

**SUBMISSION TO THE PORTFOLIO COMMITTEE ON  
SOCIAL DEVELOPMENT  
ON THE  
SOCIAL ASSISTANCE BILL  
WITH A SPECIAL FOCUS ON MEETING THE NEEDS  
OF CHILDREN IN THE CONTEXT OF HIV/AIDS**

**18 September 2003**

**Submitted by:**



**The Children's Institute  
University of Cape Town**

**The recommendations presented in this submission were drafted following extensive research and consultation with a range of key stakeholders within the children's sector, including:**

Children, their caregivers, teachers, school principals, social workers, home based carers, magistrates, NGO and CBO staff, community volunteers, health workers, traditional healers and traditional leaders, academics, international development agencies, funding agencies and representatives from local, provincial and national government.

## **1 INTRODUCTION**

This submission focuses on the call for a full extension of the child support grant. We motivate for this extension on the basis of evidence which suggests that, in the context of HIV/AIDS and exacerbated poverty, the full extension of the child support grant to all children is the most equitable, administratively feasible, cost effective and appropriate response to the needs of poor children in South Africa.

Unfortunately, given the time provided for making submissions, we were unable to adequately address all of our concerns with the current provisions in the Social Assistance Bill. However, we note with grave concern the absence in the latest draft of the Bill of many of the provisions recommended by representatives of the children's sector at numerous times over the course of the Bill's deliberations. At this late stage it may be best to leave most of the detail to the Children's Bill process, however we recommend that the Social Assistance Bill be amended to expressly provide for the immediate extension of the Child Support Grant to all children under 18 years.

## **2 RECOMMENDATIONS**

**A comprehensive social security system for children should include, but not be limited to, a universal (non means tested) child support grant accessible to all children, including children living without adult caregivers.**

**In the alternative, we recommend that the child support grant be extended to children under 18 years and that the current means test be simplified and adapted (as the first step towards the abolishment of the means test) to ensure that the grant accommodates those children who need it most.**

**In addition, we recommend that the documents required for accessing the grant be reviewed so as to eliminate one of the major barriers to grant access for the poorest children.**

### 3 MOTIVATION FOR RECOMMENDATIONS

The following case studies are taken directly from research conducted by the Children's Institute<sup>1</sup>. Note that while the narratives describe the experiences of individual households, these particular cases have been selected because extensive research suggests that the experiences described are widely shared.

#### ***#1 Mantoa and her children***

Mantoa – aged somewhere in her forties, but looking much older – lives in a dusty village in Limpopo Province, one and a half hour's journey from the nearest town. She has 8 vibrant though undernourished children, the youngest 6 of whom live with her: Thabo (14), Solomon (12), Wunda (10), Lefa and Refiloe (8), and Thabang (2). Her eldest daughter lives with her mother's sister, and her second born with her mother, some distance away.

The children's father is not contributing to their maintenance, having thrown Mantoa and the 3 youngest children out of his house in 1999 in order to live with another woman. Thabo and Solomon followed a year later, complaining that their father's new wife didn't feed them when he wasn't there.

The household is desperately poor. Thabo and Solomon earn the only income – R100 a month for herding a neighbour's cattle each day. Although Thabang is eligible for a Child Support Grant, he doesn't receive one because he has no birth certificate and Mantoa was left without an ID after a shack fire. Because she knows documents are required, she hasn't approached social services for help in this regard. A local erratically-funded faith-based organisation provides the household with a small food parcel once a month, when they have them available.

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<sup>1</sup> Giese S, Meintjes H, Croke R, Chamberlain R (2003) *Health and Social Services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS in South Africa: research report and recommendations*. Children's Institute and National Department of Health, Pretoria.

When we met her and her children, Mantoa was frail and ill with AIDS. Her youngest child Thabang had also tested HIV-positive and is a weak, sickly child whose breathing is laboured and wheezing. Both had spent stretches of time in hospital, but had been back at home for a while. Their treatment for TB is DOTS monitored by a home-based care volunteer from one of the local NGOs. Mantoa struggles to maintain her treatment because sometimes there is no food in the house and taking the medication on an empty stomach makes her feel ill.

When food runs out – as it frequently does, Mantoa says – she hates having to beg her mother or the neighbours for help. Her mother is already supporting a number of others on her meagre farmworker salary. Mantoa describes how she never knows how her neighbours will respond, only that they gossip about her when she's gone. "They don't say anything to me", she says, "but the stiffness of their body [language] says a lot. I feel very uncomfortable". When she is well, she "gets something out of the ground – maize, vegetables, fruit," and sometimes the boys go fishing in a nearby dam. "Sometimes they're lucky", she smiles gently, "but mostly there is nothing".

Thabo and Solomon are not at school. So far it has been too costly for anyone to travel to the area where they were previously attending school in order to get transfer letters, without which the local school refuses to accept them. Besides, the boys say, "they would chase us away without the fees".

Wunda, Lefa and Refiloe are attending, although at one point they were all suspended because their fees of R50 each hadn't been paid. Mantoa visited the principal and pretended that she would pay soon, and so the children were allowed back. Mantoa doesn't know how long it will be before the principal expels them again. She still hadn't managed to muster the R150 total required, and described with despair how the school was now also insisting that children wear uniforms.

She worries in particular about her children going hungry when she's hospitalised. The rest, she is calmer about – they can manage the rest of the household chores, she says with some resignation.

## **#2 Gogo Mngomezulu, Siphso, Thokozani and Sindile**

Gogo Mngomezulu's yard was so dirty! Two children were sitting outside when I arrived. When I first approached, they ran away ... and then came back. They went inside the house and came out with a chair for me. I thanked them, and asked if there was anybody older than them. They told me their Gogo [grandmother] was inside the hut. When I looked inside, it looked like the hut was just about to fall apart. It was pitch dark. I couldn't see Gogo until I greeted, and a voice crackled next to the wall. The floor was just loose soil that the hut had been built on. There were two *cansis* – grass mats – spread on the soil. The rest of the floor was just a mixture of soil and dirt. Though the sun had long been up, the piece of material that hung against the tiny window was still closed, making the whole place dark. Gogo was bedridden, sleeping on a single bed.

It emerged that she lived here with her 3 grandchildren, Siphso (10), his brother Thokozani (7) and sister Sindile (5). Neither of the boys goes to school. Siphso completed Grades 1 and 2, but since then there has been no money (and he is busy with caring for his grandmother and his siblings). He said to me that he misses school. He was hoping to go back to school this year, but then his mother left them some months ago and never came back.

Siphso is the one who does the cooking. He says he also gives his sister a bath every day – although she looked like she hadn't had a bath for months. Thokozani herds cattle most of the time.

The children's father – Gogo's son – lives at Gingindlovu. His wife and their last born apparently joined him there some months back. They're always sickly. Last time her daughter-in-law went to hospital, says

Gogo, she had pneumonia. This made me concerned because Siphos also said that his father is always sickly.

Siphos showed me that his father had 5 cows and 2 donkeys there at the house. He said that when they run out of food, at least they have sour milk from the cows. When I asked him where they keep the food, he could not say. Everything was finished. But he pointed out that next to the trunk with their clothes was a three-legged pot that was kept open for fear that the food – half-cooked pap that had been cooked the previous day – might go bad. They were going to eat it again today. Sindile said that at times they collect a kind of *imifino* (a mix of leaves growing in the wild) – she called it something I could not understand. Other people here say it is the poorest people that eat that type of spinach.

Gogo receives a pension – but neither of the children eligible for child support grants are receiving them since, Gogo says, her daughter-in-law does not have an ID document.

### **#3. Aphiwe and Lerato**

After their mother died, Aphiwe (now aged 14) and his sister Lerato (7) lived alone in their one-room house in their village in Limpopo Province. Although their father's sister and her family live close by, they refused to provide care for the children. They, too, are desperately poor. Aphiwe described his average day:

“My school is about 5 km away. I walk daily to and from school. My sister travels about 1 km to her school. When my mom was alive she used to do everything for us. Ee, now everything has changed! Oh my, *everything*! Now I am a breadwinner. I must look after my family and myself. There is now so little time or no time at all to play with friends. My day starts at 6.30 every day. I wash myself, my little sister, and then prepare breakfast for both of us, see everything is ready for school. I must make sure there is food for my little sister to eat, and then I can also eat if there is left over. But before preparing food, there

must be firewood ready. After school I travel to the outskirts of the village to fetch some wood. Although I am now used to it, it is still a challenge. Well, first there are some village people who still laugh at boys who do the chores such as wood gathering and drawing water because these are widely considered jobs for girls and women ... but for me it is not a matter of choice ... Whether dangerous or not, hot or cold, I must go to get wood for my family to survive. I am used to it ... My sister must come with me on my back because there is no one to watch her when I go ... Then I travel about 500 m to a local village water pump, with my aunt's wheelbarrow to fetch water. I use two 25 litre containers which I push in the wheelbarrow. We store our water in a big drum. I travel four times to fill the drum. It is not easy to get even two of the 25 litres since people also queue at this pump to get water. This is our only water pump for everyone. Sometimes I wait for my turn until late, 6.30 pm. And my worry would always be where and how is my little sister... If I fetch water from the tap I have to pay but I do not have money, and so sometimes I have to walk a long distance ... Sometimes my sister helps in making fire; this can be very risky since she can burn. I'd rather do it myself. It is also a dilemma since she too needs to learn. She can't always depend on me. Then in the evening after dinner, I help my sister with her school work. When finished I do mine. I wash the dishes and she wipes them. I see her go to sleep. Then is my turn to sleep, usually at 20h00 ... On weekends I wash clothes. My sister and I cook and clean. I don't have parents, it's just me and my sister ...".

Without access to any financial support from the state, Aphiwe and Lerato are entirely dependent on the supervision and limited material assistance they receive from a local CBO that provides home-based care services. In this way, Aphiwe and Lerato survive from day to day.

### ***3.1 The inequities of the current system***

Given the fact that the impact of HIV/AIDS on children is exacerbated in contexts of poverty and that in heavily AIDS affected communities, the burden

of care is experienced collectively<sup>2</sup>, it is essential that our response to the needs of HIV/AIDS affected children be integrated into a national poverty alleviation strategy. Groups of children currently excluded from any form of financial support include:

- *Children over the age of 9 years who live with their biological parents.* In the context of HIV/AIDS, where many biological parents are sick or dying, where household income typically decreases, and where expenditure on health care, transport and burials increase, there is an urgent need for financial support for families.
- *Children over the age of 9 years who are cared for “informally” by adults who are not their biological parents* i.e. caregivers of children who have not been placed in their care through a children’s court. It is important to note that the vast majority of children who have been orphaned live with relatives who have not formally fostered the children, and that most of these caregivers do not have access to the services (social and justice) required to process formal (foster or kinship care) placements. Nor, we argue would it be appropriate for these children to have to go through a children’s court process simply in order to access financial support.
- *Children living without adult caregivers*

The most equitable option for addressing the poverty related needs of children in the context of HIV/AIDS is the full extension of the child support grant to all children, as one component of a comprehensive package of services and support.

### **3.2 Creating bottlenecks in the foster care system**

As the Bill stands at the moment, relatives and neighbours who take on responsibility for the care of orphans and other vulnerable children can only

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<sup>2</sup> Giese S, Meintjes H, Croke R, Chamberlain R (2003) *Health and Social Services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS in South Africa: research report and recommendations*. Children’s Institute and National Department of Health, Pretoria.

access support from the State (other than the child support grant for children under the age of 9 years) if the child is declared “in need of care and protection” and placed in foster care with court appointed foster parents, by a social worker.

Failing the full extension of the child support grant to all children, it is inevitable that we will see massive pressure on the courts and social workers to process foster care placements, the majority of applicants applying simply to access some form of poverty relief. Consider the following<sup>3 4</sup>:

- The processing of foster care placements will **consume an inordinate amount of social workers’ time**, allowing them to reach far fewer children than they otherwise might and significantly impacting on their ability to deliver other much-needed services.
- The focus on processing foster care placements (which are not an option for biological parents) means that there is **little / no support for children in the care of their (sick) biological parents**.
- The focus on foster placements for orphans will **create further bottlenecks** in an already overburdened system and reduce the effectiveness of the foster care system to meet the needs of children who require the state to intervene in their care arrangements, eg. children who have been abused, neglected or who require temporary removal from their families while family re-unification services are delivered.
- If courts remain the gatekeepers to state support to children over the age of 9 years, then we will continue to **discriminate against children and caregivers in rural and poorly resourced areas** where children’s courts are often inaccessible.

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<sup>3</sup> Giese S, Meintjes H, Croke R, Chamberlain R (2003) *Health and Social Services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS in South Africa: research report and recommendations*. Children’s Institute and National Department of Health, Pretoria.

<sup>4</sup> Meintjes H, Budlender D, Giese S, Johnson L (forthcoming) *Critiquing the use of the foster care grant as a response to the poverty-related needs of orphans*. Children’s Institute and Centre for Actuarial Research, Cape Town.

### **3.3 Documents as a barrier to grant access**

Documents required to apply for a CSG include the child's birth certificate or ID and the bar-coded ID of the child's caregiver, as well as proof of caregiver's income.

In research conducted by the Children's Institute, 135 children under the age of 7 years were recorded as resident in 118 households that were part of the study. Only 48 (or 36%) of the 135 children under the age of 7 years were in receipt of the CSG. While there were several barriers to grant access, almost half of the 135 children were immediately excluded from accessing the child support grant because they did not have a birth certificate. While the absence of birth certificates and ID documents are far from being the sole reason preventing children from accessing CSGs, they nonetheless represent one of the key barriers<sup>5</sup>.

### **3.4 Weighing up costs and benefits**

Research recently undertaken by the Children's Institute and the Centre for Actuarial Research (UCT) costed various scenarios for the provision of grants to children in the context of HIV/AIDS<sup>6</sup>. Two of these scenarios are described below:

1. The first scenario is based pretty much on existing policy and assumes that children who are eligible for the child support grant access it and that children who have been orphaned (i.e. children who have lost at least one biological parent and are not in the care of the remaining biological parent) access the foster care grant instead. In this scenario, the age limit for the child support grant is raised from under seven

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<sup>5</sup> Giese S, Meintjes H, Croke R, Chamberlain R (2003) *Health and Social Services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS in South Africa: research report and recommendations*. Children's Institute and National Department of Health, Pretoria.

<sup>6</sup> Meintjes H, Budlender D, Giese S, Johnson L (forthcoming) *Critiquing the use of the foster care grant as a response to the poverty-related needs of orphans*. Children's Institute and Centre for Actuarial Research, Cape Town.

years in 2002, to under nine years in 2003, under eleven years in 2004 and under fourteen years in 2005, in line with existing government policy.

2. The second scenario costs the full extension of the child support grant to all children under 18 years – whether orphaned or not.

In both cases we assume 100% take-up of grants. For a full explanation of the costing process, see Meintjes et al (forthcoming).

The table below shows the results of the costing. Scenario 1 more or less doubles in cost over the period, from R14 455m in 2003 to R28 544m in 2017. The cost of scenario 2 is higher, but remains relatively constant over the period.

**Table 1: Costs of the two scenarios, 2003-2017 (Rm)**

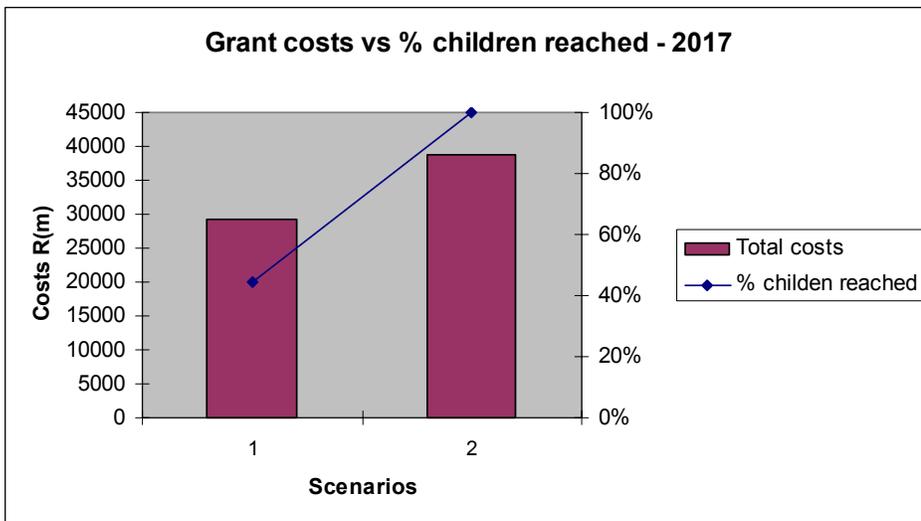
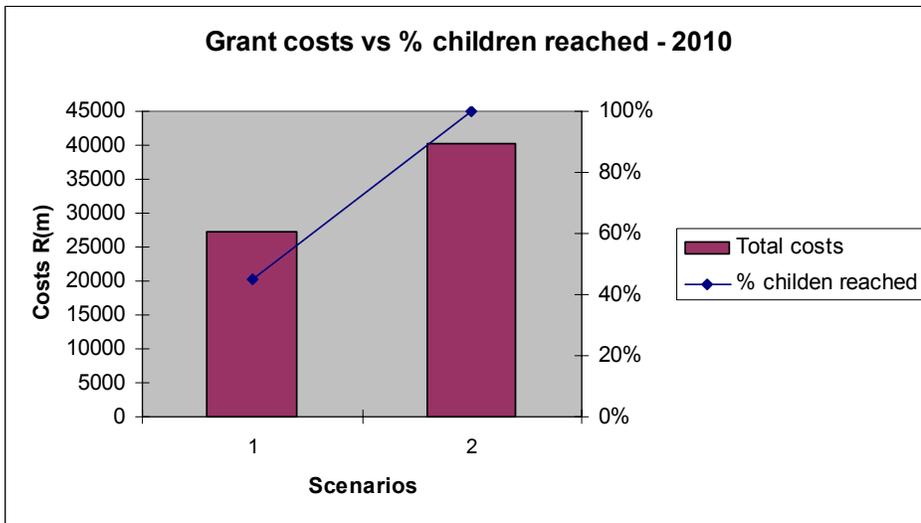
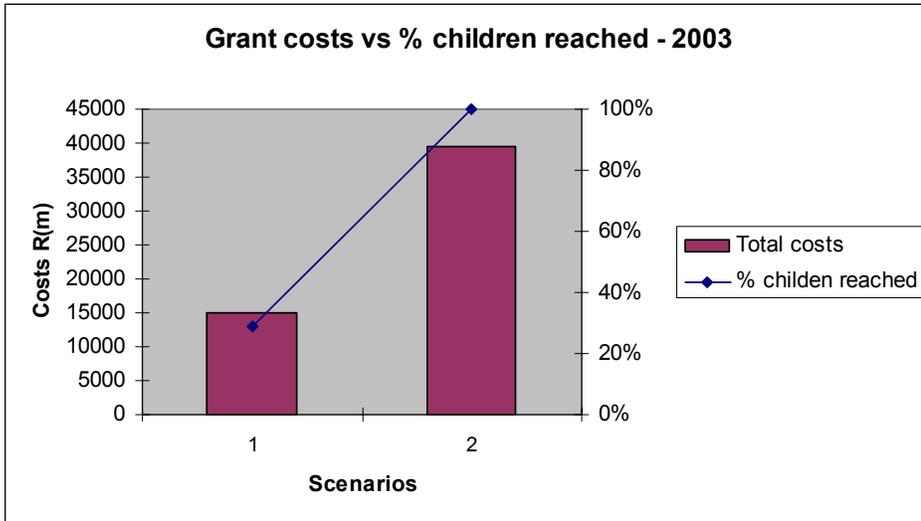
| <b>Scenario</b>                  | <b>2003</b> | <b>2010</b> | <b>2017</b> |
|----------------------------------|-------------|-------------|-------------|
| 1: foster care and limited CSG   | 14909       | 27334       | 29373       |
| 2: universal child support grant | 39509       | 40143       | 38776       |

However, while scenario 2 appears to be the most expensive option, the cost differential between this scenario and scenario 1 is dwarfed by the difference in the percentage of children which Scenario 2 is likely to assist. Table 2 illustrates the changing percentage of children reached by each scenario over the course of the next 15 years.

**Table 2: Percentage of children assisted in the two scenarios, 2003-2017**

| <b>Scenario</b>                  | <b>2003</b> | <b>2010</b> | <b>2017</b> |
|----------------------------------|-------------|-------------|-------------|
| 1: foster care and limited CSG   | 29.1%       | 45.0%       | 44.5%       |
| 2: universal child support grant | 100.0%      | 100.0%      | 100.0%      |

The graphs below illustrate the cost of each option at 3 points in time, together with the percentage of children covered by each of the options at these same time points.



Under the scenario currently in place as well as that proposed by the Social Assistance Bill, less than one third of South African children stand to be

reached by the system this year, and by 2017 the figure remains at less than half <sup>7</sup>.

## 4 CONCLUSION

It is essential that we strengthen provisions in the Bill for **all** children whose basic rights are not being met. Many children living in the care of their *biological parents* are rendered vulnerable through HIV/AIDS and poverty, as are children cared for *informally* by relatives or neighbours. Furthermore, *children living without adult caregivers* are entirely excluded from all forms of social assistance.

The current provisions create perverse incentives for poor children to live in foster care with caregivers who are not their biological parents, and provide little if any support to biological parents to care for their own children. This completely contradicts the principles enshrined in the South African Constitution, the White Paper for Social Development and the draft Children's Bill, where family preservation is accorded highest priority.

Government policy repeatedly refers to the importance of informal care networks that exist in communities and of the importance of maintaining and supporting "families". Yet the Social Assistance Bill fails to provide adequate support systems for these care arrangements. We need to strengthen and support informal networks of care and support so as to ensure their sustainability through and beyond the worst of the HIV/AIDS pandemic.

The best way of ensuring blanket provisions for all vulnerable children is the full and immediate extension of the Child Support Grant, with additional needs met through the provision of free basic services and special grants (such as the foster care grant and associated services for children who require this, and the care dependency grant for children who are ill).

We therefore recommend that the Social Assistance Bill be amended so that it allows for all children under 18 (on a universal basis) to access the child

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<sup>7</sup> Meintjes H, Budlender D, Giese S, Johnson L (forthcoming) *Critiquing the use of the foster care grant as a response to the poverty-related needs of orphans*. Children's Institute and Centre for Actuarial Research, Cape Town.

support grant or at least all children under 18 who are in need (with a simplified means test).