



► Social Protection in Action: Building Social Protection Floors for All

2022

South Africa: Extending social protection to children

Summary

Of the 19.7 million children under the age of 18 in South Africa, 62.1 per cent are multidimensionally poor. The Child Support Grant (CSG), introduced in 1998, initially covered only 10 per cent of poor children. Incremental changes in the eligibility criteria and successful awareness-raising and advocacy campaigns increased the coverage to 13 million poor children in 2021, or 67 per cent of the target group. The grant has been shown to have a positive impact on the recipient children and their families.

Social protection for children in South Africa is one of the largest and is delivered through the CSG, Foster Care Grant (FCG), Care Dependency Grant (CDG), free education, school feeding through the National School Nutrition Programme and affordable health services. The CSG provides 460 South African rand (US\$32) per month to poor children up to 18 years of age.

South Africa's Child Support Grant contributes to guiding principles of the Recommendation such as progressive realization and achievement of universality of protection for a specific age group (children up to 18 years of age); social inclusion, non-discrimination, gender equality, and

responsiveness to special needs; coherence across institutions responsible for delivery of social protection; and coherence with other policies through positive impacts on nutrition, education, and labour market participation of mothers.

Main Lessons Learned

- South Africa has demonstrated that the extension of social protection to children is feasible and affordable for middle-income countries.
- Social grants for children complement services, such as free education, school feeding and affordable health services, thereby contributing to reducing poverty and vulnerability while ensuring that all children have access to nutrition, education and care.
- It is essential to have political will and commitment of the government particularly, to increase public expenditures on social protection. Today, South Africa allocates roughly 15.4 per cent of government spending on social assistance programmes.

Social Protection Floors Recommendation, 2012 (No. 202)

SDG 1.3 aims to implement nationally appropriate social protection systems and measures for all, including floors, and by 2030, achieve substantial coverage of the poor and the vulnerable.

Social protection floors (SPFs) guarantee access to essential health care and basic income security for children, persons of working age and older persons. 187 countries have adopted the Social Protection Floors Recommendation, 2012 (No. 202), to achieve universal social protection.

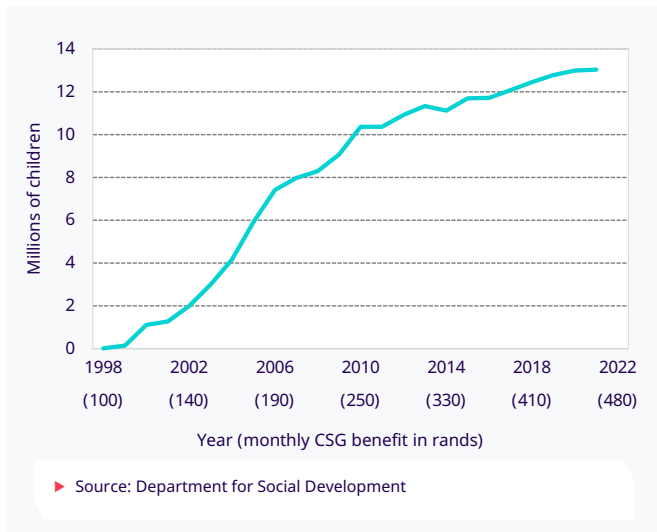
South Africa's Child Support Grant contributes to the provision of basic income security for children, as mandated by the Social Protection Floors Recommendation, 2012 (No. 202). It also contributes to the effective implementation of several guiding principles of the Recommendation.

- The creation of a specialized management institution, namely the South African Social Security Agency (SASSA), made delivery of social grants transparent and independent from political considerations.
- The Integrated Community Registration Outreach Program (ICROP) helps people living in hard-to-reach and remote areas who are often excluded from receiving social protection benefits.

How is social protection provided to children in South Africa?

In 1913, the idea of providing income support to households with children was conceptualized by means of the Children’s Protection Act, which provided for a State Maintenance Grant (SMG). The SMG was a means-tested grant paid to women who did not receive support from their partner or the child’s father or who were in situations such as widowhood or desertion. Although all South Africans were legally eligible to receive the grant, people in the independent states where the black population lived were unable to access it because the states did not administer the benefit. The grant, therefore, effectively

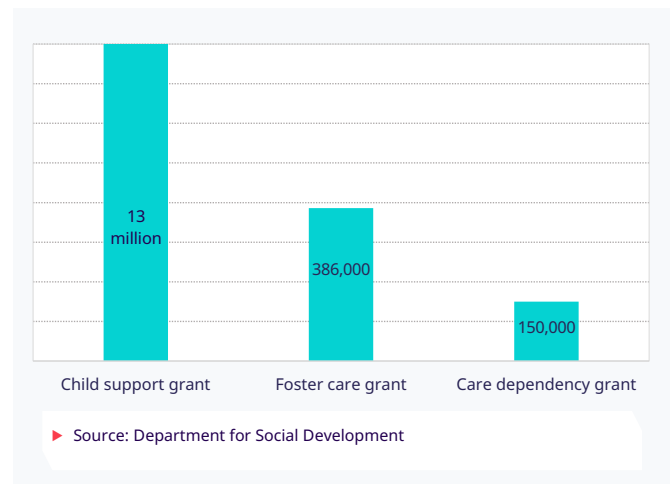
Figure 1. Gradual increase of CSG coverage in South Africa



discriminated against the non-white population. Male family members often migrated to urban areas to find employment, leaving behind their families and breaking up

traditional households. A main concern regarding the SMG and its focus on the nuclear family was that it did not fit the reality of many South African families. After the end of the apartheid era, a reform of the social protection system was envisioned to meet the needs of multi- or skip-generation households where children were often raised by grandparents after parental migration or death from HIV/AIDS. In 1998, the CSG replaced the SMG and was designed to reach the child instead of being linked to the child’s biological parents. Figure 1 shows the gradual increase of CSG coverage and figure 2 shows the number of beneficiaries in 2021.

Figure 2. Number of child support beneficiaries in South Africa, 2021



Initially, the CSG was a monthly benefit of 100 rands (US\$8) and covered children until 7 years of age. Over time, incremental changes were made to several features of the CSG programme.

The eligibility age increased to 18 years in 2012 and the monthly benefit gradually increased to 480 rand (US\$32) per child in June 2022. The monthly income threshold for the means test was raised to 4,600 rand (US\$314) for singles and 9,200 rand (US\$628) for couples in April 2021. The CSG can be paid for up to six children, including legally or non-legally adopted children, as well as biological or non-biological children of the primary caretaker in a household.

Besides the CSG, South Africa provides a FCG and a CDG. The FCG provides 1050 rand (US\$72) per beneficiary. It is not means-tested but has low coverage, which is often

attributed to lengthy application procedures, including a court order confirming the child's need for foster care. The CDG provides 1,980 rand¹ (US\$133) and the means test is nine times the benefit amount (monthly income threshold at 18,600 rand or US\$1,246). It is paid to children with severe chronic illnesses or disabilities, which have to be confirmed through a medical assessment. All grants are payable to citizens, permanent residents and refugees with legal status.

In addition to these grants, the Government provides complementary services in health and education.

What were Covid-19 impacts and responses?

The COVID-19 pandemic and associated lockdowns not only exacerbated the already unsustainable levels of poverty and unemployment among adults due to the loss of over 2.2 million jobs, it also negatively impacted child poverty rates and compromised children's nutrition, health, and safety. Approximately 47 per cent of households in South Africa fell into poverty and experienced hunger during the initial lockdowns in 2020 – directly impacting the wellbeing of many children. To address the impact of the pandemic on children, new measures of social protection were introduced as “top ups” to the already existing provisions for children. The CSG was increased by 300 rand (US\$20) per child in May 2020. In June 2020, 500 rand (US\$34) was provided to caregivers for five months. The FCG and CDG were increased by 250 rand (US\$17) for six months. In addition, the Government increased its rollout for food parcels to reach poor households who were vulnerable to hunger or loss of income and access to adequate food.

What is the delivery mechanism?

In South Africa, two institutions are active in the design and delivery of social protection. The Department for Social Development (DSD) is responsible for policymaking and oversight while the SASSA, created in 2006, administers and delivers all social grants. The creation of SASSA reduced fragmentation and inconsistency within the previous system, where the benefit levels and eligibility criteria for social grants were decided by nine different regions and disbursed by different paymasters.

Registration for the CSG requires children and their caretakers to submit their biometric data, including their photographs, fingerprints and voice recordings. This information, along with the beneficiary's name and a unique beneficiary identification number, are stored on an electronic chip card. This SASSA-branded MasterCard is the sole instrument used to identify beneficiaries.

Although it may take up to three months to process applications, benefits are paid retroactively from the date of application. Payments for all grants are made during the first week of each calendar month. Payments are made through electronic bank transfers or by cash at SASSA offices, supermarkets or other payment points. When payments are made in cash, beneficiaries are identified through their SASSA-branded MasterCard.

Today, SASSA has registered all beneficiaries into a biometric electronic system and works with one paymaster. SASSA has gradually improved and made its payment system cost-effective by using biometric data and negotiating provider contracts. With the introduction of the smart card, the administrative cost decreased from 33 rand (US\$2.70) to 16.4 rand (US\$1.40) per month per beneficiary. Recording biometric data has allowed SASSA to identify 850,000 fraudulent grants.

A strong complaint and appeals mechanism underlies the social grant system in South Africa. Any decision of the implementing agency can be put to the Independent Tribunal for Social Assistance Appeals. It receives and hears appeals for all social grants, decides whether to confirm, alter or set aside a decision made by SASSA and whether to award the grant temporarily or permanently.

In addition to the use of technology and the establishment of complaint and appeals mechanisms, coverage was also increased through massive communication campaigns that sought to explain the benefits and eligibility criteria. These campaigns also tried to overcome traditional beliefs (such as infants having to stay at home during the first weeks after birth) that reduced registration rates for new-borns.

Further, the ICROP sought to increase coverage by helping people to complete applications forms and providing information (ILO 2015). The ICROP uses fully functional mobile service units staffed with computers, office equipment and workers. These units travel to far-flung communities in the country.

¹ The CDG will be increased to 1990 rand from 1 October 2022.

What is the impact on people's lives?

In South Africa, since unemployment is high (34.9 per cent) and poverty widespread, the CSG is spent primarily on food. The grant has shown to positively impact on food security, nutrition, health and educational outcomes of children. In fact, a study has found that children who benefit from the grant are more likely to complete school and recorded a 68.2 per cent pass rate in the National Senior Certificate examinations in 2020 for CSG beneficiaries.

The CSG also increases access to childhood development and schooling. Studies have shown that in CSG households, mothers are better informed of other services such as the early childhood development services and are more inclined to register their children in these facilities. This has had positive consequences for the children since pre-school learning provides children a head start in education, improves their ability to develop social skills and allows the children to grow up in a safe environment.

Furthermore, the CSG has been shown to reduce incidences of risky behaviour among adolescents, such as reduced sexual activity, fewer pregnancies and reduced drug and alcohol use, especially for females. Mothers in receipt of the CSG were more likely to participate in the labour market and more likely to be employed. Through the combined effects of improving school attendance and enabling mothers to participate in the labour market, the CSG has had a positive impact on the earnings of family members.

What are some of the challenges?

Although the CSG, FCG and CDG are accessible to 13 million eligible children in South Africa, about 1.8 million eligible children are excluded from receiving the CSG. The barriers that contribute to this exclusion include poor information about eligibility requirements, lack of proper documentation or presentation of fraudulent documents and poor access to SASSA offices for applications (time and cost to reach the offices, long queues and so on). Means-testing has also contributed to the exclusion of eligible children. Every time the grant is increased, the means test also increases resulting in many children facing systemic exclusion.

What's next?

South Africa's social protection system has come a long way since the end of the apartheid era in 1994 and has progressed to being one of the most comprehensive in the region. Albeit the increased intake of beneficiaries through ICROP, there remains a significant number of eligible children who are not covered and much can be done to address the barriers leading to exclusions and poor access. The provision of SASSA services (information on the CSG, eligibility, required documents, application process and application forms) in health facilities can help fast track access to the grant. Barriers such as time and costs to reach SASSA offices can be addressed. Another possibility is pre-registration for the CSG during pregnancy in hospitals (as proposed by the National Integrated Policy on Early Childhood Development) to ensure that children have access to the benefits of the grant from birth. With the wide reach and coverage of the CSG, it is becoming increasingly important to ensure accurately tracking of children's wellbeing on the various child grants provided and their linkage to access social welfare services (education, health, child protection services). The Real Time Monitoring Tool is such model that the Government can use to track the wellbeing of children from birth to 18 years to monitor the impact of the child grants in real time.

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