yes, food gets finished and you find yourself having to figure out what to do, maybe for those few days you have to borrow from the stockvel club. (CSG Receiver, Rietvlei, KZN)

If there is an illness you know that you can go and borrow money because you will get the grant at the end of the month, like even loan sharks in our areas need proof that there is some money that you are getting before they give you money,…. so you ….leave them your grant card so they keep it until pay-day where you get the grant and pay them back their money (M6, CSG Receiver, FGD, Umlazi)

Others viewed the credit worthiness that came with receiving a CSG as a potential liability. Specifically, some mothers shared about how loan sharks wait for CSG

receivers who owe them money at the hall where the grant is paid out, and because they have exorbitant interest rates, they take the entire amount before recipients are able to purchase anything.

> *They wait for them there at the hall. I was watching this other time, there was a girl who was fighting there outside. They said this money is for the children, how can you take all the children's money? It's the loan sharks that I really see as a problem in this grant money. But it is because we are hungry….. (CSG Receiver, Paarl Western Cape)*

> *Yes [the grant makes it easier to borrow], like when I think I'm in a tight spot I borrow. But it's not right because this is not my money, but I borrow because this money is spent on them."(CSG Receiver, Rietvlei, KZN)*

Some CSG recipients were able to participate in informal insurance schemes such as burial societies, and others were able to participate in savings clubs (commonly referred to as *stockvels*). All the mothers who reported participation were in receipt of more than one CSG and or had other income sources so that the CSG enabled them to save some money for participating in these schemes. Burial societies generally required significantly smaller contributions compared to savings clubs. It is noteworthy that none of the non-recipients were participating in savings clubs although some were members of burial societies.

The CSG recipients who reported participation in a savings club said they participated in the club in order to be able to purchase clothes for their children either during winter or at the end of the year at Christmas time, and to buy nicer (and more expensive) groceries during the Christmas period. As one mother who was in receipt of 3 CSGs put it:

> *I also participate in a stockvel. R150 every month, every month you add R150…… We divide it; it depends on what you want, whether it's money or groceries but I always want money because I want to buy clothes for my*

children. I then buy groceries with the remaining money (CSG Receiver, Rietvlei, KZN)

Another mother of three CSG recipients explained the rotation process of the stockvel and her reasons for joining it*:*

> *There are 6 of us, so you pay 5 people. I was happy for the fact that they started with me because it was the beginning of winter so my children need winter clothes, you see now it's killing me and I didn't know it would be like this (CSG Receiver, Paarl Western Cape).*

Some savings clubs also doubled up as informal credit schemes. Recipients participating in these savings schemes appreciated this additional advantage of being a member of a savings club, and shared about making regular loans from their savings club whenever they would run out of food and other necessities. As one mother put it:

> *If the food is finished my only option is to go and borrow from the stockvel… (CSG Receiver, Rietvlei, KZN)*

The ability to save a portion of the CSG in local savings scheme was not the same for all of the mothers. Thus for every mother who shared about their ability to save some of CSG in stockvels, there were many mothers who talked about the difficulties and even impossibilities of saving any money from the CSG each month. These were mostly mothers for whom the CSG was the sole source of income.

> *It's impossible to save right now, you use it and you have R100 left for an example. With the R100 you can maybe buy bread, bread is R10, that's R10 a day, so in the second week the money is finished. So now you must run around trying to get money for bread, so you can't have a lot of money left over from that [the child grant], it's too little. But I'm grateful it's there. (CSG Receiver, Paarl, Western Cape)*

One mother who had joined the savings club felt that she had overextended herself by joining it and was struggling to make the monthly contributions which were R300

a fortnight for 2 and half months before the rotation reached her each time. She talked about her struggle with the repayments:

> *Yes stockvels I am able to…for instance tomorrow as I sit here I don't have money, I have to attend the[stockvel] club meeting and contribute R300 for the last member, and I don't have it, I don't have it. And I'm going to quit it because I can see I'm struggling. (CSG Receiver, Paarl Western Cape)*

Many participants talked about the importance of joining a burial society, as the concept of having a decent burial holds great importance in the African culture. The amounts of money required for joining were widely different depending on the funds that would be collected in the event of death. One mother from Paarl said:

> *I pay [the burial society], it's R120 per month, and you can register 10 dependants, yourself as the principal member, plus 10 dependants. So you only pay R120 per month. When any of your dependents passes away you get R9 000, and when you die you get R15 000 (CSG Receiver, Paarl, Western Cape)*.

Another mother who is in receipt of three CSGs for her children shared a similar account of using the CSG to join different burial clubs

> *I join the stockvel savings club, then the [burial] club for funeral cover, there is one I've joined at the bank, it is from the bank (CSG Receiver, Paarl , Western Cape)*

For non-receivers the inability to contribute towards burial societies provoked a lot of anxiety. One mother's narrative in particular suggests that this may be one of the biggest opportunity losses for mothers who do not receive a CSG for their child (ren).

> *Now if she should die where will I get money for the funeral? Because I have not joined any funeral scheme, I have no money to save for in case I die…and she only has me. Maybe [if I was receiving the CSG] I would be able to take out the policies I am telling you about, and a funeral policy (CSG non-recipient, Umlazi, KZN)*

Summary and discussion of findings

The findings of this chapter show that the CSG provides an important form of financial support for families that receive it. Similar to the findings of previous studies (Delany et al, 2008; Hunter and Adato, 2007; DSD, UNICEF and SASSA, 2011), for many families that were interviewed the CSG is mainly spent on food and school-related costs. The findings suggest that families find a way to make a little go a long way by pooling resources such as additional social grants including additional CSGs, by utilising social support networks to access informal credit, and by participating in savings clubs and burial schemes. The absence of the CSG was most keenly felt by non-recipients who had no other sources of income.

However, in the context of overwhelming poverty as found in the study communities, what also comes across clearly in the findings is that the CSG is not adequate on its own to meet even the most basic needs of its beneficiaries (i.e. food costs), for which it was established. The qualitative results of this chapter show that the CSG is mostly used to buy staples, and is simply not enough to buy other food items such as meat, which would lead to greater dietary diversity. It has been the experience with other cash transfer programs implemented in developing countries that they do not improve the diversity of children's diets (Devereux et al, 2005), even though dietary diversity is critical to achieving adequate nutritional outcomes for children. A review of cash transfers piloted in East and Southern Africa noted that these programs "*enable households to purchase 'food' [but] do not allow for purchases of vegetables and other food items, although these might be 'freed up' by the transfer. If the intention is to improve household nutrition, both quantity and quality components of the diet must be addressed*" (Devereux et al, 2005: 29).

Additionally, many participants talked about frequently running out of food before the end of the month. These findings concur with Patel et al's (2012) recently published report of a study on gender dynamics and the impact of the CSG in a township in Soweto, Johannesburg. The Patel et al study reports that 80% of CSG recipients living in this area experienced either moderate (25%) or severe food insecurity (55%), and that CSG recipients were no better off in terms of food insecurity in general, than non-recipients. Recipients in Hunter and Adato's study (2007) similarly reported regular food shortages, one CSG recipient reported that "*….food is the main problem because there are several times when [we] run out of food and do not know what to cook";* and another said *"sometimes they go to bed without cooking, if there is nothing for supper. She even sometimes goes to a friend's house, not to visit, but she knows that when they are having something to eat they will offer her some. She said there is this house that cooks porridge everyday so she goes there for breakfast"* (Hunter and Adato, 2007: 21, 37).

Crisis follows the poor, reproducing and pronouncing the effects of poverty in ways that undermine whatever little income they may have. As such, poor households may suffer the most during times of crisis since they generally do not have sufficient savings or insurance to cushion them against unexpected expenses such as burial costs and health related costs (Bardhan and Udry 1999; Lokshin and Yemtsov2001). In this study participants reported that when unexpected expenses occurred, such as an illness or school-related costs, they were forced to borrow or to adjust the household budget by cutting down on food. The fact that recipients had to turn to borrowing each month to make ends meet and to meet unanticipated needs steeped families into further financial trouble and made them vulnerable to loan

sharks. Further, this adds an interesting dimension to the existing literature on micro finance credit which largely identifies access to credit by the poor as a positive, empowering form of social capital (Fernando 2007; Kongolo, 2007;Okurut et al 2004). The distinguishing factor in this case is that, where access to credit is often associated with the poor using it to improve livelihoods (to start up small businesses for instance), in this study it was *regularly* used for sustenance needs and to manage crisis events.

However, even with the deleterious impact of informal credit among CSG recipients, in this study it still formed a crucial part of recipients' social support networks. Further, as social capital depends on reciprocity; having the grant enabled recipients to access help in time of need. In this way du Toit and Neves (2009) point out that "*the value of social grants lies not only in their contribution to subsistence consumption, but also in how they serve to enhance social reciprocity networks*" (du Toit and Neves, 2009: 20). In Chapter 4 it was clear that non-recipients who did not have the grant to 'trade'[42] with, that is to use as leverage in reciprocal exchange (du Toit and Neves, 2009), were left destitute. As such "*in an environment where social capital depends on reciprocal exchange, and where the lack of resources, therefore, profoundly undermines one's agency as a social actor, the receipt of a grant (and its prudent use) gives the individual the means needed to secure for himself a role for exchange and negotiation within his social network*" (du Toit and Neves, 2009: 20). The CSG certainly allowed women who would otherwise not be able to access reciprocal social networks to have this resource in times of crisis. These findings offer a different view to concerns about cash transfer programs 'crowding out' informal social protection systems (Save the Children UK, HelpAge International,

[42] Borrowing from du Toit and Neves' (2009) concept of 'trading on a grant'

and Institute for Development Studies, 2005). Such concerns centre on the belief that extending social assistance to the poor "*might distort and undermine traditional values of reciprocity and informal social support*" (Deveruex et al, 2005: 34). From the findings of this study it would seem that the CSG has strengthened, instead of eroded such values. This is probably because the grant transfers a very small amount of money, and those who make up the social support networks of recipients are well aware of this fact and of the continued need for their support.

Several factors seem to explain, at least in part, the diluted impact of the CSG in the lives of its beneficiaries. First, in this study the CSG was often introduced in a context of households with adults who were unemployed, where the grant became the only predictable source of income. Previous research supports this finding, and shows that in South Africa the poor cluster around social grants, particularly the CSG and the OAP, where these grants take care of not only the needs of direct recipients, but entire households (du Toit and Neves, 2009; DSD, SASSA, UNICEF 2011). Proponents of a universal income grant for working age adults have argued that the clustering of the poor around social grants is a result of generalised poverty and high unemployment rates in South Africa, and that a basic income grant would reduce the current pressure on social grants and would result in cash transfers benefitting the specific groups they were designed for (Frye 2005; Lekezwa 2010; Noble et al 2008). Respondents in the aforementioned qualitative study by Hunter and Adato (2007) proved that as recipients they are aware of the fact that the CSG is serving a purpose for which it was not originally established by being stretched to meet the needs of entire households. These respondents called for a grant that would '*meet individual needs*' (Hunter and Adato, 2007: 20).

Second, as stated in an earlier chapter, while the original desire of the architects of the CSG was to link it to the costs of child-rearing, in the end budgetary constraints limited its goals to food costs only (Lund; 2007). The Lund Committee was faced with a dilemma: maintaining the benefit level of the CSG at a minimum while reaching more children; or increasing the benefit and linking it to the cost of living while reaching fewer children (Lund 2007). The Committee settled for the former, and the yet the dilemma is far from resolved because as these findings suggest, maintaining the grant at R280 per month per child means that whilst reaching more children, it is constrained to meet its more modest goal to cover the food costs of its beneficiaries. Part of this has to do with the reality that the cash value of the CSG has not been increasing along with the rate of inflation and skyrocketing food prices (Lund 2008). Mageh et al (2009:6) assert that 'rapid inflation can reduce the impact of cash transfers, since the purchasing power of the transfer will be reduced over time". Consequently, it has been argued that to maximise the potential for cash transfers to be effective, their cash value should be linked to food price movements and the cost of essential non-food items, and to adjust the value for household size (Devereux et al 2005). CSG recipients agree. In Hunter and Adato (2007) some respondents suggested that family size needs to be considered when dispensing the grant: "*She said in another household they are feeding a family of five with one CSG and that is not realistic. So they need to look at the size of the family and then decide how much money must be given to the family" (*Hunter and Adato, 2007: 20*).*

Third, it has been suggested that child cash transfer programs in developing countries depend in large part, on their linkage to other anti-poverty measures such as the provision of free basic services for their effectiveness. Such services would

include access to free education, health care, transport, water, electricity and housing (Barrientos and Dejong 2006; Deveruex et al, 2005; Patel et al 2012). As confirmed by several authors (Hunter and Adato 2007; Kola et al 2000; Liziwe and Kongolo 2011; D S D, SASSA, and UNICEF 2011), when these services are not free the poor end up using the already small cash transfer to access them, thus further reducing its capacity to meet the needs of beneficiaries. In this chapter many CSG recipients reported that they had access to free primary health care services, but those who lived far from such facilities had to use the grant to pay for transport. Similarly, while education was free CSG recipients still had to pay for other indirect school-related costs such as school lunch, school uniforms and trips. This is a classic feature of developing country contexts: services may be free but the associated costs of accessing them still have to be borne by the poor. Deveruex et al (2005) thus argue that "*for child wellbeing, cash transfers are a key economic intervention as part of a range of social protection measures that includes access to and quality of health, education and other services for all children, child protection (including legal) and psychosocial support*" (Deveruex et al, 2005: 8).

The findings also show that mothers had to make difficult decisions about which needs to prioritise and which ones to forgo as a result of the small value of the grant, and its introduction in contexts of widespread poverty and unemployment. For instance, mothers who had more than one child but did not receive the grant for all the children, talked about having to sometimes use the CSG on the needs of an older child, especially when the needs of the older child related to schooling. Sometimes, in such cases, the child recipient whose grant was used on an older sibling went without his/her needs being met. A case study by du Toit and Neves

(2009) related a story about a household that had a severely malnourished child who was a CSG recipient. Upon further investigation the study team discovered that this child's grant was being used for the educational needs of older siblings who were studying far from home and who regularly needed money for food and other school needs. The authors reflect that the choice to transfer the grant from the child to the older siblings shows that the household prioritized the daughters' education over the child's nutritional status. du Toit and Neves (2009) also suggest that this is not a reflection of the household "*exchanging long-term security for short-term survival*", but rather a "*choice of gambling for long-term security at the expense of the long-term health and development of the toddler*"; and that in cases such as these "*it is less helpful to speculate on the appropriateness of the household's decision, or to ascribe malign motives to its members than to reflect on the livelihood dilemma that underpins the choice….the conscious deprivation of the toddler reflects more generally the economic marginality, limited prospects, and insecurity of the household*" (du Toit and Neves, 2009: 19).

The inadequacy of the CSG to meet the needs of its beneficiaries has been reported by a few (Lekezwa 2010;Surender et al 2010), however, the prevailing sense is that there is a seeming reluctance among some researchers to report anything less than glowing accounts about the performance of the CSG. Indeed Devereux et al (2005) note that in developing countries "*extravagant claims are often made for the poverty-reducing potential of cash transfer programmes. It is true that cash transfers raise incomes directly – but usually not enough to lift people above the poverty line, only to reduce the severity of their poverty*" (Devereux et al, 2005: 29). A case in point in terms of the need to maintain these 'extravagant claims' is the recent publication by

Patel et al (2012) discussed earlier in this section. While presenting results which clearly showed that CSG recipients still experience concerning levels of food insecurity in spite of the grant, this report made little reference to this in their discussion, and was only careful to emphasise the positive aspects of its findings. What could possibly explain this phenomenon? I posit that the politicised nature of the debate on cash transfers has given rise to this trend. Historically, policy makers, academics and practitioners in the field have always been polarised on the issue of social assistance. On the one hand there is a group of advocates who believe that giving money to the poor is an expression of the rights of social citizenship (Pierson and Castles 2006) and an effective tool in poverty alleviation (Hanlon et al 2010), and on the other there is a group of opponents who believe that cash transfers are wasteful and an inefficient way of tackling poverty (Arneson 1997; Biyase 2005; Hanlon et al 2010).

Along with this latter view there have been strong concerns about social assistance leading to dependency and misuse by beneficiaries (Arneson, 1997; Green 1998;Murray, 1984; Mead et al 1997). In South Africa there have been particularly strong concerns about the CSG leading to dependency and perverse incentives (Biyase 2005; Moultrie and McGrath 2007). As stated in an earlier chapter, these negative views about cash transfers are in part responsible for the late adoption of CT programs in developing countries. Thus, it can be said that since the recent intellectual turnabout in attitudes towards cash transfers, proponents of cash transfer programs are eager to disprove and silence dissidents, and have been under pressure to oversell this policy instrument as a panacea for poverty. Evidence which shows the CSG up to be inadequate to meet the needs of beneficiaries, intensifies already existing tensions between the ‘Right’ and the ‘Left’, where the ‘Right’

argues that social assistance is inefficient and wasteful, and the 'Left' argues that the cash value of such grants is too small to make a difference. Consequently, pro-poor advocates are in the difficult position of having to defend a program that is *crucial* but *inadequate*.

As a researcher I have faced my own personal dilemma in trying to make sense of these complex findings. Initially I decided that the take home message from these findings was that the CSG is not making any difference at all, and that recipients experience poverty and hardship to the same degree as non-recipients. But after re-examining the data, it is clear that as inadequate as the grant may be, it is crucial in contexts of extreme poverty such as the study community. Nothing drives this point home more than the experiences of those who were not in receipt of the grant, with no guaranteed income at the end of the month and thus no cushion nor insurance against the crises of death and disease that generally follow the poor in South Africa and similar contexts. Indeed, while both recipients and non-recipients experienced food shortages and struggled to meet the needs of their children, the predictability and regularity of the CSG as a source of income made a meaningful difference in the lives of recipients (du Toit and Neves, 2009). Receipt of the CSG provided psychological comfort and assurance to beneficiaries even as they continued to struggle to make ends meet. Non-recipients on the other hand had no such comfort nor assurance; when there was a shortage there was no guarantee how or whether it would be met at all.

Some have argued that cash transfer programs in developing country contexts, which by definition have low benefit levels, should not be expected to substantially

and directly raise the income or consumption of children, but rather should be regarded as augmenting family incomes (Barrientos and Dejong 2006). Households and the financial arrangements therein are thus seen to play a central role in mediating the effectiveness of cash transfer programs to alleviate poverty (Alderman et al 1997; Barrientos and Dejong 2006; du Toit and Neves, 2009). In this study respondents who lived in households that had multiple grants and or other sources of income fared better than respondents who solely relied on the CSG. Other studies report similar findings about how the number of social grants in a household determines the degree to which recipients experience their circumstances as bearable (du Toit and Neves, 2009;Hunter and Adato, 2007). Thus to understand the potential capacity of cash transfers in poverty reduction at the household level, there needs to be an understanding of existing household financial arrangements and how households allocate resources internally (Barrientos and Dejong 2006).

Findings on access to health care services by recipients and non-recipients show that the experiences of the two groups are not vastly different. Recipients and non-recipients equally struggle to put money aside each month for health care emergencies, and both groups appreciate the provision of free health care as it means that poor women access services that would otherwise be unaffordable to them. A recent impact assessment report by the Department of Social Development and partners similarly found no correlation between the CSG and health care utilisation (D SD, SASSA, and UNICEF2011).

Given the findings and the discussion presented in this chapter, what then can be said to sum up the impact of the Child Support Grant on child poverty, how recipients feel about it, and indeed, the role of cash transfer programs as instruments of childhood poverty alleviation in developing countries? The findings are clear that CSG recipients experience the grant as crucial in helping them meet the needs of their children and families, and many view it as protecting their families from experiencing the full brunt of the poverty scourge. The grant expands the roles of recipient mothers as consumers, opening up otherwise unavailable opportunities to feed their children, mitigate financial crises, and participate in local savings schemes. Further, the grant allows women to access reciprocal exchange networks such as informal credit, to alleviate their poverty and manage vulnerability. The experiences of non-recipients further confirm this, as those who had no other source of income were driven to abject destitution without the grant. However, precisely because the grant is of a low benefit level, it is equally apparent that on its own, the CSG does not facilitate an escape from poverty and in fact the findings demonstrate its potential to turn some of these opportunities (e.g. access to credit) into threats. To borrow an analogy used by Conway and Norton (2002) to describe safety nets, these findings show the CSG to be a 'trampoline': it keeps beneficiaries from falling below the poverty line and keeps them going, but on its own it is not enough to lift them above the poverty line. The grant is important, but the significant role it plays in poverty alleviation "*should not give the impression that these minimal forms of protection are sufficient for addressing chronic and structural poverty….social protection can ameliorate poverty for some, but it is not a solution on its own to the massive inequality and continuing poverty imposed by the skewed and relatively*

unredistributive nature of the South African economy….left to itself, social protection can only offer a kind of 'sustainable poverty'…" (du Toit and Neves, 2009: 24).

The factors identified in the previous chapter about barriers to CSG receipt along with findings in this chapter about factors that make the grant inadequate altogether highlight the shortcomings of the CSG as a cash transfer designed to alleviate child poverty. The findings in these two chapters together show that there are limitations at the design level which combine with factors at the administrative level and factors at the policy level to make the grant inadequate.

The next chapter will explore the perspectives of CSG recipients and non-recipients on wider issues surrounding the CSG such as conditionality, concerns about its link with preserve incentives, shame, and its use in the hands of women.

CHAPTER 6:PERSPECTIVES AND ATTITUDES OF CSG RECIPIENTS AND NON-RECIPIENTS ON CSG WIDER DEBATES

Introduction

Chapter 4 showed that barriers to CSG receipt still exist and that the targeted nature of the grant impacts on its accessibility. Chapter 5 showed complex mixed findings on the adequacy of the CSG to reduce childhood poverty. The bottom line message

of the chapter points to the CSG at one and the same time being a crucial source of income, but not adequate to meet even the nutritional needs of its beneficiaries for which it was established.

However, despite its important but minimal impact for individual recipients, as discussed in earlier chapters, the CSG has generated intense discussions in public forums about whether it: creates unintended effects such as dependency (Eyal and Woolard, 2011); leads to misuse of the grant through corruption, fraud and inappropriate spending on needs unrelated to the child beneficiary (Biyase, 2005; Black Sash, 2008; Lund,2007; Richter, 2009); whether it needs to be conditional on human capital enhancing requirements (Lund et al, 2009); how the CSG affects the role of women in households as the main recipients of the grant on behalf of their children (Hunter and Adato, 2007); whether access to the grant should be made universal for all children regardless of economic statusor whether it needs to be specifically targeted to the poorest of poor children using income thresholds as eligibility criteria (Hall, 2007); and whether targeting the CSG to poor children is associated with stigma and shame as has been traditionally argued in social policy discourse (Sen, 1992; Van Oorschot, 1995)

As discussed in Chapter 2, debates on dependency centre on the belief that the provision of welfare benefits removes the motivation to seek and maintain employment and leads to long-term indefinite reliance on social assistance (Fraser and Gordon, 1994; Murray, 1986, Mead, 1993). The fundamental idea underlying the dependency thesis is that causes of poverty are rooted in personal failure and not structural reasons such as labour market conditions or global economic crises, and

as such recipients of welfare are viewed as irresponsible and more likely to spend cash transfers on needs unrelated to the goals of the benefit (Fraser and Gordon, 1994;Mead, 1993).

Further, cash transfers for children and families have generated debates about their role and impact on gender equality and empowerment. Evidence from large child cash transfer programs, such as those found in Latin America, shows them to be associated with marginal gender empowerment, as well as, at the same time, entrenching gender asymmetries in the household (Molyneux, 2006).

While debates about these issues are now prominent in media and other public forums in South Africa it is striking that the attitudes, perceptions and views of CSG recipients and those eligible are relatively undocumented . Gray (2009: 330) concurs that "*Although much has been written about how welfare recipients are viewed by the dominant culture,much less has been written about how welfare recipients view their own and other welfare recipients' situations*" (Rank, 1994 in Gray, 2009). The author further states that surveys are limited in their ability to bring out such views (Gray, 2009), and thus recommends qualitative research methods as better suited to such inquiry. The efforts of the World Bank to get the perspectives of the poor through its Voices of the Poor initiative (World Bank, 1999) underline a new and growing understanding that in order to know which and how poverty programs should be designed and to assess how they are working, the perspectives of the poor and how they define their circumstances and experience poverty are important. The World Bank report on the Voices of the Poor states that such an approach aids

the analysis of poverty by facilitating an understanding of poverty and its hidden dimensions from the perspectives of the poor; and by involving poor communities as active partners in research and analysis (World Bank, 1999).

In the context of the Child Support Grant, understanding the perspectives of recipients and non-recipients is important for similar reasons. More specifically, such inquiry further aids our understanding of the role that views and perceptions of the CSG enables or limits its stated intention to contribute towards nation-building goals. Additionally, it can enhance our sense of the match between what is presented in media, public forums and literature and what is perceived and experienced by the beneficiaries of the program. This is important as prevailing assumptions about welfare recipients have been known to influence policy (Coley et al, 1999;Fraser andGordon, 1994). A case in point are the radical welfare reforms instituted in the US in the mid-1990s, a move that was said to be heavily influenced by assumptions prevalent at the time about unwed African American women on welfare, largely promoted by the media and other public forums (e.g opinion polls) (Coley et al, 1999). Of particular interest is the manner in which the media can influence public opinion regarding social assistance. American researchers Coley and colleagues reported that in the US "*public[media] portrayals of welfare recipients often depict a life of irresponsibility and disorganization…….encouraging public opinions of the negative effects of welfare*" (1999: 3). In democratic states where public opinion does influence policy decisions it is important to counter and balance such opinion with the perspectives of the poor. Importantly, recipients' views on cash transfer programs can provide a sense of the likely sustainability of such programs and whether giving money to the poor leads to the empowerment and development of beneficiaries.

Review of Methodology

The findings that are going to be presented in this chapter are taken from the same qualitative interviews that were described in the previous chapter. Where interviews in the previous chapter focused on recipients and non-recipients' experiences of being with or without a CSG, for this chapter the interviews focus on respondent's views and perceptions of the CSG: the debates surrounding it, its design features (conditionality and targeting) and the impact it has had on women as recipients of the grant on behalf of their children. The methods chapter (Chapter 3) provides a detailed description of the methodology used in this chapter.

Findings

Perceptions and attitudes about the nature and role of the CSG and its impact on communities

In order to understand how respondents understood the goals of the CSG, I asked participants about their views on what they thought the CSG is for. This understanding is important to assess as speculations around the misuse of the cash transfer and views about its adequacy are sometimes based on the assumption that women do not know the true goals of the cash transfer (Coley et al, 1999). Nearly all the participants that were interviewed identified the role of the CSG as helping poor families to meet the basic needs of their children.

> *The reason why the government issues the[CSG] grant is that we must meet the needs of the children, we must take them to school, we must cloth them, we must feed them(CSG Receiver, Paarl Western Cape)*

> *[it is also for] the girl who accidentally falls pregnant, that the child does not end up suffering, not able to have a place, things to eat, and such… (CSG Receiver, Rietvlei, KZN)*

When participants were asked about their view of how the CSG had impacted their communities, many felt that the CSG contributed to a sense of cohesion, and because of the unavailability of work, remained the main source of income in many households, responsible for keeping families from experiencing the worst of the poverty scourge.

> *….actually this entire community gets the child grant, this entire community with Government housing we are living on this grant… People do not work here, they are solely dependent on this money* (CSG Recipient, Rietvlei, KZN)

Similar to findings of the previous chapter, participants reflected that the CSG was mainly used to buy food and on grant pay-out days one could clearly observe a change in community activities as many people flocked to pay points to get their money, and others referred to an almost festive/jubilant spirit that fills the air on grant pay-out days as people go off to get their grants and come back laden with food.

> *What I usually see is people coming back with food on grant pay day in this community, you find taxis stopping and unloading groceries, that is what I usually see, I have never seen the unloading furniture, on grant pay day I see them unloading groceries* (CSG Receiver, Rietvlei, KZN)

.**Views on the relationship between the CSG and participation in the labour market**

To get a better understanding of people's views on the CSG acting as a disincentive for recipients to participate in employment activities, I asked participants for their thoughts on this topic. Participants had mixed views about the impact of the CSG on

labour market participation, with many stating that they would prefer work to receiving the grant, and a small number expressing the opinion that the grant does make people less pressured to look for work. However, by and large respondents felt that the CSG is too small to lower motivation to seek employment, and for these respondents the scarcity of jobs was identified as the main reason for unemployment.

> *yes people want to work, they want work. There was something about a public works program here and we were all crowding there, and it was women, I am not even talking about men. I am talking about women who are getting this grant, there were so many of us. We were saying we are going to dig no matter what. But it became clear that there was no work, they only employed a few people and the rest of us were left behind (CSG suspended, Rietvlei, KZN)*

> *No you wouldn't not want to work because it is little and yet the needs, the children are growing, there are a lot of things needed, you must work because it won't be able to cover everything. Just like when you are renting, it would not be able to cover such, if you rely on it alone (CSG Receiver, Paarl, Western Cape)*

Unemployment was highlighted as an important factor in explaining the observed reliance of households on the CSG

> *There is no work, so much that we were saying we are prepared to go and sweep if such a job would come up, we'd rather get sick doing it. You can sweep and then come back and support your children at home* (CSG Receiver, Rietvlei, KZN)

> *No for me I see the grant as being very important. Because for our children, now that we are not working, we are sitting at home, and their fathers are also not working, it would have been very difficult for them to get anything that they need if this grant was not there. It would be very difficult for those who have children, who have nothing.(CSG Recipient, Rietvlei, KZN)*

In particular, some participants reported that, in the context of few jobs to go around, nepotism and having connections with people in positions of power within the labour market determined access to employment.

You wouldn't not get a job because of R260, when you're hungry right now even though you get it. We do want work, but work is hard to find, especially with municipalities they put each other in (those posts)...You come and line up for employment and they say they want certain people, they already know who they will pick. We waste our monies on taxi fare, on making CVs, you see. (CSG Recipient, Paarl, Western Cape)

However there were few recipients who felt that the CSG did indeed incentivise people to not actively seek work, or to exit employment early when they felt that it was too difficult. Interestingly, most of these views came from participants who lived in the Western Cape in an urban informal settlement.

…yes there are people, where a person gets a job but they drop it and say no the work is too hard they can't manage, and then I understand that it is because of this child support grant….definitely sure they would not stop working if it was not there, they would keep going because otherwise what would they eat? (CSG Recipient, Khayelitsha Western Cape)

people want to work but there are no jobs, but then there are others who refuse to work because of the grant (CSG nonreceiver, Khayelitsha, Western Cape)

Views on the mis-use of the CSG

When asked about their views on the CSG creating a perverse incentive for women to get pregnant in order to access the grant, many participants, especially CSG recipients, responded indignantly. Most respondents felt that the CSG was too small to incentivise women to fall pregnant.

God is the one who plans children. You get a contraceptive injection, so it is not that we do not use injections as women. But there are problems that cause one to take a break from using [contraceptive] injections, so sometimes while you are on a short break from them then you find a man, before you know it a child is in your womb. It is not our wish either to have so many children (CSG Recipient, Rietvlei KZN)

You would never struggle like I am struggling, in poverty like me and then want to have 15 children in the house, or wish to have 5 children in this

house. Because this grant money goes to the child (CSG Recipient, Rietvlei KZN)

Others believed that the CSG had reduced the incidence of abortions by young women

What really happens with this grant money, before it was made available there was a big problem where a lot of people had abortions. I am not saying that problem is totally gone now, but now you can hear that there are fewer people who abort children because there is this money now" (M3, FGD, Umlazi township)

Although in the minority, there were a few who relayed what they had heard of other women, particularly young women, who were having children in order to get the grant.

Others start off like that, they think let me get pregnant so that I can get the grant, but once you have it you find yourself not being able to use it the way you want, you end up using it on your child. So some might start off thinking they want a child to get the grant but end up having to spend the grant on the child (M2 FGD, Umlazi KZN)

….yes we give birth to a lot of children because of this grant. We are lazy to look for work, if you lose your job, you do not wake up and go queue (for jobs) again……. there is no pressure to get money, you know that you have money, you know that you will not struggle (CSG Recipient, Khayelitsha, Western Cape)

Some recipients stated that it is a middle-class notion that women get pregnant in order to access the grant, and that such thinking is informed by lack of empathy and knowledge about the struggles of the poor.

So maybe it is people whose stomachs are full who say such things. It is because they are not the ones getting this grant, they do not get this grant, they do not know how much work is facing this grant in a household, they do not know (CSG Recipient, Rietvlei, KZN)

It is because people like to just talk and say whatever they feel like saying. A person likes to cut where they like, when a person does not know they say whatever they think….that is a terrible thing they are saying (CSG Recipient, Rietvlei, KZN)

When the discussion turned to the alleged misuse of the grant, some participants related stories of women who misused the CSG and bought liquor and clothes with it, while leaving the grandmothers with the burden of raising the children. However, only one participant knew of an actual person who spent the grant money on liquor, there others were talking about general anecdotal incidents of people they had heard of who engaged in such behaviour.

Like I have a brother who has a child and [the child's mother] knows that her grandmother will provide for the child so she spends the grant on liquor only. (M6 FGD, Umlazi, KZN)

Like [one of them] knows that they are going to get the grant money and they tell themselves "I am going to buy jeans from Mr Price, and I need to do my hair".....so one uses it like that (CSG Non-recipient, Umlazi, KZN)

You would find one is not staying with the kids, the kids stay with their grandmother, and she stays elsewhere with the boyfriend. She comes and receives the grant money and buys few things and leaves again. The whole month she is not around, she doesn't even know where they get bread, and granny is getting her pensioner's grant with no other source of income….. (CSG Recipient, Paarl Western Cape)

On the whole, CSG recipients disputed the allegation that they misuse the CSG and spend it on themselves, and many, including non-recipients, talked about people that they knew who were using the CSG to meet the needs of their children and families

Even the other thing that people like to say that we use this money to do our hair, there is no such thing…..you find that even your underwear is finished even though you get this money, even with the money for these children in this house my underwear is threadbare, you do not even have cheap sandals. (CSG Recipient, Rietvlei KZN)

*Mhmm, [the other cousins] use [the CSG] on the children. Because Sis M*** has 3 kids, the 2 don't stay with her, but with her granny. They stay with her granny, and at the end of each month she knows that she has to send her*

money by post to buy whatever the children need, and then the child that stays here with her she also buys him/her whatever she needs (CSG Non-recipient, Umlazi, KZN)

Attaching conditions to CSG receipt

As mentioned earlier on in this chapter, currently there are fierce debates in public forums in South Africa about attaching conditions to CSG receipt. As stated in an earlier chapter the government has been pushing to make the CSG conditional on health and educational outcomes, however advocates of children's and human rights, and proponents of social security have fought against this. Thus in light of these discussions, participants were asked about their views on whether receipt of the CSG should be tied to conditions, and while people were aware of the debates about the grant needing to be used for positive outcomes for their children, the specific narrow definition and concept of conditionality was unknown. I thus struggled to explain this concept in the local language, in the end I explained it in terms of the CSG needing to be 'followed up to ensure that it used for the benefit of children's health and education through requiring primary caregivers to provide proof of health care utilisation and school attendance'.

Perhaps surprisingly, many recipients and non-recipients alike thought this would be a good idea. For recipients, their support of the idea of conditionality seemed to mainly stem from a need to prove to the world that they were not misusing the grant. Non-recipients had a slightly different reason: they felt that applying conditions to the CSG would curb the fraud and corruption associated with CSG receipt as all recipients would have to continuously produce evidence that their children are in school (and thus exist).

Like you can say after a child has been receiving the grant for a year they should bring proof that s/he attends crèche and proof that you pay the school [crèche] fees and all of that. [This] will help those who are using the grant for themselves to know that the Government will want to have proof that you are using his money well. (M5 FGD, Umlazi, KZN)

[attaching conditions to CSG receipt is] good so that they can see the money is being used correctly, [that] our children are studying, go to crèche, so that is not wrong…. (CSG Receiver, Paarl, Western Cape)

A number of respondents believed that the Government had already begun to tie continued receipt of the CSG to conditions related to school attendance. All of the CSG recipients either knew of someone, or had personally received a letter from social services requiring them to submit proof of the child(ren)'s school enrolment and a clinic card in the case of children who were too young to be in school. CSG recipients are apparently required to submit these documents once a year. Failure to submit the required documentation leads to suspension of the CSG, even though the wording in the legislation does not explicitly state this. However, the letters that are sent to recipients which precede suspension of the grant make it clear that non-compliance with the conditions will lead to the grant being suspended.

That is what the government is doing now because with the child support grant, you used to get it for 14 years, without renewing it. Now…… you renew it, there's something you have to bring, bring proof that the child is schooling, is he alive and the birth certificate of the child (CSG Receiver, Paarl, Western Cape)

You [bring a] photocopy of the ID, the birth certificate of the child, with the proof from the school The document from the school must be available…..(CSG Receiver, Paarl Western Cape)

The CSGs of three of the respondents from Paarl, Rietvlei, and Umlazi sites were suspended when they failed to submit proof of school attendance for their children, one was a mother of two, and the other a mother of three, and the grants were suspended for all the children.

All these mothers did not submit the required documents because they did not receive the letters, in all three sites postal services are unreliable.

> *Them not telling me to bring school documents resulted on the grant being terminated…… they were supposed to tell me I must go and get permission/request for the one (going to school), they were supposed to tell me to bring documents of the one schooling, I never got that letter (CSG Suspended, Paarl, Western Cape)*
>
> *I received the grant two times for this child and then it stopped, and they said they sent the letter to warn me but I did not receive it. It turned out that the letter was stuck in the post office for a whole month, so all this time I didn't know, I just saw myself suddenly not receiving the grant. Eventually the letter arrived and it showed that it had been sent in May or June. (M2, FGD, Umlazi, KZN)*

When asked about what they thought to be the reason behind these new requirements, many respondents believed that it was to curb corruption, particularly the phenomenon of 'ghost' recipients, where people who do not have children successfully apply for the grant through forgery of documents, and where officials often have no way of establishing the existence of such children beyond the documents submitted.

> *Basically you are now required to go and renew your grant once a year every year, this is to prove that you are getting the grant for a living child. This is to stop people from getting the grant for children who never existed or who maybe died, like I know this person whose child died but they did not take the body to the morgue so that child was never registered as dead, so she continued to get the grant but [the child] was no longer alive" (M3 FGD, Umlazi KZN)*
>
> *because other people (inaudible) receive this grant for children who are long dead. A person gets a grant for a child that she doesn't even have, and I know these things happen for real. (CSG Receiver, Paarl, Western Cape)*

Perceptions and views on CSG targeting

As discussed in Chapter 2 much has been debated about the targeted nature of the CSG, with many scholars and children's rights activists arguing for universalism. Respondents were asked about their views on who should receive the CSG, that is whether it should be received by all children regardless of socio-economic status, or whether it should be targeted to poor children.

Most respondents felt that the CSG should only go to those who need it the most, that is, the poorest of the poor. This seemed to be underpinned by the view that Government resources were finite, and thus should only be used on those who need it, there was a fear that otherwise the very people who need assistance would lose out because there are not enough resources to go around. Some believed that receipt of the CSG by the 'underserving', that is its receipt by children who are not abjectly poor, through fraud and corruption, was the reason why the cash transfer value was still so low.

> *If they were to say everyone who has a child must get grantthe government would run out of tax money (CSG Recipient, Paarl, Western Cape)*

> *….the reason we get paid those R260 is because they look at the number of people receiving the grant and see that they cannot increase that money. If the wrong people were not getting paid, we would get an increase maybe to R300, we can't now because they are getting paid… (CSG Recipient, Paarl Western Cape)*

In the context of universalism others felt that there was something morally wrong about non-poor/ people who do not meet the means test criteria receiving the CSG.

> *The one who is earning [an income] must not get it…….They must give it to the one suffering, who needs it. The one who has must leave it for those who do not have so that we can all live peacefully (CSG Recipient, Rietvlei KZN)*
>
> *I think it should only be received by those who are really poor(M4 FGD, Umlazi township, KZN)*
>
> *……there are people who get the grant though they should not, you find that this person earns a lot of money but they are getting it, and people who need it are not getting it (M2 FGD, Umlazi, KZN)*

There was one participant however, who felt that the CSG should be received by all children as she felt this was in line with democratic principles of freedom and equality

> *It's very unfair that some get and others don't, why one gets it [and another doesn't]? 'Cause they say we are equal, it's a democratic country now, everyone is free (CSG non-recipient, Umlazi, KZN)*

CSG in the hands of women

When asked about their perspectives on how receipt of the CSG had impacted on the roles and lives of women who receive it on behalf of their children, many mothers expressed the view that placing the CSG in the hands of women had made them gain a sense of independence.

> *in my opinion it has helped women to be more independent (M5, FGD, Umlazi township, KZN)*
>
> *No it is a good thing [that the CSG is there], since for us who had children early, it is the one that helps [those of us] who do not have power (CSG Recipient, Rietvlei, KZN)*

Many felt that women are better at using money in general, and the CSG specifically, than their male counterparts and that the grant had given more control to women in the household.

> *What is good is that it is controlled by us [women]. If it was collected by fathers sometimes they would not even bother to go and look for a job [casual labour] because they would know that there is this money (CSG Receiver, Rietvlei rural village, KZN)*

Some mothers believed that since the advent of the CSG young mothers no longer have to be separated from their children because of inability to support them.

> *It makes a difference because for instance previously what used to happen is that if a child was not getting [maintenance] support from his father your family would go and place your child at the father's doorstep. So now that does not happen so much because you know that if he does not bring the money by the 20th you will get the grant and buy the things that your child needs in the meantime, you do not have to wait for him to get the money. (M3, FGD, Umlazi township, KZN)*

CSG and Shame

In the context of historical and contemporary discussions in social policy about poverty and shame, and how targeting cash transfers to the poorest of the poor stigmatises them and compounds the feelings of shame about receiving social assistance (Sen, 1992; Titmuss in Pearson andCastles, 2006; Marshall in Pearson andCastles, 2006; other refs), I asked CSG recipients about their feelings regarding receiving the CSG and how they believed they were viewed by better-off non-recipients.

Opinion was divided on whether CSG recipients are viewed differently by non-recipients who are ineligible for the CSG because of better or higher financial status. Some mothers felt that in their communities recipients and ineligible non-recipients were all viewed the same way, but others believed that the extent to which CSG receipt was associated with stigma and shame depended on whether one lived in a rural or urban setting.

> *Where I come from people get the grant and they are proud of that. They tell themselves that the grant is very helpful, no one is looking at anyone else or afraid that someone is going to say something about them getting a grant. So where I come from it is not like that, but then where I come from it is a rural area, it is not like here in the townships where people mind other people's business saying 'so and so is doing such and such' (CSG Receiver, Umlazi township, KZN)*
>
> *It definitely depends on where you are, for instance in townships like KwaMashu and Umlazi people do that sort of thing where they look at you and say 'hey look at so and so', in rural areas everyone just knows…..no one minds anyone's business (M6 FGD, Umlazi township, KZN)*

Others felt that recipients were viewed as desperate and that they were ashamed to be known as receiving the grant and sought to hide this fact from others

> *there is this girl that I know who makes sure that she gets the grant for her children from the bank because she does not want people to see her in the grant queue on pay-day, she says she does not want people to say she gets 'imali yeqolo[43]'. And others who get the grant but do not want others to know because their dignity will go down(M4, FGD, Umlazi, KZN)*
>
> *It is only like that with those who think they are better, who do not want people to know, so circumstances force them to get the grant but they do not want to be recipients or to be known to be recipients of it. They think 'I am going to have to stand in that queue and people will be looking at me and think I am desperate'…. (M1 FGD, Umlazi township, KZN)*

An interesting case was that of a young mother who hides her receipt of the CSG from the father of her child as he is embarrassed and ashamed of recipient status

[43]literally means the money you got as a result of lying on your back while having sex

and would prefer to forgo the grant rather than face the indignity of having a child supported by the government.

> *The father of her baby did not want her to be a recipient of the child support grant, and yet they both do not work. So he said if people hear that his child is receiving a grant, people will think he is useless… that he can't support his own child, he says he cannot be seen to be a man if he can't even afford to support his own child, if his child has to get a grant. He has that idea that people will say 'what kind of a man allows his child to be raised by the Government, who is not able to provide for him himself'" (M5, FGD, Umlazi township, KZN)*

Discussion and analysisof findings

The qualitative study presented in this chapter sought the perspectives of participants on some of the current debates and issues surrounding the CSG in South Africa. Broadly speaking, the findings reveal three major issues from recipient and non-recipient perspectives:

1. conditionality;
2. shame, dignity and the empowerment of recipients; and
3. the unintended consequences of the CSG.

The findings raise important questions about the degree to which participant views on key issues such as conditionality, misuse of the CSG, and targeting differ from public opinion and the literature.

Conditionality

Regarding conditionality, the findings indicate that the respondents in this study all generally agree with the idea of attaching conditions to receipt of the CSG. However, respondents did not identify with the normal justification for conditionality; that is, its main goal of reducing immediate and future poverty through tying receipt to human

capital investments. In this chapter the findings reveal that for South African respondents, their understanding of the goal of conditionality is that it is meant to curb corruption, fraud and misuse of the grant. Specifically, recipients' support for conditionality mainly stemmed from a need to prove that they are not wasting 'the government's money'; they felt that they needed to be kept accountable for the money that the state was giving them. Contrary to popular thoughts on cash transfers being an entitlement and an expression of the social rights of citizenship (Freeland, 2006), study respondents did not seem to view the CSG as their right or something they had a claim to. Some referred to it as 'charity' further denoting their lack of entitlement to it. CSG recipients in both the Hunter and Adato (2007), and the DSD, UNICEF andSASSA (2011) studies voiced similar sentiments about the CSG being 'free money that we have not worked for' and referred to it as 'his money' (the Government's money). For some this belief was so strong that they would not even truthfully express their views on the CSG for fear that this would find its way to the government and their grant would be taken away (Hunter andAdato, 2007). This finding raises important questions. Is it possible that the unfortunate history of South Africa has created a citizenry with a sense of inferiority where trusteeship and the paternalistic tendencies of the past in dealing with Black Africans have been internalised by the poor? Have negative public views about welfare recipients in South Africa been so vicious that beneficiaries are no longer concerned about their right to social assistance and are only eager to prove that they are responsible and deserving? The finding on recipients' support for conditionality raises further questions about our understanding of social rights of citizenship, entitlements and claims. Is it that, in this context at least, Leftist advocates for unconditional cash transfers are alone in their belief that conditionality is demeaning to the poor and a

show of mistrust and disrespect for their rights as citizens? Other authors have previously asserted that the tying of CSG receipt to conditions would be contradictory to the social democratic spirit of the Constitution which identifies provision of welfare benefits and services as a right (Lund et al 2009; Leatt and Budlender 2006). However, if recipients themselves are calling for conditionality, is it legitimate to continue to fight the government on its implementation?

A compounding factor in the respondents' mismatched views about conditionality may be the vagueness and controversy at the level of policy making that have generally clouded the definition of conditionality and the goals thereof in South Africa. Attempts to tie continued receipt of the CSG to conditions date back to the design phases of the grant in the mid-1990s. Lund (2007) reports that during deliberations within the Lund Committee over the shape and form the Child Support Grant would take, conditionality was a favoured option for many in the Commission. In fact, the Lund Committee was divided on whether to make the transfer conditional, with, on the one hand, many politicians and public officials in favour of conditioning the transfer on key behavioural requirements associated with health and educational outcomes; and on the other hand, advocates for NGOs and children's organisations favouring an unconditional grant. Attaching conditions to the CSG was made all the more attractive by its potential to facilitate the integration and linkages between departments such as the Department of Health, the Department of Education and the Department of Social Development (Lund, 2007), this was highly attractive. However, it soon became clear that each of these departments, which, in addition to other factors, were highly fragmented at the time as a result of apartheid administration, were not ready for that sort of integration. The Department of Health

had been identified as a key player in the implementation of conditions through linking receipt of the grant to health visits, but the then Minister of Health made it clear that her department had no capacity to take on such a responsibility in the face of the many reforms it was undertaking (Lund, 2007).

Perhaps, proof of the power that public officials and politicians have over the policy process was evident through the initial attempts made to link CSG receipt to certain conditions, notably immunisations, schooling, and proof of seeking employment (Kola et al, 2000;Leatt andBudlender, 2006), in spite of resistance from the Department of Health and divided opinion in the Committee. But those who had been against conditionality were vindicated when the attempts resulted in low uptake (Kola et al, 2000; Leatt andBudlender, 2006), so that ultimately the supply side issues faced by the new government meant that conditioning receipt of the grant served only to be a tedious burden on the beneficiaries (Lund, 2007). Several scholars (Goldblatt et al, 2006; Kola et al, 2000; Lund 2006) conducted studies to assess the implementation of the CSG and came up with strong recommendations for all the conditions that were under consideration (and in some cases had begun to be required informally) to be rejected as they were shown to only serve as a barrier to accessing the grant.

However, as already discussed in an earlier chapter, in 2010 there were further concerted efforts to once again tie receipt of the CSG to conditions related to schooling. Advocates for children's rights and social protection in South Africa ferociously opposed the conditioning of the CSG and made submissions to stop the changes from being enacted in legislation (Lund 2011). Through their efforts, the

legislature's intention to change the unconditional nature of the CSG was drastically watered down. In the end the changesinstituted indicate that recipients have to provide proof of school attendance annually, even as the policy is at pains to make it clear that this is not conditionality, but rather an attempt to identify CSG recipients who are falling through the school system. At the time of the study the application of this law in reality meant that CSG recipients who failed to provide proof of school registration and attendance had their grants suspended, as corroborated by several respondents in this chapter.

The experiences of CSG recipients who had their grants suspended when they failed to produce the required documents as a result of unreliable postal services support previous assertions that conditionality does not work in all contexts (Freeland 2006; Lund et al 2009); and in a developing country setting such as South Africa where the quality of service delivery is spatially inconsistent (the poorest areas lag behind in service delivery, while wealthier areas generally have better services), the enforcement of conditions can deny deserving beneficiaries their only source of income. Thus, it is incongruous that CCTs are currently being promoted as a child poverty reduction strategy in many developing countries (Lancet, 2009), and yet the context in many of these countries is not conducive to the effective implementation and success of conditional cash transfers. South Africa is generally regarded to be a middle-income country but its rural areas and informal settlements suffer from severe underdevelopment and poor delivery of services. It is in these areas that the majority of the poor and CSG recipients live in South Africa. And yet, it is these very same populations who bear the brunt of the effects of conditionality.

The Zimbabwe randomised trial (Robertson et al, 2013) assessing the effect of conditionality versus non-conditionality on child outcomes which was discussed in Chapter 2, clearly shows that there is not enough evidence that would suggest that attaching conditions to child cash transfers in sub-Saharan Africa has an impact on child outcomes. When compared with an unconditional grant, the Zimbabwe CCT did not achieve significantly higher effects; in fact, on many outcomes, the effect size was similar (Robertson et al, 2013).

What is curious about the South African context is that even after earlier experimentation with conditionality in the early days of the CSG showed that it does not work and that it in fact acts as a barrier to accessing the grant, the government continued to explore ways of inserting it back into policy. This brings into greater focus the notion that when creating cash transfer programs design choices are not just a technical exercise but rather concern the 'vision thing' that Keeber (2006) refers to in his discussion of social protection programs in developing country contexts. According to this argument policy making in social protection is a process that is driven by the ideological values and vision of the designers (policy makers) (Devereux andSabates-Wheeler, 2006; Keeber, 2006; Mkandawire, 2005). Devereux and Sabates-Wheeler (2006) articulate this idea when they state that

"*anyone who believes that design choices in social protection programmes - whether to apply conditions, to transfer cash or food, who to target -are purely pragmatic technical issues, with decisions based on solid empirical evidence, is missing the point. These are ideological choices…. Which choices are made, and for what reasons, reflects the kind of society that policymakers and technocrats with power to direct social policy wish to promote*" (Devereux and Sabates-Wheeler, 2006:2).

Devereux and Sabates-Wheeler (2006) further identify advocates, policy makers and 'designers' of social protection programs as largely falling into two groups: 'instrumentalists' and 'activists'. Instrumentalists have an abiding faith in the market

and prioritise ‘efficient development’, where poverty is seen as an obstacle to the achievement of consensus-based development targets such as the Millennium Development Goals. The authors assert that

“*For this 'social protection for efficient development' camp, social protection is about putting in place risk management mechanisms that will compensate for incomplete or missing insurance (and other) markets, until such time as poverty reduction and market deepening allow private insurance to play a more prominent role*” (2006:1).

As stated earlier, supra state actors like the World Bank are generally regarded as bellwethers in this group. The Bank upholds the supremacy of the market, and generally takes an economic approach to poverty alleviation where strategies to reduce poverty are orientated around efficiency and risk management (Cammack, 2003; Malaluan and Guttal, 2003). The Bank’s Structural Adjustment Program (SAPs) and the Poverty Reduction Strategy Papers (PRSPs)reflect this point well with their focus on

“*trade and investment liberalisation, privatisation, deregulationreducing government expenditure, restructuring of public services and sectors, lowinflation, rapid economic growth*” (Malaluan and Guttal, 2003: 4)

Activists, on the other hand view poverty as a manifestation of social injustice and inequity. Activists are thus committed to the realisation of social protection as an inviolable right of social citizenship (Devereuxand Sabates-Wheeler, 2006). With regards to conditionality, instrumentalists would be for it, while activists would be against it.

Policy transfer may also be playing a role in the South African government’s interest in conditional cash transfers as this is the design feature of choice for similar middle-income countries South America, such as Brazil and Mexico, and countries in South

Asia. South Africa's growing economic ties with Brazil (and China) may be further facilitating this renewed interest in CCTs. Lastly, the government's preoccupation with CCTs may be driven by perceived middle-class interests where politicians may believe that the country's rapidly expanding, costly social security system will be more palatable to tax payers if it is seen to be tied to some demands for hard core reciprocal behaviour from the poor. This has certainly been proffered as a legitimate reason for conditioning cash transfers in some countries (World Bank Research Report, 2008).

Means-testing and shame

On the link between shame and targeted social assistance, the findings of this chapter reveal that in the South African context the degree to which recipients of the CSG feel stigma and shame is determined by where they live. Where there was generalised widespread poverty such as found in rural areas, little stigma or shame was experienced regarding receipt of the grant, but in urban areas such as Umlazi township, where there are distinct differences in the socio economic status of residents, respondents reported that recipients of the CSG were stigmatised and that others specifically did not want to be known or seen to be receiving the grant. The most intriguing story was of the father who would not allow his child to get the CSG because he viewed receipt of social assistance from the government as a reflection of personal failure even though he was unemployed and had no other means to support his child. In the study site where this seemed to be most ubiquitous, others used words such as '[in]dignity' to describe the feelings associated with being a known recipient of the grant. Craig (1991) identifies stigma as one of the key reasons for non-take up of target cash transfer programs. In such cases claimants who

believe that receiving a cash transfer leads to being perceived as inferior by others, as was reported in this study, may feel a 'personal sense of stigma' (Taylor-Gooby, 1976) which prevents them from applying for the grant.

The shame and stigma that is associated with welfare receipt has long been reported in literature (Gray, 2009; Marshall in Pearson and Castles, 2006; Sen, 1992; Walton, 2011). In a relatively recent study, one researcher from America[44] reported findings from a qualitative study which showed that her respondents experienced great shame about receiving welfare, and that as a result many of them reported hiding their welfare status even from close relatives (Gray, 2009). In the Gray (2009) study women on welfare also felt stigmatised by their communities for receiving social assistance. Specifically, mothers who were on welfare experienced shame at different levels: during the application process and outside the social services office. During the application process women reported that caseworkers treated them with suspicion and disdain. Sen (1992) concurred with this view about the shame that recipients experience during the application process and added that a particular loss of individual privacy is often observed as caseworkers/administrators seek to establish the person's circumstances in order to see if they meet the means-test criteria. Sen emphasises "…*there is no way of targeting specific deprivations without a corresponding informational invasion*" (1992:14).

Outside the social services office women in Gray's study (2009) highlighted the use of food stamps as particularly shaming as recipients could not hide their status as

[44]Although perhaps it is important to acknowledge that the context of the US is fundamentally different to that of South Africa on all dimensions

welfare beneficiaries when grocery shopping. In the South African context the CSG provides a measure of protection from that kind of shame because recipients have the option of accessing it from their bank accounts, although evidence thus far consistently shows that fewer recipients take up this option[45] (DSD, SASSA and UNICEF, 2011;Noble et al 2005a). This raises an important point about the comparative advantages of cash transfers versus food/food stamps in protecting recipients' dignity.

All in all, these findings add an interesting dimension to historical discourse on cash transfers and social assistance about the manner in which such programs are concomitant with concepts of shame and dignity. As mentioned in Chapter 2, universalism and means-testing are highly contested issues with advocates for targeting arguing that in the context of fiscal constraints it is more efficient to target available resources to the 'deserving poor' (Mkandawire, 2005). On the other hand, proponents of universalism argue that targeting is costly and it undermines the dignity of recipients and leads to feelings of shame. Further, arguments for universalism state that when the poor are targeted with social assistance they become stigmatised by their communities and are seen as different and irresponsible (Sen, 1992;Tittmuss in Pearson and Castles, 2006). The association of social assistance with shame and stigma dates as far back as the British Poor Law in the 1800s which targeted poor people. In his seminal essay Marshall asserts that when the Poor Law was enacted

[45]This system has recently changed since the study period, and recipients now access the grant through smartcards enabling them to draw out cash either from banks or from supermarkerts (Shoprite and Pick n Pay).

"*the stigma which clung to poor relief expressed the deep feelings of a people who understood that those who accepted relief must cross the road that separated the community of citizens from the outcast company of the destitute*" (Marshall in Pearson andCastles 2006:33).

Further, it is argued that eligibility tests are incompatible with the view of social assistance as a social right of citizenship, thus Marshall contends that such tests keep people out and treat them as "*supplicants or applicants not beneficiaries or consumers*" (p45), Sen concurs with this view and asserts that targeting perceives the poor as *patients*, not *agents* (1992:11). As such, Titmuss (in Pearson andCastles, 2006) asserts that in the British welfare state universalism was embraced as a principle in order to ensure that beneficiaries would not experience "*any humiliating loss of status, dignity or self-respect*" (pp40).

From the findings in this chapter it would seem that the degree to which targeted cash transfers are associated with shame and stigma depends on the degree of inequality in a given community. In more egalitarian communities, even if equality is on the basis of poverty, it would seem less stigma and shame are experienced by recipients. In South Africa, in rural and informal settlements especially, poverty is so widespread that even by the admission of the residents nearly everyone receives some type of social assistance. In such contexts there is no Marshallian 'road that separates the community of citizens from the outcast company of the destitute'. As such, in these communities non-recipients actually envy those who receive the grant as was demonstrated by the findings of this chapter. In contrast, urban townships have varying levels of poverty, punctuated by pockets of relative affluence and wealth. The Umlazi township is a case in point: one can find a mansion-like home right next to a small shack with no running water.Thus it can be argued that the

shame and stigma attached to cash transfersis a function of the lived experience of inequality rather than simply a result of receiving assistancefrom the government. Hence, the fact that shame is experienced less in rural areas is not to be lauded; rather it is an indication of the deep entrenchment of poverty in these settings, which means that there are few better off people. Equality of poverty is no more undesirable than inequality.

Similar to arguments against conditionality, some scholars identify mean testingwith the “World Bank’s residualist approach”, and universalism with the “Nordic commitment to universal basic social security”, and argue that the two approaches each reflect a radically different vision of society held by policy makers who embrace either design (Kabeer, 2006). The World Bank’s approach is associated with a vision of society that relies on the hegemony of the market and places greater value on individuality (Mkandawire, 2005), whereas the Nordic approach apportions greater value to the social rights of citizenship and prioritises group over individual interests (Kabeer, 2006).

The decision to make the CSG a means tested cash transfer program is perhaps an indication of the complex politics involved in designing programs for the poor. When the CSG was established the ruling party of South Africa’s first democratic government, the African National Congress (ANC), was a self-proclaimed social democratic party that inherited a polity that was marred and scarred by its apartheid history. Thus it sought to redefine its welfare system and use it for state building and solidarity (Lund, 2007). It was natural therefore that the first preference was for a universal cash transfer as opposed to a means-tested one. Lund (2007) explains that the Committee’s support for a universal program went beyond state-building

sentiments, but included several other considerations: evidence from other cash transfer programs in Africa such as Mauritius, Namibia and South Africa showed that making these cash transfers universal ensured that the exclusion of the poor, always a high risk with means-tested transfers, was removed.

An important point about selection versus universalism is raised by Sen (1992) who argues that targeting may influence the political sustainability and quality of poverty alleviation programs. Specifically, he argues that the often politically untenable weak position of the poor in many targeted social assistance programs provides them with little clout to ensure that such programs are sustained and maintained. In the CSG this is perhaps reflected in the difficulties the poor have with convincing the government to increase the benefit level of the grant.

Gender empowerment

With regards to the CSG and gender empowerment, in this study respondents viewed the targeting of women as recipients of the CSG on behalf of their children as a positive thing, they believed that it was empowering, as it helped women to be less dependent on their husbands or fathers of their children for money, and reportedly led to fewer abortions. Respondents also believed that targeting women as main recipients of the CSG on behalf of their children ensured that the grant would be put to good use as women were seen to be more responsible than men and as more concerned about the welfare of their children and households than their male counterparts. Barrientos and Dejong (2006) argue that to understand the effectiveness of cash transfers in poverty reduction in households, there needs to be an understanding of how households allocate resources internally. The authors posit

two household models to explain household resource allocation: in the unitary model the household functions as a single unit with a common set of objectives, as such it matters little where the money comes from or who the recipient is. In such households cash transfers targeted at children will benefit all household members equally. In this context cash transfers are said to work best if the policy intention is to reduce poverty. In the collective model decision-making about resource allocation in the household is a bargaining process where contributing members have more bargaining power. In this model the impact of the cash transfer in the household is determined by who the recipient is, for instance it has been demonstrated that cash in the hands of women is associated with a higher reduction in poverty and improvement of child outcomes than in the hands of men (Duflo 2009, Barrientos and Dejong 2006). In this study both models are applicable as the CSG was used to benefit all members of the household equally, yet its receipt by women influenced decision-making about how the cash transfer would be spent and thus increased the mothers' bargaining power in the household.

However, a study by Molyneux (2006; 2010) on conditional cash transfer programs in Latin America argues that the targeting of women as recipients of conditional child cash transfers which experienced as empowering by women, it may entrench gender inequality where women bear the financial and non-monetary costs of complying with the requirements of the program. In the Oportunidades cash transfer program women complained that it took up a lot of their time and money to ensure that they provided proof of health care utilisation and school attendance, they were also required to perform certain community tasks for the program (such as cleaning the community). This all contributed to women feeling that they were paying the government back for providing the cash transfer and had little sense of ownership of

the program (Molyneux 2006). Interestingly, the Oportunidades program specifically stipulated as one of its goals gender equality, but Molyneux reported that the manner in which this would be achieved was vague in the program's policy (Molyneux 2006). In her articulate discussion of the Oportunidades program, Molyneux (2006, 2010) suggests that the program in fact entrenches gender inequality by perpetuating maternalism where women are primarily responsible for complying with conditions that aim to enhance the human capital development of their children and as such women are 'at the service of the poverty agenda'. In the CSG program there are no formal conditions attached to receipt that mothers have to comply with. However, primary caregivers do have to bear the cost of amassing the documentation needed when applying for the grant, such as transport money to the various departments that furnish documents, as well as the social services offices that process the applications.

Further, the recent requirements for the annual provision of proof of school attendance and birth certificate also means that caregivers have to be the ones running around to acquire such proof and submission of it to social services. Nevertheless, in this study women made no link between the CSG and gender equality, and this may be due to the fact that in a deeply patriarchal society as found in South Africa respondents find it difficult to grasp the concept of shared caring roles in their households, as such none of them saw the CSG as either promoting equality or further entrenching gender inequality, certainly none of them identified that as a problem or an issue. In Latin America, which is the context within which Molyneux's arguments are framed, there is an established history of attempts to empower women and promote gender equality, and as already stated, the conditional cash

transfer evaluated by the author set out in its very design to promote gender equality and empowerment. The same cannot be said for the South African CSG, which while targeting women as recipients of the grant, never explicitly set out to do so, and gender equality and empowerment were never integrated into its design and goals. This may explain the recipients' own disconnection from such concepts.

Dependency and CSG mis-use

As mentioned in this and earlier chapters, another long standing debate, rooted in issues of autonomy and dignity, relates to concerns about how the poor use or misuse welfare benefits. Fraser and Gordon (1994) argue that the term 'dependency' has become a keyword in welfare policy discourse and that **"** *an unreflective use of the word serves to enshrine certain interpretations of social life as authoritative and to deligitimate or obscure others, generally to the advantage of dominant groups in society and to the disadvantage of subordinates*" (Fraserand Gordon, 1994: 311).Mead (1993) calls this focus on dependency and 'disorder' the 'politics of conduct', where the "*poor behave badly [and] government becomes indefensible because many of its beneficiaries are undeserving*" (p108).

Related to the issue of dependency, an important finding in this study was that of the shameful labelling that some respondents reported as being directed at CSG recipients. In particular, this relates to the use of the term '*imali yeqolo*' to describe the child support grant. As explained in the findings section, this term was coined to refer to mothers who receive the grant as a result of lying on their backs to have sex. It is a widely used term to refer to the grant. It is intimately linked to assumptions

about how young women engage in sex and fall pregnant for the express purpose of accessing the grant. Authors Fraser and Gordon (1994) contend that

"*naming the problems of poor, solo-mother families as dependency tends to make them appear to be individual problems, as much moral or psychological as economic. The term carries strong emotive and visual associations and a powerful pejorative charge. In current debates, the expression 'welfare dependency' evokes the image of "the welfare mother," often figured as a young, unmarried black woman (perhaps even a teenager) of uncontrolled sexuality".*

The recent CSG impact report (DSD, UNICEF andSASSA, 2011) which showed that the grant may have a protective effect on adolescent sexual risky behaviours certainly suggests that there is little justification for this stereotyping imagery. However, the commonplace use of the term '*imali yeqolo'*, (meaning literally money for sitting on your backside) even by CSG recipients, proves the potency of language and expressions which

"*carryunspoken assumptions and connotations that can powerfully influence the discourses they permeate -in part by constituting a body of* doxa*, or taken-for-granted commonsense belief that escapes critical scrutiny*" (Fraserand Gordon, 1994:310).

Furthermore, such language is divisive as it pits '*so-called welfare dependants against so-called hard-working [individuals]*' (Lister, 2013).

The debates generated by this thesis in the US have led to arguments about the most appropriate government intervention in dealing with poverty, and as such, whether food stamps are better than cash transfers in limiting the potential for misuse. Such discussions show that the concern about the misuse of welfare benefits is not just a developing country issue; however it can be said that such debates and concerns become more focused in developing countries because of

poverty, where there is a much greater number of people who need social assistance and there are many competing priorities and lean resources. As such, in low and middle-income countries there have been debates about cash versus in-kind benefits or cash versus food aid (Ahmed et al, 2007; Devereuxand Sabates-Wheeler, 2006). Proponents of cash transfers argue that giving food or in-kind benefits to the poor undermines their dignity and agency in terms of choosing what and how to spend the benefit, and that like conditionality; it is a show of mistrust (Devereux andSabates-Wheeler, 2006).

In South Africa there have been many concerns about recipients using the child support grant to meet needs and wants unrelated to the children on behalf of whom mothers receive the cash transfer. Specifically, there have been anecdotes of recipients spending the grant on liquor, hairstyles and trendy clothing. There have been other concerns about the CSG creating a perverse incentive for women to fall pregnant in order to access the grant (Makiwane andUdjo, 2006). As displayed earlier in this chapter, the findings on this matter are mixed. On the one hand CSG recipients who were interviewed were indignant at the suggestion that they could fall pregnant in order to access the grant, on the other, some of them related anecdotes of (young) women that they knew who they believed were having children in order to get the grant. It is unclear how much of a role media speculation about the CSG being associated with an increase in teenage pregnancies has played in influencing views on this topic. Research by Surender et al (2010) pointed to the media as playing a key role in shaping common attitudes about the CSG and its association with perverse incentives. In America similar reports have been made about the power of the media and public opinion in shaping attitudes towards welfare recipients (Coley et al, 1999). Research evidence from South Africa on the link between the

CSG and increased (teenage) fertility rates has shown no link between receipt of the grant and an increase in pregnancies (Makiwane and Udjo, 2006).

Findings on the misuse of the grant were also mixed. All the recipients denied misusing the grant themselves, but many believed that there were people who were spending the CSG on liquor, hair and clothes. Literature shows that welfare recipients are likely to conform to the public stereotypes held about recipients while seeing themselves as exceptions to the rule (Gray, 2009;Surender et al, 2010). Gray (2009) explains:

"*Many welfare recipients subscribe to the popular stereotype of welfare recipients as lazy, cheating, bad mothers for whom public assistance is generational and a way of life. However, they usually do not apply this stigma to themselves and instead raise issues of sociostructural imbalances (e.g., the lack of living-wage jobs and good-quality day care) and/or bad luck…."* (Gray, 2009: 330).

Surender et al (2010) concur and add that "*the lack of solidarity among social security recipients was in part a consequence of the 'corrosive effects' of the claiming experience itself (that is, the climate of hostility and suspicion to which claimants are subjected creates internal tensions and contradictions)*" (Surender et al, 2010: 217). In the CSG study these views were particularly directed at young women who were said to manage to get away with using the grant on their own needs because they left their children with grandmothers who had to shoulder the burden of raising and caring for these children on their pensions. It has been suggested that the reliance of young mothers on their own mothers (grandmothers) to take over their caregiving roles, is an indication of the complexity of family networks and historical economic migration in South Africa (Hunterand Adato, 2007; Surender et al, 2010).

It is important to note site differences in terms of attitudes and views on CSG misuse. Views on CSG misuse were particularly strong in Paarl, a site with a long history of alcohol excess as a result of its proximity to the Winelands and its historical link with the “dop” system, where instead of wages, farm workers were given alcohol in exchange for their labour during the apartheid era[46] (London, 1998; 2008; te Water Naude et al, 1998). In rural Rietvlei nearly all of the participants disagreed with the notion that women were having children in order to access the grant, or that they were misusing the grant and spending it on needs unrelated to their children or households. This could be because in rural areas there are different notions held about the practice of having many children, and such areas are also a bit more removed from media influence.

As mentioned in Chapter 2, in South Africa there have been other concerns and debates in academic, policy and media forums about the extent to which the CSG (and social grants in general) influences the attitudes and participation of recipients in the labour market (Bertrand, Mullainathan andMiller, 2003; Eyal andWoolard, 2011). As already mentioned, these debates are largely influenced by long-standing fears that welfare takes away the motivation of the poor to seek and hold on to employment, and instead they become content to remain on ‘hand-outs’ passively and indefinitely (Murray, 1986; Mead, 1993). In this chapter all the CSG recipients unequivocally stated that they would work if there was work available, and that they would prefer employment to grants, as the CSG was too small to be an incentive to not seek employment. However, some participants, particularly those who lived in urban informal settlements supported the view that the CSG may relieve the

[46] Although legally abolished this practise is said to still take place in Cape Winelands (London, 1998, 2008).

pressure to seek or keep employment especially where the type of work is strenuous. Several studies have been conducted in South Africa and internationally on the link between welfare benefits and the dependency thesis (Mokomo, 2008; Makiwane and Udjo, 2006; Noble and Ntshongwana, 2010). By and large evidence shows little association between dependency and social assistance

Complementary qualitative and quantitative studies conducted by Noble et al (2008) and Surender et al (2010) in South Africa to assess the attitudes and views of the citizenry on the relationship between social security and labour market participation showed that recipients of social assistance were not avoiding labour market participation as a result of being in receipt of grants. The findings showed that both employed and unemployed people in South Africa value paid employment and had not developed a reliance on social assistance. In the case of the CSG, respondents in the qualitative study were particularly vocal about how the value of the grant was simply too small to act as a disincentive to seeking and holding on to paid work (Surender et al, 2010). While one might say this is not unexpected from recipients of a cash transfer (recipients would hardly be expected to own up to not wanting to work), it is perhaps useful to consider that in a developing country context like South Africa, where the CSG amounts to less than USD40 per month, and where unemployment rates are high as a result of the unavailability of work, recipients' assertions that the grant does not incentivise them to avoid the labour market are believable. Eyal and Woolard (2011) confirm these findings in their recent study of female labour participation and the Child Support Grant in South Africa. The study used a regression discontinuity method, and difference in difference estimates to assess the effect of the CSG on female labour participation on a sample of black

women aged 20 to 45, both eligible and ineligible for the grant. The results showed that there was no statistically significant difference in the labour force participation of eligible and ineligible participants. Further, the results showed that there was a 15% increase in employment probability for mothers who receive the grant at an early age (in their 20s), these same mothers had a 9% increased probability of labour force participation (Eyal andWoolard, 2011). Thus, contrary to popular concerns in South Africa, according to this study, receiving the CSG may in fact contribute to improved participation in the labour market.

Nevertheless, the findings of this chapter raise questions about whether cash transfers do enable recipients to be more selective about the kind of employment they engage in (Surender et al 2010). It is certainly Charles Murray's view that welfare makes the poor less willing to take on and hold onto low-paying jobs (Murray, 1986).

In summary, the findings of this chapter show mixed views about a number of issues currently about the CSG in debate in South Africa. What is perhaps the main take away message of this chapter is that recipient views on key divisive topics such as conditionality actually converge with the views of government and policy makers. Of greater concern is the seeming lack of ownership of the CSG by recipients, and their view of it as government charity divorced from concepts of entitlement, claims and rights. This is particularly alarming as the CSG was intentionally designed for state-building purposes and in part to give voice to the sentiments of the Freedom Charter which identified social protection as a right of social citizenship. This point also raises

the question of whether and how a state program like the CSG, already attacked from many sides for being a waste of government resources, can possibly expand to meet rising demands and be sustainable if there is no sense of ownership from its beneficiaries who would be called upon to defend it if the need arose (van Oorschot, 1995).

The findings further reveal that in South Africa, social assistance recipients like elsewhere, tend to subscribe to popular views about the manner in which beneficiaries of such programs mis-use the money, while not applying the same stereotype to themselves. This points to the important role that media and other forums play in shaping views about social assistance.

This chapter also shows that the link between shame and targeted cash transfer programs very much depends on geographic location in South Africa. This provides an interesting and new facet to traditional discourse about shame and targeted social assistance, and speaks to the unique contribution of developing country settings to this topic.

Conclusion

In conclusion, this chapter offers an important glimpse into the ways in which recipients of cash transfer grants and communities at large view such programs in developing country contexts. It shows interesting parallels between concepts and debates traditionally seen in the North about welfare benefits and their link to issues of desert, social citizenship rights, shame, dependency and empowerment. In the South African context the finding that CSG recipients do not view the cash transfer

as an entitlement gives rise to questions about how far removed it is to its original goals around state building and its socialist underpinnings.

CHAPTER 7: ANALYSIS OF FINDINGS

This dissertation set out to explore the adequacy of cash transfer programs designed for children in combating child poverty in developing countries, using the South African Child Support Grant as a case study. This chapter provides a synthesis of these findings and an integrated analysis of them, while the next concludes the thesis and focuses on implications for policy and poverty alleviation in South Africa and similar developing country settings.

The main empirical chapters of this thesis are Chapters 4, 5 and 6. Chapter 4: "Barriers to receiving the Child Support Grant in South Africa" is a mixed methods chapter that examined factors that serve as barriers to CSG receipt. This chapter showed that multi-level factors were responsible for delays in take up and non-take up of the grant. Chapter 5: "Does a little go a long way? the experiences of CSG recipients and non-recipients in three diverse settings in South Africa" built on from the mixed methods chapter by presenting and discussing the views of recipients on the adequacy of the Child Support Grant to combat poverty in poor households. It explored at a more fine-grain level, the experiences of grant recipients and specifically sought to understand the extent to which having the grant enabled them to meet the needs of their children. The adequacy theme came up strongly in this chapter and the bottom line message was that the CSG, while important in meeting the needs of children in poor households, was inadequate on its own to lift children out of poverty. Chapter 6: "Perspectives and attitudes of CSG recipients and non-recipients: conditionality, shame, and empowerment" sought and discussed the views of CSG recipients and non-recipients on a range of key issues and debates about the grant. This chapter showed that recipients' views on key issues such as

mis-use of the grant and association of the grant with pregnancies were largely different from those held in society. However there were some parallels as far as conditionality and dependency are concerned.

Thus despite the extensive evidence that the CSG is important in tackling child poverty, the quantitative and qualitative findings of the three chapters, along with the 'hard data' presented in the literature review chapter which shows continued levels of child poverty in the country, provide extensive evidence that it is not without its shortcomings as a policy instrument to alleviate child poverty in South Africa. From the said findings, the limitations of the grant are particularly apparent in both the design of the CSG and its administration.

In this chapter I utilise an analytical framework used in the most recent evaluation of the impact of the CSG on children on behalf of the Department of Social Development, South African Social Security Agency, and UNICEF (DSD, UNICEF and SASSA, 2011). This evaluation has been referenced throughout this thesis. In this chapter the framework is adapted and used to synthesise and explain the factors that affect the limitations of the CSG in meeting children's needs and in this way it aims to address some of the research questions set out in Chapter 1.

The analytic framework identifies four factors as influencing the impact (or, as I will be using it the limitations) of the grant: policy environment; operations; complementary institutions, and social context (DSD, UNICEF and SASSA, 2011). Factors at the policy environment and social context levels concern the choice and design of the CSG program, as well as its ability to promote social inclusion. The

operations level includes delivery systems that get the grant to the people. Complementary institutions concern those institutions and government departments that support or act together with the Department of Social Development to enable access to the grant. This level also includes complementary programmes that can strengthen (or weaken) the potential of the grant to be effective.

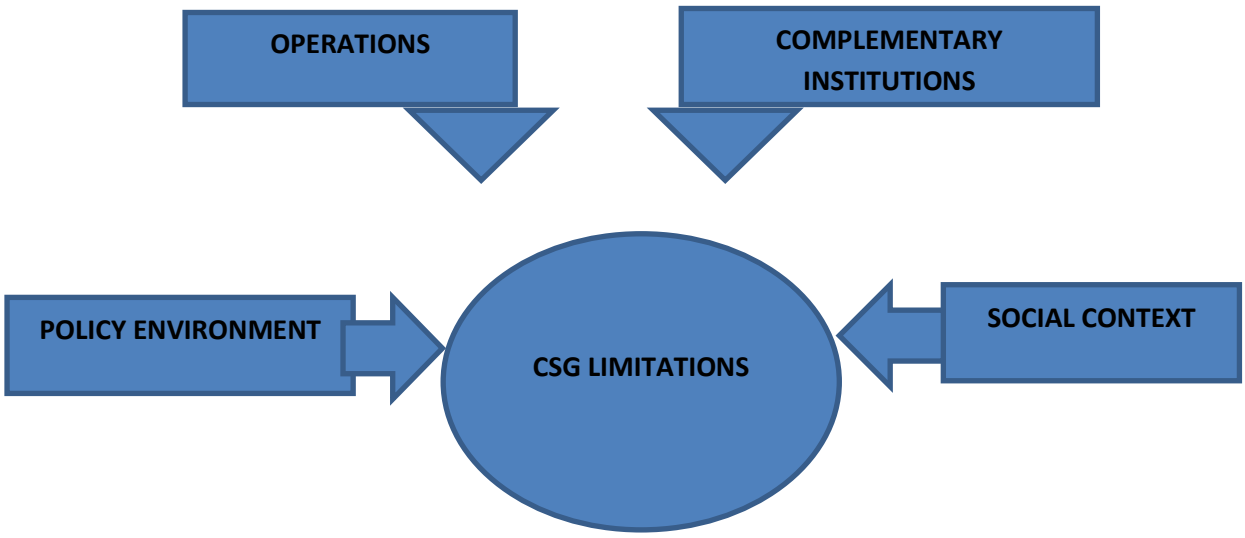


Figure 2: Framework for understanding the limitations of the grant

Shortcomings of the CSG at the Policy Environment level

Some of the shortcomings that limit the CSG's efficacy lie in its design, specifically its design as a means tested, low-benefit level, and quasi-conditional cash transfer program.

First, in this study we have found that the targeted/means tested nature of the CSG has contributed to its complex administration with many prospective recipients

struggling to amass the documentation required. The fact that these barriers are virtually unchanged more than a decade after establishing the grant, and after many attempts to improve its administration system is proof of the obduracy of a targeted/means tested program: as long as the task of determining those who meet the criteria for inclusion in a program exists, the grant will be difficult to administer and concerning levels of non-take up will be present (van Oorschot, 1995). Further, the targeted, means tested design of the CSG reflects ideological values which, as discussed in Chapter 1, are consistent with liberal/neoliberal approaches to social policy. These are incompatible with the Constitution of South Africa which professes a different ideology more in line with social democratic values (Lund et al, 2009). The targeted design of the CSG also shows that the policy course of action involved in designing policies is not a straightforward process, as those involved in designing a policy may themselves hold very different views to the ones apparent in the choice of design.

According to Lund (2004), the architects of the Child Support Grant wanted to make the grant universal, but the political context of South Africa at the time did not allow this: there was no solidarity on racial grounds, and thus the Committee felt it would not be acceptable in South Africa's then young democracy to have a grant covering all children, including white children), as Lund pointed out " *it was too soon into the post-apartheid era to gain acceptance of a new benefit that would include white people*" (Lund, 2004:86). Further, the need to sell the program to the treasury (who were concerned about budgetary constraints) and other policy makers made it sensible to target the grant to poor children only (Lund, 2004), thus one of the key

principles guiding the implementation of the grant was that "*the operation of the CSG would acknowledge the State's fiscal constraints and limitations*" (Kola et al, 2000:1).

Another important development was that in the two years that the Committee had been deliberating on the cash transfer, the new democratic government had also adopted a new macro-economic policy (the GEAR policy) which placed an emphasis on fiscal austeritywhere "*these adjustments [would be] accompanied by the elimination or scaling down of activities which cannot be provided at all or which could be undertaken effectively by the private sector*" (GEAR 1996 para 3.4 p.10). In particular, in respect of social grants GEAR stated:

"*By far the greater part of welfare spending is devoted to social grants, which assist some 3 million elderly or disabled persons or needy children. These transfers play a vital role in poverty alleviation, especially in rural areas. Affordable alternatives to support families and children in need are being investigated*……" (GEAR 1996 para 6.2 p. S5).

Thus, in a context where the government was looking for "affordable alternatives to support families and children in need" covering everyone instead of those who 'really need help' was difficult to justify (Lund, 2004). As discussed in Chapters 1 and 6, Mkandawire (2005) suggests that the choice of design in social protection programs, particularly as it relates to means-testing, is very much aligned with the macro-economic policy of a country. If one follows this argument, then it is not surprising that South Africa's macro-economic policy influenced the decision to make the grant a targeted program.

Furthermore, the fact that all previous grants before the CSG were means-tested supports the path dependency thesis which emphasises the importance of 'institutional stickiness' and histories in explaining the difficulty in reversing a certain policy course or path of policy development once it is established (Pierson, 2000). From the very beginning, including the periods of colonisation and apartheid, the welfare system of South Africa has favoured means tested grants. The oldest South African grant, the Old Age Pension has always been a means-tested grant targeting poor elderly people. Similarly, the CSG's predecessor, the State Maintenance Grant was means-tested, and even relatively newer grants such as the disability grant, foster care grant, and child dependency grant are all means tested. According to the path-dependency thesis this historical preference for means-tested grants in South Africa means that the design of the CSG as a means-tested program was inevitable. Myles and Pierson (2001) argue that this is because "*the options available to policy makers, whatever their politics, are constrained by institutional and programmatic designs inherited from the past*…..*processes in which choices made in the past systematically constrain the choices open in the future"* (Myles and Pierson, 2001: 305). According to this argument, path dependency is resistant even to an environment of 'radical policy change' (Myles and Pierson, 2001) as was the case with the advent of democracy in South Africa in 1994. Certainly, the establishment of the Child Support Grant in 1997 represented radical policy change. This is because the Child Support Grant was the first grant established under democratic rule, and it was also the first grant established for children, where access to it was on the basis of need and not colour/race as had been the case with grants under the apartheid regime. Consistent with the path dependency thesis, these radical conditions were

not enough to change the historical underlying assumptions of social assistance programs in South Africa.

Additionally, until very recently, the income thresholds for means-testing were very low and this served to keep out many children who were otherwise in desperate need of the grant (Hall, 2007; Goldblatt et al, 2006). This meant that the grant was really targeting the poorest of the poor, and that the state was not meeting its obligations to all children in poverty. Literature (Goldblatt et al, 2006;Hall, 2007; Kola et al, 2000) shows that this presented obstacles to take up from the very beginning; the review of the CSG by Goldblatt and colleagues in 2006 reported that "*People often fail[ed] the means test because their income is marginally higher than the threshold*" (Goldblatt et al, 2006: 39). As a result of this evidence income thresholds changed from household level to individual level[47], however the amounts stayed the same and differentiated by area and type of housing. However, over the years as the Committee had hoped, the income threshold has increased gradually as the CSG has become more acceptable, bolstered by evidence of its importance in poverty alleviation, and pressure from interest groups. As such, in 2009 the means test threshold doubled (from US$1700 per annum to US$3450) (Mail and Guardian, 2009).

The incompatibility apparent in the kind of cash transfer that some (but not all) policy makers wanted (a universal grant) versus the end product (a targeted means tested cash transfer) reflects the fact that in policy making

[47]This include spouse's income

"*hard choices have to be made. In the best situation, policy developers would present a clear and comprehensive vision, and know there were sufficient budget and other resources to translate the vision over time into reality, unconstrained by competing needs from within the same or other sectors. The reality is constraints of time and of room to manoeuvre, and fierce competition with other needs. The vision gets modified in light of anticipation of what will get passed*; *and* in the CSG the process *"….contained compromises and the outcome….generated controversy*" (Lund, 2004:80).

Further, the difficulties with changing the means-tested design of the CSG is evidence of how much more difficult it is to change from a targeted program to a universal one; much more difficult than simply tinkering with either a means-tested design or a universal design. Lund has argued that it would have been much better to have a universal grant with mechanisms to gradually exclude those who didn't need it; that way both the fiscal conservatives and those who didn't want to see the grant go to the 'undeserving' poor, would have been appeased.

However difficult the process and choices involved in designing the CSG as a means-tested program, the end result means that the policy environment in which the grant was designed and in which it continues to operate weakens and limits the grant's accessibility to the very children for which it was established. Further, means-testing the CSG in a developing country context like South Africa where the poor far outnumber the non-poor makes even less sense and only realises the fear of some of the designers of the CSG program who expressed that targeting "*would mean*

concentrating on excluding the few rather than on including as many as possible" (Lund, 2004: 85).

Second, another aspect in which the policy environment contributes to the inadequacy of the grant is through the initial choice to design the CSG with a low benefit level. Findings in this dissertation and other literature consistently show that the grant is too small for the work that it was established for, especially in the context of high unemployment rates, and high levels of poverty. It is thus clear that in the absence of a comprehensive Social Security system in South Africa, the CSG is being "*used primarily as a basic household income top-up, and as such is used to buy basic food and consumption needs for the whole household. The reasons most frequently given for this (as opposed to child-specific usage) were widespread poverty, unemployment and limited income at home*" (DSD, UNICEF and SASSA, 2011: 49). The CSG (and OAP) is thus being used to fill gaps left by the inadequate social security system (Leibrandt et al 2010; Ntshongwana et al, 2010).

As a result of this evidence, some social scientists (e.g. Ntshongwana at al. 2010) have called for other grants to be designed which would meet these gaps and allow the CSG to solely focus on assisting poor children.

Ntshongwana et al (2010) specifically put forward three grants that could be designed for this purpose. These are: a Carer's Grant (CG) for primary caregivers of children in receipt of the CSG, a Lone Parent Grant (LPG) for single parents, and an Income Replacement Grant (IRG) for unemployed able-bodied adults (Ntshongwana et al 2010). The authors used micro-simulation modelling techniques to estimate the

impact such grants would have on poverty alleviation if they were to be implemented. After application of the South African Microsimulation Model (SAMOD), the authors used the head count poverty ratio, depth of poverty and squared depth of poverty measures to estimate impacts of the three grants on poverty, and based modelled estimates on lower bound and upper bound poverty lines applicable in 2007 (Ntshongwana et al, 2010). The SAMOD results showed that all three hypothetical grants would significantly reduce poverty and inequality (Ntshongwana et al, 2010). The IRG, while modelled at the lowest benefit level compared to the LPG and the CG, had the largest impact on head count poverty ratio (from 0.58 to 0.21), compared to the CG (0.39), and the LPG (0.42), in all households. These patterns held when modelling impacts on households with children only, albeit with higher baseline poverty rates for both head count ratio, depth of poverty and squared depth of poverty, and therefore lower actual impacts compared to the 'all households' analysis. Under the 'no grants' scenario head count ratio went from 0.64 to 0.57 with current grants, 0.47 for grants with LPG, 0.43 for grants with the CG, and sharply dropped to 0.26 for grants with the IRG (Ntshongwana et al, 2010). The fact that the IRG had the strongest impact on poverty compared to the other two grants targeting parents (primary caregivers and single parents) is evidence of how a small grant directed at able-bodied unemployed adults in poor households could make a difference and take off the burden from the CSG. It also indicates the high degree to which entire households rely on the grant – once this pressure is relieved by the IRG, a sharp reduction in poverty can be observed, and the CSG has a better chance of adequately meeting the needs of child beneficiaries.

The struggle in significantly increasing the amount of the grant, and in at least linking its value to inflation is proof of how difficult it is to reverse policy choices once made. As mentioned in previous chapters, the decision on where to set the benefit level for the CSG was a fiercely contested one with many in the Committee believing that the amount was so negligible that it was hardly worth the trouble of applying for it (ACESS, 2002; Lund, 2004). However Lund (2004) asserts that in the end the need to sell the very idea of a child grant to politicians (and the middle class who would have to finance it) meant that it had to start at very modest levels. Thus, in the attempt to pacify politicians and to contain costs the Committee tied it to the apartheid-defined, improbably low Household Living Standards (HLS) measure, in hopes that this would ensure that its future increase would be tied to a more realistic measure of need (Lund, 2004). This has not been the case as the grant has not been increasing in line with inflation. Instead, as the need for social assistance in South Africa increases (Lund et al 2009), and as the grant is extended to more children, it is becoming more difficult to justify its increase to tax payers. And, as the demand for social security increases, questions about its sustainability are being raised (at least among opponents) (Lund et al, 2009).

The compromises and controversy that surrounded the design phase of the CSG are perhaps best summed up by Lund when she notes that they are an integral part of the policy-making process and "*are about losers and gainers, exclusion and inclusion, assessment of the budgetary room there is to move in, the role of the keepers of the purse relative to the role of those in the sectors, and about consultation and negotiation with interest groups"* (2004:80).

Third, another limitation of the grant that is linked to the policy environment is conditionality. The choice to design the CSG as a conditional cash transfer program, attempted at the very beginning of the implementation of the grant, presented participants in this doctoral study with obstacles to continued receipt of the grant. Even though political wrangling behind the scenes (i.e opposition mounted against attaching conditions to receipt of the grant), ultimately diluted the conditional nature of the CSG and indeed led to the careful couching of terminology to avoid a direct link with conditionality, the impact of this change in policy was nevertheless clearly felt by recipients whose grants were promptly suspended when they failed to comply. Further, the findings of this thesis support the view that developing country contexts are not always conducive for effective implementation of conditionality as supply side issues are often the first obstacle to compliance and result in desperate children losing a crucial source of income through no fault of their own. In the thesis findings, respondents had their CSGs suspended after failing to comply with conditions as a result of not receiving the letters requesting them to submit information in time. In each case poor postal services meant that recipients suddenly lost their CSGs -the only source of income in all the cases reported in this study – without notice and without knowing why their grants had been suspended.

Another point raised by the findings of this thesis concerning conditionality in South Africa is the fact that government continues to attempt to implement it without properly communicating its rationale to South African citizens. This problem is reflected at two different levels: first, the lack of good information flows about the rules and procedures reported by respondents formed a fundamental part of the implementation challenges; second, the politics of the policy decision to implement

conditionality, ie convincing the population of the reasons behind the decision to make the CSG conditional, led to further confusion about the policy change. As a result of these two issues, recipients find themselves having to comply with conditions that have not been explained to them. In this dissertation lack of knowledge and understanding about what conditionality is and why the government implements it was evident among the very people whose grants were suspended when they failed to comply. In some instances recipients' grants were suspended without any clear reason being given to them. This is concerning as South Africa is a democracy where people are entitled to information and have a right to know about policy changes that will affect their lives.

The soft conditions present in the CSG and the impact they are having on recipients, as shown in this thesis, validate concerns about how attaching conditions to the CSG in the South African context would be erroneous, and would be incompatible with the government's commitment to fulfilling the rights of children, and SASSA's own commitment to get '*the right grant to the right person at the right time, every time*'.

It is also incompatible with the spirit and letter of the Constitution which guarantees a right in the Bill of Rights to social assistance. It is a well-established principle of constitutional law and political theory that conditionality abrogates rights. Further, given that it had long been established, before even the reintroduction of current conditions, that conditionality, especially school-related conditions, were not suitable for South Africa because of high enrolment and attendance rates (Lund 2011), and evidence which showed that attaching conditions to the CSG resulted in low uptake (Goldblatt et al, 2006); government's persistence in pushing conditionality may be an

indication of deeply-held ideological values and beliefs about the poor, their rights, and their ability to take care of themselves and their own. Current evidence which shows limited evidence for the association of conditionality with improved child outcomes in the sub-Saharan Africa context (Robertson et al, 2013), further supports the belief that attaching conditions to cash transfer programs in this setting is as yet unwarranted.

Shortcomings at the Operations level

At the operations level, shortcomings of the CSG are evident in the barriers to accessing the grant which continue to exist. In particular this dissertation has shown that administrative barriers have been the most persistent in limiting take up of the grant. Chapter 4 presented and discussed at length the factors responsible for non-take up of the CSG in South Africa. Having analysed the findings I concluded that while there were multi-level factors responsible for non-take up, administrative barriers provided the greatest explanation for the lack of access to the grant. It is also clear from the findings that the complex administration system of the grant is an inherent feature and result of the targeted design of the CSG. However other factors lying outside the design of the CSG were identified as contributing to administration problems. In particular, poor linkages between government departments responsible for furnishing documents (see below), as well as the apartheid legacy on documenting the citizenship particularly of Black African people in South Africa. Additionally, Chapter 4 findings showed that access to the CSG is differentiated by geographic area and conforms to the historic demographic configuration of the population of South Africa. As with every other aspect of service delivery in South

Africa, the areas that contain previous homelands continue to experience the highest backlogs in take up while maintaining high levels of eligibility. These areas also experience the worst administrative obstacles. Differentiated access to the grant and non-take up create '*unjustified disparities between eligible clients*' (Fuschut, 2007: 7) and subverts the goal of the grant, i.e to reach all children who need it in order to alleviate child poverty.

Discretionary treatment, corruption and fraud were also identified as all leading to delay in take up or complete non-take up. Policy level decisions about designing the CSG as a targeted program collude with and contribute to Operations level barriers and together these factors limit access to the grant and represent a major shortcoming of the program.

Findings also show that, at the Operations level, the South African social security system places the onus for accessing the grant squarely on the shoulders of the client. Social policy analysts have previously made the argument that the responsibility to access social assistance should be shared between the government (administrators) and recipients (van Oorschot, 1995). According to this argument, a shared sense of responsibility for accessing the grant would manifest in the relationship between administrators and prospective applicants, where administrators would not use their power as dispensers of the grant for their corrupt ends, but rather the very attitude with which they would treat applicants would convey respect and helpfulness (van Oorschot, 1995).

Shortcomings at the Complementary Institutions level

Shortcomings at the institutional level concern lack of or poor linkages between institutions responsible for the grant. It also concerns institutions that are meant to work together with the grant to facilitate its effectiveness.

It has been established through the findings of this thesis and elsewhere that part of the problem with barriers to accessing the grant relates to poor linkages between the two main institutions that are critical to the successful application of a grant. These are: SASSA who dispense the grant, the Department of Home Affairs which processes and provides the documentation required to access the grant. As evidenced by findings from Chapter 5 where respondents reported demands for bribes by social grants administrators, and where respondents believed that they were sent back and forth between departments for no clear reason other than to force them to pay bribes, officials who are corrupt are evidently taking advantage of the poor relationship between these two institutions, and collude to defraud the system. Strict, inflexible requirements for documentation give further power to dispensing officials to collect bribes from desperate applicants, as was reported in this thesis.

Related to the need for complementary institutions to work together with the grant to make it effective, is the issue of other strategies that were meant to come alongside the child support grant to form a 'basket of poverty alleviation strategies' (Lund, 2004; 2007). The dynamics identified as contributing to the inadequacy of the grant in Chapter 5 point to a mix of factors that limit the potential of the grant to be adequate. These include the high rates of unemployment in South Africa, the current

economic crisis, and the lack of complementary poverty alleviation programs that can improve the context within which the CSG is implemented.

As has been discussed in Chapter 1 part of the reason why the Lund Committee did not push harder for an increased value of the grant, was the expectation that the CSG would not be working alone to alleviate childhood poverty. That expectation has not been fulfilled. The implementation of the school feeding scheme has been, at best, patchy; and Expanded Public Works Programs (EPWPs) have been bogged down with issues of low-remuneration and very transient, unreliable employment only accessed by some (McCutcheon and Parkins, 2010).

As so much emphasis has been placed on EPWP as a major alternative to social grants for able bodied adults and thus as an important complement to CSG it is important to detail its shortcomings. The EPWP was established in 2004 as the largest development program in South Africa, tasked with reducing poverty, unemployment and skills shortage (Mccord, 2003; McCutcheon and Parkins, 2010). When first established in 2004, the EPWP goal was to create jobs for 1 million (largely) unskilled people by 2009. The program was to achieve this goal through job creation in government-funded projects in the infrastructure, environment, social and economic sectors of the economy (Mccord, 2003). The specific goals of the program were:

- *"Increasing the labour intensity of government-funded infrastructure projects.*
- *Creating work opportunities in public environmental programmes (e.g. Working for Water).*

- *Creating work opportunities in public social programmes (e.g. community care workers).*
- *Utilising general government expenditure on goods and services to provide the work experience component of small enterprise learnership / incubation programmes. These work opportunities would be created during the normal provision of public assets and services*" (McCutcheon and Parkins, 2010: 197)

The particular emphasis the program placed on the use of labour intensive methods in the provision of public goods and services was so that work opportunities for unskilled and semi-skilled unemployed poor adults could be created. The EPWP also had a component focusing on training in order to ensure that those who gained temporary employment in the program would also gain and enhance new and existing skills and thus maximise chances of stable employment at the end of their participation in EPWP projects.

While the Minister of Public Works announced that the program's goal of creating one million jobs by 2009 had been reached a year ahead of schedule in 2008, this achievement conceals several significant weaknesses identified in the program which ultimately made it ineffective as a poverty alleviation instrument (Mccord, 2003; McCutcheon and Parkins, 2010). Evaluations of the program carried out by independent scholars have identified these weaknesses as particularly lying in the areas of construction and maintenance, duration of employment, and the budget set aside for this work (McCutcheon and Parkins, 2010; Mccord, 2003). Major flaws in the infrastructure component were related to the lack of labour intensity in the program. The findings of the review revealed that many of the construction projects

tendered out to companies under the EPWP were still largely machine-intensive (McCutcheon and Parkins, 2010). This did not only subvert the goals of the program by affect the number of unskilled people that were ultimately employed, but it also raised costs substantially. The authors reveal that "*labour-intensity dropped significantly over time as the value of the projects increased. As project values doubled, labour-intensity decreased by two thirds. Fast tracking the nominal incorporation of larger and more sophisticated projects into the programme, in order to increase expenditure and numbers, intensified the use of 'business as usual'*" (McCutcheon and Parkins, 2010:32). Some companies were so averse to labour-intensive methods that they resorted to illegal tactics to pretend that they were complying with the requirements, McCutcheon and Parkins (2010) report that *"in some cases extra people [were] hired to sit under a tree alongside the site where the equipment was working in order to raise the numbers; mostly even this tokenism was not considered as non-compliance"* (McCutcheon and Parkins, 2010: 206).

Long before the 2009 deadline, budgetary allocations to the program (less than 1% of the budget allocated for welfare spending) were already identified as a major weakness which would impede the program from fulfilling its goals (Mccord, 2003). Furthermore, related to the lack of labour-intensity, the EPWP budget was overspent by twice the initial planned budget, thus the 1 million jobs attained ahead of schedule were achieved "*at between 2 and 3 times the original budget estimate*" (McCutcheon and Parkins, 2010: 206). Moreover, precisely because there was little labour intensity which partly led to the dramatic increase in the budget, this means that the number of jobs attained during this period could have been higher than 1 million, had the requirements around labour intensity been met.

Another major criticism levelled against the EPWP was that it created jobs with very short durations of employment (Mccord, 2003). The program had projected that the average duration of employment would be 80 days, but in reality length of employment in EPWP projects ranged from *one day* to 62 days over the $4^{3/4}$ years (McCutcheon and Parkins, 2010). The jobs created through EPWP were so short-term that it could be argued that they hardly amounted to 'employment' in the true sense of the word. Thus it is remarkable that people still flocked to these projects and were willing to undertake low-paying jobs with very short durations. McCutcheon and Parkins (2010) comment that this finding is of "*critical importance because so many decision makers and theorists with comfortable, well-paid jobs, state with confidence that in South Africa the poor are not prepared to do this type of work, or if they do it will be done badly*" (McCutcheon and Parkins, 2010: 207). However, former EPWP workers interviewed for the review did voice dissatisfaction with short employment durations. The authors state that "*although very grateful for some opportunity to earn money, there were repeated complaints about the shortness of the duration and lack of continuity. The workers accepted the shortness of duration with reluctance*" (McCutcheon and Parkins, 2010: 207).

The reviewers report that it was only halfway through the program that concerns were raised about the temporary nature of EPWP jobs, and even then this did not have a major effect on employment duration (McCutcheon and Parkins, 2010). In the end "*the emphasis upon 'temporary', exacerbated by increased concern about meeting a numerical target, distracted attention from seriously considering ways and*

means of achieving longer durations of employment and it's associated benefits" (McCutcheon and Parkins, 2010:207).

In this thesis, CSG recipients reported desperately trying to access such programs when they were introduced in their urban and rural areas without success. In Rietvlei and in Paarl, respondents talked about recipients rushing in their numbers to any place where they heard about Public Works programs, and then queuing for hours in order to try and get work in those programs, to no avail.

Other basic services that are meant to be free (education, healthcare) continue to carry indirect costs that become an additional strain on the already lean and overburdened CSG. As discussed in Chapter 5, while respondents were exempted from paying school fees, they still had to carry related costs such as school uniforms, school lunches, and school trips. Similarly, with health care respondents received free services from local health facilities but for some there were transport costs incurred when accessing such services. Certainly, the absence and or inefficiency of these strategies contribute significantly to the constrained ability of the CSG to be adequate and effective.

Shortcomings in the Social Context of the CSG

The social context within which the CSG is implemented limits the grant in important ways. This especially relates to views about the CSG, the way it informs gendered relations at the household level, and the informal social protection context that exists alongside the grant.

In this dissertation, views about the CSG take into account perspectives from within (CSG recipients) and those coming from without (non-recipients/public opinion). The first two chapters, as well as Chapter 6 were extensive in their discussion of public opinion and concerns about the Child Support Grant being associated with dependency (avoidance of work; misuse), increased pregnancies; and the need for the receipt of the grant to be attached to conditions. Chapter 6 sought the views of recipients on these issues, and in some places found parallels with public opinion and in others, divergence. On the whole recipients did not agree with sentiments that receipt of the grant reduces the motivation to seek, participate in, and maintain employment. The unavailability of work, and nepotism were largely cited as the main reasons for unemployment. Respondents were vocal about their desperation for work, and anger at public opinion about dependency. Many participants also did not agree with the view that recipients of the grant use it for their own perverse needs, unrelated to those of their children.

However there were respondents who believed that some recipients either defrauded the system to obtain their grants; or that they misused the grant and spent it on liquor, clothing and hairstyles as is the public opinion. A discussion of the literature in Chapter 6 showed that self-censure and the lack of solidarity among recipients was not new (Surender et al, 2010), but rather reflected the hostile context

in which recipients of social assistance in South Africa live, which "*creates internal tensions and contradictions*" among recipients (Surender et al 2010: 218).

The negative public stereotyping that surrounds the CSG can be said to present further difficulties in motivating the government to significantly increase the amount of the grant.

The most striking finding is the recipients support for conditionality[48], voiced even by participants who had had their grant suspended. It became clear in this study that recipients had no sense of entitlement to the cash transfer and were anxious to prove that they were responsible parents who were using 'Government's money' sensibly. In particular this finding reflects a lack of empowerment among CSG recipients who do not seem to see or understand receipt of the grant as a social right of citizenship to which they had legitimate claim. In Chapter 6 I contend that the hostile attitude and context that social assistance is dispensed in, in South Africa contributes to the disempowered position of recipients. It is not only the public that facilitates this, but the Government's own seeming support of punitive, suspicious views about CSG recipients which, not surprisingly, communicate in a very powerful way the detachment of social assistance receipt from concepts of rights, citizenship, claims, entitlements, and solidarity. Further, means-testing can be said to also, at least in part, explain the lack of ownership of the grant experienced by recipients of the CSG. Charity is not doled out to the wealthy; it is given to the poor and the needy. In a universal program received by everyone it might be more difficult for poor people to feel like charity cases singled out for government assistance. A case can be made that it is precisely because targeting views recipients as 'patients' rather

[48]Even if respondents' understanding of the purpose of conditionality was different from the government's

than agents (Sen, 1992) that recipients themselves do not feel deserving and entitled to social assistance. In this way, the stated goals of the CSG which include state building and the implied goals of the Government of South Africa in promoting an awareness of rights and empowerment of the citizenry would seem to indicate that the government has failed to achieve them in the CSG.

Further, this thesis has shown that in some settings in South Africa, where there is greater inequality, the targeted nature of the CSG does lead to feelings of shame and experiences of stigma for some recipients. In this dissertation this factor was found to even lead to non-take up in some cases, and in other cases, to lead to recipients hiding their status as CSG beneficiaries. Targeting is of course a policy level issue, but the shame and stigma attached to it represent the contribution of the social context to such issues. This is not to say that the policy level does not contribute to and indeed shape, in rather significant ways, the social context within which social assistance programs are implemented. Literature discussed in Chapters 2 and 6 traces the very creation of the concept of shame (and dependency) about receiving state assistance to the state –it is lawmakers and policy makers who first made the association between social assistance and shame through the way in which poverty alleviation (social assistance) policies were designed and marketed (Fraser and Gordon, 1995). The English Poor Law is very instructive about the intentional way in which this was done. As referenced in Chapter 6 the English Poor Law introduced the concept of the ‘undeserving poor’ where poverty among able bodied working age adults was attributed to personal deficiency, and thus anyone who received social assistance was seen as a burden and stigmatised. This argument does not of course exclude the role of the tax payer in propagating such

views. It simply emphasises the power that a polity has in shaping the social context within which policies are implemented.

In terms of the way in which the CSG has changed and shaped gendered norms within households, the findings of this thesis have shown that women receiving the grant on behalf of their children certainly felt empowered; and similar to findings reported in other studies, placing the money in the hands of women seemed to contribute to its ability to go a long way. What was absent in the findings was the link of the grant to gender equality. Women continued to be the primary carers of their children even in households where they had partners. However, as this was not the stated goal of grant, nor indeed the goal of most government programs in South Africa, it is perhaps not surprising that this link was missing, or that the women themselves were oblivious to the very concept of gender equality.

Finally, an important aspect of the social context in which the CSG is implemented is the informal social protection system. As shown in Chapter 5, the informal social protection system as represented by grant recipients' use of social networks played a key role in supplementing the CSG. This form of social capital had a good and 'a dark side' to it (du Toit and Neves, 2009). Receipt of the grant enabled recipients to be creditworthy, and thus when food ran out or some other crisis hit they were able to borrow from neighbours, friends and other informal lending institutions by using the grant as collateral. Some recipients were also able to invest the grant in social insurance in the form of local savings schemes (stokvels) and burial societies. However, this form of social capital also had some negatives, as it depended on reciprocal exchanges, and often, especially in the case of informal credit, this turned

the positive aspects of being able to use the grant to access financial help in times of need into a double-edged sword, where families became dependent on debt, and were caught up in a vicious cycle of borrowing and repaying debt. As such, du Toit and Neves agree that "*these networks can alleviate poverty and vulnerability. But they can also erode resources, transmit economic shocks, and frequently involve highly unequal and exploitative forms of exchange*" (du Toit and Neves, 2009: 3).

Ultimately, the social context in which South Africans access the grant shows that even if you have the CSG, the pernicious environment within which it functions, takes away from its 'developmental potential' through the lack of ownership by recipients, the shame and stigma associated with it in some settings, its inability to address gender inequalities, and to an extent, the informal social protection system that exists alongside it.

Chapter summary

The analysis of findings in this chapter shows that each of the four factors contribute separately and in tandem to explaining the limitations of the CSG. These interactions can be seen between the policy level and operations level; and between the operations level and complimentary institutions level. Interactions between the policy level and the operations level are apparent in the way the means-tested design of the grant leads to a complex administration system that ultimately hinders access to the grant. The policy level decision to turn the CSG into a conditional grant also interacts with the operations level through the suspension of the grant when

recipients are not able to furnish required documents (proof of school attendance, birth certificates, and proof of clinic attendance) as part of the compliance process. Factors at the operations level interact with factors at the complimentary institutions level through the lack of linkages between government departments responsible for documentation required for the successful application of the grant.

In conclusion, for some, the shortcomings of the CSG at the policy, operations, institutional, and the social context levels identified in this dissertation bring back to the fore historical concerns and doubts about the suitability of implementing cash transfer programs in developing country contexts. As discussed in Chapter 1, in the North cash transfers for children differ in a marked way from developing country CTs because of their often generous benefit levels, their universal design, and their link to other strategies which form an essential package of social protection for children and their families. Findings in this thesis and elsewhere clearly show that cash transfer programs in developing countries are different. As seen in Chapter 1 part of the current excitement about cash transfers in developing countries is bolstered by the belief that they need not be generous to be effective. The findings in this dissertation raise the question: is this belief misplaced? Can cash transfers truly make a significant difference in the lives of poor children and their families even if they are neither substantial nor linked to other poverty measures? The answer would seem to be a resounding 'no'. du Toit and Neves (2009) argue that present-day social grants in South Africa are "*at best ameliorative rather than fundamentally transformative….*" (du Toit and Neves, 2009: 24).

Devereux et al (2005) add that "*any claims that transferring tiny amounts of cash to extremely poor people will make a significant contribution to meeting the Millennium Development Goals on poverty reduction (in terms of lifting these people above the poverty line) must be treated with caution*" (Devereux et al, 2005: 29).

The next important question these findings raise is whether cash transfers (as they are currently designed) should be dismissed as policy instruments for alleviating poverty in South Africa and similar developing country settings which do not have the fiscal resources to provide generous child benefits? I argue that the evidence in the thesis should not at all be taken to mean that cash transfer programs in developing countries do not work, or that indeed they are not an important policy instrument to wield against poverty. The evidence on the Child Support Grant, which proves its association with improved child outcomes, alone, makes such a suggestion ludicrous; the grant is clearly an important form of financial support. It has given freedom and power to many poor women who would otherwise be hopelessly burdened with the task of raising their children with no income. Its role in households is the reason why the Child Support Grant is widely considered to be an important weapon in the state's arsenal against poverty. The limitations in its design, its administration, and its implementation are undeniable, and these limitations prevent it from reaching its full and intended potential as a poverty reduction tool. But to borrow from what several of my respondents said "*half a loaf is better than nothing*".

A frequent retort regarding the CSG is that it forms part of a broader package of poverty alleviation in South Africa, including other grants, and free services such as education, free electricity and housing. However, as discussed in Chapter 5, access to these other services comes with hidden costs that often have to be borne by the poor, thus it important to assess the CSG dispassionately. The Child Support Grant *is* good, but just *notgood enough*. But the grant presents immense opportunities for a cash transfer of its kind to make a real difference in the lives of children in South Africa. The Government of South Africa should not and need not settle for its impact

to be merely ameliorative, for it does hold the potential to be transformative; the entire social security system of South Africa holds that potential.

The next and final chapter, Chapter 8, presents some policy recommendations for strengthening the Child Support Grant's potential to lift children out of poverty in South Africa.

Chapter 8: Conclusion and Policy Recommendations

This thesis sought to give a more nuanced analysis of the CSG, moving beyond simply examining its impact as a cash transfer, but rather analysed aspects of its design and implementation in order to identify and unpack the factors that *limit* its ability to significantly reduce child poverty in South Africa. Such understanding would contribute to the current knowledge base about the extent to which cash transfer programs in developing countries are limited in their role as poverty reduction instruments; and the ways in which such limitations can be resolved to facilitate greater effectiveness of these programs. The thesis set out an historical analysis of the role of cash transfers in poverty alleviation in developing countries, the policy context in which these programs have been developed; the debates and discourse framing such historical accounts; and evidence to date of the effectiveness of these programs in childhood poverty alleviation. In presenting the current evidence on cash transfers, and the CSG in particular, gaps were identified related to the paucity of evidence exploring the limitations of the CSG and how such limitations affect its job of meeting the needs of poor children.

The three empirical chapters in turn explored the limitations of the grant from different angles: from identifying factors that prevent take up; the impact of non-take up; to exploring the adequacy of the CSG in assisting mothers to raise their children; and to looking at the role that wider debates and perspectives about the CSG limit its social goals of empowering citizens and creating solidarity/state-building. The previous chapter synthesised the findings of the empirical chapters of this dissertation. The synthesis of findings showed that factors that limited the CSG as a

policy instrument for childhood poverty alleviation in a developing country context were at the policy, operational, institutional and social context levels. This final chapter now makes recommendations for policy changes that can be made to address the shortcomings of the grant. Similar to the previous chapter, this chapter utilises the analytic framework used to synthesise findings in Chapter 7, to present recommendations. The analytic framework identified the policy environment, operations level, complementary institutions, and social context level as all acting together to limit the grant.

Recommendations at the Policy level

Means-testing

The Government of South Africa clearly needs to take into serious consideration the costs versus benefits of maintaining the CSG as a means tested cash transfer program. For as long as the CSG has been a means tested cash transfer, interest groups have been lobbying for the grant to be turned into a universal program that can be accessed by all children[49] (Goldblatt et al, 2006;Hall, 2007; Lund 2007). The Minister of Social Development recently announced that there were plans for the 'universalization' of the Child Support Grant (Dlamini, 2012). The Minister emphasised that the decision to make the grant universal is bolstered by evidence which shows that the CSG '*significantly reduces poverty'* and that means-testing "*has lots of hiccups..."* which limit access to the grant (Dlamini, 2012). . As such

[49]However, it is important to note that recently there has been some controversy or at least some dissent in the hitherto consensuson the need for a universal CSG among some practitioners especially as reflected in the 2013 South African Child Gauge

plans have not yet been legislated it is still early to comment on how this change in the CSG design is going to be implemented and managed. The Minister was careful to note that opposition about this policy change is anticipated from people who "*are going to rush and say are you going to give to the rich or the professionals or the able to do? We are going to come up with a procedure which we are going to use in universalization*". Turning the grant into a universal program is going to improve the current administration system of the CSG as there will no longer be a need to determine access by assessing the means of prospective applicants. Income thresholds will no longer be applied to the grant, and any possible current leakages in the program will be eliminated and issues of low take-up eliminated. One might therefore argue that, in fact, a universalised grant would actually more effectively "target" the poor than a means tested grant would be. Provided that universalisation is combined with effective administration (for example, automatic payment smartcard issued on registration of birth), there would be no errors of exclusion and all poor people would be guaranteed to receive the grant.

If access to the CSG is made universal the program will be less amenable to manipulation by administrators who seek to defraud it through bribery and corruption. More importantly, universalizing the grant will promote solidarity among the citizenry, and will fulfil initial hopes held by some of the policy makers who designed the CSG who had wanted the grant to contribute to state-building and to "*contribute to the 'First Call for Children' campaign and to the national project for unity in the 'rainbow nation', sending out the message that all South Africa's children are important. It was this sentiment that led us to call the proposed scheme a 'benefit' rather than a 'grant'…"* (Lund, 2004:85). The First Call for Children campaign was a United Nations-initiated campaign in the early 1990s which recognised the importance of

children everywhere, and "*promised to uphold the far-reaching principle that children had 'first call' on all resources, that they would always put the best interests of children first – in good times or bad, in peace or in war, in prosperity or economic distress. "We do this," the leaders declared, "not only for the present generation, but for all generations to come."* (UNICEF, 1990:1).

Furthermore, as South Africa is widely recognised to be a middle-income country, with a strong working relationship with such major international economic organisations as the Organisation for Economic Cooperation and Development (OECD), where many member countries have universal child grants, it makes sense for it to emulate this design and universalise access to the CSG.

Conditionality

What can be said to be government's experimentation with conditionality has clearly showed that it does not work. This is clearly demonstrated by poignant stories of respondents in this thesis whose grants were suspended after failing to comply with conditions. Thus, in the South African context, conditionality robs desperate, poor beneficiaries of their only financial lifeline on which entire households depend. The potential for the successful implementation of conditions is impeded by the country's developing country context where other factors upon which conditionality relies in order to work do not function well (such as postal services). A policy recommendation would thus be for the soft conditionalities currently apparent in the grant to be removed altogether. As pointed out in previous chapters, in South Africa school-related conditions are inappropriate because school attendance rates are high (Lund, 2011). Thus, instead of needlessly focusing on demand-side issues

related to school attendance, the government can improve the quality of education, and focus on increasing achievement levels.

Other innovative strategies to deal with fraudulent[50] access to the grant will have to be developed, but concerns about the grant being defrauded cannot be addressed at the expense of children who really need and depend on the grant.

CSG benefit level

While it is acknowledged that fiscal constraints exist and genuinely limit the scope for the grant to be substantially increased, current benefit levels are simply too low to make a substantial difference in the lives of children. At the very least, the CSG needs to be able to meet the nutritional needs of the child beneficiaries for whom it was established. This can be done by using a more realistic measure of need that is different to the apartheid-era Household Subsistence Level. The benefit level of the grant can also be linked to food price movements as previously suggested (Devereux et al, 2005). South Africa could also learn from countries like Britain which have conducted research and used evidence on the additional costs of raising children to inform policy on benefit levels needed in order to make child benefits adequate (Bradshaw et al, 2008; Davis et al, 2010). In these countries a 'budget standards' approach is used to define what is needed to maintain a given standard of living, through identifying the type, quality and quantity of goods and services necessary to meet such needs, all of this is then calculated (through costing methods) up to form a total budget. This approach takes into consideration different

[50]Sometimes offered as a justification for requiring mothers to periodically supply proof of school attendance and birth certificates.

sizes and compositions of households. Once the costs of what households need to thrive are established, this enables the identification of services and goods needed for specific groups of the population (e.g children).

One of the other key issues is that the CSG is for the child only and children do not exist within a vacuum. They are part of a wider family who, in the absence of paid employment, need to be able to feed and clothe themselves. Put another way, there is a need to consider grants for carers in one form or another. Thus, another important recommendation is for other grants to be designed and implemented, such as the hypothetical grants discussed in Chapter 7 which were shown to significantly reduce poverty and inequality among poor households, and which can relieve the current burden on the CSG (and OAP) as the main source of income in poor households. The three grants were: the Lone Parent Grant which when combined with the CSG mimics the State Maintenance Grant (SMG) discussed in Chapter 1 which was received by lone mothers during the apartheid era and where a portion of it was paid to single parents to take care of their own needs, and another portion was for the child. The LPG would differ from the SMG in important ways; it would not discriminate on the basis of gender or race/population group (Ntshongwana et al, 2010). The second grant is the Carer's Grant which would ensure that married caregivers with children, who are not eligible for the LPG would still be able to receive a grant for themselves. Similar to the LPG, the CG would have a parent component only as the CSG and other child grants (Foster Care Grant and Child Dependency Grant) already exist to take care of the child component (Ntshongwana et al, 2010). The final recommended grant is the Income Replacement Grant which would target unemployed able-bodied adults in households. Each of these grants

would play a specific role in poverty reduction; a role currently played mainly by the CSG and the OAP, and would ensure that primary caregivers are not forced to use the CSG on their own legitimate needs; or on the needs of unemployed adults in households. Expanding the current social security system to provide some form of social assistance to every South African in poverty will ensure that cases as those reported in du Toit and Neves (2009) study, and discussed in Chapter 5, where a family chose to forgo the nutritional needs of a CSG child beneficiary in order to assist adult siblings, would be minimized.

Policy recommendations at the Operations level

The entire administration system of the CSG needs to be overhauled. There are several measures that could be taken to improve access to the CSG which include mobile outreach programs and activities, interim grants, and strengthened collaboration between departments. The proposed re-engineering of Primary Health Care (PHC) in South Africa which includes the establishment of ward based outreach teams with community health workers, could be used to identify households with new-borns early and link them with appropriate service providers that would help with CSG application and receipt. The Community Development Workers (CDWs) Program, present in some provinces could also be resource persons to assist families with grant applications. The CDW program exists within the Department of Public Service and Administration to ensure access to housing, child grants, old-age pensions and other services.

Lack of documentation cannot be an obstacle to receipt –there has to be other mechanisms in place for people who are experiencing problems with documents to still receive the grant timeously. This could be achieved through proper implementation of policies that already exist. In particular this refers to the 'interim grants' policy introduced in 2008 by then Minister of Social Development Zola Skweyiya. The policy change stated that individuals would no longer be denied social grants on the basis of not having the required documentation. The policy further stated that in the event that an individual was struggling with producing needed documents, they would only need to provide an affidavit showing that they had legitimate problems with obtaining required documents. Upon receipt of the affidavit the SASSA office would provide the individual with an interim grant that would expire after 3 months, and if the applicant still did not have the documents at the end of the 3 month period, their circumstances would be reassessed and the interim grant would be extended for another 3 months, or until the documents are obtained. In the interviews that I conducted with non-recipients in Umlazi, Paarl, Rietvlei and Khayelitsha, only one respondent knew of this policy, the others had never heard of it. One potential problem that will need to be monitored in the implementation of interim grants is the requirement for an affidavit, which previous research (Goldblatt et al 2006) indicates could itself act as an obstacle to obtaining the grant. Goldblatt et al's review of the implementation of the CSG in four provinces in South Africa revealed that for many CSG applicants the process of obtaining affidavits was difficult and often led to a rejection of applications as the affidavits were not filled out properly and the South African Police Services (SAPS) were neither helpful nor capacitated to help applicants, with the authors stating that

"*visits to the various research sites found that police involvement is a problematic feature of the CSG administration for a number of reasons: police time is wasted; police often record the information incorrectly; police are unhelpful; people have to travel to a police station as an added step in the application, which adds time, money and inconvenience to the process. Most of the problems mentioned were in relation to the affidavit requirement*" (Goldblatt et al, 2006: 15).

The authors recommended that social security officers at level 2 (lowest salary level) should be trained and authorised to draw up affidavits, and should be placed in social security officers where they can offer this service to applicants who need it (Goldblatt et al 2006). This will allow police officers to focus on their policing work, and it will ensure that applicants do not have to deal with many government departments.

If implemented properly, interim grants can ensure that the rights of needy, deserving children, whose health and development are otherwise compromised by lack of access to the CSG, are protected.

Another recommendation is for the employment of more personnel to reduce waiting times. Officials need to be more adequately trained and supervised on how to optimally deliver grant services to the poor.

The finding which showed that mothers take more than 3 months to apply for the CSG points to a need to improve ease of access to the grant for new mothers. Currently ideas tabled for policy consideration are for new mothers to be targeted at hospitals when delivering their babies. This new system would see the permanent placement of SASSA and Home Affairs officials in hospitals to process CSG applications. The mother would be assisted to get all the information and documentation required for the grant before delivery, and then as soon as she

delivers, before leaving the hospital, she would get the birth certificate for her child, and she would also apply for the CSG right there and then.

There is a need reduce the currently fragmented implementation of the CSG evident in the different and 'discretionary' rules set by social security officers dispensing the grant.

Further, it must be recognised that the onus for accessing the grant is both on government and applicants. To this end there needs to be training and awareness-raising for both administrators and citizens.

Policy recommendations at the Complimentary Institutions level

Opportunities also exist to utilise outreach efforts to improve collaboration between departments responsible for furnishing documents necessary for CSG application. An example is the use of mobile offices which target rural far-out areas; these could have representatives from both the South Africa Social Security Agency who issue grants, as well as the Department of Home Affairs who issue birth certificates and IDs. Areas such as Paarl, where birth certificates are issued in hospitals where women give birth, illustrate the kind of interdepartmental collaboration that is needed to improve access to the CSG.

Evidence presented in Chapter 4 about how patterns of CSG non-take up continue to affect areas most severely affected by apartheid (homelands) points to the need for former homelands to receive priority in future social protection reforms. After all, it

is these areas that have the poorest citizens of South Africa for whom social assistance programs were created.

Furthermore, the grant needs to be linked to other poverty alleviation strategies as was the original intention when it was established; the 'basket' needs to be filled with other interventions. As Devereux et al (2005) point out

" *'to make cash count' schemes need to be improved (or designed) in a number of ways. Cash transfers should be integrated into a comprehensive package of context-specific social protection interventions*" (Devereux et al 2005: 5).

Such strategies can supplement and complement existing free basic services such as education and healthcare, by taking care of the costs of accessing free services. Other already existing strategies such as the Expanded Public Works Program discussed in the previous chapter, need to be reworked to ensure their effectiveness as poverty alleviation instruments. Specifically, the EPWP program needs to address issues around the transient nature of the job opportunities it provides, where the current duration of employment is as little as one day. Reviewers of the program recommend that

"*two years of steady work would have a far more beneficial effect for both individual and family. It would have also allowed for a much greater depth of training*" (McCutcheon and Parkins, 2010: 207).

This is possible, for instance in the area of construction and infrastructure, public bodies can use anticipated budget allocations from the Provincial Infrastructure and Municipal Infrastructure Grants to plan long-term programs of construction and maintenance where a certain number of people can be guaranteed employment for a lengthy period of time (McCutcheon and Parkins, 2010). Both urban and rural areas would be able to provide continuous employment, and in rural areas where poorer

people live, with fewer opportunities for generating income, a strengthened EPWP which focuses on labour-intensive construction programs would make a difference in grant receiving households with unemployed adults.

Policy recommendations at the Social Context level

The Government of South Africa needs to lead the process of cleaning up the image of social assistance in South Africa if at all the grant is to fulfil its secondary goal of state-building. There is an urgent need to recast public opinion. This can be done through social marketing, where the very media that has made significant contributions to current negative attitudes about social assistance, and particularly the CSG, can be used to broadcast a different view, a more positive attitude towards the grant and social assistance broadly. The media can be used as a powerful tool in educating people about their rights, and specifically their right to social security.

Instead of a preoccupation with justifying the existence of the grant, greater space needs to be created in policy forums to openly discuss the limitations of the CSG (and other grants) in South Africa, as a way to open up opportunities for improving social protection in the country.

To deal with potential negative aspects of the informal social protection system, policies can be made which protect recipients of social assistance from having to hand over their grant cards as collateral to be held by lenders when borrowing money. Informal lending ‘institutions’ can also be prohibited from approaching and harassing people queuing at pay points on pay-out days. Government needs to formulate a plan to deal with the bigger problem of loan sharks who currently operate with little regulation from the government.

Conclusions

This dissertation sought to unpack and understand the limitations of the Child Support Grant, and the manner in which these limitations affect the grant's ability to be effective as a poverty alleviation instrument in a developing country context. To recap on the research objectives outlined in Chapter 1, the dissertation aimed:

1. To explore the experiences of CSG recipients in order to understand the adequacy of the grant to meet the needs of child beneficiaries in poor households;
2. To assess and explore barriers to successful grant receipt;
3. To explore the manner in which the design features of the CSG, such as targeting and conditionality, affect the accessibility and usability of the grant
4. To explore, through recipient and non-recipient views and perspectives, the ways in which the politics surrounding the grant, impact on social goals and future sustainability

Through the research undertaken and presented in each of the empirical chapters, limitations of grant were evident at the policy level, at the administration or operations level, the social context in which the grant is implemented, and the complimentary institutions meant to work together with the grant to facilitate access and effectiveness. In particular evidence from this thesis indicates that the biggest impediments to making the grant 'fit for purpose' chiefly lie in its design and its administration. The CSG's current design as a means-tested, quasi-conditional, and

low benefit level cash transfer program directly affects access to the grant, and its adequacy to fully meet the needs of its beneficiaries. The evidence from this thesis contributes to existing policy debates about whether cash transfer programs in developing countries can still work if they have small benefit levels, target the poorest of the poor, and have conditions attached to receipt. Presently, the message largely propagated by proponents of social protection is that designing cash transfers in this way does in fact substantially reduce poverty. While I am one such proponent as far as my strong belief in the role of social protection in poverty alleviation is concerned, the evidence from this thesis convinces me that the potential and capacity of cash transfer programs to be fully effective in developing countries can only be wholly exploited if such programs are designed as universal, unconditional income transfers, with benefit levels that are linked to the costs of raising children, and with complimentary poverty alleviation strategies that work in tandem with the CTs.

Further, the evidence from this thesis shows that the social context in which cash transfer programs are implemented matters. As such, governments implementing cash transfer programs in developing countries need to ensure that the delivery of such programs is linked to and communicates a belief in social assistance as a social right of citizenship, and that it enhances rather than weakens solidarity among citizens.

In South Africa, the Child Support Grant has already been shown to play an important role in child poverty alleviation, but in its present design and implementation, it is not fully fulfilling its mandate to meet the needs of poor children.

The policy recommendations made in this chapter, would go a long way in redeeming the limitations of the grant, and would enable it to play a transformative role in child poverty alleviation in South Africa.

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APPENDICES

APPENDIX A: CONSENT FORMS

DEPARTMENT OF SOCIAL POLICY AND INTERVENTION

Barnett House, 32 Wellington Square,
Oxford, OX1 2ER, United Kingdom
www.spi.ox.ac.uk



THE CHILD SUPPORT GRANT STUDY

QUALITATIVE RESEARCH CONSENT FORM

Information Sheet and Written Informed Consent Form - Qualitative Study

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Background

Hello, my name is Wanga Zembe, and I am a doctoral student from the Medical Research Council of South Africa and the University of Oxford in the United Kingdom.About two years ago, we conducted a study in your area about the impact of the Child Support Grant on children. We have now come back to find out the experiences of mothers who are receiving the Grant and those who are not. I would like to tell you more about this study and to find out if you are interested in being involved.

The South African Medical Research Council, and the University of Oxford in the United Kingdom are conducting a studyto understand the experiences of mothers and their children in accessing the Grant, as well as the way in which the presence or absence of the Grant has impacted on the lives of their children and the household. Questions that will be asked will be focusing on access to the Grant and utilization of the Grant

This study is taking place in two other areas in South Africa.

We are giving you this information sheet to tell you more details about the research study. After you have learned more about the study, you can decide if you would like to take part. If you do want to take part, we will ask you to sign a separate consent

form. Your decision to participate or not participate in the study will not affect the services and support you receive from Government and other organisations, such as social welfare services or health care services.

Purpose

It is about 12 years now since the Child Support Grant was introduced in this country. There is a need to know how it is working. There is a need to know the experiences of both those who are in receipt of the grant, and those who are not in receipt of it, in terms of how they are bringing up their children and experiencing life in their households. This is important as it can help us understand how the CSG is impacting on children and households and whether there are changes or improvements that need to be made.

What Happens In This Research Study

You will be one of approximately 45 participants to be asked to participate in this study.

All of this research study will take place in the Rietvlei/Umzimkhulu District, Umlazi township in Durban, and Paarl in the Western Cape, South Africa.

If you are in this study, we ask that you have an open discussion with me about your experiences of being in receipt/not receipt of the Grant. You do not have to answer any question you do not want to. Please tell me if any of our discussions make you feel uncomfortable and we can stop or discuss other topics.

If you agree, I will also tape-record our discussion, so that later on I can listen to your responses again and learn from them. When the study is finished, these tapes will be destroyed. I will conduct the interview in a private location of your choosing. The interview may last about 1 hour.

No one will know your name or any other personal information about you, so they will not be able to identify you. Your responses will only be linked to a unique ID number.

Being in this study is completely voluntary. No one outside the research team will know whether or not you participated. Your responses to the questions will be kept confidential.

Participant Costs and Payments

There are no costs to you for participating in this research study. You will receive a food parcel to the value of R60 for participating in this study

Confidentiality

Records relating to your participation in the study and your answers to the questions

will remain confidential. We will not record your name or any other personally identifying information. Information collected from you either on tape or written on paper will be coded with a confidential study ID number.

Representatives of the South African Medical Research Council and the University of Oxford Central University Research Ethics Committee, may review records as part of their responsibility to oversee research. No other person or organization will have access to the records or to any individual information about you and your family.

Participant's Rights

Taking part in this study is voluntary. You have the right to refuse to take part. If you decide to be in the study and then change your mind, you can stop at any time. Your decision will not affect the services you get from institutions in the area, and it will not affect your eligibility for receipt of current and future social grants.

By consenting to be in this study you do not waive any of your legal rights. Giving consent means that you have heard or read the information about this study and that you agree to participate. You will be given a copy of this form to keep.

The University of Oxford Central University Research Ethics Committee and the Medical Research Council of South Africa Ethics Committee have reviewed this project and given ethics clearance for it to go ahead. If you have any questions or concerns about the research or about your welfare as a research participant or any injury related to the study, please contact the doctoral student conducting this study Ms Wanga Zembe at Tel: 021 938 0803. You may obtain more information about your rights as a research subject by contacting Prof Danie du Toit of the MRC Ethics Committee at: Tel:021-938-0341. For questions or help with social grants you can call this free number 0800 60 10 11.

Please take as much time as you would like now to decide whether you agree to participate in the study.

If you agree, I would like you sign the consent form below. If you do not agree to participate, thank you for letting us tell you about the research study.

CONSENT FORM

Study ID_____

Researcher: _____(Interviewer's name)

Research conducted by: Medical Research Council and the University of Oxford

Mr/Ms/Mrs_____ has explained what is involved and I agree to take part.

I was given the opportunity to ask questions. My questions have been answered.

__ I agree to participate in the interview

__I agree to have my responses to the interview questions tape-recorded

I understand that I can withdraw at any time without giving a reason and without it affecting the care and services I or my family receive.

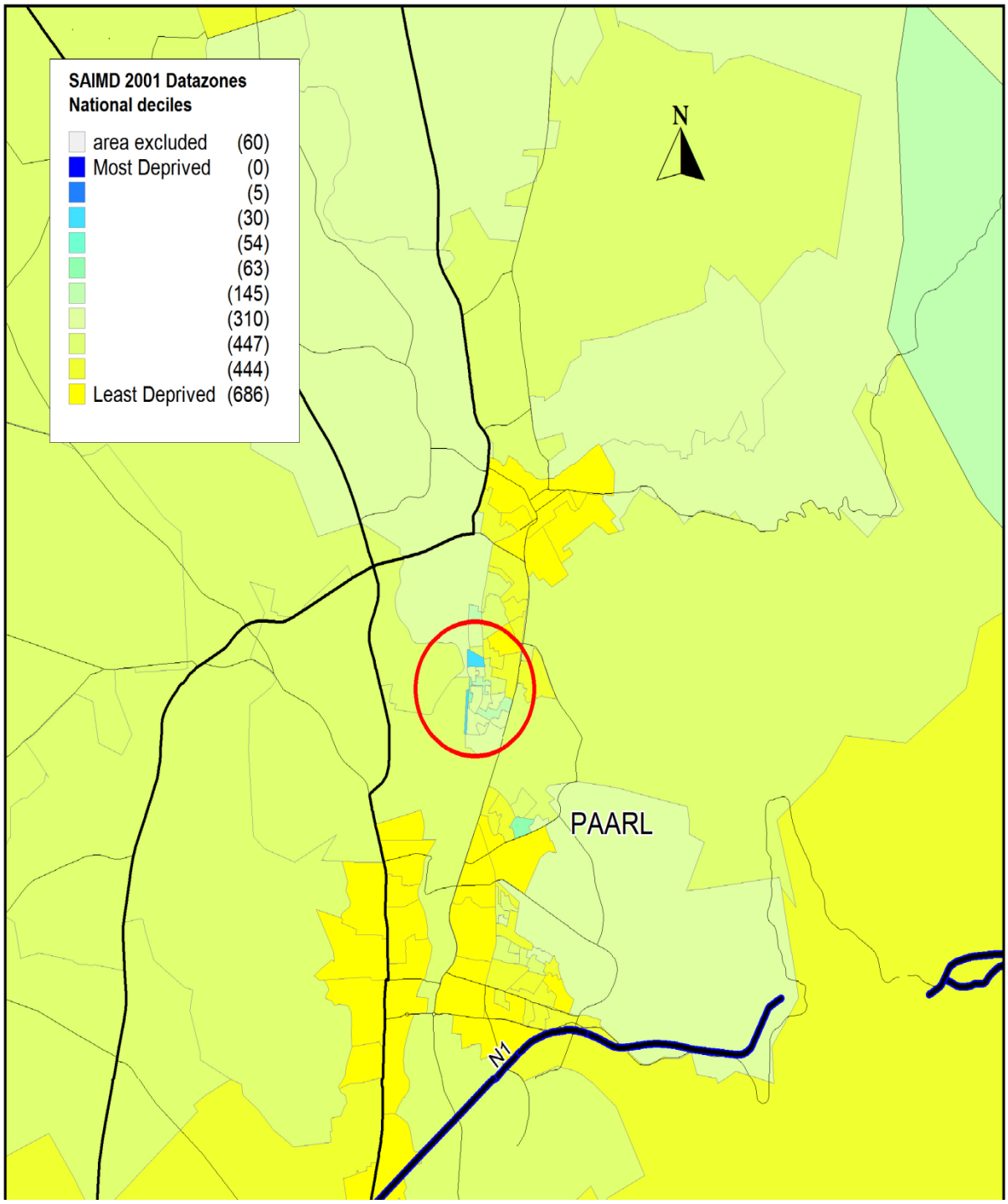
_____
Participant Name

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Participant signature or thumbprint Date

_____
Person obtaining consent (signature and printed name) Date

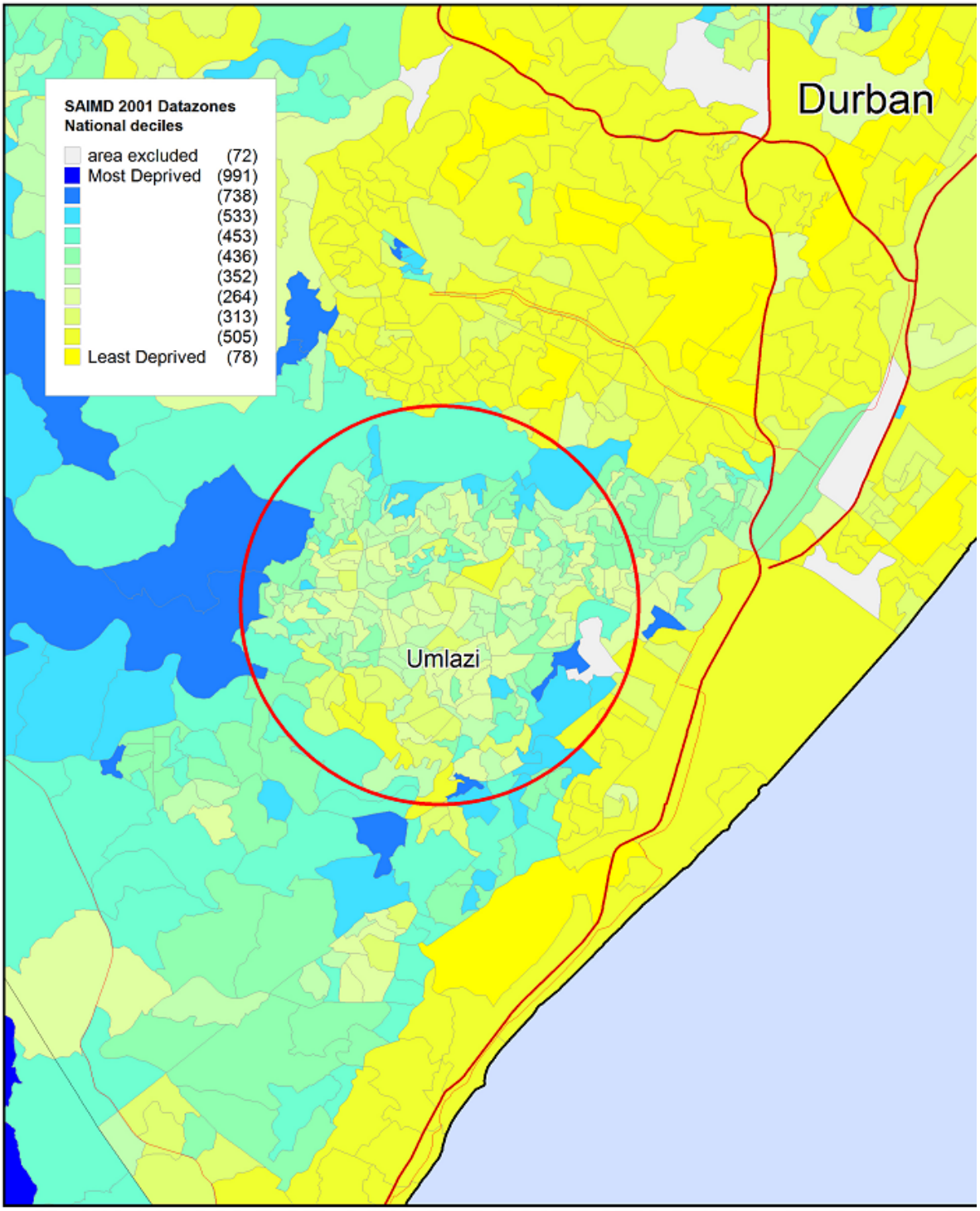
APPENDIX B: PAARL MAP

South African Index of Multiple Deprivation 2001 at Datazone Level
Paarl in Western Cape - Township indicated by red circle



APPENDIX C: UMLAZI SAIMD MAP

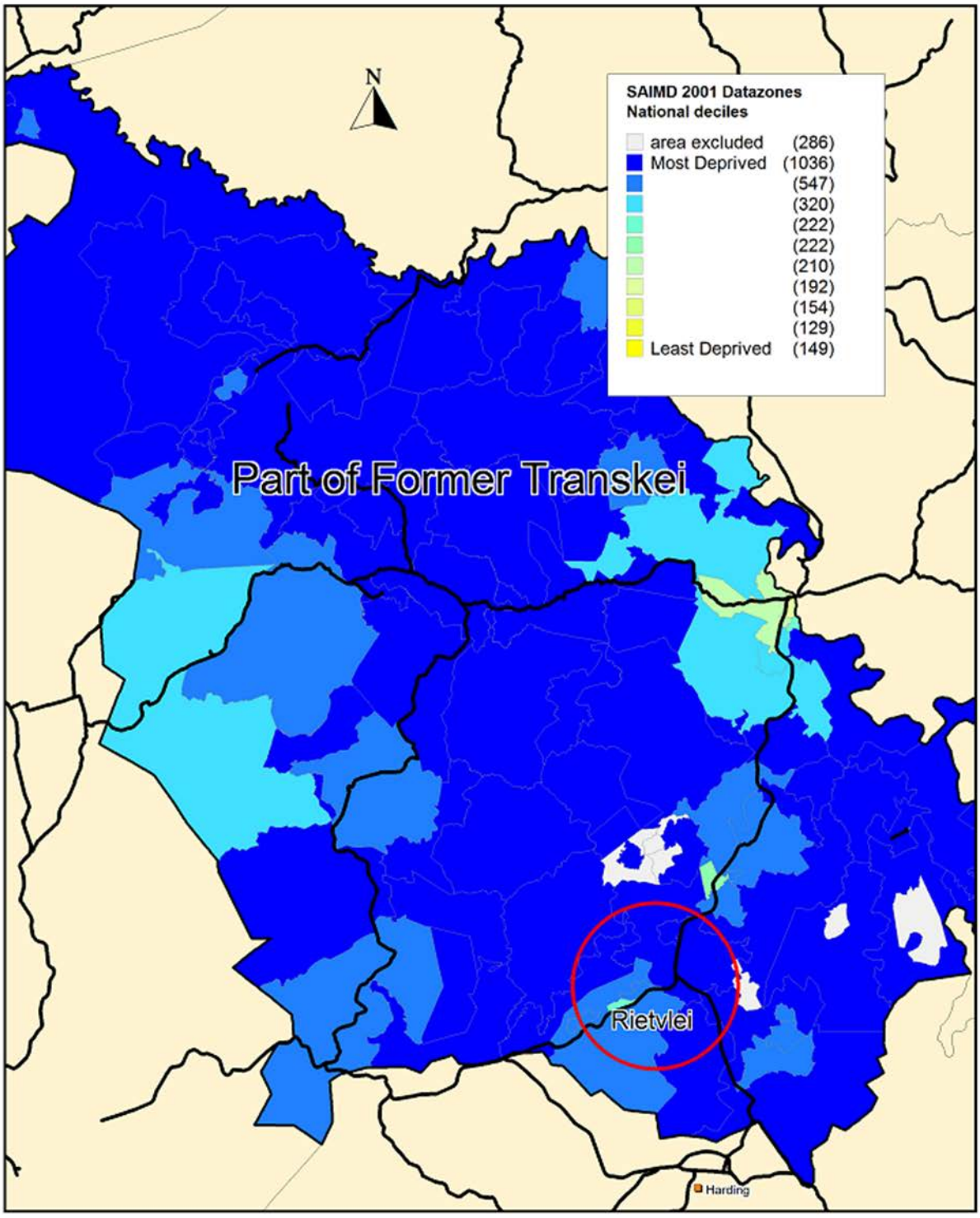
South African Index of Multiple Deprivation 2001 at Datazone Level
Umlazi South Durban (indicated by Red Circle)



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APPENDIX D: Rietvlei (Umzimkhulu) SAIMD MAP

South African Index of Multiple Deprivation 2001 at Datazone Level
Ruetvllei formerly in the Eastern Cape, now in KwaZulu-Natal
indicated by red circle



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