

The Means to Live

Targeting poverty alleviation to realise children's rights



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HOW TO USE THIS BOOK

Following the introduction, the book will look more closely at the two sites chosen for the research. Chapter 2 will describe the situation of children in the two sites: demographic information, poverty profiles, infrastructure and other contextual information, and will provide some images to help the reader visualise the findings in context.

Chapters 3 to 8 are dedicated to the six government programmes whose targeting is evaluated in this book in the following order: the Child Support Grant, then the two schools-based programmes – the School Fee Exemption Policy and the National Schools Nutrition Policy (school feeding). Following this are the two infrastructural programmes – the Housing Subsidy Scheme and the Free Basic Water Policy. The last of the programmes is free primary health care, and health fee waivers at secondary and tertiary health care facilities.

The book has been written to be read from beginning to end. However, readers with a specific interest in one of the programmes or themes can refer to the relevant programme chapters. The main body of the book covers the conceptualisation and implementation of the targeting of the six policies or programmes, and each can be read separately.

INTRODUCTION TO THE *MEANS TO LIVE*

This book is the result of three years of research at the Children's Institute, University of Cape Town. The research project, called the *Means to Live*, explored children's access to the basic goods and services that are necessary for their survival and development. Ultimately, the project supports the development of a more comprehensive, integrated package of programmes for children living in poverty, and the households in which they live.

In line with the *Means to Live* research project, the aim of this book is to evaluate the targeting mechanisms used by government programmes to ensure the realisation of the socio-economic rights of poor children and their families. Put more simply, it seeks to establish:

- whether current poverty alleviation initiatives are adequately designed and implemented to reach the poor, including children living in poverty;
- who is included and excluded from poverty alleviation programmes, why, and with what consequences; and
- what policies and programme recommendations need to be taken forward to ensure the realisation of children's socio-economic rights.

This introductory chapter outlines the aims and rationale of this legal, policy and social research. To do so requires an overview of the situation of child poverty in South Africa, as well as principles of targeting and the Constitutional provisions designed to make sure that the human rights of everyone, including children, are met.

Child poverty in South Africa

There are two main reasons for the state of child poverty in South Africa. The first is the legacy of apartheid. Racially discriminatory policy resulted in very high levels of inequality, with many of today's black children inheriting the inequalities and omissions of the previous government. Many schools, primary health care services and infrastructure remain poor in historically black areas.

Under apartheid, large rural areas were declared homelands and subjected to systematic degradation, overcrowding and under-development. The poorest populations still live in these areas, where women and children are over-represented, and where there are huge backlogs in services and infrastructure.

At the same time, the productive resources of the country – farms, factories and other capital – remain in the hands of a still mostly-white minority. Black economic empowerment policies implemented since 1994 have impacted on the racial distribution of resources somewhat, but resource and asset distribution remain very similar to what they were at the time of transition to democracy.

The second reason for the state of child poverty is the very high level of unemployment in the country. South Africa emerged from sanctions and a protected economy into the rush of globalisation in the early 1990s. It sought to make itself attractive to foreign investment and to expand trade by opening markets and reducing trade barriers. Both had the effect of deepening the already high levels of unemployment as the country lost jobs in sectors that struggled to compete in the global market. Examples include the agricultural and manufacturing sectors.

There is a third element at play – the HIV/AIDS pandemic. Poor communities and households are heavily affected by the spread of HIV/AIDS. Many families have to cope with the loss of income from wages and self-employment when income earners become sick. At the same time, affected households are often burdened with the extra costs of health care and funerals. Income loss and the financial strain of paying for health care and funeral expenses deepen the poverty that many households already experience. Households in communities heavily burdened by HIV/AIDS are also likely to take in children and adults affected by the pandemic, increasing dependency on the limited income and assets that these households have. There is also the risk of children leaving school early in order to care for sick household members or to try and earn money to supplement the household income.

Measuring child poverty

Where a child is deprived of the resources needed to grow and develop, they are impoverished. Children need resources to grow healthy and strong, to get an education, to live in a good and safe environment, and to fulfil their potential. In order to be able to work out where resources need to be allocated, and to see how things are changing over time, it is necessary to create some definition that will clearly distinguish children who are poor from those who are not. This then needs to be measured so that it is possible to quantify how many children are living in poverty, how deep this poverty is, and what areas of their lives are impoverished.

Noble, Wright and Cluver (2006) outline the different ways in which child poverty can be thought about, measured and enumerated. They refer to child poverty and its consequences as having both an intrinsic and instrumental value. Intrinsically, the experience of childhood and well-being of children are important. Allowing children to live in poverty is not right. The instrumental value of child poverty is linked to the fact that children will grow up to be the adults of the future. (Children, for instance, are often referred to as being the parents, or workers, or leaders of tomorrow.) For this reason, a long term investment of resources and care in the lives of children is essential for the

future of individuals, the growth of the economy and the well-being of society in general. At the same time, the intrinsic value of children makes it important to address child poverty and realise rights now, while children are still children.

The South African government has not developed an approved or agreed upon poverty measure – relative or absolute, of one or many dimensions, for children or for adults – which could be used to monitor poverty in South Africa. Researchers and government institutions use a range of measures to define poverty and identify the “poor”. This makes it very difficult to track the various elements of poverty over time. It also makes it difficult for government to integrate poverty alleviation strategies or decide who should be prioritised for public goods and services. The absence of appropriate information for targeting raises questions of both equity and efficiency. The focus on targeting in the *Means to Live* arises from a situation where many government departments and spheres set different eligibility requirements for access to poverty alleviation programmes. This is not necessarily a bad thing, since a single set of eligibility criteria for all poverty alleviation programmes would exclude poor people who only just failed to meet the criteria, and so deprive them of all forms of poverty alleviation. However, as will be seen in the chapters that follow, the separate targeting mechanisms defined in different programmes indicate a lack of coherence in the way government departments define poverty, and can result in unintended or unjustifiable exclusions – both at policy level and at the level of implementation.

The most obvious measure of poverty is the amount of income to individuals and households. There are a number of monetary measures of poverty, which vary considerably in their reliability. While income is not the only element of poverty and wealth, money is important as it enables households to purchase many other elements of necessity for a basic standard of living. Although there is an abundance of income data for South Africa, the quality of data tends to be rather poor, and measures of household expenditure are commonly regarded as a more reliable way of reflecting income.

Many definitions of poverty use a narrow approach, based on measures of income alone. But it is also possible to think of poverty as being multidimensional. For example, a multidimensional approach may take into account the extent of health deprivation, education deprivation, housing deprivation, employment deprivation, deprivation in services, as well as income.

One fifth of households are inadequately housed – either in informal settlements or shacks in the backyards of other houses. Over a quarter of households still do not have access to water on site, and over a third do not have adequate sanitation. A child-centred analysis of these national statistics shows that children are more likely than adults to suffer deprivation in their living environment. Table 1 provides a comparison between children’s and adults’ access to adequate basic services.

Table 1 : Living environments for adults and children

Proportion of population...	Total	Adults	Children
...living in formal housing	68%	69%	66%
...with adequate water supply	66%	70%	58%
...with adequate sanitation	59%	64%	53%
Total number of people	46,912,798	28,826,268	18,086,530

Source: General Household Survey 2005; K Hall analysis

Just as rights are mutually reinforcing and inter-dependent, so are children's needs. For instance, clean water and adequate sanitation are necessary for health. The under-5 mortality rate in South Africa is 95 per thousand, according to estimates from the Medical Research Council (Bradshaw et al 2004 cited in Monson et al 2006: 74). In other words, nearly one out of every ten children does not survive to their fifth birthday. The provision of basic services to households where children live could reduce diarrhoeal disease, respiratory infection and other illnesses associated with poor living conditions. These so-called "diseases of poverty" are the main causes of death in young children, after HIV/AIDS (Abrahams & Berry 2006).

Poverty, unemployment and social policy

The systematic production of poverty and inequality through apartheid policies left generations of black children amongst the most marginalised: physically relegated to rural areas or the peripheries of towns, with poor services, minimal education and few opportunities for employment or further training, generations of children have grown up to become adults whose children were born into the cycle of poverty.

Children are disproportionately represented amongst the poor, and this is partly the result of spatial arrangements – the persistent legacy of a racist regime that controlled population movement. Influx control and the pass laws served to contain the urban black population to the size of the required labour pool, while the "Bantustans" were created as dumping grounds for the "surplus people" who were not considered economically useful – particularly women, children and those too old to work.

The ex-Bantustans remain the poorest and most under-resourced parts of the country, and are home to more than half of South Africa's children as well as many of the elderly, the unemployed and the income-poor.

One of the main causes of income poverty for children is the high level of adult unemployment. In September 2004, 26.2% of South Africa's economically active population were unemployed. Official unemployment definitions only partially reflect the situation. An expanded definition includes those who would like to find employment

but are discouraged, and have therefore not actively sought work in the previous month. By this expanded definition, unemployment levels were at a staggering 41% at the end of 2004.

The unemployment rate has remained almost unchanged since then. Statistics South Africa reported an official (narrow) unemployment rate of 25.5% in September 2006, while in terms of the expanded definition 37.3% of working age adults were unemployed (Republic of South Africa 2007:19). Employment levels are highly differentiated by race. Africans had a 30.7% unemployment rate in 2006, whereas white South Africans experienced a much lower unemployment rate of 4.7%.

A consequence of unemployment is that children do not have access to adults' wages, and many live in households with little income. In 2005, according to the General Household Survey (GHS), 42% of all children lived in a household where neither parent was employed (Statistics South Africa, 2006). Women's situations are particularly important because far more children are living with women than with men. In March 2006, the official unemployment rate for women was 30.3% as compared to an unemployment rate of 21.6% for men.

The economy, even with its improved growth of recent years, has not been able to create employment fast enough to absorb entrants into the job market, and some sectors such as the agricultural and clothing and textile industries have experienced retrenchments on a fairly large scale. The latter, in particular, mainly affects women. This means that many households remain unable to access income from wage labour and self-employment.

Given the high levels of unemployment and the number of children living without access to their parents' and other adults' wages, how extensive is child poverty when measured by income? The information on income-poverty presented here is based on income and expenditure data from the GHS, analysed by Budlender of the Centre for Actuarial Research (CARE) at UCT. This survey is conducted annually by Statistics South Africa, and is designed to be representative of the whole population.

A weakness of the GHS is that it cannot give us a full picture of poverty in South Africa as it does not ask households about all forms of income. It includes questions about earned income, such as wages and salaries and earnings from self-employment. It asks about income only from the "main" job. This is not a serious drawback in South Africa, where secondary jobs are less common than in many other developing countries, but it may result in some under-reporting of income. The GHS also asks about government grants received by members of the household. It does not ask about earnings from investments, remittances from household members living and working elsewhere, or private maintenance payments.

Another weakness of the GHS, and indeed of most surveys and censuses, is that income tends to be under-reported. The patterns reported below should therefore be taken as indicative rather than as representing the absolute state of poverty in South Africa in mid-2005. More accurate information will be available only after the Income and Expenditure Survey is released at the end of 2007.

Table 2 shows the distribution of children in households with different levels of income from earnings (as opposed to grants, for example). Levels of earned income are very low. A poverty line of R800 per month per household is used by national government to denote an “indigent” household. Local governments are given equitable share funding that is partly based on the number of such households in their area. The R800 poverty line is not based on the calculation of any basket of goods, but it is presumed that subsistence is very difficult at these low levels of income. It is therefore of great concern that more than half of South Africa’s children (55% or 10 million out of 18 million children) are living under these circumstances.

Table 2 : Distribution of children by household earnings and province								
Province	Monthly household earnings (R)						Total	Children
	0 – 800	801 – 1,200	1,201 – 2,500	2,501 – 6,000	6,001 – 16,000	16,000 +		
Eastern Cape	73%	5%	7%	8%	6%	1%	100%	3,134,304
Free State	60%	6%	11%	12%	8%	3%	100%	1,113,560
Gauteng	29%	6%	20%	20%	16%	9%	100%	2,655,752
KwaZulu-Natal	60%	5%	12%	13%	9%	2%	100%	3,841,255
Limpopo	74%	4%	10%	7%	4%	1%	100%	2,607,755
Mpumalanga	57%	9%	13%	12%	8%	1%	100%	1,351,142
North West	58%	5%	14%	15%	5%	3%	100%	1,459,219
Northern Cape	49%	8%	16%	16%	8%	2%	100%	1,113,560
Western Cape	18%	5%	27%	27%	17%	5%	100%	1,572,127
National	55%	5%	14%	14%	9%	3%	100%	18,072,627

Source: General Household Survey 2005, D Budlender analysis. Percentages sum across

The provincial variation shown in Table 2 is indicative of very different levels of access to income across the provinces. Whereas the most urbanised provinces, the Western Cape and Gauteng, have relatively low proportions of their populations living below the ultra-poverty line, the poorest provinces are those with large rural populations and little access to employment opportunities. Large parts of Limpopo, the Eastern Cape, and KwaZulu-Natal, for example, were demarcated as homelands or “Bantustans” under apartheid, and these areas have remained underdeveloped.

Limpopo and the Eastern Cape present the most poverty-stricken profiles, with close on three-quarters (73-4%) of children in households with monthly earnings of R800 or less. The Western Cape presents a substantially more favourable picture than the other provinces. Even in this province, however, nearly one in every five children (18%) lives in an ultra-poor household in terms of earned income. Only 12% of children live in households with reported monthly earnings of more than R6 000.

Table 3 shows the distribution of children in households with different levels of income from earnings – this time disaggregated by population group. The unequal distribution demonstrates the continued effects of apartheid policies into the present. Close to two-thirds (63%) of African children live in the poorest households, compared to about a quarter (24%) of coloured children, 15% of Indian children, and only 4% of white children. Only 1% of African children are in households with earnings of R16 000 or more per month, compared to 29% of white children.

Table 3 : Distribution of children by household earnings and population group								
Population group	Monthly household earnings (R)						Total	Children
	0 – 800	801 – 1,200	1,201 – 2,500	2,501 – 6,000	6,001 – 16,000	16,000 +		
African	63%	6%	13%	11%	6%	1%	100%	15,158,079
Coloured	24%	6%	22%	28%	17%	3%	100%	1,504,671
Indian	15%	2%	12%	25%	37%	9%	100%	342,599
White	4%	0%	10%	22%	35%	29%	100%	1,058,797
National	55%	5%	14%	14%	9%	3%	100%	18,072,627

Source: General Household Survey 2005, D Budlender analysis. Percentages sum across

In addition to racial distributions across the earnings brackets, Table 3 shows the absolute number of children in each earnings bracket. It shows that 55% (ten million children) are living in households which reported earned income of R800 or less per month. Three quarters (nearly 13.5 million children) live in households with reported earned income of R2 500 per month or less.

Virtually every country in the world would see full employment as an important goal. If South Africa had full employment, and if all those who were employed earned decent incomes, then the duty of parents to care for the needs of their children could take place within the market, with government having only a regulatory role and providing those public goods that households are unable to provide, such as roads.

As it is, the high levels of unemployment and the constitutional guarantees of socio-economic rights require a different approach to social policy. It would be an error to think that it is more important to focus on job creation than poverty alleviation through social policy. Both are necessary at present, and will continue to be so in the foreseeable future.

Thankfully, income from employment is not the only source of money for households. In particular, South Africa has a well-developed social security system which delivers grants to a substantial percentage of the population. Social grants are the most significant poverty alleviation measure, especially for children and the elderly, and spending by government on social assistance is substantial.

Seven cash grants constitute social assistance in South Africa, which together go to almost 25% of the population each month. These are currently targeted at those who are too old (Old Age Pension), too young (Child Support Grant), or too disabled (Disability Grant for adults, and Care Dependency Grant for caregivers who provide full-time care for disabled children) to work for income.

Research has shown that these grants assist in lifting households out of deep poverty. Budlender's analysis of the GHS helps to show what kinds of households are accessing social grants, and to look at the impact of grants on the income of poor households. Table 4 shows the mean income from grants per household for those households with at least one child. It includes both adult and child grants.

As expected, the table shows that grant income tends to decrease as earnings increase. This pattern holds overall within each population group. For the lower earnings brackets, mean income from grants tends to be higher in coloured households than in African households.

Table 4 : Mean income from grants in households with children, by earnings and population group

Population group	Monthly household earnings (R)					
	0 – 800	801 – 1,200	1,201 – 2,500	2,501 – 6,000	6,001 – 16,000	16,000 +
African	R119	R63	R55	R43	R30	R9
Coloured	R153	R71	R66	R41	R19	R18
Indian	R102	R12	R52	R48	R19	R14
White	R38	R72	R5	R14	R9	R5
National	R119	R63	R53	R39	R21	R8

Source: General Household Survey 2005, D Budlender analysis

These data show that the poorest households with children receive a relatively substantial proportion of their total income from social assistance grants. This goes some way towards alleviating the income poverty of those with little or no access to income from wages.

The Child Support Grant (CSG), the cash grant going to the greatest number of people in South Africa, will be discussed in detail in Chapter 3.

Rights, laws and child poverty

The Constitution of South Africa, Act 10 of 1996, is a progressive document which seeks to regulate public power, and to frame the value system in a post-apartheid society. This system of values aims to remedy South Africa's past and "transform our society into one in which there will be human dignity, freedom and equality" (Soobramoney 1997: 8).

What does the Constitution say about poverty and the living situation of children? And how is the Constitution implicated in addressing the situation of poverty and inequity? The Preamble to the Constitution states:

...We therefore, through our freely elected representatives, adopt this Constitution as the supreme law of the Republic so as to –

Heal the divisions of the past and establish a society based on democratic values, social justice and fundamental human rights;

*Lay the foundations for a democratic and open society in which **government is based on the will of the people and every citizen is equally protected by law;***

***Improve the quality of life of all citizens and free the potential of each person;** and*

Build a united and democratic South Africa able to take its rightful place as a sovereign state in the family of nations ...[emphasis added]

Full transformation from an apartheid society requires a change to the legal-political structures that upheld it, as well as to its devastating social and economic consequences.

Socio-economic rights defined in the Constitution of South Africa

The South African Constitution sets up a human rights framework which places obligations on government, citizens and non-citizen residents. Like other contemporary constitutions, it recognises that human rights and the basic social conditions in which people live are fundamentally interconnected. This is represented by socio-economic rights, which impose positive rights or obligations on the state. Apart from simply

protecting members of society from the heavy hand of state power, socio-economic rights oblige the South African state to do as much as it can to satisfy the basic needs of everyone.

Socio-economic rights can be used by researchers, activists and people living in poverty for litigation and to monitor the State's obligations to secure a basic set of public goods – education, health care, social security, food, water, shelter, access to land and housing. Justiciable socio-economic rights assist in monitoring the State's progressive realisation of its obligations to the poor, and ultimately holding the State accountable for these obligations. This is a fundamental part of the balance of powers of the courts, judiciary and executive branches of government. The right to just administrative action is an additional tool in the assessment and enforcement of state efforts to address poverty. It focuses on the requirement that governmental policy is *effectively implemented*, and that it meets the minimum requirements of *lawfulness, procedural fairness and reasonableness*.

The Constitution provides for socio-economic rights in sections 26, 27, 28 and 29.

Section 26(1) states the right of 'everyone'¹ "to have access to adequate **housing**", and section 27(1) states the right of everyone "to have access to (a) **health care** services, including reproductive health care; (b) sufficient **food and water**; and (c) **social security**, including, if they are unable to support themselves and their dependants, appropriate social assistance".

The rights in sections 26 and 27 are qualified by a subsection that requires the state to "take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights".

A second category of socio-economic rights, referred to as "basic" rights, entrenches **children's socio-economic rights** (s.28(1)(c)), the right of everyone to basic **education**, including adult basic education (s.29(1)(a)), and a detainee's rights to adequate accommodation, nutrition, reading material and medical treatment (s.35(2)(e)). This category of rights is not qualified by reference to reasonable measures, progressive realisation or resource constraints.

The Bill of Rights also provides for the protection of labour rights (s.23), environmental rights (s.24), land rights (s.25(5) – (9)), and language and cultural rights (s.30 and s.31).

¹ Everyone, in this context, includes permanent residents (see *Khosa 2004*).

In addition to the Constitution, South Africa's socio-economic rights obligations to children can be found in two important legal instruments: the United Nations Convention on the Rights of the Child (CRC), and the African Charter on the Rights and Welfare of the Child (AfCRWC).

Children's socio-economic rights enshrined in the AfCRWC include:

- the right to education, which includes the obligation on the State's Parties to "take all appropriate measures with a view to achieving the full realisation of this right," and "to provide **free and compulsory basic education** and to progressively make secondary education free and accessible to all"(art 11);
- the right to leisure, recreation and cultural activities (art 12);
- the right to special measures of protection and care and support for children who are mentally or physically disabled (art 13);
- the right to health and health services, including the provision of "**adequate nutrition and safe drinking water**" (art 14); and
- the right to protection from economic exploitation (art 15).

The Constitutional Court has said that sections 26(1) and 27(1) of the Constitution place a **negative duty** on the state to "desist from preventing or impairing" access to these rights. The Court also established its jurisprudence on the **positive duties** on the State of the socio-economic rights in sections 26 and 27 in the three well-known cases: *Soobramoney v Minister of Health, Kwa-Zulu Natal (Soobramoney)*; *Government of the Republic of South Africa and Others v Grootboom and Others, (Grootboom)*; and *Minister of Health & others v Treatment Action Campaign & others (TAC)*.

Reasonableness

In the *Grootboom* case, the Constitutional Court developed a "reasonableness review" for adjudicating positive rights claims. In particular, it stated that government must institute a *reasonable programme* in order to "progressively realise" the socio-economic rights given in sections 26 and 27 of the Constitution.

How would the government or anyone else know that a programme designed to realise a socio-economic right was reasonable? In the *Grootboom* and *TAC* cases, the Court laid down criteria for measuring the "reasonableness" of a government programme to realise socio-economic rights.

Criteria for measuring “reasonableness” of government programmes, as laid down in the Grootboom case

- the programme must be coordinated, comprehensive and “capable of facilitating the realisation of the right”;
- appropriate financial and human resources must be made available for the programme;
- policies and programmes must be *reasonable* both in their *conception* and their *implementation*;
- a reasonable programme must be one that is balanced and flexible;
- it must pay attention to short, medium and long-term needs;
- to be reasonable, measures cannot leave out of account the degree and extent of the denial of the right they endeavour to realise;
- the programme must not “exclude those in desperate need and living in intolerable conditions”;
- “those whose needs are most urgent and whose ability to enjoy all rights is therefore most in peril, must not be ignored by the measures aimed at achieving realisation of the right”;
- “if the measures, though statistically successful, fail to respond to the needs of those most desperate, they may not pass the test”;

A critical element of reasonableness in the context of poverty alleviation is that the State is obliged to ensure that a programme aimed at realising socio-economic rights must consider the needs of the most vulnerable, as well as the majority of those in need.

A 2003 case involved the rights of non-citizens to access socio-economic rights. In this case, the Court found that a number of rights were at stake. It emphasised the interconnectedness of the rights in the Bill of Rights, and stated that this impacted on the reasonableness of a measure (Khosa 2003: 40-44). Apart from the socio-economic right to social assistance, this case also affected the right to life, dignity, and equality. The Court expanded on the reasonableness test, and stated that:

[W]hen the rights to life, dignity and equality are implicated in dealing with socio-economic rights, they have to be taken into account along with the availability of human and financial resources in determining whether the state has complied with the constitutional standard of reasonableness (paragraph 44).

Progressive realisation

The Court in *Grootboom* interpreted “progressive realisation” in s26(2) and s27(2) of the Constitution as placing an obligation on the State to progressively facilitate access to socio-economic rights:

It means that accessibility should be progressively facilitated: legal, administrative, operational and financial hurdles should be examined and, where possible, lowered over time. Housing [etc.] must be made more accessible not only to a larger number of people but to a wider range of people as time progresses (*Grootboom* 2002: 45).

The Court also endorsed the views of the UN Committee on Economic, Social and Cultural Rights, which prohibits retrogressive measures except under exceptional circumstances. In other words, the State could be challenged on measures that reduce or remove benefits under existing poverty alleviation programmes (Liebenberg in Chaskalson, 1998).

Within its available resources

The socio-economic rights in sections 26 and 27 are limited in that they are only accessible to the extent that state resources allow. The State may justify a violation or lack of delivery of these rights on the basis of a lack of available resources.

The Convention on the Rights of the Child (CRC) is particularly significant in the South African constitutional context. When South Africa ratified the CRC on 16 June 1995, it took on the obligation to give effect to the treaty. This means that the government is bound under international law “to undertake *all appropriate legislative, administrative and other measures* for the implementation of the rights recognised in the Convention”. For economic, social and cultural rights, the government must “undertake such measures *to the maximum extent of their available resources*”.

Both the CRC and the AfCRWC place the primary responsibility for the material well-being of a child with his or her parents. They also qualify that responsibility to be “within their abilities and financial capacities” (CRC Article 27(2) for example).

States parties, on the other hand, are under an obligation to provide material assistance and support “within their means” and “in case of need” for the realisation of such responsibilities, in particular regarding nutrition, clothing and housing (Article 27 (2) and (3)). Article 18 (2) of the CRC reads as follows:

For the purpose of guaranteeing and promoting the rights set forth in the present Convention, State’s Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing

responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

Put more simply, parents and other guardians are obliged to take responsibility for their children with respect to their material and care needs. Where parents are unable to provide for the children's basic needs through the payment for education, services and basic sustenance because of their poverty, unemployment, illness or death, the government is obliged to step in and assist.

Programmes to realise socio-economic rights

There are numerous policies and programmes that could have an impact on the realisation of children's socio-economic rights – for example, the municipalities' Integrated Development Plans, or the national government's Expanded Public Works Programme, or VAT exemptions. It would be impossible to assess all policies and programmes that have some impact on children, however indirectly. The researchers therefore employed a rationale for selecting programmes for evaluation based on both conceptual and logistical elements.

Only those areas that are key to the survival and well-being of children – health, schooling, housing, water, nutrition and income support – were included. The socio-economic rights framework was used to identify areas of research². The researchers chose only one type of programme per sector or right to ensure a somewhat representative collection of social policy interventions. Only the most extensive national poverty alleviation programme per right were chosen.

As a result, the project evaluated the targeting of the following poverty alleviation programmes:

- The **Child Support Grant** – a cash grant programme paid to the caregivers of children under the age of 14 living in income poverty.
- The **School Fee Exemption Policy** – a policy which exempts poor parents and guardians from paying school fees for learners attending school.
- The **National School Nutrition Programme** – otherwise known as the school feeding scheme, providing food for learners at school.

² The only socio-economic right that was left out was the right to social services. While these social services are essential in the context of poverty, they are not primarily poverty alleviation programmes.

- The **Housing Subsidy Scheme** – providing funds for building houses for people who have not yet owned a house.
- The **Free Basic Water Policy** – providing a basic minimum amount of water free to each household.
- And **fee waivers in public health care**, including free primary health care and waivers to poor households, children under 6 and pregnant women in secondary and tertiary health care facilities.

Some poverty alleviation programmes were intentionally excluded. The research did not, for example, address the targeting of the Old Age Pension, despite its importance in households where there are no adult income-earners. It has also not addressed programmes directly targeting sub-groups of children or those with special needs (for instance, it does not focus specifically on disabled children, or HIV-positive children, or child-headed households, or children in the care of the state). This was partly to keep the study to a manageable size, but also to ensure that the focus remains on poverty alleviation in its broadest sense. There are a plethora of policies and programmes that deal with sub-groups of children, and these sometimes conflate “poverty” with other characteristics – such as orphan status and fostering³.

The *Means to Live* project evaluated the targeting of a set of poverty alleviation programmes, in that it assessed how the target populations for each programme were conceptualised at policy level, and then evaluated the extent to which the programmes, when implemented, reached the defined target population. This book describes and evaluates the conceptualisation of the targeting component, including its mechanism, for each programme, from a child right’s perspective. It also describes and evaluates the implementation of those targeting mechanisms by assessing the extent to which the mechanism enabled programmes to reach their intended beneficiaries. As a result it is possible to assess how poor children (directly or via their caregivers) were able to claim the benefits to which they are entitled. In keeping with the concept of an integrated package of programmes, it draws comparisons across programmes and explores common themes.

Targeting poverty alleviation

Who should get support in the form of goods, services, cash or fee waivers – who is eligible? How does this support reach children? Are those whom the laws and regulations say ought to be able to access support, in fact doing so? These are all questions of **targeting**.

³ For a detailed discussion of the Foster Care Grant and the way in which it discriminates against poor children who are not in foster care, see Meintjes et al (2003).

Targeting is a way of identifying who or what is eligible for a benefit or good. In the broadest sense, targeting can be universal, by, for example, government spending on items that reach a wide swath of society, including the poor. Spending on universal free primary health care would be universally targeted.

Narrower targeting seeks to identify specific types of individuals, households, communities or entities to whom scarce resources or public goods can be provided. Narrower targeting requires specific mechanisms to identify beneficiaries, which are put in place to maximise the use of scarce budgetary and other resources.

Targeting is subject to two potential errors – those of **inclusion** and those of **exclusion**. Errors of inclusion are found where those who are above the threshold criteria are able to access the benefit. With respect to poverty alleviation programmes, this error would be found if the non-poor were able to access a benefit. Errors of exclusion are found where people (such as the poor) who ought to be able to access a benefit are excluded because the test is at an inappropriate level or establishes unjustifiable barriers to access. Errors of exclusion are more serious from a rights perspective, since they often imply a right violated or not realised.

Poverty alleviation programmes use a range of targeting mechanisms, often in combination, to identify and reach the intended beneficiaries. Some of the more common mechanisms are outlined below:

Means tests

Means tests are most commonly used to assess the income or means at the disposal of individuals or households to support themselves and others. Someone applying for a grant in South Africa must prove that they are eligible by supplying information on their income, which must be below a certain level. A means test requires that eligibility criteria are defined in measurable monetary or asset terms. There are various kinds of means tests, and distinctions between them depend on the levels of verification of the information requested in such a test.

Verified means tests are most often found in the developed welfare states of the North. In this case, information provided by an applicant is verified by officials who seek to confirm the details in the application through access to information from banks, previous employers, benefit agencies or asset registers. Verified means tests have the advantage of reducing benefit fraud and false claims. However, they are very expensive to administer, require lots of data and sophisticated systems, and tend to be stigmatising.

South Africa employs simplified means tests in its social grants system. With this kind of test, levels of income or assets are set, and applicants are required to provide proof that

their means are below this level. Except for occasional spot checks, information provided by the applicant is not verified by the administering officials. In South Africa, the majority of people who qualify to receive Child Support Grants on behalf of the children in their care for example, are not part of formal systems. Many of the poor in South Africa are un-banked, are unlikely to hold title deeds on property, and may never have been in the kind of formal employment that would provide them with payslips or allow them to approach previous employers for letters about their employment status.

Instead, applicants are responsible for providing affidavits stating their employment or lack thereof, and have to identify their income and its sources. The advantages of the non-verified means tests are that they are relatively cheap and fast to administer. However, they create incentives for potential beneficiaries to lie, and require many documents that households may have difficulty in accessing. These can include proof of occupancy at their stated address when there is no formal lease agreement; proof of maintenance or non-maintenance from the child's father; proof of a spouse's income which is especially difficult when the caregiver and spouse are not living together; or a declaration of support from the person who supports the applicant, if the applicant has no income.

One way of getting around these problems is by applying a **proxy means test**. Given that there are very high correlations between, for example, income and dwelling type, it is possible to take dwelling type as a proxy for income. This has the advantage of reducing the costs of administration, and the applied proxy measure is usually easily and visually verifiable by officials. It also means that applicants who are illiterate, for example, are not required to provide complex documentation to verify their situation.

The last type of individual or household assessment involves getting a recognised leader, perhaps with the help of a group of selected community members, to facilitate the identification of particularly needy households or individuals within their constituency or area. This type of targeting assumes that communities can be well defined, that people within the community know each other, and that all the households within that community have sufficient knowledge of each other so that those most in need can be identified. It also assumes that communities are cohesive and that the "leadership" is recognised – in other words, there is an assumption that a community can reach a consensual decision, or that the authority of the leadership is recognised. Where there are internal rifts or factions within the community, this approach would not be effective or appropriate. In South Africa, traditional leaders and churches often participate in identifying households for food parcels or the Social Relief of Distress Grant, for example. The international literature shows, however, that implementation of this kind of targeting can be marred by local elites wanting to capture the benefits for themselves or their supporters. This kind of targeting is also generally particularly insensitive to gender dynamics.

Categorical targeting

Categorical targeting is also known as “statistical targeting”, “tagging” or “group targeting”. This mechanism uses a basic characteristic of a person or household or area as grounds for inclusion in a beneficiary group. The most common characteristics are individual demographics.

In South Africa, both young children and the elderly are identified as “in need of support” on the grounds that they are not able to provide for themselves by way of wage labour. Therefore age categories are applied to benefits, sometimes in conjunction with gender. The Old Age Pension applies, with a means test, to women from the age of 60 and men from the age of 65. Similarly, children in poor households under the age of 14 are currently eligible for the Child Support Grant.

It is also possible to use categories of ethnicity, race, or language in targeting benefits. The apartheid policies of group areas, coloured labour preference, and protective labour policies for white Afrikaners were all based on such criteria. This points to the fact that none of these categories for targeting are politically neutral, and can have significant implications for equity.

Some municipalities report using female-headed households as a category for automatic inclusion into an indigents register, and child-headed households are also sometimes taken into consideration. Orphans are another category sometimes targeted for school feeding or in the provision of school fee waivers, even though this is not specified in the regulations.

Categorical targeting can use household or geographic characteristics as well as individual characteristics. For instance there is frequent reference in the literature to a distinction between “urban” and “rural” characteristics in categorical targeting. Targeting based on geography or settlement type is in practice very similar to the proxy means test. For example, the urban poor in informal settlements can be targeted for food, housing subsidies or electricity and water, while those in rural areas can be targeted for agricultural subsidies. Geographic targeting may have consequences for population migration, and may accelerate urbanisation and the growth of urban informal settlements for example.

Self-selection and service level targeting

Some targeting strategies encourage people living with few resources to access a benefit, while discouraging others with more resources from coming forward to make claims. Some public works schemes, for example, pay such low wages that those who are likely to be able to find formal employment or participate in the informal sector, would have no incentive to apply for public works employment. Some schemes require people to queue for long periods during work hours, or have payment points only in very poor

areas, and this results in self-selection by the poor. It has been argued that, in the case of the CSG, the time and opportunity costs of applying are so high (because of the long queues and multiple visits), and the benefit level so low that self-selection would be a reasonable alternative to the means test – only very poor households would elect to apply for and collect the benefit.

It is also possible to provide a universal subsidy on certain goods that are most likely to be consumed by the poor. South Africa's practice of zero rating certain goods for value-added tax (VAT) is such an example. Universal targeting of this kind does not stigmatise goods and has no effect on their quality. For goods that are used almost exclusively by the poor, such as paraffin, this kind of universal targeting can be very effective.

Another form of targeting is service-level targeting. The selection of services is however most often exercised by municipalities for example, rather than individuals or households. The provision of communal taps target people through lower levels of service. This effectively restricts people's water consumption to below free basic amounts since it is almost impossible to carry more water than a basic amount by hand. This will be discussed in the chapter on free basic water in this book.

Administrative justice and poverty alleviation

With the exception of the self-selection and service level targeting discussed above, targeting requires administrative decisions about who is, and who is not, eligible for a benefit. This usually involves an application process and a decision on whether or not the application meets the eligibility requirements. This is the case for the CSG, the Housing Subsidy Scheme, fee waivers in secondary and tertiary health care facilities and the school fee waiver, for example.

Administrative law deals with such decisions, and sets out clear guidelines for how the targeting of poverty alleviation ought to be put into operation. Its focus is on the public administration branch of the state system and on a particular kind of activity of the state – administrative action. Bodies of public administration include all government departments at national or provincial level, with the exception of the high policy-making organs of the executive (sometimes referred to as the central executive), namely the Cabinet and (for some purposes) the President, Deputy President, provincial Premiers and Executive Councils. They also include local government administrations, the security forces and parastatal organisations⁴.

⁴ These include public enterprises, regulatory boards, cultural bodies and other organisations wholly or partly controlled by government. For example Telkom, Eskom, South African Broadcasting Corporation, the South African Law Commission and the Human Sciences Research Council.

Contemporary administrative law has undergone substantial changes internationally as a result of the rise of the welfare state, the heightened preoccupation with terrorism and consequent far-reaching powers of administrative agencies, and the rapid expansion of the contracting power of public authorities as a method of policy implementation. Other stimuli for changes to administrative law include the need for regulation of inter-governmental relations, debates about the political relationship between the judiciary, the executive and the legislature, and the degree to which administrative disputes are justiciable.

The Constitution of South Africa requires administrative action to be *lawful, reasonable* and *procedurally fair* (s.33(1)), and includes *the right to be given reasons* for administrative action (s.33(2)).

The Promotion of Administrative Justice Act No.3 of 2000 (PAJA) was introduced to give effect to the constitutional right to just administrative action. This law sets out the basis for the review of certain classes of administrative action, as well as the procedures to be followed by administrators before decisions or rules are made. The ultimate purpose of administrative justice and PAJA is to ensure that the government is democratic, accountable, open and transparent.

The PAJA confines administrative action to “decisions” or “failure to take decisions”. Such a decision must be made under an “empowering provision” which can include laws and forms of law other than legislation. PAJA regulates decisions that:

- require someone to do something, to tolerate something or not to do something;
- limit or remove someone's rights; or
- say someone does not have a right to something.

In order to comply with principles of administrative justice, the decision must not “adversely affect rights”. A decision can affect a person’s rights in one of two ways: the decision could deprive a person of their existing rights⁵ or it could determine what those rights are. The PAJA uses the term in both of these senses.

The principle of “lawful administrative action” set out in the Constitution means that administrative action and decisions must be duly authorised by law, and that any statutory requirements and preconditions must be complied with. If an administrator makes a decision that is not permitted by law, they act unlawfully and their decision will be invalid.

⁵ For example see *Permanent Secretary, Department of Welfare, Eastern Cape Provincial Government v Ngxusa* 2001 (4) SA 1184 (SCA).

The PAJA provides a right to judicial review of administrative action. A decision can be reviewed where there has been unauthorised delegation, bias, or failure to comply with the empowering provision (the law or regulation). The Constitution also requires that all administrative action be reasonable. The duty of procedural fairness is a constitutional right that means that an administrator should hear what the person who will be affected by the decision has to say before making a decision. It also implies that the decision-making process must be free from any real or apparent partiality, bias or prejudice.

Under section 3 of the PAJA, an applicant must be given adequate notice of the nature and purpose of the proposed administrative action as well as a reasonable opportunity to make representations, *prior to a decision being taken*. After the decision is taken, they are entitled to a clear statement of the administrative action and its outcome, adequate notice of any right of review or appeal, and adequate notice of the right to request reasons for the decision.

Section 5 of PAJA requires administrators to give “adequate reasons” for their administrative action to a person whose rights have been materially and adversely affected by the administrative action *and* who requests them. The request for reasons must be made within 90 days of “the date on which that person became aware of the action or might reasonably have been expected to have become aware of the action” (s.5(1)). The administrator must then give “adequate reasons in writing”, within 90 days (s.5(2)).

Currie and Klaaren (2001:144) suggest that a statement of reasons, in order to be “adequate”, must “be intelligible to the persons seeking the reasons and of sufficient precision to give them a clear understanding of why the decision was made”. This does not mean that the reasons have to convince the person that the decision was correct. Instead, the reasons must have enough detail to explain why the administrative action was taken.

A framework for assessing government programmes

With the exception of universal programmes (such as VAT exemptions on certain goods), all policies and programmes that seek to assist the poor need to define poverty, establish mechanisms to identify the poor, select the poor, and then deliver the benefit to them. For this reason, effective poverty alleviation targeting requires appropriate conceptualisation, accurate articulation in programmes, just administration, and actions to enable access for beneficiaries. The *Means to Live* project deals with all these parts of the six selected policies and programmes.

The assessment of programmes in the *Means to Live* project was undertaken by evaluating both the conceptualisation and implementation of the targeting of programmes. This involved a comparison of the number of children eligible under the programme and the number that have been able to gain access to the programme. The remainder of the research then looks at a range of factors affecting this uptake rate.

Reasonableness

The *Means to Live* project uses the criteria of the “reasonableness test” for positive obligations to provide a loose method for evaluating the State’s targeting mechanisms for its poverty alleviation programmes. This means that the researchers looked at both the *conception* and *implementation* of targeting mechanisms for government poverty alleviation programmes in line with the criteria developed by the Constitutional Court.

The project analysed the reasonableness of the key poverty alleviation programmes relevant to the socio-economic rights by asking the following questions⁶:

❖ *Has the programme been **conceptualised** in such a way that all children in need are targeted beneficiaries, and that the most vulnerable children are specifically targeted?* The programme will be deemed to have a successful targeting mechanism if the following criteria are met:

- The target population is explicitly defined.
- The targeting mechanism is explicitly defined and easily determinable or observable.
- Identification of the targeted population is evidence-based and inclusive of those who are most in need.
- The mechanism does not create perverse incentives.
- There is an appropriately allocated budget.
- There are no unreasonable administrative barriers.
- The application is clear and easy to handle for the applicants.

⁶The “reasonableness test” is adapted and used here to enhance the value of the use of constitutional analysis of government programmes with respect to their obligations in realising socio-economic rights, in particular for children. This is not to say that an interpretation of qualified children’s socio-economic rights is supported, but that, in attempts to standardise the targeting analysis, the reasonable measures test as a guideline for all the rights was chosen.

⁶General Household Survey (GHS), Statistics South Africa, 2003 showed that 59% of South African households contained at least one child, with an average of 2.45 children per household in households with children. A sample of 550 children per site was calculated to be a sufficient sample size to support analysis with a confidence interval of 10% at a confidence level of 95%, assuming a minimum 70 : 30 split on eligibility variables.

- The regulations are simple and easy to handle for the officials.
- It is possible to reach high proportions of the targeted group.

❖ *Is programme **implementation** taking place in such a way that services are being rolled out to all children in need, particularly those whose needs are most urgent? The following will be criteria for successful implementation:*

- There is an effective targeting mechanism.
- There is sufficient administrative capacity to deliver the benefit to 100% of the target population.
- The test is difficult to manipulate and not open to subjective interpretation.

Administrative Justice

Where the research found that the requirements of administrative justice were not met, these are highlighted. In making such findings, the following breaches of administrative justice were taken into account:

- A lack of authority or unlawful delegation
- Bias
- Failure to comply with procedures
- A lack of procedural fairness
- An error of law
- A failure to implement rational and reasonable administrative action.

These grounds are the same as those used by courts to review administrative action.

Research methodology

As has been established, socio-economic rights and administrative justice in the Constitution provide normative and procedural bases for the evaluation of programmes. Having outlined the extent of child poverty, and the legal context and aims of the project, this section looks at the methods of the research, and what information was collected in order to answer the key questions.

Desk based policy reviews

Once the programmes were selected, the researchers drew up a matrix of information necessary to review the targeting of the chosen programmes. With the help of an excellent reference group, experts were identified to undertake the writing of these papers.

The paper on the Housing Subsidy Scheme was written by Katharine Hall, who also co-authored the paper on the Child Support Grant with Solange Rosa and Annie Leatt, all from the Children's Institute. The paper on free primary health care health was written by Dr. Maylene Shung-King and Professor Marian Jacobs (both of whom were then at the Children's Institute) in conjunction with Prof. Di Macintyre of the Health Economics Unit at the University of Cape Town. The paper on the Free Basic Water Policy was written by Tim Mosdell of the Palmer Development Group and Annie Leatt from the Institute. The two papers on the National School Nutrition Programme and School Fee Exemption Policy were written respectively by Karen Kallman, formerly with the Black Sash, and Adv. Faranaaz Veriava from the Education Law Project of the Centre for Applied Legal Studies at the University of the Witwatersrand. All papers were reviewed by other members on the research team, the reference group and other experts in the relevant areas. The policy reviews were published as series in 2005 and are available for download on the Children's Institute, University of Cape Town website.

All the papers include a short introduction to the scale of need and the social and political context, before providing a rationale for the programme and its targeting, its policy and legislative framework, and programme plans. The latter include numeric targets, budgets and expenditure, and any upcoming policy or programme changes. All the papers concluded with an analysis of the targeting mechanism by drawing on whatever evaluation research was available, including an overview of data sources, issues of beneficiary access and administrative justice, and issues that needed further exploration using primary research methodologies. In some cases there was a lot of information to work with, while in others it was clear that almost no research had been done on these programmes from the perspective of children.

Following the completion of the desk-based review of policies, the research team embarked on the design and implementation of the primary research project.

Primary research

Having covered the policy documents, issues of conceptualisation, and a review of previous evaluations, it was necessary to design a research strategy to get more detailed information about eligibility and uptake, inclusions and exclusions. National programmes tend to be fairly broad in their conceptualisation, while the detailed targeting components are often developed and implemented at provincial or even local level. The discussion papers suggested that there might be some divergence between the conceptualisation of targeting at national level, and implementation at local level.

Decentralisation in the targeting of programmes is not necessarily undesirable, since it may be more appropriate for need and mechanisms to be defined locally. However, this may have implications for administrative justice. It also means that local level research is needed to provide information on the implementation of the targeting and, in this context, the outcome for potential beneficiaries.

While it is usually possible to obtain national and provincial statistics on the number of beneficiaries reached by programmes, the available administrative data are inadequate for determining in any detail who these programmes reach, and who they do not. It was impossible to express the take-up of programmes as a proportion of those eligible through secondary analysis of data – and certainly not from the perspective of children rather than households. In other words, a tailored research design was necessary to enable analyses of eligibility and uptake for each of the programmes. In addition, primary research was needed to provide information about the processes and costs of access to poverty alleviation programmes, as well as the obstacles to access and the reasons for exclusion.

Primary research objectives

The primary research was conceptualised around the following core questions:

- Are the targeting mechanisms appropriately conceptualised?
- Are the targeting mechanisms, when implemented, effective in enabling targeted beneficiaries to access the programmes?
- What are the consequences of the targeting mechanism for applicants and beneficiaries?
- How are the targeting mechanisms implemented at local level, and to what extent have principles of administrative justice been applied?
- How are the programmes related to one another – what are the multiple inclusions and exclusions, and how do they occur?

The primary research consisted of a multi-dimensional methodology designed to answer these questions. The objectives of the primary research were:

- to determine eligibility levels for each of the six programmes based on the specific eligibility criteria, and to identify exclusions at the level of conceptualisation;
- to determine the reach of the six programmes, in relation to their defined targets and the relevant socio-economic rights;

- to identify possible errors of inclusion and exclusion in the implementation of programmes;
- to identify some of the costs and consequences of the targeting mechanisms for applicants and beneficiaries, and to explore obstacles to take-up amongst those who did not access these programmes;
- to investigate whether principles of administrative justice were being applied;
- to identify obstacles to effective implementation; and
- to explore linkages across programmes, in order to identify areas for possible integration of the targeting of poverty alleviation programmes.

Thus, while the *Means to Live* project focuses on a set of discrete programmes, it is also a system-wide evaluation concerned with synergy between programmes that could (or should) constitute an integrated poverty alleviation strategy – although this is not how the programmes are conceptualised.

Site selection

Working within bounded research sites provides a context for examining the links and overlaps between the different programmes, as well as the gaps which may result in multiple exclusions.

An initial task of the research team was to select sites for the primary research. At the outset, it was decided that research would be undertaken in two sites – one metropolitan and one rural. This is because rural and metropolitan municipalities differ greatly in their capacity to implement programmes and finance basic services. Mechanisms to reach urban people may also differ from those appropriate to a rural area where people may be more scattered, have less access to information and lower literacy levels.

The research team looked for sites that had the following characteristics:

- Settlements with people who are generally undisputedly poor, and yet in different environments and settlement types. This was done in order to examine a wide range of enabling and disabling factors.
- Settlements where the full range of poverty alleviation programmes were in operation. It was only then that the research could evaluate their implementation, and the interactions between them.

Based on the information from the policy reviews, the team assumed that the Child Support Grant would be implemented in most places (because it was known that roll-

out of the CSG was extensive and widespread), and that the School Fee Exemption policy would hardly be implemented (because one of the key findings of the policy review was that schools had not implemented the programme). They also assumed that the Free Basic Water Policy would be implemented where there was a formal water infrastructure, and that this would be consequent on the provision of formal housing. As will be made clear in the chapters on housing and water, this did not turn out to be a correct assumption for the rural site.

Part of Makhaza in Khayelitsha, including both formal and informal housing, was selected as the metropolitan research site in the Western Cape. The rural site consisted of a cluster of three villages at Theko Springs about 35 km from Butterworth in the former Transkei area of the Eastern Cape. These sites and their demographics will be described in some detail in the next chapter.

The primary research included four distinct but interrelated components.

Survey of households with children

A survey was designed to enable the researchers to develop a profile of beneficiaries and non-beneficiaries in relation to each programme. It also allowed for the identification of themes in terms of errors of inclusion and exclusion, and allowed for the testing of intervening factors such as income level, location, relationship between caregivers and children, knowledge and awareness and access to other programmes. The survey instruments are described briefly here. The full questionnaire and technical notes on the sample and research processes are available on the *Means to Live* website.

Questionnaire

The research team developed and piloted a questionnaire to obtain data which would enable analysis of eligibility and uptake in relation to the six poverty alleviation programmes, as well as providing some demographic information about the children and the households in which they live. Where possible and appropriate, standard question formats were used to enable comparison of data with other surveys such as the General Household Survey.

The questionnaire consisted of the following sections:

Table 5 : Overview of the Means to Live questionnaire	
Section	Content
Cover	Sample and respondent details Introduction and consent
1	Household characteristics: Housing, services and access to facilities
2	Poverty data: Household assets and food security
3	Household roster : demographic details of all household members Identification of primary caregiver/s for children
4	Caregiver(s) details: home ownership, savings, income & remittances
5	Child details: status of biological parents; access to CSG; schooling, school fees and other educational expenses; access to school fee exemption; access to nutrition at school; health status; access to health services and satisfaction measures
6	Awareness of government programmes, perceptions of need and recommendations

Sample

A systematic sampling method was used to obtain a minimum sample of 250 households with children in the rural site and 300 households with children in the urban site. Based on household: child ratios in the national data, this number of households was estimated to be sufficient to yield data on at least 550 children in each siteⁱ.

All households with children on a sampled property were interviewed separately. In households with children, data was collected in respect of all children and – in some instances – multiple caregivers.

The final sample consisted of 1,179 children living in 492 households. This total was made up of 642 children living in 308 households in the urban site, and 537 children living in 184 households in the rural site. The rural sample was smaller than anticipated, largely due to vacant properties and abandoned buildings. However, the sampling interval was so small ($N = 3$) that the reliability of the sample was not compromised.

There were a number of considerations that informed the sample design. Two are mentioned briefly. First, surveyed households needed to be limited to those with children. The study focuses on children and their access, either directly or via the household, to poverty alleviation programmes. It was therefore necessary to exclude households without children, while still ensuring that the sample is representative. After

consultation with experts, the research team deliberately over-sampled each area, and then rejected households where there were no children after an initial screening question during the fieldwork. The rate of over-sampling was calculated according to Census data for the relevant wards (i.e. the proportion of households with children in 2001).

The urban sample needed to be weighted by geographic area in order to correct the proportions of children from the existing township (Makhaza Village 3), the informal settlement (Nkanini), and the new housing development (Kuyasa). The rural sample did not need to be weighted because it was a systematic sample which captured information for every third household.

Second, there was a possibility that the clustering of children in households may produce a design effect that would reduce the precision of the survey. Calculations after completion of the survey confirmed that the effective sample size was sufficient to provide reliable results for those areas.

Fieldwork, quality controls and data capture

The researchers contracted a commercial research company, Citizen Surveys, to conduct the survey. Interviews were conducted by experienced fieldworkers with appropriate language skills. They were thoroughly briefed on the various programmes and targeting concepts so that they were very familiar with the purpose and focus of the study. They were then trained in the administration of the questionnaire. The two-day training sessions were interactive, and minor improvements were suggested and made to the questionnaire at this stage.

At least one of the lead researchers was present with the field teams in the sites throughout the course of data collection, providing support, checking that the sampling was correctly carried out, and checking the quality of the interviews. Further quality controls were undertaken during the data processing phase. The research team drew up a control sheet which was used to check the quality (and veracity) of information in each questionnaire. If there were omissions, contradictions or logic problems in the questions that were checked, then a follow up interview was conducted to check the information and clarify where necessary. Where possible, these follow up interviews were conducted telephonically but in a number of cases it was necessary to revisit the household – either because there were no telephone contact number, or because the information was too sensitive or complex to cover in a phone call.

The data were captured in four datasets: one for household-level data, one for all individual level data, one for caregivers and one for children. These were merged in various ways in the analysis, depending on the unit of analysis. For instance, in most cases the unit of analysis is the child, but individual child data sometimes needed to be

merged with household data (e.g. type of dwelling) and data about the caregiver (e.g. age and income) in order to calculate eligibility for the CSG.

The data was subjected to rapid analysis to inform the identification of themes as well as to select respondents for later qualitative phases of the research.

The research team developed analysis plans for the quantitative analysis. In particular, it was important to ensure that the eligibility criteria and uptake measures were accurately constructed for each programme. Data analysis was performed using Stata8. The statistical information in this book comes from an analysis of this household survey. This is often complemented by national data to show comparisons between these very poor areas and provincial or national averages.

Semi-structured interviews with implementers

Interviews were conducted with government officials at national, provincial and local levels, as well as other role-players who are involved in supporting or mediating implementation. These included members of school governing bodies, parents working on school feeding schemes, housing contractors, and NGOs.

A semi-structured interview schedule was developed for each programme and interview. The schedules shared a broad focus in that they encouraged the person being interviewed to describe the application of targeting mechanisms, how targets and priorities were set, and allowed the implementers to reflect on the appropriateness of the targeting mechanism in the research site. In addition, these implementers were asked about the constraints in programme implementation, the role of the implementing body, relationships to key individuals and structures in the areas, and decision-making and problem-solving.

These interviews were conducted by researchers from the Children's Institute.

Qualitative interviews with beneficiaries and non-beneficiaries

In addition to the survey and interviews with implementing agencies and other role-players, 44 caregivers were interviewed. These caregivers were purposively chosen from the survey in order to provide a range of scenarios with respect to all six programmes. A total of 20 caregivers were interviewed in the urban site, and 22 in the rural Eastern Cape site. Almost all interviews were conducted in Xhosa and were recorded digitally. The interviews were then translated and transcribed.

The qualitative interviews provided insight into how caregivers and children access programmes, and why some eligible people are able to access them while others failed to get the benefit in the end. These interviews focused on particular poverty alleviation programmes, but did so in a way that they were also able to capture the context in which poverty alleviation programmes are implemented – the ways in which households are structured and how they change, intra-household relations and care arrangements within families, access to resources and services and knowledge about the various programmes.

Individual interviews were drawn from the survey, and allowed for greater depth of enquiry about the ways in which adults and children experience the process of applying for poverty alleviation, their interaction with implementers, the costs and consequences of the various targeting mechanisms, and barriers to access.

The case studies throughout this book and the quotes on the experience of accessing the benefits of these various programmes come mainly from these in-depth interviews.

Focus groups with caregivers and older children

A purpose of the qualitative phase was to obtain a collective construct of the local context through a discussion of “life in the area” with a special emphasis on children. This was intended to assist the researchers to develop a more rounded profile of the research sites, which also drew on information from local leaders, government officials and individual caregivers as well as observation.

Five focus groups were convened in each site – three with caregivers and two with high school pupils. Each of the research sites consists of three distinct area types or villages, and the caregiver groups were conducted in each of these. The children’s groups were recruited and conducted at local high schools.

<i>E Cape</i>	<i>W Cape</i>
1. Theko Springs caregivers	1. Village 3, Makhaza caregivers
2. Nkelekethe caregivers	2. Nkanini caregivers
3. Krakrayo caregivers	3. Kuyasa caregivers
4. Grade 11 boys	4. Grade 10 boys
5. Grade 11 girls	5. Grade 10 girls

Unlike the individual caregiver interviews, where respondents were drawn from the surveys, the groups were not constructed from survey participants. Caregivers were recruited by the fieldworkers and researchers. There were only two recruiting criteria:

- participants should be female caregivers with children under 18 years;
- there should be a spread of younger and older participants in each group.

It was planned that the groups would consist of about 10 respondents – enough to enable collective response, but few enough for the venues to accommodate and the recorders to capture all the voices.

The selection of venues for interviews was based on the requirement that they be central, accessible and non-threatening. In the Eastern Cape, all the focus groups were held in private homes. Most homesteads in the rural site consist of a cluster of buildings. Focus groups were held in rondavels, which were large enough for all the participants to sit comfortably.

In the Western Cape, the houses were generally too small to host focus groups. Most dwellings in the urban site are shacks or subsidy houses which, once divided inside, have tiny rooms. For the Makhaza (Village 3) focus group, a meeting room at the local administrative building was used. In the informal settlement, Nkanini, an informal structure in the yard of a crèche was used. Since there are no public venues or meeting places in Nkanini, this structure of corrugated iron is often used for meetings and is a known location. In Kuyasa, the housing subsidy development, there was not a single public space that could be used. Researchers had to conduct the focus group inside a private house, and eventually managed to find a house that did not have a dividing wall inside.

Because of the poverty levels in the sites, refreshments took the form of a substantial meal. The research team bought ingredients for a large chicken stew for each focus group, and employed a local resident (usually the host) to cook the food and provide the utensils. This system worked well: the hosts welcomed the money, and the food was enough for more than just the participants.

The ten focus groups were all conducted in isiXhosa, and lasted between an hour and two hours each. They were recorded, translated, transcribed and analysed.

All the qualitative interviews were analysed thematically using AtlasTI. An initial coding system was used as a guide, although codes were changed and added along the way. The final coding system consisted of three levels:

- detailed, data-driven coding;
- clustering in themes, allowing for overlap / duplication – data-driven and deductive;
- clustering in super-families – mainly deductive – division into programmes and context themes.

Together, the findings from the survey, the implementer interviews, and the qualitative interviews with caregivers and youth, show how poverty alleviation programmes are implemented – and accessed – in two poor areas of South Africa, and provide an illustrative account of the effectiveness of targeting.

What the research can and can't show

The primary research was undertaken between September 2005 and March 2007. The survey had been completed by the end of 2005. In the context of rapid policy change, information dates quickly. During the research period, for instance, the no-fee schools policy was implemented, and this affected large numbers of children in the research sites. Where possible, the effect of policy change was considered and more recent analyses of national data included.

The findings of the *Means to Live* research are indicative of a range of issues that have consequences for the conceptualisation and implementation of these programmes in areas of high poverty density. They provide a comprehensive and detailed snapshot of two locations that can provide insight into all areas of South Africa. The findings are also a body of evidence to support improved targeting – and sometimes, improved implementation.

It is important to bear in mind while reading this book that the numbers, extent and type of programmes and policies researched in this project are limited, and they do not cover all poverty alleviation programmes that have an impact on children in South Africa.

Similarly, programmes for children with special needs (such as children with disabilities or children in the criminal justice system) are not a focus of the research. The principle of the project was to include programmes with the widest impact on the largest numbers of children for their basic needs. The same project methods could fruitfully be extended to other programmes in future. Some programmes are also subject to change – for instance, regulations relating to fee-free schools and exemptions have already changed considerably since the research was conducted.

The research has not looked at how the benefits of these programmes have been used – their diffusion to members of the family or the household other than the main beneficiary. Similarly, the impact of the programme on the child’s quality of life does not fall within the scope of this study. The only exception to this is where non-access has had consequences which were raised by their caregivers.

The research sites are not representative of a province or a type of area, and the research does not provide a comparative analysis of urban and rural areas in general. Although the surveys are representative of children in the research sites, they cannot be extrapolated to anything other than the research sites. This was a deliberate choice, which enabled the research team to explore a wide range of conceptualisation and implementation issues and to do so in the context of programme implementation.

This book does not come with a closed or comprehensive set of policy alternatives. That is a subject for ongoing discussion within and between government departments and civil society. The *Means to Live* sets out to raise a wide range of issues that should be taken into consideration in improving the targeting of poverty alleviation programmes – at the level of conceptualisation and implementation, individually and in synergy. Some of these are minor – small improvements to the implementation of basically sound policies or programmes. Other programmes show more serious defects, and it will be necessary to rethink elements that might be unlawfully implemented or poorly conceptualised with significant unintended consequences. The authors hope this work will contribute to further research and the thinking of many government departments in the ongoing development of poverty alleviation for children and their families.

THE MEANS TO LIVE SITES

The *Means to Live* research sites comprised both urban and rural sites. The urban sites were located within Khayelitsha, in Cape Town, Western Cape. The rural sites were located within three rural villages in Theko Springs, near Butterworth, in the Eastern Cape.

The urban site: Makhaza (Village 3, Kuyasa, Nkanini)

South Africa is a country of great inequality. The Western Cape, although the wealthiest province in terms of average household income, is also home to some of the poorest households. About 33% of Cape Town's households were estimated to be living below a household subsistence level of R1 600 per month in 2005, and unemployment rates had been steadily increasing since 2000 (City of Cape Town, 2004).

The township of Khayelitsha lies about 30km from the centre of Cape Town. Travelling east on the N2, take the Baden Powell offramp to the south, and turn left just before the sewerage works. The urban site lies within the Umrhabulo triangle on the eastern perimeter of Khayelitsha, forming the eastern-most residential area edge of greater Cape Town. Beyond this is open land – small sandy hills covered with scrubby coastal vegetation – and then Macassar (same name, but different spelling), a suburb of Somerset West that was previously reserved for coloureds. The Umrhabulo triangle falls under Ward 96 of the metropole, but during the research period the site was split into two wards – 95 and 96 – due to population expansion and the settlement of new areas.

The research site consists of three adjacent areas: Makhaza Village 3, the informal settlement of Nkanini, and a new low-cost housing development, Kuyasa. The oldest of these is Village 3, which was established as part of the early housing subsidy scheme towards the end of the apartheid era.

Makhaza is the product of apartheid urban planning and post-apartheid urban migration. The deliberate under-supply of urban housing under apartheid resulted in overcrowding in many of the most densely populated and poorly serviced areas. By the 1980s urban housing was in crisis and the anti-apartheid struggle was reaching its height – with organised civil disobedience campaigns, including widespread bond and rent boycotts. The government declared a state of emergency in 1985 and deployed the security forces to clamp down on the freedom movement. However, despite its repressive response, it was also necessary for the government, which faced enormous debt and the pressure of international sanctions, to begin making policy concessions. Some of the Apartheid legislation was repealed – including the 1986 lifting of influx control and some restrictions on property rights (Hutchzermeyer 2001).

At this time, Makhaza was still vacant land bordering the sand dunes at the edge of False Bay, but Cape Town's townships were expanding rapidly. Despite Apartheid policies to

regulate movement and curtail influx, people continued to flock to the cities. The State's policy of under-providing houses had resulted in massive overcrowding of townships, and informal dwellings proliferated in backyards and on surrounding vacant land.

In 1990 the government embarked on the early "site and service" schemes as part of its new policy of "orderly urbanisation", aimed at introducing order and control to urban residential areas and addressing the chaos of informal settlements. The Independent Development Trust (IDT) was established with a capital investment of R2 billion from government to administer the development and allocation of over 100,000 sites in 108 areas over a period of four years, with a once-off subsidy of R7,500 per site to pay for the infrastructure. These site-and service developments (sometimes referred to as "toilet towns" because they typically began with geometrically arranged toilets on open land) were the earliest form of the subsidy-linked housing scheme – a device which was to become a key feature of the new government's housing policy.

Khayelitsha has been identified as a node for the Presidential Urban Renewal Programme. The Cape Town Integrated Development Plan for 2004/05 identified the key challenges facing Khayelitsha as being "unemployment, crime, health, education, lack of improved services, sustainable housing development, social and economic integration and support for vulnerable groups e.g. youth, women and disabled".

Poverty levels are high throughout the area – at the time of the 2001 census, 76% of the population in this area lived on a per capita income of less than R400 per month.

The City of Cape Town, acknowledging that a third of the city's population was living below the subsistence level, developed an indigent tariff policy for services. The differential tariff structure enables cross-subsidisation so that the following free services can be provided to households with little or no income:

- 6,000 litres of free water per month (equivalent to 200 litres per day)
- 4,200 litres of free sanitation per month (equivalent to 15 flushes per day)
- 50 units of free electricity per day for households using less than less than 450 units per month
- exemptions on the first R50,000 of the property value, and no property taxes for households in properties less than R50,000
- free refuse removal for households in properties less than R50,000.

Access to housing and services in the urban site varies enormously depending on the settlement and housing type. The township of Makhaza began as one of the early site and service schemes in which beneficiaries received freehold title to serviced plots. The scheme initially consisted of about 1,500 sites, and targeted informal households from

other parts of Khayelitsha. Village 3 is one of three sections that make up Makhaza (Villages 3, 4 and 5). There are just over 3,500 sites in Village 3, many of which have already been upgraded through consolidation subsidies and have formal dwellings on the properties.

Most of the formal houses in Makhaza Village 3 have the consistent square shape of the standard subsidy house. Few have been plastered or painted, so the effect is of rows of grey cement dwellings lining the roads. Most sites still have a cement toilet structure at the front corner of the property, with a tap attached to the outside wall. Some households have been able to invest in upgrading their properties, and have installed internal bathrooms. There is a formal road infrastructure with a repeated design of key-hole shaped cul-de-sacs off the main roads. This provides spaces away from the traffic where children can play safely.

A similar layout has been used in Kuyasa, an adjacent housing development which was started in 2003. The main reason for this development was to provide alternative accommodation for informal households that were to be moved from the informal settlement Site C, at the other end of Khayelitsha, in order to make room for in situ upgrading of Site C. Ostensibly part of a broader de-densification and housing development programme, the project shipped in “outsiders” and benefitted very few households from the Makhaza area. When the research commenced, this project was still under construction, with only the phase 1 houses completed. Hundreds more were built during the research period.

Adjacent to Makhaza and Kuyasa, the informal settlement of Nkanini is built entirely on white sea-sand. Originally clustered along the Ntlazane road adjacent to Village 3, the shacks now extend right up the hill towards Baden Powell Drive, which runs to the sea. Ascending the hill, soft white sand is whipped up by the wind. There is no shade and nothing grows.

Nkanini started with the illegal invasion of land by a dozen or so households in 2003 and grew rapidly over the following few years. In mid-2004 the municipality undertook a count of the shacks and estimated that 6,500 dwellings had been erected on the land. These were marked with an ‘X’ and numbered in red spray paint. By the end of 2005, the number of shacks was estimated to be closer to 14,000 and in 2006 members of the South African National Civics Organisation (SANCO) committee for Nkanini estimated that there were 20,000 shacks.

The name “Nkanini” literally means “by force”, a reference to the non-negotiable attitude with which the land was settled. Many of the early settlers were residents from Makhaza, where the formal houses and backyard shacks could no longer accommodate the growing population. Later, the land invasion gathered speed as people from across the Cape Flats and beyond realised that despite threats of eviction, people were not being removed from the land. On the contrary, some basic communal services were

provided, and residents had access to the schools and clinics that served the neighbouring formal area of Makhaza and later, the new residential development of Kuyasa.

Some of them come from far away – can you believe, from Hermanus, from Kraaifontein, from Langa, all over... Last year they (the council) said we must count because they want to know how many people are here, how many shacks are here. We got 15000, but now there's new, new, new everyday.... If the people are coming here, they just talk with the community leaders... like us, and then we tell him: no, you can put your shack here because I can't stop you.... Sometimes they come during the night while we sleep. Then you see oh there are ten shacks here which you didn't know [before].

- SANCO chair, Nkanini

Nkanini is cut by a single tarred road, along which communal toilets are clustered in groups of five at regular intervals of a few hundred metres. These are the only form of sanitation for the entire settlement, and those who live far from the road either have a long walk to use the toilets, or else use buckets or the rapidly diminishing bush at the edges of the settlement. There is a rubbish collection service: once a week municipal employees walk through the settlement distributing one black rubbish bag per household, which is later collected. This service receives mixed response from residents of Nkanini, some of whom feel that the labour-intensive refuse collection system should have been an employment project for local people. Of serious concern with regard to environmental health is that there is no drainage system in the settlement. Households dig holes in the sand outside their dwellings in order to dispose of liquid waste such as dirty water from washing and laundry, and in the absence of nearby sanitation, children use shallow pits dug into the sand. As one mother explained, when young children need to go to the toilet, they need to go immediately – you cannot walk all the way down to the road. It is also considered unsafe for children to go alone, or for anyone to go alone at night.

Most of the communal toilets have been locked with padlocks, and residents must ask at nearby houses or spaza shops to use the keys. The toilets have a manual flush system, which means that the user must collect water from a nearby communal tap and carry it back to the toilet in order to flush. A member of the community development forum serving on the water committee for Khayelitsha describes the maintenance of services as being a real problem. Many of the toilets are dysfunctional – drains are blocked or broken, so that sewerage spills out on the pavement. In at least one place, sewerage bubbled out of an open manhole in the middle of the road.

Communal taps are interspersed along the road, and a few are placed at occasional intervals through the site. There is no formal electricity supply, but many households have illegal connections, taken from the formal houses nearby. Electric wires criss-cross the road that marks the border between Nkanini and Kuyasa and run along the sandy paths throughout the settlement.

The whole of Makhaza is served by three primary schools, three secondary schools and three clinics. These are also used by the residents of Nkanini and Kuyasa, as well as from further away – Mfuleni, Delft and other informal settlements – so that schools have become over-subscribed, and people complain of long waiting times at the clinics. A new clinic was built in the Kuyasa housing development and opened after the phase one houses were completed. Most primary school age children from Kuyasa attend Kuyasa primary school nearby – a school which preceded the housing development and also serves children from Harare and other sections of Khayelitsha.

Makhaza villages 3 and 5 are divided by Lansdowne Road, lined with containers and wooden wendy houses selling everything from building materials to fruit to telephone services. The main high school, Chris Hani Secondary, is situated here. Across the road is the community centre (the Desmond Tutu Recreation Centre) and a very well maintained public library which provides a quiet, clean study space for learners and regularly hosts workshops and talks on the weekends. Informal traders lay out their goods – clothing, shoes, fruit, chips and sweets, cell phone accessories – on the pavement outside. The busiest trading days are when social grants are paid out at the community centre. Then money-lenders bring their chairs and line the entrance to the community hall next to the library, collecting payments from the social grant beneficiaries as soon as they're past the gun-carrying security guards at the checkpoint.

Behind the community hall, further along Lansdowne Road, is a shopping centre which serves the entire area. It includes a large Checkers supermarket, a few clothes shops, a furniture store, a hardware shop, a pie shop and banking machines. There is a small business development advice centre which also provides basic business services like printing and faxing. A Johannesburg-based businessman bought the shopping centre and in 2006 started construction of a whole new section to accommodate shops and offices. This would make the Makhaza centre one of the main economic centres in Khayelitsha.

The rural site: Centani (Theko Springs, Nkelekethe, Krakrayo)

The Eastern Cape is one of the poorest and most rural provinces in South Africa. It is a place of great beauty and great inequality. While its coast is peppered with resorts and casinos catering to the rich, parts of its interior are among the most underdeveloped in the country.

The rural site for this research is Theko Springs, comprising three adjacent villages of Theko Springs, Nkelenkethe and Krakrayo, which together form one administrative area. Turning south from Butterworth towards the coast, 25 km of tar road leads to a sign to Theko Springs at the General Church of God. Turning left leads onto a dirt road – dusty in winter and almost impassably muddy in summer. A turnoff to the right leads to

Krakrayo, which snakes across one hilltop. Otherwise the road continues straight through Theko Springs until it peters out in the village of Nkelekethe.

This area is not quite on the map. The Municipal Demarcation Board does not have Theko Springs on its maps. The *Nkosi*, (elected traditional leader) Mr. Dyantyi, is under the impression that there is no budget for services for places that are “not on the map.”

Theko Springs is in the Mquma local municipality, which falls under the Amathole District Municipality (ADM). In terms of electoral boundaries, it is part of Ward 10, which has just over 3000 registered voters and an ANC majority in the 2004 national elections. The ANC ward councillor has a house in Krakrayo and another in East London. Amathole District Municipality has taken on all the functions of the local municipality, which has almost no capacity to deliver services to rural villages, and was even struggling to provide adequate services to the town of Butterworth at the time of the research.

Under apartheid, the Eastern Cape was officially divided into three countries. Much of the area between the Kei River and KwaZulu Natal (the “Transkei”) was historically communal land under traditional authority. In 1976, the Transkei was declared an independent state, the first of the Bantustans. The Bantustans were a move “designed to consolidate the inhuman policies of apartheid, to destroy the territorial integrity of the country, to perpetuate white minority domination and to dispossess the African people of South Africa of their inalienable rights.”⁷ Later, the “Ciskei” area between the Great Fish and Kei rivers was declared an independent state (with the exception of a “white corridor” including East London, some of the more developed coastline, and profitable commercial farming areas, which were retained by South Africa). From 1983, black South Africans were officially foreigners or residents of one of the “independent homelands”. The Bantustan policy made it possible for the South African government to deport Africans to the “homelands” if they did not have the required permits to live and work in South Africa or were regarded as undesirable. At the same time, it relieved the South African government of the burden of developing infrastructure within the homelands, which were already notoriously under-resourced in terms of service delivery and public facilities such as schools and clinics.

Theko Springs was established in 1972, prior to the Transkei’s independence, when rural households scattered over an area called Zwelidala were moved by the apartheid government as part of its betterment planning strategy which attempted to rationalise land use by concentrating scattered rural households into villages. Ostensibly, betterment planning was designed to improve agricultural production and reduce environmental damage, but there was little consideration for the social and political

⁷ The Bantustan policy was widely condemned. This quotation is from the UN General Assembly, at the declaration of Transkei independence 1976. Reported on the African National Congress website <http://www.anc.org.za/un/pr/pr1026-76.html>

consequences of uprooting families. “The forced resettlement which forms an integral part of betterment schemes – the consolidation of scattered homesteads into small, compact villages surrounded by clearly defined grazing and arable land – and the accompanying loss of privacy and distortion of kinship and neighbourhood relationships... led to determined resistance” (Surplus People Project 1983: 116). A study during the 1970s associated betterment with an increase in labour migration (particularly amongst men) and a drop in agricultural production (O’Connell in Surplus People Project 1983: 116). Originally, the new villages at Theko Springs, Krakrayo and Nkelekethe were quite sparse, and each household had a substantial piece of land. Later, people were displaced from a nearby farm: “So when those people were chased away, they went around looking for their relatives, so then they came here and we gave them places to stay.” (Dyanti 2006). The original land on which the community’s homesteads were scattered is now communal land used for grazing and fields.

The current Nkosi’s father, Elias Dyanti, was the hereditary chief of the area until shortly before the community was relocated. Then followed a succession of problematic tenures. Elias’ son Sicelo took over leadership until 1983, when he was effectively fired by the government after the community expressed its dissatisfaction with his leadership. The community appointed someone from outside the Dyanti family in his place – a man called Mlungwana Qhampa – who served from 1984 to 1987. He was arrested and jailed after it was discovered that he had sold communal land.

After Qhampa, the leadership was returned to the Dyanti family. According to the current Nkosi, people in the community said it was wrong from the beginning for Qhampa to come in when Sicelo left, “because this thing belongs here, in the Dyanti family. It shouldn’t have gone elsewhere, this land is not other people’s land, this land was given to Dyanti.” However, another powerful family called Balfour contested the position. With government support, the community held an election in which Zonwabele Dyanti, the current Nkosi, won by a two-thirds majority. He took over leadership in 1989 and has been in that position ever since. The power struggle between the Dyanti and Balfour families has continued over the years, however, and the initiation of many local development projects has been part of the struggle. Both the agricultural and subsidy housing projects were initiated by Balfour, and there was contestation over the location of a new clinic.

According to Statistics South Africa and World Bank rankings, this is the fourth poorest magisterial district in the Eastern Cape, with a calculated mean monthly household expenditure under R800. There is virtually no employment for the population, and most households survive mainly on social grants. Some receive small remittances from family members working in cities, and some manage a bit of small-scale subsistence agriculture.

Old, empty and abandoned housing is everywhere across the three villages. When someone dies or leaves the area, their house is often left to decay. Mud-brick houses

quickly return to the earth – there are small rings and mounds of what used to be houses scattered across the landscape. There is no shortage of housing in Theko Springs.

Theko Springs derives its name from the natural springs which bubble out of the ground and trickle into small pools used by people and animals. The fact that there is a natural water supply, no matter how inadequate, has meant that delivery of basic water has not been a priority for local government. An elected councillor responsible for the water portfolio said “When somebody writes that Amathole District Municipality doesn’t deliver *free basic* water... then it begins to be harmful, but when they say that we are giving out *free* water, then I’m happier, then the picture is more accurate.”

Electricity was installed in some of the houses in Theko Springs in 2000. These are mostly close to the main road. According to Mr Dyantyi, it was decided that Theko Springs’ households should receive electricity first. There were two reasons for this decision. First, there were too few households in Nkelekethe, whereas Theko Springs had enough households to justify the installation project. Second, there was the issue of conflict with traditional beliefs. Mr Dyantyi explained that many people believe that the ancestors will leave if electricity is installed in their houses. He felt that electricity should therefore be installed in his own home and the houses closer to him, and that others would then realise that the ancestors would not be chased away. Electricity could then be rolled out to other households in the next phase. The electricity works on a pre-paid meter system, but few households in the *Means to Live* survey reported spending enough money on electricity to supply their lights and fridges and cooking appliances. The installation is also often precarious and dangerous, with complicated extension systems and even exposed wires within dwellings.

There are no sanitation services in Theko Springs. The housing subsidy development envisaged the provision of VIP toilets⁸ which never materialised. While a few residents have dug their own pit latrines and bought zinc or ready-made top structures, the majority use buckets, open veld or the ruins of old buildings for their facilities. These service failures bring with them all the difficulties of lack of privacy, poor sanitation, poor water quality and loss of dignity. “We failed to build toilets for ourselves. If the government could build them for us, even if it’s an outside toilet... because we struggle so much when it comes to toilets. It’s really bad, we squat in the field where everyone can see - that’s not civilised. And also when you do that, there are people who are fetching water down there... so let me say when it rains that dirt goes down there, we drink water that is not clean...” [mother, Nkelekethe]. The schools and the agricultural support centre are the only places with formal pit latrine structures, but these are of the “unimproved” variety in that they are not ventilated, and are therefore considered inadequate by the housing norms and standards.

⁸ Ventilated Improved Pit-latrines – the minimum requirement for “adequate sanitation”.

There is a communal agricultural project, Amagwelane, which has been funded by the Development Bank of South Africa (DBSA) – and this provides some employment for residents of the Theko Springs village on a rotational basis. The co-ordinator of the project, a local volunteer, has been particularly effective at making contact with farmers and government departments to get support for the project. He organised for the loan of a tractor from a commercial farmer, and the Department of Labour sent an official from Middleburg to demonstrate ploughing techniques.

There is a primary school in Nkelekethe, and two junior secondary schools – one in Theko Springs and one in Krakrayo. Two of these three schools were initiated and built with labour and contributions from local residents. The primary school at Nkelekethe started as rondavels, and was called Dyantyi “because we wanted our children to know that when the Dyantyi family was in power, there was progress.” [Mr Dyantyi].

Most children are enrolled in school, and caregivers go to great lengths to ensure that their children have uniforms, have paid their fees, and have resources for stationery and school outings. Despite fairly high enrolment figures (95% of children in the survey were reported to be at school), regular school attendance appears to be much lower. It is not unusual to see children outside school during school hours, and during the research period it became clear that some schools quite often dismissed children from their classrooms well before noon. The schools are poorly equipped, with the school in Nkelekethe in particular having no water supply, no ceilings, broken chairs and windows, and no toys or educational materials for the younger students.

There is no high school at all in the three villages. Many of the older children go to high school in Msinsana, on a village two hill-tops away. This entails crossing the river since there is no bridge. During winter this is fairly easy, but when the summer rains come (which coincides with the year-end exams), this river is often impassable. Pupils have lost many books in the water, their uniforms get wet, and when the rains are heavy children lose days of school at a time because they cannot get through. The Nkosi regards the construction of a bridge for safe crossing as one of their most pressing needs, but also points out that the money for a bridge could be better used to build a local high school. Planners at the district municipality had no knowledge of the need for a bridge until this was raised by researchers.

There is no clinic in any of the three villages. The nearest clinic, Tutura, is a taxi ride or two-hour walk away from Theko Springs. Residents of Nkelekethe would have to walk to Theko Springs first. They are more likely to go to Gcaleka clinic in Holela, across the river. There was once a clinic operating in Theko Springs in a structure built by the community, and clinic nurses, medicines and equipment were supplied from Tafalofefe Hospital. However, the building was not structurally sound and the nurses felt it was unsafe. The clinic was closed many years ago. Residents collected money to build a new clinic, and a piece of land was identified for it. There was a prolonged disagreement between Dyantyi and Balfour followers over the location of a clinic, but eventually Balfour relented. In 1997, the Department of Land Affairs granted permission to use the

site for a clinic, and there was an agreement with the Department of Health that a clinic would be established. This has still not happened. Health workers at nearby clinics reported that there were allegations of corruption within the Department that prevented the clinic being built.

In the last two months of the research, two boys were murdered. A picture of a divided community emerged. This was suddenly apparent when the research team were conducting focus groups in Theko Springs, and people invited from one side of the road explained that they couldn't attend a group discussion on the other side of the road. The split is attributed mainly to gangsterism among boys of the village. Those on the southern side of the road cannot cross to the northern side, and vice versa. Almost none of the older boys from the southern side are still attending the high school to the north of the village. One exception is a boy in Grade 12, whose mother pays R150 per month (equivalent to the annual school fees) for private transport so that he doesn't have to walk through the village on his way to school. Although there are similar proportions of boys and girls in the site, almost three times as many girls as boys attend Gwelane in grades 11 and 12.

Although community members describe this split as starting with boys, it affects everybody, and even adults do not feel that they can safely cross the road. One informant talked of an old man who was attacked by a young teenage boy when he was on the "wrong" side of the road. Community members talk about alcohol being a problem. Teenagers start drinking early, often in the context of initiation ceremonies, and some parents condone this or even get drunk with them.

Mr Dyantyi commented: "Nothing is right now that we have this democracy thing, that we are all equal. A child is like an adult, an adult is like a child in these times that we live in.... It's worse now when the boys are being initiated. Then they take hatchets and hack each other and all that, that's when they kill each other there, so that now the child that is going to be initiated dies. So you find that people are helpless because we are the ones who spoil our children. When we send our children into initiation we give them alcohol and pigs and money so that they can go and buy alcohol from taverns."

The Amathole District Municipality commissioned a group of architects in King Williams Town to draw up plans for a community hall to be built in Theko Springs. This could be an important facility for youth activities, as well as for the various committees involved in agricultural and housing development projects. The plans show a hall with a stage, a boxing area and internal change-room, a separate office and kitchen, and two water tanks.

Demography of children

Sample details and household size

The *Means to Live* survey included only households with (any) children. Information was captured for a total of 1,179 children in 492 households. Details of the sample are shown in Table 6 below.

Table 6 Final sample			
	Urban site	Rural site	TOTAL
Sampled households	308	184	492
Properties with more than 1 household	23	8	31
CHILDREN			
Total children in sample	642	537	1179
Mean children per household	2.1	2.9	2.4
Minimum children	1	1	1
Maximum children	6	8	8
CAREGIVERS			
Total caregivers	348	214	562
Mean caregivers per household	1.1	1.1	1.1
Minimum caregivers	1	1	1
Maximum caregivers	3	3	3
HOUSEHOLD MEMBERS			
Total household members	1361	978	2339
Mean household size	4.4	5.3	4.7
Minimum household size	2	2	2
Maximum household size	13	21	21
Source: The Means to Live			

Households in the rural site were larger, on average, than those in the urban site. This is because they tended to have more children, and a higher ratio of children to adults than the urban households. There is also variation in household size within the urban site. In the informal settlement, households were relatively small and had few children (3.6 members, of whom 1.7 were children on average.) In the old formal part of Makhaza, on the other hand, the average household size was 5 members, with an average of 2.7 children per household.

The mean household size in the *Means to Live* sample (4.7 members) was larger than that of the national population (3.8). However, the national household average includes adult-only households as well as households where children live. The mean national household size for households in which children are resident is 5.1 members (General Household Survey, 2006) – which lies between the mean household size for sampled households in the rural site, and that for the urban site in the *Means to Live*. This distribution is to be expected, given the concentration of children in rural households.

Prior to sampling, 2001 Census data was obtained for the respective wards. This showed that children were resident in 62% of households in the urban site, and 81% of households in the rural site.

According to national statistics, males and females are distributed fairly evenly (50.8% female: 49.2% male), and the distribution for children under 18 is exactly 50:50 (Statistics South Africa, 2006). This gender balance was reflected in the *Means to Live* research sites, though in the urban site the proportion of girls (55%) slightly outnumbered boys (45%).

Age and mobility

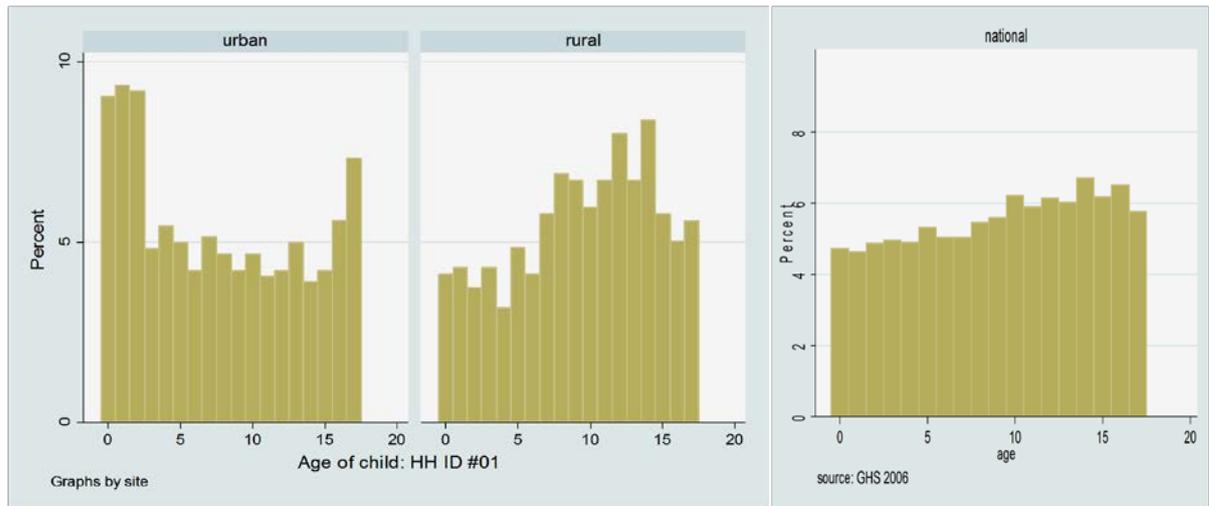
Children in the urban site were younger, on average, than those in the rural site. While 50% of children in the urban site were 7 years or younger, the median age in the rural site was 10 years.

Table 7 Age of children in Means to Live sites			
	Urban site (n=642)	Rural site (n=537)	National (GHS 2006)
1 st quartile (25%)	2 yrs	6 yrs	5 yrs
2 nd quartile (50%) – “Median”	7 yrs	10 yrs	9 yrs
3 rd quartile (75%)	13 yrs	13 yrs	14 yrs
4 th quartile (100%)	17 yrs	17 yrs	17 yrs
Mean age of all children < 18 years	7.6 years [CI: 7.2 – 8.1]	9.4 years [CI: 8.9 – 9.8]	9.0 yrs [CI: 8.9 – 9.1]
Sources: The Means to Live; GHS 2006			

The average age of children in the urban site is considerably lower than the national average. This is partly due to the inclusion of the informal settlement in the urban sample, where the mean age of resident children was just 5.9 years. Caregivers spoke of their concerns about raising children in the informal settlement, which was considered dangerous for children for many reasons ranging from the lack of basic services and associated health hazards, to the sub-standard and overcrowded housing, to crime. A mother in Nkanini told how she had sent her child to live with his grandmother in the Eastern Cape soon after he started school, simply because she could not afford the regular cost of transport to get him from the informal settlement to the school at Kuyasa, and he was molested and bullied by other (older) children when he walked [Interview Cikizwa, mother, Nkanini, urban site].

The chart below illustrates the differences in age distribution year by year.

Figure 1. Age distribution of children in Means to Live sites (and national)



The national distribution of children by age is fairly even (as shown on the extreme right), but this may mask the effects of population movement where children move between area types. The urban child population includes a relatively large population of babies, after which there is a sudden drop-off in the proportion of children for all ages until around 15 years, when the proportion of children starts to increase again each year, possibly signifying in-migration of teenagers to the city. In the rural site on the other hand, the proportion of babies is relatively small compared to the urban population, but increases for children year-by-year until age 14, after which the proportion of children at each age level decreases again.

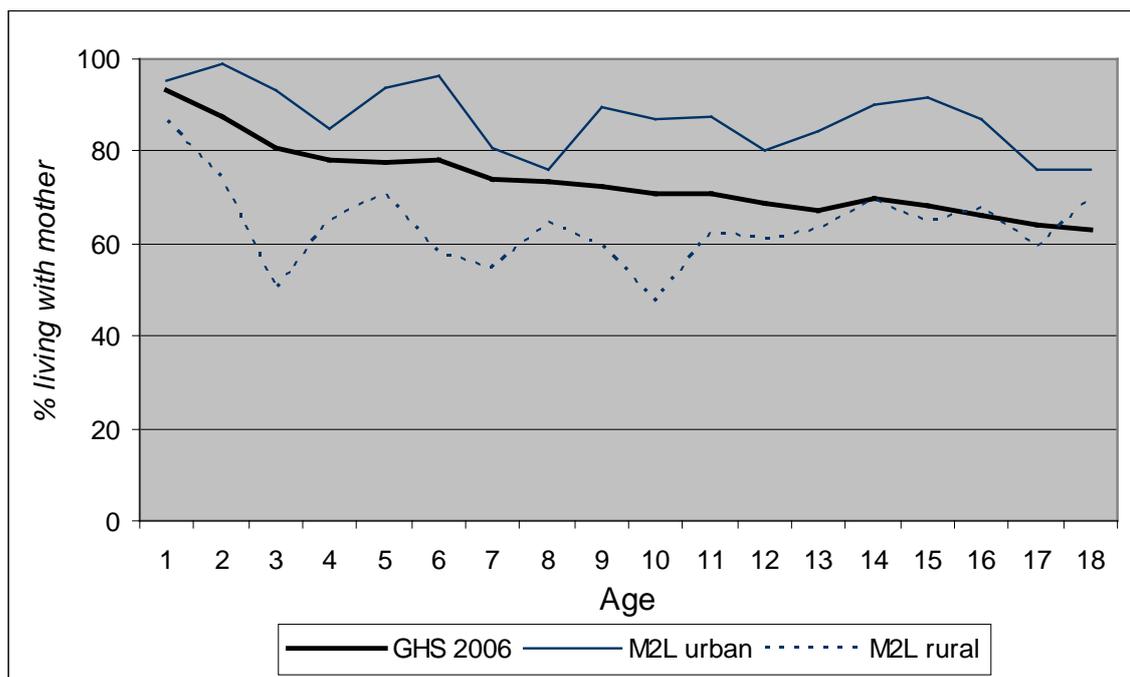
This pattern is partly explained in qualitative accounts from caregivers, who described the movement of young children into rural households. A number of caregivers in the rural site cared for children whose mothers, living in the city, earned money to send home or tried to find work. Ten percent of children in the rural site were classified as “mobile” in that they had not been born into their household but joined it later. Over a fifth of the rural children (22%) lived in a household which had been joined by a “mobile” child, while 12% of the urban children lived in “mobile” households of this kind. In the caregiver accounts, child mobility was associated with a range of logistical challenges related to the transfer of social grants, school enrolment, the location of identity documents and so on. These are discussed in later chapters.

In some cases, children had moved into an existing household together with their caregiver. Examples of such cases are where a mother moved to Cape Town with her young child, and stayed with relatives in Makhaza or Kuyasa, or joined a relative who was already staying in the informal settlement. These may be temporary arrangements, until a permanent home can be found.

Caregivers, orphanhood and child-headed households

According to national data, 74% of children live with their biological mother. It makes sense that infants are much more likely to be with their biological mother, but the greater the age of the child, the less likely that the mother and child are co-resident – as shown in the figure below:

Figure 2. Co-residence with biological mother, by age (M2L and national data)



A similar pattern was found in the *Means to Live* surveys, and particularly the urban site, where babies (0-2 years) were more likely than older children to live with their biological mother. Children in the urban site were more likely to live with their biological mother than children in the rural site – in fact, many children in the rural (Eastern Cape) site had mothers who were living in the urban site (Cape Town).

Table 8 Details of children’s primary caregivers, by site ⁺

	Urban site (n=642)	Rural site (n=537)
RELATIONSHIP BETWEEN CHILD AND CAREGIVER		
Child’s caregiver is biological parent	89%	63%
Child’s caregiver is grandparent	3%	27%
Child’s caregiver is other relative	7%	10%
Child’s caregiver is other (unrelated)	1%	-
SEX OF CAREGIVER		
Child’s caregiver is female	98%	96%
MARITAL STATUS OF CHILDREN’S CAREGIVERS ⁺⁺		
Married under civil law	23%	18%
Married under customary / religious law	21%	37%
Living with partner	11%	-
Never married	33%	18%
Divorced	6%	3%
Widowed	7%	23%
CAREGIVER AGE		
Mean age of all children’s caregivers at time of survey	34	46
Mean age of mother-caregivers only	34	40
Mean age of grandmother-caregivers only	50	62
Mean age of biological mother at time of child’s birth ⁺⁺⁺	27	31
Children whose mothers were teenagers (under 20) at time of child’s birth ⁺⁺⁺	10%	4%
Source: The Means to Live		
Notes:		
+ Unit of analysis is the child (not the caregiver). So 89% of the urban children have biological parents as caregivers; 98% of the urban children have caregivers who are female, etc		
++ percentages do not add up to exactly 100%, due to rounding		
+++ it was only possible to calculate the age difference between the biological mother and child when the mother was co-resident in the household. In the rural site, a third of children did not have co-resident mothers.		

Over a quarter of the children in the rural site lived with and were cared for by their grandmother. It is not surprising, then, that children’s caregivers were older on average in the rural site (45 years) than in the urban site (34 years). The age of the rural grandmothers varied enormously, however. Some of the grandmothers were themselves quite young – the youngest being just 39 years – and in some cases were bringing up their grandchildren together with their own children. A quarter of the grandmothers who were primary caregivers were under 60 years, and therefore not old enough to receive the State’s old age pension. Some households with elderly caregivers felt extremely vulnerable. In a household in rural Krakrayo, for example, an old couple, both in their 80s and chronically ill, cared for their two grandsons aged eight and six. The children’s mother, who lived in Cape Town, was unable to send money home because she could not find a job and was struggling to support herself. The household relied on social grants – the children’s Child Support Grants and the (much larger) grandparents’ pensions. When the grandparents die, their care and their income will be lost to the family. The boys’ mother may return to care for her children, or take them to Cape Town, but there will be no means to support them other than the small child grants they receive.

Some of the caregivers were very young. At the time of the survey, 25 children had caregivers who were under 20 years. All except two of these lived in households with at least one older adult. It was possible to identify teenage mothers in the sample by deducting the age of the child from the age of the biological mother, if the mother lived in the household. Teenage pregnancy was more likely to occur in the urban site than the rural site, where only 4% of children had mothers who were under 20 at the time of their birth. By contrast, 8% of children in the urban housing project of Kuyasa, and 13% of children in the urban informal settlement had been born to teenage mothers.

Linda's household of six people is unusually large for the informal settlement of Nkanini. Linda is 47 and a grandmother. She lives with her four children (aged 8 to 17 years) and a baby of two, who is the child of Linda's 14-year-old daughter Nandi. The baby's father, a youth from Kraaifontein, refused to acknowledge paternity and provides no financial assistance: "He's the type of child who gets girls pregnant and then denies it... so [the baby] is like my child now," says Linda. Nandi, the biological mother, dropped out of school and tried, rather unsuccessfully, to find work to help support the family. Her baby is, in effect, a paternal orphan since there is no relationship with the father – from the child's perspective, it is as if the father is dead.

Orphans can be defined in many ways. There are *de facto* orphans, like Nandi's baby, who are lacking a parent. It is more common though to define orphans as children who have one or more deceased parents. Of course, where biological parents "disappear", their living status cannot be determined. These children are also counted as orphans. (In Nandi's case, the father of the baby was known or assumed to be alive, and so the baby was not classified as an orphan.)

Three types of orphans are distinguished in the *Means to Live* survey: those whose mothers are deceased or unknown are called maternal orphans, while paternal orphans refers to those whose fathers are deceased or unknown. Double orphans are children who have no biological parents because their parents are deceased or their living status is unknown. Double orphans are therefore also maternal orphans and paternal orphans.

The table below provides statistics on orphan status and co-residence for children living in the *Means to Live* sites, and compares these with national figures from the General Household Survey.

Table 9 Orphan status and co-residence with parents			
	Urban site (n=642)	Rural site (n=537)	National (GHS 2006)
ORPHANHOOD ⁺			
Paternal orphans (father is deceased / unknown)	15%	22%	17%
Maternal orphans (mother is deceased / unknown)	3%	4%	7%
Double orphans (both parents deceased / unknown)	2%	2%	4%
Both parents living	85%	76%	79%
CO-RESIDENCE ⁺⁺			
Biological mother lives in the household	89%	62%	74%
Biological father lives in the household	40%	27%	38%
Neither parent lives in the household	10%	35%	23%
Both parents live in the household	39%	24%	35%
Sources: The Means to Live; GHS 2006 (own analysis)			
Note:			
+ paternal, maternal and double orphans add up to more than 100% because both paternal and maternal orphans are double-counted in the definition of 'double orphans'.			
++ values do not add up to 100% due to double-counting (e.g. if both parents are co-resident then mother is co-resident)			

It is immediately apparent that instances where children are not co-resident with their biological parents are more likely to arise because their parents are living somewhere else than because the children are orphaned. In the rural site, for example, less than two thirds of children (62%) live with their biological mother, but 96% have a living biological mother. Only 27% of children are co-resident with their biological father, although 78% have a living biological father. Overall about three quarters (76%) of the rural children have two living biological parents, but only one quarter (24%) live with both parents.

Amidst widespread concern about the capacity of extended families to absorb orphans, it is clear that most of the children who are “absorbed” are not orphans, but children of living parents who are migrant workers, work-seekers, or for other reasons absent from the households in which their children live.

Only one child-headed household was encountered in the *Means to Live* survey, and this was in the rural site. When researchers returned to do qualitative interviews six months later, this household was no longer “child-headed” because the biological mother of the children, who was absent at the time of the survey, had resolved her marital problems with her husband (a migrant worker in Gauteng) and returned home. During the months while she was away, the younger children were cared for by their older sister of 16 years. The mother was able to deposit money into a neighbour’s bank account, which could be accessed in Butterworth. The children’s grandparents lived nearby in the old

family home, and also kept an eye on the household – so while this was technically a “child-headed household” at the time of the survey, it was a temporary situation and the children were not isolated because there were supportive adults around.

Health

While the survey did not attempt to obtain reliable information on HIV/AIDS, the prevalence of chronic illness is indicative of the extent of the epidemic. Amongst children whose biological parents were deceased, death was commonly associated with chronic illness (sick for over a month). Paternal deaths were far more common than maternal deaths, but mothers were more likely to have died after a chronic illness. Violent or accidental death was associated with nearly a third of parental deaths in the urban site, where the rate of violent crime is notoriously high. Table 10 below shows broad categories of cause of death in parents. Statistics on cause of death in mothers are provided as real numbers rather than proportions, since there are so few maternal orphans in the sample.

Table 10 Cause of death in parents		
	Urban site	Rural site
DECEASED FATHERS	(n=90)	(n=92)
- violent / accidental death	30%	11%
- acute illness (less than a month)	27%	18%
- chronic illness (continuous, more than 1 month)	41%	58%
- cause of death unknown / not specified	2%	13%
DECEASED MOTHERS (actual numbers)	(n=20)	(n=19)
- violent / accident	5	2
- acute illness (less than a month)	2	5
- chronic illness (continuous, more than 1 month)	13	12

Source: The Means to Live

Community members in the three rural villages organised and attended so many funerals that fieldwork had to be confined largely to week days. There were funerals most weekends, and sometimes multiple funerals. These included funerals held for family members who had gone to the cities in search of work, and whose bodies were returned to their traditional home for burial. One mother spoke of the tragic homecoming of her eldest son, who had gone to find work in Cape Town so that he could support the household, but had been stabbed to death in Khayelitsha and was buried at Theko Springs. Community members also spoke of their children, young adult migrants, leaving for the city to look for jobs, but returning home chronically ill or dead from AIDS.

A large proportion of children lived in households where someone had been ill for a month or more. In particular, the extent of illness amongst mothers and grandmothers

suggested that many children – particularly in the rural site – were at risk of losing their caregivers.

Table 11 Chronic illness in the household		
	Urban site (n=642)	Rural site (n=537)
Children with chronically ill caregivers	15%	37%
Children in HHs where at least one adult is chronically ill	28%	54%
Children in HHs where at least one child is chronically ill	9%	16%
Children who are chronically ill themselves	4%	6%

Source: The Means to Live

Chronic illness in the rural site is statistically associated with age: sick caregivers were older than healthy caregivers on average, and grandmothers were more likely to be sick (47%) than biological mothers (33%). Grandmothers participating in the research complained of a range of ailments, including hypertension and unspecified blood pressure problems, coughing and respiratory problems, stomach pains, digestive problems and diabetes.

Residents in the rural site faced a number of health challenges – not least the lack of clinics and the absence of basic services. A number of common childhood ailments reported may be related to environmental health problems: exposure to wood smoke, lack of sanitation facilities and dirty water.

Housing and household services

The level of services available to households is determined largely by their physical location and dwelling type. As already discussed, the urban site consisted of three quite heterogeneous areas (for which separate data are provided in the table below), whereas the three villages that made up the rural site were similar to one another, albeit with slightly different levels of infrastructure.

Table 12 summarises the housing type and services available to households in the three adjacent areas of the urban site and the rural site. National statistics are provided alongside for comparison. These are based on child-centred analyses of household data, and are based only on households where children are resident. Thus, according to national data from the General Household Survey, 69% of households in which children live have formal dwellings and 80% are connected to the electrical grid, but only 37% of these households have a water supply in their dwelling, and 34% have an inside toilet.⁹

⁹ For more child-centred analyses of national statistics, see www.childrencount.ci.org.za

Table 12 Housing and municipal services
(households in which children live)

	Means to Live - area type				National
	Urban: Formal / mixed housing on 'site-and-service' land (Village 3) (n=126)	Urban: Formal housing in new subsidy housing development (Kuyasa) (n=66)	Urban: Informal settlement on unserviced land (Nkanini) (n=116)	Rural: 3 villages in Centane district (n=184)	General Household Survey 2006
HOUSING					
- formal dwelling	66%	98%	-	10%	69%
- informal dwelling / shack	34%	2%	100%		17%
- 'traditional' dwelling / rondavel	-	-	-	90%	14%
- have rooms in dwelling	3.3 rooms	3.0 rooms	1.6 rooms	3.8 rooms	4.3 rooms
- mean household size	5.0 members	4.7 members	3.6 members	5.3 members	5.1 members
MAIN WATER SOURCE					
- tap inside dwelling	28%	98%	-	-	37%
- tap on site (outside)	70%	2%	-	-	29%
- communal tap / off site	2%	-	100%	7%	20%
- tank / zozo / borehole / other	-	-	-	3%	6%
- none (natural source / stream)				90%	9%
SANITATION					
- flush toilet in dwelling	21%	97%	-	-	34%
- flush toilet on site (outside)	72%	3%	1%	-	17%
- pit latrine on site	-	-	-	29%	37%
- flush toilet / pit latrine off site	6%	-	55%	-	2%
- none / bucket	1%	-	44%	71%	10%
ELECTRICITY					
- mains supply	96%	100%	-	52%	80%
- illegal connection / unpaid	2%	-	7% (under-reported)	-	(notcaptured)
- none	2%	-	93%	48%	20%

Sources: The Means to Live; General Household Survey 2006

Immediately striking is the improvement in access to services for children who live in the new subsidy housing project of Kuyasa. Most of these households were relocated from Site C, an informal settlement with poor municipal services. Children living in the adjacent informal settlement of Nkanini have very poor access to services, as do those in the rural site – despite the introduction of a subsidy housing scheme.

Rural households in “traditional” dwellings had more members, on average, than urban households, and occupied more habitable “rooms”. Rather than single dwellings with multiple rooms, these were usually separate rondavels or *amaqande* (square, flat-roofed structures). Where formal subsidy houses had been constructed, these were often simply another “room” in the compound. (See the chapter on housing for more discussion of housing delivery.)

Of the three household services discussed here (water, sanitation and electricity), the greatest success has been in the installation of electricity to households. Although there have been improvements in access to adequate water sanitation, national targets for service provision have not been met.

In Nkanini the reason for the lack of services was simple: the occupation was illegal, and the council did not want to encourage it by “rewarding” the occupiers with services. Initially, the planned response was to remove occupiers from the land, and so there was no sense in investing in infrastructure. Later, there were plans to upgrade the settlement and develop formal sites – which meant that services had to wait for the proper development of the underground infrastructure. However, while temporary or emergency water and sanitation services can be (and were) supplied through communal access points, there is no equivalent for electricity. There were no electrical connections at all, other than the illegal and sometimes dangerous connections which drew electricity from some of the adjacent formal houses. In the absence of electricity, most of the informal households used paraffin stoves for cooking. These are notoriously dangerous, not only because of the poisonous fumes and possibility of paraffin poisoning, but also because of the risk of fires which can spread quickly amongst shacks and pose a serious risk to children and babies.

Of course, once households are electrified, it is possible for them to invest in electrical appliances, such as electric stoves, fridges, kettles and televisions. The implications of these are many and complex. The acquisition of appliances and furniture had increased household debt (Kuyasa) and was possibly connected to an increase in housebreaking and theft in an area which had not previously experienced crime of this kind (Theko Springs). Electrical appliances also provide new possibilities for income creation. Households that had fridges were able to keep drinks cool and sell them to schoolchildren. A single mother in Village 3 did not yet have a formal house, but because services were delivered to her plot she could run a large chest freezer in her shack. The sale of ice lollies helped supplement the small income she received from child support grants. In the rural site, access to electricity was important not only for household use, but also for the profitable business of recharging mobile phones.

The need for electricity to charge the phones reinforced inequalities within the rural villages, since households that had electrical connections (the more accessible houses in Krakrayo and those close to the main road in Theko Springs) were able to charge other residents (a generally accepted rate of R5) for recharging their phones. In Nkelekethe, where only the primary school had an electrical connection (installed halfway through the research period) there were reports of village residents breaking into the school at night to “steal” electricity for their cell phones. This prompted the establishment of a security programme, with community members volunteering for night shifts on a rotating basis.

Table 13 summarises household assets in the respective areas.

Table 13 Household Assets

(households in which children live)

	Means to Live - area type				National
	Urban: Formal / mixed housing on 'site-and-service' land (Village 3) (n=126)	Urban: Formal housing in new subsidy housing development (Kuyasa) (n=66)	Urban: Informal settlement on unserviced land (Nkanini) (n=116)	Rural: 3 villages in Centane district (n=184)	General Household Survey 2006
Electric stove / hotplate	71%	83%	3%	22%	(not available)
Fridge	54%	73%	7%	15%	(not available)
Television	68%	80%	12%	26%	69%
Radio	71%	82%	33%	60%	78%
Telephone (land-line)	11%	6%	-	-	17%
Cell phone	83%	76%	59%	54%	71%
Car	14%	9%	-	4%	(not available)
Land to grow vegetables	13%	9%	16%	80%	15%
Cattle	-	-	-	37%	(not available)

Sources: The Means to Live; General Household Survey 2006

As can be seen in the table above, the majority of households in both sites had at least one cell phone, while the proportion with a Telkom land-line was negligible. Nationally, just over 70% of households with children have cell phones (as opposed to 63% of adult-only households.) Less than 20% of all households in South Africa have a Telkom land-line phone, with fewer connections in poor areas, and practically none in informal and rural areas. The widespread cellular coverage, on the other hand, has enormous potential for supporting access to government services and poverty alleviation programmes. In discussing barriers to accessing social grants, caregivers frequently mentioned the financial and time costs of making physical trips to government offices to follow up applications or collect documents – only to be told that there were not ready. In the rural site many households had been given their cell phones by family members living in the city, enabling them to keep in touch. However, these tended to be receivers only, since households could not afford to spend money on airtime. Toll-free call centres, if well managed and free even for cell-phone users, could promote access to poverty alleviation programmes while reducing the burden to the poor. Another important function of cell phones is that they keep the time. There were no watches or clocks in half of the surveyed households, but many of these (42%) had mobile phones. A woman on anti-retrovirals described how she used her cell phone to tell the time and take her medication at the correct intervals.

There were fairly high levels of access to electronic media, with radio being the main medium accessed by people in both the urban and rural sites. Access to electronic media was far lower in the informal site, where households did not have the electricity needed to run a television (unless there was a pirated connection), and only a third of households possessed a working radio. Here the civic structures (the ward committee and SANCO) played an important role in informing residents about service plans and programmes through house-to-house campaigns, public announcements through loud-hailers and community meetings.

Fourteen percent of surveyed households in the formal area of Makhaza had their own car. In a context where private transport is uncommon, cars were considered a valuable means of transport – for instance some caregivers paid a monthly fee for private lift clubs to transport their children to school safely. Very few of the rural households had cars, but again, those that did were important resources in an area where public transport is scarce and road access difficult. The ambulance service was described as unreliable, and some places were inaccessible to ambulances, so access to a private car could be a matter of life and death in medical emergencies.

Both the *Means to Live* sites were poor communities and many households reported that children and adults sometimes experienced hunger or missed meals. Hunger was reported in 41% of the urban households, and 51% of households in the rural area. Some tried to increase their food security by growing vegetables. Even in the informal settlement, where shacks were close together and water scarce, households had established small vegetable gardens in the white sand. Those close to communal taps had the advantage, since they could water their vegetables easily.

Income poverty and social grants

Unemployment rates were very high in the two research sites for the *Means to Live*. In the urban site, 80% of children had caregivers with no wage income, and 45% of children lived in households where the joint earnings of their parents (caregiver + spouse/partner) was zero. Access to earnings was far lower in the rural site, where 98% of children had caregivers with no wage income, and 78% had no earned income at all via their parents. In both sites, four out of every ten children experienced hunger. While there was no clear association between earnings and child hunger in the urban site, rural children were significantly more likely to have experienced hunger in households without income from earnings.

Table 14 Income and unemployment in the *Means to Live* sites

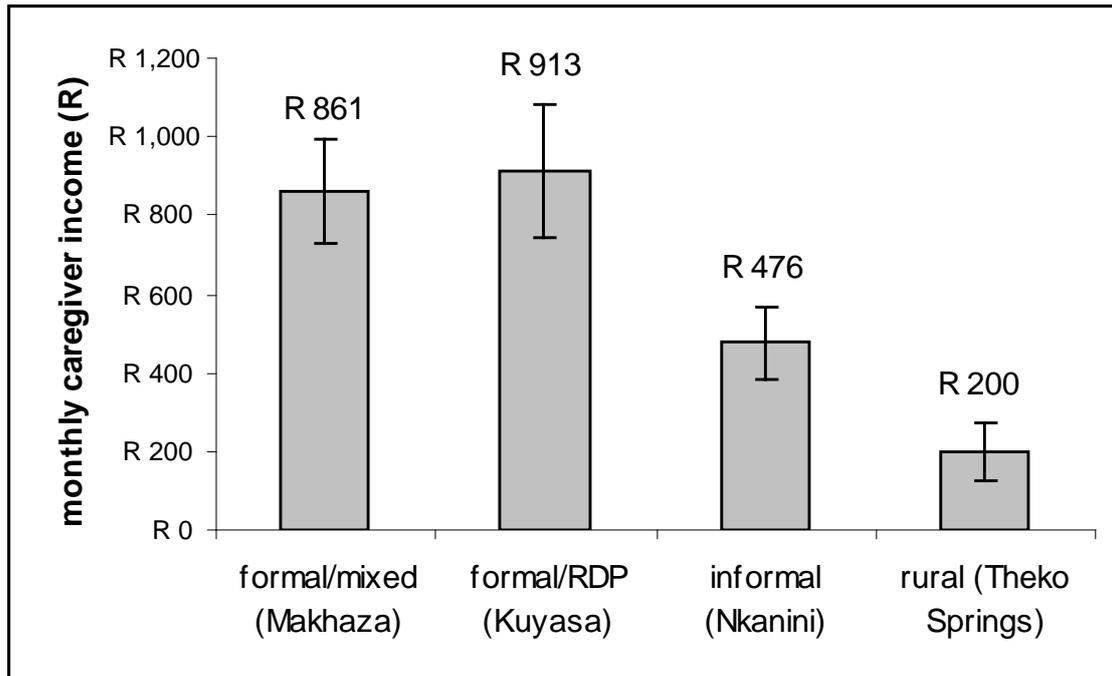
	Urban site (n=642)	Rural site (n=537)
% of children whose caregivers earn no income from wages	80%	98%
% of children whose caregivers earn no income from informal sector / income generating activities	79%	87%
% of children whose caregiver has no spouse/partner earning an income	68%	81%
% of children whose parents have zero earnings	45%	78%

Source: The Means to Live

The difference in average income across the different area types was significant. While the mean income in the formal areas of Makhaza and Kuyasa was just over R800 per month, average monthly income in the informal settlement was under R500, and in the rural site just R200. Of course, the determination of “monthly” income implies that

income is regular, and similar each month. This was not the case for many households. Rather, income was frequently described as being erratic and unreliable – depending on when people managed to get casual work or sell goods.

Figure 3. Mean monthly income (caregiver + spouse/partner)



Note: income includes earnings from wages and income-generating activities, remittances, private pensions and rent, but excludes social grants

Source: *The Means to Live*

When asked to compare the quality of children’s lives now with their own childhood, a number of the rural caregivers felt that things had become more difficult because they were poorer – not necessarily because they had less cash, but because they were more dependent on the cash economy.

Nowadays we are too much dependent on cash and money for all our needs.

There’s nothing you can do without money. In the past money was not a big deal.

Because we use to do things like growing vegetables, we use to have cows. No money was needed, but today it seems as if you can’t do anything without money.

Of the 184 households surveyed in the rural site (a third of all households in the area), only three had children whose caregivers had jobs. While many caregivers had family members who were migrant workers (or were trying to find work in the cities), only 33% received regular remittances, and the mean amount reported by those who did receive remittances was just R319 per month.

My older children work, they are working, with the scarce employment in Cape Town, so they are in Cape Town doing odd jobs.... They could be coming back during the year, but they have a problem... they don't usually send any [money] because they do not work....

-Thandiswa, (grandmother, Nkelekethe, rural site)

Caregivers talked of the ways in which they tried to make money: a rural woman plastered other people's rondavels with mud, charging herself out at R20 per day; a number of women in the urban site sold food – chicken pieces, chicken feet, sweets and drinks – which required an initial outlay of money and was financially risky. Grant payday was an important opportunity for income generation in the rural site, with beneficiaries collecting their grant money early and immediately spending a good proportion of the money travelling to Butterworth and buying up loaves of bread and other staples to sell back at the paypoint. Profits were as high as 50c on a loaf of bread, but still worth it for the buyers considering the usual lack of fresh bread and the cost of transport to town.

In the context of erratic and fluctuating income, households find it difficult to budget, and income from social grants not only substantially boosts household income, but in many cases provides a reliable source of regular income. Social grants were the main form of income in the rural site. This is partly because there was so little income from wages and remittances, and partly because many households included pensioners. In the absence of social grants for people between 14 and 60 years, many households relied solely on the grant income for young children and old people.

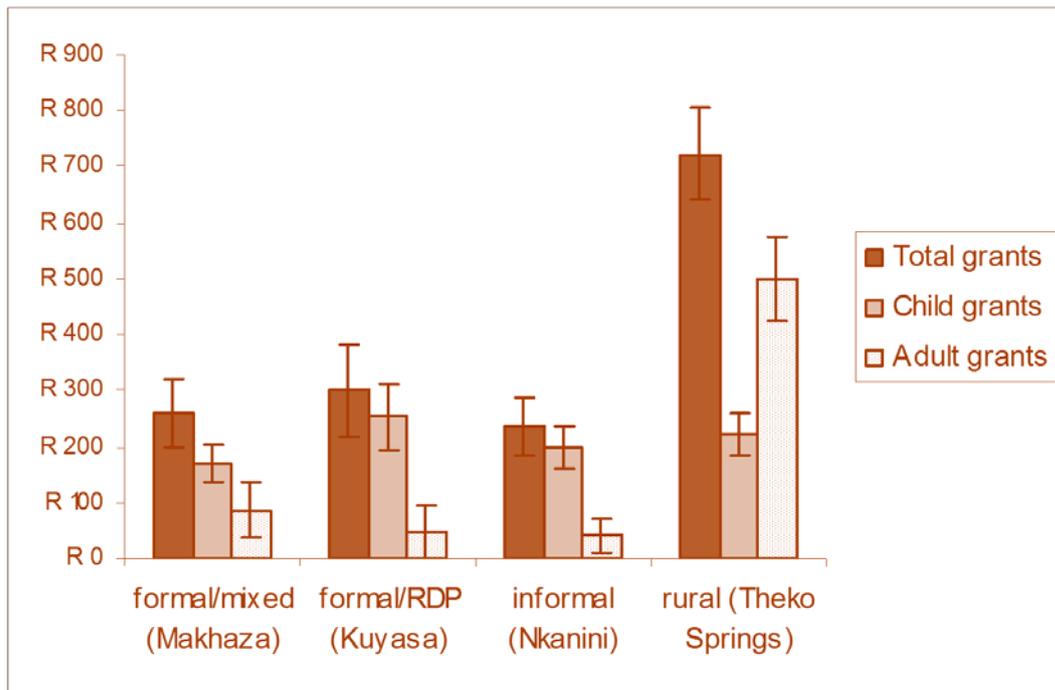
Table 15 Social grants received by children's households

	Urban site (n=642)	Rural site (n=537)	National (GHS 2006)
% children in HHs receiving old age pensions	3%	41%	23%
% children in HHs receiving disability grant	5%	13%	10%
% children in HHs receiving child support grant	71%	66%	51%
% children in HHs receiving foster care grant	-	1%	1%
% children in HHs receiving care dependency grant	4%	3%	1%

Sources: The Means to Live; GHS 2006 (own analysis)

As shown in Figure 4 below, adult grants (mostly old age pensions) were the main source of grant income for children’s households in the rural site, while Child Support Grants, despite being far smaller, contributed most of the grant income in the urban site.

Figure 4. Mean monthly household income from social grants



When asked in an open-ended question what government could do to help children, the most frequent response (unprompted) was that the child support grant should be increased (33% of surveyed caregivers). The second most common response, from 29% of caregivers, was that schooling should be made free. For most, this has become a reality with the subsequent introduction of no-fee schools.

Education

School fees were a financial burden for many caregivers – especially those who did not receive child support grants. But only in a few cases did children actually drop out of school because of school fees. In general, reported school attendance rates were high in the *Means to Live* sites, as in the representative national survey.

Table 16 School attendance & education level

	Means to Live - area type				National
	Urban: Formal / mixed housing on 'site-and-service' land (Village 3)	Urban: Formal housing in new subsidy housing development (Kuyasa)	Urban: Informal settlement on unserviced land (Nkanini)	Rural: 3 villages in Centane district	General Household Survey 2006
CHILDREN'S EDUCATION (children aged 7 to 17)	(n=174)	(n=88)	(n=78)	(n=384)	
% children aged 7 to 17 attending school ^a	97%	92%	86%	95%	97%
% of school-going children in age-appropriate grade ^b	51%	68%	57%	41%	57%
ADULT EDUCATION (all children)	(n=287)	(n=150)	(n=205)	(n=537)	
% children with caregivers who have passed matric / Grade 12 ^c	14%	33%	18%	3%	(not available)
% children with caregivers who have primary education / Gr 7 ^d	76%	91%	85%	39%	(not available)
% children with any HH members who have passed matric ^e	44%	45%	26%	4%	41%
% children with any HH members who have passed matric ^f	99%	99%	95%	72%	92%

Sources: The Means to Live; General Household Survey 2006

^a M2L data: chi2 p = 0.005

^b M2L data: chi2 p = 0.000 (school level classified as age-appropriate if age – grade <=6; i.e. 7-year-old in grade 1, 13-year-old in grade 7, 18-year-old in grade 12)

^c M2L data: chi2 p = 0.000 | ^d M2L data: chi2 p = 0.000 | ^e M2L data: chi2 p = 0.000 | ^f M2L data: chi2 p = 0.000

A measure of age-appropriate education level was constructed by subtracting the current grade of study from the age of the learner. A cut-off of six was used, so that learners were classified as old for their grade if they were older than seven years in grade 1, eight years in grade 2, and so on. If a child started school in the year they turned seven and progressed every year, they would be in grade 12 in the year they turn 18. A large proportion of children are old for their grade, and in the rural site this is the majority. At a household in Nkelethe researchers met three young men, their ages ranging from 17 to 19 years. The three brothers were all enrolled at the primary school, but said they didn't usually attend because it was embarrassing to be so old in a class of young children. The school was not functioning at that time anyway.

In many cases, particularly in the rural area, children were the most educated members of their households. As shown in the table above, the majority of children had caregivers who had not passed matric, and most lived in households where nobody had completed schooling. In the rural site, only 4% of children lived in households where someone had completed their schooling.

Although caregivers were the main respondents in the survey interviews, children sometimes helped fill in the details. There was a sense that children, despite being dependants, were the custodians of information about the family, like dates and ages of household members. It was often the children who knew how to operate household cell

phones, who knew the phone number, who could tell the time from a digital clock. Rural children's responsibilities spanned a spectrum from traditional tasks such as fetching water and herding cattle, to taking charge of phones and operating autobanks in the town.

SOCIAL SECURITY

THE CHILD SUPPORT GRANT

The Child Support Grant (CSG) was introduced in 1998. It is designed to provide a modest but regular cash amount to the caregivers of poor children, so that the basic needs of these children can be met.

Introduction

The CSG is one of the South African government's most successful poverty alleviation programmes, reaching a large proportion of children, including those in very poor households and remote areas. By the end of 2007 over eight million child support grants were being distributed each month to the caregivers of children around the country (SOCPEN 2007). It also has a positive impact on children's lives. The CSG has been associated with improved health and better access to food and education amongst those who receive it.

The CSG is not available to all children. The Social Assistance Act regulations define who may receive the CSG – eligibility is defined in terms of age, resident status and income (degree of poverty). At present the cut-off age for applicants is 14 years. Thus all children aged 14 and over are automatically excluded. This amounts to just over 4 million children (22% of the child population) who are excluded from accessing social security on the basis of their age (GHS 2005). In addition, the income of the child's caregiver (and spouse) must be below the set threshold, defined as R800 per month for children living in formal urban dwellings, or R1,100 per month for those living in informal dwellings or in rural areas.

According to national estimates of eligibility, nearly two thirds (65%) of all children under 14 years should be eligible for the CSG (Budlender Rosa & Hall 2005: 25). Provincial differences in eligibility rates are pronounced, due to income disparity across provinces – with the highest rate of eligibility in the Eastern Cape (73%), Limpopo (72%) and KwaZulu Natal (71%) while Gauteng and the Western Cape have the lowest eligibility rate (47% and 49% respectively).

One of the selection criteria for the *Means to Live* sites was that they have poor populations. A representative survey of children was conducted in each site, in which the means test and other eligibility criteria for the CSG were replicated. As expected, the eligibility rates in these areas are considerably higher than provincial or national averages:

Table 17 Eligibility for CSG amongst children under 14 years (M2L sites)

(weighted data for urban site to adjust for imbalances between area type)

Eligibility rate	Urban site (W Cape)	Rural site (E Cape)
Proportion of children under 14 years who are eligible for CSG	77%	98%
Proportion of all children (< 18 years) who are eligible for CSG	55%	74%

When focusing specifically on poor areas and on the target age group, seven out of ten children in the urban site and virtually all (98%) of children in the rural site should qualify for a Child Support Grant.

Given that these children are targeted by (and entitled to) the CSG, and that it has been shown to improve the lives of poor children (see inter alia Case et al 2005), it makes sense that the State would want to ensure that all targeted children are able to receive it. However, the targeting mechanism is designed not only to ensure that the programme reaches the target population, but also to prevent other (“non-eligible” children) from getting the grant. This requires a delicate balance in the implementation of the programme, since mechanisms to keep non-eligible people out should not result in the exclusion of children who are entitled to (and need) the grant.

This chapter presents eligibility and uptake rates for the CSG in the two research sites, and discusses these in the light of the policy intention. In particular, this study is concerned with the reasons why a third of surveyed eligible children are not accessing the grant. It considers the gap between the targeted and actual beneficiaries, and outlines some of the barriers which prevent poor children from accessing the grant.

The targeting of the CSG is considered at the level of policy and of practice, within a rights framework:

- who is it intended for, and how appropriate is this definition in the light of government’s obligation to realise children’s socio-economic rights?
- how does the targeting mechanism work in practice, and to what extent does the implementation of the targeting mechanism comply with principles of administrative justice?
- what are some of the barriers to accessing the CSG, and how can these be overcome?

The Child Support Grant Policy and Targeting Mechanism

Overview

Social security includes social insurance and social assistance. Social insurance includes unemployment insurance, maternity benefits pensions and other contributory schemes for people who are employed. Social assistance is generally used for people who fall outside the labour market because they are too young, too old or disabled. Given the very high levels of unemployment in South Africa, there have been calls to extend social assistance to people who are unable to work due to employment market failures. Social assistance is usually paid out of government revenues and, in South Africa, is made up of a range of cash grants including, among others, the Child Support Grant, the Disability Grant and the Old Age Pension. The White Paper on Social Development states that the fundamental purpose of social assistance is to ensure that persons living in poverty are able to access a minimum level of income, which is sufficient to meet basic subsistence needs, so that they do not have to live below minimum acceptable standards (Department of Welfare and Population Development 1997: Chapter 7, par.27)

Access to social assistance is a right under a range of international treaties as well as under the South African Constitution, which includes the right of everyone “to have access to [...] social security, including, *if they are unable to support themselves and their dependants, appropriate social assistance*” (Section 27 (1)(c)). The Constitutional guarantee to social security is qualified in three ways;

- that the state takes reasonable measures to implement the right,
- that the state uses the maximum of its available resources, and
- that the state is required to realise the right progressively.

The Child Support Grant is the main programme of social assistance for children living in poverty. It falls under the jurisdiction of the Department of Social Development and is regulated under the Social Assistance Act (no.13 of 2004).

The CSG was introduced in 1998 on the recommendations of the Lund Committee, as a measure to protect the poorest children in their youngest years. It was introduced with a cash value of R100 per child per month to be paid to a primary care giver. The primary care giver is defined as a person, whether or not related to the child, *who takes primary responsibility for meeting the daily care needs of the child*. This excludes institutions, people paid to look after a child, and anyone who does not have permission to look after the child. The choice of recipient is part of the principle that the grant should “follow the child,” and takes into account the fact that many children in South Africa do not live with their biological parents.

For several years the cash value of the grant was not changed, but it has since kept pace with inflation, standing at R200 per child per month from April 2007. This is substantially less than any of the other grants such as the Old Age Pension, the Disability and Care Dependency Grants (all R870 per month), and the Foster Child Grant (R620 per child per month).

There are two ways in which the CSG is targeted. The first is by age category. When the grant was introduced, children under the age of seven (the age before children are at school) were eligible if all other criteria were met. In 2003, the government announced an age extension for the grant, and between that year and 2005, the age eligibility was progressively increased to include seven and eight year olds, then to nine and ten year olds, and finally, in 2005, to children up to and including 13 years. There have been calls for the further extension of the age eligibility to all children under the age of 18, which is the constitutional definition of a child.

The second targeting mechanism is in place to make sure that the grant only goes to children living in poverty. A non-verified means test is applied to the child's primary care giver and their spouse if they are married. This means test has remained the same since its introduction in 1998 and is weighted towards those living in informal and rural areas on the basis that the costs of accessing public services is higher in these areas. If a primary care giver lives in a rural area or in informal housing in an urban area, they must earn R1100 per month or less in order to qualify for a CSG on behalf of the child in their care. If they live in formal housing in an urban area, the means test threshold is R800 per month. These thresholds apply to the income of care givers and their spouses, and do not take into consideration the number of children in their care.

As with any targeting mechanism, there are possible errors of inclusion and exclusion. Errors of inclusion occur when people are able to access the grant even though they are not defined as poor, or are older than the upper age limit of eligibility. Errors of inclusion make such programmes less efficient, since there is "wastage" of scarce resources to non-targeted recipients. Errors of exclusion on the other hand, are to be found where people who are poor and have children of the regulated age are not able to access the grant for some reason. Any such problem of access is more serious than errors of inclusion from a rights perspective, since it represents a failure to deliver an entitlement. All programmes will have both errors of inclusion and exclusion. The better the conceptualisation and implementation of a chosen targeting strategy, the fewer of both types of error there will be.

Regulatory framework

National government is responsible for financing the programme through the Treasury, and the Department of Social Development is responsible for developing policy, monitoring implementation and overseeing the administration of the grant system.

The medium-term expenditure framework (MTEF) provides the following allocations:

Table 18 National budget allocations for social grants & CSG			
	2006/7	2007/8	2008/9
Social grant expenditure	R57,720 bn	R62,638 bn	R67633 bn
% of GDP	3.3%	3.2%	3.2
% of consolidated expenditure (national & provincial)	12.1%	11.5%	11.3%
CSG expenditure only	R14.2 bn	R16.1 bn	R17.2 bn
National Treasury 2007 Budget Review, p.106; Intergovernmental Fiscal Review, p.398			

Together, social grants account for just over 3% of GDP. The Child Support Grant, although by far the largest grant in terms of beneficiary numbers, has the lowest value and accounts for only 25% of all social security transfers.

Until 2005, provincial departments of Social Development were responsible for administering applications and payments and reporting on the implementation of all grants. In April 2005 a new institution established by the Minister, the South African Social Security Agency (SASSA), took over responsibility for administration of the social security system in South Africa.

The administrative requirements for the CSG are set out in the 1998 regulations to the Social Assistance Act. In 2003 the national Department of Social Development developed a standardised Procedural Manual for Grants Administration, which ought to be followed countrywide. According to this manual, the application process is meant to happen in two stages, and involves approximately 15 different social security officials (Department of Social Development 2003). These two processes are for screening and application. The administration cost per CSG payment is in the region of R25 per grant per month.

Applicants who wish to submit an application for a CSG on behalf of a child in their care must produce a number of documents. In terms of the procedural manual, a list of required documents is provided to potential applicants upon their first arrival for screening at a social service office. This list includes the following:

- birth certificate of the child
- identity document of primary caregiver
- marriage certificate
- divorce and settlement order

- last will and testament
- written confirmation of persons supporting the child and/or primary caregiver financially or otherwise
- proof of the personal income of the primary caregiver and his or her spouse
- proof of occupancy (i.e. residential address).

Personal income is defined as income earned or received by the primary caregiver and includes income earned or received by his or her spouse, after all the permissible deductions have been made for the Unemployment Insurance Fund, pensions, tax, medical aid and other grants.

The applicant has to prove his or her income, and also that of his or her spouse. As proof of assets and income, the following are required where applicable: municipal rates paper; proof of occupancy; valuation of property certificate; outstanding bond; deed of sale; investments and interest from investments; bank account statements; assets donated; employer's certificate; unemployment card; termination of employment; proof of income from self-employment; rent/board received; private pension; annuities; child support/maintenance received or proof that it is not received. The regulations also stipulate that the department may accept alternative proof including a statement under oath – an affidavit.

The applicant must also prove that she is looking after the child and that the child is residing with her. This is usually done via an affidavit. If the applicant (care giver) is not the biological mother of the child, then a letter from the biological mother may be required to confirm that the applicant is caring for the child.

In addition to these requirements, the original regulations also included the need to provide the following: proof of not having refused an offer of employment without a good reason; documentary proof of efforts to secure maintenance for the child from the (other) parent/s; and proof that the child has been immunised. As they were difficult to administer, imprecisely defined, amplified the delay of the payment and were unnecessary, these requirements were discontinued in 1999.

The requirements to show that a primary care giver is eligible for a CSG on behalf of a child in their care are therefore substantial, and require considerable access to documents, Social Development offices, Home Affairs departments, police stations and other places where affidavits can be affirmed. It also requires considerable infrastructure on the part of a variety of government departments and officials at local level in order to provide and verify these documents.

Once a person has applied for a grant, they must wait while the department processes the application, something that should not take more than three months. They will then receive a letter. If they have been successful in their application, they will be told where and when their first grant payment will be made, and they will receive payment from the date of application. People can receive their grants through bank or postbank accounts where they have them, or through a pay point operated by a company contracted for that purpose. If they are not successful, they will be given reasons why, and the letter will also explain the process for them to appeal the decision.

Once a child is in receipt of the grant, there is no further verification or checking of their eligibility. Grants lapse when the child or care giver dies, where the grant is not collected for 3 months or more, where the primary care giver gives notice that they or the child are moving provinces or leaving the country, or if the child reaches the age of 14 and is therefore no longer eligible to receive the grant.

Notes on the analysis

To determine whether children in the research sites were eligible for the CSG, the researchers replicated the means test for each child. The regulations in terms of the Social Assistance Act stipulate how the means are calculated for purposes of eligibility. The test takes into account the income of the caregiver plus the income of the caregiver's spouse, irrespective of the spouse's relationship to the child. Income calculations included the following income sources, recorded in the survey:

- caregiver's income (wages) from employment
- caregiver's income from self-employment / income-generating activities
- caregiver's income from rental from tenants
- caregiver's income from private pension
- caregiver's spouse's total income (the regulations specify that the spouse's income only is included – thus income from unmarried partners is excluded from the calculations)
- maintenance payments from child's absent parent.

Income from state pensions and other grants was not included in the income calculations because this income is not included in the means test for the Child Support Grant.

Impact of the Child Support Grant

The Child Support Grant and other social grants are effective in giving support to poor families and improving the well-being of children. Grants have been shown to reduce income poverty – both the number of people living in poverty, and the depth of the poverty for the poor. For children, there are three main areas where grants have a statistically proven and positive impact: increased enrolment at school, improved nutrition and greater spending on household basics.

Several researchers have found that receiving a Child Support Grant increases the chances that a child will attend school (Samson et al 2004, Case et al 2005, Budlender & Woolard 2006). Although the CSG already has wide reach and the school attendance rate is already high – around 94% for children aged 7 to 17 – an analysis by the Economic Policy Research Institute suggests that school attendance would increase if more children were reached by the CSG. Using a micro-simulation model based on national data, they found that “a household’s receipt of a Child Support Grant is associated with a reduction of approximately twenty-five percent in the school non-attendance gap” (Samson et al 2004: 63). Case et al (2005) also found an impact using data from the Umkhanyakude District of KwaZulu-Natal. The authors measured the association between CSG receipt in 2002 and school enrolment in 2003 and 2004. Receipt of the CSG results an 8.1 percentage point increase in school enrolment among 6-year olds, and 1,8 percentage points among 7 year olds when compared with non-recipient households. This occurred despite the fact that recipient households tended to be poorer than other households. An analysis of the KwaZulu-Natal Income Dynamics Survey data from 2004 by Budlender and Woolard found that beneficiaries of the CSG (restricted to children under 9 years in the year of data collection) were more likely to be enrolled in school than those who did not receive the CSG. Almost all CSG beneficiaries aged seven and eight years (99.5%) were enrolled, as opposed to 95.7% of non-beneficiaries (Budlender & Woolard 2006: 30).

The Child Support Grant has also been shown to have a positive impact on nutrition, growth and hunger (See Case 2001, Woolard Carter and Agüera 2005). Studies conducted using the KwaZulu-Natal Income Dynamics Study (KIDS) by Woolard, Carter et al (2005) found that receipt of the CSG for two thirds of the period of a child’s life before the age of 26 months resulted in a significant gain in height, an important indicator of nutritional status (Woolard et al 2005:1). This study also showed the importance of making grants accessible as soon as possible after a child’s birth in order to be able to use this window of nutritional opportunity.

The EPRI study also found that spending in households that receive social grants focuses more on basics like food, fuel, housing and household operations, and less is spent on tobacco and debt, than in other households. They also found that increased spending on food is associated with better nutritional outcomes (Samson et al 2004:3). The report finds that households that receive social grants have lower prevalence rates of hunger for young children as well as older children and adults, even compared to those households with similar income levels.

The same EPRI study modelled the effects of social grants on labour participation using data from the Labour Force Survey, and found that “people in households receiving social grants have increased both their labour force participation and employment rates faster than those who live in households that do not receive social grants. In addition, workers in households receiving social grants have realised more rapid wage increases” (Samson et. al. 2004:117). While the CSG did not feature strongly in the regressions (the main effects were associated with the Old Age Pension and Disability Grant), it was suggested that this may have been because the amount of the CSG was so small relative to the other grants, and that its uptake was still very low in September 2001, the year from which the data were sourced. Uptake of the CSG has increased enormously since then – from around one million beneficiaries in 2001 to eight million in 2007. A more recent analysis by Samson and Williams used 2005 data (when nearly six million children were receiving the grant) and investigated the effect of the CSG specifically on employment transitions amongst poor black females aged 15 to 59. They found that poor women in CSG-receiving households were more likely to participate in the labour force than those in households that did not receive the CSG (Samson et. al 2004).

Here, the life of raising children here is very bad because we do not work, we do not do anything. We live on the dust of this sand, we prepare the sheep's feet because no one is working, and we are helped by these little amounts of money from these children's grants.

- Caregiver, Nkanini informal settlement

In the *Means to Live* research, which was conducted in two sites with poor populations, the Child Support Grant doubled household income in households that received at least one CSG (contributing 46% of all income in the urban site, and 51% in the rural site). In a context where unemployment is high and earnings are unpredictable, the grant also provides a reliable regular income which enables caregivers to budget. Surveyed children of primary school age were more likely to be attending school if they received the CSG (98%) than if they were not (95%). In the rural site, there were lower levels of reported child hunger in households receiving the CSG than in those that were not accessing the grant.

Social grants are essential income support in poor households where cash is scarce and often irregular. In the urban site of Makhaza, many caregivers have no income from earnings at all, and half have a monthly income of R200 or less from employment and income-generating activities. Altogether, caregivers declared a mean joint income of R644 per month from their own earnings plus those of their spouse.

In the rural site, 98% of children have caregivers who are unemployed, and half live in households that have no income at all from wages, informal employment or remittances. In the absence of employment and with little opportunity for adequate income generation through entrepreneurial activity, many households survive entirely on social

grants. In the rural research site, 49% of all children lived in households where social grants were the only form of income.

Table 19 Contribution of social grants to household income – rural site		
	CSG	All grants
Proportion of children in households receiving grants	66.5%	87.7%
Mean income from grants in households that receive them	R404	R896
Income from grants as proportion of total household income	51.3%	83.4%
Proportion of children in households surviving entirely on grants	17.8%	48.7%

The table shows that two thirds of children live in households which receive at least one Child Support Grant, and 18% of children live in households where CSGs are the only source of income for the whole household. In beneficiary households the mean income from all CSGs is R404, accounting for just over 50% of household income. The contribution of all social grants (including the CSG, the old age pension, disability and foster care grants) is far greater – 88% of children live in households that receive at least one type of grant, and social grants provide 83% of household income in receiving households. In the rural site, many households span three generations. A quarter of adult members in surveyed households are of eligible age for a pension (women over 60 years and men over 65), so access to pensions is fairly high. The value of the CSG was R180 per month at the time of the research, while the Old Age Pension was a much larger grant, worth R780 per month.

In both the research sites, caregivers who received the CSG spoke of the many ways in which it is spent. It is described by some as “children’s money,” which is in theory earmarked for a specific individual. One mother even referred to her child as the “grant owner”, who shouted at her because the grant was being wrongly (and unlawfully) spent by the grandmother who was receiving it in another province. In the rural village of Krakrayo, an old couple well into their seventies take care of five grandchildren. The mothers of these children live in Cape Town, where they try to earn money. They receive grants for their children and, according to the grandmother, regularly send the money to her for their care. Although this is not how the grant is meant to be paid (it should be received by the de facto caregiver), it does in this instance “follow the child”. The grandmother distinguishes this money from her own pension, and describes how she has to sometimes “pinch” money from the children’s grants if she runs out of her own and has to buy food.

Caregivers reiterate the importance of the child support grant in supplementing their own small earnings, and in some cases providing the only form of regular income to the household. This is an important benefit of the grant system because regular income enables people to plan and budget.

They are educated with it, I take them to the doctor with it and then I buy them clothes to wear, and then the next time I buy their groceries with it. I mean that I have to keep rearranging: if at one time I take it and buy with it and then the next time use for the doctor for one child then again I will buy them something next time.

- Nolitha, 32 (mother married to migrant worker, Theko Springs, rural site)

What was very difficult was that my husband was here, and we had a small child... we lived off my mother. My own mother fed us, she would go to the shop to buy food for herself and buy groceries for me. And if my husband left to go and look for work, then things would just be bad, I wouldn't get anything. It's better now because he told me that he found a casual job, and I also think that it's because of that grant. Things are not so bad; the grant has helped a lot... It has closed a big gap because now you know that when it's pay day at the end of the month you have some hope. You will take this money and do a few things with it, and then things get better. It's much better but it's not so much better that they shouldn't open up employment opportunities.

- Notumato, 37 (mother of 3, married to migrant worker, Theko Springs, rural site)

There are no jobs, and as there are no jobs there's the grant. That is what I live on, for the children who qualify for the grant money. From that grant money I have to pay for school fees, from that grant money I have to buy food, from the grant money I have to buy clothes you see.

- Nomaxabiso, 40 (single mother, Makhaza, urban site)

Of course, regular income also means that recipients can budget to repay debt. Many poor households are in debt to family members or neighbours, but regular income through a bank account opens the way for relationships with micro-lenders. Poor people need access to credit, for instance to help them cope with financial shocks, but there is also the danger of exploitation. The pay-point in the urban site is at the recreation centre in Makhaza, next to the library. On grant pay-day people queue up to enter the hall through a security gate, manned by security guards with guns. Directly outside the gate, in full view of the guards and social security officers, a row of women sit on plastic chairs. These are the "loan sharks" who, according to grant beneficiaries, offer loans at high interest rates (up to 400%) to those who receive social grants. Once the loan agreement has been entered into, the lender keeps the borrower's identity book, and meets them once a month at the pay point, where the grant recipient collects her ID book, uses it to collect the grant, and returns it to the lender outside. They then go to draw the cash instalment for debt repayment.

Companies that offer micro credit are benefiting from the grant system too. A caregiver living in Kuyasa, the housing subsidy scheme in the urban site, had entered into a hire-purchase arrangement with Joshua Doore (a furniture store) and bought a wall unit for

R4000. She was able to pay the instalments regularly from the CSGs she received, and by the time we interviewed her she had reduced the outstanding amount to R1000.

The issue of whether grants are “correctly” or “incorrectly” spent by recipients is frequently raised as a concern by policy makers, civil society and the media. In the interviews, caregivers also distinguished between appropriate and inappropriate use of the grant. A caregiver spoke of her own mother as “drinking the grant” – literally spending the child’s CSG on alcohol. In this scenario, the grandmother who “drank” the grant was no longer the caregiver of the child, and lived in a different province. They had been unable to transfer the grant to the province where the child now lived with her biological mother.

On the other hand, many caregivers refer to “eating the grant”, when the grant is used for essential food and goods. And it is clear in the interviews that children are a priority when it comes to expenditure, no matter where the money comes from. Caregivers frequently talked of their anxiety about providing adequately for children in their care, in the absence of income. Grants enable caregivers to buy food, clothes and school uniforms, and pay for a range of services. Some spend it on private health care for their children when they feel that the public health service is inadequate or the queues at clinics are too long. At the time of the research, grant money was frequently used to pay school fees. Since then, changes to the regulations for school fees have clarified that beneficiaries of child grants should automatically have their fees waived at all government schools. If this policy is being properly implemented, it will free up some of the grant money for expenditure on other items.

Although the grant is officially meant to be spent on behalf of the child beneficiary, it is often used to pay for other goods and services. For instance, municipal services are paid from grant money – in effect, recycling poverty alleviation funds back into government revenue. One of the emphases of the Reconstruction and Development Programme was “building a culture of payment” for services, and social grants may be an important way to enable poor people to pay for services if this builds a sense of “citizenship” – but the rules for the CSG are explicit: the grant is meant to be spent on the child. If grants are to be used to enable service payments, then these grants would need to be targeted at unemployed adults.

It could help me – like now I’m waiting for month end money from Johannesburg, I’m starving now. Because people were getting paid [the grant] yesterday, that money helped people. That money would have helped me too, I would have food now. Now we’re not eating anything... I’m waiting for money that will come from Johannesburg. It will make a difference (to get the CSG) because there is the money from their father which already has its commitments. I mean the children are bought things of course, but I will be able to buy a child shoes from her child support grant.

- Aviwe 40 (mother of 5, married to migrant worker, Theko Springs, rural site)

Issues of conceptualisation

The means test

As outlined above, a means test is used to determine whether caregivers applying for the CSG are poor enough to be eligible. The only purpose of the means test is to keep ineligible people out of the grant system, and so avoid wastage or “leakage” of state funds. As will be discussed later, the mechanism to exclude ineligible people sometimes has the unintended consequence of excluding the eligible too.

The principle of setting an income threshold presupposes a few things: it assumes that the threshold is equitable in that children who are similarly poor will be similarly eligible. It also assumes that income is reasonably stable in that the income captured at the time of the means test reflects the usual financial situation of the caregiver and child. Findings of the research suggest that neither is true.

Inequitable thresholds: household size, child mobility and poverty

Two income thresholds are defined for children living in urban areas: a threshold of R1,100 per month for children living in informal dwellings, and a lower income threshold of R800 for children in formal dwellings. The type of dwelling is determined by the main material used to build the walls: a dwelling made primarily of bricks or cement blocks is regarded as a formal dwelling, while one made out of wood, board, zinc, asbestos or other materials is defined as informal. The threshold for rural areas is R1,100 irrespective of housing type.

Village 3 in the urban (Makhaza) site has a mix of formal and informal housing on demarcated sites. Sixty percent of children living there would have to pass the means test at the lower threshold (R800) to be eligible for the CSG, while the other 40% who are living in informal dwellings would use the upper threshold. Kuyasa is a new subsidy-linked housing development, and the lower threshold applies to almost all children living there. By contrast, virtually all the children living in the informal settlement of Nkanini would use the upper income threshold of R1,100 per month because their dwellings are informal. The upper threshold of R1,100 applies to all children in the rural site, because the “rural” definition alone determines the threshold (dwelling type is not taken into account for rural applicants).

In the rural site, most people have to travel far (spending around R30 on a return trip) to reach government offices like Social Development and Home Affairs. In addition, they bear the time and transport costs of reaching the clinic, or getting to town to do banking and shopping. In this context the higher income threshold for rural applicants seems equitable, since the rural people have to spend so much more money than those in urban areas to reach services.

The rationale for having a higher income threshold for urban children in informal dwellings than for those in formal dwellings is that facilities and resources are further away from informal residents, and so access is more expensive than for people living in formal areas. In the urban site, shops, schools, clinics and the library are all situated in the formal area of Makhaza. For those who stay in the part of Nkanini bordering the formal area, this is not a problem. Those who live on the other side of the informal settlement do have to travel far to reach the resources available in the formal area – but would not incur costs since everybody walks between the areas. There is little difference when it comes to reaching government offices to apply for identity documents and social grants – all residents, whether in the informal or formal area, have to pay R3 each way for transport, or spend a long time walking. So in the urban site, the distinction between the upper and lower threshold makes less sense.

The mean income among urban caregivers in informal households is lower than those in formal households. The informal households also have, on average, fewer children (1.9 children per household) than formal households (2.4 children), but the mean income per child is still lower in informal households (R263) than in formal households (R341) if the caregiver’s income was split amongst the children of the household.

The income threshold for the CSG is set at a specific rand value, irrespective of the household size or number of children in the household. But is this an equitable basis on which to determine eligibility? Table 20 below has information extracted from a few of the surveyed households, selected because they demonstrate that it makes little sense to consider income without taking into account the number of children who need to be supported by the income.

Table 20 CSG eligibility in the context of household arrangements				
Household description	Caregiver income	No. of children	Income / child	Eligible for CSG
An urban formal household of 10 members, with 6 children	R850	6	R142	✗
An urban formal household of 4 members, with one child	R700	1	R700	✓
A single mother and 5 children in a formal urban dwelling	R900	5	R180	✗
2 adults and 2 children in an urban informal dwelling	R1100	2	R550	✓
2 adults and 3 children in an urban informal dwelling	R1200	3	R400	✗
A rural household with 2 children	R1100	2	R550	✓
A rural household with 3 children	R1200	3	R400	✗

Source: *The Means to Live*

Of course income is not really divided equally amongst members in large and small households, but even allowing for economy of scale it is clear that applying the same means test to large and small households is inequitable. For households with low income, the cumulative costs of providing multiple children with basic necessities – food, clothing, school expenses, transport and so on – soon exhaust a small budget, even if that budget is slightly above the income threshold.

In effect, household size influences access to the programme. Put another way, the eligibility criteria discriminate against households with greater numbers of children. The test for reasonableness clearly states that programmes to realise constitutional rights should not discriminate against a significant portion of the population or against those who are most vulnerable. Arguably, the consequences of non-access for poor children in large households where income is just above the income threshold are as severe as for children who are eligible but are unable to access the grant.

This is an important limitation at the level of conceptualisation – but what is the solution? In theory it may be feasible to include the total number of child dependents at the time of application, so that the means test calculations can take this into account, but there are a number of reasons why this is not an adequate solution. First, it would make the application process more burdensome than it is currently because it would require the caregiver to prove the existence of all children in her care and to prove that she is their primary caregiver. This would undoubtedly increase the error of exclusion which is already considerable, largely due to difficulties in obtaining birth certificates and other documents.

Second, attempts to take into account household size at one point in time would be inappropriate in a context where children move into and out of households. Child mobility provides a strong argument not to consider the number of children in a household, as it will be too variable over time. Realistically, then, the only way to ensure equity in the targeting mechanism is to dispense with the means test.

Martha lives in an RDP house in Village 3, Makhaza. She and her mother care for six children, including the children of her siblings who moved into the household when their parents died. Martha supports the household by doing domestic work three days a week – she earns R70 per day from one employer, and R80 per day from the other. Because her total monthly income is just over R800, her children are not eligible for the CSG. She talked about the burden of trying to provide for this household.

“They were left with their father. I had got the youngest child when her mother was still sick, and she didn’t have anyone to look after him so she told me to take him The child’s mother passed away while the child was still with me. Now the other children were living with their father, and then their father also passed away in 2003... Now these children came to live with me because they had no one to take care of them, so I educated them. With the older one I had trouble because I don’t have money. I’m the only one who is working, doing chars, everything comes from [me], for this house full of children so I decided that he should quit school...This is coming out of my shoulders, Luvo’s school fees are R120, Mbuyiselo’s school fees are R120 ... and they have to eat here at home.”

Caregivers describe the movement of family members, and particularly children, into and out of their households. This movement is sometimes for pragmatic reasons, and sometimes about obligations to the larger family, where family members look after one another's children. There is a sense that there is always a place for a child to go. Although Martha says that the children "had no one to take care of them", she herself has taken care of them. This increased her household size by two people, although her income remained the same.

Children move across households – and provinces – for many reasons. Below are some scenarios described by caregivers in the research sites. Importantly, all of the scenarios highlighted by caregivers are examples of parents and caregivers applying the principle of the "best interests of the child."

A child's caregiver is chronically ill or dies, and the child moves into a new household where he/she can be taken care of.

A child moves / is sent to another area to be closer to a better school.

A child in need of medical treatment moves to another area to be closer to health services.

A child is 'rescued' by another relative – for instance, where it is perceived that the parents are drinking too much or neglecting the child.

A child is not safe living in an informal settlement and is sent away to live with another family member in a safer (rural) place.

The household cannot afford to keep the child (or pay school expenses)

Clearly, targeting the CSG via the child's *de facto* caregiver is an appropriate mechanism to ensure that the grant follows the child, provided that the process of transferring the grant is not an obstacle. Households are not static nuclear families, but may fluctuate in composition and size.

The problem of applying a standard threshold in the context of fluctuating
income

Income often varies within poor households. It is possible to survey a household and obtain some measure of income – but this is just a snapshot, a moment in time. It enables comparisons across households and allows some general comments about a

portion of the population, but it says nothing of the reliability or variation in income within an individual household.¹⁰

In a “snapshot” or cross-sectional survey, it can be established whether or not children have access to income. For instance, at the time that the Means to Live surveys were conducted, 36% of children in the urban site and 62% in the rural villages had no access to any income via their caregiver or caregiver’s spouse. In the rural site caregivers rely more on their own income-generating activities than on income from husbands. The spouse’s income reflected here would be included in the means test for the CSG, although this money is not necessarily spent on the children. For instance, some spouses are migrant workers and do not even live in the same household as the child. Of the 47% of rural caregivers who had living spouses (including customary marriages), a third did not have their spouses living with them. Many caregivers were unsure what their husbands earned, and the income they declared in the survey is almost certainly unreliable, as it would be if they declared it for the application. Nevertheless, this income must be declared for purposes of the means test, and is included in the calculations.

Information can also be collected about the amount of money earned. In the Western Cape site, the total joint monthly income of a child’s caregiver and spouse ranges from R0 to R6,000. The mean income of R653 is artificially high because of outliers at the top of the range. The median income is R200, meaning that 50% of surveyed children have caregivers with incomes of R200 or less. As expected, income in the rural site is much lower, although there is one outlier of R10,500. Even if this is included, the mean income is R195, and if the outlier is dropped, the mean income decreases to R153. Sixty two percent of the rural households have no income from earnings at all, and only 10% have joint earnings over R500 per month.

Sometimes things get better when I get whatever job because I am not just sitting, I go around looking and maybe you call me, ‘come and do my washing’ I am grateful for that money, or maybe you call me three times, or maybe you say I should work for a few months you see, or maybe you take me every day even if I work for 6 months you see, and then I relax

- Ntatu, 44 years (mother, urban site)

Mom works chars; she doesn’t have a steady job... on some days she has to stand in line and on some days she gets hired and on other days she doesn’t get hired

- Nosiphiwo, 22 (single mother at parental home, urban site)

¹⁰ A new panel survey – the National Income Dynamics Survey or “NIDS” was launched towards the end of 2007. This will be an important resource for researchers and policy-makers, because for the first time it will be possible to track a nationally representative sample of households over time, to see how household composition, income and other demographic variables change from year to year. It will be a few years before it is possible to determine trends. NIDS is an initiative of the Office of the President, in partnership with Statistics South Africa.

This information gives a picture of income levels in the sites at the time of the survey, but it does not help to understand the variability of income within individual households. The means test for the CSG has the same limitation. A feature of poverty is that income tends to be insecure. Caregivers talk about the informal or unreliable nature of their financial situation. Even where people do have access to wage income, work is not always regular and rates of pay vary. In the context of high unemployment, caregivers persevere in looking for work, or try to start their own business in order to generate some income. Small businesses are precarious, particularly when they require an initial outlay of cash and rely on immediate payment. But even informal traders need to give credit, and cannot always recoup the debt.

Previous research into the implementation of the CSG means test in the Western Cape found that the children of seasonal farm workers, whose incomes vary depending on the time of year, lost their grants during the working season if their caregivers' monthly wages were above the income threshold. Their caregivers had to submit new applications each year after the season ended (Budlender et. al. 2005). This practice is unreasonable in a number of ways, First, it is an incorrect application of the means test, and unlawful. The means test is meant to take into account annual income, averaged over a year. Second, it is not in the best interests of children, who fall off and on the social grant system. Third, it is an unreasonably heavy burden on poor households given the costs and consequences associated with meeting the application requirements – which are described below.

I don't work. I tried selling sausages, but [people] didn't buy so I had to eat them myself... The business seemed to be coming all right. When you have just started selling you think that the business is going well, but after that people didn't come. There isn't even one person who comes to check if I still have it, so that's why I don't have a business. I was trying to assist my husband in that way.

- Ntombomzi, 35 (mother, urban site)

R: I came because the children were suffering

I: And you came to live with your mother-in-law?

R: Yes... she used to sell chickens, she would get casual jobs selling chickens, and then she went under because she was not getting paid and then she quit

- Imitha, 21 (mother, stays at family home of partner, urban site)

I do get some money from selling paraffin when I have a chance, but when the money is not enough I decide not to buy paraffin and stop for a while. Sometimes I get some money from my children's father when he finds a casual job. Then he calls to tell me that he will send me maybe R300. It has never been more than R300.

- Notumato, 37 (mother of 2, married to migrant worker, Theko Springs, rural site)

R: [The children] live here, their mother is not married.... She went to Johannesburg to look for work. [But] she doesn't work, she doesn't send me money.

I: How do these children live?

R: Well they're dependent on me. You see here, this is grass - I've just been to pick it, to make trays, baskets and mats in order to get food

- Nwabisa, 57 (widowed grandmother, Theko Springs, rural site)

Looking at the results of the means test for children who are not eligible for the CSG (i.e. those who failed the means test), there is a clustering of incomes just above the income threshold. For these people, a very slight variation in income could make the difference between inclusion and exclusion.

Thirteen percent of under-14 children in the urban site are receiving the grant although their incomes are above the prescribed threshold. Of course, this was not necessarily the case when the grant was approved – income changes may occur after a grant is awarded, which renders the child technically ineligible although they continue to receive the grant. Given a context of job insecurity and unstable income, an improvement in financial circumstance may be a temporary position for a caregiver who, if she declared her income and cancelled the grant, would have to re-negotiate the application process if she lost the income.

Zinzi is 28 years and lives in Village 3 in a crowded house with her mother, her adult siblings, their partners and children, and her own two children. She tells how she received the grant at a time when she desperately needed it:

By that time I applied for it because I was not working, I was looking for a child support grant because their dad disappeared and I was suffering alone and dependent on my mother and my mother has her own problems and we are a lot, that is why I tried to apply for child support.

- Zinzi (caregiver, Nkanini)

Zinzi subsequently got a job at a Cape Town restaurant, and now earns a monthly income above the threshold for the CSG. She continues to draw the grant although she knows that she is no longer eligible for it. Although she has a regular job, she still has to budget carefully in order to buy uniform and stationery, pay school fees and cover the considerable cost of private transport for her daughter to get to primary school safely. She did not apply for a grant for her younger child.

Although there are rigorous requirements around proof of income and affidavits at the time of application, the Department of Social Development has no system for monitoring changes in income amongst grant beneficiaries. Rather, beneficiaries are meant to inform the department when their situation changes and they are no longer eligible. It is likely that many if not most recipients in this position do not do so. Technically, this constitutes fraud. In reality, it is often a situation where an increase in earnings may be temporary, or where the cost of care (or number of dependants) means that caregivers need the additional income from grants to provide for the family's basic needs.

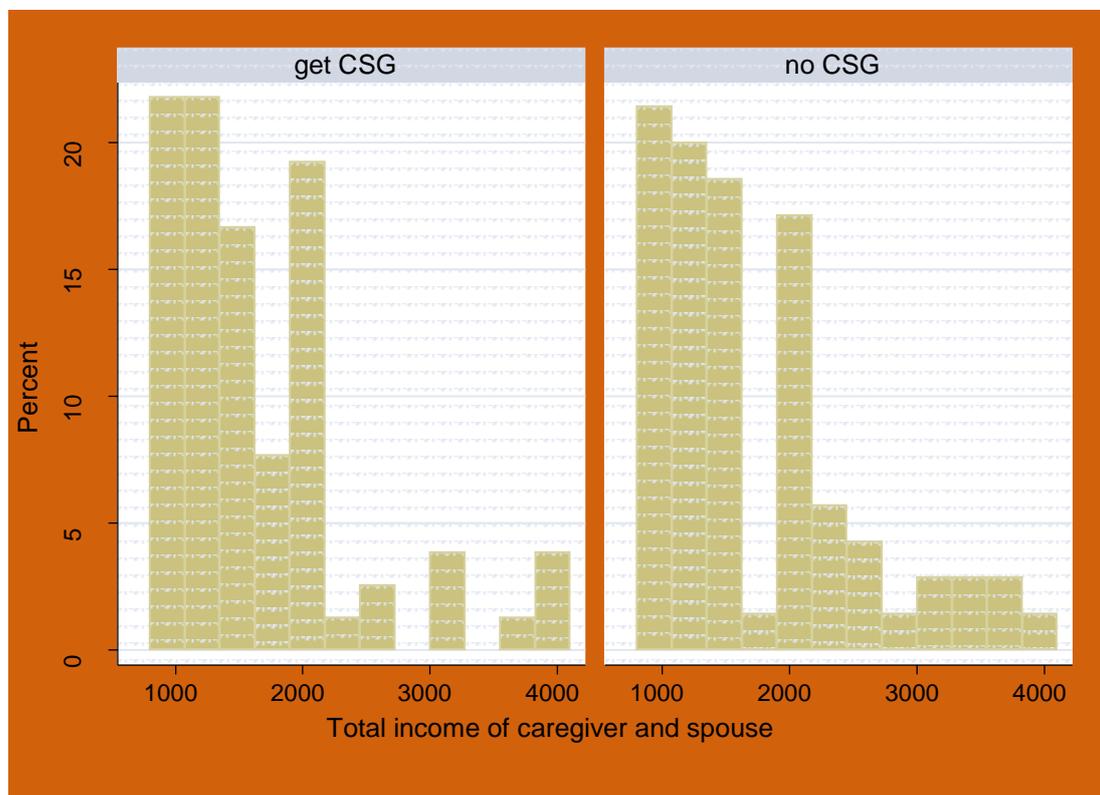
The cancellation of grants on the basis of income may occur at any time when officials become aware of increased income. The phased extension of the CSG to older age groups has provided an opportunity for officials to verify income details when caregivers apply on behalf of older children who have fallen off the system.

In its prolonged and well-publicised campaign against fraud, the Department invited “fraudulent” beneficiaries to come forward for amnesty, and also encouraged community members to report one another if they were aware that people were receiving the grant despite being ineligible. As already seen, the threshold for the means test (in other words, the poverty line) is inequitable when applied to households of different sizes and with fluctuating incomes. How important is it, then, to keep ineligible children out of the grant system if they are poor?

The chart below draws on *Means to Live* income data from the urban site, and shows income levels for children within the target age group who are ineligible because they fail the means test. (This analysis is not replicated for the rural site, because almost all the children lived in such poor households that they were eligible for the CSG.) Altogether, 30% of the urban children under 14 years were not eligible for the CSG because they fail the means test. Within this ineligible group, there is an equal split between children who receive the grant (i.e. unintended inclusions, in terms of the policy) and those who do not receive it (i.e. intended exclusions).

The results below are divided into these groups: the chart on the left reflects the income levels for ineligible children who are (unlawfully) accessing the grant, while that on the right shows income for those who are not eligible and are not beneficiaries.

Figure 5. CSG eligibility and uptake: joint caregiver income for ineligible children (urban site)



Note: an outlier of R6000 in one household has been omitted (the five children in this household do not receive the CSG)

Amongst the 24% of the urban children under 14 who do not qualify for the CSG, the level of income has no significant effect on access to the grant – in other words, they have a fairly equal chance of receiving it, irrespective of their income. Access to the grant amongst non-eligible children would be officially regarded as “fraudulent”. However, knowing that households vary in size, in real terms some “eligible” children are better off financially than some “ineligible” children. Also, the incomes of some “ineligible” children are concentrated just at the threshold. Considering this in the light of what is known about income variability, it is likely that many children are continuously shifting in and out of the “eligible” range. Given these findings, the rigid application of an income threshold seems both arbitrary and inappropriate. Furthermore, as shown below, many of the “ineligible” children would in fact be eligible if the threshold had changed in pace with inflation – in other words, many of these “ineligible” children live at the same level of poverty as those originally targeted for the grant.

Non-adjustment: the problem of a static income threshold

The threshold for the CSG has not changed since its inception in 1998, despite inflation rates which approached 10% at times. This is not the case with other grants like the Foster Care Grant, the Disability Grant and the Old Age Pension, where the means tests change by default because they are linked to the benefit level. (Thus, for instance, the amount of the Foster Care Grant has increased from R500 to R620 per month between 2003 and 2007. This means that the means test, based on income to the child and calculated as twice the annual grant benefit, increased to R14,880 per year).

While the initial benefit level of R100 for the CSG has also increased year by year, standing at R200 per month in 2007, the income threshold for the means test has not. It is unclear why this is the case: the Department of Social Development has not provided reasons for the lack of adjustment, or any indication of an intention to adjust the threshold in the future.

In effect, children have to be far poorer to qualify for the CSG now than when the programme was introduced eight years ago. Calculations using the Consumer Price Index (Table 21 below) show that households earning R800 per month in 2007 have the same buying power as those earning R499 in 1998, although the threshold at that time was set at R800.

Table 21 Actual and inflation-adjusted thresholds for the CSG

Area & dwelling type	Original income threshold (1998)	Real value of original threshold in April 2007	Actual threshold (2007)	% decrease in threshold over 9 years	Real value of threshold in April 1998 Rands	April 1998 index	April 2007 index
Urban formal	R800	R1283	R800	60%	R499	87.9	141
Urban informal / Rural	R1100	R1765	R1100	60%	R686	87.9	141

Source: StatsSA CPIX (2007); own calculations

In real terms, the original R800 threshold set in 1998 is equivalent to R1,283 in 2007, and the R1,100 threshold should have increased to R1,765 in 2007 in order to retain its value against inflation. In this respect the roll-out of the CSG does not comply with the Constitutional requirement of progressive realisation. On the contrary, it is retrogressive in that eligibility criteria have effectively been contracted over the years.

Importantly, the income threshold of R800 is lower than the minimum wage for many of the humblest job categories, including farm workers and domestic workers. This would not be the case if the means test had kept pace with inflation. The fact that the income threshold is below the minimum wage means that there is a risk of employers falsely inflating their employees' earnings when proof of income is required for CSG applications. Social security officials in a farming area in the Western Cape reported that farmers who paid their employees below the minimum wage sometimes falsified information about wages because they feared prosecution under the labour laws (Goldblatt, Rosa & Hall 2005). As a result, the poorest farm workers, who were already made vulnerable by being unlawfully paid below the minimum wage, were also excluded from the social security system.

The year-by-year adjustments are illustrated below. The dotted lines show what the threshold should have been had it kept pace with inflation. Children whose incomes fall between the dotted and solid lines would have been excluded as a result of the static threshold.

Figure 6. Actual and inflation-adjusted CSG thresholds by year

The static threshold has little impact on eligibility in the rural site because these households are so poor that almost all children qualify for the CSG at the original threshold. In the urban site, however, the contracted targeting mechanism has a dramatic impact on eligibility – and on errors of inclusion. When replicating the means test using the adjusted thresholds, it was found that 47% of the urban children under 14 who are not eligible for the Child Support Grant under the current criteria would have been entitled to receive it. This is equivalent to an increase of twelve percentage points in the proportion of eligible children under 14 years. There has been much emphasis in recent years on the identification and prosecution of fraudulent grant beneficiaries. The *Means to Live* found that, had the income threshold kept pace with inflation, the number of ineligible or “fraudulent” beneficiaries in the urban site would have been halved.

National estimates based on 2003 data and using an inflation-adjusted threshold resulted in an increase of four percentage points in the proportion of eligible children (Budlender et al 2005: 24). This is less dramatic than the *Means to Live* estimates because the national data include children at all levels of income, whereas the *Means to Live* research concentrated on communities that were known to be poor. The effects of inflating the means test threshold will be most strongly felt in areas with poor populations, where more children (and their caregivers) living in poverty will be able to access income support.

As it stands now, the means test excludes a significant number of poor children who were originally targeted. In real numbers, this form of exclusion is not insignificant: the 1995 analysis found that as far back as 1993, over half a million children (520,000) under the age of 14 would have been eligible for the CSG if the threshold had simply kept pace with inflation (Budlender et. al. 2005:24). If the same proportion is applied to the more recent 2006 population data from the General Household Survey, over 550,000 children under 14 are excluded. Of course, the proportion of children excluded would also have increased over these three years because of further inflation. So it is definitely a conservative estimate to say that the static threshold alone excludes well over half a

million children. The means test is therefore retrogressive, fails to uphold the principle of the “best interests of the child” and may be judged unreasonable.

Age thresholds, and the exclusion of older children

The CSG was initially available only to children under 7 years of age. It has subsequently been extended – first to children under 9 years, then to those under 11 years, and from April 2005 the planned extension to children under 14 years was complete.

Of the 18.2 million children in South Africa in 2005, 22% (just over four million) are between the ages of 14 and 17 (GHS 2005). Children of 14 years and above are excluded from the CSG, irrespective of poverty levels. In the urban site, 71% of children aged 14 years and over would have passed the current means test and been eligible for the CSG if it were available to older children. Ninety percent of the rural children over 14 would have been eligible if the age threshold were extended to include all children less than 18 years.

National eligibility rates would be lower, at around 65% (Budlender et al. 2005). Nevertheless, these conservative calculations of eligibility, based on 2003 data, suggest that at least another 2.7 million poor children could in theory receive the CSG if the age threshold were extended to include children under the age of 18.

There are many reasons for extending the CSG to older children – not least because of their constitutional right to social security and their right to social assistance under the Convention of the Rights of the Child (CRC), to which South Africa is a signatory.

Section 27(1)(c) of the Constitution enshrines the right of everyone to have access to social security, including, “*if they are unable to support themselves and their dependants, appropriate social assistance.*” Section 27(2) goes on to place an obligation on the State to “take reasonable *legislative* and other measures, within its available resources, to achieve the progressive realisation of each of these rights.” The government is thus obliged to ensure that all those who require social assistance eventually receive it. In this regard, the government has taken the first steps by progressively extending the CSG to poor children under the age of 14, but it needs to formulate a plan to progressively roll out the CSG to poor children under 18 years.

In addition, the Constitutional Court has stated in *Grootboom* that “a programme that excludes a significant segment of society cannot be said to be reasonable” (paragraph 43). It could be argued that the word “significant” could refer to quantitative or qualitative terms. In quantitative terms, the automatic exclusion of four million poor children between the ages of 14 and 18 years is a significant proportion of the population of poor children. Thus, it could once more be argued that the State’s grants programme for poor children, in so far as it excludes children between the ages of 14

and 18 years, is not reasonable in terms of section 27(2), and is therefore unconstitutional.

The Constitution of South Africa also gives children “the right to basic nutrition, shelter, basic health care services, and social services” [Section 28(1)(c)]. The State has an obligation to provide nutrition, shelter, health care and social services for children where their parents or care-givers cannot provide for them. Although section 28 does not specifically include children’s rights to social security or social assistance, it is under this provision that the State is obliged to provide for the basic needs of children. The State must provide social assistance to poor children between the ages of 14 and 18 years as a way to ensure their rights to basic nutrition, shelter and basic health care.

The right to equality in section 9(1) states that “everyone is equal before the law and has the right to equal protection and benefit of the law”. Section 9(3) prohibits unfair discrimination¹¹ by the State “directly or indirectly” on the basis of a list of grounds¹² and possibly other unlisted grounds. Section 9(5) creates a presumption of unfairness if a claim of unfair discrimination is made on the basis of a listed ground. The State then has the responsibility to establish that the discrimination was not unfair (or that the discrimination was not in fact based on the listed ground alleged). Under section 9(3) the most relevant ground of unfair discrimination against the provision of social assistance to children aged 14 – 18, is “age”. It is thus unfair discrimination to give a grant to a 13-year-old but to deny it to a 16-year-old who is in a similar poverty-stricken situation.

The extension of the grant to include all children under 18 makes sense in terms of household income too, particularly since household budgets are not generally compartmentalised. Young children’s grants are used to subsidise older siblings and adults, so that in terms of income – and in the absence of any social security for unemployed adults – the dependency relationships are reversed. Caregivers describe how entire families have to live on the grants allocated to the youngest members, and how grants help to pay for the needs of older children who were not eligible. Where there are no younger siblings, grant income dries up completely once a child reaches 14 – about the time they enter high school, and before they are legally allowed to be employed. Mothers in the rural site spoke of how they had to take their older children out of high school because there simply wasn’t enough money from grants to subsidise the costs. Many rural children live with their grandmothers rather than their mothers. Ironically, these children may be better off because of the old age pension available to women over 60, whereas mothers of child-bearing age have no access to social assistance.

¹¹ The test for unfair discrimination is set out in *Harksen*(1998)at paragraph 38.

¹² The listed grounds are: race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

National school enrolment statistics show a drop-off in the attendance rate from the age of 15 – so that whereas the mean attendance across all age groups is a high 96%, this decreases to 87% amongst 17-year-olds (GHS, 2005). The most common reason given for non-attendance at an educational institution for all children aged 14 to 17 is that it is unaffordable. Even with the introduction of no-fee schools, the costs of transport, uniform, stationery and other items remain. These are discussed in the next chapter.

The effect of the age extension has been incremental access to grants for poor families with children spanning the 0 to 14 year age group as they are able to apply for their older children. Of course, this often means that the caregiver has to go through the application process a number of times.

No, I didn't apply at the same time. I started with this one and then this one and then Themabela.... It wasn't time to apply for these [older] ones yet, it was still these young ones

- Veliswa, 35 (cares for own children and younger siblings, Makhaza, urban site)

At each extension, there have been large numbers of applications (Leatt 2005, 2006, 2007). This suggests reasonably high awareness of the age cut-off. Some caregivers, however, were unsure about the exact age of eligibility. There were also indications of confusion around the actual age cut-off, which was sometimes interpreted as the maximum (i.e. children of 14 years as opposed to children under 14 years).

We hear of it [the age extension] of course...we are told and the papers come out and we read it.... This one was the first to get the grant (that's the small child that I had), and then after a while they said that a small child who is 9 years can get it, [then] I started getting the grant for this one – he is 12 years old.... I have been getting the grant for him for two years, and this one I started getting the grant for him last year when they said that you get it for those who are 14 years old. I also registered this one last year as well, because he was born last year.... So there's four of them, so then we depend on this grant. I don't know whether this year this one will qualify because this one was born in September 1990.... Now you see every year on the first of April they include children. Like last year in April Mawande got in.

- Ntatu, 44 (mother, Kuyasa, urban site)

We only heard about this when he was already old - recently in September, we heard it then [probable research effect] and I realise that the year is almost over; it's only 4 months until he turns 14.

- Mother, 58 (mother with children and grandchildren, Theko Springs, rural site)

What are the consequences of excluding children over 14? It is clear that child support grants are seldom spent exclusively on the children in whose name they are disbursed. In households with low or no income, the grant money is simply a valuable, regular income to the household. Although the regulations are explicit that the grant should be spent on paying for the child beneficiary's needs, this is impossible where households have little or no other source of income, and where older children also need to be fed, clothed and educated.

All children cost money, and the expense of providing for a child is unlikely to be less amongst children over 14 years. On the contrary, school fees tend to be more expensive in high schools than in primary schools, and anecdotal evidence is that high schools also tend to be less lenient about non-payment of fees, while also requiring more in the way of additional contributions for outings, transport to sports matches, matric dances and so on.

Where are destitute caregivers expected to get the money to support their teenage children? In the absence of grants for teenagers over 14 years, and in the absence of any social assistance for adults who cannot get work, many caregivers simply have to stretch the CSG further than the grant is intended in order to pay for older children's expenses. In this way the DoSD effectively dilutes the amount of the grant to the individual beneficiary because it must be shared amongst everyone – which reduces the grant's (proven) effectiveness in improving the quality of life for its intended beneficiaries.

Oh, with school fees, I have to take from the grant of these children, and pay at least R20 for the children that are in high school or R50 so that they can get it – you see the one who just passed by here, she hasn't got her certificate [school report] yet because I have to go and pay R200 over there for standard 10. It's still there at school. I can't get it unless I pay the R200 for it. I don't have the money, it will have to wait until I have [money] ... and then she can get it because she will use it to find a job.

- Ntando, 53 (widowed mother and grandmother, Makhaza, urban site)

I'm still battling, as you heard me say that, I have debt at the school, I paid R100 here and paid R100 there, here I haven't even started... the primary school, I haven't even started paying them, for the both of them I haven't paid. I used their money to pay here [at the high school], instead of paying for them.

- Ntatu, 44 (mother, Kuyasa, urban site)

The Department of Social Development has, in a number of forums, indicated its support to the idea of extending the grant to older children. At a two-day symposium on child poverty, convened by the DoSD to mark the launch of Child Protection Week in May 2007, the Deputy Minister of Social Development delivered the resolution of the symposium during her closing address. This included a resolution to increase the age of eligibility for the CSG to include all children under 18. But this is not a decision which the department can take alone. The African National Congress, at its national policy conference in June 2007, resolved to support the gradual extension of the CSG to

children under 18 years. The support of the Presidency will also be needed, and the National Treasury would need to make appropriate allocations in the budget.

The DoSD has invested time, effort and money into a range of research activities that could help to motivate for an extension of the grant. These include a commissioned report on “perverse incentives”, published in 2006, which dispelled popular myths about the CSG and other grants. For instance, no statistical evidence has been found to support the popular belief that significant numbers of teenage girls get pregnant in order to receive the Child Support Grant. Another commissioned report, prepared by the Economic Policy Research Institute (EPRI), showed the significant and positive effects of social grants on individual well-being, poverty reduction and economic growth. These and other reports contribute to a growing evidence base that portrays the grant as a highly successful mechanism for alleviating poverty and improving quality of life. This provides a strong motivation to expand access to grants by including more people.

The reintroduction of conditionalities in the Child Support Grant

Although the Child Support Grant is regarded as a non-contributory, unconditional grant, there are already a number of “conditions” implicit in the targeting mechanism. These are related to income (the child’s caregiver must pass the means test), to age (the child must be under 14 years), to identification (both the child and the caregiver must have official identity documents) and to household size (a caregiver cannot claim CSGs for more than six non-biological children). These requirements already exclude a significant proportion of children, who are entitled to social security in terms of the Constitution, but are not eligible for grants.

When the CSG was first introduced, it included a range of other conditions. Amongst these was a requirement that applicants provide proof that their children had been immunised. This requirement was soon dropped “out of recognition that it often discriminated against children who were already disadvantaged in terms of access to health services” (Leatt & Budlender 2006). Uptake rates increased rapidly after the regulations were amended and the conditionalities dropped.

It is of some concern, then, that the draft regulations in terms of the Social Assistance Act of 2004 reintroduce a section that stipulates a number of conditions regarding the Child Support Grant including immunisation and school attendance if the child is of school-going age.

These conditions would not affect initial access to the grant – they are not a requirement for grant approval – but they impose subsequent conditions on beneficiaries. It is not clear how compliance would be monitored, or what sanctions would apply to those who failed to meet the conditions. Informally, officials in the Department of Social Development have acknowledged that it would be difficult if not impossible to enforce them. It has also been suggested that should conditions be introduced into the grant system, they would be in the form of “soft” conditionalities – in other words, there would not be sanctions for non-compliance, but compliance failures could help to

identify children and households in need of support – from social (welfare) services, for instance. This argument is flawed in that it will be impossible to monitor compliance amongst individual beneficiaries – numbering just over eight million currently, and increasing every year – and that already there are not nearly enough social workers to cope with the current burden of work.

Whatever the motivation behind them, the possible implications of the proposed conditions must be assessed since their inclusion in the draft regulations opens the way for the future implementation of a conditional cash transfer system, with or without penalties.

Conditional cash transfer (CCT) programmes are favoured by the World Bank and have been introduced in a number of countries across Latin America, South East Asia, and more recently are being piloted in some sub-Saharan African countries. CCT programmes like *Oportunidades* and the *Bolsa Familia* programmes in Brazil and Mexico respectively have received much acclaim for improving educational and health outcomes. However, it has not been established that these improvements would not have been achieved through the transfer of cash grants alone, without the imposition of conditional requirements. In other words, there is no evidence to prove that the conditional requirement (as opposed to the cash) caused the outcome. A Brazilian commentator found that “such conditionalities present some problems and challenges to be considered. First, they hurt the non-conditionality of the right of all citizen[s] ...to access social programs in order to assure a life with dignity; second, the offered basic social services by the majority of the Brazilian municipalities, even in the field of education and health, are insufficient, quantitatively and qualitatively, to meet the necessities of the beneficiary families. In this sense, the conditionalities should be required from the State and not from the families, considering that the need of expansion and the democratisation of the basic social services are a State responsibility”. (Silva 2006:14).

The very idea of conditionalities gives rise to heated debates. There are philosophical points to be made about patriarchal approaches to “helping” the poor. Why should the rich tell the poor how to spend their money? Why should countries – and institutions – that have created or deepened poverty make demands on poor people in return for small gestures to alleviate the poverty and inequality they have caused? How can conditions be attached to something that is an entitlement, enshrined in human rights instruments?

For now, however, the focus is on more pragmatic considerations. The logic of conditionalities implies that their introduction should be based on a series of evidence-based decisions: first, that there is an undesirable situation (such as low school attendance) which needs to be changed; second, that this situation is the result of undesirable behaviour or lack of action on the part of the poor; third, that attaching conditional requirements to cash transfers is an effective way of incentivising poor people to change their behaviour or take action; fourth, that poor people have the

capacity to comply with the conditions; and fifth, that the necessary resources are in place to enable poor people to comply with the conditions. Evidence from the *Means to Live* and from national data, show that none of these criteria are valid or relevant, and this suggests that conditionalities are inappropriate in South Africa, if not everywhere.

In the context of education, there is little need to motivate caregivers to send their children to school. School enrolment rates in South Africa are already high. Nationally representative data on reported school attendance shows that over 96% of children from 7 to 17 years are attending an educational institution. The attendance rate is even higher – around 98% - for children under 14 years (the current CSG age cut-off) (GHS 2005).

In the *Means to Live* interviews, caregivers showed enormous commitment towards their children's education – sometimes in the face of great logistical and financial difficulty. In the urban site, 53% of children were of school-going age (7 – 17 years), of whom 93% were attending school. Of the 7% not attending school, only one had completed Grade 12. In other cases where reasons were specified, non-attendance was attributed to reasons which themselves may be associated with poverty (couldn't afford fees, school is too far away, child is too sick to attend school, etc.)

The school fee exemption policy was designed to provide a fee waiver if the cost of education was unaffordable. However this policy has hardly been implemented (see Chapter 4 for more discussion of this policy and its implementation). The no-fee schools policy, rolled out nationally in 2007, remains to be evaluated. At any rate, the expulsion of children for non-payment of fees is unlawful practice, and yet it is practised. This suggests the potential for impossible situations where the poorest caregivers, who are most in need of the grant, cannot comply with the conditions if they cannot afford to pay for the costs of schooling. In a context where government institutions continue to make discretionary decisions which contravene the law, the application of conditions would be nonsensical and discriminatory. If school attendance is the desired outcome, then a more appropriate response might be to extend the CSG to older children, whose education and development may be constrained by lack of money.

Data on levels of service delivery show that many children live far away from public facilities and resources – and this in itself would prevent the fulfilment of conditionalities. Twenty percent of children who are primary school age and 33% of high-school age children live far from their nearest school (GHS 2005). In addition, analyses of the General Household Survey show that 40% of all children do not have a clinic within 30 minutes of their home. Despite this lack of access to public health services, immunisation coverage amongst babies under a year stood at 82% in 1998 – including the measles inoculation at 9 months. This high compliance rate is achieved despite the logistical constraints of distance, cost of transport and long waiting times, which are discussed further in Chapter 8.

Conditionalities require a certain level of infrastructure: the ability of caregivers to comply with the conditions depends on the accessibility of the services. In South Africa, where many government services are limited by capacity problems, where many areas are under-serviced, and where remote rural areas may have no health or education facilities at all, it may be impossible for caregivers to comply with the requirements, and perverse to expect them to do so. A more appropriate – and urgent – emphasis should be on the provision of good infrastructure so that public services are accessible to the poorest people – particularly those living in rural areas, which are the worst served.

Implementation and access to the Child Support Grant

Implementation and uptake of The CSG in the urban site

Three central venues in Khayelitsha are used for applications for the Child Support Grant. The one closest to the research site is an office in Harare section, which caters for nearby informal settlements and residents of the south-eastern end of Khayelitsha. It is part of a new complex of government buildings adjacent to the railway line, including a local Home Affairs office. A single taxi fare from Makhaza to Harare is three rand each way – the round trip costs more than a loaf of bread. In a context where poor people literally do not have access to cash, this seemingly small cost is felt. Sometimes applicants spend hours walking the distance there and back if they cannot afford transport.

The office is open from 7.30 am to 4 pm, Monday to Thursday. Usually they do not accept newcomers after 12 noon so that they can attend to those who have been waiting in the morning. According to caregivers, people often arrive at 4am to be at the front of the queue. In 2005, about 150 CSG applications were made each day across Khayelitsha, about 50 of which came through the Harare office.

Processing an application involves a number of steps. First, a screening officer interviews applicants and tells them what they must bring in order to apply for a CSG. There is a check list of required documents. In the Western Cape, social security officials reported a number of practices which are not covered under the regulations for the grant. The child's clinic card is required. In cases where applicants report no income at all, they are required to explain how they survive, and the person who supports them must fill in a declaration form to that effect. People who reported having worked within the last three years were required to produce an affidavit from their last employer stating that they are no longer employed there.

Once someone has all the necessary documents, they come back and meet with an attesting officer who takes down the application, checks that all the documents are present and correct, and fills in an application form and completes a summary of documents. This ought to take 12 minutes to complete according to departmental

guidelines. A second attesting officer then checks the application, takes a thumb print, and issues a receipt to the applicant.

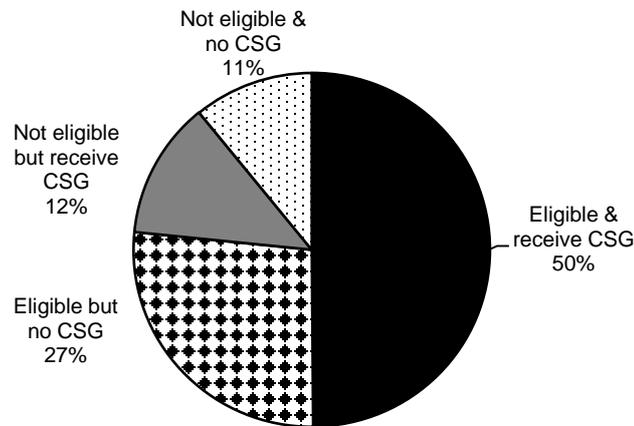
All of this is done in the Harare hall. The applications are then sent to the central Khayelitsha office at the end of the day where they are processed by being entered into the SOCPEN data base. A file is opened by a registry clerk who then forwards it to the assessors. The assessors follow a check list, assess income and convert income to an annual figure for the means test. They can refer a case for further investigation if they think it necessary. A data capturer enters all information into a computerised data base, after which a verifying officer checks everything and gives an instruction for the computer system to generate an approval or refusal letter according to the circumstances. One copy of this is posted, and another filed.

In Khayelitsha it was reported that police officers refused to write affidavits for grant applicants after repeated complaints from DSD officials about poor handwriting and inaccuracies in SAPS affidavits. Police at the station on Bonga Road decided that they would only affirm affidavits already written. Applicants could also get affidavits affirmed by ward councillors who are commissioners of oaths. Affidavits may be written in isiXhosa, but the guidelines are only in English.

CSGs that are in payment can be received at the Desmond Tutu Recreation Centre hall, adjacent to the library in Village Three, a central location. Women lining up to receive their grants pass through a cordon of money lenders, small traders and security guards.

In the context of high income poverty, 76% of the urban children are eligible for the CSG. Of these, two thirds have been able to successfully access the grant. Figure 7 below shows how the child population in the site is divided into eligible and non-eligible children, and within these categories, into those who are receiving the grant and those who are not.

Figure 7. Eligibility and uptake of the CSG amongst children under 14 years: urban site



(Note: weighted data for urban site to adjust for imbalances between area types)

Nearly a quarter (24%) of the urban children under 14 are not eligible for the grant. This is because their caregivers' incomes are above the income threshold prescribed in the regulations. However, ineligible children have a 54% chance of being CSG beneficiaries. This suggests that the targeting mechanism, designed to exclude those who are ineligible, has not been effective in doing so. What appear to be wrongful inclusions may be the result of changing income over time, so that people who were eligible when they applied were no longer eligible at the time of the survey. Errors of inclusion may also reflect dishonest reporting of income in order to get the grant. In any event, fairly widespread access to the grant by "non-eligible" children raises questions about the efficacy of having a means test in the first place, since procedures to keep ineligible people out also pose barriers to those who are eligible, and in desperate need of income support.

Where children are eligible beneficiaries it means that the targeting mechanism has been effective in reaching the target population. In the urban site half (49%) of all children under 14 are eligible and receive the grant. However, over a quarter of the children (27%) are eligible but are not receiving the grant – they account for more than a third of all eligible children. This is the extent of the unintended exclusions, and it is these children who should concern us. They are defined by government as being in need, but are not receiving the benefit of a poverty alleviation programme designed to help them.

Table 22 Mean characteristics of eligible children under 14 years in the urban site

	Eligible children receiving the CSG	Eligible children NOT receiving the CSG
Age of child (years)	4.9	5.9
Proportion female	58%	60%
Age of primary caregiver (years)	32.5	33.4
Primary caregiver is biological mother	91%	80%**
Mother was a teenager when the child was born	12%	19%
Biological mother is dead	1%	4%
Biological father is dead	8%	16%**
Child has a birth certificate	99%	77%**
Household size (number of members)	5.1	5.3
Occupancy rate (mean people per room)	2.5	2.7
No. of assets owned by the household (max 9)	3.3	3.0
Mean per person income from earnings	R77	R96

Source: *The Means to Live*

** indicates a significant difference in the means at the 95% confidence level

There are a number of small differences between children in receipt of the CSG and eligible children without the grant. On average, eligible children who have not accessed the CSG appear to be slightly older than CSG beneficiaries, and live in slightly larger and more crowded households, with fewer household assets. In contrast, beneficiaries have a slightly lower mean per capita income than non-beneficiaries. However these differences are not significant at the 95% probability level.

Three of the comparisons do show significant differences between beneficiaries and non-beneficiaries: first, urban children who have not accessed grants are significantly more likely to be paternal orphans than those for whom grants are not reported. (The definition of paternal orphans used here includes those where the status of the biological father is unknown.) Given employment trends in South Africa, where men are still more likely than women to be employed, the result suggests that many paternal orphans are not only deprived of fathers, but also from the income that fathers might earn and from social assistance in the absence of this income.

Second, urban children who have not accessed grants are significantly more likely to be without birth certificates than those who receive grants.

Third, there are significant differences in levels of access between eligible children who live with their biological mothers and those who live with other caregivers. The majority (87%) of children in the urban site live with their biological mothers. This increases to 91% amongst eligible CSG beneficiaries, while only 80% of those not receiving the CSG are living with their mothers. The difference is even more pronounced if uptake rates across the different groups are examined: while 68% of eligible children living with their mothers have accessed the grant, only 45% of those living with other caregivers (mostly relatives) receive the CSG. This suggests that children living without their biological mothers may be at greater risk of exclusion from the grant (similar results have been reported by researchers working on data in other provinces) (Case, Hosegood & Lund, 2005). There are a number of possible reasons for this, including difficulties relating to the possession of documents and the transfer of CSGs across households and provinces. These are discussed below.

Where children were living with their biological mother, the child's age was subtracted from the mother's age in order to identify mothers who were under 20 years when their children were born. These "teenage mothers" are slightly less likely than older mothers to be receiving a grant for their child. However, the base is small – only 41 of the 355 eligible children in the urban site had mothers who were teenagers when they were born. Analysis of a much larger sample from the Umkhanyakude district in KwaZulu Natal produced identical but more statistically reliable results about access to CSG by children of teenage mothers. In that report, Case et al commented that "this stands in stark contrast to the popular notion that teenage girls are becoming pregnant in order to access the Child Support Grant. If this were the reason young women were becoming pregnant, we should expect to see teenaged mothers at least as likely to apply for grants. This is not what we find in the DSA: disproportionately it is older mothers who apply for grants." (Case, Hosegood & Lund 2005: 469). The *Means to Live* data support these arguments.

Implementation and uptake of the CSG in the rural site

People who live in the three villages at Theko Springs can apply for the Child Support Grant in one of two places. They can go to the Kentani service office in a new brick government compound with a day hospital and justice department, in addition to the social security office. People can walk there from nearby rural areas, or take a taxi into Kentani, and the office is open for CSG applications every week day. The office reported processing 15 to 20 applications per day in August 2005.

The other alternative is to go to the Butterworth service office, located in an old house adjoining the Butterworth district office. On Mondays, CSG applications are received. The office is cramped, with little privacy and no waiting room. About twelve applicants can queue up on a bench on the small stoep outside the front door, while the rest stand on the path outside the house.

In both offices, there is a screening process to inform applicants about what is needed and check they have the required documents, and then an attesting officer fills out the application form and accepts the documents. The screening and attesting officer can be the same person, and they sometimes help applicants who cannot write. The senior administration officer at the Butterworth office is also a commissioner of oaths, so he sometimes affirms affidavits, which makes the process easier and quicker for applicants because it eliminates the need for an extra trip to the police station. People must bring in their own photocopies of documents, but staff at the Butterworth office reported that they sometimes help people who are very poor or come from very deep rural offices to make copies when they have paper.

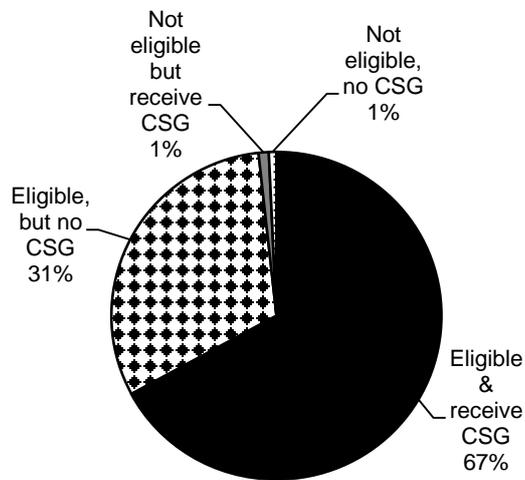
A verifying officer checks the application and that all the necessary documents are present. They also check the application against the government pension fund and employees data base in order to ensure that the applicant is not a civil servant. They also check that the child is not already receiving a CSG. The application then goes to the district office where it is checked, entered onto the computer and then sent on to East London.

In addition to the documents required by the regulations, officials in the Eastern Cape also require a clinic card if the child is not yet at school, and a letter from school to confirm attendance if they are. Officials reported that this is a way of ensuring that the child is actually living in the area. Some offices were also taking photographs of children for the application forms, in order to reduce the possibility of fraud. People had come from Bisho to introduce this, and give training on how to use the equipment.

The head of the Butterworth district office reported that there is a shortage of staff, with only five staff in each service office. The problem of under-staffing was particularly acute during the period of the CSG extension, despite the contract staff at Butterworth who were employed to help with the increased numbers. In some rural areas there are also mobile units which go out three days a week to register people for CSGs. These go to schools and churches and community centres, and traditional leaders and ward councillors are given prior notice of the dates they will be visiting. If there is electricity, people can make their photocopies there, otherwise people will need to travel to make their own copies. A generator given by the province is no longer working. The vehicle for the CSG campaign is not a 4x4, so it cannot get to some places, especially in the rainy season when many roads are impassable.

Figure 8 shows the extent of CSG inclusions and exclusions amongst children under 14 years in the rural site. Unlike the urban site, there is little room for errors of inclusion because eligibility levels are so high. Almost all children under 14 (98%) pass the means test for the Child Support Grant.

Figure 8. Eligibility and uptake of the CSG amongst children under 14 years: rural site



The success rate for targeting the CSG in the rural site is 67% – two thirds of children in the target age group are grant beneficiaries. However, and this will be discussed further, not all of these grants are received by the primary caregiver, and some of them never reach the household.

Few differences were found in the characteristics of children who receive the CSG and those who do not. Whereas in the urban site there was a strong association between CSG uptake and the presence of the biological mother as caregiver, there is no such association in the rural site, where over a third of caregivers are grandmothers or other relatives.

Table 23 Mean characteristics of eligible children under 14 years in the rural site

	Eligible children receiving the CSG	Eligible children not receiving the CSG
Age of child (years)	7.1	8.2
Proportion female	51%	47%
Age of primary caregiver (years)	43.8	47.1
Primary caregiver is biological mother	62%	62%
Mother was a teenager when the child was born	7%	12%
Biological mother is dead	2%	3%
Biological father is dead	16%	11%
Child has a birth certificate	97%	61%**
Household size (number of members)	6.5	6.3
Occupancy rate (mean people per room)	2.1	2.1
No. of assets owned by the household (max 9)	3.5	3.3
Mean per person monthly income from earnings	R30	R33

Source: *The Means to Live*

** indicates a significant difference in the means at the 95% confidence level

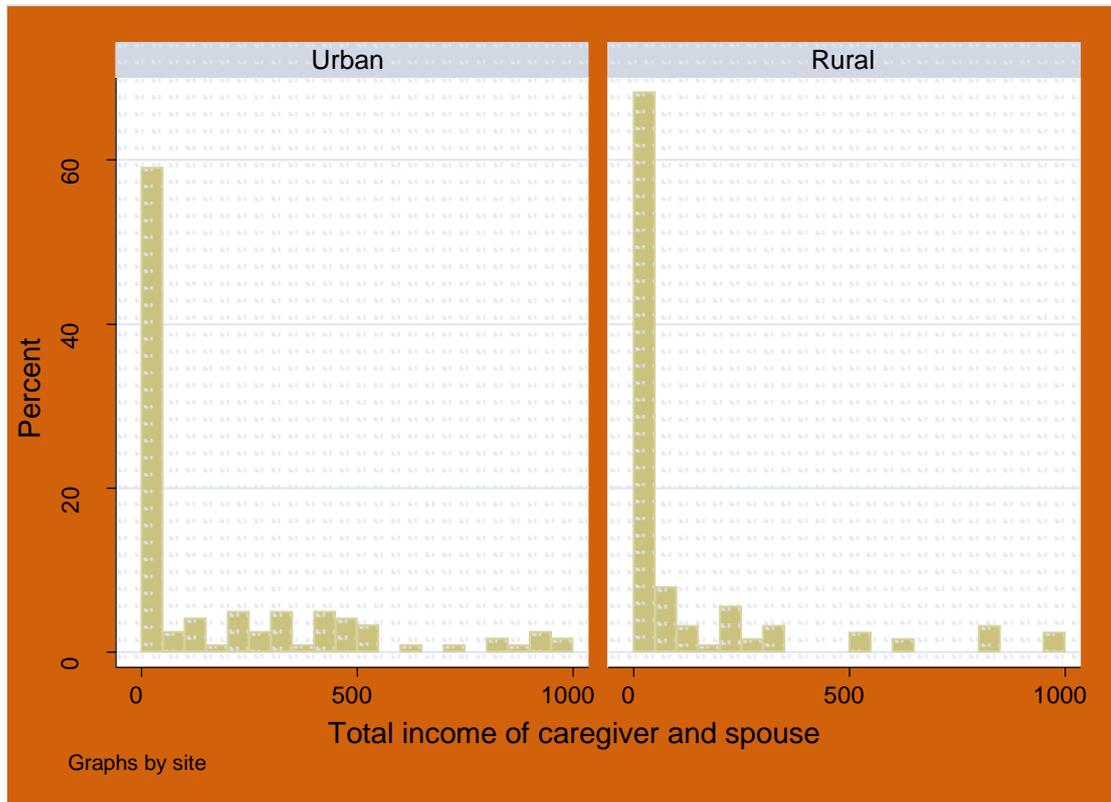
The only significant difference found between eligible recipients and non-recipients in the rural site is the presence of a birth certificate. This was true for the urban site too. As will be discussed, identity is one of the main obstacles to uptake of the CSG.

Barriers to Child Support Grant Access

Given the magnitude and depth of child poverty, and the constitutional imperative for progressive realisation, it is important that the extent of exclusions is considered, and the reasons why the programme does not reach some children – in other words, to identify problems of targeting at the level of implementation.

Over a third of the urban children who are eligible for the CSG are not receiving the grant. Looking at the incomes of their caregivers, it is clear that most of these children live in deep poverty. Almost 60% have caregivers who are not earning any income at all. Similarly, just under a third of the rural children below 14 years are eligible for the CSG but are not receiving it. Of these, just over 60% have caregivers with no income from earnings.

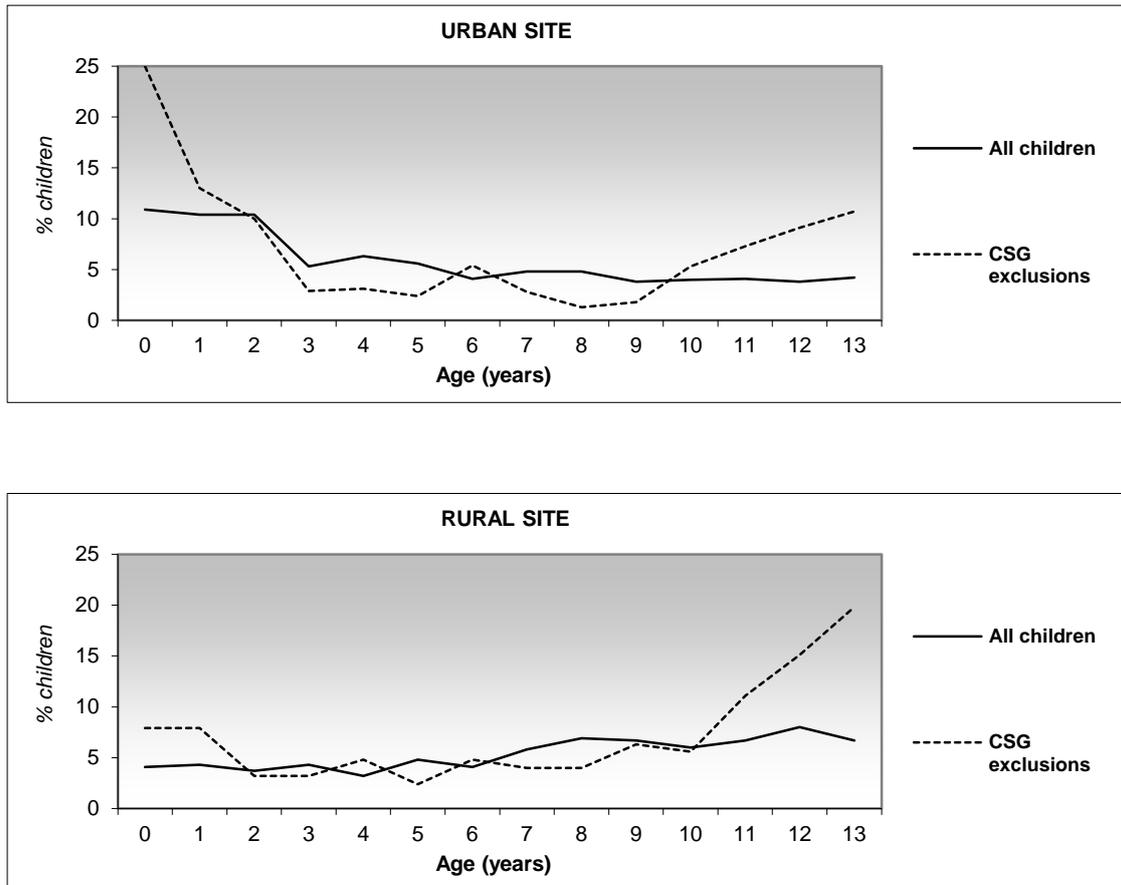
Figure 9. Caregiver income for eligible children not getting the CSG



This is cause for concern: not only is the programme failing to reach a significant proportion of the eligible population in the *Means to Live* sites – it is excluding those in desperate need. The exclusion of “those in desperate need” and “a significant sector of society” are both criteria outlined by the Constitutional Court as bases on which a programme may be declared unreasonable.

An examination of the age distribution of children (Figure 10 below), shows that the children who are failing to access the CSG are mostly babies up to 2 years, and older children over 11 years. This applies to both the urban and rural sites.

Figure 10. Age distribution of all children under 14 and eligible non-beneficiaries



Lower levels of access amongst infants would be expected, partly because of delays in getting birth certificates (this is discussed in more detail later), and in the case of the urban site, because there is a higher proportion of children in the under three age groups than in the older age groups. (This skewed age distribution is probably the result of a combination of factors. South Africa has extremely high under-five mortality rates, with one almost in ten children dying before their fifth birthday. Also known from the *Means to Live* and from national surveys is that the proportion of children in urban areas drops after the age of two, while the proportion in rural areas increases. Nationally, over 53% of children are born in urban areas, but by the age of two the distribution has been inverted, and 53% are living in rural areas (Statistics South Africa, 2004). This signifies a movement of children from cities to rural areas.

The initial uptake rate for infants is slow, particularly in the urban site, where only 38% of eligible babies under a year receive the grant in the urban site. The relatively low uptake amongst infants is the result of a delay in CSG applications, rather than refusals: 53% of the urban caregivers with babies under a year had not yet applied for the CSG. Of those who had applied, the vast majority (85%) were already receiving the grant. The fact that over half of mothers with infants have not yet applied for the CSG, despite the fact that 80% of babies under a year have birth certificates, suggests that there is little

substance to claims that women have babies in order to get the grant. By the time babies are two years old, over a third of the urban caregivers have still not applied for the CSG.

In the rural site, 55% of eligible infants under a year were receiving the CSG. In both sites, slow uptake amongst babies was followed by a sharp increase in access to the grant between the ages of two and eight (between 80% and 90% of eligible children at this age were receiving the grant), and then a dramatic drop-off again from the age of nine. By the age of 13, only 31% of eligible children in the rural site and 14% in the urban site were receiving the grant.

But what is it that prevents children from getting the CSG? The problem is not related to the refusal of applications. Of all the eligible urban children who were not receiving the CSG, only 15% had submitted an application, and half of these had already been approved (applicants were waiting for payments to start)¹³. In the rural site, 35% of eligible children without CSGs had applied. A third of these had been approved and applicants were waiting for payments to start. Over 40% were waiting to hear the outcome of the application. According to the implementation agency, SASSA, the refusal rate is very low – around 10% – and the rigorous screening process means that refusals are usually because the applicant fails the means test – rather than incomplete documentation. Most of the eligible children who fail to access the CSG do not even get to point of submitting an application.

Neither is lack of awareness an obstacle: the high uptake of the grant nationally indicates high levels of awareness. Almost all caregivers interviewed (99% in the urban site, and 96% in the rural site) said that they already knew about the CSG.

Self-exclusion: the need for greater public awareness of the targeting mechanism

Although general awareness of the CSG is high, there is not necessarily high awareness of the eligibility criteria. Confusion may exist around the following aspects of the targeting mechanism:

- income threshold / employment status
- age threshold
- resident status.

¹³ At this point the numbers become too small to support statistical analysis. Applications submitted by eligible non-beneficiaries: N=17

Previous research by the Children’s Institute to investigate the application of the means test found that even some social development officials were unclear about how the respective income thresholds should be applied (Goldblatt, Rosa & Hall 2005). To be effective and avoid unintentional exclusions, there needs to be clarity around the targeting of the programme. The CSG is not proactively delivered to its target population but relies on poor people to take the initiative in applying. The Constitution, in s32(a) places a positive obligation on the state to promote access to programmes. It is important that the public is aware of eligibility criteria for the CSG, so that eligible people are able to identify themselves and apply for the grant. There have been awareness campaigns across the country, but there is a need for more dissemination of information about the means test and other eligibility requirements.

While caregivers generally acknowledged that the CSG is for poor people, there were some misconceptions about the grant. One household had not even attempted to apply for the grant for the 12-year-old in their care, because he was from Angola. Although he had permanent residency through his older brother, they simply assumed that the CSG was only for South African citizens – that “since he’s not from here then he doesn’t have the right”. The draft regulations have been amended following the Khoza case, in which the right of foreign residents to social security was upheld. The regulations state in ch1(2)(f) that a person may be eligible for the CSG if “the child and primary care-giver are South African citizens or permanent residents residing in South Africa”.

A caregiver referred to what is described as a common perception that anyone with a job was automatically excluded from the grant – the CSG was only for the unemployed. As a result, she had not applied at all.

Maybe it's just from listening to people, I don't know, they say that if you work and when you are permanent at work you can't get the grant. Anyway that's what the people who know say, that's why I haven't gone yet, I should have – she's 13 now going on 14.... I just heard it from the people in the community that when you work you do not get it, so I just lost the energy to do it.

- Chwayita, 45 (single mother, Village 3, Western Cape)

Greater awareness of the targeting mechanism would help to ensure that those who are potentially eligible for the CSG have the opportunity to apply.

The problem of documents

The main barrier to reaching eligible children is related to the procedure and requirements for submitting an application. The application process requires an initial “screening” of applicants to ensure that they have all the necessary documents to submit an application. It is at this point that many applicants are turned away. Many caregivers of eligible children do not even get to the screening process, because they do not have the necessary documentation. When asked why they had not applied for the Child

Support Grant, the caregivers for 45% of eligible children who had not applied said that they did not have the necessary documentation.

Table 24 Reasons for not applying for CSG		
(base: eligible non-beneficiaries in urban site)		
Reason for not applying for CSG	% of responses	
	Urban site	Rural site
Don't have the necessary documents / ID / birth certificate	49%	51%
Too far / expensive / difficult to apply	17%	16%
Child is not eligible / income too high [note that all these children are eligible]	13%	9%
Other (not enough time / too ashamed / didn't know about CSG / no caregiver who can apply / applying for foster care grant / parents work for the govt)	21%	24%

As can be seen from Table 24 inability to provide the required documentation is the single biggest barrier to getting the CSG. Forms of documentation commonly required by social security officials are ID books, birth certificates, affidavits, clinic cards, school attendance forms, and other documents related to identity: proof of address, marriage certificates, death certificates, and proof of residence. Some of these, such as clinic cards and proof of schooling, are not included in the regulations, and to require them is unlawful in terms of the Promotion of Administrative Justice Act (PAJA). For some applicants, the requirements are difficult or even impossible to meet.

Documentation can be particularly troublesome for people living in remote rural areas. For a start, the rural households surveyed in the *Means to Live* have to pay significant amounts for public transport to get to the nearest Department of Home Affairs (R9 each way, whether to Kentani or Butterworth). A caregiver explained that she would have to wait until after the next grant pay-day so that she could use money from one child's grant to pay for transport to apply for another child's grant.

Because many of the caregivers are not the biological parents of the children, they are also dependent on documentation from or about the parents in order to apply for child grants. Only full bar-coded birth certificates are accepted. Parents' marriage and death certificates are required, but these are not necessarily in the possession of the caregivers. In a context where rural households remain dependent on remittances from urban areas, it is not only household members move between rural areas – documents move across provinces too, and this creates problems for grant access if the documents are not in the right place at the right time.

We spend a lot of time, and that is very difficult for us - you know I tried to get a grant for this child, I went there three times, I have given up now. Now I have decided to hand it over to her mother because I'm giving up, it's too difficult to get it

What happens when you go there?

You see the first time I went there, this thing proved too much because the child mother is studying, the certificates, school things, now you see sometimes I'm here and my child's things are in Cape Town, and whatever, and sometimes I would decide to leave something, and then here I found out that the copies that I had made - one time I had made copies, my husband's and the marriage whatever, I did that all in Cape Town and when I got here they said no these are old, you should start over, and my husband's ID was in Cape Town and I had forgotten the marriage certificate in Cape Town. So I decided that this is too much trouble for me when it's like this, I should leave it to her mother to do it in Cape Town when she has an ID. Now tell me, maybe it will take two years, so I'm giving up like that... Every time I would be told this, that and the other is missing, and then again when I complete this part, that part is missing. So I decided to leave it to her mother to do it herself, it was difficult for me

- Noluthando, 37 year-old mother and grandmother, Nkelekethe

When prospective applicants are unable to provide necessary documentation, DSD officials simply turn them away. The Departments of Home affairs and Social Development are physically located in the same secure complex in Kentani. Yet they operate completely independently – there is no system for referrals or assistance across departments to enable those in urgent need to access necessary documentation. The acting head of social security at the Butterworth office acknowledged that Home Affairs is slow and that there are difficulties with registration – “this is a real problem” – but says that the DSD cannot intervene in the work of the Department of Home Affairs. This can leave caregivers in an impossible position: where they desperately need social assistance, but are unable to obtain documentation from one government department in order to comply with the requirements of another.

I do not get the “pay”. I don't get paid, and as I don't get the pay I'm suffering. I have grandchildren, they are orphans, they do not have parents. Their mother burned to death in Cape Town. They don't get any government assistance because [the officials] asked for their mother's death certificate, and the mother's death certificate is not there, and the children's father died, so I have that problem. One child is doing standard 8, and she lost her shoes to this river, and another child is in standard 6, she ran away because of hunger, and I have no idea where she went to

live. Wherever she is she doesn't have uniform in whatever school she's in. That's the life I live, and I don't have any breadwinner.

- Caregiver, Theko Springs focus group

Documentation is typically in hard copy – in the form of paper. Caregivers talk about documents being lost or destroyed, in another province, or difficult to get from another department. In a context where people move home, where shacks burn down, and where bags and wallets are stolen, the safe-keeping of documents becomes crucial for access to government programmes. It is important then to distinguish between those who had documents which were lost or destroyed, and those who have never had documents. Arguably, the centralised and computerised systems established by both the Departments of Social Development and Home Affairs should make it relatively easy for people to replace lost documents, although accounts from caregivers suggest that this is not their experience.

Identity documents

It didn't come out... they didn't make it for me... I applied for it, and they said I should keep checking for it and keep checking for it, and then when there was an election I applied again and even then they didn't give it to me.

- Caregiver, Nkanini informal settlement, W Cape

The regulations require that CSG applications are accompanied by supporting documentation, including both the caregiver's identity document and the child's birth certificate. Access to the CSG is therefore contingent on being able to provide identity documents supplied by the Department of Home Affairs. In this respect, the Department of Social Development is dependent on another department to fulfil its function adequately.

He will never get it, he will never get it. Because the reason he won't get it is that he doesn't have a certificate. How is he going to get it?

- Olwethu, 36 (mother, Village 3, W Cape)

Possession of an identity document is one of main obstacles to CSG uptake – 17% of the rural children do not have a birth certificate (or ID book, if they are older than 16), and in the urban survey, 9% of children do not have birth certificates or identity documents. This explains a large proportion of exclusions. In the urban site, 21% of children who are eligible but not accessing the CSG are without a birth certificate, and this rises to 39% in the rural site.

The people who are not getting the grant are people who perhaps do not have IDs, or maybe a person hasn't done the certificate yet. There's no one who does not get the grant, unless one does not have an ID.

- Nonkonzo, 45 year-old mother, Theko Springs

This represents a substantial proportion of children who are automatically excluded from the CSG. Caregivers refer to various forms of proof of identity required by officials at the Department of Home Affairs. For children, these include clinic cards endorsed with a clinic stamp, proof of birth supplied by the hospital where the child was born, and certificates from schools. The consequence of these requirements is that other government institutions fulfil the administrative functions of the Department of Home Affairs.

The stories recounted by some caregivers suggest that staff at these institutions are not always willing to help, but there is little caregivers can do in the face of refusals to assist. There are accounts of multiple visits to schools and clinics – which may cost the caregiver time, money for public transport and in some instances, loss of dignity when they encounter rude officials. One caregiver had to force herself to approach her child's school for evidence of his identity, despite her unwillingness to do so because she herself felt uneducated and embarrassed. Another caregiver was told that she would have to pay R30 at the clinic to get the duplicate clinic card that was required for the birth certificate.

Other caregivers have similar stories, many of which end with a sense of frustration, and resignation that they will never be able to get the CSG because they cannot get birth certificates. The accounts of caregivers point not only to variable requirements from Home Affairs officials, but also to variable treatment from officials in other government institutions such as clinics and schools.

Documents sometimes required by Home Affairs officials before issuing a birth certificate

- **clinic card endorsed with the clinic stamp**
- **proof of birth from the hospital where child was born**
- **confirmation of identity from the child's school**
- **letter from the caregiver's old school to confirm her identity / childhood home.**

Nosiphiwo, a 22-year-old single mother, spoke about how her mother had been helping her to try and get the grant. Once again, the barrier was difficulty in fulfilling the requirements for a birth certificate:

“With Akhona the only missing thing is the birth certificate - when you go and apply for a birth certificate, her clinic card doesn’t have a stamp, so she needs a stamp in order to get a birth certificate so that we can apply for a grant for her... my mother has been going [to Home Affairs] many times, and they turned her back and told her to bring a clinic card that has a stamp from the clinic.”

-Nosiphiwo, 22 (single mother)

At this point, it becomes clear how impossible circular relationships could develop from the various requirements of different institutions, potentially resulting in the exclusion of children from government services and programmes:

- **A child needs a birth certificate to apply for a Child Support Grant**
- **A child needs a birth certificate for admission to school**
- **In some instances a child needs a school certificate in order to get a birth certificate**
- **The CSG is often used to pay for school fees; conversely, caregivers who don’t get the CSG may not be able to pay school fees (some schools were requiring that fees be paid from social grants. The regulation of 2006 is that grant recipients are automatically exempt)**
- **Some schools expel children if their fees are unpaid, although this is unlawful**
- **If a child is not at school, they cannot get a school certificate in order to get a birth certificate, therefore cannot get a CSG, and potentially cannot pay for school expenses**

Caregivers cannot apply for a CSG if they themselves do not have identity documents. Sometimes they have to go to enormous lengths in their efforts to obtain an ID book. Even when identity documents have been lost, they are not easy to replace. Adults have to provide evidence of their identity in order to get a new document from Home Affairs.

Providing evidence of identity sometimes includes getting other people to “witness” that the applicant is who she says she is – this requires travel costs and time investment from the witness, who must accompany the applicant. In the stories recounted by caregivers the witness is usually the caregiver’s mother, the grandmother of the child. However, she can only witness if she herself has ID. In one story, a caregiver’s attempt to get an ID book failed because her mother, who went to verify her identity, had a different surname.

In other accounts the Department of Home Affairs does not appear to be particularly concerned about the relationship between the applicant and the “witness”, as long as someone in possession of an ID book vouches for the applicant’s identity. There are obvious loopholes in this system, which makes fraud possible, but which nevertheless requires the expenditure of money, time and effort from at least two people. Some

difficulties are purely logistical, but can nevertheless constitute barriers for the poorest people – for instance the cost or physical effort of getting to the Department of Home Affairs (the nearest office is in Harare, a nearby suburb in Khayelitsha, and taxi fare at the time of the study was R3 each way).

Another requirement which seems particularly burdensome is where people applying for identity documents must provide evidence of their schooling, as a way of proving their identity to Home Affairs officials. The requirement sometimes means that caregivers have to return to the school they attended as a child, which may be in another province, in order to get a letter from a teacher to say that they once attended school there. It is unclear how this enables the Department of Home Affairs to establish identity – it certainly costs the applicants both time and money, not to mention further delays in obtaining identity and applying for the grant.

Too poor to get an identity document

Khuthala left her husband and brought her three children to live in the informal settlement of Nkanini. They have built a small shack out of corrugated iron and cardboard. Khuthala gets no support from the father of her children. She sells chicken feet to try and raise money for her family, but the income is not enough – often as little as R10 a day. She cannot pay the school fees. Only one child is young enough to be eligible for the CSG, but she is unable to apply for it because she doesn't have any identification.

“Our birth certificates burnt along with the house, so [my mother] said that she wanted to do it for us, so that we can do under her name, and they [Home Affairs] said that we are too old for that - it was me and my sister. They said we are already too old, we should look for the school paper so that they can make an ID for us, we shouldn't apply for the birth certificate.”

Khuthala now finds herself in a position where she cannot get an ID book until she has visited her old school to ask for a certificate. To do this, she must travel to the Eastern Cape – a trip which she cannot afford to make.

R: The school paper is in the Eastern Cape, they said they want the school paper in order for me to be able to do an ID

I: Who said that?

R: They said so at home affairs

I: Which home affairs do you go to?

R: I went to Wynberg and they said that they want a school document and I had also gone to [another office] and they wanted the school document, I had also gone to Mitchell's Plain and they said they want the school document... so she doesn't get the “pay” yet, my ID is holding that up

I: So where are you going to get the school paper?

R: Where I started school. So I started in the Eastern Cape, so I have to have the money to go back there

Some caregivers, then, were completely unable to fulfil the requirements of the department of Home Affairs. Access to many government programmes and services is

contingent on a valid form of identification. The inability to provide the required documentation is the biggest barrier to the poor accessing the CSG. These overly burdensome bureaucratic requirements are negating the rights of the poorest to social assistance. Again, the programme may be deemed unreasonable on the grounds that it is not reaching the most vulnerable poor children, “those in desperate need” and a “significant sector of society”. Furthermore, lack of access to ID documentation and birth certificates could arguably contravene children’s rights to name and nationality in section 28.

What happens to the child in instances where the primary caregiver does not have identity? Either the child does not get the grant at all, or someone else applies for the grant on the child’s behalf. This is not necessarily in the child’s best interests, and is certainly not what is envisaged in the regulations for the CSG, which clearly stipulate that the applicant should be the primary caregiver.

An obvious alternative is that the other parent (or another caregiver in the household) could apply for the CSG. But many caregivers in this sample do not have a husband or partner living with them, so the option of handing over the grant application to a partner is often not feasible.

Even if it were possible, delegating the grant entails potentially difficult decisions for the caregiver. One of the caregivers without ID was living with her husband, who is the father of their child, and who did have an ID book. However, she did not want to let him apply for the CSG, because then he would control the money and she suspected he would not give it to her to provide for the child.

A rural caregiver, the grandmother of an eligible child, described how she was unable to apply for the CSG on behalf of the child. Although she had her own identity document, social development officials had insisted that she also submit the ID for the child’s biological mother (her daughter) who was living in another province.

“Here at home I don’t have anyone who’s working, I have nothing. I want to apply for this birth certificate; I want to apply for a grant for this child. I don’t even have a grant, and I have many children in this home... They want the child’s ID, because as a grandmother I told them that this is my grandchild, now they’re saying that I should bring my daughter’s ID.”

The principle that the grant should follow the child is designed to ensure that the de facto caregiver can access income support if they are poor enough to qualify. The grant becomes inaccessible to poor caregivers when implementing officials demand for further identification of family members who are not present. This applies to both identity and death certificates.

Unlawful conditionalities

Unlawful requirements can obstruct access to grants. The *Means to Live* study found that it was common practice for DoSD officials in the urban site to require clinic cards and/or certificates of school attendance for children whose caregivers are applying for the grant. Prospective applicants are turned away in the screening process if they do not have the required documentation, and are not allowed to submit their applications. In these instances, eligible children are excluded from receiving the grant. These unlawful requirements are not limited to the urban site in Khayelitsha. They have also been recorded across the Western Cape, Eastern Cape, North West and Gauteng (Goldblatt, Rosa & Hall, 2006).

R: I applied for these three children... but Thandokazi was not taken. They said that she must first start school, they are going to require a report and a school paper. Those two were taken, so I'm expecting their money in April.... The only problem is Thandokazi that they are saying I should wait until she goes to school to get her school report and her school document, and then go and apply again.

I: Who told you those details?

R: I was told over there - you know in Harare where you make the request for the children's "pay" it's in Harare... [they want] a school report, and a document that will come from the school. I have to go to school to ask for that paper for getting a child a grant, and I should also ask for a report... Here is the paper that I have to take to school.

I: [reading]: Department of social services and poverty alleviation school attendance certificate additional form 1. They want an identity number of beneficiary or applicant, principal, school attendance... and the stamp of the school and the child's school progress. Ah, so you will take this school attendance paper to the school?

R: Mm, they will fill it in at the school and they will also give me the child's report of how the child is doing at school, and I will take it back there, and then I will go and make another copy of the child's certificate and then make an affidavit.

-Martha, 41 (caregiver in household with 6 children, Village 3, urban)

The original conditions applied at the outset of the CSG programme were soon discontinued, and the conditions proposed by the draft regulations are not yet in force. In any case, these would be applicable to primary caregivers who already receive the grant; they are not conditions for being awarded the grant in the first place. It is therefore unlawful for officials to prevent caregivers from submitting an application on the basis that they do not have proof of immunisation or school attendance for their children. It is certainly unlawful for officials to require compliance with the conditions before the regulations come into effect.

Why are officials requiring documentation that is not prescribed, and creating unnecessary obstacles for poor caregivers? Caregivers talk about sending birth certificates to another province together with the child, or handing over the necessary documentation to a designated grant applicant. The possession of documents cannot necessarily guarantee that the grant reaches the child. Moreover, given the evidence that documents are easily lost or destroyed, it seems both perverse and unreasonable to refuse the grant simply because a caregiver is unable to produce the full range of documentation, particularly since this is most likely to exclude children who are particularly poor, or those living apart from their biological mothers.

The Eastern Cape, by contrast, appears to have a more streamlined approach to grant applications. Mobile units are sent to many of the less accessible rural areas to take applications. During fieldwork in 2005 the Children's Institute found that these mobile teams included a commissioner of oaths so that affidavits could be made and attested to at the place of application. Some units, in both the Eastern and Western Cape, had portable photocopy machines and generators, so that documents could be copied and certified on site. Innovations such as these facilitate access to grants by the poorest people.

The targeting mechanism needs to be designed with the intention of getting the grant out as easily as possible, while also ensuring that the grant reaches the child. This means a careful balancing act in the requirements: while they are designed to confirm the identity of the child and relationship between the child and grant applicant, they should not create obstacles which may prevent those most in need from accessing the grant.

All CSG applicants are required to complete an affidavit. An affidavit is a legal document in which the signatory states under oath that the contents are true. If an affidavit is regarded as evidence, then to require other supporting documentation is effectively to duplicate the evidence, and to require the applicant to bear the burden of this. Thus, if a caregiver states under oath that she is the caregiver of a child, it should not be necessary to exclude the caregiver simply because she is unable to provide supporting evidence in addition to the affidavit. To do so is to imply that the information in the affidavit cannot be trusted, in which case it doesn't make sense to require an affidavit in the first place.

Affidavits

The urban site falls under the Khayelitsha district office for social services and poverty alleviation. In Khayelitsha, neither the social security officers nor the police would complete affidavits – the former in order to protect themselves against fraud allegations, and the latter after numerous complaints by the DoSD that the affidavits completed by police officers were illegible and full of errors. As a result, affidavits must be completed by the applicants themselves.

I went twice, three times, because there were lots of things, because with these things you mustn't scratch, it must be written nicely. For instance if in the affidavit they wrote down and then scratched [out] then you have to go back to the police station to write it nicely.

- Zinzi, 28 (mother, Village 3, urban)

Naturally, this causes difficulties: some applicants have little or no education (44% of caregivers in the site have primary school level education or lower). Caregivers talked about the difficulties they encounter in completing affidavits. Being sent back to correct or re-write the affidavit is one of the reasons for multiple visits to the DoSD. In these instances, officials have been described as rude or impatient, and the experience can be both humiliating and frustrating for applicants. One applicant described a particularly exasperating series of attempts to submit an application for the CSG, where she was repeatedly turned away because of problems with the affidavit. In her account, the experience was discouraging, and when she had resolved to give up her attempts, it was only the severity of her financial need that made her persist and finally gain access to the grant.

They tear up the affidavit

Sisa had been interviewed in August 2005 as part of the *Means to Live* survey. The research team decided to visit her again in March, because it was clear that she had tried and failed to get the CSG, although her child was eligible. By the time of the second interview, her application for the CSG had been approved. She told us why it had been so difficult and taken so long:

R: It's the affidavit of course, that's the thing they give you a hard time with and say you have written it badly, and then they tear it up and tell you to go and redo it, and they don't even explain to you properly. It was the affidavit... and they are just rude, they even talk about the English. If you asked someone to write it for you, they will say "oh you are here to show off this English, we know that you can't speak English, we don't want something like this, go back and write it" things like that.... They say that your English must not seem - it must be a bit poor, one of them explained it like that to me.

I: It must be poor?

R: I don't know, I don't know, but that's what she said. That one was written by my brother and she was scolding me about it, and saying that I was showing off my English, and I don't know how it was written....

I: And then what did you end up doing with it?

R: I wrote it again

- Sisa, 29 (mother, Village 3, Makhaza, urban)

Logistical issues: costs and consequences for applicants

As discussed, there are a range of requirements for the submission of a CSG application. It is clear that the documentary requirements themselves constitute a serious barrier to CSG access. The second most common reason – cited by 17% of eligible urban children whose caregiver had not applied, and 16% of eligible non-applicants in the rural site – was that it was too difficult, or far, and/or costly to apply for a child support grant. There is an entitlement failure, where the very people targeted by a poverty alleviation programme do not have the resources or capabilities to access the programme.

The purpose of a targeting mechanism is not simply to prevent errors of inclusion (i.e. to keep non-eligible people out), but also to prevent errors of exclusion (i.e. to ensure that eligible people are reached). If the implementation of the targeting mechanism creates barriers which exclude a significant proportion of the population, then the poverty alleviation programme has failed to achieve its constitutional purpose.

In the case of the CSG, the costs and consequences of the targeting mechanism are many and varied, and may exclude a significant proportion of the population, who are poor. Financial and other costs include:

- The cost and/or time of travelling to and from the DoSD offices (even where mobile units are used in the rural site, the poor roads to the villages mean that they are sometimes inaccessible)
- The cost and/or time of travelling to other government institutions in order to collect required documentation – sometimes across provinces
- The cost and/or time of making photocopies, particularly in areas where photocopy machines are not easily available
- Long waits at the DoSD and other government offices
- Being turned away because of limits on the number of applicants attended to in a day
- The loss of work or time for income generating activities
- Negotiating leave from an employer
- Waking up very early to get to the DoSD
- Making child care arrangements while away from home
- Multiple visits / attempts to apply
- Having to involve others (family members / friends) in the process.

The cost and effort of applying for the CSG is compounded in instances where applicants have to make multiple trips. Many caregivers in the site describe a process which is difficult and labour-intensive, requiring a number of trips to the social development offices.

With his as well, it was the photocopy with him, they said the copy of his card is not clear - they said they couldn't see it so I had to go and photocopy it again.... photocopying costs 60c and then you take a taxi as well... it's R3 so it's R6 for the return.

- Sisa, 29 (mother, Village 3, urban)

The grant is difficult sometimes because they ask for many things. If I live here at home with my mother, then my mother has to go and get letters for me from the street committee so that I can get the grant and I also have to go to the police station to do an affidavit that I do not work so that I can get the grant.... Oh it's difficult: maybe they give you a form and you write down the wrong thing and then you have to go again when you go to Harare then you are sent back and then you are given something else.... I take money - I do not work so I take money from my mother and use it for transport, the money that she gets from the chars....

Oh it's difficult when it comes to the grant very much, it's not easy because even when you have done something you find that you should not have done it like that, you should go back and do it, it's not easy, it takes time. If I go today to say I'm here to ask for the grant I will be given a form, and this form will tell me to do certain things: photocopy your ID; photocopy the children's certificates, and their mother's ID and go and do an affidavit at the police station. I went today on Thursday, and then I have to go back again on Monday to take in those books, if those books are wrong, I will again get others and then I will be told to go and them, they are wrong.

- Martha, 41 (caregiver in household with 6 children, Village 3, urban)

Caregivers in both sites report long queues at the social development offices. Applicants often get up early (some report leaving home as early as two or three o'clock in the morning) to get a good place in the queue. Those who come late may spend the entire day there, and risk being turned away without being attended to at all. Naturally, this has its costs: caregivers give up a day or more of their time. The time investment might not be so problematic for caregivers if it were a one-off occurrence, but the official procedure is that there should be two visits (screening and application), and common experience is that a CSG application requires even more visits as applicants are turned away or told to come back another time. The consequences range from loss of earnings, to difficult negotiations with employers, to being unable to get on with tasks at home.

CSG applicants, by definition, are caring for young children. If they leave home early in the morning to beat the queue, they are unable to perform their usual role in getting children up and ready for school.

I have my three children here at home, I have to get up in the morning and heat up water for them so that they can go to school. Do you understand that these children have to be at school at 8? Do you realise that I have to iron for them, so I should know that they are dressed? So my being late at the hall - they take a number, and sometimes they take 30 people... and sometimes they will say that are stopping with 15 you see, we're stopping here with these 15 people, we won't take other people. So you waste that energy and then come back, perhaps the R6 I paid to go to Harare and come back. It's R3 to go to Harare and R3 to come back, and then you come back with nothing....

They run out of time, until it's three in the afternoon when they close. You haven't received [service] - you haven't been served at all, and yet you had spent the night there. And then they just get tired, and when the time comes for them to go home, they leave you there.

- Olwethu, 36 (mother, Village 3, urban)

I will lose work on that day because it doesn't take half an hour it takes the whole day, I do come home around 2, they say "a certain thing is wrong, no it shouldn't be written like this, you have to go back to the police station, the stamps didn't come out clearly go and get the stamps at the post office." So I should know that I am not working on that day, I will stay and fix this.

And do you get permission from work?

I get scolded but there's nothing to do because I also want to have assistance from the money for these children because what I earn is too little.

- Martha, 41 (caregiver in household with 6 children, Village 3, urban)

In the rural site, where people travel long distances and at great cost to reach government offices, it may not be feasible to return the next day if they have not been attended to.

Oh it's a long time [waiting], so much that we even stayed overnight, because there were so many people... They start with those who spent the night. Just before they leave for the day, they make a list of the people who had been there, and then on the next day they start with the people on the list.

-Nomakhwezi, 69, widowed grandmother, Theko Springs, rural

Keeping the grant: issues of transfer and delegation

Access to the CSG is not only about a successful application. It is also about the beneficiary's ability to maintain access to the grant and ensure that it reaches the child. In the research, it becomes apparent that some children lose their grant – either because payments stop or because the grant fails to follow the child. Loss of the grant tends to occur in the context of household change.

Previously, households were described as being flexible rather than static formations: children and other household members move for a variety of reasons, including household re-arrangements after the death of a caregiver, intra-family decisions about roles and responsibilities, financial and logistical choices including managing access to grants, employment opportunities, health and education, and so on.

Some mothers describe how grants are “delegated” to the children’s appointed caregivers, who are not necessarily their mothers. This is what was envisaged in the grant system – which is designed to “follow the child”. The de facto caregiver of the child is meant to receive the grant on behalf of the child, as in the case below:

[The child] got the grant because I’m not there [at Mthatha], I’m all over the place looking for work you see, so because [my mother] is feeding them of course, I said that she should take the grant and keep it with her, and get it herself for the children.... She applied for it over there, I mean I never applied for it myself, when this grant thing came up I said that she should take the children and apply for it herself because she is the one who feeds them and she buys the food, everything is done by her.... I mean I live in that way, I just told myself that it’s better for me to live the life I’m going to live and the children should eat with her, she should add to her grant money so that she can support them well.

- Mother, Nkanini, W Cape

Despite the explicit policy intention that the grant should follow the child, some caregivers experience difficulty in sustaining access to the grant. In particular, children lose the CSG because of difficulties in transferring the grant from one beneficiary to another (when new or delegated caregivers need to reapply) or because it is not possible to relocate the grant payment to a different province or even a different town. Payments are stopped if not collected for three consecutive months, so children who move are at risk of losing their income support if the system cannot cope quickly with relocation.

"I decided to leave him"

Cikizwa lives in an iron shack high up on the sandy hill of Nkanini. Her dwelling is one room, the length of a single bed. A small shelf contains her few possessions: a couple of pots, some crockery and a paraffin stove.

Cikizwa tells the story of the 9-year-old son who was living with her when she was first interviewed in August, but is now back in the Eastern Cape with his grandmother. This is not the first time he has moved provinces. He used to live with his grandmother, and received the CSG in the Eastern Cape. But Cikizwa wanted to bring him to Cape Town. She couldn't collect the grant money because the paypoint was in the Eastern Cape. After a few months, the grant lapsed. She tried to make a new application in Cape Town, but although she had all the documentation she needed, social development officials seemed unable to process it because of the previous grant in the Eastern Cape.

R: My mother pays for his education because he doesn't get the grant; my mother is paying for his education.

I: How come he doesn't get the grant? Tell me about the grant situation.

R: The reason Nkosinathi doesn't get the grant – I don't know what happened because [he used to get the] grant in the Eastern Cape a long time ago, the year before last. So I didn't collect it, I stopped. I took him, Nkosinathi was here – I took him and brought him here in Cape Town in the middle of the year, I brought him to Cape Town with me. So I was unable to go and collect his grant from the Eastern Cape and I stopped and I came to apply for it here in Cape Town. So since I did it then I still haven't received it, I did last year in October... I decided to leave it and stop it over there and get it from this side because Nkosinathi is here...

These ones treated me badly at first, and said that they would call the Eastern Cape to get my file which they said would take time, that's what they said last month...

They attend to you right, but last month when I had gone to check they said that they are still going to call the Eastern Cape and have my files from the Eastern Cape brought to them, to see - to see when I last got paid, I don't know what they are going to look for there, but they say they are going to check, my files will be sent or they will call, so I don't know - that was last month, but that man that I went to on Monday asked why I still hadn't received the grant and I said that I don't know and then he said I should call tomorrow or go to the office. He said he will try to check on my file if the grant hadn't been turned back or what is happening

Without the grant money, she was unable to provide adequately for her son – she couldn't afford to feed him properly or pay for transport to school, So, less than a year after bringing him to live with her, she has sent him back to the Eastern Cape. He still doesn't receive the CSG, but his grandmother looks after him and pays his school fees – probably from her pension.

I'm having a hard time on this side, so I have taken him back home. Because he is struggling, sometimes he doesn't have a packed lunch, and then it's difficult for him to go to school. Sometimes when it rains and he doesn't have money for transport, and he walks through the bushes and he is young, he is under age, so I decided to leave him. So I decided to leave him....

- Cikizwa, 43 (mother, Nkanini, Western Cape)

In Cikizwa's story, her child had to be sent away because the grant did not follow the child. Thus we find that the implementation (or lack of effective implementation) of the CSG's targeting mechanism informs decisions about where children live. In this case, the child's mother wants him to be staying with her, and it may be in the best interests of the child to be with his mother, but she has made the decision to leave him because she failed in her efforts to transfer the grant.

Another caregiver, Esihle, described how she had sent her daughter to live with the child's grandmother, and later found that she could not regain control of the CSG when she took her daughter back. Esihle had given her mother the necessary documents so that she could apply for the CSG and receive money to support the child. When Esihle wanted to fetch the child and bring her back to Cape Town, her mother refused to give up the grant. Esihle is now supporting her own child in Makhaza, but her mother spends the grant in the Eastern Cape:

She doesn't send the money so I'm suffering with Xoliswa. So how can I change that? ...now my mother is greedy for the money and she doesn't do anything with that money, she just uses it for her drinking. So now even if I could ask her to cancel it she will never cancel it because she also wants it, so she is using it in a way that is not right.

Esihle doesn't know what to do. Her impression is that her mother has to cancel the grant – that she herself is not able to do this unilaterally from Cape Town when the application was made in the Eastern Cape. She is under the impression that the only way to resolve this is for her to travel to the Eastern Cape and persuade her mother to accompany her and get the grant transferred into her name – “which is where we will fight because she will not go, she will refuse.” This is a case where the grandmother is committing fraud – she is not entitled to receive the grant. But, despite the clear principle that the grant should follow the child, it appears that DSD officials do not (or cannot) assist the real primary caregiver in transferring the grant.

Like Esihle, Nosiphiwo gave her Eastern Cape relatives the documents they would need to get the CSG for her child. Now that she has brought her child to Cape Town, she is unable to transfer the grant. Nosiphiwo was unaware that payments had started, and that her father was receiving the grant in Tsolo. It was only after she tried applying for it in Cape Town that she learnt that her father was “drinking the grant”.

We used to live in the Eastern Cape with our father, so my father and my aunt went to register for the grant, and when they registered for it, they never told me when it came out, and they didn't even give me the money for it, Abongile's money. So I asked my mother for money and I came here and left it behind, and when I went to the social services they said I should apply for it so that they can see whether they're still receiving it. And when I went to check they said that the grant money is still getting paid, and that I should go to the Eastern Cape to cancel it, now I can't go to the Eastern Cape, so they're still paying it out in the Eastern Cape.

- Nosiphiwo, 22 (single mother)

Again, it seems the only way for Nosiphiwo to get the grant back entails her travelling to the Eastern Cape, but she simply doesn't have the money to get there.

When I said to them they should cancel it or perhaps change it to me so that I can get it here, they said that they can't change it by themselves, so I should go to the Eastern Cape by myself, to the pay point, and change it so that I can receive it here.

- Nosiphiwo, 22 (single mother)

Some caregivers prefer to make arrangements for transferring the grant money themselves, rather than going through the difficult process of having the grant formally transferred to a new beneficiary. Although it is unlawful in terms of the regulations for someone to collect CSG payments if they are not actually caring for the child, technical difficulties in getting the grant transferred may make these informal arrangements a more effective way of ensuring that the grant follows the child. An example of this is a scenario where an urban mother applied for a grant on behalf of her child, but then sent the child to her rural home to be cared for by the grandmother. Amazingly, it is logistically easier to transfer a person to another province, than to transfer the grant payment. In some stories the mother continued to collect the grant at the original urban paypoint and send it "home". The amounts that arrived were not always the full value of the grant, and were not always regular. Bank charges deplete the already small amount of the grant where it is deposited into bank accounts. Rural caregivers who did not have their own accounts could use someone else's, but risked further depletion of the grant where the account holder charged commission, or the caregiver had to pay for transport to town to make the withdrawal. Only one rural caregiver reported that the urban mother of the child in her care did not send the money. The mother collected the grant but, in the absence of any income or job prospects, and without any kind of social assistance for herself was forced to use the grant for her own survival.

The Department of Social Development has a national computerised database, SOCPEN, in which the details of all social grants are recorded. It should not be necessary for grant beneficiaries, who are by definition poor, to have to bear the cost and burden of travelling long distances, often across provinces, in order to change the payment instructions for the grant. To require this is effectively to exclude the very children who are targeted by the programme.

The new South African Social Security Agency (SASSA) was established to take over implementation of social grant service delivery from late 2006. It is important that national administrative data systems are set up to allow for quick and easy transfer of grants between caregivers and provinces, so that the implementation of the CSG can realise the policy intention: to follow the child.

Variable service

The fact that 8 million children were receiving the CSG in 2007 is evidence that service delivery is working – social development officials across the country are receiving and processing many applications. In the *Means to Live*, caregivers spoke about their experience of the service they received. Applicants' perspectives suggest that service delivery at social development offices, although sometimes satisfactory, is variable in three main respects:

- Inconsistent information or requirements from officials, leading to lack of certainty about the process
- Inconsistent quality of service – at times, having to endure rudeness from officials
- Inconsistent quality of venues, with variable levels of comfort and convenience.

Some officials are more helpful or lenient than others, and so access to the CSG may vary, depending on which official attends to the applicant.

When you go for the grant you bring a card, you bring your ID, you bring the child's certificate, so I mean when you don't have the child's [clinic] card you can get the grant when you come across people who are right. Some of them will turn you back, and tell you that "what we want is something that has evidence that this child is yours".

Because if I go to you, and I explain my problem, and then you say "get out of here, you come and talk nonsense, the next one with full documents must come" and then you don't even want to hear what I'm going to say is the reason for not having the child's card... So you shoo me away in that way, you see, and I end up not getting it...

The right is the one who will say to you, "sister when you have a card problem, you should go to the social workers" Then you receive proper attention and your application is done, but when you find someone who does not care about people, then you end being unable to do it....

- Olwethu, 36 (mother, Makhaza)

The purpose of the regulations is to ensure that there is consistency in the implementation of the requirements for CSG applications. In order to ensure that there is no bias in the approval of grant applications, the final decision is computerised: details from the application form are entered by social security officials, and the SOCPEN system automatically generates the result: the application is approved or

The one that I waited the longest for is the one for the youngest because it took 9 months, I waited for it, Nomsa's took 2 months, and Thembela's took three months... I don't know what happened... it took too long and it was just quiet.... I don't know what happened but then it came out.

- Veliswa, 35 (cares for own children and younger siblings, Makhaza)

denied. However, social security officials can function as gatekeepers to this process by denying prospective applicants the opportunity to submit their application. Procedural certainty is one of the underlying principles of administrative justice, and this is undermined when officials act unlawfully by exercising discretion in the documents they require.

Officials may not act outside of the law and may not act with any bias or prejudice. The principle of “lawful administrative action” is under the right to administrative justice contained in section 33(1) of the Constitution and is also provided for in PAJA. Broadly speaking, “lawful” administrative action means that “administrative actions and decisions must be duly authorised by law, and that any statutory requirements and preconditions that attach to the exercise of the power must be complied with” (see Hoexter 2002). If an administrator makes a decision that is not permitted by law they will act *unlawfully* and their decision will be *invalid*.

The caregiver accounts suggest the application process can be difficult or easy, and this depends partly on which official you see. Some also suggest that some offices are easier than others – thus, for instance, there are perceptions amongst caregivers in the Western Cape that the Mitchell’s Plain office doesn’t give problems, while the Harare office does, and that it is easier to apply for a grant in Cape Town than in the Eastern Cape.

There are varying reports about the attitudes of social development officials. While some caregivers are satisfied with the service they received, others describe the officials as treating people with disrespect. This is contrary to the principles of “Batho Pele” (People First), the service promise which applies to all government institutions.

Yes they are polite, what they do is to write down, what you do is, they tell you to go and get an affidavit from the police and you get a paper from the bank which will testify that you don’t have any money at the bank, and they tell you to bring those things, those are the only things that I need to go and do, and then I can take them there and apply for his grant.

- Ntando, 53 (widowed mother and grandmother, Village 3, W Cape)

They are rude, you can see that even though one is younger than you, you have to tolerate what s/he is saying, and s/he treats you like an idiot “sister don’t come and act crazy here, we are working here” things like that, you have to tolerate that, and you see that this person is younger than you, and then you feel that you want to leave that thing and give up, you see that?

- Sisa, 29 (mother, Makhaza)

Another area where applicants report different experiences is in the time it takes to process CSG applications. There is little sense of certainty about how long the process takes or what causes delays. The norms and standards guidelines stipulate a maximum

period of three months for applications to be processed, and if approved, payments should be back-dated to the time of application. More recently, SASSA has developed a process for fast-tracking applications, with the intention of reducing the waiting period to three days.

The third point, about inconsistencies in physical comfort at offices, relates to a comparison between DoSD offices in townships and an office in central Cape Town. Thus, for instance, while the Cape Town office is described as comfortable and warm, the township offices are always cold. The town office provides refreshments and entertainment, while there is no such luxury in the township.

When they are busy with other people inside you're watching TV; if you want to drink tea you drink tea, if you drink water you drink water. In the location you can't get those things, you stand outside from three o'clock, you have to wait for them but they open at 7 o'clock or 8 o'clock.

- Zinzi, 28 (mother, Village 3, Makhaza)

Other points of comparison include the distance from the social development office to the nearest police station (which is a short walk away at the town office, but a taxi ride away for Makhaza residents), the shorter queues in town (whereas at the township offices applicants waited from long before dawn) and the additional services offered by social development officials. For instance, it is possible to take original documents to the town office, where officials photocopy them for free. At the Harare office, on the other hand, only photocopies are accepted, and applicants must find a place to make copies at their own cost. The respondent who spoke about these differences had personal experience of submitting a grant application at the Cape Town office in Gardens, at a time when she was staying with her sister in Milnerton. Now living in Makhaza, she says that residents have to apply at their nearest office, in Harare. Her perception was that black people in townships are provided with poorer quality venues and service than those applying in more affluent areas.

Conclusion

The Child Support Grant is a highly successful poverty alleviation intervention. It is the largest government transfer in terms of numbers, going out to over 8 million children each month. The positive impact of the grant has been shown in a number of analyses. However there are also limitations in both the conceptualisation and implementation of the targeting mechanism. Addressing these will help to ensure that the rights and needs of poor children are met and that eligible children currently excluded (estimated at around a third in both *Means to Live* sites) can access social assistance through the CSG.

If tested, the targeting mechanism for the Child Support Grant may be found to be unreasonable on the grounds that it goes against the following injunctions:

- *“Those whose needs are most urgent and whose ability to enjoy all rights are therefore most in peril, must not be ignored by the measures aimed at achieving realisation of the right.”*
- *“The programme must not exclude a significant sector of society.”*
- *“The programme must not exclude those in desperate need and living in intolerable conditions.”*

In both the research sites, approximately a third of all eligible children were not accessing the child support grant, and the majority of these had caregivers with no income from earnings at all. Not only is the programme failing to reach a significant proportion of the eligible population – it is excluding those in desperate need.

The means test is not equitable in that the income threshold for the CSG remains static, irrespective of the household size or number of children being supported. The failure of the means test to take into account the number of children supported on the caregiver’s income is particularly problematic in the context of HIV/AIDS, where households absorb additional children. In this way the CSGs targeting mechanism discriminates against children living in large households.

The means test does not take into account fluctuations in household income – a household may fail the means test one month and pass it the next month. All these suggest that the poverty line, which is static, may be an inappropriate way of determining need, and may result in the exclusion of those most in need. In this case it may make greater sense to dispense with the means test altogether.

Children living without their biological mothers may be at greater risk of exclusion from the grant than those who are cared for by their own mothers.

The draft regulations to the Social Assistance Act 2004 introduce conditionalities for grant beneficiaries, including immunisation. South Africa already has high levels of compliance for immunisation, and where people fail to access health services this may be due to infrastructure and capacity problems, rather than will. The conditionalities therefore risk excluding the poorest and most vulnerable children, who already have the lowest levels of access to government services.

The Constitution places an obligation on the State to facilitate access to socio-economic rights, and to do so progressively. In addition, the UN Committee on Economic Social and Cultural Rights prohibits retrogressive measures, and this has been endorsed by the Constitutional Court. The CSG has failed to progressively realise the right of children to social assistance, in two main respects:

- The income threshold for the CSG has not changed since its inception in 1998, whereas thresholds for other social grants have increased with inflation. In effect, children have to be substantially poorer to qualify for a grant than when the programme was introduced in 1998. The non-adjustment of the threshold is, in effect, retrogressive since it excludes a significant number of children who would have been included in the target population when the CSG was introduced.
- The age cut-off was extended in phases from 7 to 14 years, and the result was a progressive access to more grants for poor families with children spanning the 0 to 14 year age group as they were able to apply for their older children. However, these grants are still used to support older children, whose school fees are more expensive. There may be some confusion about the age cut-offs, resulting in further exclusion around each of the previous cut-off points. Applicants also have to bear the burden of reapplying for the grant. All children have a right to social security, and the progressive targeting of the CSG should continue until all children under 18 are eligible.

There are a number of challenges to the implementation of the CSG from an administrative justice perspective:

- The main barrier to reaching eligible children is related to the procedure and requirements for submitting an application. Access to the CSG is contingent on being able to provide identity documents supplied by the Department of Home Affairs. In the representative survey, 9% of the urban children and 17% of children in the rural site do not have birth certificates or identity documents. Better inter-departmental co-operation and proactive service delivery is necessary to ensure that poor people have easy access to government-generated documents required by government institutions. In the meantime, a solution would be to allow for the submission of applications for children who cannot get birth certificates – for instance, using an alternative form of identity such as a clinic card or school letter. These are, after all, amongst the forms of identification used by the Department of Home Affairs itself when processing applications for birth certificates.
- Social development officials sometimes insist on additional supporting documentation which is not specified in the regulations. This constitutes a failure to comply with the proper procedures and is unlawful. It results in the exclusion of eligible children.
- Applicants struggle to produce affidavits which are acceptable to social security officials. Since neither social security officials nor police will write out affidavits, applicants have to complete them or ask someone else to help. One of the reasons for multiple visits to social development offices is that applicants are told to go away and rewrite their affidavits if there are any errors. At the level of administration, there is evidence that officials discriminate against prospective applicants who have little education.

- Other barriers to access include difficulties in getting to and from the nearest office, and the multiple trips that are sometimes required. For some applicants, the process is very labour-intensive.
- Long queues at social development offices mean that applicants need to get there very early, before the offices open. This is particularly difficult for caregivers who have other responsibilities in the early morning – such as getting their children ready for school. None of these process barriers seem insurmountable – it is the cumulative effect, a result of multiple visits, that makes the process arduous.
- There is some evidence of self-exclusion, which relates to confusion about the targeting of the programme. Although there is high awareness of the CSG, more could be done to promote awareness of some of the finer details: the income thresholds, age thresholds, the availability of the grant to foreigners, to people who are working, and so on.
- Exclusion from the CSG also occurs after the grant has been accessed. Difficulties in transferring the grant across physical paypoints (and particularly across provinces) or even from one beneficiary to another mean that if children move, they may lose the grant. It is important that national administrative data systems are set up to allow for quick and easy transfer of grants between caregivers and provinces, so that the implementation of the CSG can realise the policy intention: to follow the child.
- The findings suggest that service delivery at social development offices, although sometimes satisfactory, is variable in three main respects: inconsistent information or requirements from officials, leading to lack of certainty about the process, and inconsistent quality of service – with applicants at times having to endure rudeness from officials.

EDUCATION

THE SCHOOL FEE EXEMPTION POLICY

In South Africa, where the majority of children live in poverty, lack of money can be a barrier to schooling. Until 2007, most government schools charged fees to supplement their budgets from the Department of Education, which were not sufficient to cover school running costs adequately. From 2007, a new funding policy was implemented nationally, in which the poorest 40% of schools no longer charge fees at all. There are a number of secondary costs to parents besides fees – such as uniforms and books – which are not compulsory but are nevertheless enforced in many schools.

Introduction

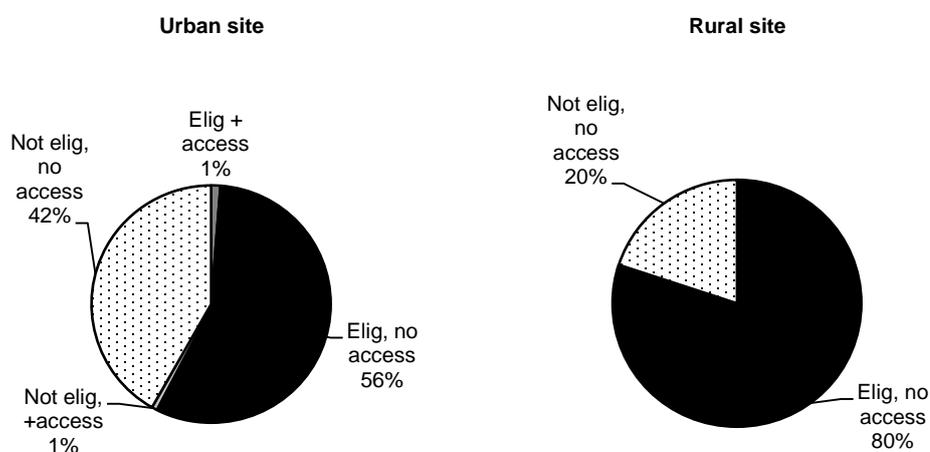
The South African Schools Act of 1996 provided for an exemption so that school fees could be formally waived for learners from poor families, with eligibility determined according to a specific formula. The purpose of the policy is to ensure that all children, no matter how poor, can have access to schooling, and that no-one would be denied their right to education. The School Fee Exemption policy will continue to apply to schools which charge fees from 2007. It is this policy that may enable poor children to access education in schools which are not located in the poorest 40% of areas.

The *Means to Live* primary research was conducted prior to the introduction of the no-fee schools policy, at a time when the exemption policy was applicable to all public schools. In the two research sites, the school fee exemption policy had hardly been implemented at all. The national picture was the same, with virtually no implementation of the school fee exemption policy across the country (Veriava 2005: 8). Schools failed to implement the fee exemption policy despite, or perhaps *because of*, large numbers of learners who would be eligible for full or partial fee waivers.

Figure 11 below shows the levels of eligibility amongst children of school-going age in the two sites. Over half (56%) of the urban children would be eligible for a full or partial exemption from school fees, and an overwhelming 80% of school-age children in the rural site would qualify for an exemption if it were implemented.

Figure 11. Eligibility and uptake of the school fee exemption

(BASE: Children attending school and non-learners of school-going age: 7-17)



In total, three households in the urban site reported receiving exemptions for a total of eight children. In four of these cases, calculations indicate that the children were not eligible for school fee waivers in terms of the policy. Thus only four (or 2%) of the 195 eligible learners in the urban survey were exempt from paying fees. None of the rural children had received exemptions.

“Now with that thing... it seems that we might get some assistance with the school fees and not pay the school fees. But then I haven’t seen that because we are paying. It hasn’t been said that we shouldn’t pay; we pay.... Yes, it was said that we would get some assistance and we would not pay the fees, but it hasn’t come yet, we are still experiencing difficulty.”

- Ntatu, 44 (mother, Kuyasa, urban)

This chapter presents eligibility and uptake rates of the School Fee Exemption policy, and discusses these in the light of the policy intention, and in relation to the targeting mechanism. It considers the gap between the targeted and actual beneficiaries, and outlines some of the barriers which prevent poor children from accessing fee exemptions to support their attendance at school. To do so it looks at the following:

- who school fee waivers are intended for, and whether this definition of the target population is appropriate;
- how the targeting mechanism works in practice, in the context of the two research sites; and
- barriers to access, and how these can be overcome.

School Fee Waiver Policy and Targeting Mechanism

Education is a basic right. It is also an essential component of development, and can provide an opportunity to break out of cycles of poverty. The reverse is also true. Poor and inequitable education can trap people in poverty – as was the case with Apartheid education, which was discriminatory in every respect: the curricula, teacher training, funding and equipment were all heavily skewed in favour of white learners. Education policy since 1994 has focused on both integration and redress at schools.

Section 29 (1) (a) of the South African Constitution states that “everyone has the right to a basic education, including adult basic education”. Other than being subject to the general limitations clause in the Constitution, the right to education is not qualified in that it is not subject to the “progressive realisation” and “available resources” clauses which apply to many other socio-economic rights such as social security, health care, housing, food and water.

Education must be both physically and economically accessible. The school fee exemption policy attempts to deal with the situation of the many South African families that are unable to pay children’s school fees because of income poverty and high unemployment levels.

Under the South African Schools Act (SASA), public schooling is funded from public revenue, and is supplemented through school communities by charging fees or undertaking fundraising activities. The SASA acknowledges that many parents cannot afford to pay school fees. Since the introduction of SASA in 1996, there has been provision for learners from poor families to be exempt from paying fees so that they can attend school, despite their poverty.

The policies and practices set up in 1996 were reviewed by the Department of Education in 2002. This led to a plan of action in 2003 that proposed changes to the school fee waiver policy, and introduced the idea of fee-free schools for the poor. The same plan also proposed regulating the costs of uniforms and books. The outcome was the *Education Laws Amendment Bill (2004)*, and *Regulations and Norms and Standards of 2006*. At the time of this research, the new policy had not yet been implemented nationally, and there were preparations for its introduction in the 2007 school year.

The biggest major change in the 2006 Norms and Standards was the introduction of fee-free (or “no-fee”) schools policy, which abolished school fees in the poorest two quintiles of schools nationally for learners from Grade R to Grade 9, as well as establishing a basic minimum package of funding per learner, calculated on a sliding scale according to poverty quintile. This means that from 2007 there are two ways for children to access free education. The first is for a child to attend a no-fee school in a poor area. The other is very similar to the previous arrangements where individual parents can apply for fee waivers in schools which charge fees.

In combination, these policies represent a move towards the ideal of free education for all. They do not, however, meet the standard set by the Convention on the Rights of the Child, which requires that state parties make “primary education compulsory and available free to all (Article 28 (1) (a)).” Neither do they realise the vision contained in the Freedom Charter of 1955, which stated that “Education shall be free, compulsory, universal and equal for all children (African National Congress, 1955).”

What follows is an outline of the school fee waiver system as it operated in 2005 and 2006 while the *Means to Live* research was under way, as well as some discussion of the new arrangements and their implications for the kinds of schools encountered in the research.

Regulatory framework for school fee exemptions

The School Fee Exemption policy ought to operate in the following way: each school, through its governing body (SGB) and a majority of the parent body, is responsible for deciding whether it will levy fees and determining the fees it will charge for the following year. Once the fees are established, the School Governing Body (SGB) is required to outline the details of the fee exemption policy – a programme whereby poor parents and caregivers are exempted from paying school fees. At the time of the research, the *Exemption of Parents from the Payment of School Fees Regulations* (1998) set out a mandatory *means test* for the granting of full and partial exemptions that individual schools are obliged to abide by when determining their exemption policies. It read as follows:

If the *combined annual gross income* of the *parents* is less than ten times the annual school fees per learner, the parent qualifies for full exemption; and if the *combined annual gross income* of the *parents* is less than thirty times but more than ten times the annual school fees per learner, the parent qualifies for a partial exemption.

The means test is therefore relative. Eligibility is determined on the basis of parental income *in relation to* the fees (as opposed to a set threshold, such as is used for the Child Support Grant or the Housing Subsidy Scheme). Parents can get a full exemption from paying fees if their income is less than ten times the school fees for the year.

The procedure for establishing and setting school fees is prescribed in sections 38 and 39 of the SASA, which gives public schools the right to charge fees in order to supplement the funding they receive from provincial departments. The SGB is required to convene an annual budget meeting with parents to decide whether the school will charge fees, and if so, to approve the budget and proposed fee structure for the following year. In other words, school fees may not be levied unless there is a resolution by the parent body each year in which the amount of fees is agreed.

The SGB is also responsible for outlining the fee exemption policy for the school, and is required to inform all parents about the availability of school fee exemptions via a letter. The regulations also place a positive duty on schools to protect parents who cannot afford to pay school fees. Parents should be informed about their right to apply for an exemption. Teachers and principals are responsible for assisting parents in applying for an exemption. Only if these steps have been followed and a parent still does not pay fees, may the school sue parents to claim the money. The regulations state that a parent who wants to appeal a school decision on an exemption must write a letter to the Head of the Provincial Department of Education.

The SASA provides for individual schools (through their SGB and parent body) to determine “equitable criteria and procedures for the total, partial or conditional exemption of parents who are unable to pay school fees (section 39(2)(b)).” However, there appears to be little scope for schools to formulate “equitable criteria” since these are clearly defined in the regulations. The only area where schools had discretion under the 1998 regulations was in determining the *amount* of the exemption in the case of partial exemptions. This discretion has since been removed. The formula for determining school fee exemptions has changed twice since 1998, and the effect was to tighten the criteria and procedures for the exemption.

The first change (set out in the Regulations for the Exemption of Parents from the Payment of School Fees, 2004) was an attempt to make the criteria more equitable by taking into consideration the number of dependants supported by parents and the total costs of school fees. However, the formula was extremely complicated, and anecdotal evidence from schools suggests that this alone would have made it difficult for some schools to implement. The formula read as follows:

$$\left[\frac{E = F + T}{Y + y_0} \right] \div [I] \geq [10\%]$$

Where -

E = per learner expenditure by parent in a school

F = annual school fees charged to any parent in a school

T = additional monetary contributions demanded by the school

F = the lowest of the following three values much be used in the formula:

- the average government contribution per learner for the current year
- the average fee charged to a parent in the current school
- the average of the annual fee/s charged in the other schools

y₀ = the number of learners in other schools

Y = the number of learners for which the parent is being charged school fees in the current school

I = the combined gross annual income of the parents, and

10% is ten per cent of the gross income used towards education expenditure

The formula is to be applied not by trained departmental officials, but by School Governing Bodies at individual schools. One of the requirements for a programme to be considered “reasonable” is that the targeting mechanism is explicitly defined and easily determinable. In this case, it was not at all clear that the mechanism will be easily determinable by all the school governing bodies that must apply the formula. Further regulations, gazetted in October 2006, provided a third formula for determining eligibility for exemptions:

6. Procedure according to which governing body must consider application

The governing body must apply the following formula when considering the application for exemption:

$$E = 100 \left(\frac{F + A}{C} \right)$$

Where -

E = school fees as a proportion of the income of a parent.

F = annual school fees, for one child, that a school charges in terms of section 39 of the Act.

A = additional monetary contributions paid by a parent in relation to a learner's attendance of, or participation in any programme of, a public school.

C = combined annual gross income of parents.

100 = the number by which the answer arrived at in the brackets is multiplied so as to convert it into a percentage.

This is simpler than the previous formula because it no longer includes the number of dependants in the calculation. A second formula is used to determine the amount of the exemption, based on the number of learners being supported. This is stipulated in the regulations, which provide a detailed table that must be used to calculate the proportion of fees that should be paid:

E =	NUMBER OF LEARNERS									
	1	2	3	4	5	6	7	8	9	10
2.0%	0%	0%	0%	0%	0%	11%	20%	27%	33%	38%
2.5%	0%	0%	0%	14%	25%	33%	40%	45%	50%	54%
3.0%	0%	7%	22%	33%	42%	48%	53%	58%	61%	64%
3.5%	7%	26%	38%	47%	54%	59%	63%	66%	69%	71%
4.0%	25%	40%	50%	57%	63%	67%	70%	73%	75%	77%
4.5%	39%	51%	59%	65%	69%	73%	76%	78%	80%	81%
5.0%	50%	60%	67%	71%	75%	78%	80%	82%	83%	85%
5.5%	59%	67%	73%	77%	80%	82%	84%	85%	86%	87%
6.0%	67%	73%	78%	81%	83%	85%	87%	88%	89%	90%
6.5%	73%	78%	82%	85%	87%	88%	89%	90%	91%	92%
7.0%	79%	83%	86%	88%	89%	90%	91%	92%	93%	93%
7.5%	83%	87%	89%	90%	92%	93%	93%	94%	94%	95%
8.0%	88%	90%	92%	93%	94%	94%	95%	95%	96%	96%
8.5%	91%	93%	94%	95%	96%	96%	96%	97%	97%	97%
9.0%	94%	96%	96%	97%	97%	98%	98%	98%	98%	98%
9.5%	97%	98%	98%	98%	99%	99%	99%	99%	99%	99%
10.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source: Regulations relating to the exemption of parents from payment of school fees in public schools.

Government Gazette No,29311, page 9

Whatever the financial situation of parents and care givers, the SASA and regulations are clear that learners should not in any way be stigmatised or have their learning interrupted as a result of their parents' inability to pay fees. However, Veriava (2005) documents many cases where learners whose parents have not paid school fees are denied admission to schools or schooling activities. She gives examples where learners had their report cards withheld, or were told to go home until their fees are paid. She also reports on cases where parents, eligible for exemptions, have been handed over to debt collectors, or have been denied exemptions. Some learners are stigmatised, for example by being named in front of the school, if their fees are not paid, or if they are known to be fee exemption learners. Evidence of these practices was also found in the Means to Live, and is described in the section on implementation below.

Fiske and Ladd (2004: 72–79) reviewed the implementation of the policy in 2004 and found that only 2.5% of families with learners in primary school and 3.7% of families with learners in high schools received fee exemptions. These are very low rates in comparison with high levels of child poverty in South Africa. It is clear that there have been substantial errors of exclusion in the application of this policy, with the majority of people who qualify being denied access to the benefit of school fee waivers.

Redress is an explicit objective of the education policy. The preamble to the SASA states that “this country requires a new national system for schools which will redress past injustices in educational provision, provide an education of progressively high quality

and in so doing lay a strong foundation for the development of all our people's talents and capabilities."

To achieve these goals will require the enforcement of policies related to school fees, together with adequate funding mechanisms to sustain the quality of education and support the development of historically under-resourced schools.

"No-fee" schools

Given the problems that rural households had experienced in paying school fees (discussed later in this chapter), the removal of fees was an enormous relief for parents in the rural site. The secretary for the traditional council in Theko Springs phoned one of the researchers soon after the beginning of the school year to say "Did you hear the wonderful news? Our children don't have to pay school fees anymore!"

The introduction of no-fee schools in 2007 may make an enormous difference for poor children. In terms of the regulations, the national department allocates each school a poverty ranking derived from national data on income levels, dependency ratios and literacy rates in the surrounding community.

The actual method of calculating the poverty ranking is based on the analysis of multidimensional poverty indicators using Census data from 2001. These include income and assets, employment, health, education, and living environment indicators, analysed to enumerator area level.

The allocation of school funding is determined by school poverty ratings, with the largest per-pupil allocations going to the poorest schools. Prior to the Norms and Standards of 2006, the school poverty ratings were calculated by each province, according to two sets of criteria: poverty levels in the surrounding community *and* a poverty rating for each specific school based on the Education Management Information System (EMIS) data which records the extent and quality of school resources facilities. The fact that school-specific data is ignored in the new system means that the targeting of the policy is less precise – all schools within an area are treated as if they are the same. On the other hand, school-specific indicators would be static unless the EMIS data itself were updated regularly, which it is not.

The per learner allocation in schools is determined according to nationally progressive school allocations, with a pro-poor funding approach that gives the largest allocations to the poorest schools.

The no fee policy promotes adequacy of funding in that all no fee schools must receive a minimum amount of state funding of R554 per learner per year in 2007, with inflation-linked increases in the per learner allocation each year. If school fees are set above the adequacy benchmark level, this may indicate that the school should not be designated a no-fee school. Schools in the lower quintiles receive additional funding to enable them to improve their resources and the quality of education they offer.

The adequacy benchmark is linked to the quintile 3 level. Schools in poorer areas receive more funding per learner, while wealthier schools receive less funding. The national table of targets for the school allocation for 2007 – 2009 is outlined in the Norms and Standards:

Table 25 National table of targets for the school allocation (2007-2009)					
National quintile	Proportion of funding	Max % of learners who can be funded to no-fee threshold level	Target per learner school allocation		
			2007	2008	2009
Quintile 1	30.0%	100%	R738	R775	R807
Quintile 2	27.5%	100%	R677	R711	R740
Quintile 3	22.5%	100%	R554	R581	R605
Quintile 4	15.0%	67%	R369	R388	R404
Quintile 5	5.0%	22%	R123	R129	R134
TOTAL	100.0%	No fee threshold:	R554	R581	R605

Source: Government Gazette no. 29179 31 August 2006 p.31

National vs. provincial poverty ratings

As explained above, a ranking system categorising schools into quintiles is used to determine the status and funding of schools, and there has been a shift from provincially to nationally defined quintiles. The purpose of the quintile system is to redress historic inequalities by targeting funding to the provinces (and schools) with the poorest populations. All schools in the country are sorted into quintiles (equal 20% portions) based on the poverty ranking of the physical community surrounding the school. From 2007, all schools ranked in quintiles one and two became no-fee schools.

The table below shows the national quintiles that are used to determine the equitable share to provinces. Rankings range from 1 (poorest area) to 5 (least poor). This system is also used to determine the proportion of schools that receive no-fee status in each province.

Table 26 National poverty distribution table

	National quintiles					Total
	1	2	3	4	5	
	(poorest)				(least poor)	
Eastern Cape	34.8%	21.6%	21.0%	11.6%	10.9%	100.0%
Free State	30.8%	14.9%	20.1%	18.8%	15.4%	100.0%
Gauteng	10.5%	11.4%	27.4%	27.2%	23.6%	100.0%
KwaZulu Natal	24.2%	18.8%	25.6%	17.3%	14.1%	100.0%
Limpopo	34.0%	22.3%	24.9%	11.6%	7.2%	100.0%
Mpumalanga	16.7%	20.1%	29.8%	19.9%	13.5%	100.0%
Northern Cape	26.3%	17.7%	21.6%	14.8%	19.6%	100.0%
North West	22.7%	15.2%	30.5%	20.5%	11.0%	100.0%
Western Cape	6.5%	8.0%	23.1%	27.7%	34.6%	100.0%
TOTAL	20.0%	20.0%	20.0%	20.0%	20.0%	100.0%

Source: Government Gazette no. 29179 31 August 2006

These quintiles are very differently distributed across the provinces since the introduction of the new Funding Norms and Standards in 2006. Previously, under the provincially defined quintile system, schools were ranked in five quintiles, from richest to poorest, in *each province*. So, for instance, in the Western Cape the bottom two quintiles would have previously included the poorest 40% of schools in the province. However, because the Western Cape is a relatively wealthy province, the bottom two quintiles now include only 14% of the province's schools according to the national delineation. In contrast, the bottom two quintiles in the Eastern Cape have increased from the poorest 40% of schools under the provincial delineation, to more than half of all the schools in the province (56%) in terms of the national delineation. In this way, the quintile system addresses inequalities between wealthier and poorer areas, and also between provinces.

Although the national poverty table reflects the provincial income disparities, it will still be possible for wealthier provinces to boost their portion of no-fee schools from the equitable share. In the national table, the Western Cape has the smallest proportion of schools falling into quintiles one and two. However, because many of these schools are in small towns and have few pupils, and because the Western Cape is a relatively wealthy province, able to raise more revenue than poorer provinces, the Department is able to use surplus funding to include schools in quintile three – so that they too can have no-fee status. The no-fee policy was already introduced in the province as a pilot programme during 2006 based on provincially determined quintiles, and the Department needs to ensure that the introduction of the new regulations does not result in regressive funding to schools within the province (Deputy Director, Western Cape Department of Education). Letters of invitation to acquire no-fee status were sent to 180 schools in quintile three; of which 160 responses had been received by September 2006

requesting reclassification as no-fee schools (this requires a meeting of the parent body to revoke the previous year's decision to charge fees) (Deputy Director, Western Cape Department of Education). It was estimated that the majority of Western Cape schools in quintiles one, two and three would have no-fee status in 2007. This increases the proportion of no-fee schools from 14% (according to national rankings) to 36% of schools in the province.

Poorer provinces, on the other hand, already have a greater share of their schools falling into the lower quintiles, and may not have surplus budget to extend no-fee status to those in quintile 3 and above. Given high rates of inequality across races, provinces, and the urban-rural divide, the funding norms are rooted in the principle of redress, in that they provide for resource allocation to be directed to the poorest schools (which receive the most funding), and the poorest children (who receive free schooling). The principle of redress is explicitly stated in the SASA, which provides that:

“The State must fund public schools from public revenue on an equitable basis in order to ensure the proper exercise of the rights of learners to education and the redress of past inequalities in educational provision (SASA, Section 34.1).”

Effectively, then, the wealthier provinces may be able to make more schools free in the higher quintiles – thus reducing the effectiveness of the national quintile system in targeting poorer areas.

The ruling ANC has made explicit its intention to extend the no-fee policy to include more learners in poor schools, and documented a resolution at its 2007 policy conference that no fee schools be expanded to 60% by 2009 (African National Conference, 2007).

Notes on the analysis

To determine whether children in the research sites were eligible for school fee exemptions, the researchers replicated the means test for each child. The operational means test at the time of the research stipulated that learners were eligible for a full exemption if their parents' annual income was less than ten times the annual school fees, and a partial exemption if their income was less than thirty times, but more than ten times the annual school fees.

In replicating the means test, the approach was to use the Child Support Grant eligibility calculations in identifying a primary caregiver for each child, and then identifying the caregiver's spouse or partner. The regulations in terms of the Social Assistance Act stipulate how the means are calculated for purposes of eligibility. The test takes into account the income of the caregiver plus the income of the caregiver's spouse, irrespective of the spouse's relationship to the child. Income calculations included the following income sources, recorded in the survey:

- caregiver's income (wages) from employment
- caregiver's income from self-employment / income-generating activities
- caregiver's income from rental from tenants
- caregiver's income from private pension
- caregiver's spouse's total income (the regulations specify that the spouse's income only is included – thus income from unmarried partners is excluded from the calculations)
- maintenance payments from child's absent parent.

Income from state pensions and other grants was not included in the income calculations because this income is not included in the means test for the Child Support Grant.

Issues of conceptualisation

The school fee exemption policy is a poverty alleviation programme. Its purpose is to remove the requirement of school fees for parents who are very poor, and thereby to remove one of the major barriers to children accessing education.

School funding and quality of education

Schools cannot run optimally without income over and above the government subsidies. While government funding pays for a minimal number of teachers and basic facilities, all the other things that make up an educational community and a good learning experience for children come out of fees. These include computers, sports and educational outings, additional and specialised teaching, stationery, materials and so on.

The purpose of school fees is to supplement the limited amount of education funding received from national government, via the provincial departments. About 90% of the provincial budgets are spent on teacher salaries (Reschovsky 2006:25), leaving little in the way of financial resources for discretionary spending on learning materials, school maintenance and other investments which may improve the quality of education provided by schools.

The school fee exemption policy itself is unfunded, in that there is no provision to reimburse schools for loss of funds if they waive fees. Widespread institutional resistance to implementing the programme is the result of this underlying difficulty in its conceptualisation. In the *Means to Live* research, schools, by their own admission, had not implemented the school fee exemption policy. The main reason for their reluctance

was that fee exemptions would result in a loss of income for the school, which in turn may severely compromise the quality of education.

Some commentators have argued that reimbursement of school fees lost through exemptions is necessary to achieve an equitable policy and to safeguard the quality of education offered by schools. To implement the school fee exemption policy is, over the long term, to further erode the human and material assets of the school. Rolling out the current exemption policy would in effect mean that already poor schools have less money to maintain buildings, buy furniture and books, and so on. The most pernicious effect lies in increased student-teacher ratios as schools are not able to hire additional teachers.

On the other hand, it may not be an equitable use of public resources to spend large proportions of the education budget on reimbursing schools that charge high fees, at the expense of investments in poorer schools.

Our teachers are also struggling because there are few of them. Last year they were decreased: when they went around counting the students, they said that there were few of us in this school, and they took off a few teachers. Now the teachers that are left have many classes, they go into many classes and they teach different subjects, which means that the teachers don't go deeply into the syllabus... and yet you are going to write a common paper.

For example there is a mistress who teaches us Maths and Physics, it does happen that for a whole week you learn physics only, you are lacking over there in Maths, so the syllabus is not waiting for you, it's leaving you.

-Grade 11 boys, rural site

Some of the concerns about the implementation of the policy – particularly the fact that it is unfunded – were taken into consideration in the amended National Norms and Standards for School Funding published in August 2006. These define a school allocation as “an amount allocated by the state to each public ordinary school on an annual basis in order to finance non-personnel [and] non capital expenditure items” – including services and maintenance. The Norms and Standards strengthen the role of school allocations for non-personnel and non-capital expenditure items in two ways: the proportion of education expenditure on teacher salaries is limited to no more than 85% of the provincial budget, leaving 15% of the funds for school allocations. Because of the imperative to redress historic imbalances in school resources, the allocations are linked to the poverty ranking of the school, with those in the poorest quintile receiving the maximum allocation, while those in the upper quintiles still need to charge fees to supplement their smaller allocations.

Although there are regulations to guide the implementation of the school fee exemption policy in fee-charging schools, there is much anecdotal evidence (although no national data) to suggest that the programme has not been widely implemented.

In schools where large proportions of parents are unable to pay school fees, whether or not the School Fee Exemption Policy is appropriately applied, the quality of schooling is at risk of deteriorating unless appropriate funding, management and support systems are in place. Schools that are historically under-resourced already face having to compromise the quality of education, even without the additional loss of income that would be associated with exemptions. In the rural site, high school pupils spoke of the problems with staff shortages. In some cases a single educator has to teach multiple classes or subjects. Because school funding only pays for one teacher salary per class, principals also have a full-time teaching load unless the school can raise money to employ additional teachers. In the rural high school the consequence for learners was that education is focused around catching up on the syllabus in time for tests, rather than being a continuous process of learning.

The means test, and low-level targeting

Because school fees are set by the parents who will pay them, the levels are influenced by affordability levels in the intake area. It is not surprising then, to find huge variation in the amount of fees set by different schools. In very poor areas, particularly rural areas and those with historically black populations, school fees tend to be extremely low, while in areas which have wealthier (mainly white) populations, school fees are often much higher. Some previous Model C schools in affluent suburbs charge fees almost as high as those of private schools. A 2001 review of school fees in the Western Cape compared the annual school fees for schools previously under the Department of Education and Training (DET) – in other words, those attended by African children under apartheid – with those in schools previously reserved for whites. The average fees in the ex-DET schools were still significantly lower (R45 per year for primary schools and R105 for secondary schools) than those in previously white areas (R2077 and R2701 for primary secondary schools respectively (Fiske & Ladd 2004: 75).

A glance at self-reported data on school fees from the nationally representative General Household Survey 2006 confirms that, on average, school fees are set very low, with around 80% of school-going children liable for fees up to R300 per year. Naturally, this picture will have changed since 2006 due to the introduction of no-fee schools in 2007. The results of the 2007 GHS were not yet available at the time of publication.

Table 27 National distribution of school fees (2006)

<i>What is the total amount of tuition fees paid for ... in a year?</i>	Number	Percent	Cumulative %
None	376,799	2.8%	2.8%
R1 – R100	7,075,898	53.3%	56.1%
R101 – R200	2,534,297	19.1%	75.2%
R201 – 300	804,593	6.1%	81.2%
R301 – R500	570,208	4.3%	85.5%
R501 – R1000	523,762	3.9%	89.5%
R1001 – R2000	356,728	2.7%	92.2%
R2001 – R3000	267,972	2.0%	94.2%
R3001 – R4000	239,458	1.8%	96.0%
R4000 – R8000	307,452	2.3%	98.3%
R8000 – R12000	101,426	0.8%	99.1%
More than R12000	74,600	0.6%	99.6%
Don't know / unspecified	48,800	0.4%	100.0%
Total	13,282,074	100.0%	

Source: Statistics South Africa: General Household Survey 2006, weighted data (Hall analysis)

Note: This is based on self-reported data. In the General Household Survey, questions are answered by the main respondent or 'head of household' - who may not always be able to provide reliable information about the school fees for all children in the household.

Fees reported by caregivers surveyed in the *Means to Live* site ranged from as little as R20 per year for a very under-resourced primary school in the rural site, to just over R8000 for a school in the Paarl valley, attended by one of the children from Makhaza in the Western Cape. However, the vast majority of school fees were under R300 per year in the urban site and under R150 per year in the rural site. The distribution of annual school fees is shown in Table 28.

Table 28 Annual school fees for children in M2L sites		
	Urban site (WC)	Rural site (EC)
	%	39.0%
R0 – R50 p.a.	19.6%	39.0%
R51 – R150 p.a.	42.9%	58.5%
R151 – R300 p.a.	31.0%	1.4%
> R300 p.a.	6.4%	1.1%
Total	100%	100%

With fees already set this low, caregivers would need to be indigent to qualify for an exemption. For instance, to qualify for a full exemption at a school where fees are R50 per year, the caregiver’s income would need to be below R500 per year (equivalent to about R41 per month).

96% of all learners in the *Means to Live* sites attend schools where the fees are R300 or less per year. In order to qualify for a full exemption from school fees, these children’s caregivers would need to be supporting a family on a joint income of less than R250 per month. Income data from the *Means to Live* shows that over 90% of those who qualify for a full exemption declare zero income if social grants are discounted. The de facto level of income required to access a fee waiver is therefore much lower than that for the child support grant; in effect, the exemption is more of a safety net mechanism for children without any income, than a poverty alleviation measure for children defined as “poor” in terms of the CSG or other poverty lines defined by the government.

At the other extreme, there are children whose parents can afford the transport costs to send them to relatively expensive schools. For example, the child attending a school in Paarl incurs fees of R8 220 per year. This child’s caregiver has the highest income of all those surveyed: R6000 per month. She is eligible for a full exemption from school fees (though she has not received one) because her annual income of R72 000 is less than ten times the school fees. Here, the exemption no longer functions as a poverty alleviation mechanism, but rather promotes access to more expensive schools in other areas.

The no-fee policy will remove the need for school fee exemptions in many of the schools attended by children living in extreme poverty. It will continue to benefit those who can send their children to expensive schools, but may leave an important gap in excluding children who live in households that are poor (in terms of a national poverty line or the CSG means test , for instance), but whose parents’ income is above the relative means test threshold.

In effect, the current exemption policy targets two categories of learners: the ultra-poor, who cannot afford even the cheapest schools, and those who enrol at more expensive schools, whose incomes are below the threshold. In the *Means to Live* survey, the poorest and the wealthiest children were eligible for school fee exemptions, while those with small incomes were easily excluded by the targeting mechanism. The introduction of no-fee schools will replace the means-tested exemption for children attending schools situated in the poorest 40% of areas nationally. The means-tested exemption will apply only to schools in the upper three quintiles (and from 2009, to the upper two quintiles), which still charge fees.

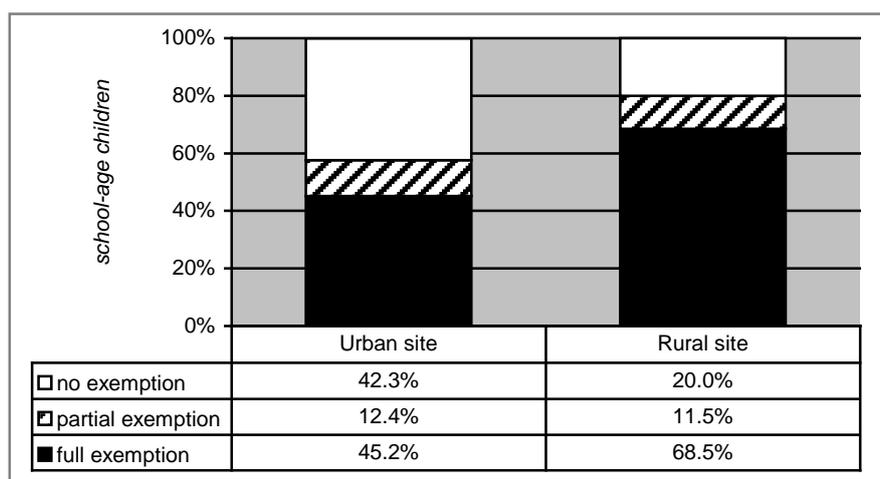
“Full”, “partial” and “conditional” exemptions

Eligibility levels are significantly different in the two sites, with under 60% of urban school-age children eligible for the school fee exemption, and 80% of rural children eligible for exemptions. Given that the school thresholds are extremely low (implying a joint monthly income of well under R250 in order to qualify for a full exemption) these eligibility rates are indicative of extreme poverty in the sites.

The school fee exemption policy distinguishes between a *full* and a *partial* exemption. The findings show that, at the time of the research, the majority of learners who qualified for any exemption would qualify for a full exemption, while just a small proportion of learners would qualify only for a partial exemption.

Figure 12. Eligibility for partial and full school fee exemptions

(Base: Children 7-17 years who are or should be attending school)



Within the urban site, eligibility rates differed amongst children living in predominantly formal areas, and those in the informal settlement. Children from the informal area were more likely to be eligible, and also more likely to be eligible for the full exemption.

Given the low rate of eligibility for partial exemptions, and the complexity of the calculations to classify a child as eligible for a partial exemption, it is questionable whether the distinction between “full” and “partial” exemptions is a useful one. At the time of the research, the “partial exemption” introduced another area of uncertainty for applicants, since the regulations did not provide clear guidelines on how much the amount of the exemption should be; the definition of “partial” was left to the discretion of the school governing body, and could be decided on a case-by-case basis.

The 2006 regulations have addressed the discretionary nature of the partial exemption by providing specific formulas for calculating the amount of the exemption. This also takes into account the number of learners being supported by the parents and the total cost of the fees. However, while attempting to be equitable, the calculations are also complicated. One of the requirements for reasonableness is that *the regulations must be simple and easy to handle for the [implementing] officials*. In the case of the school fee exemption the “implementing officials” are SGBs, which are made up of teachers and parents, and which must, according to the regulations, notify a parent in writing within seven days of the outcome of the application. The majority of surveyed adults did not have more than primary school education (43% in the urban site and 82% in the rural site). The complexity of the formula alone may pose a barrier to correct implementation in some schools. And parents with low levels of education will be less likely than highly educated (and wealthier) parents to do the calculations themselves and contest SGB decisions. Principles of administrative justice and the school fee regulations themselves confer on parents the right to appeal a decision by the CSG. The extent to which poor parents exercise this right is likely to be influenced by the complexity of the formula for calculating eligibility – and by their own education.

The new regulations introduce the concept of a *conditional* exemption, which is an exemption “granted to a parent who qualifies for a partial exemption but, owing to personal circumstances beyond his or her control, cannot pay even the reduced amount.” At this point, the regulations reintroduce discretion in that the School Governing Body can determine the amount and circumstances of repayment. The conditional exemption is presumably designed for the protection of poor learners – and possibly those who gain access to public schools that have set their fees high. Allowance for discretion could be to the benefit of parents. However, the history of the exemption policy is one where schools have acted unlawfully in failing to comply with the regulations. The interests of the School Governing Body and the school must be the collection of as much money as possible in order to ensure the good running of the school. In this context, an emphasis on consistent and accurate implementation may be more appropriate.

Linking school fee exemptions to social grants

The 2006 regulations have in effect linked the means test for the school fee exemption to social grants by creating automatic fee waivers for social grant beneficiaries. This is a welcome move, for a number of reasons: it expands the number of children who are entitled to access school fee exemptions; it does away with the need for means tests that are complicated, burdensome and potentially humiliating for applicants; it empowers the poor in that it creates a more explicit definition of eligibility, which in turn makes schools accountable to parents; it reduces the administrative burden on school staff and governing bodies; importantly, it signifies the beginnings of an integrated approach to poverty alleviation in which government departments create multiple inclusions for poor children.

There are three types of child grants: the Child Support Grant (a cash transfer for poor caregivers who support children under 14 years), the Foster Care Grant (a cash transfer for caregivers of children who have been placed in foster care) and the Care Dependency Grant (for caregivers who need to provide full-time care for a disabled child).

The Child Support Grant has by far the largest number of beneficiaries, so it is the link to the CSG in particular that will create automatic fee exemptions. By the end of October 2007, just over 100,000 Care Dependency Grants were being paid per month, while 459,000 Foster Care Grants were paid monthly. The CSG, on the other hand, was being paid to caregivers of 8,098,275 children.

Linking school fees to the CSG means that, in effect, urban children living in formal dwellings with annual incomes under R9,600 per year (R800 per month) are exempt from school fees, irrespective of the fee charged – provided they are able to navigate the process to obtain a CSG. Because of the two-tiered threshold for the CSG, the effective threshold for the school fee exemption is even higher (i.e. more lenient) for children living in informal dwellings and in rural areas. For these children the CSG threshold is set at R13,200 per year (or R1,100 per month).

Given the difficulties in securing child grants (discussed in Chapter 3), it may be discriminatory *not* to exempt children with incomes below these thresholds from paying fees. Analysis of the errors of exclusion in the CSG suggests that it is often the poorest, most remote or vulnerable children who are unable to benefit from the CSG, including those who cannot provide birth certificates. If the intention of the school fee exemption policy is to use the social grant threshold as a proxy for “poverty”, then it should be possible for poor children (under the CSG threshold) who cannot access CSGs to apply for fee exemptions by demonstrating their eligibility for the CSG. This, in turn, could be a mechanism for accessing the CSG – in other words, social grants and school fee exemptions are, potentially, reciprocal gateways.

In 2008 the CSG is still only available to children under the age of 14. This means that the automatic exemption for CSG beneficiaries is not available to children from 14 years upwards, even if they are living in similar conditions of poverty. Estimates of eligibility for older children currently excluded from the CSG on the basis of age found that 65% of children in the 14-17 year age group would pass the means test for the CSG (Budlender et al 2005:24). This amounts to over 2.6 million children in 2007 who are excluded from the CSG – and therefore also from the automatic school fee exemption – on the basis of their age. Resolutions from the December 2007 ANC policy conference suggest that an extension of the CSG is imminent, in which case the grant will be made available to all children under 18 years. While the CSG remains targeted to children under the age of 14, however, the school fee exemption policy may be found unreasonable in that it discriminates against a significant number of children, who are poor.

Of course the means-tested school fee exemption is still available for these older children. However, as shown, this is effectively targeted to an even poorer population than the Child Support Grant, is burdensome for both schools and applicants, and there are many insidious ways in which fee-charging schools exclude pupils who cannot pay fees. Until the school fee exemption policy is adequately supported and monitored in practice, it will continue to be the difficult second-best option to an automatic fee waiver – either through the no-fee system, or through social grants.

The automatic school fee exemption is linked not only to the CSG, but various categories of children:

“Automatic exemption means the total exemption to –

a person who has the responsibility of a parent in respect of a child placed in –

a foster home;

a youth care centre;

a place of safety; or

an orphanage;

a person who is a kinship caregiver of an orphan or a child who –

has been abandoned by his or her parents; and

is without any visible means of support;

a person who receives a social grant on behalf of a child; or

a child who heads a household” (Department of Education 2006b: 3-4).

In doing so, the school fee exemption (a poverty alleviation programme aimed at removing the financial obstacles to education), in effect links itself to programmes which are not ostensibly about poverty alleviation. While the CSG is explicitly a poverty

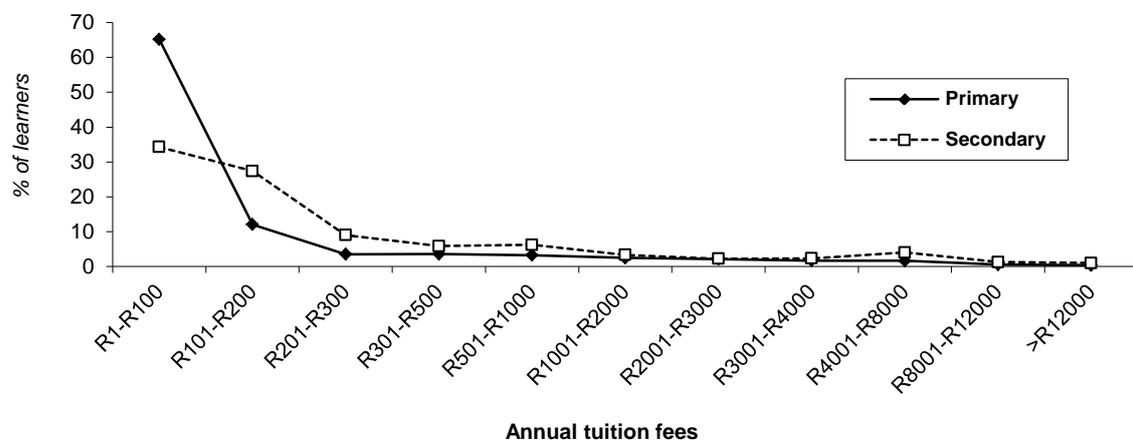
alleviation grant, and targets the very poor, the means test for the Care Dependency grant is about five times as high (applicant’s joint income must be under R4000 per month), and there is no means test for foster parents who apply for a Foster Care Grant.

The requirement of reasonableness asks us to consider whether *all children in need are targeted beneficiaries, and that the most vulnerable children are specifically targeted*. The conflation of poverty and other attributes in the definition of “vulnerability” is a complex issue which cannot be addressed here. However, it is important that poverty alleviation programmes do not create targeting mechanisms that prioritise sub-categories of children (who are not necessarily poor) over those who are poor.

Exclusion of older learners

National data from the General Household Survey shows that high school education tends to be more expensive than primary school. While two thirds of primary school learners incur tuition fees of under R100 per year, only 34% of secondary school learners have fees this low.

Figure 13. Annual school fees at primary and secondary level



Source: Statistics South Africa: General Household Survey 2006, weighted data (Hall analysis)

Results of the *Means to Live* survey demonstrate the same pattern, albeit with lower fees overall because only poor areas were surveyed. Urban schools were also found to be more expensive than rural schools. And according to schools visited in the *Means to Live*, Grade R is more expensive than primary school because it is not subsidised to the same extent by the Department. The mean annual school fees for different levels of schooling are summarised in Table 29.

Table 29 Mean annual school fees

	Urban site	Rural site
Grade R	R278	R69
Primary (Grade 1-7)	R146	R65
Secondary (Grade 8-12)	R364	R179

National school attendance rates vary depending on the data source used – this is partly because the information is reported by a respondent (usually not the child), and can be unreliable. There is general agreement that the school attendance rate in South Africa is fairly high – around the mid-90 percent range. Statistics South Africa’s general household survey (GHS) gives the reported attendance rate for children 7-17 years as 96%. It has also shown a consistent pattern over a number of years, with reported attendance rates around 98% for all ages between 7 and 14 years. This high rate of attendance drops off from age 15, reaching as low as 85% amongst 17-year-olds.

Table 30 Attendance at school, 7-17 years (national data)

Age	Population	Attendance	
		Reported school attendance	Proportion attending school
7	958,809	925,397	96.5
8	997,264	979,991	98.3
9	1,039,696	1,025,593	98.6
10	1,024,436	1,010,430	98.6
11	960,005	944,506	98.4
12	1,015,670	999,783	98.4
13	1,001,006	982,104	98.1
14	1,083,817	1,053,751	97.2
15	984,956	931,282	94.6
16	1,060,606	963,517	90.9
17	945,901	807,895	85.4
Total	11,072,165	10,624,250	96.0

Source: GHS 2006

Table 31 shows the reasons for leaving school amongst children aged 14-17 years who started school but are no longer attending. Once again, this is reported data from the General Household Survey, and may not be very reliable – particularly given the closed list of response categories (which exclude options like expulsion, violence and bullying). Nevertheless, lack of money for fees clearly emerges as the most prominent reason for non-attendance, accounting for over a third of children in this age group who are not attending school.

Table 31 Reason for leaving school among previous learners aged 14-17 (national data)	
Reason	%
No money for fees	34%
Education is useless or uninteresting	18%
Pregnancy	9%
Family commitment (child minding etc)	9%
Working (at home or in a job)	7%
Failed exams	6%
Illness	6%
Other / don't know	11%
Total	100%
Source: GHS 2006, Hall analysis	

Affordability is one of the main obstacles to completing secondary education, (and as will be shown, school fees are only a small proportion of the cost of education). This suggests that a relative means test for the school fee exemption may be appropriate, because it would take into account the higher fees usually charged in secondary schools.

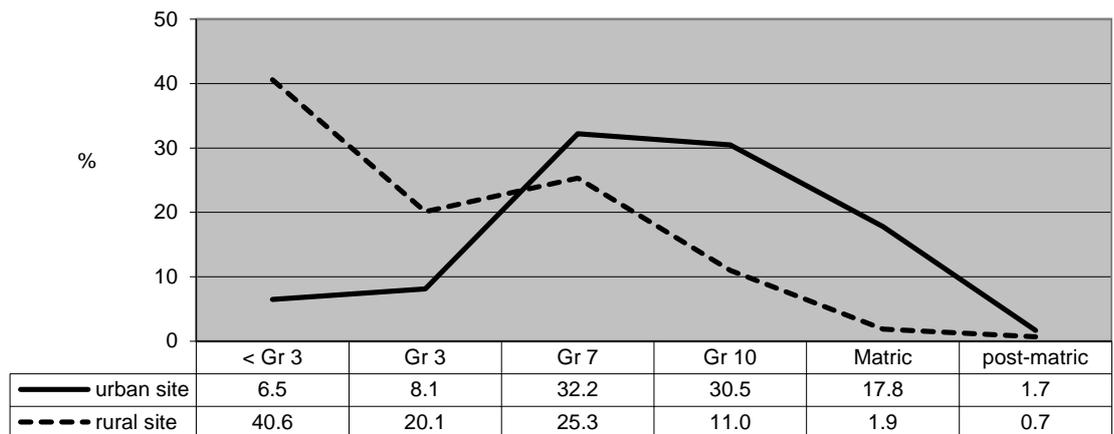
The targeting of the fee exemption system is different for primary and secondary school learners in the following ways:

1. The effective income threshold for exemptions in secondary schools would tend to be higher than that for primary schools because the fees are higher on average. This means that it is “easier” for high school learners to qualify for fee exemptions. However, at present the data available suggests that awareness of the fee exemption policy and its requirements is low, and the existing evidence provides little assurance that it has been implemented effectively and correctly by schools.
2. Only a small proportion of high school learners (the young, disabled or those in foster care) would qualify for an automatic exemption. While multiple, linked inclusions are a good example of ways in which poverty alleviation strategies can be integrated, it is only primary-school age children who benefit.
3. When the no-fee policy was introduced nationally in 2007, it included both primary and high schools. However, the Norms and Standards are clear that the minister has discretionary powers regarding the application of the no-fee policy

to particular grades, with grades in the GET phase being prioritised. The no-fee schools policy is therefore guaranteed only to learners from Grade R to Grade 9 (the compulsory schooling phase), while fees at these same schools may be charged for those in Grades 10, 11 and 12, even if they are in the poorest intake areas.

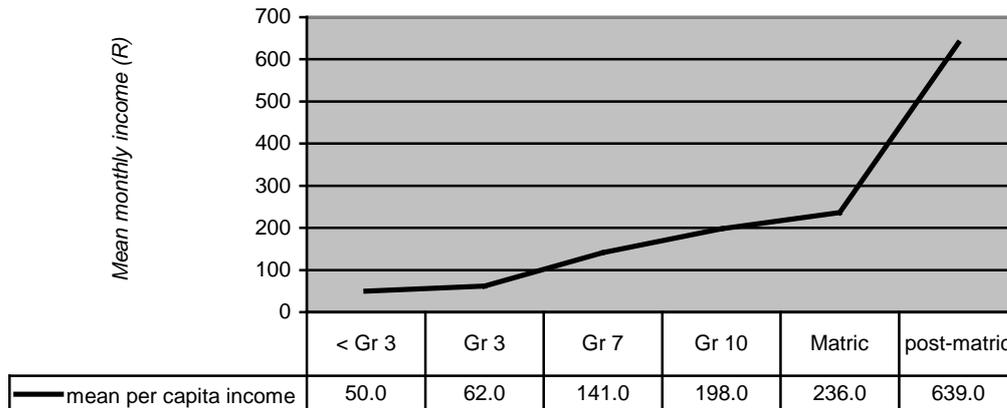
Education in South Africa is compulsory only up to Grade 9, but there are many social and economic reasons why it is desirable for children to complete their schooling. Not least of these is the importance of breaking a historical pattern where poor people do not complete their schooling, which in turn may help children to transcend intergenerational cycles of poverty. On average, only one in ten children in the *Means to Live* survey had caregivers who had completed their schooling. Those in the rural site tended to be living with older caregivers, and less than 3% of caregivers had a matric or higher education.

Figure 14. Educational attainment of children's caregivers



Statistical tests, using analysis of variance, confirm that, for these children, there is an association between parental education and child poverty, in that the higher the educational attainment of the caregiver, the higher the mean per capita income for the children in her care.

Figure 15. Children’s mean per capita income, by education level of caregiver



Given that high school learners are adolescents who may themselves soon be entering their child-bearing years, it makes social and economic sense for education policies to enable and promote the completion of children’s schooling.

Two resolutions from the December 2007 ANC policy conference are relevant here: the expansion of no-fee schools to include the third quintile (i.e. targeting the poorest 60% of schools) by 2009, and the progressive introduction of free education for the poor until undergraduate level. The first is an explicit mechanism: the expansion of no-fee schools will remove the barrier of cost for many high-school learners in poor areas, provided that the policy continues to include all grades up to grade 12. The second resolution “progressive introduction of free education for the poor” is an ideal, with no clear mechanism. It could be partly achieved through further extensions of the no-fee policy, or fee exemptions, or a combination of these.

However there is debate about whether simply extending the no-fee rule to all schools (i.e. universal free education) is desirable when the history of unequal funding has created huge discrepancies in the quality of education offered by schools, and where many middle-class parents are able – and do – contribute substantially to the cost of education. The question is how to achieve a funding mechanism that is pro-poor and promotes equal access to *quality* education, while not reducing the quality of education offered by previously privileged public schools, or risk catalysing a middle-class movement to expensive private schools, leaving public institutions with diminished resources (Reschovsky 2006:36).

A further resolution of the conference is the gradual extension of the CSG to children under 18 years. Because of the newly-established link between the CSG and fee exemptions, this may be a key mechanism for achieving “progressive introduction of free education for the poor until undergraduate level”. Extending the child support grant to 18 years could further reduce financial strain on households with older teenagers who might otherwise not be able to afford the costs associated with education, or who leave school to find work.

There's no village that is as poor as ours, our children have given up on school even though we wanted to educate them, because we don't have anything, we have no means to educate them. Some stay at home and they haven't even passed standard 10 because we no longer have the means, because once you run out of the means the child stays at home. We have nothing to do; even the people who have the strength are sitting at home with their strength because there are no jobs.

On the children's side I wish the government could make a plan for a child that is still schooling, I wish the government could help until the child finishes school. Because now when you have a child who is not the grant age you take that child out of school even if s/he's still studying, because you have no means for that child. I mean right now I have a child that is in standard 7, I do not think that he will continue schooling next year even if he still wants to continue with schooling because I will not afford to pay for his schooling...

The child that is in standard 7, who doesn't have a grant cannot continue with her/his education because s/he has nothing. So I was suggesting that the government could look after the children who are still at school, and the government should not say that a child is over-age when a child is still schooling, when a child is still at school then that is still a child, especially when the child still likes school. Because the way I see when that happens, I think when this keeps happening that a child can pass standard 7 and has to stop schooling because s/he can't afford to continue with his/her education that will increase this crime and there will be more of it. Because now will take his standard 7 and just walk away when a child still wanted to learn.

- Caregiver, rural site

Pros and cons of spatial targeting

One of the criteria for selection of the *Means to Live* sites was that they had populations that were very poor. *All* of the schools in the rural site were given no-fee status from 2007, and most of those serving children in the urban site were fee-free from 2007, despite the fact that the majority were defined as quintile 3. Table 32 below shows the quintiles and no-fee status for the top ten primary schools attended by children living in the urban site of the Umrabulo Triangle (including Makhaza, Kuyasa and Nkanini).

Table 32 Primary school distribution and no-fee status: Urban site

Top ten attended School	% of surveyed primary school children attending*	National quintile ranking	"No-fee" designation 2007 (Provincial implementation) ***
1 Nkazimlo	26.8%	3	✓
2 Kuyasa	16.4%	3	✓
3 Masiphumelele	11.8%	3	✓
4 Mthawelanga	10.5%	3	✓
5 Ntshayelelo	5.5%	3	✓
6 Impendulo	4.1%	3	✓
7 Luleka	4.1%	3	✓
8 Nomsa Mapongwana	3.2%	3	✓
9 Sivuyiseni	2.3%	3	✓
10 Yomelela	0.9%	2	✓
Other (<1% each)	14.4%		
TOTAL	100%		

*The Means to Live survey data
DOE No-fee schools list 2007 – Government Gazette 29438
Western Cape Provincial Department of Education: School quintiles & no-fee status 2007*

Spatial targeting is an effective way of reaching large numbers of people without the time and expense (to poor people and the state) of screening individuals. The combination of the no-fee schools and fee exemption policies is, in effect, a combination of spatial targeting (to reach large numbers of poor children), and individual targeting (to reach poor children who fall through the gaps in the no-fee system).

However, there are some potential weaknesses in the spatial targeting method used to determine no-fee schools, which will need to be monitored.

The problem of outdated information

The National Census is used as the basis for defining the school quintiles because it is the only source of comparable national data at ward and enumerator level, but it will only be undertaken once every ten years. Given the rate of urbanisation, demographic change and the establishment of low-cost housing estates, indicators of poverty for the school ranking system may become quickly outdated. In the urban site, for instance, the large informal settlement of Nkanini was established after the 2001 Census and grew rapidly over five years. This very poor population – a large proportion of which comes from the rural areas of the Eastern Cape – is not catered for in the school ranking system, and it is only because the Western Cape is a wealthy province that it was able to give no-fee status and the appropriate per-learner allocations to quintile 3 schools. This problem will be alleviated if the no-fee classification is extended nationally to quintile 3,

as suggested in the ANC policy documents. However the problem of outdated data will remain.

The need for flexibility

The poverty rankings based on national data need to be dynamic and flexible, allowing for adjustments, for instance to take into account the growth of informal settlements which are dependent on public facilities in nearby suburbs. The Norms and Standards allow for some provincial discretion in the identification of no-fee schools, in that different additional data sources may be used depending on the type and reliability of the data available. According to an official in the Western Cape provincial department, the province may in theory supplement national data with “local knowledge” although this may not include information based on school visits, because “subjective data” must be ruled out (Deputy Director, Department of Education). It is also possible, in principle, to use local poverty surveys, but it is unclear how these would be used or how the system would deal with different types of data. In practice, the provincial department has found it very difficult to change the classification of schools.

Racial and economic segregation as a basis for targeting

Spatial targeting is made easy by the existence of a very segregated society created under apartheid, with homogeneously rich (mostly white) and poor (mostly black) communities. Post-apartheid policies seek to undo the inequities of the past – but it is important that there is a coherent logic across government departments.

The focus of housing policy is on informal settlement upgrading and the densification and integration of cities. The National Department of Housing is developing an inclusionary housing policy, with a strong focus on social and low-cost rental housing in the inner city, as well as the development of low-cost owner housing on well-located municipal land. Ironically, this could confound the spatial targeting approach used by the Department of Education. The less static and homogenous the population in a ward or enumerator area is, the less accurate the targeting mechanism. Ideally, the spatial targeting method used by the Department of Education should not be regarded as a long-term option.

The importance of choice in education

In the *Means to Live* survey, less than 60% of all caregivers perceived an improvement in opportunities for South African children since their own childhood. This in itself is surprising given the transition during this time from an oppressive non-democratic regime which discriminated against them, to a constitutional democracy in which they voted. Amongst those who did feel that their own children had better opportunities than they had as children, the issue of education featured strongly. There was a perception that the quality of education had improved, in part due to better facilities and the provision of libraries, computers and other resources. One improvement noted by some caregivers (7% of those who felt things had improved) was that integration could be

achieved through the education system, because there was more choice in the schools that their children could attend – including “multi-racial”, “Model C” and “coloured” schools, which were perceived as offering better education. The combination of a spatially targeted “no-fee” policy, coupled with a school exemption policy which is unfunded, difficult to implement and not adequately enforced, could mean that, poor (predominantly African) children may effectively be restricted to the historically disadvantaged schools in poor areas – an economic parallel to the racial restrictions of apartheid.

The assumption that children go to school close to home

The spatial method of targeting, in which the school rankings are determined in relation to poverty in the surrounding area, presupposes that learners automatically come from the area physically surrounding the school. For those who travel to fee-paying schools in less poor areas, the fee exemption is still the only mechanism for poor households to be relieved of the burden of school fees. A provincial education official in the Western Cape has described this as a flaw in the conceptualisation of the quintile system, since the department has already designated some schools in relatively wealthy areas as “commuter schools”, where daily transport is provided to bring children from poorer areas. During the pilot introduction of the no-fee policy in the Western Cape in 2006, the poverty ratings for commuter schools were adjusted so that they could also qualify for no-fee status. Before the formal implementation of the new regulations, then, exceptions were already introduced in an effort to prevent the quintile system from discriminating against poor children.

The no-fee system may work best in small towns and rural areas, where there is little choice about which school to attend. In high density metropolitan areas, however, where schools are more likely to be over-subscribed, there are more options, and children may not necessarily attend the schools closest to their homes. The *Means to Live* survey was conducted before the no-fee schools policy came into effect. At the time, a number of urban caregivers, despite their poverty, were exercising their choice and sending children to schools that they perceived as offering a better quality of education.

It is possible that the no-fee policy will influence parents’ choices about where to send their children to school and trigger the transfer of children to no-fee schools in order to escape the burden of fees. The challenge, of course, is to ensure that there are sufficient investments in previously under-resourced schools to rapidly and substantially improve the quality of education they offer, rather than to attract children away from these schools. Ideally, all children should be able to receive a good quality education in a school close to their home.

The many costs of schooling

Apart from school fees, caregivers bear the burden of secondary costs associated with schooling. These are shown below. The mean annual cost of education for the year was R616 per learner in the urban site, and R302 in the rural site. School fees amounted to less than 20% of all reported educational expenses paid by caregivers for the year.

Table 33 Costs of schooling

Annual expenses per learner attending school	Urban site (W Cape)				Rural site (E Cape)			
	N spending	Mean cost (those who pay for item)	Mean cost (those who pay for anything)	% of school expenses (incl zero values)	N spending	Mean cost (those who pay for item)	Mean cost (those who pay for anything)	% of school expenses (incl zero values)
School fees	218	R119	R85	13.8%	283	R64	R50	16.6%
Uniform	201	R243	R160	26.0%	225	R212	R133	44.0%
Books & stationery	172	R71	R40	6.5%	186	R64	R33	10.9%
Outings & extra murals	98	R74	R24	3.9%	181	R50	R26	8.6%
Transport*	69	R1,358	R307	49.8%	12	R1,806	R60	19.9%
TOTAL SCHOOL COSTS	305		R616	100.0%	359		R302	100.0%

* cost of transport given as a monthly expense, and multiplied by 9 to obtain annual cost taking into account school holidays

While many of these additional expenses are not compulsory, there is enormous pressure to comply with school requirements for learners to be dressed in uniform, to buy stationery, to contribute to the cost of school outings. This places stress on already overstretched household budgets. As one caregiver explained:

“When [learners] do not have school things the school insists that the parent must try by all means to make sure that they get them. But then it’s mean about it, they try to make sure that the parent tries by all means to get the school things for the child.”

- Veliswa, 35 (cares for own children and younger siblings, Makhaza, urban site)

If the purpose of the school fee exemption policy is to realise children’s right to education, and to ensure that even the poorest children access schooling, then it may be necessary to think more broadly than school fees. Crucial to this is the need to ensure that schools do not break the law by requiring poor children to wear uniform and provide their own stationery, and to ensure that schools are physically accessible to children – either by providing schools close to where children live, or by providing free transport to get children to and from school.

Naturally, children also experience strong pressure from their own peers, so that even if a school's requirements are technically non-compulsory, they are in effect enforced by learners and/or teachers who pressurise pupils to comply.

Linda's granddaughter dropped out of school because she didn't have the right uniform. She had been attending Mthawelanga primary school some distance away in Khayelitsha. She complained that it was too far, and often missed school if she didn't manage to catch the bus. Her grandmother moved her to Kuyasa because it was nearby, but didn't have enough money to buy a new uniform.

"Vuyiswa was schooling – she stopped last month. I asked her why she quit school and she said she couldn't go to school when she didn't have the school uniform... she didn't have school shoes. And I said 'I don't like what you're doing; you should continue even when you are poor.... She has the uniform from that [previous] school that she attended... she said she couldn't go to school when she didn't have any school things. She said the school children were laughing at her."

- Linda, 47 (grandmother, Nkanini, urban site)

On average, for those in the two sites, uniforms and travel costs are a greater expense than school fees, and both can constitute barriers to education. Both the *Means to Live* and General Household Survey indicate that at least 10% of drop-out rates are a result of situations where the child decided on their own to stop attending school. On further investigation in the *Means to Live* sites, there were a number of reasons why children made the decision to leave school. These include an awareness of household poverty and a decision to save the household the expense of schooling; poor quality of schooling or situations where teachers do not come to school; a mismatch between age and grade – for instance, where teenagers who have been through initiation are still in primary school; difficulties or dangers in getting to school; and the shame of not having the right uniform.

Although fees at many schools are not high – some as little as R50 per year – caregivers still describe them as a financial burden. This is partly because the school fees must be juggled with other expenses. Caregivers describe complicated budgeting systems in order to provide for all the school requirements. A caregiver might pay half the fees at the beginning of the year, and then buy some essential uniform the next month. The following month she might buy the necessary stationery and put a deposit on a tracksuit and so on. The table below provides a hypothetical budget, based on a conversation with a caregiver in the urban site:

Table 34 Spreading school costs over 6 months

Month	Item	Amount
January	Uniform (dresses, socks, jersey)	R190
February	Shoes	R120
March	50% deposit on tracksuit	R125
April	Stationery	?
May	Balance of tracksuit	R125
June	50% school fees	R60

Thus, for the first six months of the year, the caregiver has spent an amount almost equivalent to a child support grant each month, and has still not paid the school fees in full. This excludes the cost of transport and any other requirements besides. Schools also require that parents buy stationery for their children.

Stationery requirements:

- pencil crayons
- ruler
- 20-page flip file
- plastic
- 20 plastic sleeves
- koki pens
- Pritt

This stationery list is from a government primary school in Khayelitsha. The mother who showed it to the researchers kept it in an envelope in her handbag. By the middle of March, she had not yet been able to buy the stationery. Although schools cannot force parents to bear these costs (they cannot expel a child who does not bring stationery to school) there is strong pressure on parents – not least from their own children – to comply with the requirements

Even in the context of extreme poverty, caregivers speak of the relationship between material possessions and personal dignity. Children, no matter how poor, experience peer pressure and are conscious of deprivation.

“I was unable to pay his school fees because they also want clothes to wear, and then they also want food because they also want to be like other children. A child knows that his family is poor but when he sees other children wearing clothes and having stuff then that thing that his family is poor becomes a little thing.”

- Ntatu, 44 (mother, Kuyasa)

“A child should not borrow from another child for the rest of his life, you see, s/he must also hope that I will also have Pritt, do you understand?”

- Olwethu, 36 (mother, Village 3)

The auxiliary costs of education will not be removed with the introduction of fee-free schools. Arguably, if school intake areas are considered sufficiently poor to qualify for no-free status, then the “hidden extra” costs of schooling should also be removed.

In 2006 the Department published national guidelines on school uniform. The main principles are that uniforms are desirable (for a range of reasons, including security and peer pressure), but that the requirement of uniforms should not impede access to education – uniforms should be simple, inexpensive and standardised as much as possible. Schools should have only one uniform and are required to be lenient with children from poor families and those who have recently changed schools. Children may not be excluded from school if they cannot afford the right uniform. Rather the school or SGB should try to provide poor children with second-hand uniforms (Department of Health, 2006c).

The provision of transport to all schools would also alleviate a major cost of education for poor households, particularly those in remote areas. The Department has been working on a transport policy, and some provinces do provide school buses in some areas. This would need to be scaled up in order to target all children who live far from the nearest school.

Other secondary costs of schooling include books and stationery, outings and extra-murals. The fee exemption regulations make it clear that the costs of stationery and outings should be included in the school fees.

As with the fee exemption policy, the implementation of these guidelines needs to be monitored to ensure that schools comply.

The cost of multiple children

Another reason that fees are financially burdensome is that caregivers are often paying for more than one child. So while fees of R150 per year may not sound high, the cumulative effect of all the school costs, and having three or four children in school may be too much for caregivers to afford. In these instances, caregivers speak of having to prioritise fees – and choose between children. Caregivers speak of prioritising older children in high schools. This is because high schools are seen as far less flexible about fees – for instance they are likely to withhold reports if fees were unpaid, or the consequences of having a report withheld are more severe. Thus payment of fees for younger children may be postponed in order to enable high school fees to be paid. In some instances the money for fees is taken from child support grant payments – so that younger children are effectively subsidising older children’s fees through their grants.

Some schools offer discounts if more than three children are enrolled. However, this does not provide relief from fees if multiple children are enrolled in different schools – for instance, if some are in primary school and some in high school. The School Fee Exemption Policy now takes in account the number of school-going children supported by the caregiver regardless of which public school they are attending, although the formula is very complicated and may prove difficult for SGBs to apply even if the exemption policy is implemented.

None of the rural schools had discounts for multiple children. A rural caregiver spoke of the shame of having multiple children and not being able to pay their fees. She felt judged by other parents, who imply that one should not have many children if it is not possible to support them:

I think I can't talk publicly about this situation because when I discuss this situation in public I'm attacked, or when I'm complaining that this money is too much, then someone who has money will quickly attack what I'm saying and say that what is happening is right the way it is, that a child should pay R70 per child. I have five children, how can I pay R70 per child, and then someone will respond and say but then you dish out five plates [of food] for five children, why don't you pay school fees for five children, that's what they say... Even if you don't have the means you have the sacrifice, and a child sometimes even has to leave school, because they will be expelled from school

- Nonkonzo, 45 year-old mother, Theko Springs

Schooling and school fees in the *Means to Live* sites

Access to schooling in the urban site

One of the advantages of living in an urban area is that parents can, to some extent, choose schools for their children. Although the urban site is on the very edge of Khayelitsha – about as far from Cape Town as one can get before entering the outskirts of Somerset West – children attend various schools throughout Khayelitsha and beyond. The surveyed children attending primary school (220 children in Grades 1–7) were distributed in 42 different schools, extending from Makhaza (55% attended the three local primary schools – Nkazimlo, Kuyasa or Masipumelele) to Mitchells Plain, Wynberg, central Cape Town and Delft. Forty percent of high school pupils attend the two local senior schools, Chris Hani and Harry Gwala. The remaining 60% attend a range of 30 schools within Khayelitsha and greater Cape Town – stretching from the central city to Maitland to Paarl.

“The government said that the children should attend schools close to where they live... but there are few schools this side.... The schools were so full because children come from wherever to register here, even children from Mfuleni.

The school was really full, it was really difficult to find a school.... It was the teachers from this area who called the teachers at Njongo (a school in Khayelitsha) to say that they should come and pick up other children here from Makhaza so that they can go to school, and then there was that bus connection.”

- Siziwe, 29 (mother, Villlage 3, W Cape)

Although there are three primary schools and two secondary schools within Makhaza and Kuyasa, there are a number of reasons why children would attend other schools. One is the rapidly increasing population in the area, putting increased pressure on local schools, which are now over-subscribed. The Kuyasa housing development has brought new households from other parts of Khayelitsha, and the informal settlement of Nkanini has grown exponentially since 2003. Children from other surrounding areas also enrol at schools in Makhaza. As one of the caregivers explained, there simply isn't enough space at the local schools and some parents have to look for alternative places to enrol their children. There was one report of a referral system, where a local school organised with another school in Khayelitsha to take the surplus pupils who could not be accommodated locally, and transport was provided to ferry the pupils to and from the school.

Parents also choose to send their children to schools which they perceive to be "better" Many caregivers, when asked to compare their children's opportunities with their own childhoods, felt that their children had access to better education – that the education system had improved, the content of learning was more relevant to life and work opportunities, or that the quality of teaching was better. 17% of caregivers in the Western Cape specifically mentioned that schools had better technology such as science labs, or that their children could benefit from learning computers. Some were pleased about the desegregation of schools, so that their children could attend "model C" schools. However enrolling in "better" schools also required more expenditure on transport and school fees. None of the children attending ex-Model C schools were receiving exemptions.

Although children – and households – move around, some parents are reluctant to let their children shift schools, preferring rather to pay the extra transport costs when they change dwelling rather than unsettle their children. In one case, a caregiver described how she had enrolled her child at a school near Milnerton while they were renting accommodation in the area. When the rent became unaffordable they moved to Kuyasa at the outer edge of Khayelitsha, but continued to send their daughter to the same school. The family had to be dishonest about where they lived, because the school would not take children from Khayelitsha. The school had explained that this was for practical reasons – children who travel from far away will invariably be late or miss school when there are problems with public transport.

"They say they don't take children from Khayelitsha; they take children from around that area.... really it's far because the principal said when we first moved here, she would be late for school and the trains would go on their own schedule and the principal said we don't take children from Khayelitsha just because of the transport you see, transport is the reason they do not take them because they don't want to hear that excuse about transport that this and that happened with the train"

- Ntombomzi, 35 (mother, Kuyasa)

Another concern for some caregivers is their need to enrol children in Grade R which, though not compulsory, is available at many government schools. However, Grade R is not offered by most of the local schools, and is more expensive – so caregivers of children under 7 who want to enrol their children must look to schools beyond the area. Once settled in a school, parents may be unwilling to uproot children.

Zinzi spends R150 per month on private transport for her daughter, who attends a primary school some distance away in Khayelitsha. She started Grade R at the age of five, and has now continued into primary school. Her mother plans to leave her there until she is ready for high school, when she will try to enrol her locally at Chris Hani.

The issue of getting to school is of some concern – particularly for parents of younger children. A caregiver from the informal settlement took her child out of school out of fear for his safety, and sent him to the Eastern Cape to live with his grandmother. She did not have the money to pay for his transport to school, and he had been molested by other children when he walked. Another caregiver explained that her child was not attending school because she was worried about letting him catch the bus. Children of all ages are transported together, but there is no supervision on the bus and younger children are sometimes bullied.

An urban high school

The school was established in 1993 and enrolment at that time was 2000 learners. But since new schools have been established in the Makhaza area, the enrolment figures have dropped, reaching just over 1,500 learners by 2005. This is despite the fact that the current capacity for learners is 1400 (determined by the DOE, based on the formula of number of available classrooms multiplied by 35 – the ideal number of learners per class. This school however has an average of 48 learners per class.) 98% of the children attending this school come from Makhaza and the rest from the outskirts of Khayelitsha. The buildings and grounds are in reasonably good condition.

The principal is strict about discipline, stressing respect and punctuality. Pupils who arrive late for school are locked outside the gates – sometimes for the whole day. The principal talked of his belief that personal discipline is the key to success. Although he was wearing a suit when we met him, both he and the pupils talked about how he often likes to wear the school uniform. He says he does this to promote pride in the school. But Grade 10 pupils found this habit unnerving – they perceived it as an “under-cover” strategy, enabling the principal to mingle unnoticed in the school, overhear conversations and catch pupils who break the rules.

The SGB sets the school fees by looking at the school budget in September and reviewing the current year budget and then presenting it to parents in October for approval. At the time of the research, fees were set at R200 per child for the year. Their annual school fees are calculated by taking into account that only about 60% of parents will actually pay the fees. “They can pay at any time during the year, at least before they write their November exams.” For those parents with three or more children, the third child gets a 50% discount.

Income for the school from the government is allocated to books (R20 per child), other learning materials, building maintenance (R5 per child), local purchases for stationery and cleaning equipment, and municipal services. Salaries are also paid by the DOE. School fees on the other hand, are for the day-to-day running of the school: for fax, phone, internet, transport, excursions, funeral contributions if a child dies, catering, someone to manage the printing room, the computer centre, security, and transport for the matric farewell. The school has also used fee revenue to employ an extra teacher.

The school principal reported that the school does not implement the School Fee Exemption policy. Instead they send a form around to parents outlining three options for paying off school fees. If they manage to pay in full before school opens, they get a 10% discount. Alternatively they can pay a portion of the fees each term, or 10% per month over ten months.

If parents can't pay, the principal keeps a record and explains to them that they can pay the amount off monthly. Reflecting on the appropriateness and effectiveness of the school fee exemption policy, he said "the school fee exemption should not be a burden on the school."

Access to schooling in the rural site

In the three villages of Theko Springs, the junior schools are struggling to provide even the most basic quality of primary school education. In one of the schools, education has virtually ground to a halt. The parent body cannot afford to support the schools' financial needs, even though they are paying more than they can afford – often in contravention of the school fee exemption policy which is simply not applied.

The primary school in the village of Nkelekethe is clearly in trouble. It has 270 registered learners from grade R to Grade 9, many of whom are not at school on any given day. The principal of the school was suspended for misconduct years ago, but his case had not yet been resolved at the time of the research, and so another teacher had been standing in as deputy principal for the three years. The small row of buildings is badly maintained and dirty, and there are almost no educational resources. Old books are piled up against the walls, and there are more desks than chairs. The water tank has been stolen. Eskom extended electricity to the school in late 2005, and this supply is used to charge cell phones for people in the village. It costs R5 to recharge, and teachers appear to be in charge of the operation. The entire income of the school in 2005 was the R60,000 government allocation, and between R4,500 and R5,000 received from school fees, which range from R20 per year in Grade 1 to R50 per year in Grade 9. The school bought windows and chairs with this money and paid for transport to attend some sport and music events. The learners come from extremely poor homes, dependent almost entirely on grants. The school asks for fees "but if there is no money to pay, then there is no money." They have not implemented the School Fee Exemption policy. The school governing body deals with more than finance and governance, it rounds up children who don't attend school, intervenes in fights and checks on the attendance of teachers – with

little success. At the time of our third visit, in March 2006, the school didn't seem to be operating at all. There was nobody around during school hours. Although teachers were not present, the community have had to develop a rotating system for volunteers to act as security guards at the school in order to prevent people breaking in to "steal" electricity, since this is the only electrified building in the village.

Wongalethu school in Krakyrayo is in slightly better condition. It is also small with just 252 learners from grades R to 9, and they are charged between R20 and R40 per year. About 75% were reported to have paid their school fees. Like the school in Nkelekethe though, teachers often don't arrive for work, and learners are sometimes found walking home before 11am. The principal spoke about the bind that a lack of fees can put the school in when learners don't pay: "We have threatened learners; if they don't pay they won't get their reports. But how are we supposed to service the school for the whole year without that money." Again the fee exemption policy has not been implemented, and so nobody has applied for an exemption. The school does negotiate with parents to pay R5 at a time, or to work on the grounds of the school to earn some money – by cutting grass which is then sold for use in the making of mud bricks for building. The school governing body members are themselves not well informed about the policy. The principal complained that the SGB members heard from an Imbizo that school is free, and that they have now given up trying to get fees from parents.

Theko Springs junior school is in the central village of Theko Springs. It is the biggest of the three schools and has much higher enrolment, with 570 learners from Grades R to 9. It is in a better state than the other two schools, but the facilities could not be described as adequate or conducive to learning. The classrooms at the primary school in Theko Springs have mud floors. There are no ceilings and it is very cold in the winter. They used to collect water from the river but it was far and there were snakes along the way. Now they have government rainwater tanks, but even these are dry when there is no rain.

The principal says that most working-age parents in the area are unemployed or have been retrenched from the mines. They depend largely on grants to survive. The school has a shortage of funding for extra-mural activities and for the maintenance of buildings. They would also like to purchase computers for the school. The school fees for 2005 were set at R70 per learner per annum. R20 of this amount is to pay for a security guard: this is following two incidents of arson in a year, as well as the theft of a telephone solar panel, desks and chairs, and sporting equipment. The remaining R50 from the fees is mostly used to cover extra-mural activities for the learners. The principal estimated that 60% of learners paid their school fees. Children who don't pay are still at school. If they don't pay, the principal calls parents in and talks to them. "One of the parents came to me the other day and said 'I have no money'. I had to give her R10 for food. I don't send children away. I will tell them to try. I say if you don't pay while others are paying it is not all right."

A parent member of the SGB said: “We try to pressure the parents, like on the grant day; we send children away on pay day to get money for school fees.” The school fee exemption policy has not been implemented at Theko Springs. The principal’s concern with the policy was that if he exempted one learner, then they should all be exempt. “I don’t want to say that one particular person is exempted because they are all poor.” He felt that it would be better to introduce fee-free schools – and this has since happened.

The school requires learners to wear school uniforms, but acknowledges that uniforms are expensive, so learners are not forced to wear them. It is important for when they are competing in activities against other schools (the school is particularly well known for its soccer team and its choir, both of which compete provincially). If learners cannot afford uniforms, then other learners share with them when they attend competitions. 40% of learners don’t have a uniform at all. “We can’t force them if they can’t even afford school fees,” said the principal.

The principal at Wongalethu summed up the predicament of schools and their funding. Rural schools, he said, cannot provide computers and opportunities, and so the learners go from school to school looking for something better. Then there are fewer learners in school which means less funding from government and it becomes a vicious cycle.

A few children attend Theko Fihla primary school, near the high school and a long walk across the valley. The parent body at that school is slightly less poor, fees are higher and the school has some committed dynamic teachers – all of which means that these children will have a better educational experience, and perhaps a better future.

Barriers to education

97% of the rural children over 7 years are attending school, according to their caregivers. This high attendance rate does not necessarily mean that attendance is regular, or that children are receiving an adequate education. Qualitative interviews suggest that there are many barriers to education.

Although there is a primary school in each of the villages, there were occasions when researchers found each of these schools closed during school hours. Caregivers and pupils expressed concern about the hours of education lost when schools close.

“That is what we complain about, our children do not receive a proper education from the school that we have here in Nkelekethe. We don’t know what the problem is amongst the teachers who teach at the school. As you can see, when you arrived here the children had already left the school and it’s not yet 11.”

(Nkelekethe caregivers)

“The other thing that I noticed here at school is that the teachers of this school are lazy to do their job. Sometimes it can happen that at school there can be two periods and then the school is over, instead of having 6 periods. And after that when they heard that we would be writing a common paper in March, they started to rush us saying that they were chasing the syllabus. We won’t understand other parts.” (High school boys)

Most of the teachers are not local residents, but come from the nearest town, Butterworth. During the rainy season, the dirt roads become virtually impassable, and it can be extremely difficult to get through.

Access to school is not only a problem for teachers. There is no high school in any of the three villages, so children have to walk long distances across the hills to reach schools in other villages. Most of the high school learners attend Gwelane Secondary School at Mzintsane, a village two hill-tops away. This entails crossing the Theko river on stepping stones, since there is no bridge. Pupils have lost many books in the water, their uniforms get wet, and when the rains are heavy children lose days of school at a time because they cannot get through. Planners at the district municipality had no knowledge of the need for a bridge until this was raised by researchers.

“The main thing here is the high school. Our school here goes up to standard 7. When a child passes standard 7 s/he can’t get to standard 10. I have a child who goes to school across there, they cross two rivers, their shoes are swept away by those rivers while they are trying to cross... and then s/he comes home with only one shoe. That’s our big problem here, not having a school. We do want to educate our children, but it’s difficult, and the children end up quitting.” (Caregivers, Teko Springs)

High school pupils spoke about their daily difficulty of having to cross the river to get to school, particularly during the rainy season. A rock in the middle of the stream serves as a stepping stone. It is a precarious leap even when the river is low. Once the water rises and covers the rock, it is impossible to get across without getting wet. Children have been advised not to attempt crossing the river when the rock is not visible above the surface.

These rivers are big rivers, but then they have stones, even when it doesn’t rain we have to skip over stones... we cross over those stones and jump across. The water is always there, but in the area that we cross from there’s little water. But once it rains, even if it’s for one day, the water closes over that and then it becomes difficult to cross. When it rains a lot for maybe two days, then it floods over.

We can’t circumnavigate this river because we don’t know where it starts and we don’t know where it ends, so that is why we have to cross in the area that we see. (High school boys)

In the mornings, the children sometimes have to turn back at the river and miss school altogether. They get into trouble and fall behind in their work. Pupils have even had to miss their exams because they could not get to school.

I would say that it's not nice to grow up in Theko Springs. When it comes to the school, we don't have transport... if it rains the river gets full and we don't go to school.

And if you do not come to school when it's raining and the river is full, when the teachers ask you why you didn't come to school and you tell them that the river was full and I was unable to cross, they can't accept your reason, they say that's not our problem.

And another thing that happens is that you find that when you didn't come to school you missed a certain part of the syllabus, now you find that they won't catch you up but you did not come to school because of the river, it's not like you didn't want to come. You were already dressed in your uniform and had to turn back from the river, but they can't help you. (High school girls)

And we also have a difficult time when we write exams, so much that we had great difficulty writing last year's final because the Theko river flooded, it's bad when you study and then when you come to write your final you have to turn back at Theko because Theko is full. (High school boys)

Because of the sheer distance and difficulty of the walk to school, learners from the Theko Springs villages are sometimes late for school. The penalty is a beating by one of the teachers. The walk home after school takes a long time, particularly in rainy weather when the hills are slippery, and then children still have domestic chores: tending to cattle, collecting water, cooking. Sometimes it is impossible to get homework done – which can also result in corporal punishment. In general, the high school children describe their teachers as unsympathetic and unsupportive, even though they are aware of the difficulties that children encounter in getting to school.

There are other dangers on the way to and from school – girls are at risk of being harassed and there have been cases of rape. Boys have been attacked by other boys en route. This is the devastating manifestation of what is described as a recent increase in violent crime, particularly between adolescent boys.

No one can walk on foot in the time that we live in. It's an out of sight place you have to go, down valleys and whatever... We would also like a school... the government should try to build a high school for us because our children get raped...

To agree with this, the children are getting raped. These schools are far, as you can see... the school that the children from this area attend is that one over there beyond that tarred road you see there on top, they walk from here on foot. If you do not have money to pay for transport you just prefer to let the child stay at home and quit school because it's likely that the child might not come back from that school, maybe she got raped or stabbed in that area between the fields. (Caregivers, Nkelekethe)

Residents talked about a range of reasons for the hostile relations between boys. Both teenagers and adults specifically linked crime to the high school drop-out rate. The high school boys themselves felt that they were targeted by other boys their age who were not attending school.

The issue of the boys is one of the things that is a big problem in Theko Springs. Even now there are boys from one side [of the road] who can't go to school.... some of their parents take the money and hire transport, [otherwise] these children do not go to school because they are afraid of the boys. (High school boys)

Three possible solutions were proposed by community members to improve access to high school:

1. A bridge across the river so that children can cross safely and get to school even when the river is full (of course this does not address the issue of the time and effort required to walk down and up two hills, sometimes in the rain).
2. A transport service such as a school bus would save children from the long and potentially dangerous walk to school. However, the road trip would not save much time because there is no direct route to the school, and given the current state of the roads it may not be possible for a school bus to get through in the rainy season.
3. To build a local high school (in which case the question would be whether the school should be located in Theko Springs, the central and biggest village, or whether each village should have a high school easily accessible to local children).

In the meantime, a high school principal lifts some of the children to and from school in his Toyota Venture. Even this is not an adequate solution, and there are some drawbacks for the pupils. Only a few of the children who live in Theko Springs are able to get lifts. Sometimes getting a lift takes longer than it would to walk – for instance, when the teachers take a detour to Butterworth to do shopping after school, in which case the children may arrive home too late to do their homework. Pupils claimed that the principal used school funds, which are already insufficient for school maintenance, to pay for his petrol, justifying this because he was transporting children.

The cost of getting to school safely

Nosibusiso is 44 years old, and the mother of two teenagers. One of her main monthly expenses is the R180 per month she spends on private transport in order to get her son to school safely. Although the school is in another village, her son would need to cross the main road through Theko Springs in order to walk there.

"I tried to find a contract for him, to get transport, because it's difficult for him to take a shortcut over there because there are these boys who are hurting each other over there ... Now I'm going to worry about whether he will come back home, worry about whether he will make it to school so I tried to find a contract for him. It was very difficult because [my] husband disappeared, I don't have any money for him but my intention is that he should learn.

Can you explain what the contract is?

I arranged with a venture (a taxi) that goes to his school, so that he can ride in that instead of having him stay at home, in order to save him from this current situation.... I really don't know, this thing just happens, I don't know.... I'd say the problem is that some of them are at school and some of them are not at school and they need something to do..."

The problem of physical access to education is not unique to this site. National data show us that large proportions of children across the country have to travel long distances to get to school. Nearly twenty percent of primary school learners and a quarter of high school learners have to travel for more than half an hour to get to their nearest school. As one would expect, provinces with large rural populations have the highest proportions of children without easy access to schooling.

Table 35 Distance from school (national data)

Proportion of children whose school is far* from home		
Province	Primary school	High school
Eastern Cape	22%	28%
Free State	13%	14%
Gauteng	19%	23%
KwaZulu Natal	30%	35%
Mpumalanga	12%	19%
Northern Cape	15%	13%
Limpopo	12%	17%
North West	21%	28%
Western Cape	7%	16%
National	19%	24%

Source: General Household Survey 2006 – Hall analysis

* In the GHS "far" is defined as more than 30 minutes away

Implementation and access to school fee waivers¹⁴

A poverty alleviation policy that hasn't reached the poor

There is a school fee exemption policy – we implement it with the parents who come forward. No parents have come forward. We told the parents that they must come and apply. If they don't, then we just try and get instalments. If they don't manage to pay it off altogether, we don't put any pressure on the parents. The only pressure we put on our parents, is that we will say they will not get any books. But in the end we give all children the books. Parents say they can't afford school fees but then they pay for school excursions. So we say if they haven't paid school fees, they can't go on school excursions. [Principal, urban primary school]

To satisfy the requirements of administrative justice, the school fee exemption would need to be publicised within school communities. At the time of the research there had been little or no awareness-raising by education departments or schools to inform parents of the requirements and procedures for obtaining an exemption, or even about the existence of the policy.

Awareness of the school fee exemption policy amounted to little more than rumour for many people at the time of the research. The school fee exemption policy was described as something which had been spoken about but which had not yet materialised. Caregivers had not been informed about the exemption policy by the schools themselves, but heard about it through the grapevine, through the media and from the researchers.

In 2002 the ANC Youth League put out a pamphlet informing parents of the proposed introduction of no-fee schools, and about their rights to apply for a school fee exemption. Since then, schools have, in one of the bursar's words, "had a battle to get money out of people."

¹⁴ The fieldwork for the Means to Live ended in mid-2006, shortly before the publication of the revised regulations for the school fee exemption, and before the national implementation of the no-fee schools policy. The information in this section is therefore rather dated. Most of the schools surveyed in the Means to Live have subsequently become no-fee schools, and the regulations have firmed up the procedural requirements of the exemption policy. But there has not yet been any systematic monitoring of the way in which both the no-fee and school exemption policies are being implemented by schools.

However, non-payment is (quite correctly) not perceived as *exemption*. In a prompted question, out of the total 1179 children whose circumstances were surveyed, there were only 22 reports of caregivers enquiring at their child's school about an exemption or fee reduction. When asked why they hadn't applied, the overwhelming response (in 96% of cases) was that they didn't know about the exemption. A total of 12 caregivers said they had received information from their children's schools about school fee exemptions. In response to the question "Did you already [i.e. before the interview] know about the Education Department's policy to cancel or reduce school fees for very poor children?" 89% of ten caregivers in the urban site and 96% of rural caregivers said they were not aware of the policy at all.

Over three quarters of urban caregivers with children attending school reported that they had attended at least one parents' meeting at the school during the year (78%). Of these, three quarters again said that the issue of school fees had not been discussed at all. There is a perception that the government may have a policy, but "it hasn't come from the schools yet." One caregiver even described PTA meetings at schools where parents asked about the policy which they had heard about, and teachers responded that the policy was not yet in force:

"They say that law has not reached them, they have not been permitted."

- Martha, 41, Village 3 Makhaza

Some schools were explicit about the fact that they had deliberately kept parents in the dark about the exemption policy, and gave reasons for doing so. One of the bursars explained:

"The school does not market the (SFE) policy well because we must collect fees. We tell them, but hoping that no one will come." (Urban primary school)

In the research, schools argued that the reason they have to insist on school fees being paid is that they are under-funded, and a loss of fees means that schools are not able to cover basic maintenance costs. One of the consequences of lost revenue described by schools is they cannot afford to pay additional staff to reduce student teacher ratios. The schools spoken with all had very high student teacher ratios, with around 50 children in a class.

School principals were concerned that even those parents who could afford to pay would abuse the policy. One said that if they applied the exemption policy, "that will mean that the SGB then has to go through a thousand applications, so we have decided not to apply it." One complained that learners just don't want to pay because they think that schooling is free. Another was very clear about the relationship between the Child Support Grant and school fees. When talking about why no school fee exemptions had been granted at all in that school, the reply was "They do get grants. If the parent gets a

CSG, they can afford to pay.” The new Regulations may help to correct this misconception, since they explicitly make education free for grant beneficiaries.

Neither the high school nor the two primary schools approached in the urban site were implementing the school fee exemption policy. They had all set fees, ranging from R150 to R200 and had informed parents of the amount they would need to pay for the year. All had reductions in fees for three or more children from the same family, and one had a 10% reduction in the fees if they were paid in full by the 19th of January. But none had a written policy, or handed out or posted a letter informing parents of their right to apply for an exemption. None had received or processed even one formal application for a school fee exemption. In this sense, the school fee exemption policy did not exist in these schools.

Monitoring AND enforcement

At the time of the research, the national Department had not enforced the policy’s implementation, nor had it enforced provisions which explicitly require schools to inform parents of the policy. In this sense, the national and provincial departments were partly responsible for the failure to publicise and implement the policy.

There was no centralised monitoring to determine whether fee exemptions had been granted and to whom, no plans or targets for how many learners should be able to access a waiver, and no requirement for schools to budget with any estimation of the number of exemptions to be granted. There have been no sanctions against schools that fail to implement the policy. A planned Education Complaints Office that was to have been established in 2003 had still not materialised

“With the school fees, it seemed that the government was saying that the children from poor families – at least the children with no parents - they should not pay the school fees. We have been looking for that for two years now, this is the third year, nothing is happening.

We pay the school fees, and even when we have meetings it is not discussed, that the children with no parents should not pay the school fees – that is not said at the meeting. But we do continue because we want education and our children are expelled from these schools here when they don’t pay the school fees.”

- Martha, 41 (caregiver in household with 6 children, Village 3 Makhaza)

The 2006 regulations contain more explicit requirements, compelling schools to inform parents about the availability of exemptions and help them apply. A standard form is annexed to the Regulations, which provides check-boxes in which parents are supposed to indicate that they have been informed of the school fee exemption policy and the procedures for applying if necessary. Section 3 of the Regulations relating to the Exemption of Parents from Payment of School Fees in Public Schools states:

3. Obligations of governing bodies and principals when learner is admitted to public school

(1) The principal must notify a parent in of the following:

- a) the amount of the annual school fees to be paid and procedures for applying the exemption;
- b) the fact that the parent is liable for the payment of school fees unless he or she has been exempted from the payment thereof;
- c) a form [sample provided in Annexure A of the regulations]... must be completed by the parent and signed by the principal of the school and by the parent, indicating that the parent has been informed about the provisions of paragraphs (a) and (b);
- d) one copy of the signed form contemplated in paragraph (c) will be handed over to the parent when the learner is admitted to the public school, another will be submitted to the Head of Department or his or her delegate as soon as possible, and the original will be filed at the school; and
- e) if a parent is in arrears by one month or more, the governing body will investigate whether the parent qualified for exemption before acting in terms of section 4(1) of the Act (Department of Education, 2006b).

In addition, the regulations prohibit the requirement of registration fees – one of the devious mechanisms used by some schools to make access difficult for poor children. The new regulations also ban discrimination against children whose parents don't pay fees, and prohibit a School Governing Body from attaching a parent's home unless alternative accommodation is made available.

This is an improvement in the regulatory framework. But although the Regulations are more explicit, schools have flaunted the law in the past and may continue to do so in the absence of any further mechanisms to ensure that they comply. Regular school visits by education officials could serve the dual purpose of ensuring that parents know about the policy, and supporting SGBs in the implementation of the assessments and means test calculations.

Legal precedent helps to provide clarity about what is expected from schools and raise awareness of the policy. In June 2007 the Centre for Applied Legal Studies at the University of the Witwatersrand (CALS) brought a case to the High Court to force a school to implement the School Fee Exemption correctly. CALS was acting on behalf of two poor mothers who were unable to pay their children's school fees and had been sued by the school. The High Court ruled in favour of the applicants. This judgement affirms rights of poor parents and clarifies the situation: schools are legally required to implement the School Fee Exemption policy according to the procedure laid out in the regulations. A school cannot sue a parent for not paying fees unless it has informed the parent about the exemption policy, implemented the means test, determined that the parent does not qualify for an exemption, given the parent an opportunity to appeal, and ascertained that the appeal has been denied.

Fee payments

The majority of surveyed learners in the *Means to Live* sites were eligible for school fee exemptions even though school fees were set very low. Eighty percent of children in the rural site and 56% of the urban children were found to be eligible after the means test had been applied to the survey data. However, the exemption policy had not been formally implemented in any of the schools.

Despite living in deep poverty, the majority of caregivers had paid at least part of their children's school fees. Self-reported school fee payments were fairly evenly distributed between those who had paid their fees in full (37%), those who had paid no fees at all (32%) and those who had paid a portion of their fees (31%).

The table below shows the school fee payment rate, disaggregated by eligibility for the exemption.

Table 36 Proportion of fees paid, by eligibility for SFE		
	Eligible for exemption	Not eligible
No fees paid (0%)	33.5%	28.7%
Partial payment (median: 50%)	32.2%	27.9%
Full payment (100%)	34.3%	43.4%
Total	100%	100%

What is striking here is that caregivers who should qualify for school fee exemptions from their children's schools were significantly less likely than those who were not eligible to have paid their fees in full, but were not significantly more likely to have paid nothing. In other words, those who are poor enough to qualify for school fee exemptions make just as much effort as ineligible caregivers to pay at least a portion of the school fees.

The payment rate was slightly higher in the rural site than the urban site, although the population was much poorer – in fact, rural children eligible for the school fee exemption (but are not receiving it) were just as likely to have paid their school fees as urban children who were *not* eligible for the exemption. This can be explained, in part, by the lower fee levels charged by rural schools compared with those in urban areas in the sites for this research, and also by the harsh methods used by the rural schools to extract payment.

Enforcement of school fees

Fee collection strategies reported by caregivers in the rural site include sending learners home to collect money on pension or CSG pay-day, thereby implying that fees should be paid from social grants. It is nonsensical to require the poor to access a poverty alleviation benefit from one government department in order to pay it back to another. If this were the intention, then direct inter-department transfers would be a more appropriate mechanism. The 2006 regulations have made the policy intention explicit: from 2007, all CSG beneficiaries were automatically exempt from school fees. As with the rest of the exemption policy, the extent to which schools apply this policy may depend largely on the extent to which the department monitors and enforces it.

Other mechanisms reportedly used by schools to enforce fee payments include withholding school reports and transfer letters, corporal punishment, public humiliation (for instance, forcing children to stand in assembly if their fees were unpaid), and the exclusion of learners from school if their fees are not paid. While often effective in extracting money from the poor, these strategies to elicit payment are unlawful, and they violate children's right to education and to dignity. They are contrary to the intention of the school fee exemption policy, which aims to relieve poor parents of the burden of school fees.

Even if you don't have the means you have the sacrifice, and a child sometimes even has to leave school, because they will be expelled from school when there's no money.

-Caregiver, rural site

Forcing poor parents to pay can exacerbate the effects of poverty. Caregivers refer to the trade-off between school fees and other necessities, such as food.

Oh my goodness, the main thing is how much we starve here. Food is a big problem

Do you receive the grant?

Yes I do but the money gets finished, there are so many children as you can see, and there's the school fees that I need to pay.... And then once in a while I receive some money, and it's never enough, it's always less than your needs. The thing is that the big struggle is also in Cape Town, it's very difficult there, they're also starving there.

- Grandmother, rural site

Most schools claimed that there were no penalties if fees were not paid – they simply needed to talk to the parents about it. Some admitted that they “used to withhold reports if parents don't pay fees, but not anymore because we know it's illegal. The Department of Education is not aware that we are not

“They say that the children are educated for free but there is no such thing. The children are expelled from school.”

- Caregiver, Nkanini

implementing the school fee exemption. That's why we stopped keeping reports, because parents will report us to the department." (Principal, urban site)

Principals were clearly aware that they would be acting against the law if they discriminated against non-paying learners. Learner representatives on the SGB at the same school had very different observations. They said that the previous year, students had been sent home if they hadn't paid, and that their reports were withheld. They were also concerned that if fees were not paid for a particular learner, that person was not allowed to go on sports excursions.

The enforcement of school fee payments by schools relies on the (apparently correct) assumption that most poor households will prioritise their children's education, even if it means digging into the already insufficient household budget.

The school teachers do not know the circumstances of children who come from poor homes. If that child does not bring the receipt that s/he has paid the school fees when the school opens, that child is expelled from school. You must, by all means, take whatever cent you get in December and starve and go and pay the school fees so that if you run out of money - because money runs out, the child wants this, that and the other - so you must take from this money and pay the school fees so that in January the child is not kicked out of school, so that the child can show the receipt.... They don't care at school whether the child is suffering, whether the child goes to bed hungry or goes to school hungry, if s/he doesn't pay for school things s/he gets expelled

-Martha, 41 (caregiver in household with 6 children, Village 3, W Cape)

Accessing fee waivers

Who, then, are the people who claimed to have received school fee exemptions, and how did they manage to do it? In one case it was clear that the parent's existing relationship with the school helped: she worked at the school and knew the principal. Having completed an affidavit, she was formally exempt from paying fees.

Other caregivers also talk about receiving fee waivers. They describe a process where a parent who cannot afford to pay the fees goes and talks to the principal or the teacher; there is strong emphasis on the need to be honest about their financial predicament. In some cases, caregivers wrote a letter to the school or filled in a form or signed an affidavit.

[The children] are supported by me because I sell chicken legs, yes, and this one is educated by the government because I filled in a form on this child's behalf.... The

form described my situation, I told them I don't have money for school fees and they gave me that form, to fill in that form.... They said that he will attend school, I didn't pay the school fees and they said no there's no problem he will attend school, they gave him the books and they even gave him his report

- Nkanini caregivers

Like when you do not work, when she lives here at home with her husband and they don't work, you go to the school to explain that you don't work and you are staying at home, at school they will tell you to go and do an affidavit, something that confirms that you don't work. Like now last year when I was there, I came back this year, there was a child whose parents didn't work, this child is in secondary school in standard 8, the child's mother went to school to explain and she was told to go and make an affidavit, that child was given three years to not pay the fees because she is suffering.

- Cikizwa, 43 (mother, Nkanini)

It is apparent that some schools are, in effect, providing exemptions. The challenge is to ensure that the prescribed procedures are followed in order to ensure that the process is consistent and fair for all parents. It is also apparent that most poor parents approach schools without any knowledge of their rights or of the eligibility criteria for an exemption. This is largely because schools, by their own admission, have done little or nothing to publicise the policy. Even if knowledge of the exemption policy were to spread, the formula for calculating exemptions may prove too complex for some caregivers to determine whether or not they would qualify.

A perception amongst caregivers in the urban site is that while it may be possible to negotiate with primary schools around fees, high schools are much stricter and there are more stringent penalties for children whose fees are unpaid. These include expulsion and withholding reports.

Ntando, the grandmother who had managed to negotiate a fee-waiver for her children at primary school was faced once again with school fees that she could not afford when one of the children moved to high school:

With the little ones, I can take my ID and go to the police station and say that I'm a mother, I have children and I'm paying for their education so I don't have money, I get very little money which is just enough to eat... then I won't pay for Ntombizethu.... now Simangaliso pays in high school because the high school doesn't do that... oh no, [the principal] said plainly that if he could say to each parent that okay bring an affidavit, this school would go under.

-Ntando, 53 (widowed mother & grandmother, Village 3)

Her perception is that the only way to obtain an exemption at high school level is for a social worker to vouch for the applicant and negotiate a fee waiver. It is not enough for the parent to declare their income or provide an affidavit.

There are children who do not pay who are brought by social workers, the social worker will go and explain the situation of the child's parent and then they know, so when you go there and say it by yourself, they don't listen to that.... You must have something to support you from the social worker, the social workers should go there and talk about your child who is there, and say that this person is struggling - they exempt those who come with the social worker because they know that the social workers come to the home and check and assess the situation, so they accept that from the social worker. But if you go by yourself without a social worker, no you fail.

Unofficial school fee waivers – a matter for negotiation

“And then you will sit down with the teacher and explain your situation... she hears you because she's also a parent.”

- Ntombekhaya, 36 (mother, Village 3 Makhaza)

Although the School Fee Exemption policy had not been implemented by schools, some parents had managed to arrange for their children's fees to be reduced, deferred or even waived. In these descriptions, fee waivers are spoken of not as government or even school policy, but as personal arrangements with the school, negotiated on an individual and ad hoc basis.

School principals also reported making informal arrangements with parents who were not able to pay the fees, or who failed to pay at the beginning of the year. The schools reported that there was always some room for negotiation. For instance, parents would be asked to explain why they couldn't pay. One school encouraged poor parents to save R1 towards school fees each time they went shopping.

“When you go there and talk to them they listen to you”

“They heard me when I went to tell them”

There is recurrent reference to the importance of “talking to the school” if payment is a problem. In the caregivers' descriptions, they appeal to the good-will of school staff – for instance, explaining their financial predicament in the hope that teachers would sympathise. The outcome depended partly on whom they happen to talk to and how persuasive they could be. So, for instance, teachers who themselves have children are

described as being more likely to understand the plight of a struggling parent than those without children, and a perception that obtaining an exemption is a matter of luck.

There is a sense of the school's discretionary power and a lack of certainty about the process or the outcome. It is precisely this uncertainty which the school fee exemption aims to address, by prescribing a method for determining eligibility.

"They took her back; they didn't have a problem with that. But the schools are different; I'm not sure whether it depends on the principals."

"Then I will be able to go and explain my situation, what kind of person I am, because there is that, they say that when you have too much responsibility when it comes to the children, you are forced to go and talk to the teachers and explain your problem."

-Ntatu, 44, mother, Kuyasa

"They do have sympathy, they tell you to pay it bit by bit, like now in January I didn't have money, I went to the school, all three of these children didn't have the money to go to school, so the school allowed them in and then when I have money - they were allowed in and they studied, and when I had the money then I paid half each, and now I need to go and finish it up again."

-Veliswa, 35, cares for own children and younger siblings, Village 3

"Again there the teachers, like the principal, they are not complaining like the other schools.... My mom told them that when she has the money she will pay them. It's R50 the school fees, it's not much but she will - when she has the money she will pay each R50, she's making credit there at the shops even, for something at home, when she is not working she must go there to the shop and then credit is so much and then we must pay there, so the principal is fine."

-Angelina, 28 (mother living with extended family, Nkanini)

"[The principal] wouldn't listen unless I went to the social worker to explain, and when you explain the situation to the social worker, they ask you, when did your situation become like this, when the children were going to school up to this standard, what were they eating, and how did they survive. They're like that, and you are defeated because it's like you're coming to cheat, you don't want to pay, you want to have your children educated for free, so you end up leaving it."

-Ntando, 53 (widowed mother & grandmother, Village 3)

There are two main problems with an ad hoc approach to granting fee waivers:

First is the obvious issue of respecting entitlements: the programme prescribes a clear mechanism for poor parents to be exempt from school fees; the purpose of the means test is to remove uncertainty about who is eligible for exemptions. But in a discretionary system, parents are at the mercy of the schools, and individual staff – they are no longer rights-bearers claiming their entitlements. This is a matter of administrative justice, where there is no guarantee of procedural fairness.

The second problem relates to issues of funding and accountability: although the School Fee Exemption is at present an unfunded programme, the informal and discretionary granting of fee waivers would make a system of reimbursement impossible – a discretionary system cannot be easily monitored and so there is little accountability. On the other hand, if the programme were funded, with clear systems for the replacement of school fees “lost” through exemptions, this in itself would provide schools with a strong incentive to follow the prescribed procedures, formally document exemptions awarded and so be able to claim the reimbursement.

“Well you as the parent you will go and explain your situation at the school... I am Bukelwa’s parent, I do not work, I want Bukelwa to learn because what I don’t want is for Bukelwa is for her get raped in the street because she doesn’t have her school needs.

So what happens is that the parent will talk to the principal; ‘Parent I hear you.’ You explain that Bukelwa’s father has always struggled, by the time we had these children he was battling, unemployed. I also do not work, you see. Then at school they can sit down and discuss your situation. They ask if your child has ever been to school before, will your child be starting school then? No, and then maybe they say you should bring the child to school tomorrow. Now when you go and explain your situation at the school you don’t have to pay the school fees.”

- Olwethu, 36 (mother, Village 3 Makhaza)

Although the implementation of the school fee exemption policy is officially delegated to School Governing Bodies, caregivers describe negotiating with the principal or teachers, but not the governing body. They describe a process which they initiate, and which is ad hoc, rather than a formal process in which they are informed about the availability of a programme.

A caregiver in the informal settlement of Nkanini had recently moved to the city from the rural Eastern Cape. She described school fee waivers as being easy to negotiate in rural areas, because teachers are likely to know the parents – “some of them grew up in the same village”.

"You can talk to the teachers because [they] know you ... and you explain your situation that 'I want to educate my children but I can't educate them' ... and some teachers can say 'give us your child sister and we will teach him/her if you want him/her to learn'. And it's like that then; there is no child who is not learning in the rural areas."

- Nkanini caregivers

This is certainly not the scenario presented by many of the learners and caregivers in the rural site. If anything, those schools were more intractable and punitive when learners defaulted on their fees. But the implication is that the closer the interpersonal connections, the greater the responsibility teachers feel to care for the children of fellow community members and ensure they get an education. In a sense this is an ideal scenario, in keeping with the notion of schools as "nodes of care and support", in which teachers, having close contact with children, are aware of their needs and able to support them or route them to appropriate support. While teachers could play an important complementary role in supporting poor parents to access fee exemptions, it is neither lawful nor appropriate for them to make discretionary decisions about who should be exempt.

"Then I will be able to go and explain my situation, what kind of person I am... they say that when you have too much responsibility when it comes to the children, you are forced to go and talk to the teachers and explain your problem...."

I was only getting the grant for one child... for two years I didn't pay the school fees, I was really struggling at that time. So I went to the school and explained my situation, and really I cannot lie, they heard me because there was no problem with the report, they gave it to me even though I had not paid, so they gave it to me"

- Ntatu, 44 (mother, Kuyasa)

Some schools raise issues of poverty at parent meetings, where parents are told to come forward if they have problems paying school fees. Caregivers described how parents publicly explain their financial difficulties at school meetings.

"They tell us at the meeting. The parent who has a problem stands up, you see, and then she says 'I, as a mother of so and so have a problem that I want my children to learn but I don't have money for school fees, I don't have money to buy them their school needs'. Now do you realise that the principal and teachers are over there, sitting at a table. What happens then, the principal will ask: 'whose mother are you?' And you will explain. 'Where do you live?'... then 'Bukelwa's mother I would like you to come to the school'...."

- Olwethu, 36 (mother, Village 3 Makahza)

The regulations specifically identify the SGB as the forum which receives and processes applications for fee exemptions, according to a specific formula. It is certainly not a requirement of the regulations that parents should have to publicly reveal their financial problems. To require this would be to infringe their rights to privacy and dignity.

In practice then, the school fee exemption had not been formally implemented in the research sites at the time of the research, and fee waivers were described as a matter for negotiation. Eligibility requirements and outcomes were unclear, variable and discretionary. Close monitoring will be needed, at least in the short term, to ensure that schools are implementing the policy and support them in applying the regulations correctly.

Conclusion

Significant changes to the school funding norms took place during the research period – notably the introduction of no-fee schools for the poorest two quintiles. Due to the selection process for the research sites, which were by definition amongst the poorest in the respective provinces, many of the schools surveyed in the initial phase of the primary research subsequently became no-fee schools. Thus the findings on the school fee exemption may no longer be relevant to all of those specific schools, although they remain useful for their illustrative value.

The process of replicating the means test for the school fee exemption demonstrated that the exemption policy effectively targets two categories of children: the first group includes children from extremely poor households (virtually no income from earnings), who attend low-fee charging schools in poor areas. Many of these schools have now been declared fee-free, and so the school fee exemption no longer applies. The second category includes those with higher incomes who attend relatively expensive schools – such as ex-model C schools.

Those in between – whose schools have not been classified as no-fee schools but which are situated in poor areas and charge relatively low fees – have to be virtually indigent to qualify for a fee exemption, and with the new sliding scale, would need to contribute a proportion of the school fees according to their means. This is not necessarily undesirable – the very concept of citizenship often includes the notion that people contribute to the cost of services, even in nominal amounts.

In developing these two policies, the Education Department has tried to close the gaps that could result in the exclusion of learners for financial reasons. There has been an explicit resolution from the ANC to extend no-fee schools to quintile three schools, suggesting that there will be progressive access to free education. Poor children who do

not attend no-fee schools – whether by virtue of where they stay, or because they choose to attend schools beyond their residential area – theoretically have the school fee exemption policy to fall back on. Even if they are not eligible for a fee exemption, and still cannot afford to pay fees, education policy prohibits schools from expelling learners on the grounds of non-payment.

The effectiveness of these policies in removing the financial obstacles to schooling will be determined by the manner in which they are implemented. Schools, by their own admission, were not implementing the school fee exemption at the time of the research because of concerns that the “unfunded” policy would result in a net loss of income to schools, negatively affecting the quality of education they offered.

While the funding norms and fee waiver policies appear pro-poor and inclusive at the level of design, numerous obstacles to correct implementation have prevented the translation of policy intention into practice. Appropriate mechanisms to aid implementation would include public awareness campaigns (to create demand) and careful monitoring by the Department. Some of these problems have already been addressed by the national Department through the publication of regulations which specify the procedures for implementing the school fee exemption policy – including the provision of sample forms and examples of eligibility calculations. However, past experience has shown that this may not be enough, and that monitoring and enforcement may be necessary to ensure that the policy achieves its ends.

The removal of school fees through the no-fee or fee exemption policies addresses but one obstacle to schooling, and even then fees are not the only financial obstacle. Other barriers associated with costs of schooling need to be dealt with (much of this is already happening on a small scale – for instance through the development of uniform and school transport guidelines, which need to be implemented nationally). There are many other mechanisms of exclusion which would need to be monitored in order to ensure that children receive an education. Schools need to be physically accessible to children – particularly those in under-resourced rural areas and fast-growing settlements on the urban periphery.

And underlying issues of physical and financial accessibility are question about the quality of education once children are attending school. The Department of Education has defined quality as one of its priority concerns. A number of mechanisms have been outlined to develop stronger and better teachers, improve the school environment and resources, provide better and more learning materials, and closely monitor educational outcomes – particularly in maths and science.

NUTRITION & EDUCATION

NATIONAL SCHOOL NUTRITION PROGRAMME

One of the first initiatives by the democratic government when it came to power was the introduction of a range of policies and programmes to improve the lives of children. A lead project of the Reconstruction and Development Programme was the introduction of the school feeding scheme, which has since become known as the National School Nutrition Programme (NSNP).

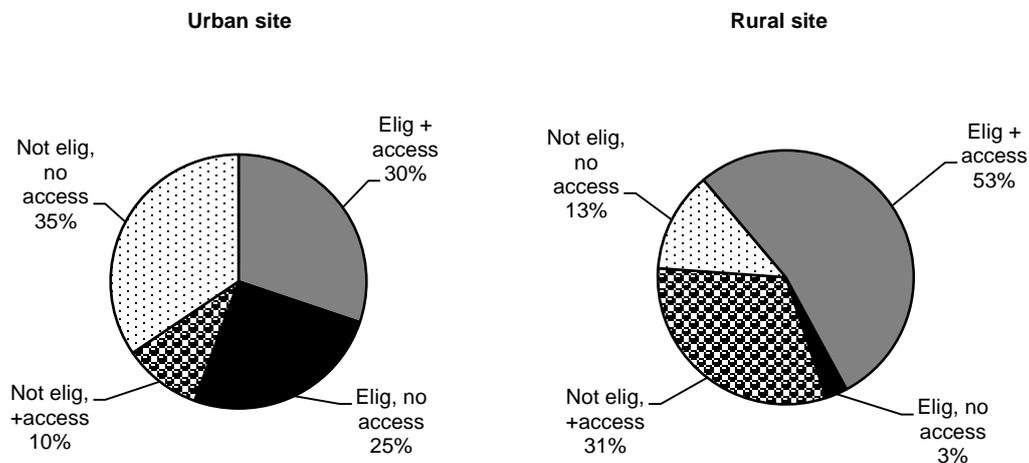
Introduction

The aim of the NSNP is to provide a meal or a snack to needy primary school children during school hours, in order to improve their concentration and educational outcomes.

The NSNP targets a certain sub-group of children, namely those attending primary school. However, not all children in primary school necessarily receive food. Certain schools, serving poor communities, are targeted and prioritised for school feeding. In some of these schools, the programme is made available only to those children who are somehow defined as being “in need”. The minimum requirement of the policy is, however, that children up to grade 7 in targeted schools should be fed. Figure 16 depicts eligibility and uptake of the nutrition programme in the two research sites. Children who are not attending school have been excluded from the calculations because of the school-based design of the programme.

Figure 16. Eligibility and uptake of the school nutrition programme

BASE: All children attending school – M2L sites

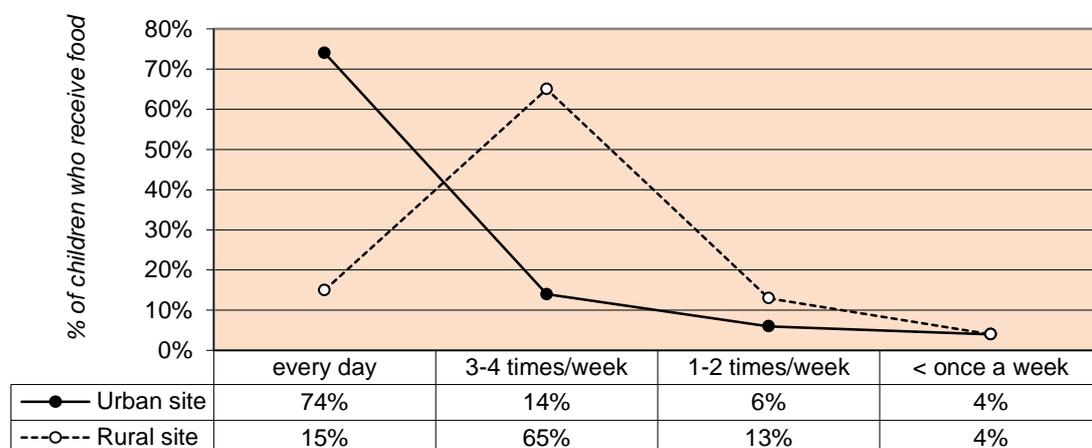


In both the sites, just over half of all learners were targeted by the nutrition programme at the time of the research. In the urban site, just over half of the potentially eligible children (Grade 0-7 in school quintiles 1-4) were receiving food at school. Figure 16 shows that there are many targeting errors, where eligible children are excluded. There are also errors of inclusion, where children who are not targeted by the policy do receive food. This is particularly the case in the rural site, where school feeding was only intended to target children up to Grade 4 in terms of the provincial policy at the time, but older children were also receiving food at school.

In some cases, there is not enough food to reach all the children, or food is not distributed on a daily basis. Although children in the rural site were more likely to receive food than those in the urban site, the urban children were receiving food more regularly. At the time of the survey, the feeding scheme in the Eastern Cape had been cut to three days a week.

Figure 17. Frequency of school feeding

(BASE: Children who receive food at school – M2L sites)



Thus there is variation in both the targeting and distribution of food at schools.

This chapter presents eligibility and uptake rates of the national school nutrition programme in the context of two research sites, and discusses these in the light of the policy intention. It considers the gap between the targeted and actual beneficiaries, and outlines some of the barriers that prevent poor children from accessing school feeding.

It then considers the targeting of the National School Nutrition Programme at the level of both policy and of practice in the urban and rural sites researched in this project. It explores:

- who the NSNP is intended to reach
- how the targeting mechanism works in practice, in the two research sites
- what some of the barriers are to accessing school feeding, and how these can be overcome.

The NSNP – policy and targeting mechanism

The primary aim of the NSNP is to foster better quality education by enhancing children's active learning capacity, alleviating short term hunger, providing an incentive for children to attend school regularly and punctually, and addressing certain micro-nutrient deficiencies (Kallman 2005).

This programme was implemented against the backdrop of some worrying information about the state of nutrition for children in South Africa. The Health Systems Trust and the Child Health Unit at UCT reviewed evidence in 1997 that showed that between 20% and 25% of preschool children were stunted and therefore suffering from chronic under-nutrition. While wasting and being under-weight was not found to be prevalent amongst primary school children, it was estimated that at least 20% of them were stunted and suffered from chronic under-nutrition (Kallman 2005).

The National Food Consumption Survey of 1999 showed that one in ten children from one to nine years of age was underweight and just more than one in five was stunted. Young children and those living in rural areas and on commercial farms were most badly affected (Kallman 2005).

The National School Nutrition Programme is designed to contribute towards the rights realisation of three rights provided for in the South African Constitution. These are the right of access to sufficient food (Section 27(1)(b)), the right of children to basic nutrition (Section 28(1)(c)), and the right to basic education (Section 29(1)(a)).

The school feeding scheme, as it is commonly known, is but one of a range of programmes which respond to hunger and food insecurity, and nowhere does the NSNP claim to respond on its own to poor nutrition, hunger or food security. The departments of Health, Social Development, Land Affairs and Agriculture – the lead department – are all involved in the Integrated Food Security Strategy for South Africa, introduced in 2002. School feeding is a small part of this overall strategy.

The scope of the programme was originally set out in the RDP document as the “provision of an early snack, meeting 30% of the energy requirement, to 3.8 million children (50% of primary school children), in areas targeted on the basis of poverty criteria, particularly rural areas and peri-urban informal settlements” (Republic of South Africa, 1994).

The NSNP operates to provide food to primary school learners in the mornings, in order to encourage punctuality and enable children to concentrate and perform better at school. It therefore seeks to get food to children during school terms with a daily meal. The programme is implemented by school governing bodies through teachers and parents who volunteer or are paid to help with the preparation of food. Food is purchased through government procurement processes, and it is policy to seek supplementary food through schools taking responsibility for food gardens.

While there are 22 approved meal plans from which to choose, the Western and Eastern Capes have chosen “cold” menu plans, consisting of brown bread with margarine, peanut butter and jam, served with a powdered milkshake supplement enriched with micro-nutrients. This requires no cooking facilities at the school.

The minimum policy is to feed for 156 out of approximately 196 school days. All Grades from R up to Grade 7 ought to be fed.

NSNP under the Department of Health

At the inception of the school nutrition programme in 1994, 6.3 million children were targeted for school feeding, and 5.6 million were actually reached (thus the uptake rate was 89% of the target). By 2003/04, 4.8 million children were targeted and 4.6 million reached (an uptake rate of 95%). So, in a ten year period the programme was able to reflect an increase in the proportion of targeted children reached, but this increase in the uptake rate was due entirely to a reduction by almost 25% in the number of children targeted. The target was reduced by 1.4 million and the number of children reached by 1 million. Thus by 2004, the proportion of children reached had decreased from 89% of the original target to 73% of the original target. There was an overall decline in the budget during this period.

In 2002/03 the South African Human Rights Commission found that the programme was unreasonable because of the drop in numbers of children being targeted and reached. They also found that the programme was seriously under-funded, with a budget of less than 67c per learner per day against a cost of between 99c and R2.10 per learner per day.

Unfortunately, there is no sufficiently accurate or regular monitoring data on the nutritional status and needs of children in South Africa to indicate whether this decline in the number of children targeted by the NSNP was appropriate (Kallman, 2005). What is known however, is that the child poverty rate measures by income increased over this period, as did HIV/AIDS prevalence and the unemployment rate. In this light, the wisdom of reducing the number of children eligible for nutrition support in schools is questionable.

A review of the programme by IDASA in 2005 outlines different perspectives on the targeting of the school nutrition programme. On the one hand, there are arguments for the *containment* of the school feeding scheme since, in any case, the programme “represents an inadequate embodiment of children’s rights to basic food” (Wildeman & Mbebetho 2005: 1). By definition, school feeding is available only to children who are of school-going age, who are attending school, and is only distributed when schools are open – on weekdays during term time. In this argument, programmes to realise the rights to food and nutrition should be located elsewhere, and the school nutrition programme should be restricted to an even smaller target group. The argument for narrowing the focus of the school nutrition programme is also based on the need to contain the costs of feeding, in order to scale up other (neglected) aspects of an integrated school nutrition response – such as de-worming and the control of parasitic infections, the delivery of micro-nutrients, and education in the areas of family planning, life skills and substance abuse (Wildeman & Mbebetho 2005: 7).

On the other hand, there are arguments for *expanding* the programme: first, there is some evidence that school feeding is associated with improved concentration, punctuality, and school performance – that it is effective in achieving its aim to improve educational outcomes for poor learners. However, the sample sizes for these studies were relatively small, and the findings relied largely on the subjective reports and observations of teachers and principals. (School staff are arguably best placed to observe the efficacy of the nutrition programme, but there would also be the incentive to ensure that the policy and programme continue to focus on their own schools.)

Second, in the context of widespread poverty and unemployment, school feeding contributes, at least in a small way, to household food security and the alleviation of temporary hunger – particularly if the food provided is regular and high in nutrients. Therefore, until widespread poverty and unemployment are effectively addressed, school feeding, which aims to “improve the conditions of poor learners” should be continued (Wildeman & Mbebetho 2005: 7). Given the high levels of poverty in South Africa, and the high rate of school attendance amongst children, a narrowing of the targeting mechanism would be unjustifiable. Danie Brand raises the important point that the overall effectiveness of the school nutrition programme may be compromised in the absence of a comprehensive plan to cater for children and their parents (Brand in Coetzee & Streak 2004: 102-104). An integrated response is needed, which includes the direct transfer of food as well as programmes that enhance the capacity of households to produce or acquire food – including as social grants which, at present, are still only available to children under the age of 14 (unless they are in foster care), and old age pensioners.

The arguments in favour of retaining and expanding the programme appear to have the support of government. In 2002, Cabinet affirmed its interpretation of the school nutrition programme as “an essential anti-poverty programme” and reported further investigations “to examine the efficacy of increasing the age of child grant beneficiaries as well as massive expansion and improvement in the efficiency of the school nutrition programme” (Wildeman & Mbebetho 2005: 4). Arguments in favour of the narrowing of the school feeding programme in order to expand other school-based health interventions were, however, undermined when, in 2003, the Department of Health clarified that school feeding scheme was part of the Integrated Nutrition Programme, and that its primary intention was “*to provide direct services to primary school learners to reduce hunger and to alleviate the effect of malnutrition on their learning capacity, and not to improve the nutritional status of school learners*” [Department’s own emphasis] (Kloka 2003, cited in Wildeman & Mbebetho 2005: 8). Therefore there appears to have been some ambivalence in the conceptualisation of the programme within government. The reason for this ambivalence is unclear. Budget and capacity limitations may play a role: given the extent and depth of poverty, and the widespread under-nourishment of children, the nutrition programme does not have the resources to adequately address nutritional needs. Rather, in its current location under the “Social and School Enrichment” directorate of the Department of Education, and its focus on primary schools, it is conceptualised primarily as an educational support programme for young children, with nutritional gains as a spin-off. In this guise, and despite its name, it neither purports to realise children’s right to nutrition, nor can it be regarded as doing so in the absence of an integrated set of complementary strategies to address nutrition in the home.

NSNP under the Department of Education

The operation and responsibility for the NSNP was transferred from the Department of Health to the Department of Education in 2004 after a review in 2002 showed that there were substantial problems with the operation of the programme. Amongst these were poor food quality and quantity, non-compliance with regulations, difficult administrative and procurement procedures, under-budgeting and under-spending in some provinces.

The Department of Education set targets for implementing the programme in 2005/06. These include the plan to reach about 15,000 poverty stricken schools at which about five million learners should be fed; to improve coverage of planned feeding days to a minimum of 156 in all nine provinces; and to comply 100% with nutritional criteria for school feeding. In other words, the Department of Education planned to retain the lower numeric targets set by the Department of Health, but improve the quality of delivery to standards previously set but not yet achieved.

Annual allocations to the NSNP through a conditional budget have been substantial and will increase in the medium term. From its inception until the 2002/03 financial year, the programme showed negative budget growth. According to National Treasury

(2005b), expenditure was expected to rise from R832.2 million in 2004/05, to R912.2 million in 2005/06, to R1.098 million in 2006/07, and to R1.152.9 million in 2007/08. It is anticipated that this grant will continue and increase over the next ten years, supporting the expansion of the programme to include more schools and children. However, the introduction of the further education and training re-capitalisation grant complicates this expansion. IDASA's annual review of budgets in 2006 and 2007 demonstrates the effect of the FET grant on the nutrition programme, and shows clear trade-offs in the provincial education grant framework which has serious implications for the expansion of the school nutrition grant to secondary schools (Wildeman 2007:9). This extension also affects poor and rich provincial departments differentially: poor provinces have a larger proportion of poor learners and therefore have to spend more despite reduced fiscal space in order to reach the slightly less poor learners. Richer provinces, by contrast, have relatively few poor learners in the poorest quintiles, and so are better able to respond flexibly to the funding needs of the less poor. And there is always the question of how policy implementation is affected by the fiscal and administrative capacity of provincial education departments (Wildeman).

There have been no further policy documents or regulations to guide the NSNP since the programme was taken over by the Department of Education. The National Treasury and Department of Education commissioned a study of the programme in 2005 to inform the development of targeting guidelines (Interview, Rakwena).

Targeting mechanism

National policy is to feed learners from grade 0 to grade 7, prioritising learners in the poorest schools (quintiles 1 and 2). Where there is sufficient budget, the programme is extended to quintile 3 schools or even higher. Some provinces have drawn on their discretionary funding to support the introduction of feeding in high schools, but they are in the minority.

The NSNP has a three-phase targeting mechanism: targeting to provinces, and then to schools, and then to individual children. First, the conditional grant to provincial education departments is determined by the national poverty quintiles (outlined in the previous chapter). This is a departure from the provincial quintile system, and has specific consequences for rich and poor provinces: from 2004 the targets and budgets have been based on a combination of population size and national poverty rankings, so that provinces with larger proportions of areas falling within the poorest quintiles receive proportionately more funding. This means that there is considerable variability in expenditure, where provinces with larger numbers of schools falling into quintiles one and two receive larger budgets for school feeding than those with fewer schools in the bottom two quintiles.

The provincial budgets and targeted beneficiaries during the research period are outlined in Table 37 below. Up to 7% of the conditional grant is dedicated to administration in the provinces.

Table 37 Provincial targets and budgets for the NSNP, 2005/06 & 2006/07

	2005/06				2006/07			
	Beneficiaries targeted		Budget allocated		Beneficiaries targeted		Budget allocated	
	Number	%	R (000's)	%	Number	%	R (000's)	%
Eastern Cape	999,364	20%	237,602	21%	1,461,917	24%	233,882	21%
Free State	246,857	5%	65,564	6%	407,743	7%	64,784	6%
Gauteng	337,859	7%	101,124	9%	389,361	7%	99,921	9%
K-Z Natal	1,251,140	25%	242,251	22%	1,367,655	23%	239,372	22%
Limpopo	1,002,609	20%	204,469	18%	1,054,609	18%	202,039	18%
Mpumalanga	492,687	10%	85,565	8%	492,025	8%	84,549	8%
Northern Cape	122,200	2%	30,003	3%	184,592	3%	29,647	3%
North West	336,464	7%	96,678	9%	406,910	7%	95,529	9%
Western Cape	156,617	3%	48,895	4%	203,183	3%	48,313	4%
Total	4,945,797	100%	1,112,151	100%	5,967,995	100%	1,098,036	100%

Source: Intergovernmental Fiscal Review 2006

Two things are immediately apparent in this table: over the two year period, the number of children targeted by the NSNP increased by 20%, but at the same time there was a slight decrease in the total budget for the programme. (This is due to a budget adjustment of R200 million in 2005/6, which increased the budget for that period.) Although there was a shift in the provincial proportions of children targeted over the two-year period, there was no similar shift in the proportional budgetary allocations to provinces. This adversely affected the two provinces with the largest and poorest child populations: the Eastern Cape and KwaZulu Natal – who had to feed a greater proportion of children on a smaller budget.

The second level of targeting is where primary schools eligible for the programme are identified. There appear to have been a wide range of provincial practices to identify eligible schools. Some provinces used categorical targeting, including all schools on farms or informal settlements, for example, while others targeted all schools in the lowest three quintiles.

Some of the increase in beneficiary numbers over the past years may be explained by the initial lack of coincidence in targeting practices between the departments of Education and Health. For instance, a school that was defined as poor by the Department of Education may have been excluded from the feeding scheme by the Department of Health, which had a different method for targeting schools. Since the Department of Education took over responsibility for the NSNP in 2004, there have been moves to reconcile lists and bring the targeting method used by the Department of Health in line with the system defined in the school funding norms used by the education department. At the time of the research, this system took into account both the condition of school

facilities as recorded in the Schools Register of Needs, as well as demographic data on the surrounding population as a proxy for determining the characteristics of the school's parent body. However, there was a proviso that provincial departments continue to feed all schools previously targeted by the Department of Health, at least for the first few years. This has meant that in some provinces, some schools in the upper quintiles were being targeted and could not be dropped immediately. Other very poor schools appear to have been missed by the Department of Health previously, but the process of reconciling lists with those of the education department has addressed many of the gaps, and it appears that most provincial departmental heads are confident they are reaching most, if not all, schools in the lower quintiles.

The third level of the targeting mechanism is to identify which learners within a school get access to meals. Information on this in the literature is very scant. Some schools are reported as feeding all their learners, while others select some portion of learners by grade, or family circumstance, or methods of self-selection – for instance where children volunteer to receive food, or do not bring lunch to school. Although such methods of targeting are out of favour, the *Means to Live* research found evidence of some of these practices in the research sites.

As with any targeting mechanism, there are possible inclusions and exclusions, intentional or unintentional. Since this programme is intended for poor (or hungry) learners in primary schools, any other schools or children able to access government-funded school feeding would be regarded as unintentional inclusions. By the same measure, poor learners in primary schools that do not benefit from the NSNP would be unintentionally excluded. Another intentional exclusion is children who are too old or young to be in school, or who are not in school because of poverty, disability or any other reason.

Impact of the NSNP

There has been remarkably little research on the impact or effectiveness of the school feeding scheme since its introduction in 1994. There are two ways in which its operation can be evaluated. The most basic is to assess whether it is in fact being delivered, and with what kind of regularity and food standards. The *Means to Live* attempts to do this in the context of two sites. The findings cannot be generalised – they merely provide an illustrative account of how the programme is being implemented, and point to some gaps between policy and practice. A second approach would be the more complex task of evaluating whether receipt of nutritional support at school through the NSNP does in fact improve learner concentration and educational outcomes. There are currently no reliable data to do this.

The Department of Education gathers information on educational outcomes through national assessments of numeracy and literacy amongst learners at Grade 3 and Grade 6 level. These assessments reveal low educational outcomes: at the grade 6 level assessment in 2005, the majority of pupils nationally failed to achieve the minimum

required standard on items evaluating their ability in language (63%), mathematics (81%) and the natural sciences (54%) (Department of Education 2005: 75-91). Correlations and regressions were performed using a range of factors that might be associated with learner achievement. Indicators most strongly correlated with educational outcomes are socio-economic status, information at home, learner participation and school resources. Inexplicably, access to the nutrition programme does not feature in the list of possible variables, despite the fact that the explicit intention of the programme is to improve educational outcomes.

A third measure, extending beyond the narrow objective to improve school attendance and learner concentration, would be to assess changes in children's nutritional status and household food security. There is so little information on the nutritional status of children that it would be almost impossible to perform this analysis using current data. The Demographic and Health Survey of 2002 may provide some evidence to explore these questions further. However, the data from this survey have not yet been publicly released.

Eligibility for school feeding: issues of conceptualisation

The *Means to Live* research was conducted in two sites – one urban and one rural – specifically chosen because they have poor populations. The intention of the targeting mechanism is to direct resources (in this case, food) towards the poorest children. In this section it is discussed whether children who are eligible to receive school nutrition support in public primary schools are in fact doing so. Along the way there are comments on the availability, regularity and quality of food observed in the fieldwork, and report on the views of the teachers and parents who are involved in this scheme.

Spatial targeting

Since 2004 the main level of targeting – to the school – is achieved using the same approach as is used for school funding: a national poverty ranking system in which schools are organised into quintiles based on poverty levels in the surrounding area. Provincial departments are required to develop business plans each year to determine the allocation of funding to schools. As outlined in the previous chapter, those in the lowest two quintiles (in other words, the poorest 40% of areas) receive the largest share of the funding allocation and are classified as “no-fee” schools. These schools receive the largest per learner allocation and may not charge school fees. The same schools that are exempted from fees are the ones being targeted by the school feeding scheme. This approach aims to redress historic imbalances, and makes targeting logistically easy (once the initial analysis is done). But there are also a number of limitations to this approach, most of which have been outlined in the previous chapter and are briefly referred to here.

First, information used to determine the poverty rankings is drawn mainly from the national census – since this is the only national data source that can provide uniform information on poverty at ward level. For areas where population change is slow, this may allow for appropriate targeting throughout the intervening period between censuses. However, the census is only conducted once every ten years, and given the rate of urbanisation and new housing development, area-specific information can quickly become outdated – particularly in urban areas. For example, the urban site of Makhaza, studied in the *Means to Live*, now includes a large informal settlement that did not exist at the time of the 2001 Census, and where the majority of children live in ultra-poverty. Yet none of the schools serving this area are included in the national list of no-fee schools (quintiles one and two) and so, technically, they fall outside the main target areas for the nutrition programme. Fortunately for the children who live there, the national feeding scheme has been implemented in the majority of the local schools serving this area.

Second, where poverty alleviation programmes (notably those relating to free schooling and nutrition) are implemented through schools, the targeting mechanism identifies schools before proceeding to the next level of targeting, in which individual children are targeted. The principle is that once a school is targeted as a no-fee school and receives the school feeding scheme, all learners at that school benefit from the nutrition programme. However, this applies only to primary schools: while the poorest 40% of high schools are also fee-free, the school feeding scheme has only been made available to a minority of high schools, mainly located in the Western Cape. It is certainly logistically easier to target schools than to target individual learners. However, as has been seen, school quintiles are based on poverty statistics for the surrounding area. Therefore there is an assumption that school communities are homogeneously poor, or homogeneously non-poor.

Third, there is an assumption that children defined as “poor” attend the schools in the areas where they live. Research into school attendance in the urban site showed that while over half of all learners did attend a school within their ward, many attended schools in other parts of Khayelitsha, and a considerable number of learners – particularly those at secondary school level – were attending schools in other parts of Cape Town.

Table 38 Place of schooling for learners living in M2L urban site			
Location of school	Primary school learners	High school learners	Total
Local ward (Makhaza)	55%	59%	57%
Elsewhere (Khayelitsha)	39%	26%	34%
Elsewhere (Greater Cape Town)	6%	14%	9%

Source: The Means to Live primary data

One might assume that decisions about where to attend school are influenced by income – and that it is the less poor children who can make choices about where to go to school. A comparison of ultra-poor households with less poor households (using an “ultra”

poverty line of R800 for total monthly household income, including social grants) confirms that there is an association between income and school locality. Proportionately more of the children living in ultra-poverty were attending local schools (62%) than those living above the R800 poverty line (51%).

Table 39 School locality by income group			
(Base: Learners living in M2L urban site)			
Location of school	Total monthly HH income (incl social grants)		
	<R800	R800+	Total
Local ward (Makhaza)	62%	51%	57%
Elsewhere (Khayelitsha)	33%	35%	34%
Elsewhere (Greater Cape Town)	5%	14%	9%

Source: The Means to Live primary data

However, a large proportion (over a third) of the poorest children attend schools outside their ward, and this brings into question the appropriateness of targeting mechanisms that assume programmes will reach the poorest children simply by targeting the schools in the areas where they live. Data from the urban site show that 54% of all primary school learners are also CSG beneficiaries. Of these, four out of every ten children attend a primary school outside their ward.

The fact that 38% of children living in ultra-poverty (with a total monthly household income under R800) are leaving the area to attend school elsewhere suggests that they might be forced to find alternative schools, or that even the poorest households will choose to send their children to schools beyond the immediate locality.

Interviews with caregivers in the site suggest that both scenarios can be true. School choices are undermined by a shortage of schools in the context of rapid population growth. For example, the few schools available in Makhaza serve a wider population than the immediate community. There is Nkanini to the east, with a school-age population estimated at nearly four thousand children who have not been catered for in the provision of schools. Children from Mfuleni and Delft also attend local schools in Makhaza. Some local parents said that they could not enrol their children at the schools closest to them because they were already full, or that they chose to send their children to other schools because of overcrowding at local schools, or felt that another school would provide a better quality of education. Some of the poorest parents had opted to do this, even if it meant taking money out of an already insufficient household budget or from social grants to pay for transport.

In general, targeting at the ward level is problematic – as found in the *Means to Live* and a recent investigation into the implementation of the amended funding norms and

standards, conducted by IDASA (Wildeman). This is a problem that affects both the school feeding programme and the no-fee school programme. Both have complementary strategies that counter the inflexibility of the ward-based targeting approach. The school fee system includes a school fee exemption policy, through which poor learners at non-poor schools can apply for fee waivers. The nutrition scheme, while prioritising schools in the poorest quintiles (1 and 2, and extending to quintile 3 where budget is sufficient), does not preclude the delivery of the nutrition programme to poor pupils in wealthier schools. In reply to a question raised by the National Assembly, the Minister of Education stated that “although the DoE guideline is that provinces should provide meals to schools as a whole, [a recent DoE study] indicates that in some provinces, namely Gauteng, Northern Cape, Western Cape and the North West, hungry children in quintile 4 and 5 schools are also provided with meals” (Minister of Education 2006b). There is no explicit targeting method for reaching these children.

Age targeting

From a rights perspective, the exclusion of high school children from the NSNP may be seen as a violation of children’s socio-economic rights in that there is no programme designed to realise their right to basic nutrition. The programme may be found unreasonable because the targeting mechanism does not include *all children in need*. Children of secondary school age, from 14 years up, are excluded from the Child Support Grant, and therefore also deprived of the income support that is available to younger children.

There is a strong perception amongst the schools visited in the *Means to Live* that the feeding scheme should not be discriminating against older children, who also have to learn and may be equally hungry. Some schools were deliberately under-delivering to younger children in order to ensure that older children could also be fed. Naturally, this has negative consequences for the younger children who are targeted by the programme, because they have to make do with less food. This is similar to the dilution effect in the Child Support Grant, where grants available to younger children must also support their older siblings, who are excluded from receiving social assistance.

It is not clear whether the prioritisation of primary school children and the exclusion of older children is an objective of the Education department, or whether it is simply the result of a targeting mechanism inherited from the Health department, which prioritised nutritional support for younger children. Secondary school learners need to be increasingly integrated into the programme. A change of the programme’s name from Primary School Nutrition Programme (PSNP) to National School Nutrition Programme (NSNP) indicated an intention to expand the programme to high schools.

In 2006, the nutrition programme was extended to include some secondary schools in the Northern and Western Cape. According to the Minister of Education, 21,000 learners in 116 quintile 1 and 2 secondary schools were receiving food in the Western Cape by October 2006 (Minster of Education, 2006b). This extension of the feeding scheme was

funded through provincial discretionary funds, but will require specific budget allocations if it is to be implemented nationally.

Another area that needs more investigation is nutritional support for children at the many registered and unregistered Early Childhood Development (ECD) facilities such as crèches, day care facilities and nursery schools. The nutritional evidence available in South Africa shows that the ages of 2 to 3 are the most vulnerable in terms of malnutrition, stunting and being underweight. This age group and the early childhood facilities for them fall under the jurisdiction of the Department of Social Development. Although the nutrition programme has been extended to include grade R pupils at public schools, this reaches a small minority of young children since most ECD facilities are not subsidised by the State (a result of the pre-Grade R funding gap) and are therefore not included in the NSNP. Again, this points to the need for a comprehensive nutrition strategy which includes children who do not attend school.

Variation and subjectivity in targeting

The final level of targeting is to individual children within schools. In some schools – notably the “no-fee” schools in quintiles 1 and 2, all children at the primary level are targeted, while in other schools, it may be necessary to target individual children on the basis of “need”. The Department of Education’s annual report for 2004/05 refers to the publication of guidelines for schools implementing the programme, but these could not be sourced, and according to the new Director of the NSNP they do not provide guidelines for targeting to children (Interview, Rakwena).

The *Means to Live* research found much variability in the way that children are targeted, with a combination of categorical, subjective and self-selection mechanisms.

- Categorical targeting involves the identification of certain grades that should receive food (in effect, grades are used as a proxy for children’s age or stage of development, with the nutrition programme being targeted towards the youngest learners). Categorical targeting varied considerably under the Department of Health, with some provinces distributing food only up to grade 3 or 4 (and excluding ECD), and others providing food to select children across all primary school grades. Since the programme’s transfer to the Department of Education, there have been moves to standardise the targeting of the programme to all grades from R (reception year) to grade 7. Secondary school learners remain largely excluded from the target group, although there are compelling reasons to integrate them into the programme.
- Subjective assessments are sometimes made by teachers, who identify (and/or exclude) certain children in their classes on the basis of their perception of the child’s need and their knowledge of the child’s home background. This is in keeping with the idea of schools being “nodes of care and support”, where educators are well-placed to identify vulnerable children. However, there are also obvious limitations to the approach, particularly in the context of high teacher-pupil ratios where educators do not know all their pupils equally well.

Subjective assessments are also open to discrimination and abuse – for instance, where food is withheld as a form of punishment for poor behaviour.

- Self-selection occurs where children identify themselves as being in need or choose not to receive food. Where trays of bread are handed around the class, children can choose whether or not to take some. However, there are limitations to self-selection where, for instance, “needy” children are asked to identify themselves in front of their peers. Exclusions can occur because of the shame in being identified as poor.

The issue of individual targeting needs careful consideration. The purpose of targeting is to reduce wastage and make budgets stretch further. However, individual targeting is also time consuming and costly. In the case of the NSNP, it often uses up valuable resources: the time and energy of teaching staff. Given teacher shortages, and the administrative burden that teachers already have to cope with, the “costs” of individual targeting are likely to outweigh the benefits, particularly if the “costs” include quality of education and the “benefits” are not anticipated to impact significantly on children’s nutritional status.

Mechanisms to monitor implementation

Mechanisms to monitor the implementation and targeting of the NSNP appear inadequate at present. Provinces submit monthly financial reports and quarterly reports reflecting numeric uptake. However the quarterly reports are not school feeding specific, but reflect service delivery trends of the entire provincial education departments. This minimises the traction of these reports. Monitoring and evaluation as a key national Department of Education activity is under-developed across the entire education and government system. This is a serious flaw in the present education system (Wildeman).

Reports on delivery of the nutrition programme are based on business plans (accounting for funding allocations) and the daily feeding registers that schools are meant to complete. However, the national department acknowledges that these are not reliably completed – educators find the task of completing a register each day administratively burdensome, and often do not comply (Rakwena). It is suspected that many of the numbers are estimated, or imputed from previous distribution records. Even if the daily registers were completed as required, this would simply provide a quantitative record of the number of children reached, but would not enable any assessment of the effectiveness of targeting at the level of implementation.

National records on targeting and reach for the year, reported by the national Department of Education and published by the National Treasury, indicate that in every province, exactly 100% of targeted learners were reached (National Treasury 2006: 26). This is impossible, and it is unclear how this uptake figure is derived. The only reliable sources would be the schools, and more particularly, the individual teachers, parents, or

learners who distribute the food. It is apparent from in-field observations as well as interviews with teachers and caregivers, that there is no clear system for determining or recording who and how many children actually receive the food, and that even if food does reach 100% of targeted learners in terms of numbers, these are not necessarily the targeted children. Where targeted children do receive food the regularity and quantity of food distributed is variable across schools and provinces, and over time. This, too, is not taken into account in the quantitative estimates of uptake.

In August 2006, the National Assembly asked the Minister of Education whether there was a system in place to determine how many learners (a) qualify for the nutrition scheme and (b) are actually benefiting from the scheme; and if not, why not. The reply from the Education Department did not adequately answer these questions. While the general targeting mechanism was described as prioritising schools in the lower quintiles (1, 2 and 3), there was no explanation of any system for *identifying* children within the targeted schools. The second half of the question – whether there was a system for determining how many children are actually *benefiting* from the NSNP – was evaded entirely. Instead, the response referred to the total number of children being reached (without taking into account possible errors of exclusion and inclusion), and described all these children as receiving school meals every day – which is known not to be the case in some places (Minister of Education, 2007). Numeric successes do not necessarily reflect targeting successes. In response to a further question about accountability, posed by the National Assembly in September 2007, the Minister reported that the department was working closely with provinces in the implementation of the NSNP, and had taken “various measures” to improve accountability – including internal audits and regular reporting (Minister of Education, 2006).

The Department of Education indicates that a booklet on implementation and reporting guidelines has been distributed to schools (although this could not be sourced through the national department or either of the provinces included in the *Means to Live*). Compliance with the daily record guidelines is low in some schools, and the department attributes this to a lack of workshops with school principals to discuss the guidelines (Department of Education 2006: 44). There is no clear or standard mechanism for schools to record the number and profile of children who receive food. This relates again to poor monitoring and evaluation practices at various levels – whether the national department’s ability to monitor provinces, or provinces monitoring their own schools. The schools’ ability to distribute food appropriately to the targeted number of learners is taken on trust. The importance of distinguishing between intended and actual beneficiaries is that it enables monitoring of the targeting mechanism, and of the translation of policy into practice.

The next section of this chapter describes how the nutrition programme was implemented in the research sites during 2005 and 2006. It draws on accounts from school staff and parent volunteers, as well as from learners and their caregivers. As already explained, not all children attend schools within their immediate area, and so it was not possible to visit all the schools attended by learners in the sites. Rather, the research team prioritised the main schools attended by local pupils: in the urban site, 40% of primary school learners attended one of the three schools visited, while in the

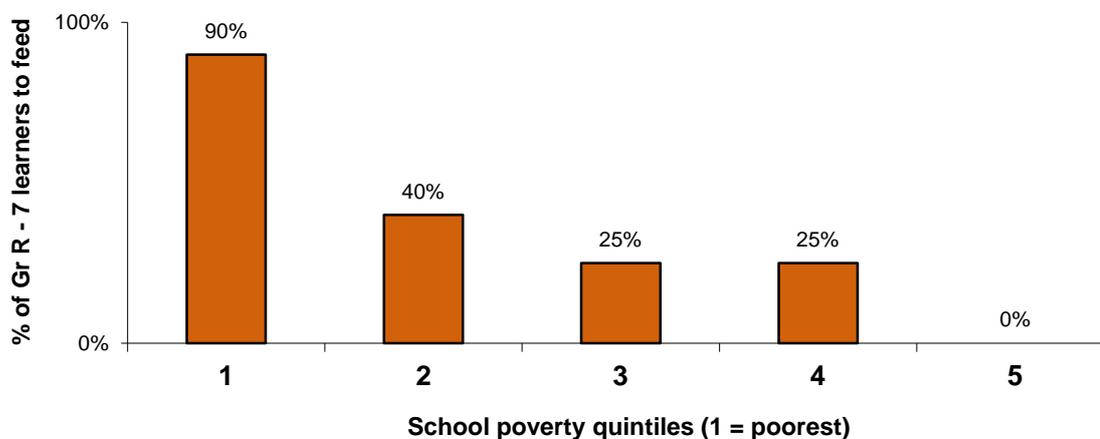
rural site, where there are fewer schooling options, the four schools visited were attended by 94% of all primary school learners from the area.

Implementation and access to NSNP: an urban picture

Targeting mETHOD

The targeting method used in the Western Cape during the time of the survey was as follows: a school ranking and sliding scale of allocations was used to direct the largest share of the school feeding budget to the poorest schools. Schools in quintile 1 (the poorest 20% of schools in the province) were targeted with the largest budgets, allowing 90% of their learners to be fed. The allocations across quintiles then decreased according to quintile, so that only a quarter of learners attending schools in quintiles 3 and 4 were fed, and no school feeding system was implemented in quintile 5 schools. This is shown in Figure 18 below:

Figure 18. Targeting mechanism for NSNP in the Western Cape (2005)



It is a relatively simple process to identify schools in the categorical targeting process, since the provincial department of education has a list of schools and their quintiles. As discussed, there are some limitations to this approach, which could result in the exclusion of poor children who are in need of nutritional support but do not attend schools close to their homes, or whose income situation is not reflected in data sources that have become outdated. The NSNP caters for this to a certain extent, by targeting schools to quintile four, while progressively decreasing the proportion of learners targeted in the upper quintile schools.

None of the schools in Makhaza fall into quintiles one or two, according to the new quintiles published by the Department of Education in December 2006. However, some of them were already included in the nutrition programme in previous years, and a few

were classified as No-Fee Schools during the pilot phase in 2006, before the policy was implemented nationally. The nutrition programme stipulates that schools previously targeted for school feeding will not be dropped from the lists immediately, but it is not clear about whether the proportion of children to be fed in these schools would be affected by the introduction of the quintile system.

Once the targeted schools are identified, the task of identifying the appropriate quota of children falls to the schools themselves, and often to the teachers. There seem to be no clear guidelines for how schools should select 90% or 40% or 25% of their learners and ensure that they receive bread while others do not. Research at the schools suggested that a range of practices were used, most entailing the involvement of teachers in the identification of learners and/or distribution of food.

The researchers went to three primary schools in Makhaza, the main intake schools for the area. All three had school feeding schemes funded through the NSNP. In Cape Town, the Cape Peninsula Feeding Scheme is contracted by the Department of Education to procure food and distribute it to schools. Bread trucks arrive between 5 am and 6.30 am on school mornings.

School feeding takes place very regularly in these schools. Children are able to get their food on school days, except for the first and last week of term. There is no holiday feeding scheme. At each school there is a teacher responsible for coordinating the NSNP in the school, and also for arranging the very noisy process of feeding children in their classrooms. They are supported by parents, who are paid small stipends to help. All the schools said that they tried to identify particularly needy parents to do this since it earns them some money. Peninsula Feeding forwards R300 per month for the employment of three parents at Nkazimlo. The school contributes another R300, so that each parent gets R200 per month for their work – slightly more than the Child Support Grant in 2006.

Variability in individual targeting

The schools have considerable discretion in how they manage the selection of learners, and how the food is prepared. There is sometimes not enough space to prepare the food, and so libraries and offices are used for this purpose. There are also no formal cooking facilities for when there is instant soup to be made, and children must bring their own mugs and bowls to get soup.

At 10 am at Nkazimlo primary school, parent volunteers bring trays of food to the grade 1 to 3 classrooms; four loaves of bread per class. All children can take the bread with peanut butter and jam – about two slices each. Sometimes they get “milkshake” (a nutritional powdered drink, mixed with water), and occasionally hot instant soup in winter. Masipumelele primary school also feeds its grade 1 to 3 learners, with half a

sandwich if they bring lunch, and a whole sandwich (2 slices) if they don't. The smaller children are fed in their classrooms so that others won't take their bread.

The older children in both primary schools are not automatically fed. Teachers identify learners in grades 4 to 6 they think need extra support because, for example, they don't seem to bring food to school. These children are fed at 12 noon during the long break in an office at Nkazimlo. The coordinator of the NSNP at one school said that there was an incident when one of these older children was teased, and the principal had to talk to the other learners about the child's situation. They also refer children who seem particularly malnourished or otherwise in trouble to the social workers in the area, or a psychologist. A teacher at Masipumelele said that it was sometimes hard to identify children in need of food since "children are shy to tell if they don't have food at home."

Impendulo primary school delivers food to all its grades at 10.30 every morning. There are 1389 children in 28 classes, with an average of 50 children per class. Most classes get three loaves of bread, with only two loaves going to the grade 7 classes. The teachers identify who in the class should get bread, giving it to those without lunch. They always run out.

Uptake in the urban site

It is difficult to calculate accurately the eligibility figures for the NSNP. This is because of the variation in targeting, and the fact that schools do not necessarily attempt to feed all the children within the targeted grades. Since all schools in this area fall into quintile 3, the assumption is that a minimum of 25% of learners in Grades R – 7 attending these schools should receive food through the nutrition programme. However, because the survey was representative of the area, rather than of schools, it is not possible to determine the proportion of children within each school who received food. Accounts from the schools themselves, described above, suggested that the distribution of food primarily targeted learners in the first three grades, with children in grades 4 to 7 sharing the remaining food, and that schools regarded the quantity of food as being insufficient for their needs.

Targeting errors – not reaching poor and hungry children

Schools' descriptions of the implementation of the feeding scheme suggest that the neediest children are targeted. However, information collected from children's caregivers suggests that the feeding scheme does not necessarily reach the poorest children or those who experience hunger at home.

Table 40 Access to NSNP in M2L urban site

(Base: children attending school)

	N (weighted)	Access to food at school
SCHOOL LEVEL		
• Pre-school (Gr 0)	381	65%
• Primary (Gr 1-7)	5,512	53%
• Secondary (Gr 8-12)	2,555	4%
HUNGER STATUS (Grade 0-7 only)		
• Child hunger at home / children miss meals	3,176	53%
• No child hunger at home / do not miss meals	2,717	55%
INCOME LEVEL (Grade 0-7 learners only)		
• Household income less than R800 / mth	2,979	52%
• Household income R800+ / mth	2,915	56%

As shown in Table 40 above, caregivers' reports confirm that it is mainly grade 0 (grade R) and primary school children who receive food. Only just over half of children attending grades 1 to 7 were reported to receive food. Importantly, children classified as "ultra-poor" and "hungry" are less likely to receive food than their less-poor peers.

We get bread and milkshake and that's it. It's shared among us. if there is not enough for us, it's given to those who have not already eaten. Those who haven't brought something to school, like those who do not have lunch packs. If it's not enough for us, they will give more to those who have not brought lunch.

- What's on the bread?

Jam and peanut butter

- Now when you get food, what time do you get it?

We get it in the mornings for those who have not eaten at home, and those who did not bring lunch

- Oh so only in the morning. And at midday?

We eat milkshake

- You get milkshake, how do you eat the milkshake?

With pints

[a little later in the conversation]:

What else do you like at school?

It's the things that we eat, bread... brown bread... It's a loaf or two because there are many of us in class we are maybe 40, I forget how many more than 40.

- How [do you get it], do you queue up for bread?

No we sit in our desks

- Ah and then who gives it to you?

Lubabalo

- Who's Lubabalo?

He's Lubabalo, he lives in Nkanini

- Kwanele, Grade 2

Food type and regularity

Most of those who did access the NSNP through the school feeding scheme reported receiving bread and many received “milkshake” (the nutritional powdered drink). A few reported other types of food:

- Bread 96%
- Milkshake 39%
- Hot meal / soup / stew 7%
- Pap (mielie porridge) 5%
- Fruit 1%

Three quarters of these children were reported to receive food every school day, while another 13% received food three or four times a week. The rest received food more intermittently.

All of the schools reported that there was not enough to feed all the children in their schools to grade 7. This is probably the result of a combination of factors. First, the targeting mechanism (and budget) at the time of the research did not aim to target all children at primary schools, so an under-supply of food may be expected. Secondly, food often goes missing from schools – taken by teachers, support staff or parents involved in the feeding scheme. There has been much reporting on theft of food, and this practice was described by one of the caregivers involved in the implementation of the NSNP.

Impendulo school has been working with an NGO called Abalimi Bezekhaya, a food gardening project based in Khayelitsha, which helps with seeds, landscaping and maintaining food gardens. They sell vegetables to the community, bringing in additional resources to the school. In 2005, there were more vegetables than they could sell, so they managed to make soup for all the children in the school once a month. (The policy emphasises the importance of food gardens to supplement the nutrition programme, and according to the 2004 Annual Report, 1 924 food gardens had been established nationally to support the feeding scheme.) Although this school had a food garden, it was used to generate funds for the school – so that rather than supplementing the nutrition programme, it was supplementing the school’s budget. This school, along with others in the area, has been declared a no-fee school from 2007, which also means increased funding allocations and protection from loss of revenue through non-payment of fees. This may make it possible to channel more of the produce directly into the feeding scheme.

The teachers and parents responsible for the school feeding generally thought that the food was of good quality, and that the children liked peanut butter and jam on bread. However, there were also concerns about the lack of variety in the diet. One teacher

commented, “I don’t know what to say, because I wouldn’t do this to my children. Give them the same food every day. There should be variety of nutrients.”

There was consensus that the scheme had improved since the department of education had taken over responsibility, especially since there had previously been problems with getting peanut butter and jam delivered. Working through the Cape Peninsula Feeding Scheme had also brought improvements since they were more regular in their provision of food, and there was a point of contact if there was a complaint or request.

Lack of clarity and accountability in the targeting mechanism

A limitation in determining uptake in the *Means to Live* is that survey interviews were conducted with caregivers. Unlike the other poverty alleviation programmes, where caregivers were able to provide reliable information about programme access (for instance, to child support grants, education and school fee waivers, housing subsidies, water and so on), many caregivers were not sure how the targeting mechanism for the nutrition programme worked, or whether their children were receiving food regularly.

Some parents said that they could not give informed opinion about the distribution of food because they knew nothing about the scheme or its rules – neither schools nor their own children talk about the school feeding scheme. Of the parents whose children did receive food at school, 77% thought that food was distributed to all learners in the child’s class.

Interviews with children’s caregivers revealed very differing impressions of the nutrition programme and the way in which it is targeted. According to one mother, school feeding was addressed at the PTA meetings – but this was simply to inform parents that food was available for children. Perceptions of how the scheme was targeted varied in the interviews, with some caregivers saying that all children at school get food, while others regarded the feeding scheme as targeting younger children, or poorer children, or children with unemployed parents, or children who do not bring lunch boxes to school. There was reference to the feeding scheme being reserved for children who were social grant beneficiaries, or alternatively for poor children who did not receive a child support grant, or for those whose parents had signed affidavits to declare their status as poor or unemployed. Given the apparent absence of any formal mechanism to make parents aware of the scheme and its rules, these perceptions may reflect parents’ assumptions based on their own observations or on hearsay, or their opinion about how the scheme should be targeted.

Some described specific incidents that suggest clear targeting failures through the exercise of school discretion. A parent described how one of the local schools sent entire loaves of bread home with pupils from the informal settlement, whose parents were not working:

So you find that these children are known by the school, they would leave with a loaf of bread, and then they would be able to come home and eat again. So I mean it really helps a lot.

- Olwethu, 36 (mother, Makhaza, urban)

While charitable, this is not the intention of the NSNP, and the discretionary distribution of food to households may result in further shortages for other children in the school. Five percent of caregivers whose children received food said their children brought food home from school, although some of these may have been children who simply saved their sandwiches.

Another unlawful exercise of discretion is where food is withheld from children as a form of punishment, as was described by a Grade 4 pupil:

We eat bread and milkshake... On some days we don't get the milkshake... they say we are making noise in our class... it's given to other classes... [but] we are given bread only

- And then the next day?

We get bread again and we don't get the milkshake

- How many times in a week don't you get milkshake from school?

I don't know

- And what about bread?

We get bread all the time

- What's on the bread?

There's jam and peanut butter

- Who gives you the food, who brings it to you?

Litha

- Who is Litha?

He is another kid who is also in my class

- Oh it's a child who is also in your class? How was he chosen?

I don't know

- They select one child?

Yes

- Is he a prefect, what is he at school?

No, he sometimes even writes down the names of those who are making noise, he is asked to watch out for noisemakers

- Oh, and when he writes down the names of the noisemakers who does he hand them to?

He gives them to the Mistress

- And then what does the Mistress do?

She beats us up... with a stick.

-Sipho (Grade 4)

There is currently little scope for accountability in the school feeding scheme. Without clear or publicised guidelines, it is impossible for parents, children or the education department to monitor the distribution of food and hold schools to account. While it is clear that, for the most part, food is distributed to a large proportion of primary school children on a daily basis, there are also targeting failures resulting from food shortages, targeting errors in implementation and the unlawful exercise of discretion which, while it may be well-intentioned, goes against principles of administrative justice.

Costs and consequences of the school feeding scheme

It is not a requirement of the school feeding scheme that parents contribute financially. However, some parents had been asked to contribute to the cost of school feeding – although this was only a small percentage of those whose children were fed at school (4%). According to Olwethu, a caregiver, her child’s school had asked parents to send R1 with their children each day for school feeding, because there was not enough bread to feed all the children. She had done this for a while, but after a while realised that if she gave her child R2 a day, he would be able to buy his own fruit (many of the schools have informal traders outside, selling fruit and hot lunches, as well as sweets and chips). Fruit is not distributed as part of the nutrition programme. There were no reports of food being withheld from children who did not bring money, suggesting that the R1 was a “voluntary”, rather than an enforced, contribution.

Where food is only targeted to poor or hungry learners, a consequence for children is that they may need to identify themselves as “needy” in order to claim the food. Already subject to all kinds of peer pressure, this can result in self-exclusion.

I don’t know why she was unwilling, I didn’t even ask if they cook, she just said she was unwilling to eat at school.

So you made her a lunchbox

Yes, but now I think she has stopped feeling like that. I think she can see that her friends are eating. She was unwilling and saying that she is shy to go and eat at school

Why?

I don't know, she said she was afraid

- Sisa, mother 29, Makhaza, urban

Some children do not receive food at school simply because they choose not to. In one of the households visited, a mother laughed as she explained that her children were very fussy – they did not like brown bread or peanut butter, which is all the school offered them. Instead, they insisted that she buy white bread and polony, which they took to school in their lunch boxes. This is a household where both children are eligible for and receive child support grants.

Exclusion of older children

While the NSNP is targeted at primary school learners, a high school principal in the area described how he had tried to convince the department of education to implement school feeding in secondary schools too. He was concerned that there had been many cases in the school of children going hungry, and that they can only help serious cases that come to their attention. One child for example, had collapsed while writing an exam, and was supported by the school to get food. He thought that “feeding schemes should be brought to secondary schools because a hungry stomach at primary school, or high school or university is still a hungry stomach.”

Implementation and access to NSNP: a rural picture

The Coordinator of the NSNP in the Eastern Cape department of education gave an overview of how the NSNP is operating. National policy is that the provinces should feed learners from grade R to grade 7, but the funding for the Eastern Cape is insufficient to allow learners up to Grade 7 to be fed. As a result the province was only feeding children up to grade 4 in quintiles 1 and 2 public schools. Some schools – particularly farm schools – were feeding learners up to Grade 7 where there are very poor children. All of the schools in the rural research site fall into quintiles 1 and 2 in the national poverty ranking, and are therefore targeted for school feeding. Parents help to prepare the food on feeding days and give it to the children. At the time of the research, community members who worked on the NSNP at schools were paid R260 per month.

Uptake in the rural site

Table 41 below summarises survey information about children who receive food at school in the rural site. While food reaches the vast majority of primary school learners, it is clear that many learners (63%) in the intermediate phase also access food at school. This is because all of the three local schools are junior secondary schools, which means that they extend up to grade 9. The official targeting mechanism does not include learners above the primary level, and so there is an error of inclusion when the programme is implemented in local schools.

Table 41 Access to NSNP in M2L rural site		
(Base: children attending school)		
	N (weighted)	Access to food at school
SCHOOL LEVEL		
• Pre-school (Gr 0)	90	93%
• Primary (Gr 1-7)	939	90%
• Junior secondary (Gr 8-9)	138	63%
• Senior secondary (Gr 10-12)	33	0%
HUNGER STATUS (Gr 0-7 learners only)		
• Not enough food at home / miss meals	489	91%
• Do not miss meals	540	90%
INCOME LEVEL (Gr 0-7 learners only)		
• Household income <R800 / mth	543	88%
• Household income R800+ / mth	486	92%

While it is an explicit aim of the feeding scheme to reach the poorest or “neediest” children, the survey suggests the wrong pattern. As in the urban site, “ultra” poor learners were less likely to be receiving food than less poor learners.

Insufficient food supply and irregular feeding

Ideally, in terms of the national policy, learners up to Grade 7 should be fed every day. Not only were the numbers of NSNP beneficiaries officially restricted to lower grades in the Eastern Cape, but the feeding days were reduced to three times a week during 2005.

Even against these modest plans, the three schools in the Theko Springs area were not managing to feed their learners as prescribed. None of the schools reported regularly getting margarine, peanut butter or jam. Usually it was just one out of the three spreads, and sometimes only bread arrives – without any of the other ingredients.

“They eat bread with milkshake, and jam and peanut butter sometimes. But from what I see, because I do sometimes go to the school, I noticed that it’s not even a quarter [a chunk of the loaf], it’s just a big slice... and yet they get just a spoonful of jam....that’s how they feed them. And sometimes there isn’t even that peanut butter, it’s just the jam. So a child gets that slice and a cup of milkshake, and they get a spoon of jam on top of the slice – the child spreads it for him/herself.... I’ve never seen the butter.”

- Noluthando 37, mother at Theko Springs

All of those who accessed the NSNP through the school feeding scheme reported receiving bread, and the majority also received the milkshake (the nutritional powdered drink), which is referred to as phuzamandla. There were few reports of other types of food, although these were prompted:

- Bread 100%
- Milkshake 88%
- Hot meal / soup / stew 1%
- No fruit

On quality, a teacher said that the learners enjoy the food. She explained that there are no shops there (in Krakrayo) so there are no choices for them. Even bread is hard to find since the few local spaza shops do not stock perishables. The bread for the feeding scheme is brought in specially. When they cannot get bread, they use nutritional biscuits, but sometimes there is nothing to eat at all.

“Well... sometimes they come back from school hungry because there was no bread – there’s bread sometimes. It’s brought by a car once in a while. The car passes by here and goes down there and we see it taking the bread to them.”

- Ntinga 77, grandmother, Krakrayo

“They go to school hungry and come back from school hungry – there is no food.”

- Caregivers focus group, Krakrayo

Private contractors deliver bread on Mondays, Wednesdays and Fridays to the schools in and around Theko Springs. The provision of food to schools in the Eastern Cape has been hampered by budget constraints and irregularities in the tender process for service providers who deliver the food. In September 2005 there were reports that the provincial feeding scheme had been cut from five to three days a week. The acting

director of specialised services justified this change on the basis that it was according to the department's business plan – that children were only supposed to be fed three days a week, and anything more than that was due to a budget surplus (Mail & Guardian, 2005). However, the national policy is to feed learners every weekday.

Changes in the tender process resulted in the dismissal of regular suppliers of food in 2006. New contacts were drawn up with smaller community-based suppliers and cooperatives, who failed to deliver food to many of the schools (Mail & Guardian, 2006). A forensic investigation was initiated by the premier, and the provincial minister of education resigned in January 2007 amidst allegations of irregular tender. The whole nutrition programme was suspended for the province until a new tender process could be undertaken under the new management structure (Mail & Guardian, 2007). These problems at provincial level left Eastern Cape children without any feeding scheme at the beginning of the school year.

In order to feed more learners more regularly without overspending the budget, the provincial government has been encouraging communities to establish school gardens to provide home-grown food through a cooperative system. According to the provincial NSNP coordinator, this could also improve monitoring of the programme, in the sense that it is communities themselves who are responsible and accountable to service level agreements. Because of the (anticipated) better nutritional value of food from food gardens, the programme could then be linked to the HIV/AIDS programme to contribute to healthy living of learners. At the time of the research there were about 800 schools in the Eastern Cape with school gardens. This meant that cooked food was occasionally prepared for the children – though only 1% of children in the research site had received cooked food, according to caregivers.

Exclusion of older children

The schools and caregivers in the site spoke of the general poverty in the area, which meant that many children of all ages went to school hungry.

“There’s something called RDP, that only goes up to standard 2. The children in standard 3 up to standard 7, there’s no bread. In other words they do not eat, those children do not receive any support. And it hurts because they come from different homes. One – even if they say that child is too old because s/he is in standard 7 – comes from a troubled home that we might not know about. If only s/he could get the bread. But then they say s/he is too old.”

- Caregivers focus group, Theko Springs

“They don’t all get it. Sometimes a child can be in Standard 7 and still be young, but the child comes home hungry because the food stops at the lower classes. The food is not for all of them.”

- Caregivers focus group, Krakrayo

They shouldn’t differentiate because as individuals we have nothing. Now it’s possible that the child in standard 6 left home without eating, now s/he’s going to see other eating and go home without eating anything, and yet maybe there’s nothing at home.

- Phumza, 35-year-old unmarried mother, Theko Springs

According to the principal at Theko Springs, the Eastern Cape Department of Education requires that all children in Grades R to 4 be fed. But he is concerned that Grades 5 to 9 also have young children that are hungry too. When bread arrives on Mondays and Wednesdays, there is enough for two days. But with no space to store the bread, and because they fear it will be stolen, the bread is all given out on the day it arrives. They only eat at around 11am.

The Acting Principal at Dyantyi said that they try to give leftovers to hungry children in Grades 5 to 9 but the provincial department says they must only feed Grades R to 4. A teacher at Wongalethu school talked about the school feeding scheme as “never enough, but better than nothing.” When the bread arrives, they try to guard the food for the little children, but the older ones complain and try to take it.

Theko Fihla school is a long walk from the three villages, but some children go there in preference to the three junior schools in Theko Springs. It is clear that this school is managing much better; its teachers, learners, grounds and buildings are all neater and smarter. Here all the grade 1 to 4 learners are fed. Teachers complain that there are children in Grades 5 to 9 who are hungry but will only get fed if there is spare bread. Feeding takes place in the open air when students line up by grade and fetch the bread. When the researchers were there to observe the feeding scheme in operation, there was barely enough margarine for the bread, and no peanut butter or jam. There was no nutritional drink at all. A teacher walked around with a long stick, threatening and hitting older boys who tried to get into line, or those who had already received bread and were trying to return for a second helping.

Schools as service points – problems of access and infrastructure

During the rainy season at the beginning and end of the school year, the dirt roads to the three primary schools in the villages of Nkelekethe, Theko Springs and Krakrayo are almost impassable without a 4 x 4 vehicle. Sometimes the bread trucks simply don’t arrive. An adequate road access system is essential for ensuring that education, nutrition, health and other services can be delivered regularly.

National data on road access to schools show that only 27% of schools nationally can be reached via a surfaced road, and there has been no improvement in the proportion of schools with surfaced road access over the 10 year period since 1996.

Table 42 Road access to schools
(national data 2006)

Province	Schools assessed	No access		Gravel access		Surfaced access	
		N	%	N	%	N	%
Eastern Cape	5724	382	6.7%	4649	81.2%	693	12.1%
Free State	1717	39	2.3%	1311	76.4%	367	21.4%
Gauteng	1972	59	3.0%	321	16.3%	1592	80.7%
KwaZulu Natal	5822	151	2.6%	4420	75.9%	1251	21.5%
Limpopo	4037	64	1.6%	3373	83.6%	600	14.9%
Mpumalanga	1981	94	4.7%	1398	70.6%	489	24.7%
North West	620	9	1.5%	445	71.8%	166	26.8%
Northern Cape	1796	65	3.6%	1144	63.7%	587	32.7%
Western Cape	1476	20	1.4%	285	19.3%	1171	79.3%
National (2006)	25145	883	3.5%	17346	69.0%	6916	27.5%
National (1996)			2.4%		70.9%		26.7%
% change in 10 yrs			1.2%		-1.9%		0.8%

Source: DoE 2006 Ordinary Public Schools Assessment: 33

There is striking disparity across provinces: while around 80% of schools in the richest provinces, Gauteng and the Western Cape, are accessible via surfaced roads (tarred or paved), less than a quarter of schools in Mpumalanga, KwaZulu Natal, the Free State and Limpopo have surfaced road access. Access problems are the greatest in the Eastern Cape where only 12% of schools are accessible via a surfaced road and 7% have no vehicle access at all. Delivery of food to these schools is impossible.

For schools to act as delivery agents for government poverty alleviation programmes requires that they are open during school hours. This is not always the case in the rural site. Road access problems mean that when the roads are wet, it is difficult for teachers from Butterworth or surrounding areas to get to the local schools. But this is not the only reason why schools do not comply with opening times.

Teacher absenteeism is also a problem. School attendance – by learners and teachers – is very low at Dyantyi school, and its doors are often closed during school hours. This means that many children from Nkelekethe miss out on food altogether. The researchers visited Wongalethu school in Krakrayo at 10am on a school day. All the children were already on their way home from school since not enough teachers had arrived to hold classes. The school was locked, and there was no sign of staff or food. At Theko Springs, researchers waited until 8.30 on a school morning for teachers to arrive. There could not have been many classes that day, because at 11am the same teachers overtook the researchers in a Toyota Venture on the road back to Butterworth. School governing bodies in the area appear to have little control over the day-to-day functioning of the schools.

The nutrition programme is also dependent on water infrastructure. There are problems in accessing clean water at all the local schools in the rural site, and the schools reported that the milkshakes cause diarrhoea and stomach aches. Although school feeding includes a nutritional drink, this comes in powdered form and must be mixed with water. But there is no municipal water service to any of the three villages. During the research period, the water system improved slightly: the district municipality supplied a diesel generator to Theko Springs, which pumped water from a spring to a water tower servicing some taps along the main road. By the end of the research period, there was still no water supply to the other villages. The schools have tanks, but rainwater is seasonal and often runs out in winter – particularly when local residents use this precious resource too.

The nutritional powdered drink is the main source of nutrition in the school feeding scheme. However, there are widespread problems with water access at schools. A National Assessment Report by the Department of Education surveyed over 25,000 ordinary public schools in 2006 and found that only 58% of these were connected to a municipal water supply. (Of these 18% said the supply was unreliable: only two thirds (65%) had a dedicated water connection on site. The remainder were served by means of mobile tankers or communal standpipes.) A further 30% of schools were dependent on boreholes or rainwater harvesting systems, and 12% had no access to water at all. This represents an improvement of 21 percentage points since 1996, when 33% of schools were without water. However, it is still an unacceptably high proportion of schools where children cannot access water – a basic right which is necessary for survival and essential for the delivery of the nutrition programme. As shown in Table 43 below there is considerable difference between provinces, with the Eastern Cape and Free State having the lowest levels of access to water at schools:

Table 43 Source of water supply to schools
(national data 2006)

Province	Schools assessed	No source of water on or near site		Borehole or rainwater harvesting system		Municipal water supply	
		N	%	N	%	N	%
Eastern Cape	5724	1135	19.8%	2315	40.4%	2274	39.7%
Free State	1717	320	18.6%	512	29.8%	885	51.5%
Gauteng	1972	32	1.6%	86	4.4%	1854	94.0%
KwaZulu Natal	5822	648	11.1%	2231	38.3%	2943	50.5%
Limpopo	4037	397	9.8%	1191	29.5%	2449	60.7%
Mpumalanga	1981	224	11.3%	477	24.1%	1280	64.6%
North West	620	13	2.1%	174	28.1%	433	69.8%
Northern Cape	1796	88	4.9%	507	28.2%	1201	66.9%
Western Cape	1476	34	2.3%	98	6.6%	1344	91.1%
National (2006)	25145	2891	11.5%	7591	30.2%	14663	58.3%
National (1996)			33.0%				
% change in 10 yrs			-21.5%				

Source: DoE 2006 Ordinary Public Schools Assessment: 17

The combination of bore-holes and water harvesting systems into a single category in the DoE report is inappropriate, since a borehole is associated with a relatively reliable source of water, whereas a water tank does not guarantee access to water all year round. The tanks used by schools in the *Means to Live* rural research site ran dry between rainy seasons, so that food gardens died and the “milkshake” had to be made up with river water.

It is clear that adequate infrastructure (in the form of roads and water services) is essential for the effective delivery of the NSNP – and particularly so that the nutrition programme can reach children in remote rural areas, who are amongst the poorest children in the country. For this reason it may be found unreasonable on the basis that it does not reach all targeted children and excludes those who are poorest and most vulnerable. This is not the fault of the Education Department, but a failure of Public Works and the Department of Provincial and Local Government to provide municipal services to rural areas. The need for inter-departmental collaboration in order to deliver poverty alleviation to children is emphasised through the *Means to Live* report, and is crucial for the realisation of children’s rights.

Consequences of receiving food

Although by all accounts, the food received through the NSNP is insufficient and irregular, the scheme is described as being very important in a context where children seldom get enough to eat. Caregivers talked of the introduction of the feeding scheme as being a positive change. For some, it helped relieve their anxiety about how to provide enough food for their children when there were food shortages at home.

"I want to say that after we had voted for the ANC there is development that we see in South Africa. Even the children at school are eating, a child doesn't come back from school hungry."

- Nolusindiso 39, mother at Theko Springs

School staff talked about the seriously debilitating impact of children's hunger on their school performance and concentration levels. It was also clear that the lack of sufficient funding to provide food for all hungry children in all grades made the situation very difficult for teachers and principals who witnessed how many children in the area are poor and in need of food. Teachers also spoke about the growing problem of HIV/AIDS in the area and how lack of food seriously impacted infected children.

Conclusion

The existing discourse on the nutrition programme, small as it is, has tended to remain at a conceptual level – focusing on policy targets and budgets – while there has been little investigation into the implementation of the programme at school level (other than internal assessments by the national and provincial departments, a baseline study which has yet to be released, and occasional media reports highlighting instances of programme failure). The *Means to Live* simply illustrates some of the programme's strengths and weaknesses in only two sites, and yet this is enough to suggest that policy, planning, implementation and reporting systems are not adequately aligned. Reports of quantitative successes can easily gloss over problems in targeting – which should be dealt with at the levels of policy and implementation.

The requirement of reasonableness

The NSNP has been successful in progressively expanding, both in terms of its budget and in the number of children targeted. By 2006 the NSNP aimed to reach nearly 6 million learners. While there are fairly clear criteria for targeting schools, linked to the school quintile system, the eligibility criteria for individual targeting are not explicit and are not consistently applied. Variable methods of targeting were recorded in the research, and caregivers had different opinions about the basis on which children were selected for food, due to the lack of information about which children are entitled to receive the programme.

The programme targets children at primary school level, but does not focus on younger children in the ECD phase or older learners in secondary school. Actual practice in some schools and provinces indicates a shift towards extending the programme to a wider age group, which would be necessary if the programme is to comply with the requirement of progressive realisation. At present, its targeting mechanism excludes a significant sector of society, as well as children living in intolerable conditions – and thus fails to meet the criteria for reasonableness as laid down in the Grootboom case. The NSNP needs to be progressively extended to include older children at high school level, with appropriate budget allocations, if it is to meet the requirements of the reasonableness test and realise children’s right to basic nutrition. The Education Department has indicated that it is investigating the expansion of the scheme to provide food on all school days, and to extend the scheme to secondary schools.

In the research sites, children receive at most a sandwich and a nutritional drink. Sometimes they do not receive the drink, and reports from schools and parents suggest that there is often not enough bread, and sometimes nothing to put on the sandwiches. The reasons for the under-supply are partly the result of schools trying to make the food stretch further than intended, so that older children do not go hungry. At the level of implementation, therefore, the implementing officials (i.e. schools) are in disagreement with the policy-makers – though the reported figures do not reflect the unintended inclusions that occur particularly at junior secondary schools. In these instances, an important principle of administrative justice is breached (failure to comply with procedures), in the interests of ensuring a reasonable programme which is equitable.

Ultimately, the effectiveness of the NSNP to alleviate hunger and increase educational outcomes may be compromised in the absence of a comprehensive plan to cater for children and their parents. An integrated response is needed, which includes the direct transfer of food as well as programmes that enhance the capacity of households to produce or acquire food.

Administrative justice

At an implementation level there is reference to “corruption”, with food disappearing from the very schools that are the service points for delivering the programme. This is equivalent to the much publicised cases of fraud in relation to child support grants, where social security officials were implicated in unlawful claims – potentially diverting the benefit from intended recipients. In the case of the nutrition programme, the consequences for targeted beneficiaries are directly felt because the food literally runs out. The social security system has built in mechanisms to eradicate fraud, including extensive administrative procedures in which officials cross-check one another in the approval process, as well as instituting investigations and prosecuting civil servants who defraud the system.

There are no such systems of verification in the nutrition programme, and such a system may be inappropriate in a context where schools are the service points and staff already struggle to cope with the burden of administration. But it is clear that a lack of systems of accountability around the school feeding scheme creates environments in which the rights-bearers (children) are not assured of their entitlement, and have no comeback if food fails to arrive or goes missing, or is directed to other children or withheld as punishment. In these instances, the programme does not comply with the requirement of procedural fairness.

It may not be feasible or appropriate for educators to take on the task of documenting the targeting of food to individual children. Already, teachers are burdened with administrative responsibilities, which the National Treasury acknowledges should not distract from their teaching responsibilities. Other options for the NSNP would be to expand the programme and adopt a universal targeting mechanism, in which food is made available to all schoolchildren, or to make schools more accountable to the school communities by defining the eligibility criteria more explicitly or involving the parent body in defining which children should receive food at school.

A focus of the inclusive education policy is to build the capacity of district-based and school support teams. In the case of the NSNP, it may make sense to increase local accountability through local governance systems, including ward councillors and School Governing Bodies. Monitoring systems would ideally establish how many days children are fed (and when they are not fed), which children are receiving food (and link to broader systems that identify children in need of support), the quantity and quality of food supplied, and whether this complies with the planned menu. It is important that monitoring systems are able to identify blockages so that they can be addressed, rather than focusing on naming and blaming.

Lack of infrastructure is an obvious barrier to implementation which urgently needs to be addressed. Without adequate water and road access, schools are unable to operate effectively as service points for delivery of the programme. A range of government departments will need to act collaboratively in order to address infrastructure problems.

HEALTH

FREE PRIMARY HEALTH CARE AND FEE WAIVERS FOR SECONDARY AND TERTIARY CARE

One of the first actions of the democratic government when it came to power in 1994 was to introduce free health care to children under the age of six, as well as pregnant and lactating women. Later, this universal fee waiver was extended to people of all ages using primary health care services. In a more recent move, children with disabilities have also been promised free health care services at secondary and tertiary levels.

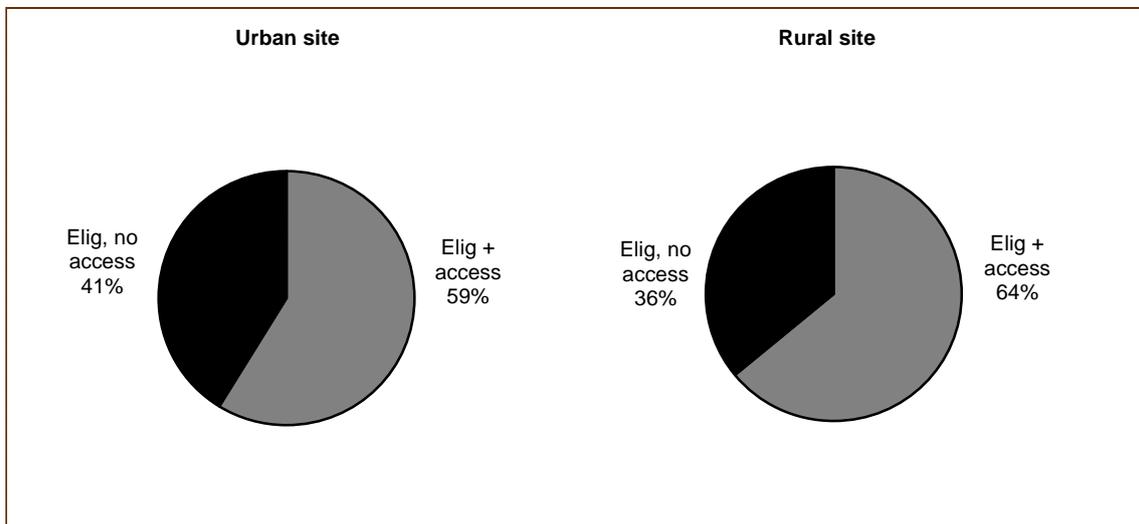
Introduction

The *Means to Live* research found that primary health care facilities in the research sites were not charging for services. At primary health care level at least, the policy is being implemented as intended. The bigger question then is whether people living in poverty are able to access health care through the public health system. The survey of children, interviews with caregivers and discussions with clinic sisters and district health administrators raise concerns about effective access to health services for children, despite the existence of fee waivers.

Figure 16 depicts eligibility and uptake of free primary health care in the two research sites. Since all people are eligible for free primary health care, the distinction is only between those who successfully managed to access free care through the public health system, and those who did not. The results show that a little under two thirds of children who needed health care received free primary care through the public health system in the two sites. They also show that access in the rural site was slightly better than in the urban site, despite the fact that there are no clinics in any of the three rural villages that made up the research site.

Figure 19. Eligibility and Uptake of Free Primary Health Care

BASE: All children in need of health care during past 3 months



This chapter looks at the implementation of free primary health care as well as fee waivers at secondary and tertiary levels of care in the two research sites. It does this in the context of reported health care needs for children, experiences of accessing local primary health care facilities, discussions with health workers, and a review of non-fee barriers to accessing public health care for people with few resources. It outlines some of the barriers which prevent poor children from accessing these free primary health care and fee waivers at the secondary and tertiary levels of care. To do so it looks at the following:

- who is targeted through health fee waivers at the various levels of care;
- how the targeting mechanism works in practice; and
- what the barriers are to access, and how these can be overcome.

Health fee waiver policies

South Africa is a signatory to the Convention on the Rights of the Child, which, in article 24, says that governments should accord children “the right to the highest level of health possible through the duty to ensure the right to access to health services.” The South African Constitution deals with health services in two places. Section 27 accords “the right to have access to health care services for all South Africans.” Section 28 (1)(c) of the Constitution, which is that portion of the bill of rights dealing specifically with children’s rights, states that children have the “right to basic health care services.”

The exact definition of what constitutes “basic” health care for children – or anyone – has yet to be determined. One possible interpretation is that children in South Africa

should have access to quality health care at all levels of the health system for all preventive health interventions (such as immunisation, nutrition support and prevention of mother to child transmission of HIV) as well as curative care for the most common conditions that affect large numbers of children in the country. This would cater for children with long-term chronic health conditions (including HIV/AIDS) – who should have access to diagnostic tests, medication and other interventions to keep their condition under control and allow them to lead a life that is as healthy as possible. However, at present there is little clarity on what the right to basic health care means, and arriving at a clear definition is a process that will require robust debate within the health and related sectors. David Bilchitz, in an article on defining the “minimum core” for the right to health, states that “the Department of Health should be obligated to develop pragmatic minimum standards that must be met as a matter of priority within the public health care system. These will also provide basic standards that can be improved over time to progressively realise the right to health care services in South Africa” (Bilchitz, 2006).

Many factors influence the health of children and their access to good health care. Having good health services is a critical requirement, but providing good and nutritious food, clean and safe water, good housing, making roads safe and ensuring responsible driving, safe clean spaces for children to play and good quality education are as important to children’s health and well-being as having good health services. Given the multi-dimensional nature of health, ensuring access to good health and health care for children is not just the business of the Department of Health, but of all Departments.

As with water and waivers on the payment of water, health care relies on the provision of a substantial infrastructure of facilities. In addition, there is a range of policies that prioritise primary level services. The single biggest poverty alleviation policy measure to give effect to the right of access to health care, aside from the provision of the facilities themselves, is the provision of free health services to large proportions of the population.

Facilitating children’s access to their right to basic health care requires many different levels of response. In 1978, a world gathering in the Soviet Union developed and adopted the Alma Ata declaration of Primary Health Care (PHC) that embodies the key principles on which a good health service should be founded. Three key principles of an acceptable health service, according to the Alma Ata, are *Availability*, *Accessibility* and *Affordability*. South Africa adopted the Primary Health Care approach and is therefore committed to these principles. Similarly, the General Comment No.14 to the International Covenant on Economic, Social and Cultural Rights (ICESCR) – which South Africa has signed but not ratified – outlines principles that help to define the normative content of the right. These are *Availability* (sufficient quantity of public health care facilities, enabling equal access to all), *Accessibility* (physical accessibility and availability to all, without discrimination, including economic accessibility), *Acceptability* (ethically and culturally appropriate service), and *Quality* (sufficient skilled personnel, as well as adequate equipment and medication, potable water and adequate sanitation).

Considering the ideals of the Alma Ata and the ICESCR, one of the potential ways of making health services more affordable and accessible is to remove or reduce health care fees, bearing in mind that fees are only one barrier to accessing good quality health care. In this spirit the democratically elected government of 1994 declared health care free for targeted groups as one of its first attempts to reduce inequalities and improve the lives of all South Africans. Since then, free health care has been extended more widely. Free health care has been shown to greatly improve access and utilisation of health services in other developing countries in Africa. The converse is also true, where the re-introduction of fees resulted in many people not being able to access much-needed health care.

Poverty is one of the key factors that impacts adversely on health. The introduction of free primary health care and fee waivers for those of limited means took place against persistent health status discrepancies between rich and poor, and between children and adults. As Shung-King et al noted in their policy review: "In the city of Cape Town, located in one of the richest regions in the country, the infant mortality rate illustrates the divide: in the wealthier city bowl, the IMR for 1998 was recorded as eight [per 1000], whilst the figure for a large peri-urban informal settlement on the fringe of the city was 60. Differences between regions and between provinces show a similar pattern. The wealthier Western Cape Province has an IMR of 30, while its poorer neighbour, the Eastern Cape Province, has double that rate, with an IMR of 61" (Shung-King et al 2005: 2).

The provision of free health care is an internationally accepted and appropriate mechanism to alleviate the burden of health care costs for the poor. The removal of user fees in other African countries has been shown to increase the utilisation of health care and frees up scarce household income for other uses. The poor also enjoy proportionally greater benefit from the removal of user fees (Shung-King et al 2005: 26-27). A South African study in 1994 showed that 22% of African interviewees reported having been refused treatment on the grounds of being unable to pay prior to the introduction of fee waivers. Approximately 54% of unemployed Africans reported not seeking treatment as they felt unable to pay for it while only 18% of white-collar workers did not seek health care for this reason (Hirschowitz & Orkin, 2005).

As has been seen, access to health care can be thought about in a variety of ways. Facilities need to provide physical, financial and service access. The fee waivers explicitly deal with issues of financial access.

Free health care in South Africa currently means that all people who use public sector facilities can go to clinics and community health centres free of charge, but some groups have to pay for hospital care. This policy was implemented in different stages since 1994.

Free health care was initially introduced as part of the Reconstruction and Development Programme (RDP), and was offered to all children under 6 as well as pregnant and

breastfeeding women. These categories of people were deliberately targeted because they were perceived as being particularly vulnerable. They were offered free health care at all public sector health facilities, clinics, community health centres and hospitals provided that they were not covered by medical aid or medical insurance and that they were living in households that earn under R100,000 per year. From 1996, free health care was extended universally at *primary level facilities* only (that is clinics and community health centres) to *all* people using public sector health care services. More recently, in 2003, the Department of Health extended free hospital care to include children older than 6 with moderate and severe disabilities.

In summary, hospitals are now the only type of public sector facility that may charge user fees. The groups that have to pay for public sector hospital services are adults, children aged 6 or older who do not have disabilities, as well as those covered by medical aid or medical insurance and/or who live in households with an income of more than R100,000 per year. The amount that must be paid is determined according to a sliding scale, based on the annual household income. If a household has no income at all, then all services are provided free of charge – but this is only granted if the household can prove its indigent status.

This means test creates a number of potential difficulties for the poor. First, the onus is on the health user (i.e. the sick person or their caregiver) to provide proof of their lack of income – a process which, as outlined in the chapter on social grants, can be difficult and burdensome. Second, “family” is not clearly defined, so it is unclear whether the means test should be based on the income of the whole household (which may include members who do not bear the responsibility for supporting the child financially) or whether it should use the income of the child and his/her parents. Even if it is the latter, “parents” could be interpreted to mean the caregiver and her spouse (as in the CSG means test) or the caregiver and her spouse OR unmarried partner (as in the means test for the housing subsidy). Third, as with other means tests for poverty alleviation programmes, there is no clarity on whether the income calculation includes or excludes social grants. On the basis that poverty alleviation programmes should not cross-subsidise one another, our interpretation is that social grants should be excluded from the income calculations, and this is how the means test has been applied in the *Means to Live* analysis. A requirement of administrative justice is that the means test should be clear and easy to apply. This is not the case in the means test to determine fee waivers for secondary and tertiary levels of care.

The current application of free health care for children in South Africa is therefore a mixture of a targeted and a universal intervention. It is universal at the primary level of care, and targeted in that younger children and children with moderate to severe disabilities benefit from free health care at all levels of care, whilst children older than six and with no or mild disabilities have to pay for hospital access according to a sliding scale based on a means test. Based on 2003 Burden of Disease estimates by Bradshaw et al, children older than five years primarily suffer from health conditions relating to trauma, HIV and chronic health conditions, amongst others. These are all conditions that are likely to require some degree of hospital treatment on a once-off or ongoing basis.

Public Health – an urban picture

The urban research site in Khayelitsha is densely populated and served by a large network of primary, secondary and tertiary health care facilities. Within or adjacent to Village 3, Kuyasa and Nkanini are three clinics. Matthew Goniwe clinic in Village 5 is the biggest and oldest. Aside from the nursing staff and one doctor, there are also two Voluntary Counselling and Testing (VCT) people from Life Line and another from FAMSA.

Two smaller clinics, Luvuyo and Mayenzeke are both located in Village 3. During the research period, a new clinic opened in Kuyasa, the new subsidy housing development. This clinic, known as Empilisweni, moved about 10 kilometres from its previous location in Harare, with the same staff but a new building and facilities. Love Life runs an adolescent friendly clinic initiative at the Kuyasa clinic. Aside from the health NGOs operating from clinic sites, the Planned Parenthood Association of South Africa (PPASA) also operates a youth centre in Village 3, and has an adolescent friendly clinic supported in part by the Department of Health. The informal settlement of Nkanini, despite now comprising over 10,000 shacks has almost no infrastructure, and no health care facilities are located in this area.

At the outskirts of the nearby Harare section of Khayelitsha is the Michael Mapongwana community health centre (day hospital), a sprawling facility offering primary and secondary level care, including maternity facilities, X-rays and trauma. For secondary or tertiary care, community members can access Tygerberg Hospital as well as the specialist Red Cross Children's Hospital.

In these parts of Khayelitsha, the health facilities are not far away, and physical access is relatively easy. A taxi to Michael Mapongwana hospital is just R3 each way.

Public Health – a rural picture

Our main problem here in Theko Springs is suffering – we are people who suffer, we do not have a clinic... we walk this land to get [to] a clinic in Holela and to get [to] a clinic in Tukurha. We don't have a clinic.

-Caregivers focus group, Theko Springs

The cluster of three villages that make up the Theko Springs administrative area includes 776 resident households across the villages of Nkelekethe, Theko Springs and Krakrayo. They fall under the Mnquma Local Service Area (LSA) of the Amathole Health

District. The only health care that comes to the area is a mobile clinic, which arrives in the centre of Theko Springs for one day every 6 weeks when the roads are accessible. For the rest of the time, whether it is an emergency, a regular visit to monitor children's weight, or for a child who is sick – parents and children need to travel long distances to access health care.

Theko Springs is the biggest of the three villages, and home to the Nkosi, and so it is to this village that services such as the mobile clinic and the social grant paypoint come. Residents of the other two villages must walk to Theko Springs in order to reach the mobile services. For those in Krakrayo, it is a long (approx 5km) walk or taxi ride along a dirt road that becomes extremely muddy when it rains. For residents of Nkelekethe, which is the end of the road and seldom serviced by taxis, this entails a walk of about 3km down a winding pass, and back up the long hill again to get home. Naturally, this is particularly difficult for sick people and those who need to carry children.

The clinic as well, our wish is to have it closer to us, because even though they don't have it here at Theko [Springs] yet... monthly the clinic comes to Theko Springs. The nurses come from the hospital and we don't hear about it. We also wish that while we do not have [a permanent clinic], it should come monthly to the school here because sometimes you can't go there because you have fever. Then it's difficult to do anything because you have to go far.

-Caregivers focus group, Nkelekethe

A previous temporary clinic at Theko Springs (which serviced all three villages) was closed after the building was deemed unsafe, and so the staff moved out. The building of a new clinic has since been contested, with different local leaders mooted different places within Theko Springs for the building of a new clinic, and with the local municipality planning section prioritising a community hall over a clinic. There is a standing request for a new facility in the cluster of villages, but the district health authorities have decided to build clinics in other areas that are even more sparsely serviced than Theko Springs.

There are a few primary health care facilities in adjacent areas. A long walk down the valley from Nkelenkethe, across the Theko River and up the steep slopes of the next hill leads you to Gcaleka clinic in Holela. It is the same walk taken by high school students attending Gwelane Secondary School, and the same problems of access apply. In the rainy months the river is impassable and there is no footbridge.

There are alternatives. From all three villages it is possible to walk to the taxi area in Theko Springs and take a ride to the main road towards Butterworth. This of course requires money. From there it is possible to walk to Tutura clinic, another 20 minutes at a good pace. Alternatively, one can continue to Butterworth where there is a Gateway

clinic adjacent to Butterworth hospital. The taxi to Butterworth is extra. A little further away, in the other direction, is the Community Health Centre at Kentani.

The minimum standard for ensuring accessibility of health services to communities is that all residential areas should fall within a 5km radius of a clinic. Residents of Krakrayo, being closest to the main road, fall just within this distance, but Theko Springs and Nkelekethe are outside the 5km radius of any clinic.

Aside from the primary health care facilities, people in the rural site also use the two nearest district hospitals. Butterworth hospital is in the town of the same name, and Tafalofefe district hospital is further north and towards the coast from Theko Springs, and can be reached on foot in about 2 hours or by a taxi from Butterworth. Although there is no official “gateway” clinic at Tafalofefe, the hospital also offers primary level care because of the lack of alternative clinics in the area. The Amathole District Health plan acknowledges that primary health care services offered at Tafalofefe hospital because of the lack of clinics, are utilising the hospital staff budget and compromising hospital level services.

Physical access to the hospital’s facilities cost money, and they are particularly hard to reach after hours as there are few ambulances. It costs in the region of R280 to hire a car to go to Butterworth hospital.

Tafalofefe has been identified and certified as a site for ARV rollouts, and at the time of the research had 20 people on treatment and another 100 in preparation. Butterworth had also been selected as a rollout site, and was offering ARVs to 59 people, but its accreditation process had not been completed. In addition to those on treatment, 179 people were on the preparation programme.

Where cases cannot be dealt with at these district hospitals, patients can be referred on to Frere or Cecilia Makiwane Hospitals. Only one case of use of a tertiary hospital was reported in the research survey, where an adolescent boy was sent for reconstructive surgery.

Eligibility and uptake at primary health care facilities

To quantify the proportion of eligible children who were accessing the systems of free health care and health fee waivers, it was necessary to define “need.” In the case of the CSG or school fee exemption, it was sufficient to express uptake purely as a proportion of eligibility, since it was assumed that anyone who was eligible for the grant / exemption would want it. But one cannot expect such automatic utilisation of health care. Access implies utilisation or uptake, as well as service delivery, and it is linked to

need as well as to eligibility. If one simply expressed uptake as a proportion of eligibility, then access would be artificially low, since the majority of children had no need of health care in the three months covered by the household survey.

A “need” variable derived from reported health conditions and immunisation ages would be ideal, but the range of health-related variables collected in the survey was not sufficiently inclusive for this purpose. Sixty seven children sought health care even though they were not identified as being in need, based on reported medical conditions for example. To determine health need would be an entire study in itself, and would have to include a range of anthropometric data as well as much more detailed self-reported (or caregiver-reported) data on the child’s health status. As it is, there is little consensus amongst paediatricians about how to determine health care need among children.

The approach taken in this study is to develop a “perceived health need” denominator that starts with all children being potentially in need of health care. It then excludes those who did not see a health practitioner in the past three months specifically because “the child was not very ill / did not need treatment”. This was possible because the questionnaire asked about health-seeking behaviour in relation to all children. Where no visits to a health care practitioner were reported, respondents were asked to specify why the child had not seen a practitioner. One of the possible responses in the closed (unprompted) list was “the child was not very ill / did not need to get treatment”. Health need is therefore based on the perception of the respondent who, in most cases, was the caregiver. If the caregiver perceived that the child had no need for health care, then the child was treated as no-need. All other children were regarded as in need.

A total of 355 children were thus considered in need of health care in the three month period covered by the survey. Uptake rates therefore reflect service utilisation as a proportion of children whose caregivers perceived them to need health care. This is likely to result in an over-estimate of need, but nevertheless provides a base for determining uptake amongst those who attempted to access health care. By these calculations, 177 children (28%) in the urban sample were in need of health care in the three months prior to the survey, while 178 children (33%) were identified as needing health care by their caregivers in the rural sample.

Table 44 Health care need in M2L sites						
Health care need (past three months)	Urban site			Rural site		
	N	N (weighted)	%	N	N (weighted)	%
Did not need health care	465	12,551	72%	359	1,046	67%
Did need health care	177	4,929	28%	178	518	33%
Total	642	17,480	100%	537	1,564	100%

This approach is, of course, open to circular reasoning. Different caregivers may have different perceptions about health need: the mother of a healthy baby might argue that her baby had no need for health care, while another mother with a baby of the same age may have taken her child to the clinic for inoculations – implying that there was a need. One mother may take her sick child to the clinic, while another perceives that her child, suffering the same symptoms, is not sick enough to need medical attention. It is impossible to control for these factors, which may be associated with the age and experience or confidence of the caregiver in her own ability to diagnose need and treat minor conditions. The perceived need for health care is also likely to be influenced by the availability of facilities: someone living around the corner from a clinic may be more inclined to perceive a health need and take their child for a check-up than someone who has to pay money and travel by taxi to get to the nearest clinic. Perceptions of need might be expected to differ in the urban and rural sites. The research cannot evaluate whether caregivers were “correct” in their perception of their children’s needs. It simply looks at service utilisation and access as a proportion of children reported to need health services.

A number of caregivers spoke about how they observe children in order to determine whether they are sick, and felt quite confident that they could tell when a child needed to be taken to a clinic or hospital.

An older child will tell you that it hurts here, and then I can be able to take him to the clinic. With smaller children you can tell by the way they are unable to play, when they look listless – and you can tell that something hurts and then you take them to the clinic.

- Nofoto, 46, rural site

I: How do you know when Lubabalo is not well?

R: You can feel him at night when you’re in bed with him, and you can hear the way he breathes, and you can tell that the chronic illness is back... he wheezes from his chest.

-Nomathemba, 88, rural site

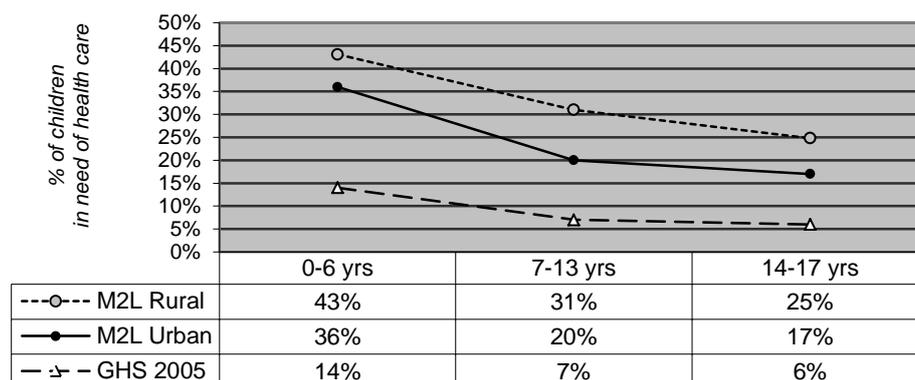
On the basis of caregivers’ assessments, younger children were more likely than older children to need health care in the three months prior to the survey, and the reported need was higher in the rural site than in the urban site. For infants and young children, health care “need” includes clinic visits for weighing and measuring, and immunisation.

The *Means to Live* data is not directly comparable with national estimates of health need. The only official national data for the same time period is the General Household Survey, which asks about illness or injury for each household member. However, while the

national survey asks about health status in the past *one* month, the *Means to Live* asked about the past *three* months. This was necessary because of the relatively small sample size, and the need to capture the experiences of those who had tried to access health care. Secondly, while “health care need” in the *Means to Live* includes young children in need of inoculations, the General Household Survey only captures those who have suffered from illness or injury. For both these reasons, one would expect the rate of health care need to be higher in the *Means to Live* than in the national data.

This is indeed the case. While the *Means to Live* identified 28% of the urban children and 33% of the rural children as being in need of health care in the past *three* months, the General Household survey identified 9.5% of all children as having suffered illness or injury in the past *one* month. The distribution of need was similar to the *Means to Live* sites in that younger children were more likely to have suffered from a health problem or be identified as “in need of health care” than older children:

Figure 20. Health care need by age group: urban and rural sites, and national data



(Sources: Means to Live – child health need reported by caregivers; GHS 2005)

Measures of access

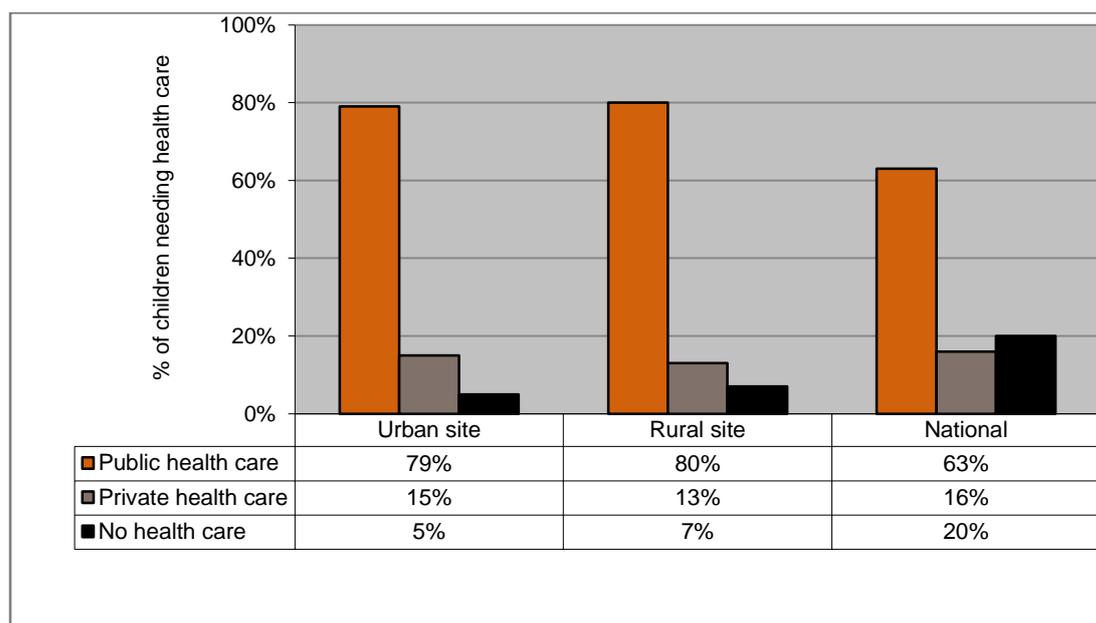
Of the 355 children in need of health care in the *Means to Live* sites, 332 went to some kind of health care facility, public or private, in the three months prior to the survey. This suggests high levels of service utilisation: 93% of children who “needed” health care, with a fairly even split between the urban and rural site.

Reported health utilisation is slightly lower in the national data. According to the GHS, 80% of children reported to have been sick or injured during the preceding month went

or were taken to a health care facility – public or private. The figure below shows the kinds of facilities that were accessed amongst the children who did go to a health facility or practitioner. The majority of children surveyed in the *Means to Live* went to public health services (clinics, mobile-clinics, day and other hospitals), while others went to private health providers (GPs and pharmacies and, in one case, a traditional healer).

Figure 21. Access to health care service points in the past three months

BASE: All children in need of health care during past 3 months (1 month in GHS)



(Sources: Means to Live; GHS 2005)

The remaining 5% in the urban and 7% in the rural site accessed no health care (while 20% of ill or injured children in the national survey did not utilise health services at all).

Provincial data show that visits to primary health care facilities increased substantially between 2000/01 (82 million visits) and 2005/06 (102 million visits), and this is attributed to an increase in PHC funding. Primary health care utilisation rates were 2.5 visits per uninsured person (without health insurance / medical aid) in 2005, and the unit cost of visits to government increased from R64 per visit in 2000/01 to R95 per visit in 2005/06 (National Treasury 2006: 38).

Of those who accessed public health facilities in the *Means to Live* research, the mean number of visits in the past 3 months was 1.6, with a slightly higher average in the rural site than the urban site. Unfortunately it is not possible to separate out the proportion of

visits to primary and secondary facilities, since many hospitals serve both purposes (for instance, Butterworth hospital has secondary health care services and also runs a clinic).

Of course, reaching a physical health service point does not necessarily mean successful access to health services. In discussing quality of care, respondents were asked to talk only about their most recent visit. Some caregivers reported that having reached the health facility, their children did not receive health care. Four out of five children who needed health care went or were taken to public health services, but not all of them received health care since the necessary medication was not always available. These cases are not regarded as having successfully accessed health care.

In the urban site, 24% of caregivers reported that medicines were not available for their children, meaning that only 74% of those who sought health care from public services actually accessed health care. In the rural site, availability of medicines was better: 17% of caregivers reported that medicines were not available for their children when they took them to public health services, so the rate of access to public health care was 80%.

In 57 cases, caregivers reported that the necessary medicines were not available at the public health facility. In these instances, although the child was taken to the health facility, they are not regarded as having successfully accessed health care for the purposes of this study.

Table 45 Access to public health care in M2L sites

	Urban site			Rural site		
	N	N (weighted)	%	N	N (weighted)	%
Children in need of health care <i>(Base: all children)</i>	177	4,929	28%	178	518	33%
Access to public health services <i>(Base: children in need of health care)</i>	136	3,910	79%	143	417	80%
Successful uptake of public health services <i>(Base: all children in need of health care)</i>	103	2,029	59%	114	332	64%
Treatment not available <i>(as a proportion of those who sought public health care)</i>	33	1,009	26%	24	70	17%
Successful access to public health <i>(as a proportion of those who sought public health care)</i>	103	2,029	74%	114	332	83%
Total	642	17,480	100%	537	1,564	100%

It should be remembered that 15% of all children in need of health care were taken to private practitioners rather than public health services, and a further 6% of children did

not manage to get to any service. If successful access to public health care were expressed as a proportion of all children in need of care, taking into account access failures, self-selection out of the public health care system and lack of medication at service points, then a total of 63% of all children in need of health care successfully accessed health care through the public service (59% of urban children, and 64% of rural children). This is regarded as the uptake rate.

Of those who sought health care at public health facilities, 74% of urban children and 83% of rural children accessed health care in that they were attended to and treatment was available.

Barriers to accessing free primary health care

A small number of children (23 children, or 7% of those in need of health care) had not accessed any health service in the three months preceding the interview, and the survey asked why. Reasons were related to accessibility, affordability, and belief in the quality or efficacy of the care provided at health facilities. The responses are shown in Table 46 below.

Table 46 Reasons for not accessing any health care		
Reason (unprompted)	Urban site [N]	Rural site [N]
Too far / difficult to get to health service	4	9
Too expensive / cannot afford medicine	-	3
Health practitioner would not be able to treat	4	-
Other / unspecified	3	1

Source: The Means to Live

Respondents were not prompted; the reasons they gave were recorded in a pre-coded list of response categories. Multiple mentions were possible – responses add up to more than 23

The researchers explored some of these problems with caregivers and health workers in the two sites in the qualitative component of the research. Many of the conversations with caregivers and health care workers have to do with the availability and capacity of services at the primary level.

Quality of care: capacity problems

Even where children had accessed public health facilities, a large number of caregivers reported difficulties or limitations in service delivery. Table 47 below shows the responses to prompted questions about the quality of service received at public health facilities. In each site, caregivers reported service problems for over half of all children who had been to clinics or hospitals in the previous three months. The main problems related to long queues, inconvenient opening times and the shortage of medication.

Table 47 User satisfaction and quality of care at public health service points

(Base: Children who accessed public health care in previous 3 months)

Problem (prompted) - ranked	Urban site		Rural site	
	N	%	N	%
Long waiting time (over an hour)	63	46%	61	43%
Opening times not convenient	34	25%	29	21%
Medicines not available	33	24%	24	17%
Facilities not clean	26	19%	9	6%
Rude staff / turning patients away	17	13%	16	11%
Expensive (eg. user fees / cost of care)	1	1%	3	2%
Incorrect diagnosis	1	1%	-	-
No problems reported	49	36%	65	45%

Source: Means to Live

Note: multiple response – totals may add up to more than 100%

The list of response categories used in the *Means to Live* was identical to that used in the General Household Survey, to enable comparison. It is immediately apparent that financial cost does not feature as a barrier to public health care – the free health care system appears, for the most part, to be working well. Rather, problematic aspects of public health care relate to the quality of service, as shown in Table 48 below.

Table 48 User satisfaction and quality of care at public health service points

(Base: Children who were ill or injured in past month and attended public health care)

Problem (prompted) - ranked	E Cape	F State	Gautng	KZN	Limpop	Mpum	N West	N Cape	W Cape	Total
	Long waiting time	49.4	46.0	46.5	51.0	17.9	30.5	47.6	23.2	47.4
Medication not available	26.7	8.9	13.7	14.5	3.4	22.0	19.2	11.2	6.7	14.9
Rude staff / turning patients away	11.5	12.7	14.0	12.3	2.4	10.6	15.6	2.8	13.2	10.9
Opening times not convenient	10.8	5.6	7.2	8.5	1.8	3.4	5.6	4.3	4.6	6.4
Facilities not clean	7.0	8.8	11.0	5.3	2.8	3.3	6.1	2.6	6.8	6.0
Too expensive	2.5	1.0	6.6	3.0	1.1	1.1	2.7	0.6	0.1	2.5
Incorrect diagnosis	2.1	2.9	1.0	2.2	2.0	0.0	0.9	1.1	4.7	1.8
No problems reported	33.9	49.0	44.7	43.0	74.0	56.5	37.7	67.6	45.4	48.4
Total children attending	128,390	47,492	98,397	180,631	126,180	74,901	77,188	14,651	52,655	800,486

Source: General Household Survey 2005

Note: multiple response – totals may add up to more than 100%

Nationally, over 40% of children who went to public health facilities experienced long waiting times. This was particularly severe in KwaZulu Natal and the Eastern Cape, but

less of a problem in Limpopo and Mpumalanga. Long waiting times were also reported in the two most urbanised provinces – Gauteng and the Western Cape – suggesting that the provision of health facilities is not keeping up with increasing demand from growing populations. In addition, lack of medication at health facilities appears to be a barrier to effective health service provision, with striking provincial variation. Provinces where children are most likely to come away without the medication they need are the Eastern Cape, Mpumalanga and North West. The third most frequently reported problem with the public health service was that staff at health facilities were rude or uncaring, or turned patients away.

Although physical access to health services posed a greater barrier in the rural *Means to Live* site than the urban site, the quality of service was less satisfactory to the urban caregivers. Many people in the rural site said that the quality of service they received was fine, and that there were no problems with the facilities. There were few complaints about rudeness in the qualitative interviews, and waits were not long in comparison with those reported in Makhaza, the urban site. However, in both sites over 40% of children had had to wait for over an hour to be attended to. Rural clinics had instituted a feedback system on customer satisfaction, although the mechanism assumed that health users are literate.

I would really say that quality assurance in terms of care is still at initial stages, those boxes at the clinic that are there for the people to put in whatever complaint that they have about the service that we render, we would like to improve on the service that we render. I would say that to some degree we do seem to strive towards the rendering of compassionate care to the people that we serve.

- Interview Sister Nyanga – Local Service Area Manager, Butterworth

In the urban site a number of caregivers complained of rude or unhelpful treatment by nursing staff. One said “They bark at you like they are not talking to a person.” The urban site was also where caregivers were more likely to be assertive in demanding better care, not leaving the building until they were attended to, or complaining to the senior sisters about more junior ones.

Here in Cape Town you are not treated well at the clinic. I had taken Nkosinathi to the clinic but I was not treated well. I was scolded because I had gone there late... I took forward Nkosinathi's card and put it on the desk and that card sat there and they ignored it and said I had come late – after 8 (in the morning), and I said I didn't know that. So that card sat there and I kept checking to see if they had taken it... they took it after a long time, but I was sitting there and not leaving. “

-Cikizwa, 43 years, mother, Nkanini, W Cape

Everyone's complaining about them, so I don't think I'm the first one who's complaining... We filled in petitions and when I filled my petition I just filled in what was on my mind."

-Angelina, 28 years, mother, Nkanini, W Cape

The main complaint about the services in the urban site relates to the long waiting times at clinics. Caregivers said there was always a possibility of getting turned away without being seen unless they were there before the clinic opened. Young mothers and children who need secondary care or to access termination of pregnancy and other services at Michael Mapongwana reportedly need to be there by 5 am to stand a chance of being seen during the day.

While the smaller clinics in the urban research site were generally able to see all the patients who arrived, the bigger clinic in Village 3 and Michael Mapongwana were often unable to cope with demand. As a result, some patients had to arrive very early in order to be seen without an appointment, and others were turned away. Turning away patients distressed both users and staff at the facility.

When initially free services were offered for children under 6, nobody realised the impact on health services. It opened up so many facilities to all people, but there were just not the facilities out there to meet the demand.

-Interview Dr Russeau, Medical superintendent, Paediatrics, Tygerberg Hospital

An urban mother explained that she simply couldn't take her child to the local clinic, even though it was just around the corner from her house, because it often entailed waiting most of the day. She was one of the few caregivers who had a day job, but a visit to the clinic meant that she had to take leave from work.

Caregivers interviewed for the study made a number of recommendations for improving access to primary health care. These included:

- separate waiting areas for adults and young children, or for sick people and those coming for immunisation – so that children and babies do not have to come into contact with people who are sick and may be infectious
- extended opening hours – after work hours and on weekends, so that mothers do not have to take time off work to take children to the clinic.

The health sector workers interviewed in this study consistently identified staffing as a constraint on the provision of high quality services. Intensive care and paediatric specialist nurses were reported to be leaving the public sector in Cape Town for private

or overseas employment with significantly improved conditions and benefits. Heads of clinics and district health officers also identified levels of high burnout and staff turnover, which affects both quality and consistency of care.

Yeah, but the nurse who was doing that (staging HIV positive patients) has resigned also, you know, so we are one nurse short also because now it means that services is going to collapse again...

-Interview Sister Mandindi, urban site

The staffing situation in the Mquma Local Service area in the rural site is particularly problematic. The CEO of Tafalolfe hospital spoke about the staffing numbers: “We are supposed to have 430 (staff), but the last time I was checking (I will still be asking for an update) we were only 262. We’ve got a vacancy of 168, but I think that was early last year. I think we’ve lost about 9 during the course of the year, so that number has decreased.”

Figure 22. Health Staffing for the Amathole District

Health sub-district	Personnel category	Post Establishment (=5+6)	Posts approved and funded	Post approved, not funded	Posts filled	Vacancy rate (%) (=6/4 * 100)	Number per 100,000
Mquma Local Service Area	MNQUMA LSA						
	Medical officers	9	9	0	2	22% ¹⁵	0.69
	Professional nurses	162	162	0	143	12%	4.48
	Pharmacists	2	2	0	1	50%	0.34
	Mid-Level Health Worker : Pharmacy Assistant	2	2	0	2	0	0.69
	Mid-Level Health Worker : Auxiliary Services Assistant	18	18	0	13	28%	6.27
	Mid-Level Health Worker :						
	Other: Drivers, Gas & Care takers, Administrative support	133	133	0	99	25%	46.3
	(ii) District hospitals						
	Medical officers	32	32	0	09	71%	11.1
	Professional nurses	228	228	79	149	53%	79.5
	Pharmacists	12	12	9	3	75%	4.1

Source: Amathole Health District Plan 2006-2007.

All the health managers in the Eastern Cape spoke about not having enough staff, with problems of retention, especially in the rural clinics, and staff leaving for urban areas or international or private sector jobs. While the reported understaffing in the urban site was much lower than this, clinic sisters in Makhaza spoke about the impact of having high caseloads but too few staff, and therefore less time with each client. The head sister at Matthew Goniwe clinic, the biggest in the urban site, has worked in the city for 22 years and acknowledges that staff shortages and high turnaround are now the norm. She says:

I think at the moment we are doing quantity and not quality at all... patients are being turned away. I don't think it's good... It's a terrible cycle this thing of not enough staff, so low morale, so more people feel too tired and they get burnt out.

-Interview Head Sister, Matthew Goniwe Clinic

Prevention and cure

Earlier evaluations of the introduction of free primary health care and the simultaneous introduction of more curative roles at clinic level raised the problem of preventative services being crowded out by the drive to deliver curative services. This is of particular concern for children's health, as they need good preventative services such as immunisation, growth monitoring, nutrition programmes and health promotion outside of health facilities, such as school health promotion activities (Shung-King et. al., 2005).

The focus on curative work in conjunction with the inadequate staff and therefore high patient loads has resulted in quick turnaround and reduced contact time with patients.

Gone are the days when you would sit with the client and you would know everything about the client, now we don't have that time and for me it is important and unfortunately I'm retiring quite soon, and I don't feel good, I don't know what I'm doing now. For me it's no longer caring.

-Interview Sister Mafiyana – Kuyasa clinic

Health care workers complained that reduced contact time with individual patients results in less effective interventions and a failure to deliver prevention and secondary prevention services. At Matthew Goniwe clinic there is just one community health worker. The head of the Kuyasa Empilisweni clinic reflected on this shift from preventive to curative services at the primary level:

I was able to go and do home visits, which I can't do now. For instance our immunisation coverage has dropped because we are not visiting the crèches where

¹⁵ This percentage is clearly incorrect (it is the vacancy rather than occupancy rate), but is reproduced directly from the 2006/2007 Amathole District Health Plan.

most of the children are, and they are not immunised because the mothers are working and they can't come to the clinic here. So you find yeah – we have shifted from preventive to more curative because you can't leave a sick child and go out there.

-Interview Sister Mafiyana – Kuyasa clinic, urban site

Aside from the expansion of curative services at primary level, the HIV/AIDS pandemic has had a huge effect on demand for services, as VCT, PMTCT and a range of complications with TB treatment and increased attention to STIs are all emergent and growing phenomena since the advent of HIV/AIDS.

Instead of the clinic staff going into the community in the urban site, various NGOs are providing elements of the preventive and home care work, albeit in specialist areas. So while one family might have a teenager needing family planning advice, and another bedridden or terminally ill and requiring home-based care, and another young mother requiring education about oral re-hydration or immunisation, these various elements are fragmented to different local and national organisations.

The rural clinics still have significant outreach programmes, with 10 community workers working from the Gcaleka clinic for example. According to the district health plan, there should be at least five community workers per clinic. They are volunteers on a R500 per month stipend, which should be increased shortly to R1000 to be in line with national policy.

Lack of medication

The clinic visits of 57 children in both the urban and rural areas were marred by a lack of medication. This complaint was heard from both caregivers and health care workers who were frustrated by the poor service they were given.

We are providing formula feed at the clinic, that is, eight tins a month. But presently for these past two months, we are out of (formula) feed... Right now there are no pain tablets here in the clinic, they are finished.

-Interview Sister Jikeka, Gcaleka clinic, rural site

The formula was to be given to HIV positive mothers at the clinic, mothers who had opted for formula rather than breast feeding in order to reduce the possibility of transmitting the virus to newborns and babies. It should also have been available to children identified as underweight or suffering from Protein Energy Malnutrition. An interruption in formula poses a greatly increased risk of HIV infection and of children dying.

This was not only a problem at clinic level. Butterworth hospital, which serves a large area surrounding Butterworth, including the rural site, reported not having any formula feed since the dietician left a month prior to our research visit. Since she left, nobody had ordered formula. Both clinic staff and users from the Theko Springs area in the rural site confirmed that medicines and other supplies are quite often missing from the clinics.

Health workers cited delays between ordering medicines and their arriving, and others referred to the insufficient number of vehicles available to supply the clinics. Some caregivers explicitly linked the lack of medicines and generally worsening treatment to the introduction of the free primary health care. One 32 year old mother said:

Things were better, I mean when we were paying the service was good, but now they have changed now that they are free. Now there's no one to serve you, even when it hurts somewhere there's no treatment.

-Nolitha, 32-year-old mother, Theko Springs, rural site

There was concern amongst rural caregivers that cough medicine is no longer available at the clinics. Given that most households in the rural site rely on wood fires for cooking and 10% of children in this area were reported to suffer from “asthma” or respiratory problems, access to relief from a cough often results in expensive trips to the pharmacy in town, and R20 or R30 for medicines. There is debate, however, whether cough medicines are actually effective in treating these coughs, and some contain ingredients, such as codeine, that are not good for children. According to nursing staff, clinics no longer dispense cough mixture at all. It is possible, therefore, that poor caregivers spend their money on medicines from private suppliers which are neither helpful nor healthy, simply because they continue to rely on medication which was previously supplied by clinics, and are unaware of the change in treatment policy.

Some of the caregiver’s concerns, then, could be addressed through awareness-raising about the efficacy of certain drugs. However, nurses acknowledge a shortage of drugs which are essential for treatment. Similar findings emerged in a study on the implementation of the free health policy (Walker & Gilson 2004). In the study conducted in busy urban clinics, nurses felt that their relationships with patients became more difficult due to an increase in patient load coupled with a reduced drug supply. Nurses often had to bear the brunt of patients’ anger when they did not receive a satisfactory service.

Distance from clinics

Physical accessibility was one of the barriers reported in the survey and discussed in the qualitative interviews. This was a problem for people in the rural site, much less so in the urban site. For mothers of children who are seriously ill, the distance to a clinic is

vitaly important, as is the availability of money to transport a child when sick. While clinics are physically accessible in the urban site, the situation in the rural site was much more difficult.

Health officials for the area reported that a mobile clinic visited Theko Springs, the largest and central village in the cluster – and that people could walk from other villages to receive health care. The mobile clinic was supposed to travel to the area once every six weeks. However, this did not always happen – for instance, if the van was broken or the roads were wet and slippery, they would miss a visit, and have to wait another six weeks. The mobile clinic did not feature in local caregivers' descriptions of the health resources available for themselves and their children. Rather, they talked about the long distances they had to travel in order to reach clinics or hospitals.

Mothers reported not being able to carry older or very sick children the many kilometres to the clinic. They also report not accessing health care when their children are sick and they have no money for a taxi or to hire a car in serious cases to get to the hospital. Where there is money for a taxi – about R18 each way – taxis returning from Butterworth are sometimes full, and unable to pick up people returning from the clinic.

In the rural site, people left their houses very early to be able to access treatment at clinics in Tutura. One 58 year old grandmother said:

I have to get up early, and leave around 4 because I am going to walk, so that I should get there at half past 7 or 8, but when I get there just before 8, then I am early, then I know that at half past or at nine I will be on my way back.

Nofoto, a mother in the furthest village of Nkelekethe, described the effort and cost that went into a single trip with her baby.

I'll get up in the morning and bathe the child. Maybe I will prepare something for the baby before I leave, cook his food, then I'll take the baby to the taxi (in the next village, Theko Springs)... it's R30 return fare. I will also pick up his clinic cards, all of them, I'll then take the child to the clinic.... (Last time) I took the child to the clinic for his immunisation, but they told me that he will not get anything and that he'll get more when he's one year and six months so he was only weighed.

How were you treated?

Well the situation there is praiseworthy.

-Nofoto, mother Nkelekethe

She went on to describe the clinic as clean, with flush toilets that patients could use, and with enough chairs to sit on – although the clinic sometimes got so full that there was not enough space for everyone inside. But the fact that the clinic is so far away meant

that she had to spend precious money to get there with her child – in this case, simply for the child to be weighed.

The table below shows the number and proportion of children across South Africa who are reported to be “living far” from their nearest clinic. A clinic was judged to be far where it takes more than half an hour of travel to get there. The table shows great provincial variation, with the Western and Eastern Cape representing the best and worst scenarios respectively. In the Western Cape, 93% of children have relatively easy access to a primary health care facility, whereas in the Eastern Cape, only 43% of children have a clinic within a 30-minute travelling distance of their home.

Table 49 Distance from clinic		
Children living “far” from the nearest clinic	Number of children who live “far”	% of provincial population
Eastern Cape	1,768,336	56%
Free State	296,564	27%
Gauteng	445,506	17%
KwaZulu-Natal	1,979,511	52%
Limpopo	1,352,507	52%
Mpumalanga	567,613	42%
North West	82,432	24%
Northern Cape	646,070	44%
Western Cape	109,782	7%
NATIONAL	7,248,321	40%

Source: Children Count analysis of GHS 2005

The problem of physical availability may be a key obstacle to primary health care utilisation for people living in remote and under-serviced areas. Across the country, four out of every ten children do not have easy access to a clinic.

A nurse from Gcaleka clinic commented:

“if you’re going to the primary health care service you have to lose a day travelling a long distance to get help. So even the minor cases where they could be managed easily, they develop complications because the services are very far (away).”

-Interview Nurse, Gcaleka Clinic

A 37 year old mother in Nkelekethe spoke about the problems of access to health care for her asthmatic daughter. She recalled a recent event when her daughter needed treatment. "Sometimes I only have R50 or I have borrowed money, but I tell her to take transport to town, and then I don't have enough money for both of us to go. So I told her 'take the transport my child, and go to the hospital, or the clinic in Msobomvu.' And then she said 'no mother, I couldn't manage to stand in a queue because the attack was severe, so I decided to buy medicines'. Or she goes to the nurses who sell medicines at the clinic (at the Link pharmacy)."

- Nkelekethe, 37 (mother)

There are two reasons for the absence of a clinic in the area – the first is that the clinic building scheme has prioritised other areas that are even less well serviced than Theko Springs. District health officials have maps which show the coverage of health facilities in the district. The goal is to ensure that no settlements are beyond a radius of 5km from a clinic. The map below shows the density of clinic facilities in the research area and its surrounds. It is clear that although the Theko Springs area falls outside the 5m radius of any clinic, it is still better served than many other parts of the old Transkei.

The other reason for the failure to establish a local clinic is that the community of Theko Springs has been divided between two local leaders and their supporters for a number of years. Consequences of this conflict for the community are considerable, and are related to violence between young men which has resulted in deaths over the past few years. Boys from the wrong side of the village are unable to walk through areas controlled by the competing group in order to get to school, and there has been a substantial drop-out rate for male learners from the high school. Another consequence has been an inability to agree on a possible location for a new clinic. So although many applications for the construction of a new clinic have gone before the Local Area Service Manager and the District Health Manager, they are clear that building cannot commence unless the community reaches consensus. "It was down as a place that needed a clinic, but I think they haven't planned it yet. That quarrel delayed things a lot." (Interview Mrs. Nyanga, LSA manager)

Local residents are aware of plans to build a clinic, and households even contributed money towards it. But those interviewed in the *Means to Live* research were not sure what the delay was, or when a clinic might materialise.

The community took steps and they came up with a site next to the school where it was said that it was going to be a clinic site. I think that was maybe five years ago. That changed again – it was said that there had been another site allocated on another side... beyond the shop. Even now there nothing is happening – we don't see them building, we're just struggling.

-Nonkonzo, 45 year-old mother, Theko Springs

In terms of the requirement of physical accessibility, then, the rural site falls short because it does not fall within a 5 km radius of a clinic, and local accounts suggest that the mobile clinic, which is supposed to come every six weeks, is not reliable. This may be partly attributed to the poor roads, which make it impossible for 2-wheel drive vehicles to access the area in the rainy season. While the mobile clinic can serve the needs of people whose health needs are predictable – for instance, for immunisation, delivering medication for high blood pressure, family planning, and so on, mobile services do not cater for many acute illnesses, trauma and other emergencies.

Poor road infrastructure also prevents emergency health services from reaching the area. A group of caregivers in the rural site discussed the recent unnecessary death of one participant's husband, who simply could not get to hospital in time for medical intervention.

A person dies, even if they didn't need to die, because first aid is far away, in order to get it you have to go to town, and to get to town, if the bakkie is gone, you have to carry someone and walk to the tarred road.

-Caregivers' focus group, Krakrayo, rural site

Shung-King et al's policy review for this project pointed out the considerable disparities in the level of publicly-funded primary health care expenditure between provinces (see Table 2). The poorest provinces (Mpumalanga, Limpopo, Eastern Cape, North West and KwaZulu-Natal) have the lowest levels of per capita expenditure, and yet they also have the greatest proportion of rural populations, which are hard to reach. Shung-King et al cite modelling of the resources required to provide a comprehensive package of primary health care services, which indicates that about R300 per capita (in 2003/04 terms) would be the "ideal" expenditure level (Chitha et al, 2004). All provinces are below this, but the poorest provinces would need to experience four- to five-fold increases in primary health care expenditure to meet this target.

Table 50 Primary health care expenditure by province, 2002/03

Province	PHC expenditure per capita
Eastern Cape	R89
Free State	R173
Gauteng	R225
KwaZulu-Natal	R154
Limpopo	R136
Mpumalanga	R62
North West	R187
Northern Cape	R138
Western Cape	R202
NATIONAL	R143

Source: Okorafor et al (2003); data derived from National Treasury

Self-selection out of the public health system

Free primary health care uses a universal targeting approach, in that all people in South Africa are eligible for free care at the primary level. However, universal uptake of free primary health care is not expected or budgeted for. This is partly because self-selection is also inherent in the targeting mechanism – not all children will attempt to access public health services. Self-selection occurs in two ways. First, those who do not need primary health care are not likely to use it, so only a small proportion of the population is expected to use the public health service at any one time. The long queues that health users experience indicate that in some areas at least, the number of potential health users exceeds the number catered for in the provisioning of health services.

Second, there is an assumption that a proportion of the population will self-select out of the public health system because they can get better or more convenient (non-free) services elsewhere. Therefore it is expected that people earning above a certain income and those who have health insurance will make use of private services. This is a reasonable assumption provided that the quality of care offered by the free government service is of an adequate standard. However, if the quality of service is so poor that people opt for private health care even though they cannot afford it, then there is a failure in the targeting mechanism because it is effectively excluding the very users it should target. Findings of the *Means to Live* research suggest that these errors of exclusion are occurring in the public health system.

Fifteen percent of all surveyed children in need of health care were taken to private practitioners rather than public health services. The proportion was slightly higher in the urban (17%) than the rural (13%) sample. The extent of the use of private health services is rather surprising, given the extent of poverty in the two sites. If this is a

national trend, it could have the effect of shifting the health financing burden to poor households.

Although in general the populations studied are very poor, there is an association between income and health service choices: children who accessed private health care are likely to come from households with higher per capita income than those who accessed public health¹⁶. However, it should be remembered that in this research, the mean income is very low even amongst private health care users.

Table 51 shows the mean per capita income for all children, as well as for those who used public and private health care services.

Table 51 Poverty profile of private health care users		
	Mean per capita income* amongst all children, public and private health users (R per month)	
	Urban site	Rural site
All children	R234	R163
Public patients	R246	R168
Private patients	R323	R240

Source: Means to Live

- *Note: per capita income includes the child's caregiver + spouse / partner income, as well as all social grants to the household – divided by household size.*
- *Three outliers have been eliminated – two children in the rural site and one in the urban site. These children all accessed private health care, and lived in households where their per capita income was above R1,200 per month. Exclusion of these outliers resulted in a decrease in the mean per capita income for private health users from R377 to R240 in the rural site and from R363 to R323 in the urban site.*

In the rural site, the mean incomes for private health care users were significantly higher than those of public health care users. In this site neither private nor public health services were available within any of the villages, other than the mobile clinic which sometimes visited. Clinics were available in nearby villages, whereas residents had to travel to Butterworth for private health care. The financial consideration therefore also included the cost of transport, or the time to hitch or walk long distances.

Confidence intervals for the urban site show an overlap in the possible distribution of mean income amongst public and private health users. This means it cannot be claim for certain that income influences health choices – relatively poor people may be just as likely to use private doctors as are relatively non-poor people. Urban residents had

easier access to private health practitioners, and so might be more likely than rural households to consider using them as an alternative to the public health service.

It would be inaccurate, then, to conclude that all those who choose to pay for private health care can afford it, and therefore do not need to be targeted by the public health care system. The government's own indicator of poverty is eligibility for the child support grant. If poverty alleviation is integrated and cumulative, then children who are eligible for the grant should not be paying for services when there are free government services available.

The analysis shows that there were similar levels of health service utilisation amongst children who were receiving the CSG and those who were not. Of the 53 private health care users in both sites, 36 (two thirds) satisfied the financial eligibility requirements for the CSG, and all but one of these were receiving the grant. Many CSG beneficiaries encountered during the fieldwork were using their grant money to pay for private health services (and/or transport to clinics). This is contrary to the principle of integrated poverty alleviation, since one benefit is spent on substituting for an inadequate service.

A mother in the rural site spoke about what she does about health care for her children. She said "Since the medication became free, they no longer offer good service...you know that if you're seriously ill, you should go to the doctor or the chemist." She uses money from the child support grant to take her children to private doctors.

Doctors in Butterworth charged between R100 and R150 including the medication. The issue of private doctors prioritising seriously ill patients was raised a number of times in Theko Springs, where clinics were reported to deal with cases in order of arrival, and very sick people are not seen immediately.

Like at the clinic, now you can take someone there in the morning, and even though the person is very ill, they might attend to you at about 12 or 1. And all that time the person has been ill, and you can see that this person is really sick, and they ignore you completely... so it's better to make the decision to take someone to the doctor where they'll attend to him/her. Because once you take someone who's seriously ill to the doctor they'll make that person number one in the queue - at the hospital they don't have that system.

-Nolitha, 32-year-old mother, Nkelethe

In both sites, people reported that they were dealt with more seriously and with more respect by private doctors, and that there was better treatment that was consistently

available. When caregivers judged that they or their child was too sick to wait at a clinic, they chose to go to a GP instead.

In the absence of a definition for “basic services” it is impossible to determine the minimum level of care that the public health service should provide. Naturally, perceptions also play a part in the choices that people make, but it is clear that in the research sites, there is a perception amongst some caregivers that the quality of service offered by the public health service is so inadequate that they choose to make budget sacrifices in order to realise their children’s right to health.

A recent modelling exercise by the University of Stellenbosch assessed the impact of health reforms and the elimination of user fees for primary health on pro-poor health spending in the public health sector in South Africa. They conclude that the “elimination of user fees for clinics and the expansion of the clinic network have helped to make health services more affordable and geographically accessible to the poor, and were associated with a notable rise in the health service utilisation for individuals in the bottom two expenditure quintiles” (Burger & Swanepoel 2006: 2).

One of the reasons given for the pro-poor spending is that those who can afford to pay are opting out of the public health system and consulting private doctors instead. “The reasonably high (and increasing) levels of private provider utilisation amongst the poorest may be a symptom of the same problem (i.e. low quality of health care)” (Burger and Swanepoel 2006:16). The general findings of this Stellenbosch research are corroborated by the empirical findings of this *Means to Live* research.

Implementation of fee waivers

The free primary health care policy is working in that clinics are not charging user fees – in this sense health facilities are economically accessible. However, as has been discussed, economic accessibility is meaningless if users are not able to access adequate care of acceptable quality. In some cases, caregivers consider it in the best interests of their children to seek private care, even if this means depleting already inadequate household resources or using social grants.

All children are eligible for free primary level health care at public facilities. No charges would be expected from clinics, and the research found that, as outlined in the policy, nobody was charged for primary health care at clinics. Clinics offering only primary care did not have any billing or receipting mechanisms.

As mentioned above, children under 6 and certain other categories of children are also eligible for free secondary and tertiary level care. For the rest, there is a sliding scale of

user fees, calculated on the basis of income. The household income threshold for access to free or subsidised care at secondary and tertiary level is R100,000 per household per year or R72,000 per year for an individual. This applies in both the Eastern and Western Cape.

The *Means to Live* replicated the eligibility criteria for free secondary and tertiary care as follows:

Table 52 Eligibility criteria for free health care at all levels		
	Urban site	Rural site
Total number of children in sample	642	537
Age (proportion of children under the age of 6)	49%	24%
Disability (children with reported mental disabilities)	<1% (n=6)	1.5% (n=8)
Disability (children with reported physical disabilities)	<1% (n=4)	1% (n=6)
Disability (children receiving the care dependency grant)	1% (n=8)	<1% (n=3)
	<1% (n=1)	(1% (n=2)
Maternity (children who have been pregnant or given birth in the past 3 months – because all women, including those under 18, are entitled to free ante-natal care and health care at all levels of the public health system)		
Income* (annual household income below R100,000)	100%	99.6%
	2% (n=14)	2% (n=9)
Medical aid (in keeping with the regulations, children covered by medical aid were excluded from being eligible for free health care at the secondary and tertiary levels, even if their income was below the means test threshold)		

Source: *Means to Live*

* Note: for purposes of analysis "household income" includes the child's caregiver's + spouse / partner's income, but excludes social grants. At the time of the research, the policy was not explicit about the inclusion or exclusion of social grants in the means test for free secondary and tertiary health care. Common practice in other poverty alleviation programmes was to exclude social grants from the means test, on the basis that poverty alleviation benefits should be cumulative and that access to one benefit should not exclude the beneficiary from access other forms of poverty alleviation. It has subsequently been clarified that fees at all levels of health care are waived for beneficiaries of social grants

All but two of the children surveyed lived in households with incomes under R100,000 per year. The two children who failed the means test were both under the age of 6, and so would still be eligible for free public health care at all levels. The only children who were not eligible for free secondary and tertiary care were the 23 children covered by medical aid schemes, accounting for less than 2% of the sample. In total, 98% of surveyed children were eligible for free health care at all levels.

Fee waivers – Urban site

The two facilities interviewed in the urban site, and where the children from the Makhaza research site accessed secondary and tertiary care, were Tygerberg Hospital and the Red Cross Children’s Hospital. They operate under the same provincial schedules of fees and categories of patients. According to the Western Cape Department of Health’s finance instructions, patients are classified according to their means as follows:

Figure 23. Patient classification and fee structure (2005)

Category	Classification	Income	Proof or documentation	Charge per consultation (GP)
H0	Persons formally unemployed, and social grant recipients	No income (other than grants)	UIF card, proof of grant and Old Age Pension receipt.	Nothing
H1	Unemployed persons without UIF or Pension card, persons with some income	Less than R3,000 pm (individual) or R4,166 pm (household)	Latest salary advice, affidavit.	R25
H2	Persons with income	Between R3,000 and R6,000 pm for individuals, and between R4,166 and R8,333 for households	Latest salary advice	R75
H3 – Private self-funded	Persons with income	More than R6,000 pm for individuals or R8,333 for households	Latest salary advice.	R106
Externally funded patients	Persons funded by another source such as medical aid, Road Accident Fund, Injury on duty (IOD) etc.	Irrespective of income	Medical aid card, proof of eligibility for Road Accident fund, IOD	As per payment schedule

According to the finance department at Tygerberg hospital, affidavits are no longer accepted to qualify for H1, which means there is no administrative way to prove

unemployment other than through verification from the Unemployment Insurance Fund (UIF). This decision was taken by the hospital because of concerns about people misrepresenting their income through affidavits. Naturally, such a decision discriminates against those who are not registered with the UIF. These would include people who have not been recently employed in the formal sector, those who were employed but whose employers did not register them with UIF, people working in the informal sector, and so on. This suggests that the system makes it almost impossible for the poorest and most vulnerable people to qualify for free health care.

Indigent people and grant beneficiaries need to prove their H0 status every time they attend Tygerberg hospital, otherwise they will be charged as an H1. If there is no proof of grant receipt or a UIF card, they too will be classified as H1 and charged accordingly. This system discriminates against people who are eligible for social grants, but have been unable to access them. As shown in Chapter 3 on social security, about a third of the poorest children in the *Means to Live* sites are not receiving child support grants even though they are eligible. The reasons for this range from problems with birth certificates and other documentation, to difficulties accessing government offices or transferring grants when care arrangements change.

In 2004, while H0 patients paid nothing, H1 patients paid R35 per visit. In January 2005, this went up to R70 per visit to be paid upfront for H1. Staff at both Tygerberg and Red Cross confirmed that the steep increase affected the number of people coming back for treatment. The fee has since been dropped again because of these adverse medical outcomes and reductions in utilisation.

“For H1 people, the clerk has to insist that people pay, even R10 or R15. There is no discretion at the level of the fees clerk.” There is an effect on admissions. People say they don’t have money and there is an argument about R10, and in the mean time there is a long queue at admissions and the doctors upstairs aren’t seeing anybody.” (Interview Dr. Rousseau, Tygerberg hospital)

Despite this, “debt relief” is often given to chronic patients who are H1 who need to come to the hospital a few times per week, and where medical costs can add up substantially. This needs to be done at the discretion of the chief financial officer of the hospital.

Fee waivers – Rural site

The provincial department of health in the Eastern Cape sets guidelines for the cost of care at these hospitals, as well as the conditions under which fee waivers are granted. The schedule of fees as well as the fee waiver structure is different from that in the Western Cape.

The finance office at Butterworth hospital reported that only people with old age pensions, children aged 5 and younger, people with “convulsions” and those diagnosed with TB are treated for free.

Otherwise, everyone pays R12 per consultation and R25 per admission to the hospital. These are the same rates applied at Tafalofefe Hospital. In addition, there is a schedule of fees for those with medical aid or who are government employees from other departments such as correctional services. This includes R225 for a medical certificate, R25 for a consultation and R102 for an admission. People seeking medical attention need to provide their own client “book”, usually a school exercise book, in which all their details are recorded.

According to national policy, there should also be a provision for those who are “indigent”, who are unemployed and have no money but are not pensioners or children under the age of 6. There are no explicit guidelines for this category, and for anyone to be declared “indigent”, their case must be assessed by the medical superintendent. By Butterworth hospital’s own admission, the staff and patients are not aware of this provision, and its use is “very rare.”

Given the levels of poverty in the areas surrounding these two district hospitals, the majority of people should qualify for this “unknown” fee waiver. As shown in Table 53 below, all the children who were charged user fees were in fact eligible for a fee waiver.

Table 53 Wrong application of user fees in the rural site

Name of clinic / hospital	Level	Fees	Service	Age of child	Eligibility
Butterworth Hosp	Prim / sec	R12	Consultation + treatment	1	All levels free
Zithulele Hosp.	Prim / sec	R25	Consultation + treatment	3	All levels free
Butterworth	Prim / sec	R12	Consultation + treatment	9	All levels free
Nomanti	Unknown	R12	Consult, treatment, blood test	12	All levels free
Msobomvu	Unknown	R25	Medicines / treatment	14	All levels free
Gcuwa	Unknown	R100	Consultation + treatment	17	All levels free
Msobomvu	Unknown	R25	Medicines / treatment	17	All levels free
Tafalofefe Hosp.	Prim / sec	R15	Consultation, treatment, x-ray	17	All levels free

Source: Means to Live

The patients in all of these cases were eligible for free health care at all levels, and should not have been charged anything for consultations or treatment. These children were therefore not regarded as having accessed free health care.

Despite this, many people arrive at the hospital with no money, and are none-the-less given a service. In Tafalofefe hospital, the administration of fees is done in a debt book. People seeking assistance at the hospital go through a medical screening, and then go to the finance kiosk. Here their personal and medical details are recorded, as well as how much they need to pay. The last column of the book reflects payment. It is clear that only a small proportion of people have the cash with them to pay for a consultation or admission. A few are able to pay, and on the day that the research team spent at the admissions section, R368 in total had been collected by about 2pm. Despite this low rate of cost recovery, the hospital pays the salaries of finance clerks, and patients go into debt that is never pursued. There is no evidence that patients were turned away due to unpaid accounts.

Cost recovery

Previous research in South Africa has shown that user fees for patients in the no-or low-income categories generate extremely little revenue. At the same time the costs of administering the means test and collecting fees from low-income patients (who frequently need to be sent repeated accounts before payment) translate into very low net revenue levels (Dangschat & McIntyre 1996). In addition, the collection of fees from poor people can be a barrier to accessing health care.

The hospitals at the urban site had more sophisticated debt collection mechanisms than the rural hospitals, with options for debt relief and the institution of legal procedures in the case of non-payment. If someone doesn't have the money, Red Cross hospital, for example, would raise an account. But it usually doesn't pursue small amounts, since it's not economical to do so. Tygerberg does attempt to recover all funds, but at a great administrative cost. "We can write off an account, but the mother and father must come back and submit affidavits. But it costs us R100 (in administration) to write off R10." (Tygerberg Hospital, W Cape)

Both of the urban hospitals were able to attract significant proportions of fee paying patients, in part because of the relative wealth of the Cape Town area and provision of specialist services for children. Even under these conditions, cost recovery from fees is small relative to overall health expenditure. In Red Cross for example, there was a R229 million budget in 2004, R16 million of which was financed from fees. The Red Cross attracts a lot of fee paying patients, and made a decision not to have designated facilities for fee paying patients (like with Groote Schuur Private hospital), but to upgrade all the facilities. Another consequence of their focus on children and their location in wealthy areas is that both hospitals are able to generate additional revenue from fundraising activities, so resources are not a big problem.

In contrast, Butterworth Hospital reported that cost recovery from fees across the Eastern Cape Province constituted less than 1% of the total provincial health budget. At Butterworth hospital, cost recovery was about R47, 000 per month. And yet, to administer the fees, the hospital employed between 8 and 10 people. It was estimated

that with staffing and overheads, it cost far more to implement cost recovery than the amount actually recovered.

Disability and fee waivers

In 2003 the Minister of Health introduced free health care for children with moderate and severe disabilities. Because everyone, including those with disabilities, already receives primary health care for free, the fee waivers are targeted at secondary and tertiary health care facilities in the public sector.

The four hospitals used by residents of both the rural and urban site were aware of the new policy, but were not implementing it. They cited the shortage of funds and a lack of clarity about the policy. In particular they were unsure about how to categorise and verify disability. Tygerberg is, for example, only implementing disability waivers for people who are in receipt of a Care Dependency Grant. This children's disability grant is however only available to children who require full time home care because of the seriousness and extent of their disability, and so this approach would effectively exclude those with moderate disabilities, and contradicts the intention of the policy, which is to remove the burden of cost in the health care system for all disabled children. This provision only refers to children with specific physical and mental disabilities and does not include other chronic conditions such as asthma, diabetes and HIV.

There was also a lack of clarity as to whether this provision included assistive devices. This has consequences because of the expense of assistive devices. One mother in the Theko Springs focus group said "I have a child who cannot walk, who uses a wheelchair. With the wheelchair now I was waiting for an application that I had made to the government because I had bought the first wheelchair. They had told me to buy it, the social workers, when I had gone to them. Now that this wheelchair is worn out, I'm making an application to get a second wheelchair. I can't get it, that's my problem, because this child can't go anywhere because these are his feet..."

Even where disabled children manage to get wheelchairs, their mobility can be hindered by inadequate road infrastructure. A clinic sister in the Eastern Cape described the futility of wheelchairs in a context where they cannot be used:

I was delivering a wheelchair to a child, a 10 year old boy who is disabled there, they are living in such a small, small room, in fact we couldn't get there with our car because it was muddy and the roads are bad. In fact we had to organise somebody to carry that wheelchair on their head you know. So it's terrible, the mother is desperately in need of a house because it's so improper for him, that child in such a place, really if I had a car here I would be showing you how bad it was she was actually crying saying how can I live, because the child is inconvenienced with everything, there's no water... even that wheelchair she will be keeping it in the house, because you can't take it out.

- Interview Sister Nyanga – Local Service Area Manager, Butterworth

Health care and health needs

The study was not designed to be able to assess, from a clinical perspective, the impact of health care services or their quality. Researchers did not examine clinical records, perform medical assessments or verify the details of treatments, immunisation rates and so on.

But it is clear that some people in the rural site experienced the consequences of poor access to or quality of health care, particularly in the hospital setting. One young mother lost her mother-in-law to asthma in Butterworth hospital where they arrived at 7am and got no assistance before she died at 10am, waiting for the doctor to arrive. Another woman lost her husband when he had a crisis in the middle of the night and there was no ambulance or anyone with a car they could pay to get him to the hospital.

A person dies, even if they didn't need to die, because first aid is far away, in order to get it you have to go to town, and to get to town, if the bakkie is gone, you have to carry someone and walk to the tarred road.

-Caregivers' focus group, Krakrayo

Diseases of poverty

Yes, kwashiorkor, too much of it, gastroenteritis, too much of it. We now have this HIV/AIDS, a lot of it and you know it's a killer disease here. All the diseases of poverty, yes, we have TB.

- Interview Matron, Butterworth Hospital

The Amathole District Health plan lists the disease priorities for local service areas. Mquma, the area which includes the rural research site has the following on their list: malnutrition, measles, HIV/AIDS/STI, TB, worm infestation, rabies, hypertension, diabetes, cancer and mental illness.

Aside from the situation of health care services in these two sites, the burden of diseases of poverty is evident, particularly in conversations with care givers. The prevalence figures in the table below are based on responses from caregivers. It should be noted that HIV is under-reported in household surveys, and many of the references to asthma may include respiratory problems which are not in fact asthma.

Table 54 Reported prevalence amongst children in M2L sites

Reported complaint / type of illness	Urban site		Rural site	
	N	%	N	%
Influenza	115	18.0%	142	26.5%
Diarrhoea & vomiting	48	7.5%	61	11.4%
Asthma	39	6.0%	55	10.2%
TB	8	1.3%	8	1.5%
HIV	7	1.0%	2	0.4%
Mental disability	6	1.0%	8	1.5%
Physical disability	4	0.6%	6	1.1%
TOTAL NUMBER OF CHILDREN	642		537	

Source: Means to Live

Aside from the conditions mentioned in the table above, epilepsy featured high in the interviews, and worms were often given as a reason to go to the clinic. This may be related to contaminated water, which was exacerbated during the research period when the Department of Agriculture attempted to control a swine fever outbreak by culling all the pigs in the district. In the absence of sanitation, pigs help in maintaining a hygienic environment because they eat anything, including human faeces. Staff at Tutura clinic, the facility most often used by those living in Krakrayo and Theko Springs, reported that worms were the most common problem for children, “because of the bad sanitation in the area.” When it comes to child health, there is an obvious link with living conditions, and with nutrition. There were also children reported as having severe malnutrition or protein energy malnutrition. During the research period, there were five new cases of severe malnutrition in one month at the Gcaleka clinic, which serves the population from the rural site.

HIV/AIDS

Aside from the health of children, it was clear that in the rural site, there were many caregivers who were themselves chronically ill, including those with HIV/AIDS. The disease was also described as spreading rapidly amongst teenagers.

The HIV, it is a vast problem, and it is killing our youth.

-Interview Sister Jikeka

It is difficult to obtain a reliable measure of HIV prevalence through self-reported data. In the context of the *Means to Live*, researchers were careful not to probe directly about

HIV, because this was not an HIV study and the field team were not equipped to deal with the ethical requirements of HIV-focused research, such as the provision of counselling, referral to health services and assistance in accessing HIV treatment and support. In the rural site in particular, there was an absence of adequate services to support HIV-positive people.

The survey asked about the health of household members. Members who had been consistently unwell for longer than three months were identified as chronically ill cases. Six percent of children in the rural site were chronically ill, and in 37% of cases, the child's primary caregiver had been sick for over three months. Over half of the rural children (54%) lived in a household where at least one adult member was chronically ill. Long-term illness was also present but less prevalent in the urban households, where 3% of children were chronically ill, and 15% had a caregiver who had been sick for a long time.

Of course, long-term illness cannot automatically be attributed to HIV/AIDS. Many of the caregivers in the rural site were grandmothers, and it was clear in some cases that poor health was related to old age.

Nkosi Dyantyi, democratically appointed traditional leader in the rural site, raised the issue of HIV/AIDS in the community, saying that the HIV incidence is rising but that people are hiding it. Within one month, five young people from his area died from suspected AIDS, but without there being adequate discussion about the reasons for their death. Even some of the school children are ill in this way.

The Amathole District Health plan records the proportion of HIV positive women taking nevirapine as just 29% in 2004/05. The plan also identifies the problem of low proportions of women coming in for ante natal care being tested for HIV – recorded as only 18%. The coverage of nevirapine doses to babies is even lower at 15.7% of estimated cases in the same year. To put that in perspective, the target across the Amathole District is 51%.

Water and environmental health

A child's health status is determined by many variables within and outside the health care system. Many of the underlying determinants of health relate to the provision of basic social services such as water, sanitation, food and shelter as well as safe environments.

Experiences reported by the Nkelekethe focus group (rural site) raised problems with water quality. Women in that group had the following discussion:

We suspect water for the most part because of the stomach problems – there are children who eventually died here, two of them, they died from a stomach problem, they were children of the same person, even then we suspected something to do with the water...

And after this thing with stomach problems, this was the year before the last, it became clear that we should boil the water first before drinking it. We were told by the community health workers to boil the water or if you don't have the chance to cook, we should boil enough for the child to drink or pour Jik into the bucket... I do go to the clinics and it seems to be better for a while, and I get the medication, and then it comes back again. I'm not the only one, there are many people...

When the community health workers came they asked about the area where we fetch water from and they asked what kind of a place it was. They went to look at these areas, and then they said we should bring the water from these areas that we drink from, and the water was brought to them, they came back saying that the water has germs, faecal matter.

-Nkelekethe focus group, rural site

The Amathole District Health plan reports that the “human consumption compliance rate,” a measure of water sample quality, was at only 30% across Mquma municipality in 2004/05. This confirms that even the municipal water is unsuitable for drinking – and yet there is no other water source. In the rural site, where municipal water is not delivered, people depend on natural sources, which have also been tested and found to be inadequate for drinking. More water tanks are needed. Schools have water tanks, which provide much of the water that is needed, but run out of water in the dry season.

While access to clean water and adequate sanitation was good in two of the three settlement areas in the urban site, environmental health was a significant problem for residents of Nkanini, and this had an effect on children's health.

I'm saying until you change the place where you are staying, your babies will consistently have diarrhoea and vomiting, because it's the area.

- Interview Kuyasa Clinic sister serving the Nkanini area

A group of caregivers in Nkanini talked about the problems of water and sanitation, and the impact this has on young children.

The situation of living here is bad because it's also dirty here in this area. This is not the place for people to live because this area used to be a forest; it was where they threw away all the rubbish. And the children are not safe because they eat this

sand, and it's dirty and we also put dirt on it, and then again we dig it up and the child takes that while playing and eats it, that's all poison.... We have no toilets and no water here, the children are getting sick from the area that we live in.... And the children have diarrhoea; the children from this area are filling up the Red Cross.

- Caregivers, Nkanini

Not only is the lack of service provision problematic for informal residents, but the absence of waste removal and drainage systems has important consequences for health. Dirty water from cooking, washing up, laundry and personal washing is simply poured into the sand, because there are no drains.

It is clear that preventative approaches to health include settlement planning and provision of basic services (including draining and waste removal) in a way that takes into account the health needs of residents, and children in particular.

Conclusion

Primary health care

The findings of this research are that primary health care facilities, and clinics in particular, are correctly offering services free of charge in both the rural and urban sites. There are no errors of inclusion or exclusion since a universal targeting mechanism is used (everyone is eligible for free health care at the primary level), and clinics have no mechanism to charge user fees or receive payment. In this respect, the fee waiver policy for primary health care would pass the reasonableness test because it does not result in exclusions in its conceptualisation or implementation.

However, there are a range of barriers to accessing free primary health care that relate to the quality and density of the services delivered. The removal of financial obstacles to public health services through the removal of fees is not sufficient to ensure that people (and particularly poor people) can access either the physical point of care, or adequate quality of care.

In the rural site, clinics are physically inaccessible to children because there are no clinics in the three villages, and although the mobile clinic arrives in the area occasionally, it is irregular and not always able to deal with the variety of health complaints. To reach a clinic requires a long walk or a ride in a taxi, which undermines the purpose of fee waivers because the financial cost of accessing health care is not removed. Given the high rate of financial dependence on social grants in the rural site, the costs of transport are often subsidised from pensions or child support grants. In

effect, then, one poverty alleviation programme (social assistance) is used to cross-subsidise access to another (free primary health care).

Despite problems of physical access, service utilisation seems to be better in the rural site than in the urban site. This may be due to the much smaller populations served by the rural clinics.

In the urban site, the clinic buildings are physically accessible, but queues are long and people are frequently turned away from over-full facilities. There is a perception that staff are sometimes rude and uncaring, and this may influence some caregivers to choose private doctors over the public health service when they are sick.

Clinic staff in the urban site claim that supplies of medicine are reliable, but this claim is contradicted by some of the caregivers in the survey, who report that children are sometimes unable to receive treatment because medicines run out. Both clinic staff and patients in the rural site are concerned that clinics run out of basic medicines. As a result, even very poor caregivers turn to private health providers for attention.

It is apparent, then, that the success of a “free” service cannot be evaluated without considering the physical availability and quality of care. In the case of primary health care, the service is free, but for many children (40% nationally) clinics are not easily accessible. Even if the physical building is reached, this does not necessarily translate to successful service utilisation. Long queues and drug shortages are mechanisms of exclusion which prevent take-up of the free health care programme – either because children simply fail to access adequate health care, or because their caregivers choose to pay the cost of consultations with private practitioners.

This suggests that the “best interests of the child” is the primary consideration for caregivers who are able to exercise choice, and in a number of cases, the choice is for quality of care, rather than a free service.

Secondary and tertiary care

The situation at secondary and tertiary facilities at district and specialist hospitals is slightly different. Two hospitals serving the urban site appeared to be charging patients in a lawful manner in that they were applying means tests and charging user fees on a sliding scale depending on the patient’s income status. However, the practice of determining and charging fees, as well as following up unpaid accounts, is still a heavy and probably inefficient administrative burden for both the hospital and health care users.

The hospitals serving the rural site were acting unlawfully in not implementing the policy which makes provision for people who are living in poverty to access secondary and tertiary health care for free. Fee waivers were not being implemented, and patients who could not pay were entered into a debtors book. Although there were no reports of action being taken against those who failed to pay the user fees, there may be an impact on service utilisation by people who regard themselves as defaulters. This is of great concern given the depths of poverty in the communities these hospitals serve.

As Shung-King et al noted in their policy review on health fee waivers “the removal of user fees as a means to improve access to health care for children living in poverty is a good policy intervention but it is “not enough.” (Shung-king et. al. 2005). Removing the financial barrier to health services is only effective in realising the right to health if it is complemented with physical accessibility as well as availability of staff, equipment and medication in sufficient numbers and of sufficient quality to provide an adequate service.

WATER

THE FREE BASIC WATER POLICY

The Free Basic Water policy is there to make sure that every person in the country has access to at least a basic amount of water for free in order to meet the Constitutional guarantee of water.

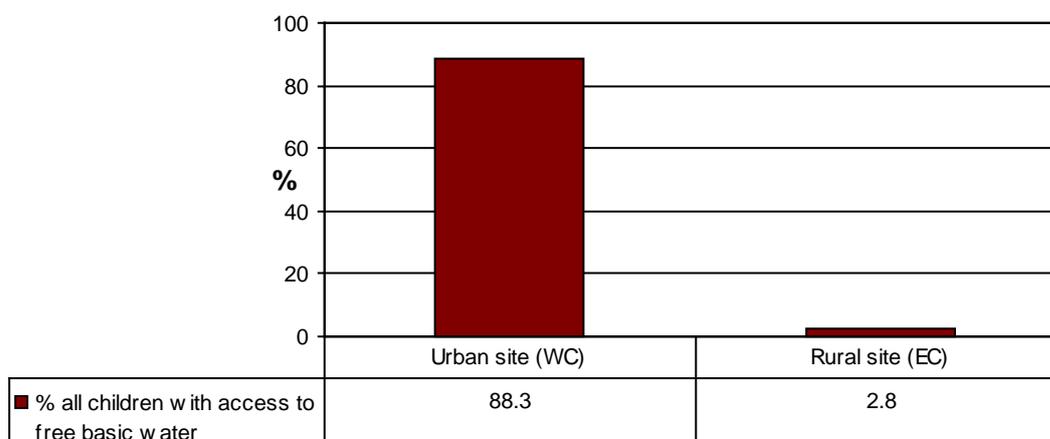
Introduction

Water is essential to sustaining human life. Lack of access to safe water has serious health consequences, particularly for the very young. Unsafe, inadequate or inaccessible water contributes to the high levels of infant mortality in South Africa. In fact, poverty and environmental conditions make up 30% of deaths of children under the age of five in South Africa (Bradshaw et al 2003:2), many of which are the result of poor water and sanitation conditions.

Aside from these health consequences, a lack of access to water also has serious social impacts. Women and children forfeit time, personal safety and effort to access water where it is not in or near their homes. After domestic work in the household, collecting water is the main form of child labour in South Africa.

All children share the same general right to water, and the implementation of water infrastructure is a national priority. However access to water remains extremely variable, depending on where households are located. The table below illustrates the stark contrast in water access by children living in a relatively well-serviced urban area, and those living in an under-serviced rural area.

Figure 24. Access to free basic water



This chapter presents eligibility and uptake rates of the free basic water policy in the rural and urban sites of our study, and discusses these in the light of the policy intention. It considers the gap between the targeted and actual beneficiaries, and outlines some of the barriers which prevent poor children from accessing water through the free basic water policy. It asks the following questions about the free basic water policy and its implementation:

- who is it intended for, and how appropriate is this definition?
- how does the targeting mechanism for water provision work in practice?
- what are some of the barriers to accessing water, and how can these be overcome?

Free Basic Water – the Right, the Policy, and the Targeting Mechanism

Water is one of the basic rights to which all South Africans are entitled. Because it is a right, the South African government is obliged to make clean and reliable water available and accessible to all within its borders. The right to water is found in section 27 of the South African Constitution, which states that everyone, adults and children, has the right of access to sufficient food and water.

Article 27 of the United Nations Convention on Rights of the Child (CRC) outlines the right of every child to a “standard of living adequate to his or her physical, mental, spiritual, moral and social development.” Given its importance to children’s health, water can be understood as a right guaranteed under this article.

The State is guided by other provisions in section 27 (2) of the Constitution. This requires the government to implement “reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.”

Every child has the right to basic nutrition, shelter, basic health care services and social services in section 28 of the Constitution. There is no direct reference to children’s rights to water and sanitation in this section. However, access to water and sanitation are closely linked to basic nutrition, shelter and health care, and it can be argued that these rights are implicit in section 28 too.

As will be discussed, access to water is closely tied with housing and settlement type. Given the impact of inadequate and unsafe water on mortality rates, access to water is also absolutely central to survival and development. For this reason it is also part of the child’s right to life (section 11 of the Constitution) (Mosdell & Leatt, 2005).

The policies guiding water in South Africa cover the provision of water infrastructure (dams, pipes, purification plants, taps etc.), as well as procedures to ensure that nobody is barred from accessing clean and safe water because they are too poor. This second part includes the Free Basic Water policy. The responsibility for water management and provision is divided across three bodies. The national government, and the Department of Water and Forestry Affairs (DWAF) is responsible for water management and the strategic use of water resources. Municipalities are responsible for making sure a water service authority is appointed, and for the financial management of water provision to households and companies and farms. They are also responsible for ensuring that households and communities are given access to water, and, where appropriate, are billed for the water they use. Water service authorities (WSAs) and water service providers (WSPs) (which can be municipalities, but don’t have to be) are responsible for the provision of bulk water supply.

Municipalities are funded for basic service provision for poor households according to an “equitable share formula” based on the number of poor households in their jurisdiction. This amount is not enough to cover all aspects of water provision. This creates incentives for Municipalities to charge for water wherever possible, giving an advantage to municipalities with wealthier populations, who are more able to subsidise services to the poor. In addition, local government may be able to access the Municipal Infrastructure Grant (MIG) to do capital projects such as building new water infrastructure.

The Free Basic Water policy is there to make sure that every person in the country has access to at least a basic amount of water for free in order to meet the Constitutional guarantee of water. The policy allows every household to get a quantity of 6000 litres (6 kl) of water per month at no cost. This is calculated at 25 litres per person per day for a family of eight. Thereafter, municipalities are able to charge for water or are allowed to restrict access to water so that only a free amount is used.

Since 1994, a dual strategy around water and other basic services has been implemented. As services have been extended to a greater proportion of South Africa's residents, the government has initiated cost recovery policies and the principle of the "user pays". At the same time, it has developed poverty alleviation programmes which acknowledge that a large proportion of South African households are too poor to pay for basic services. Cost recovery and free basic services are two sides of the same policy coin. The Free Basic Water policy is an example of a fee waiver provided in the context of the introduction or increase in user fees in a cost-recovery strategy. It was introduced in 2000.

The Strategic Framework for Water Services set out a number of goals related to the provision of free basic water. These included:

- All people in South Africa have access to a functioning basic water supply facility by 2008
- All schools have adequate and safe water supply and sanitation services by 2005
- All clinics have adequate and safe water supply and sanitation services by 2007
- Free basic water policy implemented in all water services authorities by 2005.

Although there have been improvements in access to water, none of these goals had been fully met by their deadlines.

Municipalities can choose from three *targeting options* in implementing the Free Basic Water policy in their areas. Households or communities do not choose the options.

This first is a *rising block tariff*. With this method, a free basic amount (or block) is provided to all water users. This targeting mechanism can be used when people have taps in their houses or on their properties, where water consumption is metered, and where they receive a bill regularly for their water use. The first 6 kl of water used every month at that household is then free. The next portion of water usage (or block) is charged for, at increasing rates for increasing consumption. While there is some free water provided (the first block), the use of water is unrestricted. Water that is used over and above the free basic amount is charged for. This allows municipalities to generate income from water services, and is the most likely targeting method for urban areas. Rising block tariffs are only really viable where there are sufficiently large numbers of middle and high income residential water users or businesses to generate the needed cross subsidies¹⁷. This is the situation in the City of Cape Town where the urban site for this research is located. All the formal dwellings in our research site have taps on their erven, and are targeted for Free Basic Water through rising block tariffs.

A slightly different version of this is *targeted credits or subsidies* used in conjunction with an "indigent policy". This requires the same sort of infrastructure as rising block tariffs – water supply to the household and a billing system. Then, some municipalities

¹⁷ Mosdell and Leatt 2005: 10

have a policy which allows people who cannot afford their municipal services bills, (for water, sewerage, rates, refuse etc) to apply to be considered an indigent. If their application is successful, a subsidy amount is credited to their bill every month, meaning that they have to pay nothing or less for their municipal services. This targeting method is not used in the sites of this research.

The third method of targeting the free basic water policy is *service level targeting*. These all ensure that access to water is limited to the free basic portion. The most common form of service level targeting is the communal tap system. In order to meet the minimum of RDP standard, they should be available 200m or less away from every home. People are unlikely to carry larger quantities of water than the free basic portion. This is the method of targeting used in the informal settlement areas of the urban research site in this study, as well as in part of the rural site.

Other possibilities for service level targeting include flow restrictors, which prevent more than the free basic amount being disbursed to a household during a month. This form was not found in the *Means to Live* research sites, although there has been much controversy around the introduction of flow restrictors in other parts of the country.

Municipalities with a high proportion of poor consumers and very low capacity may use a service level targeting approach. Service level choice for communal taps is exercised by municipalities, and targeted geographically, to informal settlements or rural areas for example.

The main intended beneficiaries of free basic water and sanitation policies are poor households. Children are not a direct target of the policy, but benefit through access to water and sanitation in their households. Although there is a broader policy commitment to the extension of free basic services to all households, the primary target of the policy is poor households, for whom free basic services can represent a significant poverty alleviation measure.

Basic water services are set out in the Water Services Act and the Water and Sanitation Services Policy (ADM 2004: 22). In terms of quantity, the minimum amount is 25 litres per person per day, or 6000 litres per household per month. The RDP basic for “cartage” or carrying water is that “no person must need to cart water from the nearest outlet to his or her home for a distance greater than 200 metres”. The third element of the “basic water service” is its availability. “Continuity of supply must be at least 98% reliable and provided at a minimum flow rate of ten (10) litres per minute” (ADM 2004: 22.)

Eligibility for Free Basic Water: issues of conceptualisation

In this analysis it is assumed that every child is eligible for free basic water. The criteria of the amount of water, distance from home, and the reliability of the water source are used to determine how many of these eligible children access free basic water in the urban and rural research sites.

The following children are regarded as having access to free basic water:

- a. those in households that receive water to the site
- b. those in households which use public taps, provided the tap is less than 15 minutes' walk from the home (Less than 15 minutes may approximate 200m or "an easy distance" for even the slowest of walkers – e.g. an old person or young child carrying a bucket of water on her head).

The following children are regarded as *not* having access to free basic water:

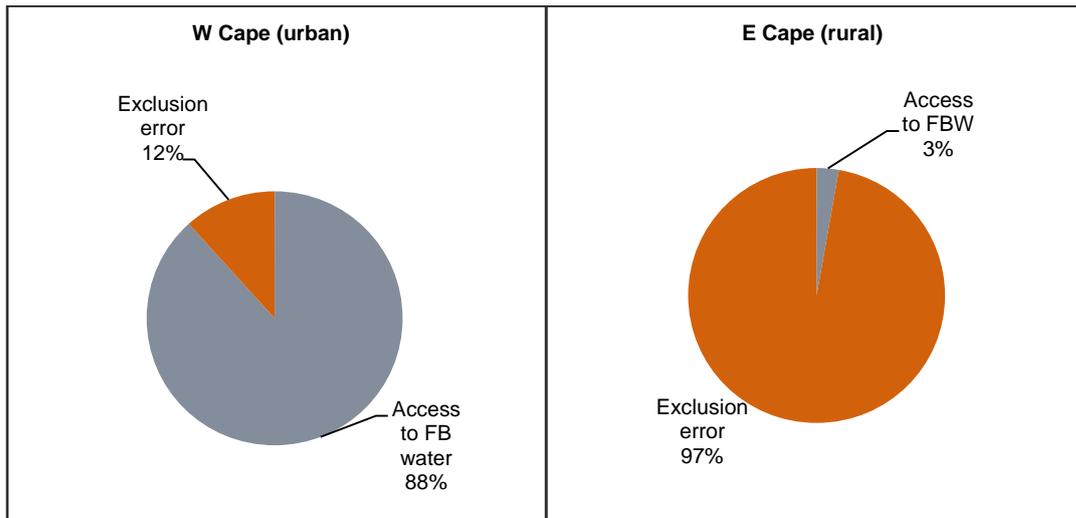
- c. those who are dependent on natural water sources
- d. those who have to walk more than 15 minutes to get to the nearest water source
- e. those whose water source is very unreliable (proxy: has been interrupted or disconnected more than 10 times per month in the last 3 months¹⁸)
- f. those who receive water to the site but the water supply is used by more than 8 people.

The pie chart below shows the proportion of surveyed children who had access to free basic water. In the urban area, of the 642 children in the sample, 88% (567 children) were receiving free basic water, and the other 12% (75 children) were not.

The picture in the rural area is a startling contrast. Only 15 children (less than 3%) were in households that reported receiving free basic water, and then only occasionally. The other 97% (522 children) were living in households that relied on unsafe and irregular water sources for their drinking, washing and cooking needs.

¹⁸ Many disconnections were allowed in the urban site to allow for maintenance. Leaking water pipes were being fixed during the research period, and this required temporary disconnections of the water supply.

Figure 25. Access to Free Basic Water



(BASE: All children)

Clearly, the majority of children in the urban area access free basic water – those who don’t consist largely of children who live in the informal settlement, and who have to walk long distances to get to the communal tap. A total of 13% of children in Village 3 are also not regarded as receiving free basic water – this is related to maintenance problems and disconnections, as well as the fact that there are multiple households on the stands, and the free basic amount is sometimes shared amongst more than 8 people.

In her 2006 budget speech to the NCOP in Parliament, Minister Sonjika of Water Affairs and Forestry stated that “74,3% of our people with basic infrastructure are receiving their Free Basic Water.”

The Department of Water Affairs and Forestry (DWAf) hosts an online monitoring system for Free Basic Water, which promises an up to date view of how many people and how many households, poor and otherwise, are being served¹⁹. This database uses updated 2001 Census data, and defines a household as poor when it has a total income of less than R800 per month – a very low level. Service levels include “no infrastructure”, and below RDP level. This latter category includes people who have access to communal taps, but further away than 200 meters. “At RDP level” corresponds to the standards mentioned above for litres per person per day at less than 200 meters distance etc. Those with services above RDP level have in-house or in-yard water supply connections.

According to this monitor, there are nearly 37 million people, a little more than 75% of South Africa’s total population, who receive free basic water. Nearly 16 million of these

¹⁹ All the information from this website is reported as of the 3rd of August 2006.

are poor, which is 69% of the poor population. In other words, nearly half the people in South Africa are considered poor. And the non-poor are more likely than the poor to receive free basic water.

Official statistics can also “greatly overstate” access to water and sanitation, because they don’t include the impact of water prices, long queues, irregular supply, and polluted water. This *Means to Live* research has taken all these into account in quantifying eligibility and uptake of the free basic water programme.

The urban site in this study falls under the City of Cape Town, an area at the time covering around 3.2 million residents. The City at the time of the study published very high levels of free basic water provision – a total of 97.5% of households receiving free basic water, and an even higher 99.7% for people who are poor. In the parts of Khayelitsha studied in this project, levels of access were lower than this in reality, with 88% of the children in this sample having access to free basic water.

The rural site is in the Mquma local municipality which falls under the Amathole District Municipality, the Water Service Provider. There are 72,500 households reported in this local municipality, the majority of which (74%) live on less than R800 per month. Here, a little more than half of all households and 62% of poor households are reported to access free basic water. Large numbers of households are reported to have no infrastructure at all, and none of these are able to access FBW. This is consistent with findings on children in our rural site in Mquma, where only 3% report any access to free basic water, and this is at well below the RDP minimum standard.

While sanitation is not part of the free basic water policy, it is closely linked with the provision of basic water infrastructure, as it is with building and local town planning and development. According to information from the 2006 General Household Survey presented in Table 55 below, 7.95 million (44%) children across the country have access to flush toilets in their houses or just outside, and another 2 million (11%) have Ventilated Improved Pit toilets (VIPs). The other children have less safe and healthy facilities. Some 6 million children (33%) have inadequate sanitation in that they have unimproved pit latrines or have to travel more than 200m to reach the nearest toilet, and 2.2 million (12%) have no sanitation system at all or use buckets.

The situation in the Western Cape is much better than the national average, with 94% of children in that province provided with flush toilets. The Eastern Cape on the other hand, has very large numbers of children without improved sanitation facilities. Two million children (64%) in that province have inadequate sanitation or no facilities at all.

Table 55 Children's access to sanitation (national data)

	Flush toilet (on or near site)		Ventilated pit (VIP) / chemical (on or near site)		Inadequate pit / distance		None / bucket		Total
	N	%	N	%	N	%	N	%	
Eastern Cape	840,911	26%	318,322	10%	1,043,514	33%	973,991	31%	3,176,738
Free State	623,131	56%	129,423	12%	146,296	13%	218,746	20%	1,117,596
Gauteng	2,358,665	87%	64,138	2%	284,723	10%	9,859	0%	2,717,385
KwaZulu-Natal	1,147,940	30%	717,121	19%	1,497,405	39%	444,687	12%	3,807,153
Limpopo	280,801	11%	355,123	13%	1,777,436	67%	242,455	9%	2,655,815
Mpumalanga	465,694	33%	212,352	15%	643,568	46%	79,209	6%	1,400,823
North West	508,359	36%	164,089	11%	632,393	44%	126,362	9%	1,431,201
Northern Cape	247,971	72%	33,680	10%	20,835	6%	41,812	12%	344,297
Western Cape	1,476,646	94%	7,734	0%	20,500	1%	65,093	4%	1,569,974
Total	7,950,119	44%	2,001,981	11%	6,066,670	33%	2,202,214	12%	18,220,983

Source: GHS 2006, own analysis

Note: Chemical toilets are a small category and have been included here with VIP the sake of simplicity. Both would be defined as "adequate" sanitation. The proportion of chemical toilets is less than 1% in all provinces, except for Kwa-Zulu Natal, where 146,840 chemical toilets were reported, accounting for nearly 4% of sanitation available to children.

Implementation and access to Free Basic Water

Access to free basic water in the urban site

The oldest and most established part of the urban site is Village 3, serviced with tarred roads, electricity, water and sanitation. At the corner or edge of each erf is a concrete toilet structure, and on its side is a basin with a tap. In some places, the water has been taken underground and into the house itself. The water is on tap, and someone in each household is billed for the water that flows through the main water pipe. The first six kilolitres of consumption is free. In this area, interviews were conducted at 126 households containing 287 children.

Adjoining this is the new settlement of Kuyasa, a relatively recent subsidy housing project that extends along the outer edge of Khayelitsha. Here, the water is supplied with sanitation inside the houses. Because the houses and infrastructure are still new, those within these houses boast good water access. Here too they are billed however much water over the free amount is supplied to the household. In this research, 66 caregivers were interviewed about 150 children

Beyond village three and Kuyasa towards the dunes and the sea is the informal settlement called Nkanini, which grew from a handful of shacks to nearly 10,000 in the space of two years. There is one tarred road through this part of Khayelitsha along which communal taps are spaced. For the most part, these taps are functional. But Nkanini has ranged up the dunes, and for those furthest away from the road, it is a very long walk to fetch water. The few communal toilets are also spread along the edges of the road, and those who live too far away find what patches of privacy and bush they can. There were 205 children living in these conditions in the 116 shacks in Nkanini that were included in the survey.

Issues for formal water supply – rising block tariffs in Village 3 and Kuyasa

There are two areas in the urban site in which free basic water is being implemented through the rising block tariff targeting. In Village 3, the majority of children (70%) had access to outside taps on their property while another 29% had access to indoor facilities. Three children were dependent on the neighbour’s taps. Nearly all surveyed children in Kuyasa had taps (98%) and toilets (97%) located within their homes.

The table below gives the number of households that receive water bills. Of the 308 households interviewed in this research, 154 received a bill, 150 did not, and 4 people spoken to did not know if the household received a bill. The majority of those who did not receive a bill were living in Nkanini and using communal taps.

Table 56 Water billing in the urban site					
		Receive water accounts	No water accounts	Not sure	Total
Water inside dwelling		77	20	3	100
Water on site		76	12	1	89
Communal water source	water	0	117	0	117
Neighbour		1	1	0	2
TOTAL		154	150	4	308

Source: The Means to Live

Of the 154 households that were receiving accounts for water, there were 64 across Village 3 and Kuyasa where municipal services billing information could be recorded. Almost all of them, 62 in total, had actual meter readings. Consumption levels between these households ranged from 0kl to 70kl for the month. The average consumption was just under 10kl for the past month. The average household therefore received most of their water for free (the first 6kl) and was charged for an additional 4kl.

Twenty six households consumed 6kl or less, all of which should be free. However, only 13 of them had an amount of R0 on the water portions of their bills. The other 13 households with water consumptions of 6 kl or less had an average water bill of R44. Aside from the 13 households that were billed nothing on the basis of their low consumption, the mean amount charged for water was nearly R55 per month. The highest water bill was R700 – somewhat of an outlier, considering the next few highest were between R140 and R150. The mean billing amount for water, excluding the outlier, was R41,36, for an average consumption of 10kl.

Levels of payment for water were very low in this area. Only 20% of households (n=38) with water to their sites reported paying anything for water. The survey asked those caregivers who were receiving water to site but not paying for it, why they were not paying for water. Their reasons are given in Table 57 below.

Table 57 Reasons for non-payment of water accounts		
(urban households that receive accounts by pay nothing)		
	n	%
Household only uses communal supply	1	1%
Only use free amount (less than 6kl)	4	4%
Cannot afford to pay	79	76%
Nobody pays	5	5%
Other	15	14%
TOTAL	104	100%

Source: The Means to Live

By far the biggest reason is that householders report that they “cannot afford to pay.” Some of the caregivers that didn’t pay for water reported other reasons related to poverty – that “I am unemployed” for example, or “I do not have money.”

There was a perception in a few households that paying for water locked you into a situation where the payments became larger, or were more strongly enforced – and so it was better not to pay at all. “The more you go to the office to pay whatever amount that you have, the more you are being forced to pay and threatened.”

DWAF guidelines for the implementation of the Free Basic Water policy for municipalities use a “rule of thumb” guide that households should not spend more than 3% of their income on water services. The figure below shows the income of households that receive water accounts. These include those that are consuming below the free

amount of 6kl per month, as well as a few households who had just moved into the area and had not yet registered the house in their name etc.

Table 58 Profiles of HHs paying and not paying for water (urban households that receive water accounts)		
	Pay	Don't pay
Number of households receiving water bills	37	105
Average household size (mean)	4.7 people	5.1 people
Average number of children in household (mean)	2.2 children	2.4 children
Mean household income*	R1 178	R1 141
Mean income per capita	R265	R265
Source: The Means to Live		
* income based on total income from grants, wages, income generation and remittances		

The first thing to note is that there is no significant difference in the characteristics of these households. Those that pay for water have marginally fewer household members and children, and very slightly more income. But per capita income to the household is exactly the same.

The average water account for households receiving an account (excluding those who are charged nothing) is R54 per month. This is 4.6% of household income amongst those who pay, and 4.8% of household income amongst those who don't – and therefore slightly higher than the DWAF guidelines recommend.

Debt and arrears

One of the issues raised by caregivers, whether they paid for water or not, was the large debt reflected on their municipal accounts each month, which discouraged people from paying their monthly bills. Of the 64 accounts that the researchers saw, only one had no arrears, while another three had arrears of less than R1000. The rest all had large arrears – an average of R12,691, but ranging up to R64,000. These bills are not only for water, but also include rates, sewerage and refuse removal. Caregivers described their arrears as being an impossibly large debt to pay – not even worth trying to reduce. Some suggested that they would be more likely to pay if the arrears were waived and their bills reflected more realistic and manageable amounts.

A City of Cape Town water official reported that arrears had doubled since the moratorium, from about R2 billion to about R4 billion. These arrears include rates, refuse and water.

McDonald states that that “in Cape Town, more than 83,000 households had their water cut off between 1999 and 2001” (2002: 17) Since then a moratorium has been in force in Cape Town, which means that no households can have their water cut off for non-payment of services or service arrears. City officials explained that this is because water

is a right, and therefore there can be no grounds by municipalities to completely remove access to water for a person. Section 4(3)(c) of the Water Services Act sets out a provision for the poor who cannot afford basic water services: “procedures for the limitation or discontinuation of water services must not result in a person being denied access to basic water services for non-payment, where that person proves, to the satisfaction of the relevant water services authority, that he or she is unable to pay for basic services.”

This is not the case in other parts of the country. Some areas continue to use flow restrictors, or follow up with debts and arrears through legal process which can eventually lead to evictions.

Aside from complaints that there was not enough money to pay the water accounts, urban caregivers were very aware of the low levels of water payment in the area. One person said “nobody pays water, and I am very poor to take my last money and pay for water.” Other “refuse to pay” or “don’t feel like paying”, and more reported that nobody pays for water, or that we have “all not started paying water”, or “nobody pays for water in this area, so I can’t do it alone.” Amongst those who had moved into the Kuyasa formal housing project, many had come from Site C where they were not charged for water. They reported that they were not aware that they would have to start paying once they moved into formal housing at Kuyasa.

Others manage to pay something, although very few of the 20 households that reported paying for water managed to pay the entire amount. The 20 households whose accounts were recorded, reported payments of between R10 and R300 for water per month.

Imitha is 21 years old and a mother. She stays at the family home of her partner in Kuyasa. This is a conversation she had with a researcher when asked about being billed for and paying for water. She was asked about their debt.

Imitha: Some letters say R4000, and others say R3000.

Researcher: But you pay R10

Imitha: We pay R10, what are we going to do?

Researcher: And what do they say?

Imitha: They take it. They don’t give us a hard time, they take it.

Researcher: And the debt now?

Imitha: It’s what it is, we keep paying the R10.

Controlling water consumption

Imitha also spoke at length about trying to control the use of water from her Kuyasa home. She said “we tell each other ourselves, like now we use most water in weekends when we wash clothes... so we say that we shouldn’t use much water.” She confirmed that by doing this, the water bill comes down. But the environment doesn’t help. Aside from using water for drinking and cooking and cleaning and washing, water is also used to spray down the fine beach sand on which Kuyasa is built. “We also spray it outside as well, so that it’s not too dry and the dust doesn’t come inside, because there’s wind and the dust gets inside the room. And then it’s full of sand and you have to sweep all the time, so it’s like when you spray water, it’s not so much.”

She was one of few who said that they were making some effort to reduce the amount of water they were using. There are two confounding factors in trying to control water consumption.

Most of the formal dwellings in Village 3 have outside taps (70% of the surveyed households with children), and no fence to demarcate the edge of the property. The standard installation is a toilet and outside tap on a single unit, positioned at the front of the property next to the road. There is nothing to stop passers-by from using the water; for instance, residents complained that children walking home from school stop to drink the water and fail to close the taps properly. Another concern for residents is that people from adjacent Nkanini use the outside taps of the formal houses if they are closer than the communal taps in the informal settlement, or if there is a stoppage in the communal supply. In this way, account holders find it difficult to control water usage, and are charged for water that is consumed, no matter who consumes it. The account holders of Village 3 have no control over water consumption unless they lock the taps. Some taps are literally locked with chains and padlocks, or complicated systems with tin cans and wire – which makes them difficult for passers-by to use, but equally difficult for household members.

The second problem is old and leaking taps, toilets and pipes. McDonald writes that “old and poorly constructed apartheid-era infrastructure means that up to 40 percent of water going into townships is lost to leaks”²⁰. This is relevant if the leak happens at household level where it is counted within a free allocation, or is billed.

Amic Smit at the City of Cape Town agreed that there were many leaks in the Khayelitsha area which resulted in the introduction of a “pressure management project”. This is an engineering solution to reduce the levels of water usage – it “reduces the pressure in the middle of the night when no one uses the water, to reduce the leaks, the amount of water flowing through the leaks because we couldn’t go to each and every

²⁰ 2002: 18

leak at every house, so now there's less pressure, unfortunately, in the system." The initiative saved R27 million's worth of water in its first year.

This confirms the large number of households in the Khayelitsha that are being charged for water they do not consume because of leakages. One caregiver in our survey said "I have leaking water pipes, so how can I pay."

Even where a physical structure is receiving services, one account-holder does not always correspond to a single household. For example, in instances where a family is renting a backyard shack, the free basic allocation is effectively diluted as there are multiple households sharing a connection. A City of Cape Town official confirmed that all registered erven are now on the billing system. Unregistered erven (such as in Nkanini) and backyard dwellings or shacks are not on the billing system. The arrears often come from erven with multiple dwellings.

The adequacy of six kilolitres per month

One critique of the implementation of FBW centres around the figure of six kilolitres, which has become a cornerstone of the policy. The South African Civil Society Water Caucus (SACSWC) in a submission to the Portfolio Committee hearings on FBW argued that the policy is based on a flawed assumption that low-income households use less water due to their low-income status. Therefore the six kilolitres referred to in the policy fails to account for the basic water requirements of households which are influenced by the size of the household, the number of dependents, illness, whether or not they have flush toilets (which uses up to 9l per flush), and the use of water in growing food crops.

On the issue of HIV/Aids, Tomlinson points out that realistic water consumption levels for households that support HIV/Aids sufferers are significantly higher than those not faced with this problem. He estimates that under such circumstances, consumption is typically more than doubled. In addition to this, such households are often faced with a declining ability to pay for services, effectively making this group vulnerable from a number of perspectives (Tomlinson 2004: 49).

While the 25 litres per person per day quota is what the UN World Health Organisation (WHO) calls for as a minimum basic, even according to that body it is not sufficient for good health, hygiene and sanitation. The WHO recommends a minimum of 50 litres per person per day for basic needs and a healthy existence. A 50 litre per person allocation, allowing for up to eight people in a household, would increase the free basic amount to 12kl per month.

Of the households where water accounts could be read, 41% had consumption of 6kl or less (the free amount at the 25-litre allocation) but 80% had consumption of 12kl or less (the potential free amount if a 50-litre allocation were used).

According to the International Institute for Environment and Development (IIED) – a "children-centred view of provision for water and sanitation helps explain why higher standards of provision are needed" (IIED 2003: 2). This is because children are so

vulnerable to the consequences of inadequate water provision. This is especially true in their younger years when an inadequate water supply can contribute to poor health and even death, and where related inadequate sanitation leads to intestinal worms that can compromise nutritional status.

Communal taps – service level targeting in Nkanini

The Department of Water Affairs and Forestry’s “free basic water monitor” available on their website gives the number of people and households that have no infrastructure or are served below the RDP level. In 2006 the website figures showed just 315 households with no infrastructure and just 5,076 households below RDP level across the city of Cape Town. There were more households living under these conditions in Nkanini alone than were reported for the whole city at the time. The statistics on the DWAF website have since been updated: a total of 2,363 households were estimated to be without water infrastructure at end May 2008, and a further 32,621 households were reported to have a “below RDP” quality of water supply – most typically, a communal tap more than 200m from the dwelling. Only 4,148 households were recorded on the DWAF website as being both poor (household income under R800 per month) and below RDP standards in 2008.

The communal taps in Nkanini are located along the one tarred road, and many people have to walk long distances to access water. Nobody pays for water because the communal supply is free. However, the problems of access to water and sanitation are very intense for residents of Nkanini, and particularly for caregivers looking after young children.

“We do need a lot of water, we need water, taps in our yards. Because why? We have to do a lot of things, you have to do washing, you have to wash the children, you can’t – this water is too little. You must be able every time to go and fetch water, to wash children in the morning they must go to school, they must wash again. It’s like that every day.”
(Angelina, 28 Mother, Nkanini)

A focus group of caregivers from Nkanini had this to say about living without water close to home:

R: And the taps are far, they haven’t been installed in our areas

R: We are just suffering here in Nkanini

I: What do you do about water?

R: We fetch it over there

R: We go up and climb the hill

R: And we carry pails on our heads...

- R: *Maybe you spend 5, 10 minutes standing there because there's a queue*
- R: *It's always busy because they do the washing*
- R: *And there are many of us*
- R: *There are many of us here in Nkanini and the taps are few*

Where communal taps are the main water supply, people are likely to use even less water than the minimum amount allocated by the Free Basic Water policy. And those living further from the taps are likely to use less water, and spend more time in water carrying. The engineering officer at Amathole District Municipality said that “experience has shown that with communal tap stands the people are using less than 25 litres per person (per day). This is because you can't physically carry that amount of water. Where we've got bigger schemes where it has been metered, you actually come down to around 12 or in the order of 13 litres per person per day, and that's a reality.” (Interview, Nel)

Aside from the fact that the taps are located only along the one tarred road, the public toilets are there too. There are literally hundreds of shack dwellers per toilet. Although linked to the underground sewerage system these are not automatic flush toilets, but require that users take a bucket and fetch water to flush the toilet out when they are finished. Residents of Nkanini speak of the fear of using them at night, the long distances to get there, and the fact that the toilets are often in a terrible state. Others who live nearer the toilet block have bought locks and keep one locked for their use.

Angelina, a 28 year old mother who lives in Nkanini talks about the way in which the toilets are treated: “People that use the toilets don't clean it, whereas we must clean the toilets. But they can't, they just – they are sleazy man, dirty, they make me angry because they just – they use the toilet they don't flush it – put water into the toilet back. They just leave it like that.” Also, the toilets are always occupied in the mornings when people are waking up and leaving for work and school, that “we don't actually use the toilets, me and my friends.” She ended this conversation by saying that at least these few public toilets were an improvement over the situation before they were built when she would “go to Makhaza and sit there the whole day just to be near the toilet.”

Because of the high demand for water in those taps that do exist as well as the lack of investment in infrastructure in this area, the residents reported many problems with the communal taps, which also often leak.

Regularity and irregularity of supply

Residents of Nkanini complained that not only did they have to cope with the distance to taps and queues when they got there, but that the water supply had been erratic. SANCO representatives in the area confirmed that the water supply had been stopped for

periods over the weekends – possibly due to maintenance – but nobody had been informed about why or when interruptions in the water supply would occur.



“For the last few Saturdays there was a problem with the water, and it just goes off. It goes off for like 9 o’clock in the morning, and then past 6 the water is off again. But then we know that we go and fetch the water early, we stand in line because the taps dry off – there’s no water in the taps any more...We don’t wash with it when it’s like that, we don’t do washing with it. We keep it for the house, we drink the water.”

Angelina, 28, mother in Nkanini

Wastage and vandalism

Municipal officials have also learnt that supplying a service in a community where there is no ownership over the project or place leads to theft and vandalism. “That service will just get demolished, abandoned, it will just get completely destroyed and the water will just flow into the sand and our unaccounted water is costing us a lot of money. It’s also not possible to say let’s just put out stand pipes, and let the people at least have water when they arrive here, we cannot do that also. In theory it would have been nice to have that, but in practice it does not work unfortunately, because the scrap dealers come around and collect the copper and the piping.” (Interview, Smit)

The settlement in Nkanini is on land owned by the South African railways. The water officials at the City of Cape Town said that they were unable to do any major infrastructure planning because the land was illegally occupied, and because there were plans to move Nkanini residents to new settlements, in which water infrastructure was being built. In the meantime, the living conditions for children in this area are very poor.

City of Cape Town: municipal issues

Cape Town is its own Water Service Authority, and introduced the FBW policy in 2001. The policy is implemented in such a way that all households that receive water services, rich or poor, are allocated the first 6 kl free. The rising block tariff structure is being used where there are services to houses and stands, allowing wealthier households to cross-subsidise the costs of supplying FBW.

Municipal officials reported that the Free Basic Water policy was working well in the city, and while they conceded that access to FBW was over-reported, they were confident that the vast majority of stable settlements were being reached by the policy. There were a number of concerns about the sustainability of the universal targeting of

free basic water, as well as problems in reaching some of the more rapidly changing settlements.

According to the City of Cape Town “you need about two rich houses in the Northern side to support one poor house on the Southern side, but that’s not happening. More poor houses are created than rich houses, and I’m not a statistician, but in my opinion we’ll get to the state where the balance will unfortunately swing, and we will not be able to afford it... I think the decision will have to be reviewed, and there was some gossip going around that it will get received sooner than we think.” (Interview, Smit)

While the City of Cape Town has a plan for water infrastructure development, the rapid movement of people into and within Cape Town poses many challenges. There were plans to build a new pumping station on the piece of land on which Nkanini now stands. Funding had been received to put in new pipes, and less than 6 months later it was impossible to lay them.

Aside from rapid change at the population level, officials in the municipality spoke of the years of the “turmoil of political musical chairs.” One official spoke about the possible introduction of an indigent policy. He said “unfortunately that’s a very dynamic thing at the moment, because politicians overrule it and then the officials try bridging the overruled policy, and then the next moment someone else rules differently.”

At the same time there has been a very high turnover and restructuring of technical staff responsible for developing infrastructure. City of Cape Town officials talked about the exodus of experienced white staff that undermined technical capacity because posts were vacant in key areas. “We calculated it to over a 1000 years of experience that’s left the city, let’s say 500 years of that is useless, take out of any organisation 500 years of experience, just like that, instantly!” (Interview, Smit)

In Cape Town, there are also a number of physical constraints to service provision. The first is the Cape Flats Aquifer, a great body of ground water which can be easily polluted. Technical staff spoke of the ideal of full water borne sewerage to reduce the likelihood of damage to the aquifer. And yet this is a very expensive solution which also uses large quantities of water in a city which struggles with water shortages.

Access to free basic water in the rural site

The Theko Springs administrative area covers three villages on adjoining hill tops. They are connected by dirt roads, impassable when the rains come. The name Theko Springs suggests the availability of water, and indeed, around the base of these hills are small springs that bubble slowly into shallow pools. The name belies the terrible water situation for families living in the villages of Nkelenkethe, Theko and Krakrayo.

In Nkelekethe, the settlement furthest away from the tarred road to Butterworth, there are no water facilities at all. Even Dyantyi school at the entrance to the village does not have a water tank for the children to drink or wash their hands or to use to prepare the milkshakes of the school feeding programme. There are no taps in the houses, and no communal taps between the houses. This area has no formal water services at all. Villagers rely on water from the springs at the base of the hill, which often dry up completely. All day long, women and children wait to fill small containers of water to carry back to their homes.

Towering above Theko Springs village in the centre of this cluster is a huge standing water tank – the tallest structure in the area. It is connected to a system of underground pipes laid along the main road and down the hillside a few years ago, connected to a borehole and an old diesel pump. During the time of the research, this modest system pumped water to 17 taps scattered along the main road of the village. When all were working at their best, it took three days for enough water to be pumped to the water tank to fill it. Then the working taps were opened for about 3 hours during which every available container in the village was used to collect and store this fresh and cool water. This water was used for cooking and drinking, while washing of clothes and people continued at the springs.

Even when this system worked at its best, the pressure was too low to allow all the taps to function simultaneously. So only a few were usable at any one time. The Amathole District Municipality (ADM) renovated the scheme at the end of 2004 after the taps had been vandalised and the generator stolen. The diesel generator was then too weak, resulting in very intermittent water supplies. More recently, the water system was supplied with electricity from a Mayoral discretionary fund, vastly improving the reliability of the flow of water to the taps in this the largest and most central of the three villages. This village has what ADM categorises as a “rudimentary system.”

The third village, Krakrayo, is greener, and its entrance is flanked by tall trees. The topography and water closer to the surface of the land allows for other technology. Krakrayo boasts a windmill connected to a series of taps scattered along the village. However, the windmill no longer works, and it has been many years since water flowed through the taps. The majority of this village too rely on the streams at the base of the hill. There is no formal water service to this village.

This was the situation at the time the survey was conducted. The research team interviewed caregivers in 184 households across the three villages. They were looking after a total of 537 children. Only 3% of these children were reported as able to access Free Basic Water through the communal taps of the “rudimentary system” at Theko Springs. Nobody in any of the villages paid anything for water. However, given that the minimum standard is 98% availability, even these few were not strictly recipients of free basic water.

Aside from the Springs that give the area its name, and which sometimes dry up, there is the Theko River. It flows all year round, but is nearly 1km away from houses at its closest point. It is the same river that children have to cross in order to attend High School, and that everyone must cross to access the nearest clinic as the crow flies. Whether from river or spring, the carrying of water is all uphill – up the steep slopes to the villages clustered across the tops of hills.

The spring water is clean when it comes from the ground. But there are many things to contaminate the water. There is the soap from the clothes and bodies being washed on its banks. With a very small minority of households having built pit toilets on their lands, most people use open areas for their ablutions. Animals graze at the spring and the pigs wallow freely at their edges. When it is hot and dry the springs become nothing more than muddy puddles from which residents drain as much clean water as they can.

The families that are better off are clearly visible by the green Jojo rainwater tanks that stand at the sides of their houses, providing cool clean water. If people are careful to use this water for cooking and drinking only, the supply will last the whole year round.

Almost none of the children in the rural site have access to free basic water. Our observations during fieldwork tell us that even the 3% who say they do, in fact only have access to water through communal taps which operate intermittently. This is despite the fact that about a quarter of children in the rural site had subsidy housing, which has not been accompanied by the provision of basic services.

The consequences of a lack of access to a regular and safe water source near by are most strongly felt by the women and children in this area. The community member voted onto the water committee talked at length about the problems of water for caregivers and children.

It's in our culture you see, so the woman must go and fetch water. It's their task to make sure that there is water at home, if you've got kids you send the kids.

He suggests that having taps closer to home not only takes the burden off women, but also means that men are more likely to fetch water for their personal use.

There's one difference if now there is water in the taps – you can see the men going there to fetch some water because now the water is nearer, they are afraid to go to the river and put a bucket on the head (laughter).

The significance of tap water is clear from the residents' behaviour when it is available.

When you open the water, they (people in Theko Springs village) won't go anywhere. They won't go to town, they'll just fetch water the whole day until the tank gets empty... They haven't got any hope that there will be water again so they want to store the water in their places.

Some of the other consequences for families reliant on natural water sources are discussed in the next chapter, dealing with the health situation of children and their access to public health support. As the water representative in Theko Springs said:

They're so sick, they're so sick. It's better this year. You see last year they always ran to the clinic, they had stomach problems. We called the Department of Health and they came and tested the water. The water was found to be contaminated. He said no, the water it's not good, the river water, it's good for plants, but not people.... Everybody drinks that water, they've got no choice. (Interview Malibongwe)

The underdevelopment and poor planning of these three villages is an inheritance from the past. "In the old Transkei there is no infrastructure, it's radically underdeveloped and the villages are far apart." (Interview Engineer, Amathole District Municipality)

The Amathole District Municipality has been the water service provider for the Theko Springs area since June 2003. According to the chief financial officer at ADM, which is the Water Service Authority for the Mquma municipality, there are very high levels of poverty across the area. "83% of our users are indigent according to the census data." Not only are the levels of poverty very high, but service levels are very low. "About 50% of our population don't have access to water, and 80% don't have access to sanitation. And it's a concern. With the current funding we won't meet our targets, the national target." (Interview, Nel)

Most of the areas they cover are rural. The local municipalities under the ADM area, including Mquma, are also very weak. "The institutional arrangements are very weak in local municipalities, so yeah, that's where our biggest challenges are." For this reason they have a municipal support unit to work with the rural municipalities. The nearest urban areas under Buffalo City – including East London, Nkanubi and King William's Town – have their own municipality and water service authority. They do not fall under the Amathole District Municipality. This means that, unlike the City of Cape Town, ADM have very few wealthier customers with whom they can cross-subsidise services for the poor. The wealthier urban areas are all under Buffalo City, which has few rural areas.

ADM has conducted a feasibility study in the Theko Springs area, as across most of the Mquma municipality, to come up with a service plan to introduce a regional scheme. But because these are capital intensive, they are instead focussing on "small localised

village supply schemes that stand alone.” One of the considerations in introducing both water and sanitation infrastructure is the likelihood of a corresponding introduction of cost recovery.

There are plans to provide bulk water supply which will give services – at least to the level of communal taps – to all three villages. But the plan has yet to be approved, and delivery is still many years into the future. The person responsible for building and services planning stated that they are happy with the proposals contained in the scoping report, but that “there is not enough budget to do what is contained in the report – so the alternative is to phase in the development.” They are awaiting registration for a Municipal Infrastructure Grant (MIG) on this project, and as soon as that has been done, there will be a site meeting and a meeting with the whole community.

The ADM policy cautions about problems in extending water services to areas that were previously without water services, particularly those in the old Transkei. “The ‘free basic water’ policy focuses on the provision of a free basic level of water supply to those households already having at least a basic water supply. It does not deal with the continued rollout of water services. However, it is vital that the implementation of this policy doesn’t not slow or prevent the continued extension of services to other households. The implementation of the free basic water policy should not be allowed to lead to unsustainable water services institutions at the local level because this will prevent currently unserved poor households from getting adequate formal water supplies in the future.” (ADM 2004: 31)

ADM also reported a project that was given to JCV Engineering Contractors to build 8000 sanitation units within a 30km radius of Butterworth Town Hall. But the project had just been closed down “because JCV convinced the Department of Water Affairs that they will be able to do that 8000 sanitation units in 2 years, in 18 months... He convinced everybody that he would do it (laughter) in 18 months, including me!”

It is clear that there are severe constraints within ADM to tackle the extent of the need in that area. This is not uncommon for local and district municipalities in rural areas. A lack of capacity of local government to implement policy has been highlighted at the highest levels. President Mbeki has complained about “laborious decision making”, and a “lack for all-round capacity, especially in technical areas with regard to water, sanitation and public works”. In his 2005 State of the Nation Address, the President announced a range of capacity creating initiatives, including investment in state infrastructure, a review of the civil service, salary increases for police and teachers, and the strengthening of inter-governmental relations.

Minister Sonjika’s 2006 budget speech also referred to the “lack of capacity to deliver, operate and maintain infrastructure, and the challenges of meeting our targets”. Eleven Cuban engineers and water resources specialists have been deployed in Limpopo, North West, Eastern Cape and KwaZulu-Natal Provinces to help, and “we are also exploring an

option of sending our young learners to Cuba to bring back the technical skills that our country desperately needs.”

National government is beginning to think about creative solutions to expensive and time consuming capital projects, and during the research period Minister Sonjika announced the completion of a pilot project for a rainwater-harvesting scheme. This includes the installation of 73 rainwater tanks built in 25 villages across Free State, Eastern Cape, Limpopo and North West. A further 1500 tanks are due to be installed in the next year.

HOUSING

THE HOUSING SUBSIDY SCHEME

Introduction

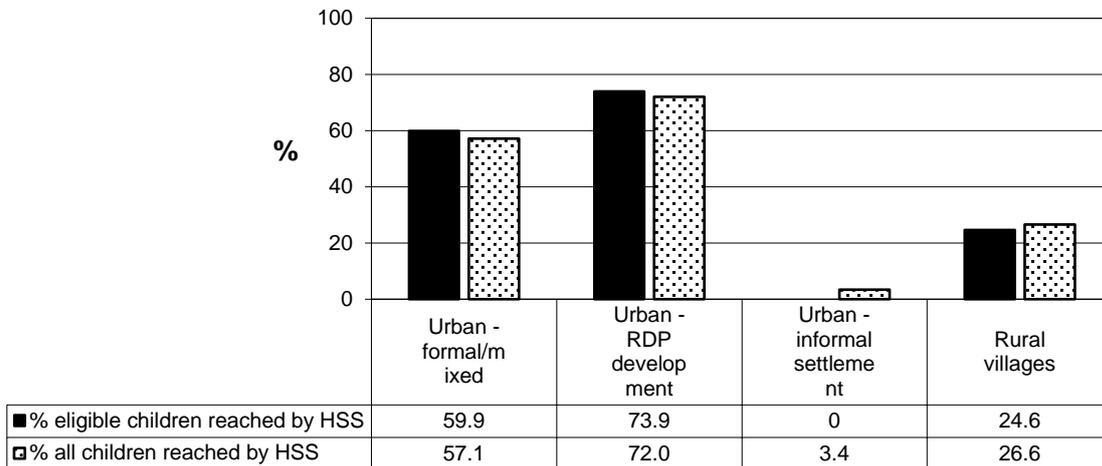
Housing is a fundamental right. At its most basic level, a dwelling provides shelter from the elements and is essential for human survival. A residential dwelling marks a social or family structure in that it physically delineates the space within and around which a household lives. A lockable dwelling may offer some physical security for the inhabitants and for their possessions. Housing denotes a degree of permanence, since dwellings are attached to the land. This makes it possible for municipalities to provide infrastructure and link dwellings to basic services which are also necessary for survival and development – such as water, sanitation, electricity and road systems.

For generations, many children in South Africa have lived in areas that are under-resourced, or in overcrowded, inadequate conditions which are not conducive to their well-being and development. The Housing Subsidy Scheme aims to address the shelter needs of South Africa's inadequately housed population, and to redress some of the imbalances of the past by ensuring that housing is of an adequate standard and is accompanied by basic services and security of tenure as well as access to facilities and employment opportunities.

There are no national data that provide reliable measures of housing subsidy eligibility or uptake, and certainly not amongst children (via their caregivers). Although the *Means to Live* provides child-centred data on access to subsidy housing, it is important to remember that the uptake rates are higher than one would find in a nationally representative sample, if such data were available. This is because the housing subsidy scheme had already been implemented in both the selected sites. Implementation of the scheme was part of the rationale for choosing the sites, in order to investigate mechanisms of access as well as barriers to access. Although the results are not generalisable to areas outside of the research sites, they provide a localised illustration of how the targeting of the housing subsidy works in practice.

Figure 26. Access to housing through the Housing Subsidy Scheme

(All children in Means to Live survey sites)



The figure above illustrates levels of access to housing through the subsidy scheme in the two sites. Results for the urban site are broken down to area type in order to show the different levels of access in different housing contexts. Although uptake levels in each site are represented first for eligible children only, and then for all children, there is very little difference in the results because the vast majority of children in these low-income sites are eligible for housing subsidies (or would have been eligible at the time when their caregivers received the subsidy).

This chapter presents eligibility and uptake rates of the Housing Subsidy Scheme from the perspective of children, and discusses these in the light of the policy intention, and in relation to the targeting mechanism. It considers the gap between the targeted and actual beneficiaries in two sites where it has already been implemented, and outlines some of the barriers which prevent poor children from accessing housing through the subsidy scheme. To do so it looks at the following:

- who the subsidy scheme is intended for, and how appropriate this is;
- how the targeting mechanism works in practice; and
- what the barriers are to access, and how these can be overcome.

Access to housing through the Housing Subsidy scheme

Housing as a socio-economic right

The South African government is constitutionally bound to ensure that everyone (including adults and children) has access to adequate housing. Section 26 of the Constitution states that

(1) everyone has the right to have access to adequate housing

and that

(3) no one may be evicted from their home, or have their home demolished, without an order of court made after considering all relevant circumstances. No legislation may permit arbitrary evictions.

As with other general socio-economic rights, this constitutional right is subject to certain limitations. While the State is obliged to “respect, protect, promote and fulfil” the right, it may be progressively (rather than immediately or comprehensively) realised, and the State is obliged only to take “reasonable” measures to provide access to housing, within the constraints of its available resources.

Besides the section 26 right of access to housing, the Bill of Rights refers separately to the specific rights of children, and in section 28(1)(c) provides:

Every child has the right...

to basic nutrition, shelter, basic health care services and social services.

The right of children to shelter is not subject to the qualifications associated with the general right in section 26 (such as “progressive realisation” and “within... available resources”). A textual reading of the Constitution suggests that the rights of children and the general population to housing carry different weight, with children being afforded a stronger right to shelter by the Constitution – and also by international law – than the general right of access to housing.

The Convention on the Rights of the Child places a responsibility on parents or caregivers to implement children’s right to an adequate standard of living. At the same time it obliges the State to “take appropriate measures to assist parents and others responsible for the child” and where necessary to provide material assistance and support programmes, “particularly with regard to nutrition, clothing and housing” (Convention on the Rights of the Child, Article 27(4)).

The South African Constitution upholds the right of children to parental care, or to appropriate care when removed from the family environment. Since the family environment is defined as the normal (and desirable) place for children, it may be that the child's right to shelter is extended to the household too, or that delivery of housing should be prioritised for families with children²¹.

The International Covenant on Economic, Social and Cultural Rights, to which South Africa is a signatory, identifies seven main elements for "adequate housing":

- security of tenure
- availability of services, materials and infrastructure
- affordability
- habitability
- accessibility
- location
- cultural adequacy.

What does housing mean for children living in poverty? If poverty is understood to be multidimensional in nature, then the housing context is key to many dimensions of poverty (and poverty alleviation). This is because housing is linked to location, which in turn influences the extent to which a range of other needs and rights can be met. Different types of settlements have varying access to services and resources. For instance, if a residential area is far from schools, then it may be difficult for children to access the institutions where they might realise their right to education. Similarly, children have a right to health care and to adequate water – services which are delivered to human settlements.

The type of settlement may influence the ease with which other services can be delivered. It is easier and more cost-effective for municipalities to develop bulk infrastructure and provide basic services to areas where the population density is high and the plots are demarcated than to scattered rural populations or informal settlements. It is for this reason that the Department of Social Development initially introduced different means tests for the Child Support Grant, where the income threshold was set at R800 for applicants living in formal dwellings in urban areas, and at R1,100 for those living in informal dwellings or rural areas. Since August 2008, however, the dual threshold was dispensed with, and only the upper income threshold is applied.

²¹ This argument has already been made in case law – notably in the High Court decision in the *Grootboom* case.

Just over half of South Africa's children (54%) lived in rural areas in 2004, which is the last time that the urban / rural variable was made available in national data sets published by Statistics South Africa. In 2006, 17% of children (3.2 million) lived in traditional dwellings (Proudlock et. al., 2008). While these dwellings may provide adequate accommodation, municipal services to rural settlements are often inadequate or non-existent and the absence of good roads and public transport systems can make it difficult for children and their families access other resources such as health care, education and social services.

Policy framework for housing

The national housing policy is outlined in the Housing White Paper of 1994. The Housing Subsidy Scheme was developed as the central programme to provide basic housing and security of tenure to the masses of South Africans living in substandard conditions at the end of the apartheid era.

From the outset, there was difficulty in balancing two imperatives: to deliver quantity *and* quality of housing. These two policy objectives have frequently been at odds over the years. The emphasis on numeric targets was expressed in one of the earliest promises of the democratic government: to build a million houses in the first five years. The Reconstruction and Development Programme, the first post-apartheid integrated socio-economic policy framework, set the housing delivery target at 300,000 units per year.

The Constitution and the housing policy dictate that housing should be "adequate". Adequacy is related to a range of qualitative aspects, including the quality of neighbourhoods and services, as well as the actual dwelling and secure tenure arrangements. Minimum norms and standards are defined in the housing policy, to ensure that beneficiaries do not receive substandard housing, legislation was passed, in the form of the Housing Consumers Protection Measures Act of 1998, to give housing beneficiaries legal protection against poor workmanship, and the National Home Builders' Registration Council (NHBRC) was established to monitor the quality of workmanship provided by accredited contractors.

There was also a need to ensure that settlements were planned and developed in an integrated way. The housing policy was augmented by the Comprehensive Plan for the Development of Sustainable Human Settlements, "Breaking New Ground", which was approved by Cabinet in September 2004. The strategic priorities outlined in the Comprehensive Plan are to:

- accelerate housing delivery
- improve the quality of housing products and environments to ensure asset creation
- ensure a single, efficient formal housing market

- restructure and integrate human settlements
- utilise provision of housing as a job creation strategy
- assess property as an asset for wealth creation and empowerment.

The Housing Subsidy Scheme includes a range of subsidy types designed to provide a range of housing options:

Table 59 Housing subsidies approved (1994 – June 2006)		
Subsidy type		Proportion of subsidies 1994-2006
Project-linked subsidy	The most commonly used subsidy – applied mainly for new housing development projects in or on the periphery of urban areas	72.0%
Consolidation subsidy	'Top-up' subsidies for households who receive serviced sites prior to 1994, to pay for a dwelling on the site	9.4%
Hostel redevelopment	For the provision of subsidised single or family accommodation in upgraded hostels	6.0%
Individual subsidy	For purchase of existing houses or land on which to build – this option is now largely discontinued due to a shortage of housing stock, problems with waiting lists and fraud	5.8%
Rural subsidy	For households with tenure rights to state-owned land under traditional authority.	4.2%
Institutional subsidy	Used mainly for the provision of rental housing (often social housing projects), mainly in cities	2.4%
Emergency Assistance	Provides temporary relief in the form of basic accommodation for households whose housing situation is under threat (for instance, as a result of natural disaster or eviction)	0.2%

Source: www.housing.gov.za (April 2007)

The implementation of housing policy involves different spheres of government. While the national housing department is responsible for developing the broad policy and allocating funds to provinces, the task of approving housing projects and allocating subsidies is devolved to the provinces. Municipalities, in turn, are required to develop Integrated Development Plans (IDPs) which identify housing need in their constituencies and outline housing development plans. Where local government lacks the capacity to plan and implement housing strategies, this responsibility falls to the district municipality or the provincial department.

The development of new housing projects generally requires the installation of bulk infrastructure for services, for which municipalities can access funding from the Municipal Infrastructure Grant (MIG). Other than this, the cost of the housing development is paid for from the housing subsidy, which was initially set at R15 000, and has increased annually in line with building costs. The 2005/6 maximum subsidy amount for project-linked housing was R31,929, and increased to R36,528 in 2006/7. This must cover the cost of services to the site, the materials for the dwelling and the

labour costs. The rural subsidy is slightly lower, at R29,450 in 2005/6, and increased to R34,049 in 2007.

Government funding for housing is derived mainly from two grants: the equitable share, which covers administrative and management costs, and a conditional grant, which is deployed for actual housing development under the subsidy scheme. Conditional budget allocations within provinces are informed by IDPs, in which housing development targets and plans should be outlined. IDPs are planning tools that enable provincial and local governments to identify strategies, budget and plan for service, infrastructure, housing and other development needs over a 5-year period. As their name suggests, Integrated Development Plans are meant to consider development in an integrated way.

Despite the stated intention in the RDP to commit 5% of the national budget to housing, in reality housing constitutes a far lower proportion of the budget. At its height in 1997/98, housing accounted for 2.4% of the national budget, and its share has declined over the past ten years, reaching as low as 1.2% of the budget in 2006.

Targeting Mechanisms for housing subsidies

Targeting implies having mechanisms for identifying target populations or groups and determining eligibility through some form of screening process. In the case of the housing subsidy, targeting generally involves three main tiers or levels of assessment:

- **determining the housing need** across provinces – this is calculated from national data, in line with national priorities, and informs the allocation of conditional budgets to provinces. The emphasis since 1994 has been mainly on urban housing development through the creation of settlements on new land, and more recently (since 2004) through the upgrading of existing informal settlements;
- **geographic and community level targeting** – the identification of communities for *in situ* upgrading or new areas for housing development (based on assessments of housing need, relative urgency, political imperative and broader development objectives). There is also provision for the initiation of housing projects to be community-driven, through the People's Housing Process;
- **screening of individual applicants** within the defined areas or projects (at which stage some households may be included while others are excluded). The Housing Subsidy Scheme is a targeted programme, designed to reach only a certain sub-population who are poor and who do not already own a residential dwelling. There are six main criteria for eligibility, all of which must be fulfilled before a subsidy is granted. These are outlined in the National Housing Code:

1. **Citizenship:** beneficiaries must be South African citizens or have permanent resident status
2. **Legal competence:** beneficiaries must be legally competent to contract (i.e. have attained the age of majority or be married/divorced and of sound mind)²²
3. **Dependants:** beneficiaries must be married (civil or customary), or be in a permanent relationship (cohabiting), AND/OR have one or more proven financial dependants (in which case preference will be given to widowed, divorced or single parents)
4. **Income:** the combined monthly income of the applicant and spouse/partner must not exceed R3,500 for the full subsidy, or R7,000 for a partial subsidy²³
5. **No previous subsidies:** beneficiaries must not have received previous benefits from a government housing subsidy or land acquisition programme (with the exception of Site and Service schemes, in which case it is possible to receive a consolidation subsidy)
6. **First-time property owner:** beneficiaries must be acquiring ownership of a property for the first time (except in the case of the consolidation subsidy and relocation assistance).

Housing delivery and housing need

The Housing Subsidy Scheme has been highly effective in delivering vast numbers of dwellings to the poor. The scheme was initiated almost immediately after the democratic government came to power in 1994. By June 2006, almost two million houses (1,995,492) were completed or under construction using government housing subsidies.

However, the rate of urbanisation and demographic change (households are getting smaller) has meant that in many provinces delivery of housing has not managed to reduce the housing backlog – if anything, the rate of the growing housing need has outstripped the pace of delivery. In 2006, approximately 2.2 million households did not have access to adequate housing. Of the 18 million children living in South Africa, less than two thirds live in formal housing. Twenty percent live in traditional dwellings, and another 15% (nearly 2.7 million children) live in backyard shacks/rooms or in informal settlements (Hall in Proudlock et. al., 2008).

The Department of Housing's policy document of 2004 "Breaking New Ground" introduces a strategic focus in the policy: to upgrade urban informal settlements. This is in line with target 11 of the Millennium Development Goals: "to achieve significant

²² The age of majority has been reduced from 21 to 18 years

²³ The R3,500 threshold has been used in calculating eligibility in the survey data

improvement in the lives of at least 100 million slum dwellers, by 2020". The particular goal is less clear than many of the other MDGs. Given that high rates of urban migration lead to the growth of informal settlements, that the proportion of each country's contribution to the global target is unspecified, and that the nature or extent of the "significant improvement" is not defined, it is unclear what exactly South Africa is committed to achieving – quantitatively or qualitatively – under the MDG. The commitment made in the comprehensive plan Breaking New Ground is more explicit: it sets a new target for upgrading all informal settlements by 2014. This involves formalising tenure arrangements, upgrading municipal engineering services, providing social amenities and community facilities (including health, education and recreation facilities) and upgrading housing. [Inter-governmental Fiscal Review Ch5 – Housing p.69 – Provincial Budgets and Expenditure Review: 2002/03 – 2008/09]

The tables below provide an overview of the subsidy allocations and children's living conditions across the provinces. These tables show differences in the provincial distribution subsidies and the child population. For instance, the vast majority of housing subsidies (40%) were allocated in Gauteng province, but this province's share of the country's children is only 15%. The Eastern Cape has a greater share of children (17%), but less than 10% of all subsidies were allocated there.

Figure 27 on the following page shows that Gauteng also has a greater proportion of children living in informal housing than any other province, while provinces with the largest child populations (KwaZulu Natal and the Eastern Cape) have the greatest proportions of children living in traditional dwellings. The urban orientation and focus of the housing policy on the eradication of informal housing means that a large proportion of children living in substandard conditions may be overlooked by the housing programme altogether.

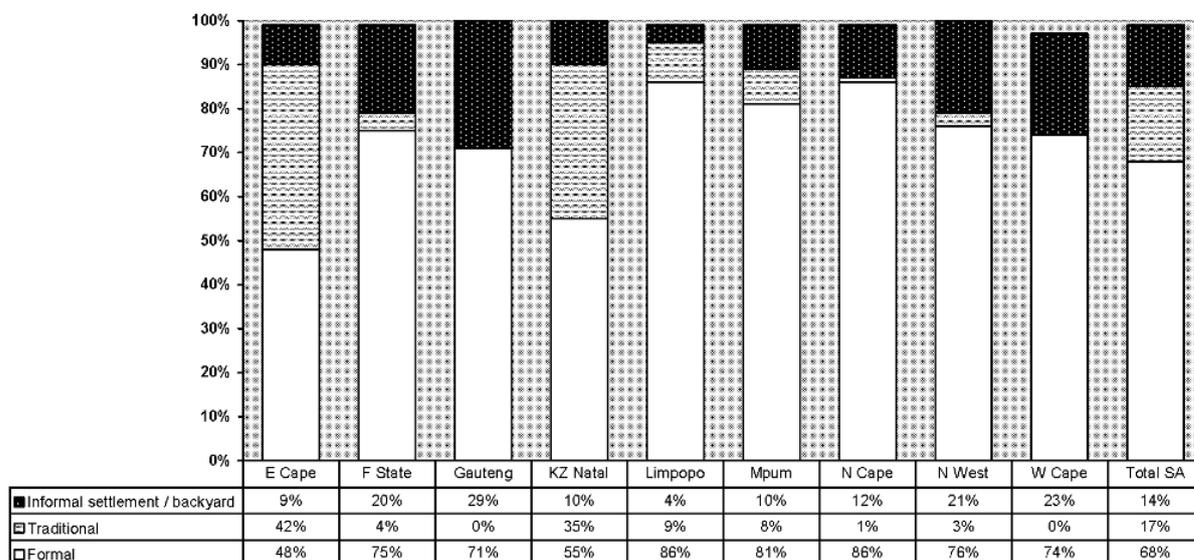
Table 60 Allocation of housing subsidies by subsidy type (April 1994 – June 2006)

	Subsidy type							Provincial share of subsidies & children			
	Project-linked	Individual	Consolidation	Institutional	Rural	Hostel Redev	Emergency	Total subsidies	% subsidies	Total children	% children
Eastern Cape	241,427	27,653	9,357	5,710	1,050	0	0	285,197	10%	3,181,000	17%
Free State	114,090	14,120	8,127	1,300	2,500	516	0	140,653	5%	1,118,000	6%
Gauteng	803,885	53,639	112,459	22,251	563	162,282	0	1,155,079	40%	2,720,000	15%
KwaZulu-Natal	257,283	18,468	31,677	25,320	34,143	0	0	366,891	13%	3,817,000	21%
Limpopo	134,957	4,448	3,252	0	61,606	1,780	0	206,043	9%	2,660,000	15%
Mpumalanga	86,998	16,562	46,156	5,450	1,476	885	0	157,527	6%	1,402,000	8%
North West	156,537	8,619	7,326	1,154	20,796	1,273	5,024	200,729	7%	344,000	2%
Northern Cape	40,079	8,805	384	1,000	0	0	0	50,268	2%	1,431,000	8%
Western Cape	239,756	13,577	53,468	6,998	44	4,866	283	318,992	12%	1,571,000	9%
National	2,075,012	165,891	272,206	69,183	122,178	171,602	5,307	2,881,379		18,243,000	
%	72.0%	5.8%	9.5%	2.4%	4.2%	5.9%	0.2%	100.0%		100.0%	

Source: Department of Housing www.housing.gov.za (viewed Sept 2006), authors' calculations; GHS 2006 (child population data)

Figure 27. Children's housing types

(Provincial data – General Household Survey 2006)



Eligibility for the Housing Subsidy Scheme: issues of conceptualisation

Children cannot legally be home-owners or apply for subsidies, but they are implicitly included in the conceptualisation of the subsidy scheme in that it revolves around the household construct, or family unit, in which children are defined as dependants.

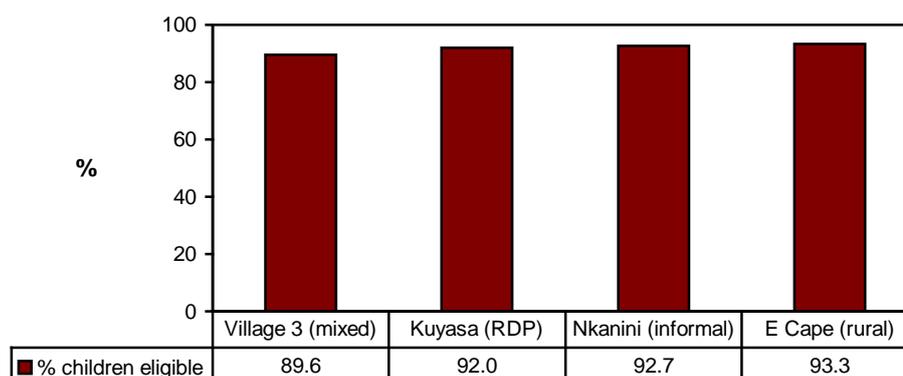
A number of assumptions had to be made in order to calculate eligibility for the housing subsidy from the perspective of children. First, in order to construct a child-centred eligibility figure, it is necessary to define a caregiver through whom, hypothetically, the child would gain access to subsidised housing. This would not necessarily be the head of the household, or even the same caregiver for all children within a household – the effect of the housing subsidy might be to enable the establishment of a breakaway household. For this reason, eligibility has been calculated separately where different children have different caregivers within the same household.

Second, one must calculate the joint income of the identified caregiver and her/his spouse or partner to determine whether they pass the means test. Third, one must establish whether either the spouse or her/his spouse or partner has ever previously owned a property or received a housing or land subsidy, in order to determine whether they meet the criteria of first-time property owners. In addition, one must check that both the caregiver and spouse/partner comply with the remaining eligibility criteria relating to citizenship and age.

After applying the eligibility criteria for income and to our sample, it is clear that the vast majority of children in both sites would qualify or have already qualified for a housing subsidy via their caregiver.

Figure 28. Eligibility for the Housing Subsidy Scheme, by area type

(Means to Live sites; eligibility includes those who have received subsidies)



In its conceptualisation, then, the targeting mechanism for the housing subsidy appears to include a very large proportion of poor children. While similar assumptions would need to be made in order to construct a measure of eligibility based on national data, eligibility rates are likely to be far lower due to high levels of ownership. The research sites were purposively selected for their high levels of poverty, poor living conditions and the presence of a housing development project – and so one would expect disproportionately high rates of eligibility.

The sections that follow discuss various aspects of the eligibility requirements, where possible providing an indication of the national population that would theoretically be targeted.

Age eligibility

A requirement of the Housing Subsidy Scheme is that applicants must have capacity to contract. Chapter two of the National Housing Code specifies that beneficiaries of the housing subsidy must be at least 21 years old – since this is historically the age at which South Africans reached majority and was also the age of capacity to contract and litigate (for instance, to enter into a contract with a municipality in order to access municipal services). However, when read with section 17 of the Children’s Act 38 of 2005, the age of majority is now reduced to 18 years (Mahery & Proudlock, 2008). Thus adults from the age of 18 may be eligible for housing subsidies.

This change in the age of majority addresses a previous limitation in the legal situation, where people between the ages of 18 and 21 were neither children nor adults of qualifying age. This window of exclusion would have affected young single mothers under the age of 21, unless she had a partner over the age of 21²⁴.

According to data published by Statistics South Africa, almost three million people fall into the age group from 18 to 21 (General Household Survey, 2006). The population would include a large number of young people who are school-leavers, who are not income-earners or home-owners in their own right – in other words, a population that is highly likely to fulfil the requirements relating to income and property ownership irrespective of their socio-economic background. However, the subsidy scheme is not simply a home-establishment grant for young adults; it is conceptualised as a grant for households or families, and applicants are required either to be co-habiting with a spouse or partner, or have dependants. Errors of inclusion are likely to be limited by self-selection, since houses are extremely basic and generally located in homogeneously poor areas. This would tend to discourage potential applicants from higher income brackets from applying for subsidies, even if they technically fulfil the qualifying criteria in their individual capacity.

Marital status AND cohabitation

Applicants should have dependants and / or be married or “habitually cohabiting” with a partner. Both civil and customary law marriages are recognised, and it is specified that men may record more than one wife on the application form. It is nonsensical, however, for the applicant to declare more partners than is necessary, because once a woman is recorded as a partner or co-applicant, she is subsequently excluded from accessing further housing or land subsidies.

No minimum requirements are specified for cohabitation in the case of unmarried partners. Thus it is largely the decision of cohabiting partners whether they want to declare themselves as a couple for purposes of accessing the housing subsidy. It would be perfectly possible to enter into or even feign a partnership in order to submit a subsidy application, since the nature of the partnership is neither qualified nor verified. However this is risky, since both parties are “bound to the subsidy” but dissolution of the relationship can cause one partner to lose access to the house and also to further housing assistance through the subsidy, since a person may only qualify once. Women stand at greatest risk of losing out in this way.

²⁴ In the sample, 34 children had caregivers who were under 21 years, most of whom were the children’s biological mothers. This amounted to 3.6% of children in the urban site, and 2% of children in the rural site who were potentially excluded because their caregivers did not fall within the target age group. Only four of these caregivers had partners who were above the age of legal competence.

An official in the Western Cape provincial department described the scenario in which a man coerces or forces his girlfriend or another woman to co-sign the application form, but later expels her (and her children) from the house. In this scenario, although the woman technically holds joint legal rights to the property (since the property is transferred into both names), it is extremely difficult, and sometimes too intimidating, for women in this situation either to confront the man or to enter a legal process to regain her share of the house.

Another factor which limits women's (and children's) property rights is that, although in terms of the policy the transfer documentation is drafted in both names, in practice this has not always been the case. The Women's Legal Centre investigated a number of cases where conveyancers recorded only the male partner's name on the title deed, and omitted the woman's name. In these instances, women who were married under civil law had some protection under the Matrimonial Property Act, although the cost of civil proceedings may be prohibitively expensive for poor women. Those who were unmarried, or who were married under customary or religious law, had little recourse. Either way, women who apply jointly for housing subsidies face some risk of being left without the house, and without the prospect of qualifying for a further subsidy.

Defining "dependants"

If an applicant is neither married nor cohabiting, then the qualifying criteria demand that there must be at least one dependant. According to Departmental guidelines, "A financial dependant refers to any person who is financially dependent on the subsidy applicant and, who resides permanently with the housing subsidy applicant. Financial dependants therefore include any, or a combination, of the following persons residing permanently with the subsidy applicant:

- i] Biological parents or parents-in-law;
- ii] Biological grandparents or grandparents-in-law;
- iii] Brothers/sisters under the age of eighteen years or, if older, who are proven financially dependent on the applicant;
- iv] Children under the age of eighteen years, i.e.:
 - a) Grandchildren;
 - b) Adopted children;
 - c) Foster children;
 - d) Biological children;
 - e) Children over the age of eighteen years who are still studying and who are financially dependent on the applicant; and
- v] extended family members who are permanently residing with the applicant due, for example, to health problems and who are therefore financially dependent on the housing subsidy applicant." (Department of Housing, 2005).

Clearly, dependants are not envisaged as being limited to children – although the housing structures typical of the subsidy scheme are certainly not designed to accommodate extended families.

However, this research is primarily concerned with children and the circumstances in which they live. The sample consists of households with children, whose eligibility is determined via their caregiver. Therefore all the surveyed caregivers, by definition, had dependants, and the survey did not record households where adults had no financial dependants. But what of the (un-surveyed) parents who are living apart from their children?

Maternal co-residence

90% of children in the urban site were living with their biological mother at the time of the survey, while some of the mothers also had other children who were not present in the household. It is reasonable to assume that there are many more urban mothers who are living without their children²⁵. The most comprehensive household data at ward level is found in the national Census of 2001. According to this data, 38% of households in the urban site do not have any children resident. However, this does mean that adults living in these households do not have children, and would not want their children to be living with them.

While 96% of children surveyed in the rural site had a mother who was alive, only 65% were living with their own mother. This means that about a third of the rural children had a mother who was living separately, somewhere else. Qualitative findings suggest that many rural children live with their grandparents while their mothers move to the cities where they try to find work. Some grandmothers in the rural site described their adult children's urban homes as being temporary in nature – shacks in informal areas, or arrangements to stay in the homes of extended family or relatives of community members. These were sometimes described as inappropriate or unsafe environments for children to live, so children had remained in the rural site.

National data show that a quarter of all children in South Africa do not live with their biological mothers. Provinces with high proportions of children without their mothers are those with large rural populations: the Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and the Free State. Children who live in Gauteng and the Western Cape, provinces with a high proportion of urban (and non-African) households, are more likely to be staying with their mothers.

²⁵ The Means to Live sample only included households in which children were living.

Table 61 Maternal co-residence and orphanhood

Province	Children not living with mother		Mother deceased or unknown		Mother living elsewhere	
	N	%	N	%	N	%
Eastern Cape	1,085,400	34.1	253,893	8.0	831,507	26.1
Free State	312,102	27.9	106,106	9.5	205,996	18.4
Gauteng	413,885	15.2	122,388	4.5	291,497	10.7
KwaZulu Natal	1,137,314	29.8	373,595	9.8	763,719	20.0
Limpopo	802,142	30.2	137,215	5.2	664,927	25.0
Mpumalanga	399,295	28.5	110,599	7.9	288,696	20.6
North West	347,091	24.3	108,375	7.6	238,716	16.7
Northern Cape	79,684	23.1	20,612	6.0	59,072	17.2
Western Cape	231,232	14.7	54,414	3.5	176,818	11.3
National	4,808,146	26.4	1,287,198	7.1	3,520,948	19.3

Source: GHS 2006; author's analysis

Although 26% of children do not have a biological mother living with them, only 7% of children are maternal orphans in that they do not have living biological mothers. The other 19% have living mothers who are staying elsewhere. The proportion of children living only with their fathers is negligible – less than 3% of children – compared with 40% of children who live only with their mother. In terms of household and care arrangements, most children who live separately from their mothers are in a similar situation to children whose mothers have died: they are living with grandmothers, aunts, older siblings, other relatives and community members.

Exclusion of 'absent' children

The design of the housing subsidy scheme, with its inclusion of dependants in the eligibility criteria, is strongly oriented towards the concept of the family. This is in keeping with the family-based approach to the development of human settlements codified as “best practice” in the Habitat Agenda, 1996. However, it is clear that many children do not live in nuclear families, and one in five children nationally have a biological mother who is living somewhere else.

A recent analysis of child-headed households revealed that the vast majority (over 80%) of children in these household formations had a living mother, and more than three quarters of child-only households declared remittances as their main source of income (Meintjies, Hall, Marera & Boule, 2010). The analysis provides conclusive evidence that child-headed households are not primarily the result of HIV/AIDS-related orphaning, and points to other possible reasons for the establishment of these households, such as adult urban migration and / or a shortage of adequate urban housing to accommodate child migration to cities.

Can absent children (living elsewhere) be counted as dependants for the housing subsidy? This is an important question for the subsidy scheme, since the allocation of housing subsidies to parents living apart from their children could enable the (re)unification of families. It is not entirely clear how the criteria relating to dependants are implemented, but it appears that in at least one province, the requirement for “proven financial dependants” is interpreted to mean that the dependants must be residing with the applicant at the time of the application. Thus in a case where a single mother wants to apply for a housing subsidy, “if her children are not residing with her then she will be viewed as single and without dependants” (pers comm.: Deputy Director, Subsidies Section, Department of Local Government & Housing, Western Cape).

This creates a catch-22: by definition, single mothers who do not have an adequate house and are living away from their children cannot qualify for a housing subsidy and so access a home which they can bring their children to. Rather, a single mother living in inadequate housing who wanted to apply for a subsidy house to accommodate children living elsewhere would need to first bring her children to live with her in order to apply for the subsidy. But given the spatial targeting of the housing subsidy, and the notoriously long waiting lists for individual subsidies (which have now been discontinued in many of the provinces), there is little guarantee that the caregiver and her children would succeed in obtaining a formal house within a reasonable period of time. The consequence for children may be a deterioration in the quality of their living environments as well as the logistical and emotional challenges of changing schools, the risk of interrupting grant payments and even the possibility of losing access to child grants altogether due to difficulties in transferring grants across paypoints and provinces (see Chapter 4).

One possible way around this problem would be for the caregiver to submit a joint subsidy application with a partner, or someone she nominates as a partner for purposes of securing a subsidy, and then to move the children only if and when the house is secured. However, as discussed above, perverse measures such as these also run the risk of undermining women’s property rights.

The cross-cutting question here is whether a poverty alleviation programme addresses the status quo, or aims to correct the effects of previous policies which discriminated against poor (and predominantly black African) children. From a child’s perspective, the housing subsidy is targeted at the household where the child is currently living, and so maintains the status quo. A more progressive approach would be for it to target the potential future home of the child in order to enable movement of children so that they can live with their parents. In this way, the housing policy would start to redress the historical separation of families which resulted from the migrant labour system, apartheid legislation on population movement and the structural under-provisioning of housing in urban areas.

Proof of identity

Even if housing applicants were permitted to enter the details of their absent children on application forms – thereby complying with the requirement for “dependants” – they would face similar logistical difficulties as those encountered in accessing Child Support Grants and other programmes: the problem of getting identity documents across the country to the right place at the right time.

For many years the presence of dependent children was not verified and the application form only required the initials, surname and age (not ID numbers) of a maximum of two dependants. This created loopholes in the eligibility assessments: single people living without children could access a housing subsidy by writing down the name of a fictitious child or pretending that someone else’s child was their own. This practice has been documented in some housing projects (see *inter alia* Huchzermeyer, 2001) although the consequences for children have not been sufficiently investigated.

Another consequence of limiting child dependants to two entries was that it was misconstrued: caregivers in the urban site talked of having to choose which of their children to “register” when they applied for housing, and there was a perception that the children entered on the subsidy application form would automatically inherit tenure rights. This is not the case.

Towards the beginning of the research period the subsidy section of the Western Cape provincial department said that there had been a national directive to adjust the application form: instead of capturing the names of only two children, there would be space to capture the names and identity numbers of up to 15 children. The reason for this was explicitly to prevent the fraudulent inclusion of children in subsidy applications (referred to by the official as “rent-a-kid”).

In 2005 the Department published guidelines to prevent the repetitive use of dependants’ names to access housing subsidies. The Departmental guidelines stipulate that certified copies of bar-coded identity documents should be provided for every applicant as well as every household member and dependant. For children without ID books, a copy of the birth certificate should be provided. This information would then be entered in the National Housing Subsidy Data Base and checked against the Department of Home Affairs to validate the existence of each dependant, and to check that they have not already been “used” elsewhere in another subsidy application.

There are many possible problems with this approach: first, difficulties in obtaining identity documents and birth certificates are a widespread and ongoing problem, so applicants would face the same difficulties in providing documentation as caregivers wanting to access child support grants. Second, there is an assumption that children’s living arrangements are static, and so they would not be dependants of different households at different times. Evidence points to the contrary: children are highly

mobile for a range of reasons, and poverty alleviation programmes need to take this into account in their targeting.

There are no easy solutions. Targeting housing subsidies at mothers who want their absent children to be living with them, is one way of enabling children to access adequate housing (and all the services and amenities which should accompany it) through the subsidy scheme, and at the same time enabling more children to live with their mothers. However, the practicalities of targeting in this way would need careful consideration since such a targeting mechanism may be difficult to monitor and open to abuse in practice.

The means test

A simple means test is used to determine whether an applicant for a housing subsidy is eligible. There are some areas in which the means test is unclear and open to interpretation or abuse. One is the question of exactly whose income should be included (i.e. who are the joint applicants). Another relates to ambiguity about what type of income should be included for purposes of the means test calculations.

Defining partnerships for joint income

The means test is based on the joint income of the applicant and his / her spouse or permanent partner with whom the applicant is cohabiting. Nowhere is it specified how long people must have lived together to constitute a “permanent” partnership or how much of their time partners should spend in the household to be regarded as “cohabiting”.

In replicating the means test for purposes of analysis, “living together” with partner has been taken to mean a permanent partnership. But many partners – particularly in the rural site – are not regularly present in the household because they work elsewhere. Qualitative research in the sites shows that, while unmarried people may report having permanent relationships, some only see their partners once a month or a couple of times a year. Similarly, married couples may spend the entire year apart, reunited only in December or when there is a major event such as a funeral which brings the migrant worker home.

Inclusion of the social wage in the means test

The National Housing Code is unclear about exactly what types of income should be taken into account when applying the means test for the housing subsidy scheme, except to state that “joint monthly income” includes income from self-employment. However, the subsidy application form explicitly includes income from pensions and disability grants in the income calculation. An official who deals with subsidies confirmed that income from pensions and disability grants is included in the total income calculations.

When the primary research commenced, the pension was set at R780 per month and the income threshold for the maximum subsidy was R1 500 per month. Technically, a couple who were both pensioners could have been excluded from the subsidy unless they could afford to supplement a smaller subsidy amount.

SECTION C: MONTHLY INCOME DETAILS (To be completed by applicant)		
	Applicant	Spouse
Indicate if you are:		
Unemployed		
Employed		
Self Employed		
Pensioner		
Basic Monthly Income	R	R
Regular Periodic Allowances	R	R
Housing Allowance Received	R	R
● Housing Allowance to be Received	R	R
Commission Received (12 months average)	R	R
Pension or Disability Grant	R	R
TOTAL	R	R
JOINT TOTAL (Applicant and Spouse)	R	
Amount of Subsidy Applied For	R	

Note that the form refers to “spouse”, which is incorrect since the income of an unmarried, cohabiting permanent partner is also taken into account

Now that the lowest income threshold is set at R3500, it is less likely that beneficiaries of social grants would fail the means test. But the principle remains: that in an integrated poverty alleviation strategy, targeted programmes and benefits should be complementary and cumulative – and access to one poverty alleviation programme should not reduce eligibility for other programmes in the integrated package.

In practice, income from grants is not something which is likely to result in exclusions. A housing official points out that if the private earnings of a pensioner pushed them over the threshold “they would be unlikely to declare it” or “we would work around it” (Assistant Director, Subsidy Section, WC Provincial Department of Housing. While the targeting mechanism may be flawed at a conceptual level, there is an indication that these flaws may be circumvented at the level of implementation. This suggests discretionary decisions on the part of implementers which, although they may be in the interests of poor people, mean flouting the rules of administrative justice.

Broad targeting

In its conceptualisation, the Housing Subsidy Scheme targets a broad population, with the income threshold set much higher than that for the Child Support Grant. While the threshold for the CSG was R800 per month or R1,200 per month, depending on the area

type, the threshold for the maximum subsidy had been set at R1,500 until the time of the research, and increased to R3,500 shortly after. In 2008 the CSG threshold was revised and repositioned at the R2200 level.

Income data in the General Household Survey provides a rough sense of poverty levels. In the 2006 national survey, 80% of children lived in households with a monthly income below or equal to R3500. Income levels are historically skewed, and there is still enormous racial and gender inequality. If one delineates by race, then 86% of children reside in households headed by a black African, with monthly income within the R3500 poverty line. This is, in effect, a conservative estimate for purposes of the housing subsidy, being based on household income – whereas the housing subsidy scheme only takes into account the income of the applicant (who is defined as the child’s main caregiver) and his / her partner. It is known from other research that the HSS enables young people to move out of their parental homes – in which case the income of the parents would be excluded from eligibility calculations. It is not possible to use the national data to replicate these scenarios as is done in the *Means to Live*, but the evidence is sufficient to show that only a small proportion of the population – certainly less than the top 20% in terms of income – would be excluded from the housing subsidy because they fail the means test.

Static income thresholds and stratification

The income threshold remained unchanged for the first ten years of the housing subsidy scheme. Set at R1,500 for the maximum subsidy (and R3,500 for the minimum subsidy contribution), the threshold did not increase in line with inflation. This effectively narrowed the targeted segment of the population who, ten years after the programme’s inception, had to be almost twice as poor to qualify for a subsidy. The failure to raise the income ceiling theoretically excluded many households who would have qualified for a subsidy if the income threshold had been appropriately inflated during this time.

Table 62 Actual and inflation-adjusted thresholds for the Housing Subsidy Scheme

	Original income threshold (1998)	Real value of original threshold in April 2006	Actual threshold (2004)	% decrease in threshold over 10 years	Real value of 2004 threshold in April 1994 Rands
Max subsidy	R1,500	R2,848	R1,500	90%	R790
Part subsidy	R2,500	R4,746	R2,500	90%	R1,317
Min subsidy	R3,500	R6,645	R3,500	90%	R1,844

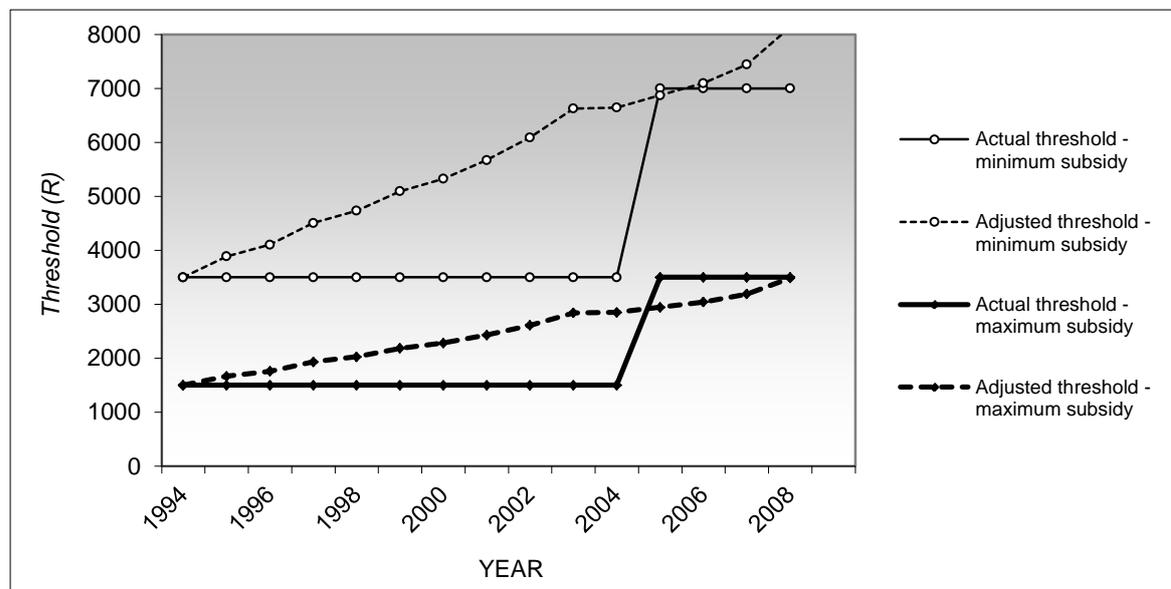
Source: StatsSA (2006); own calculations (Income thresholds set in April 1994 and inflated by 90% in line with increase in CPI)

The calculations show that, in order to remain consistent with the 1994 definition of the subsidy target group, households with an income below R6,600 should be financially

eligible for a state housing subsidy, and those with an income below R2,800 should be receiving the maximum subsidy.

In 2005, the Department of Housing introduced a dramatic increase in the income thresholds for the subsidy. The “poverty line” was increased so that all applicants with monthly incomes below R3,500 could qualify for the maximum subsidy, while smaller subsidy contributions would be available to applicants with incomes up to R7,000. In effect, the subsidy thresholds caught up with inflation in a single step. However, by 2008 inflation had once again caught up with the income threshold, so that unless the means tests are adjusted again (and continuously), they will once again fall below the originally intended poverty line, in effect contracting the targeting of the programme. This is illustrated in the table below:

Figure 29. Actual and inflation-adjusted housing subsidy thresholds by year



The housing subsidy is stratified, with the largest subsidies going to the poorest applicants. The original intention was that housing for the lowest stratum would be driven entirely by the subsidy, and that as income levels increased, beneficiaries would be more likely to be able to contribute more from savings or by accessing loans to “top-up” the subsidy. However, it was generally acknowledged in the housing sector that while the tiered subsidy amounts were designed to be equitable, people in the middle and upper strata were often unable to supplement the smaller subsidies and so were excluded from housing projects altogether. The increase of the threshold means that applicants in the higher income brackets (R3,500 – R7,000) will be more able to access housing credit. Having now caught up with the inflation-adjusted thresholds, it is important that the thresholds continue to increase regularly so that the target population is not contracted again.

Defining “home-owners”

The housing subsidy is available only to first-time home-owners. However, it is difficult to clearly define home-ownership. The rules for the Housing Subsidy Scheme state that a beneficiary must be “acquiring property for the first time”, but are not explicit about what previous forms of tenure are excluded from the definition of “acquiring property”. The National Housing Code provides greater clarity by defining the “secure tenure” which beneficiaries should acquire through the subsidy scheme – suggesting that they should not previously have had these forms of tenure:

“Persons will only qualify for housing subsidies where they acquire the secure right to occupy, use or own a property in terms of a tenure form which can be registered with a competent authority. Generally subsidies will be made available only to beneficiaries who acquire registered title to a property either in the form of ownership, leasehold, 99-year leasehold, or deed of grant.... In the instance of rural subsidies, beneficiaries must have defined undisputed informal land rights in terms of the Interim Protection of the Informal Land Rights Act, 1996.” (National Housing Code)

There are exceptions in the case of consolidation subsidies and some rural subsidies, where housing subsidies are contingent on applicants holding existing land rights.

It is certainly not the intention of the housing policy to provide households with two homes – one in the town and one in the country. And yet the Housing Subsidy Scheme effectively allows for dual homeownership in that rural residents may choose to retain their rural land and dwellings, while also applying for a subsidy house somewhere else. If, on the other hand, rural households apply for a rural subsidy, they simply retain their right to the land that they already inhabit, and are rendered ineligible for further land or housing subsidies anywhere else. The logical choice for rural households, then, is to decline offers of a rural subsidy and so retain their chances of qualifying for a subsidy house should they move to an urban area. There is no evidence to indicate that people know this and make this calculation, however.

In the *Means to Live* research it is clear that households are far from static, and that fluid links remain between urban and rural areas. Historically, urbanisation has been in part the result of a migrant labour system, and although the legislative basis for dividing families through migrant labour has fallen away, in practice this continues to be the case. Urbanisation does not necessarily mean a permanent shift in the location of households. On the contrary, many South Africans have dual households. Two thirds of caregivers living in the urban site reported that they had “another home” – with over 90% of these other homes being in the Eastern Cape. Many of these “other homes” would be family homes, belonging to parents or family members. But 24% of urban caregivers specified that they themselves owned another home somewhere else, which should arguably exclude them from a housing subsidy. A quarter of the rural caregivers also had “another home”, with the majority again being in the Eastern Cape. Only 4% of

the rural caregivers owned another home, suggesting that those living in rural areas were less likely to have dual properties.

The national data do not enable us to distinguish home-ownership status for various members of a household, but only for the household as a whole. Even there, self-reported tenure is likely to be extremely unreliable due to difference conceptions of “ownership”. For instance, in the General Household Survey, a large proportion of informal housing is described by respondents as being “owned”, but it is not clear whether this refers to formal tenure, or simply a perception that a shack belongs to the person who built it irrespective of formal land property rights.

Similarly, the vast majority of traditional dwellings are reported in the national data as being “owned”, although much of this is likely to be on land under communal tenure, which creates specific property rights, not necessarily equivalent to ownership.

Table 63 Housing and tenure type: child-centred analysis of national data					
Type of tenure	Type of dwelling				
	Formal	Informal	Traditional	Other/unspec.	Total
Owned	10,747,056	1,839,390	3,079,715	73,930	15,740,090
%	58.9%	10.1%	16.9%	0.4%	86.3%
Rented	1,144,799	583,104	20,892	13,799	1,762,593
%	6.3%	3.2%	0.1%	0.1%	9.7%
Occupied rent-free	460,052	210,350	55,263	14,863	740,527
%	2.5%	1.2%	0.3%	0.1%	4.1%
Total	12,351,907	2,632,843	3,155,869	102,592	18,243,211
%	67.7%	14.4%	17.3%	0.6%	100.0%

Source: StatsSA (2006); own calculations

An overview of inclusions and exclusions

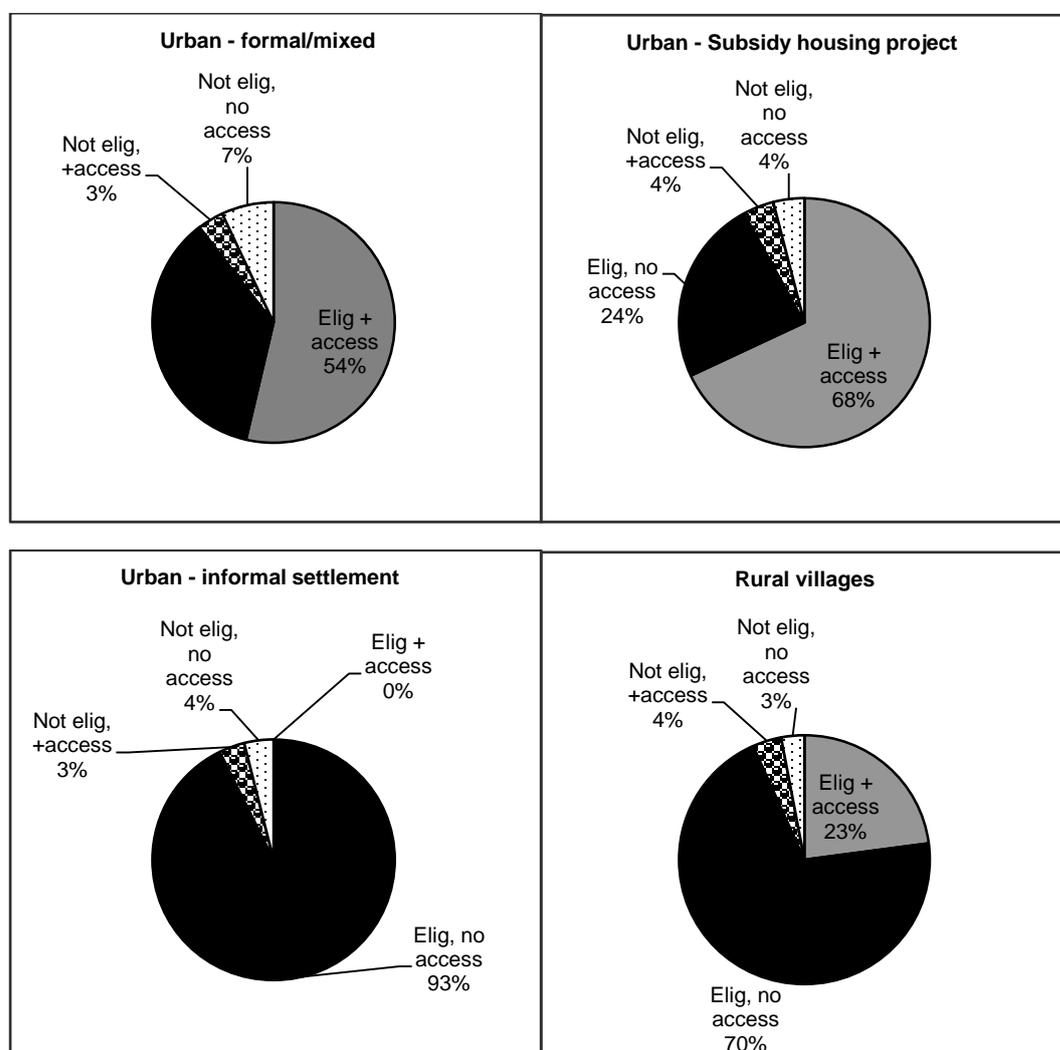
The table provides a child-centred overview of inclusions and exclusions at policy and implementation levels, derived from survey data in the two sites. There is little change in eligibility levels across the four housing areas: a small proportion of children, between 7% and 10%, are not eligible for subsidies via their caregivers.

In the formal / mixed site, the thirty children ineligible for a subsidy were evenly split between those whose caregiver was too young (under 21 years and unmarried), failed the means test (income over R3,500) and already owned property.

There were twelve children in the sample who lived in the subsidy housing development of Kuyasa even though they were not officially eligible for the subsidy via their caregiver. Of these, six had caregivers whose incomes were above R3,500 while another five were excluded at the level of conceptualisation because they were under the age of majority. One caregiver already owned a property (other than the subsidy house they were living in) and therefore did not qualify with the “first-time-homeowner” requirement. All the urban children who were ineligible on the basis of income would have passed the means test had the income threshold been increased in line with inflation.

Figure 30. Eligibility and uptake of the Housing Subsidy Scheme

(BASE: All children – Means to Live sites)



In the informal settlement, 15 sampled children were calculated to be ineligible – seven because their caregivers owned a property somewhere else, and eight because their caregivers were too young to qualify. In the urban area, the most common reason for

ineligibility was age of the caregiver. Almost all of these caregivers were over 18 but under 21 – and therefore not able to access the poverty alleviation programme for themselves and their children. This obstacle was subsequently resolved through the lowering of the age of majority.

In the rural site, 7% of children were not eligible for a housing subsidy via their caregivers – a total of 36 children. Of these, twenty were excluded because their caregiver already owned a property somewhere else. Eleven were excluded on the basis of their caregiver's ages, which ranged from 18 to 20 years, and five failed the means test.

Actual uptake of the subsidy provides a very different and rather tautological picture. As could be expected, the majority of children in the subsidy housing project had caregivers who had accessed the subsidy. Those reflected as being eligible but not having access to the subsidy are children living in households where someone other than their caregiver is the subsidy beneficiary.

None of the children in the informal settlement had caregivers who had received housing subsidies. If they had, it is unlikely that they would be staying in the informal settlement. Anecdotal comments from residents were that some subsidy beneficiaries sell their houses for quick cash and then end up living in the informal settlement when they have nowhere else to go. However, such cases were not encountered during the fieldwork.

Uptake of the housing subsidy in the rural area was lower than in the urban site, but considerably higher than the national picture for rural areas. The site was unusual in that the rural housing subsidy was being implemented – it was one of a number of pilot sites in the Eastern Cape. So while the housing situation in this site is not typical of rural areas, the research provides us with some insight into the processes and possible consequences of implementing the rural subsidy, at a time when the subsidy instrument is under review and there are plans to start scaling up rural implementation.

Area targeting

At policy level there appears to be an array of subsidies to choose from, and as discussed, the individual targeting criteria are very broad. In practice, however, there is not much choice. The focus of housing delivery has been largely on large-scale projects to develop subsidised housing in urban areas, and the project-linked housing subsidy is the main instrument used. There are practical reasons for this: large-scale housing development projects yield more houses more quickly, are more cost-effective than small-scale or individual construction, and are typically accompanied by the installation of bulk infrastructure and road development. It is no coincidence that the greatest roll-out of new housing occurred early on, when housing delivery frequently meant the

construction of formal “top-structures” on service land which had been developed under the apartheid government.

Rural households have not been particularly targeted in the roll out of the subsidy scheme, although the rural housing strategy was reintroduced as a focus area in the “Breaking New Ground” plan.

In order to access a housing subsidy, it is usually necessary to be part of a community identified for upgrading or relocation, or where housing development has been initiated through the People’s Housing Process. As will be discussed later, this can result in entitlement failures, for instance where caregivers living in households outside of targeted areas are unable to exercise their rights and claim the adequate housing to which they and their children are constitutionally entitled.

Although the qualifying criteria for a housing subsidy are defined in the policy, it is difficult in practice for eligible people, through their own agency, to obtain a subsidised house. This is because of a tiered targeting process, in which allocations to individual applicants are preceded by spatial or community level targeting. Individual households may qualify for a subsidy, but whether or not they can access one is largely dependent on where they happen to live.

As already discussed, around half of South Africa’s children live in rural areas, while the housing subsidy scheme has been prioritised in urban and metropolitan areas. The National Spatial Development Perspective, a national spatial framework for development, emphasises the need to focus development in areas which are economic hubs. While the housing need is not regarded as being as severe in rural areas, for instance because issues of over-crowding are not as pronounced as in cities, it is often the housing process that brings infrastructure and services to under-served areas. In the absence of rural housing programmes, it is important that the provision and upgrading of basic services is not overlooked in these areas.

Local government objectives drive housing development. So while it is possible in principle to access some kinds of housing subsidies through individual applications, this is not how most housing is delivered in practice. Unlike some other programmes (like the Child Support Grant or free health care) the rights-bearers have little individual agency to claim their entitlement to housing. The exception, which is emphasised in the housing policy, is where groups of people or “communities” mobilise to access housing through a collective process. This is the principle of the People’s Housing Process, which also imposes certain duties and conditions outlined as specific requirements in the National Housing Code.

The People's Housing Process has been formally adopted by the national Department as a mechanism to access and deliver housing. In this process, community members with titles to serviced sites form groups to save money and access housing subsidies on a collective basis; the PHP, as it is commonly called. The idea is that, by investing their own savings and / or "sweat equity" in the form of their labour people can get more value for their subsidy and also participate in the housing development process. The model is derived from the more organic Federation approach, which entails collective planning and participation in decision-making and construction of houses.

A downside of area-based targeting is that if the intention is not to upgrade housing in situ, then it may result in the removal of households and the dismantling of communities.

The Urban Renewal Programme (URP) is a presidential initiative to address poverty and underdevelopment through integrated development involving all spheres of government. This is a form of area-based or spatial targeting, but one that risks being inequitable because it tends to be politically driven.

I had registered for a house in Cape Town, it's my mother-in-law who was supposed to get a house here, but hers is also not coming out, because they say the queue is long.... No, my name hasn't come up in Cape Town, we made a request to the government that we didn't want to move from the area we were living in, in Site B in Cape Town, we want them to build our houses where we were. NomaIndia Mfeketho [the Cape Town mayor at the time] said that that request for houses has been approved, the money has been given for houses to be built for people, but we are still waiting. But our request to build in that same area and not be moved has been not yet been approved.

- Noluthando, 37 year-old mother, Nkelekethe

In some instances, development objectives require that shacks be demolished to make way for new infrastructure – such as a road or a clinic. Where this takes place against the will of residents, it is similar to forced evictions – except that these evictions are legal provided they are not in violation of section 26(2) of the Constitution and that alternative accommodation is available, as is required by law and clearly defined in both the Grootboom and Modderklip cases.

Implementation and access to the Housing Subsidy Scheme: an urban picture

The urban site forms part of greater Khayelitsha, situated about 35km east of central Cape Town. What follows is a description of the children's housing situation and analysis of two types of housing subsidy (project-linked and consolidation subsidies) in the urban site.

Kuyasa, and the implementation of project-linked subsidies

The project-linked subsidy is by far the most commonly used subsidy instrument, accounting for nearly three quarters of all housing delivered under the housing subsidy scheme. The subsidy includes allocations for land and services as well as the construction of a basic formal dwelling, and can be used for "green-fields" housing developments (on vacant land) or *in situ* upgrading of informal settlements.

To the eastern edge of Makhaza is the new housing project of Kuyasa, where project-linked subsidies have been used for housing development on open land. The project-linked subsidy, originally set at R15,000 in 2004, had a value of R31,929 in 2006; this amount must cover the cost of the land, the services and the top structure. The project consists of two phases of housing development, of which the first was just being completed when the research was conducted. Phase 1 was initiated by the Tygerberg Council, before the integration of the councils into a single metropole, and is not included in the Integrated Development Plans since the planning stage preceded the IDP process. The council appointed a private developer, BKS, to manage the project on behalf of the city. The layout plan showed that 1 169 sites had been developed and occupied at the beginning of the research period, and these households were sampled for the survey. Most of the residents (about 80%) were removed from Site C, a high-density informal settlement at the other end of Khayelitsha, in order to make room for housing development there.

Phase 2, under construction during the research period, consists of 2,399 units, of which 1,400 houses were built between September 2005 and September 2006. A private company, Element Consulting was appointed to manage the project, and BKS was involved in the construction.

Spatial targeting: moving and constructing communities

The sole purpose of the Kuyasa development, according to the project manager, is to relieve congestion in Site C, where one household out of four must be removed in order to make way for informal settlement upgrading. Around 80% of the Kuyasa sites are therefore allocated to households removed from the other end of Khayelitsha.

However, it is usual for housing projects to keep a small proportion of the properties for allocation to eligible households from the surrounding areas (called the “host communities”). According to the Ward Councillor, this serves a double purpose – it helps the “outsiders” to settle into the area, and prevents residents in the surrounding area from regarding the new settlement as foreign. The project manager was more blunt: there has been violence in previous projects where the entire population was imported from outside the area. Communities in adjacent settlements tend to perceive that they have rights to the neighbouring land, and so it is politically necessary to include them in the allocations.

In the Kuyasa project, 240 sites have been set aside for families from the “host” community. Although Kuyasa is bordered by Harare, Makhaza and Nkanni, these sites have been allocated to households from Harare – with preference being given to people who were displaced by the illegal invasion of Thubelisha housing. Residents of Makhaza and Nkanini will not benefit from the development at all.

I'm someone who registered for a house a long time ago, but I haven't got a house yet. I'm still going around paying rent. I had just recently asked the ANC people who were going door to door: "how I am going to get a house?" you understand, because I'm paying rent. And they said that I should go and build over there [at Nkanini], and I said that I have never lived like that, I never grew up living like that. I don't understand how one can live in a shack. So because I pay rent I can't get an RDP house – I have to go and live over there in order to get an RDP house.

- Ntombomzi, 35 (mother, renting a subsidy house in Kuyasa)

Costs and consequences to beneficiaries

The housing application process is described as quite easy, and the officials helpful.

I used to live in Site C – the place where we used to live in turned out to be an area that was going to be used, that's where they are building a hospital, a clinic for Site C, a day hospital next to the hall.... So we were moved from that area and we were put here when they built this area. So we were all grateful for that... It went according to numbers, since they wanted to use that area... we were exactly at that place where they are building the hospital structure, from the place where it starts next to the hall in Site C... They rushed us through in that sense, yes we attended meetings... [but] we didn't apply.

-Ntatu, 44 (mother, Kuyasa)

In a spatially targeted scheme such as this, the identified households are fast-tracked through the application process, sometimes with little understanding of what the process is and what the consequences are for them. In general, caregivers in Kuyasa felt that the quality of their housing had improved, and expressed gratitude for having a formal house with services – but does the housing process trade too much on this gratitude? The stories suggest that beneficiaries had little discretion in how to deploy

the once-off subsidy to which they were entitled. They had no control over where they were going to live, and in some instances there were unforeseen financial costs – cases where beneficiaries had to pay for the cost of removing their belongings to the new development. One mother was required to pay R200 for the keys to the new subsidy house – she paid this money out of her child’s grant.

Bending the eligibility criteria to accommodate development objectives

As discussed already, there are specific criteria which must be fulfilled in order for an individual or household to qualify for a housing subsidy. However, given the spatial targeting of housing subsidies, there is potential for individual eligibility requirements for conflict with spatial development agendas – in other words, a household may qualify with the requirements, but its location may result in it being excluded from the spatially targeted households. Conversely, a household may be targeted through area-based projects and receive a subsidy even though it does not technically qualify with all the individual eligibility criteria. In embarking on a project to de-densify Site C and relocate a portion of residents to Kuyasa, housing officials estimated that around 25% of existing Site C residents would not qualify for housing subsidies on the grounds that their income is too high. In these instances, although they could not use the formal housing subsidy, it was possible to access alternative funding from the Human Settlement and Redevelopment Grant. This has been established specifically so that municipalities can access additional funding in order to achieve informal settlement upgrading.

Non-qualifiers in Site C were “swapped out” with qualifying households. The qualifying households moved to Kuyasa, where they moved into formal houses. The non-qualifying households remained in Site C. “We will give them ownership of a serviced site – equivalent to a small portion of the subsidy – but they will not get a consolidation subsidy for the top structure”, said the housing official.

Quality issues

Kuyasa phase 1 consists of a grid of streets, many of which have smaller roads radiating from them, and leading to keyhole shaped dead ends. The subsidy houses, all built by the contracting company, are standard square 36 m² cement brick houses. Unlike most of the older stands in neighbouring Makhaza, these have an internal water supply and toilet, and are fitted with pre-paid meters for electricity. The houses are built according to a standard plan: an open plan living and kitchen area in an L-shape, with a small separate bathroom (toilet and basin) in one corner to make up the square. Many of the residents, preferring not to live in these open “halls” as they are referred to, have subdivided the insides of the houses, to create a smaller living space and a tiny private bedroom. Various methods are used for the division: some are formally divided with an internal brick or hardboard wall, while others simply use a cupboard, wall unit or curtain to divide the space and create some privacy. A year after completion, many of the houses were already being renovated and extended.

Complaints of small and substandard houses have been well documented over the years. As policy-makers have stressed on a number of occasions, the intention of the scheme is to provide beneficiaries with a starter home, a core dwelling which can be renovated

and extended, or alternatively an asset which they can eventually use to trade up in the housing market. In the context of stagnant property markets and low resale value, however, trading up is not a feasible option for most, and so it is necessary to extend the house in order to accommodate families. In Kuyasa (and many other housing developments) however, the plots are so small that there is not much room for expansion. Houses that are semi-detached or built in rows cannot be extended. Freestanding houses are so close together that, contrary to municipal building regulations, some of them end up touching after being extended.

Well it is built, but these houses are small, we have many children – you can see it inside, it's packed... Even my family can't spend the night if they come, you see, because it's small. And we were the ones who partitioned them. When we got them they were halls, so some people who had their own money partitioned them with bricks, they bought bricks and divided their houses inside and created rooms. Because I'm struggling I looked for ceiling boards, I have partitioned it with ceiling boards so it's different patches. And some that were thrown away, I would pick those up and use them to partition it....The fact that I partitioned a dining-room, it is small, if someone comes I stand up and open up space for someone to sit, and I have to stand maybe over there until the person leaves. I will only be able to sit when the person leaves because there is little space... and we have no land to build, we have no money to build.

- Ntatu, 44 (mother and housing subsidy beneficiary, Kuyasa)

Kuyasa is literally a suburb of houses. A new clinic has been built on its periphery, but in all other respects the development was devoid of any social amenities. Although it shares the same name, Kuyasa Primary School is actually at the edge of Harare, a long walk away for the children. The only shops are spaza shops operating from private houses or shacks that have been erected.

We were like people who were thrown away here from the areas that we came here, most people went back to the shacks because they couldn't handle living here because this area is like a desert you see. There are no shops, there's no place, so if you have gone shopping you must shop "till the end" and you feel that you are buying so much that you will never need anything. The important thing here is that it was nice when we came because there was water and right there were toilets and we were excited, we didn't have toilets and they came and installed electricity, right we didn't have electricity so it was good, but nothing has been developed after we came to live here.

-Caregivers, Kuyasa

There are plans to open a crèche in a container, and one small park had been erected in a sandy space between the houses. Other than this there were no communal spaces or public venues of any kind. After a long search for a suitable place to conduct a focus group, the research team had to request the use of a private house which had not yet been divided inside. The lack of community resources is a concern for caregivers, who

feel that there is no safe space for people to congregate outside their homes. There have been a number of rapes in the area and mothers are worried about the safety of their children.

They should try to build a centre for us, even if they could put a place for us here in Kuyasa, just create a place to see what we could do as unemployed women of Kuyasa, like the places like Macassar where they have those rondavels. If they could build that and fence it and see if we wouldn't come with our machines and if we wouldn't cook soups there that would feed the people, that would bring back these children, and we would ask the teachers to come and help us in what we are thinking after school, where we would take care of the children after school."

-Caregivers, Kuyasa

Village 3, and the implementation of consolidation subsidies

Makhaza started as one of the site and service schemes, developed under the Independent Development Trust (IDT) in the early days of Khayelitsha's establishment. The scheme, funded by the previous government and support by business, was the earliest form of housing subsidy and provided beneficiaries with freehold title to serviced plots. The Makhaza scheme initially consisted of about 1,500 sites, and targeted informal households from other parts of Khayelitsha. Beneficiaries included households from areas in Site B where the railway station is now established. Later, households were removed from the intersection of Lansdowne and Spine roads, to make way for a large shopping centre (Community Development Forum Chair, 2007).

Zinzi is a mother of two in Village 3. She remembers moving with her family from Green Point (an informal settlement in Khayelitsha) to Makhaza in 1991, when she was still a girl.

"At that stage it was just these 36 sections, these were the first houses... there were no clinics before, there were no schools, there were no halls.... Even the houses, it was the shelters only, no houses...The only thing we had here was toilets, it was just toilets, flush toilets and the streets."

Zinzi still lives with her mother on the site they were allocated. Her mother joined the Homeless People's Federation and, with financial assistance from her employer, built a 3-bedroom house.

Village 3 is one of three sections that make up Makhaza (Villages 3, 4 and 5). The layout plan shows just over 3,500 sites in Village 3, many of which have been already been upgraded through consolidation subsidies. The Homeless People's Federation has been active in the area, and there are a number of savings schemes.

Consolidation subsidies were designed for beneficiaries who received serviced sites prior to 1994 (typically the IDT “site-and-service” schemes) and who hold ownership rights to these sites, to provide or upgrade a top structure on the site. In effect, this subsidy provides the “other half” of a previously allocated subsidy, enabling the beneficiary to consolidate their land, service and housing needs. The consolidation subsidy has been the second most commonly used subsidy instrument, after the project-linked subsidy, accounting for nearly 10% of all subsidies since 1994. When it was first introduced in 1994, the value of the consolidation subsidy was R7,500. Its value has been adjusted in April every year, in line with the escalation in building costs. When the research started in 2005, the consolidation subsidy was set at R18,792. In 2006, the value was increased to R21,499. Supplementary funds are available with the subsidy for “geotechnical variation”, to cover the greater expense of building in difficult conditions – such as parts of Khayelitsha, where the soil is very sandy.

It was envisaged that consolidation subsidies would eventually be phased out, since the number of old site-and-service developments is finite. However, a local leader in the sub-council reported that in effect future housing schemes may use a similar approach: there is such demand for land that serviced sites have been illegally occupied in the past, and once this happens it is very difficult to evict the occupying households. It is sometimes preferable to allow beneficiaries to occupy sites as soon as the service infrastructure is in place, in order to prevent illegal land invasion. Once the sites are occupied, the remaining portion of the subsidy may be used for development of the actual house (referred to as the “top structure”).

Our homes were flooded when we were in Site B... it had rained, and it turned out that we were living in an unsuitable area, and our homes were flooded. We were then moved – we were told to go and register at “Stocks” [the municipal offices in Khayelitsha] and we would get this place. There weren’t any houses here, they had just installed the toilets, this was a bare area. So they moved us according to the numbers and we came here... We got here, and we were bringing our own materials, the ones we had used to build over there, and we brought it here with us, and we used it to build here... You get the title at that time when you get the site.

- Nomaxabiso, 40 year old mother, Village 3

Self-targeting: Individual agency, savings schemes and the People’s Housing Process

The formal houses in Village 3 are mostly built out of cement blocks, and are unplastered and unpainted. The majority have been built using money from the consolidation subsidy, but there are variations in how the subsidy is used, and in the size and quality of the houses. The smallest (30m²) subsidy houses are those built by companies or private contractors. Houses built by independent contractors through the People’s Housing Process are slightly larger (36m² or more, depending on the personal investment made by the home-owner).

The biggest houses are those built by the Homeless People's Federation – known locally as “the federation” – where subsidies are topped up with money from the group savings scheme. Federation houses in the area range up to about 80m² in size.

Caregivers talked of the relative advantages of different housing options. Standard subsidy houses are regarded as very small (nicknamed *vezinyawo* – “the feet stick out”). Nevertheless, they are better than shacks because the risk of fire is reduced. It was preferable to join a group and supplement the subsidy, which was not regarded as sufficient for building materials.

There was a distinction between group schemes and government housing, linked to a misconception that if one got a house through a group savings scheme such as the Federation, then one had not received a subsidy – “*This has nothing to do with the RDP ones... this is the Federation.*” While this was true of the original Federation houses, it is not necessarily still the case – the Federation is able to access housing subsidies and combine these with the contributions of its members.

[The Federation] would open the school, and they would call you and explain, and show you the walls, and how these houses are built, and they would show you and then you would choose one... They were doing a good job, because the people's houses are big, they have garages, they do everything well, you can see when you pass by that this is a house, yes they do a good job... The difference with Federation is that they build the house that you asked for you see? If you say that you want 58 sq. meters, they build that, and you build a big house that you want. That's Federation, they build the house that you want in your site, and you build it, but you add with your own money

-Ntando, 53 (widowed mother and grandmother, Village 3)

The most common housing scheme mentioned was the Federation, but there are many other smaller schemes which caregivers had joined (Victoria Mxenge – the original Federation – Masakhane, Siyazama, Mayibuye Afrika, Nondumo, Sithembiso, Siyaphumelele, Sophumeleke, Vukani). The general rule of the savings schemes is that members contribute regular amounts of money to a communal fund, according to their ability. The emphasis is more on the regularity of savings than on the amounts – for instance, the Federation requires daily savings which can be as little as R1, since a minimum amount is not specified.

Although consolidation subsidies are available for residents who own their properties, considerable individual and collective agency is required. This is reflected even in the names of the savings schemes, which reflect determination, optimism and trust amongst

members (names can be translated as “Let us build”, “We are trying”, “We will succeed”, “Our promise”, “Wake up!” and so on).

Apart from the bigger, better houses, an advantage of the group schemes is that subsidy applications are completed on site with the assistance of representatives from the housing department. This removes the need for members to leave the area and deal with officials at the municipal offices.

Costs and consequences of the people’s housing process

A literal “cost” of housing access is the financial contributions of the poor. Almost a quarter of children living in Village 3 (23%) have caregivers who had actively saved money or participated in savings schemes for housing. Those who were saving had slightly higher joint incomes (mean = R1,090) than those who had not saved for housing (mean = R760), suggesting an association between income and savings. This suggests that poorer households may have to settle for smaller “unimproved” subsidy houses.

However, it is not necessary for beneficiaries to contribute financially to the cost of the house in order to access a housing subsidy. A beneficiary contribution of R2 479 was previously introduced for applicants who were not part of a PHP scheme. This was discriminatory because it was unaffordable for the poorest households. It also caused blockages in the housing process, since allocated housing could not be transferred to the beneficiaries until they had come up with the money. The housing department discontinued the compulsory contribution requirement in 2005, making it possible to give this amount in “sweat” equity – i.e. free labour.

The risk associated with savings is that schemes sometimes dissolve, and there are anecdotal references to cases where members lost money after trustees disappeared. Caregivers in the *Means to Live* spoke of PHP projects being impermanent, resulting in delays for housing applicants who had to join other schemes and start again.

Oh it’s two full years that I’ve been waiting... you register with this project and then you hear that the people who were running this project have stopped and then it’s picked up by others, and then if you are interested you register there again, or you decide to join another project that seems to go faster

-Nomaxabiso, 40 (mother, Village 3)

The girls [from the Federation] come from Phillipi and they come to campaign here and tell us that “we give people the bricks and we do it in this way and that way and the other” and so we joined, it’s like that... But now even those girls, that place is now gone, it has changed, those people, those girls are not there anymore, they are in Johannesburg, those girls; Asanda and them. And even the phone numbers

that they gave us, when you call, what will happen is that the call will go a voicemail, you can't find them

-Ntando, 53 (widowed mother & grandmother, Village 3)

Although the PHP is envisaged as a community-driven housing process, it is highly regulated and can be administratively burdensome. There are a number of formal requirements for a PHP project, outlined in the National Housing Code. These include the involvement or establishment of a Support Organisation, which must be a legal entity. The Support Organisation must establish an office that is easily accessible to beneficiaries (a local contractor reported that the housing department had provided containers to serve as offices for PHP projects. But the containers are not big enough for all members to meet. Schools were also used as venues for meetings). The Support Organisations must appoint a certifier (to regularly inspect the quality of building work and assist with technical advice), and an account administrator (who manages the project finances). These office bearers are paid a small wage by the department.

Beneficiary households are identified at community level, and a list of prospective beneficiaries is supplied to the Provincial Housing Department by the Support Organisation. All schemes must be registered with the provincial department as projects in order to access subsidies, and plans must be passed by council. The policy states that the PHP can be applied to individual or collective housing projects. However, an official in the provincial department stated that they do not normally accept an application with less than 50 beneficiaries.

For participating households, the process requires attendance at community meetings. Some caregivers talked of how their involvement in pricing and buying materials, as well as being responsible for looking after them (there was a risk of materials disappearing from building sites). This required the additional responsibility of keeping receipts and other documents safe.

Some applicants had had difficulty in providing the required documentation. The basic documentation which must accompany housing application is specified in National Housing Code and applies to consolidation subsidies as well as project-linked subsidies:

“Beneficiaries that apply for housing subsidies must submit documentation of proof with their completed application forms. The omission of the required documents of proof will result in the return of the application form to the applicant. The following documents, if applicable, must accompany all application forms:

- a certified copy of the page of the bar-coded RSA identity document containing photograph of (self and spouse) OR a certified copy of the page of the bar-coded permanent residence identity document containing photograph if not a South African citizen*
- a certified copy of a marriage certificate / divorce settlement*
- a spouse's death certificate*

- *certified copies of birth certificates of all dependants*
- *proof of disability (medical form for application for the variation in subsidy amount – self and/or member of the household)*
- *a certified copy of most recent payslip (self & spouse). Should the applicant be self-employed, proof of monthly earnings must be submitted*
- *proof of loan granted by a lender.” (National Housing Code)*

Difficulties related to identification and other documentation from home affairs (such as birth certificates, marriage and death certificates).

Barriers to accessing housing: the need for secure tenure

The definition of adequate housing (as defined in the Housing Act and elsewhere) includes security of tenure. The Constitutional Court has ruled that the right of access to adequate housing includes access to land for housing (*Grootboom*). Because Makhaza was originally a site and service scheme (and the sites – though not necessarily the people on them – have therefore technically received the first half of a subsidy investment) the consolidation subsidy is the only form of subsidy available for residents who want to stay there. This means that residents are entitled only to a portion of a subsidy, even if they themselves have not received a previous subsidy. And before they can apply for a subsidy, they must have proof that they own the property.

Of the 126 households surveyed in Village 3, the vast majority (91%) defined themselves as owners. Fifty five percent said they had owned their sites since before 1994, while the others had moved there subsequently. It was not possible in the survey to determine whether households held valid title deeds to their properties, but it became apparent from interviews with local officials and caregivers that the requirement of undisputed tenure rights has been one of the barriers to accessing adequate housing through the subsidy scheme.

Many of the original beneficiary households left the area, returned to their old homes or never moved to the new sites at all – possibly because (as described by those who stayed) it was so under-resourced and remote, far from public transport routes. According to local representative structures, many of the allocated sites were occupied by other households who did not have title deeds but needed somewhere to live and found serviced sites available. Although this is technically a form of illegal land occupation, it has been the status quo for some years, and there are many political, social and legal reasons why it makes more sense to formalise the tenure rights of existing occupants rather than evict them. However, to do so requires the consent of the legal owners, who have been difficult to trace. Finally, after publicising its intention to transfer title to existing occupants and inviting legal owners to come forward, the municipality embarked in 2004 on a process of registering occupants as owners. In order to qualify, occupants had to declare that there was no dispute over the property, and had to pay R850 to cover the transfer costs.

Chwayita is a single mother. She comes from Queenstown but now lives in a shack in Village 3. Two of her children live with her, and another older child has returned to the Eastern Cape. Chwayita's partner, who is not the father of her children, is a former anti-apartheid activist. He was imprisoned on Robben Island and later, after democracy, was offered a job as a tour guide at the same prison. He provides some support to the household but seldom stays there because he lives on Robben Island.

Chwayita herself has a casual job as a domestic worker. She managed to save R5 000 and bought a site in Village 3 in 2000. The previous occupants had decided to leave after a fire which destroyed a number of backyard shacks on the property as well as the main (brick) house.

"It was not a house, it was a site because this area was burnt, so they gave me this plot for R5000 and there wasn't even an electricity box. I bought the electricity box for R500 with my own money. So I haven't had the money to change the title... They gave me the title [deed] but I haven't changed it yet, it's still in their name."

It was more than five years later that a neighbour suggested she try submitting an application for a house through one of the "projects". "So I went to the project people, and explained to them that I don't have the money to change the title yet, because this situation is my responsibility, it's all my responsibility, even at home [in the Eastern Cape] I am the one who pays the rent... and then that brother said I can apply in the meantime."

In order to submit the application, Chwayita had to contact the previous owners and get additional documentation from them, including copies of both their ID documents and their marriage certificate. These were submitted along with her own documentation and child's birth certificate. The application was submitted in January 2006, but by April the title had still not been changed, and there was no further information on the status of her application. Technically, she should not qualify for a consolidation subsidy until the property has been formally transferred. But Chwayita's concern is that she did not have proper information.

"So people can't give you good advice... people say that you can't change and have a house built for you if you haven't changed the title. It turns out that I could have had the house a long time ago if I had gone to them. They said you can apply in the meantime with what you have."

There is an ironic twist to the story: Chwayita describes how the previous occupants moved to Site B and built a shack near the station. Here, they were targeted for removal to Kuyasa, where they now live in a new subsidy house.

In some cases, sites had been sold to the current occupants. However, the sale of properties was not always legal. This is related to low awareness and lack of formal mechanisms of support in the low-cost housing property market, resulting in informal

arrangements which provide no security of tenure to the buyer (for instance, where title deeds are literally handed over, rather than registering formal transfer in the deeds office). In these cases, occupants who have bought property are unable to access consolidation subsidies until they have registered title.

Unpaid service accounts can also block access to housing subsidies, since title cannot be transferred to a new owner if municipal accounts are in arrears. As discussed in the chapter on Free Basic Water, the city has instituted a free basic water policy in which the first 6 kilolitres per month are provided free of charge, and there has been a moratorium on disconnections for arrears. Nevertheless, households in this site have continued to receive accounts for rates and water, and many accounts reflect very high arrears (for instance, outstanding amounts of over R20,000 were recorded on utility bills). Arrears have accumulated over a number of years – and in some cases reflect the cumulative arrears of different occupants. Although there are no direct penalties in the form of service disconnections, the impossibility of paying off high arrears can constitute a barrier to the sale of housing and subsidy access. And where property is sold informally, it is the new occupants (like Chwayita) who are faced with having to pay off an inherited debt.

“That’s why it’s difficult here like now as I’m saying I still don’t have the money to change the [title] with the lawyers you see, because the lawyer will want to make a water arrangement at the office... the bills that sometimes come here are around R18,000 odd, so I don’t think there’s anyone who would pay that amount.”

-Chwayita, mother Village 3

As with other programmes, the need for personal documentation can be a barrier to housing. Examples of this emerged in interviews with caregivers. Transfer of property takes place not only through resale, but also through inheritance. Researchers spoke to a widow, Ntando, whose husband had applied for the subsidy and joined a group savings scheme in order to top up the subsidy and build a house that could accommodate their children and grandchildren. But her husband had cancer and after a long illness died intestate before the house was completed. Ntando, already in her mid-50s, wanted to finish building the house and transfer the property to her adult daughter. “That’s what I was hoping... I could add to this house and then get a roof... even if it’s asbestos or zinc, I could put that up and leave because I want to go home (to the Eastern Cape).” Ntando married her husband in a civil ceremony in the King Williams Town magistrate’s court in 1978. After his death she found that although she still had the physical marriage certificate, she could not inherit or transfer the property because “my marriage is not the computer marriage.... When they checked on the computer, I wasn’t there.”

What ensued was a costly trip, which left her no better off:

“They said I should go there (to King Williams Town), that’s where they will fix this title business and change it into my child’s name. I went and when I got there they sent me to the lawyers, but then I couldn’t afford that money. This place would have been in Thembela’s name a long time ago, I wanted to leave it in Thembela’s name.”

-Ntando, mother, rural site

The property remains in her deceased husband's name, and it is unclear how this will be resolved without another visit to the Eastern Cape and more money for legal costs. On top of this, the municipal accounts are getting further into arrears.

Even the water thing, when it comes, it still has my husband's name on it, the water letters... I'm the one who takes them, I'm the one who sometimes goes there, so maybe if I have R20 I go and pay it there, because they said you could pay whatever money that you have. When he was still alive he used to pay the municipality money, he paid it, there are records, he used to pay the rent, but he stopped when he became ill...

Problems with transfer could be alleviated to some extent through awareness raising and greater consumer support. Much of the housing policy focuses on strengthening the low- to middle-income property market, and the mobilisation of credit forms part of the Department's seven-pronged strategy to implement the housing policy. Over the years, the Department has entered into agreements with the Association of Mortgage Lenders, supported the development of niche market lenders and established parastatals such as the Mortgage Indemnity Fund and National Housing Finance Corporation to support the growth of a viable low- to middle-income housing market. However, although housing policy has tended to focus on ownership models as a means of securing tenure, there is little institutional support for buyers and sellers who are not in the credit finance bracket. For instance, the provision of free legal services could help to alleviate blockages at the lower end of the market. Although transfer duty is no longer applicable to properties valued below R500,000 legal fees may still be charged and this may be a financial obstacle to poor households who purchase properties privately.

Housing need: informal housing, spatial targeting and the problem of services

Adjoining Kuyasa on the eastern perimeter of Village 3 is the informal settlement of Nkanini. The land was first occupied in 2002, when twelve households erected shacks on the vacant land near the dunes that separate Makhaza from Macassar (the coloured township outside Somerset West). Since then, the settlement has grown exponentially, and at present nobody is sure exactly how many households are living there. In 2004 the Land Invasion Officer did a count of the shacks, and allocated each a number (which was spraypainted in red on the wall or door). At that time, he counted 6,500 shacks, and estimated that the number would have reached at least 8,500 by the time the research got under way in September 2005.

The Community Development Forum estimated the population to be closer to 10,000 households in 2005. At the end of 2005, local SANCO (South African National Civic Organisation) representatives did a household count in Nkanini, and counted 15,000 shacks. By mid-2006 they estimated that 20 000 households were living in the area.

When researchers returned for follow-up interviews with households in March 2006 (six months after the survey), the shack numbers, which previously followed a continuous order, appeared quite random – apparently as a result of occupants moving their shacks to other parts of the settlement, or re-using materials to construct new shacks. The area was noticeably more dense, and many new (un-numbered) shacks filled the spaces between older (numbered) dwellings.

“We live an area that is *imbacu*,” said a group of caregivers in Nkanini. *Imbacu* describes a place that is less than informal, that has nothing. Despite Nkanini’s rapid growth, there has been no increase in the supply of basic services. This is apparently because of a longer-term plan to extend the railway line through the area. Households in the path of the railway line will be removed to a new settlement over the hill, while other parts of the settlement may be formalised. In the meantime, residents make do with the minimal services provided.

The settlement is cut by a single tarred road, along which communal toilets are clustered in groups of five at regular 100m intervals. These are the only form of sanitation for the entire settlement, and those who live far from the road either have to walk a long way to use the toilets, or else use buckets or the rapidly diminishing bush at the edges of the settlement. Although there is a rubbish collection service – once a week municipal employees walk through the settlement distributing one black rubbish bag per household, which is later collected, there is no drainage system in the settlement. Households dig holes in the sand in order to dispose of liquid waste such as washing up water.

Many of the communal toilets have been locked with padlocks, and residents must ask at nearby houses or spaza shops to use the keys. The toilets have a manual flush system, which entails the user collecting water from a nearby communal tap and carrying it to the toilet in order to flush. A member of the community development forum serving on the water committee for Khayelitsha describes maintenance of services as being a real problem. Many of the toilets are dysfunctional – drains are blocked or broken, so that sewerage spills out on the pavement. In at least one place, sewerage bubbled out of an open manhole in the middle of the road.

Communal taps are interspersed along the road, and a few are placed at occasional intervals through the site. There is no formal electricity supply, but electric wires criss-cross the road and the sandy paths throughout the settlement.

The City of Cape Town, acknowledging that a third of the city’s population lives below the subsistence level, has developed an indigent tariff policy for services. The differential tariff structure enables cross-subsidisation so that the following free services can be provided to households with little or no income:

- 6,000 litres of free water per month (equivalent to 200 litres per day)

- 4,200 litres of free sanitation per month (equivalent to 15 flushes per day)
- 50 units of free electricity per day for households using less than less than 450 units per month
- exemptions on the first R50,000 of the property value, and no property taxes for households in properties less than R50,000
- free refuse removal for households in properties less than R50,000.

Formal households with service connections can benefit from these pro-poor tariff structures although, as has been discussed, the municipality has not written off arrears which accumulated for years before the policy was introduced. Consequences for households include an inability to legally buy and sell properties which are encumbered with old arrears, which in turn can constitute a barrier to accessing subsidies. In addition, residents speak of the anxiety caused by living in debt and being unsure of the possible penalties.

The free basic services allocated to indigent households are considered to be the minimum adequacy requirement. However households living in the informal settlement cannot access even these basic services because the infrastructure is not in place.

Mass applications – and the possibility of perverse incentives

32% of children living in the informal settlement had caregivers who had already applied for a housing subsidy before the start of the research, although only five caregivers in the area reported having received a subsidy before. Subsequent to the survey, residents were informed of the plans to build a railway line through the area, and there were public announcements inviting all residents to apply for housing subsidies. As a result, some residents applied twice. In effect, the original applications were discounted. This illustrates how difficult it is for eligible applicants to access housing subsidies independently, while households living in areas identified for development can hardly avoid being included.

A mass registration process in Nkanini started on the day of the Mayor's visit. Selected community members with matric were trained to take down applications. Registration took place in a small informal building on the property of a crèche. There are no public venues within Nkanini, and the largest buildings belong to two privately-owned crèches. The more central of these (closest to the main road) is often used for community meetings and doubled as a voting station in the 2006 local government elections.

It was business as usual in the main building, with care-givers looking after about 30 children. At the same time, the registration process was taking place in the cramped corrugated iron structure in a corner of the site. Once they were finished, applicants were given stickers to confirm that they had applied for a subsidy. For some, it was not

the first sticker they had received. But things felt different this time because everyone knew that the area was going to be developed and relocation was inevitable.

- Are these stickers different?

No when they were here, I wasn't well, I wasn't all right so I didn't have a chance to register here, I registered with the first ones.

Okay, with these ones what happened was that they did the registration and when they were finished registering people they would give you a sticker that is this size, and they would say: that sticker is your house, you should keep it safe, you should not lose it because if you lose it you must know that you have lost your house. I don't know whether they were campaigning for the vote or what was going on, I just didn't know. Everybody in this area is keeping those things...

-Linda, 47 (grandmother, Nkanini)

The housing options had vastly different appeal and were already a source of tension. There are three main options for current shack dwellers:

- 1,500 sites are being prepared in the sand just the over the hill, at the back of Kuyasa. This is not an attractive option, partly because of the sand (which is the fine white sand of sanddunes, blows in the wind and covers the roads), and partly because they will be even further away from facilities such as schools, clinics, shops and transport.
- Some residents will be moved to land previously belonging to a farm which the municipality has accessed for housing. This land is on the other side of the N2 freeway and is regarded as even more remote – residents will have to get to Bellville in order to link with public transport systems to Cape Town.
- The lucky residents will be those who are not in the way of the railway line, and do not have to be immediately removed. They will benefit from the upgrading of Nkanini, and stand to become owners of formal houses within easy reach of public transport, not to mention the facilities and economic opportunities that are envisaged as part of the station complex. Because the railway runs next to the road, it is likely that residents who will be removed from the area entirely will be some of the earliest occupants, who established their shacks near to the road and the communal services.

SANCO members voiced concern that a considerable number of shack dwellers were previous subsidy beneficiaries who sold their houses and moved to the informal settlement. "These will have nowhere to go, they must go back where they came from."

Knowledge and awareness

The housing subsidy scheme, being a topic of public debate and having reached an estimated 10 million people since 1994, is a fairly well-known poverty alleviation programme. While over 90% of surveyed caregivers in the subsidy housing project

knew about the housing subsidy scheme, awareness was slightly lower in the older township of Village 3 (85% aware), and in the informal settlement (81%). There is scope for raising knowledge of the programme in general. But in particular, knowledge gaps seemed to be related to the functioning of the scheme, and particularly how to follow up on applications when there is no sign that things are progressing. Caregivers talk of waiting and wondering what is happening.

Importantly, those whose housing situation will be affected by development were not adequately informed about the development plans and the consequences for them. This left residents in a state of anxiety.

And we live in the dark now, some people don't have numbers, they were told stay even if they don't have numbers, we don't know what is happening, we don't know whether we are staying here because we are going to move or what is going to happen, there is no order to say now we shouldn't build or if we should build, we are just living here, we do not know what is going on. Maybe other people know what is going on, we don't know.

Caregivers, Nkanini

"Every day, there are some new people... sometimes they come during the night while we sleep, then you see: oh, there are ten shacks here which you didn't know."
SANCO, Nkanini

Nkanini's growth as an informal settlement has been enmeshed in local politics. Its very establishment by the early settlers, shortly before the 2004 elections, was implicitly sanctioned by the metropolitan council – at that time a coalition controlled by the ANC – which, rather than evicting the illegal occupiers, embarked on a house-to-house campaign to register voters. This, in a sense, legitimised the informal settlement by giving the occupiers an “address” as a voting constituency.

By as early as the beginning of 2005 it was rumoured that the Khayelitsha railway was to be extended through the middle of Nkanini, that the area would be upgraded and that new land would be developed to provide more housing nearby. Throwing oneself in the path of all this meant the possibility of being “forcibly” removed to one of the serviced stands or subsidy houses that were being developed over the hill. The rapid expansion of Nkanini is partly the result of desperate opportunism by people who felt that their best chance of getting a formal house was to place their shack in the path of bulldozers.

At the time of the research in 2006 the area was seriously under-serviced, and the municipality had been reluctant to invest in any further services, even on a temporary basis, because of the plans to move residents and develop the area. A group of residents attending a pre-election ANC rally in March 2006 spoke about how they had tried to persuade the council to provide more communal taps because of the difficulties they had

accessing water. Six shacks had burnt down the previous week, and there was no water to put out the fire. Explicit promises of service improvements and new housing delivery were made by local government – in particular by the city manager Wallace Mgoqi, who was later fired from the council. The promised taps hadn't materialised. At a public rally shortly before the 2006 local government elections, the ANC distributed food to thousands of people and the (then) mayor Noma-india Mfeketo, made a public address in which she announced the imminent removal of 1,500 households to land earmarked for development at the back of Kuyasa, and the upgrading of a further 2,100 sites within Nkanini. The rest of the households (possibly around 12,000) would be removed to land on the other side of the N2 freeway.

Implementation and access to the Housing Subsidy Scheme: a rural picture

The rural subsidy programme enables households who have defined and undisputed informal land rights to access the housing subsidy to provide for their housing needs. It is limited to households living on State-owned land in areas falling under traditional authority. Subsidies can be used for service provision or construction of houses, or a combination of these – but are only available on a project basis, whereby beneficiaries are supported by implementing agents (no individual subsidies are available to rural households).

The people of Theko Springs anticipated that a subsidised housing project would bring better services to their sites and communities. As Mr Dyantyi explains, “We did not have a road here in Theko Springs, what helped was the coming of housing, when they came to build houses for us... I said to our people, let's accept this thing because they say these things will be put right inside, in our yards. So we accepted this [housing] thing, and we were told that when they are going to build these houses, there will be roads, there will be water, there will be electricity and toilets as well.”

A district municipality official agreed that this was the ideal scenario, but that it didn't happen in practice: “The ideal situation is that you start with the infrastructure and then the houses – but tell the politicians that.” [Engineer, ADM]

Unlike with government housing projects elsewhere, housing did not bring with it services and infrastructure. The housing portion of the subsidy has been used for the construction of this single room dwelling. Water infrastructure, toilets and electricity did not form part of the package. In addition, there has been no development of secondary access roads, and most households across the three villages are still not accessible by car. The district municipality engineer commented on this process saying, “in Theko Spring there is nothing – no roads, no water for construction, no access – they are just dumping the bricks.” Many of these bricks are still standing alongside the road.

Construction of the first government houses began in January 2003 after a long process of planning and selection. There was a process of public meetings across all three villages, people were given a chance to apply for houses and signed up onto a list of housing applicants. There were too many applicants, and the project has been divided into two phases. In the first beneficiaries were selected for the first 450 houses to be built. By mid 2006 approximately 250 houses had been built – mostly in Nkelekethe and Krakrayo, the poorest areas.

However, the houses could not be transferred formally to the beneficiaries because there was no clear mechanism to do so. The land belongs to the community, and is administered under communal tender. The Department of Land Affairs is legally unable to grant individuals or households rights of individual tenure – occupation and ownership – under this form of administration. Many of the housing beneficiaries are not the people to whom the land was originally allocated by the traditional authority. For instance the land may have been allocated to a now elderly couple whose grandchild has now accessed a housing subsidy and had a structure built within the existing household site. As a result many of these houses are vacant even two years after they were built. Some people have been given keys to their houses in order to prevent vandalism. Many houses have lost their locks and doors and are used by livestock as shelters, or as storerooms. Many stands consist of two or three dwelling made of mud bricks, and now to this has been added a cement block subsidy house.

For many, the housing project has been a disappointment. The houses are of incredibly poor quality, and many are unfinished as contractors have withdrawn from the project. Although there was a promise of employment and many local people attended a training course, local skills were not used in construction. Some houses have fallen down and roofs have blown off or broken. Community members talk of the rain falling through the houses, and the wind blowing through cracks in the walls.

The rural housing subsidy is available to beneficiaries who only enjoy functional tenure rights to the land they occupy. This land belongs to the State and is governed by traditional authorities. The subsidies are only available on a project basis and beneficiaries are supported by implementing agents. Beneficiaries also have the right to decide on how to use their subsidies either for service provision, on building of houses or a combination thereof. [National Housing Code]

People living in rural areas, who have been allocated land and built houses, might justifiably be regarded as home-owners, even though they do not have title deeds. If the intention of the subsidy is to provide a home and secure tenure for people who lack these things, then arguably it should exclude rural households who have successfully housed themselves on land to which they have tenure rights (for instance, through the permission-to-occupy or “PTO” system). However, these “home-owners” are in fact receiving subsidy houses in the rural site, and this suggests that in practice the

Department of Housing does not regard people as home-owners unless they have registered title to a property which can be confirmed at the deeds office. In effect, this redefines all households on communal land as non-homeowners, on the basis that they do not have title deeds. If this is the case, then it raises further questions about the whether the communal tenure system is, in official terms, a secure form of tenure.

Summary of findings and recommendations

IMPLEMENTATION – Quality of housing: realisation of asset value objective

The Housing Subsidy Scheme is a poverty alleviation programme with two main objectives: first, to provide poor households with a basic dwelling that meets minimum norms and standards, and thereby realise their right to adequate housing; and second, to provide poor households with an asset. There have been a number of constraints to realising these objectives – beneficiaries have complained of unsatisfactory housing quality, and evaluations have shown defects that compromise the “adequacy” of the housing. These issues are well documented, including in the Department’s own literature. Naturally, the quality of housing and attractiveness of neighbourhoods has a bearing on the asset value of the property. The objective of asset transfer has been thwarted in a number of ways, including the quick resale of subsidy housing by beneficiaries for less than the market value or even the value of the subsidy, prompting the introduction of a rule against resale within the first eight years of ownership – later reduced to five. The *Means to Live* research too raises some questions about the scheme’s success in achieving either of these objectives in the context of implementation in the two sites.

At the level of conceptualisation, the housing subsidy discriminates against parents and children who are living apart, because single parents cannot include their absent children on a subsidy application form in order to satisfy the eligibility requirements. The analysis shows that this is a significant oversight, both in terms of the extent (20% of children have living biological mothers who are staying elsewhere) and possible consequences for children.

The requirement of undisputed tenure rights has been one of the barriers to accessing adequate housing through the subsidy scheme.

In the urban site, difficulties in registering ownership was linked to a number of causes: the illegal long-term occupation of vacant sites allocated to legal owners who never claimed them (this problem was addressed through a Mayoral programme to transfer sites to the occupants, who had to pay a small legal fee); the informal sale of property without proper registration in the deeds office; the high municipal arrears that encumber properties, and which have to be settled before properties are transferred to new owners; and difficulties with succession, where the owner dies intestate. These

barriers suggest the need for more education and support in the low-income property market.

In the rural site, subsidy houses could not be formally transferred to beneficiaries because the communal tenure system does not enable individual ownership of land.

CONCLUSION²⁶

Cross-cutting themes

Multiple inclusions and exclusions in programme design

The *Means to Live* found that the targeting of poverty alleviation programmes is variable, in that different categories and proportions of the child population are eligible for the various programmes. This is not necessarily a bad thing, since it avoids an “all or nothing” situation where individuals and households who are just above the eligibility criteria are excluded from all forms of poverty alleviation. This would occur, for example, if there were a single targeting mechanism to identify the eligible “poor”, and which made a defined segment of the population eligible for all poverty alleviation programmes while rendering the rest ineligible.

Multiple inclusions occur where children are able to access an array of poverty alleviation programmes. In some instances, these cross-references are inherent in the policy. For instance, the regulations on school fees prescribe that children who receive Child Support Grants are automatically exempt from paying fees at public schools. Multiple inclusions seek to prevent cross-subsidisation at the expense of the poor, meaning the benefits of poverty alleviation programmes should be cumulative. For instance, people should not have to spend their child’s grant on educating the child, since programmes are in place to realise both the right to social assistance and to education.

The flipside of inter-dependence is the risk of multiple exclusions. For example, school attendance rates start declining at the point where children are above the age threshold for social grants and for free education. Similarly, the National School Nutrition Programme is only available to those who are able to attend school, and is explicitly targeted at primary school learners. However, the respective constitutional rights apply to all children under 18 years; so this is a situation where the targeting of multiple programmes has failed to uphold the rights of older children.

Multiple exclusions for older children raise normative questions about the kind of support that should be provided for teenagers, who face very different challenges to younger children: greater responsibility within the household, the need to prepare for future employment, the possibility of having children or having to parent younger siblings, the risk of exposure to HIV, as well as exposure to social risks such as drugs and gangsterism. All of these imply the need to ensure access to the best possible education and for income support if the household is poor.

The requirement of progressive realisation suggests that programmes should be progressively expanded to reach a greater proportion of children in need. Already, there are indications that the National School Nutrition Programme may be implemented in high schools and that the Child Support Grant may be extended to include all children under 18 years. The South African Constitution is progressive and transformative in nature, and provides a generous framework of rights for children. In the context of high

²⁶ The text in this conclusion originally appeared in the South African Child Gauge 2006

unemployment, persisting poverty and inequality, the emphasis of poverty alleviation programmes needs to be on progressive expansion of the targeting mechanism.

Key dimensions of poverty

Although poverty is multi-dimensional, it is clear that there are two key elements that influence other dimensions of poverty. The first is income, because money is a link to everything else. In a world that revolves around money, even those in the most remote areas are not free of dependence on the cash economy. The poverty alleviation programmes reviewed in the *Means to Live* demonstrate different conceptualisations of income poverty. Income thresholds range from R800 or R1,100 for the Child Support Grant; to R3,500 for a housing subsidy; and around R8,000 for free health care above the primary level.

Income thresholds assume a consistent level of income, and can be arbitrary in a context where employment is insecure and income erratic. Cash transfers through social grants provide a regular income, are effective in reducing poverty and are linked to positive health and education outcomes for children. However, the cash grants amounts are small and, in the absence of social assistance for the unemployed, are further diluted when cash transfers for children have to support entire households.

Social security needs to be complemented by the provision of services, and this is where a second key element of poverty, the spatial dimension, comes in. Access to housing and land is a means of placing oneself in relation to services and resources. The legacy of apartheid is a country where spatial arrangements entrenched poverty, and poor areas – particularly the old “homelands” – were deliberately under-resourced. Children are disproportionately over represented in these areas, with over half of all children living in rural areas despite rapid urbanisation. For these children, the burden of access to services and resources is compounded by basic problems of location and distance – the cost of transport to get to a service point; and on the supply side, the inaccessibility of areas with substandard roads, making the delivery of even mobile services difficult. Basic municipal services are often inadequate or non-existent, partly because of the financial and logistical difficulty of providing basic service infrastructure to populations that are remote and scattered, and also because of severe capacity and budget constraints in the municipalities of these areas.

In theory, housing delivery should address the spatial dimension of poverty in two possible ways: first, housing development entails more than the delivery of houses. Integrated planning is an explicit policy objective, but the housing development projects studied in the *Means to Live* fell short of this objective. Second, the housing programme, if it is to give meaning to the principle of redress, should enable those who have been economically and physically marginalised to make choices about where they live – and where to deploy their once-off subsidy. In practice, however, this is seldom possible. Poor people continue to live in areas that are historically poor and under-resourced.

The notion of spatial poverty has informed the new education policy. No-fee schools are determined by their location on the basis of the poverty profile of the surrounding community. It is the accompanying School Fee Exemption policy that potentially enables children to transcend the historic boundaries that divide races and reinforce inequality. Lastly, while housing and land are immovable, people are not. Household arrangements are often fluid, and the mobility of children in particular is highlighted in the *Means to*

Live and other studies. This has implications for the design and implementation of programmes, which may need to follow the child.

Issues of implementation

The *Means to Live* research highlights a number of gaps between policy and practice. Principles of administrative justice become relevant, since evidence reveals a lack of certainty and consistency in the implementation of programmes. Rights-bearers are sometimes unable to claim their entitlements because of variable processes or even unlawful requirements on the part of implementing officials. The social grants system, in particular, seems to be geared strongly towards the exclusion of ineligible children, resulting in burdensome requirements that may also exclude those most in need.

While some forms of poverty alleviation are continuous, others are once-off. In both scenarios, however, the issue of maintaining or sustaining access is an important cross-cutter. Targeting mechanisms tend to focus on the point of initial access, but entitlement failures may occur if the benefit is subsequently lost. The Child Support Grant, once initially accessed through an application and means test, must be re-accessed each month. Grant access may be lost through the death, illness or movement of the caregiver, or when the child moves households. Cross-provincial movement is particularly problematic. Access to education, too, must be sustained, and the costs are annual and ongoing. Access to subsidised housing is technically a once-off arrangement, but problems relating to quality and titling have resulted in beneficiaries losing both their houses and their right to future subsidies.

The costs of programme access can be barriers to poverty alleviation. Many of the programmes, either explicitly or implicitly, require financial investments from the poor. These may be related to the cost of transport to access service points, costs incurred in complying with the requirements for documentary proof of eligibility, opportunity costs, and secondary costs associated with government services (such as the cost of uniforms and books in the context of 'free' schooling, or the cost of relocating to a subsidy house). The Department of Housing, acknowledging that the cost of programme access discriminated against the poor and delayed housing delivery, has deliberately discontinued the requirement of a financial contribution from applicants in the lower income groups.

The possession of birth certificates and identity documents is a crucial issue, and difficulties in obtaining these result in multiple exclusions.

Many elements of a 'basket of goods' for children are entitlements stipulated by the Constitution. Principles of reasonableness' and 'administrative justice' can provide a framework for assessing policies and programmes to deliver on these entitlements. All rights are inter-related and mutually supporting, but there is a need for greater coherence in the design and implementation of poverty alleviation programmes to ensure that poor children can claim their multiple entitlements and stand a better chance of developing to their full potential.

LIST OF INTERVIEWS

- Councillor Mzozoyana, Elected official responsible for water, Amatole District Municipality
- Dr Russeau, Medical superintendent, Paediatrics, Tygerberg Hospital
- Mr Amic Smit, Reticulation Planning and Water Services, City of Cape Town
- Mr Andile Mshumpela, Housing Manager, Amatole District Municipality
- Mr Gavin Wiseman, Project Manager: Kuyasa, Cape Town Municipality
- Mr John Sputa, Community Development Forum chair, Makhaza
- Mr Lubabalo Nojoko, Project Manager (consultant), previously Project Manager with Provincial Department of Housing
- Mr Malibongwe Mbewana, member of the Theko Springs Development Group responsible for water
- Mr Mike Coleman, Provincial Department of Land Affairs
- Mr Sheldon Goodhall, Finance Officer, Amatole District Municipality
- Mr Simon Tsholoba & Mr Gideon Ndzutha, SANCO chair and secretary, Nkanini
- Mr Simpiwe Mashicila, Head of Free Basic Water, Western Cape, for the Department of Water Affairs and Forestry
- Mr Sisa Dywili, member of CDF & Khayelitsha Development Forum committee on water and sanitation
- Mr Trevor de Klerk, Admin officer, Project approval section, Provincial Department of Local Government & Housing
- Mr Willem Nel, Deputy Director of Engineering, Amatole District Municipality
- Mr Zam Sawuti, Land Affairs, Amathole District Municipality
- Mr Zonwabele Dyantyi, elected traditional leader for Teko Springs area
- Mr Zwelethu Lithali, independent contractor, Village 3
- Mr Sikhumbuzo Yoko, Building and Services planning, Engineering Division, Amathole District Municipality.
- Mrs Dondolo, Ward Councillor (Ward 10, Mnquma municipality)
- Mrs Soodayal, Director: Policy and Research, Provincial Department of Housing and Traditional Affairs, Eastern Cape
- Mrs Nyanga, LSA manager
- Ms Marsha Helsinger, Assistant Director: Subsidy section, Provincial Department of Local Government & Housing
- Ms Nomsa Ndongeni, Local Housing Administrator (volunteer)
- Ms Rakwena, NSNP director in the National Dept of Education
- Sister Jikeka, Gcaleka clinic, rural site
- Sister Mafiyana, Kuyasa clinic
- Sister Mandindi, urban site
- Sister Nyanga, Local Service Area Manager, Butterworth

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