

UNIVERSITY OF KWAZULU-NATAL

**Child Support Grant and Poverty Alleviation in Umlazi Ward 84: An Impact
Assessment**

By

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A dissertation submitted in partial fulfilment of the requirements for the degree of Master of
Public Administration

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2016

DECLARATION

I Thulisile Pearl Ngcongo declare that:

The research reported in this dissertation, except where otherwise indicated, is my original research.

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Signature:

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ACKNOWLEDGEMENTS

I should like to express my sincere appreciation and gratitude to the following individuals, without whose assistance, this study would not have been possible:

Mr Bongani R. Qwabe, my supervisor, whose devotion, expert advice, and leadership have aided me greatly with the research and for guidance during my studies.

My family, for their love and for understanding when I was not available at times when they needed me.

My colleagues, for all their support and encouragement, and for our cohesive working relationship during the dissertation period.

The lecturers and staff of the University of KwaZulu Natal who have made the MPA programme a great learning and most pleasurable experience.

To the South African Social Security Agency (SASSA) for giving me permission to conduct the study. I hope the findings and recommendations assist in future policy developments and overall improvement in grant administration and service delivery.

To the SASSA beneficiaries within Ward 84 in Umlazi Township who took time to participate in this study: I thank you all.

To God be the Glory.

DEDICATION

This research study is dedicated to my parents, Mr. Siphon Maxwell, and Mrs. Mthokozi Annatoria Mnguni, who have always prayed for my success; to my loving children Qhawe and Luyanda; and to my husband: without their love and support this project would not have been possible.

ABSTRACT

In South Africa, social security forms part of the government's poverty-alleviation programme. Section 27(c) of the Constitution of South Africa of 1996 states that everyone, including children, has a right to social security. The Child Support Grant (CSG) was introduced in 1998 as part of social security to address poverty among children in South Africa. The CSG replaced the State Maintenance Grant (SMG) which benefited only certain racial groups. This study was conducted to assess the impact of the CSG in alleviating poverty. Ward 84 within Umlazi Township was selected as the study site. The study was undertaken using a quantitative approach. A probability sampling was conducted, using a random sampling method, wherein only beneficiaries of the CSG were sampled. One hundred participants completed the questionnaire. Collected data was analysed using descriptive and inferential statistics. Various studies have indicated that the CSG has a positive impact on ensuring that poor children have an adequate standard of living. Although positive impacts were evident, some children were reported as lacking basic needs, while other needy children were not in receipt of the CSG. The study was undertaken to assess whether the CSG has any impact on various dimensions that contribute to childhood poverty. The findings supported literature; the CSG was demonstrated as having a significant positive impact on the lives of the beneficiaries within Ward 84 in Umlazi Township. CSG impacts positively on indicators such as nutrition, education, early childhood development, health and safety, as well as children's material and living environment. Whilst the CSG has been proven to have a positive impact on alleviation of poverty of indigent children, the study also discovered that some needy people still have difficulties in accessing the grant. A number of recommendations were made, included continuous awareness offered to the community, monitoring and evaluation of the utilisation of the grant money, integration of basic services, and sustainable development.

ACCRONYMS

CSG	Child Support Grant
CRC	Convention on Rights of Children
DHA	Department of Home Affairs
DoH	Department of Health
DOE	Department of Education
DSD	Department of Social Development
ECD	Early Childhood Development
FFC	Financial and Fiscal Commission
GEAR	Growth Employment and Redistribution
GDP	Gross Domestic Product
HAD	Housing Development Agency
ID	Identity Document
ILO	International Labour Organisation
ISSA	International Social Security Association
MDG	Millennium Development Goals
MPI	Multi-dimensional Poverty Index
MTEF	Medium Term Expenditure Framework
NDP	National Development Plan
OSS	Operation Sukuma Sakhe
NGO	Non-Governmental Organisation

RDP	Redistributive Development Plan
SD	Sustainable Development
SASSA	South African Social Security Agency
SMG	State Maintenance Grant
SOCPEN	Social Pensions
UN	United Nations
UNICEF	United Nations Children Fund
WHO	World Health Organisation

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CHAPTER 1

AN INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 BACKGROUND AND OUTLINE OF THE RESEARCH PROBLEM

Poverty affects people of various backgrounds, ages and of both genders. Fields (2000:73) argues that child poverty differs from adult poverty in that it may have diverse roots and can moreover have diverse effects with lasting consequences to children. Chirwa (2009:03) states that child poverty refers to a condition in which a person under the age of eighteen years does not have what is essential to satisfy basic human needs such as food and clothing. According to Munijin, Delamonica, Davidziuk, and Gonzalez (2006:07), children residing in poverty are subjected to a lack of the material, spiritual, and emotional resources required to live, grow, and flourish, leaving them incapable of realising their rights, reaching their full potential, or partaking as full and equal participants of humanity. Adults can be said to be in poverty when they are deprived of income and other resources needed to obtain the conditions of life that enable them to play the roles, meet the obligations and participate in the relationships and customs of their society (Townsend, 2006:5).

According to the National Development Agency (2014:13), poverty in South Africa varies across provinces, with Limpopo, Eastern Cape, Northern Cape, and KwaZulu-Natal listed as the poorest provinces. KwaZulu-Natal, Eastern Cape and Limpopo record the highest incidence of poverty that is 53%, 52%, and 52%, respectively, whilst Gauteng and Cape Town account for 27% and 26%, respectively (UNDP, 2014:63). In 1998, as part of the South African government's strategy for fighting poverty among children, the Child Support Grant (CSG) was introduced. The primary objective of the CSG is to ensure that caregivers of young children living in extreme poverty are able to access financial assistance in the form of cash transfer (United Nations Children's Fund, 2008:1). According to Dinbabo (2011:49), the CSG has become the key plan for decreasing child poverty in the nation. A carefully thought-out decision was taken to guarantee that the grant was accessible to children from birth onwards. This choice was motivated by the importance of supporting early childhood development (Heinrich, Hoddinott, and Samson, 2012:4).

Although CSG is alleged to have a profound influence on the lives of deprived children, there are a number of qualifying families who do not benefit from this type of grant. UNICEF (2014:148) states that a substantial number of children who appear to be qualifying do not in fact receive the grant, thus denying and depriving indigent children of their constitutional right of access to social security, including the CSG. According to UNICEF (2013:01), children's privileges and security should continuously be at the core of development programmes, investment in youngsters being an essential way of eliminating deprivation. Mubangizi (2009: 07) argues that research into poverty eradication in South Africa has focused largely on the roots of poverty and consequent policies to counteract the scourge of poverty. According to Govender (2011:45), providing social services, and investing in child development and well-being, can interrupt the sequence of poverty so that children from deprived families may be provided with a decent living environment as youths and adults, enjoying a better life than when growing up.

Researchers have indicated that there is confirmation that social assistance has a constructive effect on the lives of needy children. For instance (Department of Social Development, South African Social Security Agency and UNICEF, 2012:5), state that the CSG produces positive and growing effects, increasing its benefits in countering poverty and vulnerability. Some studies have also argued that, even though there is a decrease in child poverty, younger children from birth to four years old tend to remain disadvantaged (UNICEF, 2014:90). While government has continued to invest in the CSG, some children from indigent households are yet to benefit from this grant; implying a violation of their rights, and social security deprivation. Furthermore, some indigent children from birth or below the age of one year are not even registered for the CSG. Moreover, deprived children who turn 18 years while still attending school are taken out of the system; the CSG only providing for children up to the age of eighteen years. Some children in receipt of the CSG, still lack basic needs.

1.2 PRELIMINARY LITERATURE STUDY AND REASONS FOR CHOOSING THE TOPIC

1.2.1 LITERATURE REVIEW

The main research question underpinning this study is used to provide a lens through which literature is scrutinised, prepared, summarised, blended, and presented. The Bill of Rights, Section 27 of the Constitution of South Africa of 1996, states that everybody has a right to

social assistance. The Bill further accentuates that the government is obliged to take functional legislative and other measures within its existing means, to achieve the progressive recognition of all of these rights. Moreover, Section 28 reiterates that all children have the right to basic nourishment, accommodation, basic health-care facilities, and social assistance.

Furthermore, a study conducted by DSD, SASSA and UNICEF (2012:5), the South African Child Support Grant Impact Assessment, reveals that social support has a progressive influence on the lives of children in deprived families in South Africa. According to UNICEF (2014:90), child poverty has declined during the 2000 to 2010 period; those who do remain underprivileged tend to be the younger children between birth to 4 years of age. In 2011, over a quarter (26, 3%) of all underprivileged South African persons resided in KwaZulu-Natal (RSA, 2014:31).

The CSG is the government's highest social support agenda in terms of the number of recipients reached. According to Coetzee (2014:1), there is high uptake of the CSG; at the end of March 2014 there were more than 11 million child beneficiaries. Hall (2011:2) states that in 2011 the CSG was received by over 10 million children every month; the CSG is South Africa's leading funding in terms of number of receivers. In addition, the CSG has a budget of over R9 billion per annum (RSA, 2011:1). The key purpose of the grant is to guarantee that caregivers of young children existing in abject poverty are able to utilise financial aid in the form of a cash transfer (CASE, 2008:01).

1.2.2 CHILD POVERTY IN SOUTH AFRICA: AN OVERVIEW

Biggeri, Trani, and Mauro (2010:2) describe child poverty as the lack of rudimentary abilities. Similarly, Chirwa (2009:03) states that child poverty is defined as a condition in which a person under the age of eighteen years does not have access to basic requirements essential to the achieve basic human standards of living. According to Minujin, Delamonica, Davidziuk, and Gonzalez (2006:483), children experience poverty that is harmful to their intellectual, physical, emotional, and spiritual growth. The prevailing environment could include poor access to housing by children. Poverty is multidimensional: it may be associated with malnutrition, unemployment, abuse, and lack of access to fresh water, sanitation, health care, or educational facilities (Woolrad, 2002:3). According to Chennells and Hall (2011:85) lack of income can compromise children's rights to nutrition, education and health care services.

In KwaZulu-Natal, 67 per cent of penniless children live in informal dwellings. Access to health for such children decreased from 49 % in 2002 to 33 % in 2012. Furthermore, child hunger is reported to be at 16 per cent in KwaZulu-Natal (Hall, Meintjies and Sambu, 2014:100-114), indicating that there are still children who lack access to basic services, thus the need for CSG.

1.2.2.1 CHILDREN'S DEPRIVATION LEADING TO AN INADEQUATE STANDARD OF LIVING

The Constitution of the Republic of South Africa of 1996 Section 27 (1) states that everyone has a right to food and water, while Section 28(1) makes provision for the protection of children's right to basic nutrition. According to Statistics South Africa (2014:29), in 2011, children constituted 37, 6% of the entire residents; yet nearly half (46, 0%) of all deprived people in South Africa were children. Hall and Sambu (2014:94-95) reported that in 2012, 33, 9% of children in KwaZulu-Natal lived in income poverty, while 40, 6% lived in a household without an employed adult.

According to Hall, Woolard, Lake, and Smith (2012:23), social assistance is the only source of revenue for deprived families; it is linked to good nourishment, health, and schooling outcomes for children. The authors further argue that a small contribution such as the CSG can and does aid the decrease of existing poverty and disparity (Hall, Woolard, Lake, and Smith 2012:51). This implies that the CSG helps the primary caregivers of needy children to access the grant as an income, providing for the well-being of the children. Even though social assistance is aimed at the neediest families and is linked with better nutritional results, child malnutrition is still most predominant in deprived homes (Nannan, Hall and Sambu, 2014:103). The study investigated whether the CSG is associated with improved health, nutrition, and education of beneficiaries within Ward 84 of Umlazi Township.

1.2.2.2 HEALTH DEPRIVATION

Section 11 of the Constitution of the Republic of South Africa of 1996 provides the right to life. Specifically, Section 27(1) provides the right to health-care services for everyone; while Section 28(1) sets out the children's right to basic health care. According to Nannan, Hall, and Sambu (2014:103), in 2012, 16, 4 % of children in KwaZulu-Natal lived in families reporting child hunger. Furthermore, in KwaZulu-Natal deprivation and scarcity are

considered main drivers of sickness: meeting the growth requirements of people therefore becomes fundamental to meeting the health necessities of society. (RSA, 2010:27). The study investigated the impact of the CSG on ensuring that child beneficiaries are able to access health care.

1.2.2.3 NUTRITION DEPRIVATION

Section 28 (c) of the Constitution of South Africa of 1996 directs that every child has a right to basic nutrition. High levels of malnutrition exist in South Africa, especially in the youngest children below the age of 2 years (Save the Children, 2015-2019:27). According to UNICEF (2012:35), six out of ten children from government schools in South Africa benefit from a school nourishment programme. The researcher further argues that in 2009 in KwaZulu-Natal 61% of children attending public schools benefited from a nutrition programme. The CSG was confirmed in an evaluation conducted by UNICEF as having a progressive impact on children's nutrition (UNICEF 2012:4). The study assessed whether the CSG has had the same positive impact on child nutrition in Umlazi Ward 84.

1.2.2.4 EDUCATION DEPRIVATION

According to Section 29(1) of the Constitution of South Africa, 1996, everyone has a right to basic education. In 2008 the CSG extended to over eight million children every month. Receiving the cash contribution entitles the child recipient to fee waivers for schooling until grade 12 and to free health care at all stages (RSA, 2009: x). According to Hall, Woolrad, Lake, and Smith (2012:55), in 2010, enrolment of children under five was lower in KwaZulu-Natal, at 25 per cent.

This study therefore examines whether the CSG child beneficiaries who are of school-going age attend school; and whether the CSG assists in ensuring consistent school attendance. According to a study conducted by UNICEF (2012:45), absence of cash is the most significant cause of children's not attending school. On the other hand, it is observed that in 2008, 27% of all qualifying children were not in receipt of the CSG (UNICEF, 2012:25).

An acceptable standard of living, access to social assistance, access to basic health care, as well as access to basic education, is therefore a right which must be enjoyed by everyone, including underprivileged children. Lack of access to these services would imply the

violation of rights, which has a negative effect on the development and well-being of children. That said, the study seeks to establish the extent to which access to CSG affords children access to basic services; and the impact thereof on child poverty alleviation in Ward 84 within Umlazi Township, KwaZulu-Natal.

1.3 THEORETICAL APPROACHES OF THE RESEARCH

The study adopted a human-rights' approach and a multidimensional model, as discussed below.

1.3.1 THE HUMAN RIGHTS' APPROACH

According to Sepulveda and Nyst (2012:10), countries are bound to legally-binding local and international responsibilities to warrant that human rights direct the strategy, execution, monitoring, and assessment of all public procedures and guidelines; and that these responsibilities are applied, so as to provide citizens with social protection, such as relevant programmes. Furthermore, these authors assert that human-rights' standards call for governments to comply with human-rights' requirements, both in the content of their social security policies, as well as in the process by which they execute them (Sepulveda and Nyst, 2012:11). Sections 27 and 28 of the South African Constitution 1996 states that citizens have the right to social security, and children have a right to social assistance. Therefore the CSG, introduced in 1998, is intended to fight poverty by ensuring that primary caregivers have access to this grant, so as to provide for the needs of deprived children. Through the provision of the CSG, as noted earlier, the study sought to discover whether children's right are being realised, and whether the CSG has an impact on ensuring poverty alleviation within Ward 84 of Umlazi Township.

According to Kelly (2006:5), human rights should be guided by the following principles:

- **Universal** – must relate to every person of every background;
- **Indivisible** – must be measured as an united whole;
- **Interdependent** – must be recognised as each being governed by the recognition of others;
- **Interrelated** – individual rights cannot be removed or postponed without the whole framework being called into question; and

- **Inalienable** – rights may not be taken away.

Based on the above-mentioned human-rights' principles, needy children should be given the right to social security as well as rights to access other basic services such as health and education to mention few. The study investigated whether these rights are protected, and whether receiving the CSG alleviates poverty among children. The study enquired whether assisting in ensuring access to adequate living standards, access to education, and access to health and safety among children within the identified Ward had been effectively applied.

1.3.2 MULTIDIMENSIONAL MODEL FOR CHILD POVERTY

According to Leatt (2006:23), the multidimensional model affords a basis for research and encouragement to advance children's lives. A multidimensional measure seeks to integrate a variety of gauges to capture the complexity of poverty, offering a healthy instrument to better advise programmes and policies intended to fight the scourge of poverty (RSA, 2014).

Berry and Guthrie (2003:12) argue that children living in poverty are vulnerable to sub-optimal living situations, dangerous surroundings, and compromised rights to basic resources such as food, shelter, education, and care. This study exposes the influence of the CSG in alleviating child poverty based on the indicators of the multidimensional model such as food nutrition within Ward 84.

Health and safety of children: According to the annual report of the KwaZulu-Natal Department of Health (2014:60) the province has embarked on a community-based child-health programme, Phila Mntwana Sites, linked to Operation Sukuma Sakhe (OSS) War Rooms, to minimise severe critical malnourishment and diarrhoea. Since September 2013, a total of 552 Phila Mntwana Sites have been established, with 52 301 children having been screened for acute malnutrition. The study checked the health status of children who are beneficiaries of the CSG to establish whether they have access to such health facilities.

Material and living environment: According to the Housing Development Agency (HDA) (2012:21), an average household size in KwaZulu-Natal living in shacks has steadily decreased from 2.9 in 2004 to 2.5 in 2009. On the other hand, the researcher states that 16% of individuals who live in a shack say they have suffered from an illness or injury in the past month (HDA, 2012:24). This indicates that there are deprived children who may be residing in these households, therefore exposed to illnesses and a poor living environment.

Early Childhood Development (ECD): According to NDA (2012:10), entrance to ECD services is lower than the national average in the three provinces, with the greatest number of deprived children found in Limpopo, Eastern Cape, and KwaZulu-Natal. These provinces are reported as having lower access to ECD services. The study investigated the effect of CSG on the growth of children in Ward 84 of Umlazi Township.

The focus of the study is to investigate the effect of CSG in ensuring children's access to good quality services such as education and health, to mention few, in terms of the key deprivation dimensions such as early childhood development. The study also checked the impact of the CSG on the beneficiaries to ensure the good quality of life and the alleviation of child poverty.

1.4 RESEARCH QUESTIONS

The CSG is a poverty-alleviating tool aimed at reducing childhood poverty in South Africa. As such, the main research question is:

How does the CSG impact on child well-being and the development of underprivileged children in Ward 84 of Umlazi, KwaZulu-Natal?

The following are sub-questions posed by the research study:

1. In which ways does the Child Support Grant impact on early childhood development?
2. Are people provided with sufficient information pertaining to their eligibility and rights of access to the Child Support Grant?
3. To what extent does the Child Support Grant afford children the opportunity of accessing services such as health care?
4. Are children's rights to social assistance, particularly the Child Support Grant, being implemented and realised by needy people?
5. Are the recipients of the Child Support Grant able to sustain their livelihood after they have reached 18 years of age?

1.5 RESEARCH OBJECTIVES

Based on the aforementioned sub-questions, the following were identified as the objectives of the study:

1. To establish whether there are any positive early childhood developments in the children who receive the CSG.
2. To ascertain whether the primary-caregivers have the right information pertaining to their rights, in accessing and using the CSG.
3. To explore whether the primary caregivers use the CSG money to access children's basic needs, such as health care.
4. To determine the extent to which deprived children's rights to the Child Support Grant are being protected as enshrined in the Constitution.
5. To establish whether the CSG has an impact on ensuring sustainable livelihoods of child beneficiaries who have reached 18 years of age.

1.6 SIGNIFICANCE OF THE STUDY AND JUSTIFICATION

This research investigated the effect of the CSG on child deprivation within the study site which is Ward 84 of Umlazi, in KwaZulu-Natal. Upon completion, the study furnishes policy recommendations for improving the administrative system, affording caregivers of the indigent the right to adequate information on eligibility and access to the CSG. Essentially, such information is vital for enhancing children's access to social security, which remains a constitutional right. Furthermore, the study provides recommendations on ways in which primary caregivers can effectively use the grant to take care of the needs of children trapped in poverty. Moreover, this study is critical in assisting the promotion of awareness on all aspects related to the CSG for the development and well-being of children.

1.7 RESEARCH METHODOLOGY

The methodological account of the study comprises the research design and strategy as detailed below:

1.7.1 RESEARCH DESIGN

According to Singh (2006:77), a research design is a statement of the object of the investigation and the tactics for gathering and studying the evidence, reporting the results. There are three types of research approaches, namely, the qualitative, quantitative, and the mixed-methods approaches. Mouton and Marais (1990:155) describe the quantitative approach as that method of research in the social sciences that is more formal and better organised, yielding more precise results. Conversely, these authors describe qualitative methods as those measures not strictly formalised, possibly leading to unclear definitions.

This study adopted the quantitative research approach. Leung and Shek (2011:116) state that one merit of the quantitative approach lies in the power of its explanation of the social phenomenon and the predictions of the outcome. The researcher adopted the quantitative approach based on the fact that various studies conducted, such as UNICEF (2012:5), confirm that the CSG has a positive impact on poverty alleviation. Therefore, for this study the indicators, including health and safety apropos of child poverty, were used as variables to test and assess the impact of the CSG on poverty alleviation. Variables were based on the chosen dimensions including early childhood development, material and living environment, health and safety.

1.7.2 RESEARCH STRATEGY

The research strategy is a comprehensive design for a problem which comprises the structure, anticipated result in terms of objectives of research, and a plan of intended devices essential to implementing the strategy (Singh, 2006:99).

This study adopted the case-study research design. According to Schell (1992:2), the case-study approach allows the researcher to maintain the holistic features of real-life events while investigating empirical events. Eisenhardt (1989:534) asserts that case study is a research strategy which focuses on understanding the dynamics present within single settings. One of the advantages of using a case-study approach, as identified by George and Bennett (2004:19), is that case studies allow a researcher to recognise and measure the indicators that best characterise the theoretical ideas the researcher anticipates measuring.

The case-study approach is deployed to investigate specifically the situation in Ward 84 in Umlazi Township in exploring whether the CSG has an impact on alleviating child poverty, using dimensions which measure child poverty.

1.7.3 STUDY SITE

Ward 84 within Umlazi Township has been identified as the study site. The Umlazi Township is located within the eThekweni Municipality. The researcher chose the identified research site because of the diverse nature of the population within the ward. Ward 84 is made up of Sections AA, BB, and CC, which comprise subsidy houses, informal settlements, and RDP houses, as well as the Engonyameni area, which is a rural area.

1.7.4 TARGET POPULATION AND SAMPLING

Target population is the set of features that the research emphasises, and to which the results gained by testing the sample should be generalized (Bless and Higson-Smith, 2000: 85). The target population for this study is males and females of all ages and backgrounds residing within Ward 84 in Umlazi, who are in receipt of the CSG.

1.7.4.1 SAMPLING METHODS/TECHNIQUES

The sampling technique for the study consists of the probability method and the sample size, as discussed below.

1.7.4.1.1 PROBABILITY SAMPLING

According to Bless and Higson-Smith (2000: 85), good sampling means having a well-defined population, an adequately selected sample, as well as an approximation of the whole population and its reflection shown by the sample. The probability sampling using the random-sampling method will be employed for this study. In probability sampling, according to Jackson (2008:97), each member of the population has an equal chance of being selected as part of the sample. A random sampling method will be used. According to Jackson (2008: 98), a random sample is attained through random selection in which each member of the population could equally be expected to be chosen as part of the sample.

1.7.4.2.1 SAMPLE SIZE

A sample is the sub-group of the entire population examined by the researcher and whose features will be generalised to the complete population (Bless and Higson-Smith, 2000:84). The researcher randomly selected 100 participants within Ward 84 of Umlazi Township in KwaZulu-Natal to participate in the study. The researcher requested a database of CSG beneficiaries within Umlazi Ward 84 from SASSA; however, the database was not obtained. The researcher visited nearby pay sites, merchant stores, and the SASSA-Umlazi office to randomly select the CSG beneficiaries who participated in this study.

1.8 DATA-COLLECTION INSTRUMENTS

The data-collection instruments for the study are discussed below.

1.8.1 EMPIRICAL DATA COLLECTION

According to Singh (2006:191), the questionnaire may be viewed as a form of discussion on paper. Questions may take two broad forms. They may be open-ended questions which the subject answers in his own words, or closed (closed-ended) questions, which are answered by selecting from a number of fixed alternative answers (Degu and Yigzwa, 2006: 57). According to Wilkinson and Biringham (2003: 8), questionnaires may be designed and used to gather massive amounts of data from diverse respondents; and they have a number of benefits over other forms of data collection in that they are usually inexpensive and may be speedily analysed once finished. For this study, the researcher personally administered questionnaires to the participants in which they were required to answer closed-ended questionnaires. Singh (2006:193) states that closed-ended questionnaires improve the reliability and consistency of the data. All 100 questionnaires were completed and returned.

1.8.2 DATA ANALYSIS AND INTERPRETATION

For the purpose of this study, data collected using questionnaires was analysed using descriptive statistical analysis. According to Singh (2006:224), descriptive statistical analysis is concerned with statistical description of a specific group perceived. Any similarity to those external to the group cannot be taken for granted; also, the data define one group and that one group alone.

1.8.3 QUANTITATIVE VALIDITY AND RELIABILITY

According to Golafshani (2003:599), reliability and validity in a quantitative study expose dual elements. Firstly, with respect to reliability, a quantitative study reveals whether the outcome is reproducible. Secondly, with regard to validity, a quantitative study reveals whether the means of measurement are precise, and whether they are essentially gauging what they are envisioned to gauge. Winter (2000:10) states that validity and reliability have proved useful in providing checks and balances for quantitative methods.

For this study the researcher ensured accuracy and integrity while administering the questionnaire to the respondents, by ensuring that they understood what the questions meant, thereby being able to supply the correct information for the study.

1.9 LIMITATIONS OF THE STUDY

Limitations of the study included that the study was only conducted within the confines of Ward 84 of Umlazi Township. The other limitation was that, although SASSA had given approval to conduct research, attempts to obtain a database from SASSA of all CSG beneficiaries from Ward 84 did not materialise. The result was that finding respondents from all sections within Ward 84 was a challenge.

1.10 CHAPTER OVERVIEW

This thesis comprises six chapters, as permitted by the study procedure.

Chapter One encompasses the introduction, background of the research, the research problem, research questions, research objectives, significance of the study, and limitations of the study. Chapter Two is a review of literature apropos of other research around child support grant and poverty alleviation. Chapter Three focuses on the theoretical frameworks underpinning the study. The fourth chapter outlines the research methodology and design, together with detailed explanations for selecting the methodology utilised, the respondents and study site, sampling techniques, and sampling design. Chapter Four also summarises the study population and sample size; it deliberates on method of respondent recruitment, discussing the data-gathering tactics, questionnaire design, pre-testing and validation, questionnaire administration, as well as tools and systems employed to scrutinise data. Chapter Five consists of data presentation, analysis and discussion of findings in connection

with the objectives of the study, and linking with the related literature review. The last chapter, Chapter 6, encompasses the recommendations and conclusion of the research.

1.11 Conclusion

Poverty affects many people, especially the majority of children in South Africa. As such, the government has invested financially in ensuring that the basic necessities of deprived children are taken care of by means of the CSG. Challenges have been discovered that have led to some underprivileged children's not accessing the CSG. The problem statement and questions to be addressed by the study have been developed. The objectives were also constructed and directed towards all the study subjects. The following chapter encompasses the broad review of relevant literature on the CSG and poverty alleviation.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Poverty alleviation has always formed part of government programmes post 1994. These programmes, among others, include the Redistribution and Development Programme (RDP), the Growth, Employment, and Redistribution (GEAR) policies and recently the adoption of Child Grant System (CGS) that saw the administration of the CSG. Initially, the CSG paid primary caregivers of children up to the age of 7 years; however, the benefit has gradually been extended. The CSG is now paid out for children up to the age of 18 years. The CSG is paid to eligible beneficiaries so as to ensure that needy children are taken care of. The CSG is the largest social assistance scheme with beneficiaries of any other type of grant. According to Neves, Samson, Van Niekerk, Hlatshwayo, and Du Toit (2009:14), the number of CSG recipients has increased sharply from under one million in 2001 to 6.8 million by 2006; thus showing a positive movement towards the reduction of child poverty in the country.

Some primary caregivers do not apply for their indigent dependants immediately after they are born, resulting in children's only being able to access the grant after some years. This may lead to children's experiencing poverty and severe deprivation. Again, some child beneficiaries who still attend school after the age of 18 years are exposed to hardship, the grant only being paid up to the age of 18, regardless of whether children are still in school, or whether their primary caregivers are unemployed.

From the foregoing, this chapter focuses on child poverty and the way in which the CSG assists the alleviation of the poverty. This chapter focuses mainly on ways in which the CSG resolves dire poverty, specifically in children in Umlazi Township Ward 84. This chapter first reviews government's strategic interventions and its commitment to alleviation of child poverty. This includes the review of various legislation, policies, and strategies. Furthermore, this chapter critically reviews the impact of CSG as an income, versus the material needs of the children. Finally, this chapter reviews the perspective of various researchers of childhood poverty and ways in which the CSG has ameliorated childhood poverty.

2.2 LEGISLATIVE AND POLICY FRAMEWORK

Through various legislative frameworks the South African government has committed itself to reducing child poverty and promoting children's rights, as well as to social security. Frameworks include the Constitution of 1996, the Reconstruction and Development Programme (RDP), the Growth Employment and Redistribution (GEAR), the Children's Act 38 of 2005, the White Paper on Social Welfare, the National Development Plan (Vision 2030) and the South African Social Security Act No.9 of 2004.

South Africa has a constitutional obligation to comply with set standards in ensuring that the right to social security and a good quality of life is achieved, as discussed below.

2.2.1 THE CONSTITUTION OF SOUTH AFRICA OF 1996

The Constitution of the Republic of South Africa of 1996 stipulates that everybody has the right to access social protection including suitable social support for those who are not capable of providing for themselves and their children. Furthermore, the government has the duty of taking rational legislative and other measures within its existing resources to attain the progressive realisation of this right (RSA, 1996). As such, the government is obliged to make certain that underprivileged children receive the CSG, in pursuit of poverty reduction among children.

Moreover, Section 28 of the Constitution of 1996 further provides for the protection of children's rights under the age of 18. The constitution provides for children to be protected and cared for, as well as ensuring that their rights are met; including the right to basic nourishment, access to health-care facilities, and social assistance (RSA, 1996). The right to social assistance, and in particular the CSG, must be provided so as to ensure that children receive access to basic services such as education and health.

The Constitution of South Africa is the government's commitment to addressing the needs of the people, ensuring their good quality of life. The Bills of Rights within the Constitution list all rights to which South African citizens are entitled. Section 28 (c) provides for children's right to basic food, housing, basic health-care facilities and social security (RSA, 1996). The

CSG was established to support the right to social security for all citizens in general, and for needy children in particular, hence the government's provision of CSG in an attempt to reduce child poverty.

2.2.2 THE RECONSTRUCTION AND DEVELOPMENT PROGRAMME (RDP)

The CSG was not the government's first attempt to address poverty. Post 1994 the government adopted numerous policies in its attempts and strategic intervention of addressing the imbalances of the past, ensuring that citizens have quality of life. The Reconstruction and Development Programme (RDP) adopted in 1994 emphasised the establishment of a 'social safety net' to deliver social security for those most at risk, such as children from indigent households (Reitzes, 2009:12). According to Brockerhoff (2013:23), emphasis in the primary post-apartheid period was not on increasing cash grants as a redistributive instrument as such, but on reorganising the government, and bringing individuals into employment. However, according to FFC (2011:91) employment progress throughout the post-1994 era has notwithstanding been inadequate to sufficiently decreasing unemployment and hunger in South Africa. Therefore the government has increased expenditure for social grants as a way of combating poverty.

2.2.3 THE GROWTH EMPLOYMENT AND REDISTRIBUTION (GEAR)

The Growth Employment and Redistribution policy (GEAR) was promulgated in 1996. The state realised that, while the social objects of the RDP were significant, more rapid economic development was vital in delivering resources to meet social security needs including deprivation and inequity, post-apartheid (Reitzes 2009:10). The RDP was intended to meet the basic needs of the public such as employment, land, accommodation, water, electricity, communication, transportation, a clean and healthy atmosphere, nourishment, health care, and social well-being (Visser 2004:6). The GEAR, on the other hand, implied social assistance provision budgets and that municipal infrastructure projects be given priority so as to address and meet citizens' basic needs (Visser 2004:9). According to Mbuli (2008:6), poverty and unemployment are closely related in South Africa. This implies that, during the RDP period the government focused on reducing poverty through employment; this was unsuccessful. The GEAR strategy did not only focus on employment as a means of reducing

poverty, but also prioritising social welfare budgets in reducing poverty. Therefore the GEAR strategy recognised social assistance as a poverty-alleviation tool.

Van Zyl and van Westhuizen (2003:11) conclude in the study on social-service delivery on GEAR that the total number of recipients grew greatly over the GEAR period, even though actual budgeted expenditure on social expansion declined to some extent over this period. According to Ntenga (1999: 50-51), social security absorbed 90 per cent of the total welfare budget. Moreover, the budget for social welfare doubled between the 1995/96 and 1996/97 financial years from R241 million to R410 million. It therefore appears that delivery on social security increased over the GEAR period.

2.2.4 THE CHILDREN'S ACT 38 OF 2005

The Children's Act 38 of 2005 addresses current social problems, specifically the amelioration of poverty and inequality among children. It further promotes social transformation of children in South Africa (Dinbabo, 2011:16). The Act is in line with the constitutional mandate as far as the rights of the children are concerned, focusing sharply on the issues that impact on the children's lives on a daily basis, including poverty. Section 150 of the Children's Act establishes that the state has to take action to guard children who have been abandoned or orphaned and are deprived of any overt means of livelihood (Berry, Jamieson and James, 2011:9).

2.2.5 THE WHITE PAPER ON SOCIAL WELFARE

The White Paper on Social Welfare was promulgated in 1995 and implemented in 1997. The White Paper aimed at developmental social welfare to ensure that values are centred on the lives of the people of South Africa. While neo-liberal methods succeeded in other parts of the world, the new South African administration restored the social growth strategy and raised it to a position of importance (Visser, 2004:7). According to the White Paper on Social Welfare 1997, sustainable and reasonable alternatives of social-protection delivery for households and children are to be advanced (RSA, 1997:20). Although the CSG was not in place when the White Paper was drafted, it acknowledges, however, the need for a social-security delivery for children which will support the development of the children while also reducing poverty and inequality. Section 7 (3) of the White Paper specifically considers social assistance a dynamic tool in providing nutrition and general protection (RSA, 1997:50).

2.2.6 THE NATIONAL DEVELOPMENT PLAN (VISION 2030)

In 2012, the government of South Africa adopted the National Development Plan (NDP), Vision 2030 which focuses on integrated planning aimed at achieving specific objectives such as poverty alleviation over the intermediate to long term. The NDP eloquently states that by 2030, everyone must enjoy an acceptable standard of living, such as nutrition security. Moreover, the plan guarantees social security directed at reducing deprivation and protection of those vulnerable to socio-economic ills, including lack of access to food (RSA, 2012:362). The CSG also forms one of the government's tools in ensuring that Vision 2030 is achieved, and that children who benefit from the CSG are able to have a good quality of life. Monetary grants such as the CSG play a significant role in offering caregivers access to nutrition of sufficient quality and diversity to meet the children's needs (UNICEF, 2008:1). Outcome 13 of the Vision 2030 discusses an inclusive and responsive social-protection system. Outcome 13 mentions that South Africa's NDP plays a fundamental role in social security in addressing the serious challenges of eliminating hunger and eradicating inequity (RSA, 2014:1). Therefore the government is committed to reducing poverty through the social-protection system; hence the CSG is accessible for deprived youngsters.

2.2.7 THE SOUTH AFRICAN SOCIAL SECURITY ACT NO. 9 OF 2004

The South African Social Security Act No 9 of 2004 provides for the formation of an agency to be in charge of organising, directing, and paying of social grants; hence the formation of the South African Security Agency (SASSA), founded through the South African Social Security Act No 9 of 2004. Citizens wishing to access social assistance visit the nearest SASSA office as per Section 27 of the Constitution, which provides that everybody has the right to social assistance such as the CSG, the social relief of distress and various other cash transfer types (RSA, 1996). Prior to SASSA's being the organisation responsible for the management of social protection, the then Department of Social Welfare, now referred to as the Department of Social Development, was the institution that administered social security. SASSA is directly accountable to the Minister of Social Development at a national level.

The CSG is not the only grant provided by SASSA. There are various other social assistance grants which include the following:

- Old age pension;
- Child support grant;

- Foster child grant;
- Care dependency grant;
- Grant-in-aid;
- Disability grant;
- War veteran grant; and
- Social relief of distress.

According to Lekezwa (2011:111), deprivation transfers are successful in eliminating the rate of poverty for families in receipt the grants. The CSG is thus meant to reduce poverty among children.

2.3. INTERNATIONAL PERSPECTIVE ON SOCIAL ASSISTANCE

Social Assistance is an importance instrument for poverty reduction and South Africa uses social assistance to reduce poverty among vulnerable groups who are needy and without the means to support themselves (Haarmann, 1998:38). Triegaardt (2006:3) states that social assistance is a state funded system, also referred to as social grants in South Africa, which is non-contributory and financed entirely from government revenue. The researcher further states that the onus is upon the individual to prove that they are destitute (Triegaardt, 2006:3).

According to Rosa, Leatt, and Hall (2005: 3), the right to social protection is mostly known in various countries, provincial and national platforms, as a human right under the International Covenant on Economics, Social and Cultural rights. It is strongly advanced as a labour-related right under the International Labour Organisation (ILO). From an international perspective, Dlamini (2015:2) asserts that the World Bank has ranked the CSG among the top five programmes throughout the world, and the principal social safety net on the African continent. According to the World Bank (2015:4) these programs include cash in kind transfers targeted to the vulnerable households, with the goal of protecting families from the impact of economic shocks, natural disasters, and other crises ensuring that children grow up healthy, well fed and can stay in schools and learn, empowering women and creating jobs. The author further states that the government of Thailand has launched the unlimited grant which is shaped by the South African CSG (2015:2). According to UNICEF, Thailand (2014) the government of Thailand recently announced the introduction of a Child Support Grant

Scheme through which indigent and semi-deprived families will receive an allowance of 400 baht per child.

It is stated in the South Africa-United Nations Strategic Framework that the United Nations (UN) has over the years built a strong relationship with the Department of Social Development, the National Treasury, and SASSA for the delivery of social protection services to vulnerable people. Furthermore, as required by the NDP Vision 2030, the UN aims at supporting the government's effort in the establishment of a social floor for vulnerable groups (RSA, 2013:27-28). There is robust indication that social security contributes to economic development by raising labour output and augmenting social stability (RSA, 2010:1). The government has adopted the pillars of the social protection framework which emphasise, inter alia, the targeted cash transfers for the vulnerable, including free health protection and free access to schooling for the disadvantaged (RSA, 2010:1).

Similarly, the International Social Security Association (ISSA) considers that social security eliminates hunger and imbalances, and adds to social unity. This signifies an investment in human capital, exposing the productive capabilities of individuals, and promoting economic growth (Servais, 2014:6). By providing the CSG the government is investing in the future skills of its children who will contribute to the economic development of the country by being part of the future labour force.

2. 4.THE MILLENNIUM DEVELOPMENT GOALS (MDGS)

South Africa is a member of the United Nations and has committed to the 8 Millennium Development Goals (MDGs) directed at alleviating hunger amongst those living below the poverty line. Each millennium goal has a direct link to the commitment of promoting rights and the well-being of children, as shown in Table 2.1.

Table 2.1: Millennium Development Goals link to Children's Well-being

Millennium Development Goal	Link to Children's Well-being
1. Eradicate extreme poverty and hunger	Reduce the number of people and children who suffer from hunger
2. Achieve universal primary education	Children everywhere need to be able to complete a full course of primary schooling
3. Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education in all levels of education
4. Reduce child mortality	Reduce infant mortality rate
5. Improve maternal health	Ensure the reduction of maternal mortality
6. Combat HIV/AIDS, malaria and other diseases	Ensure school attendance of orphans and children affected with HIV/AIDS and other diseases
7. Ensure environmental sustainability	Disadvantaged children need sustainable access to safe drinking water and basic sanitation
8. Develop a global partnership for development	Through global partnership, children can gain access to affordable essential medicine on a sustainable basis.

UNICEF, 2007:35-94

Although improvements have been made to reduce the number people living below the poverty line, the 2010 MDG report points out that South Africa will not meet the goal of 21,1 per cent, or the number of individuals living below the poverty line (RSA, 2011:8). Therefore the CSG is one of the government attempts to reduce hunger and poverty for the indigent.

2.5 SUSTAINABLE DEVELOPMENT AND POST-2015 UN GOALS

According to the International Labour Office (ILO) and the World Health Organisation (WHO) (2009:6), a specific minimum level of social security must be a recognised as an incontrovertible part of the socio-economic floor of the international economy. According to the ILO and WHO the term social floor or social protection floor entails a universal set of basic social privileges, services, and facilities that citizens should enjoy (2009:6). In addition, the social protection floor idea should be at the top of the sustainable growth agenda,

providing grounds for strengthening of inter-agency management efforts. Canham (1979:1)'s inter-agency coordination is a process in which two or more groups come together to resolve a detailed problem or meet a certain need.

According to the UN (2012:8), the national social protection floors should comprise, inter alia, certain social protection assurances: basic income, protection for children's access to food, health, education, care, and any other essential goods and services. According to Suich (2012:3), recognising poverty as being multidimensional does not necessarily change who is classified or identified as impecunious, but it allows for better characterisations of the destitute, and has significant implications for analysis. The CSG as a poverty-alleviation tool must embrace the guarantees of the national social protection floors by ensuring that beneficiaries of the grant are catered for in all areas relating to child development, including child nutrition, education, and health.

2.6 CHILD POVERTY IN SOUTH AFRICA

Biggeri, Trani and Mauro (2010:2) define child poverty as the lack of basic capabilities. Similarly, Chirwa (2009:03) states that child poverty refers to a condition in which an individual under the age of 18 years is deprived of access to basic needs required for normal human standards of living. According to Minujin, Delamonica, Davidziuk, and Gonzalez (2006:483), children are exposed to deprivation through an environment that is detrimental to their mental, physical, emotional, and spiritual growth. The home environment could include poor access to proper housing by children. Poverty is complex, and may be connected with hunger, unemployment, abuse, and lack of access to clean water, hygiene, health care or education (Woolrad, 2002:3). In KwaZulu-Natal, 6 to 7 per cent of needy children live in informal dwellings; access to health for such children fell from 49 per cent in 2002 to 33 per cent in 2012. Furthermore, child hunger is reported to be at 16 per cent in KwaZulu-Natal (Hall, Meintjies and Sambu, 2014:100-114), indicating that there are still children who lack access to basic services; thus the need for CSG.

2.6.1 CHILDREN'S DEPRIVATION LEADING TO AN INADEQUATE STANDARD OF LIVING

The Constitution of South Africa of 1996 Section 27 (1) provides that everyone has a right to nutrition and water, while Section 28(1) makes provision for the protection of children's right

to basic nourishment. According to Statistics South Africa (2014:29) in 2011 children composed 37, 6% of the entire residents; and yet nearly half (46, 0%) of all underprivileged persons in South Africa were children. Hall and Sambu (2014:94-95) reported that in 2012, 33, 9% of children in KwaZulu-Natal were living in income poverty; while 40, 6% lived in a household without an employed adult.

According to Hall, Woolard, Lake, and Smith (2012:23), social transfers are the highest basis of income in deprived homes and are linked to better nourishment, health, and schooling results for children. The authors further argue that a small cash transfer such as the CSG can and does aid the decrease of existing deprivation and disparities (Hall, Woolard, Lake and Smith, 2012:51). This implies that the CSG helps the primary caregivers of underprivileged children to access the grant as an income, providing for the well-being of children. Whilst social assistance is directed to the underprivileged families and is linked to better nutritious outcomes, child starvation is still most prevalent in indigent homes (Nannan, Hall and Sambu, 2014:103). The study investigated whether the CSG is associated with improved health, nutrition, and education of beneficiaries within Ward 84 of Umlazi Township.

2.6.2 HEALTH DEPRIVATION

Section 11 of the Constitution of South Africa of 1996 provides the right to life. Specifically, Section 27(1) provides the right to health-care services for everyone; while Section 28(1) delineates children's rights to basic health care. According to Nannan, Hall, and Sambu (2014:103), in 2012, 16, 4 per cent of children in KwaZulu-Natal lived in families in which there is reported child starvation. Furthermore, in KwaZulu-Natal hunger and deprivation are regarded as main drivers of illness. Meeting the growth needs of people, therefore, becomes the vital point of supplying the health requirements of societies (RSA, 2010-2014:27). The study checked the impact of the CSG in ensuring that child beneficiaries are able to access health care.

2.6.3 NUTRITION DEPRIVATION

Section 28 (c) of the Constitution of South Africa of 1996 states that every child has a right to basic nutrition. High levels of malnutrition exist in South Africa, especially in the youngest children below the age of two years (Save the Children, 2015-2019:27). According to UNICEF (2012:35), 6 out of 10 children from government schools in South Africa benefit by

the school nourishment programme. The researcher further maintains that in 2009 in KwaZulu-Natal 61% of children attending public schools benefited from a nutrition programme. The CSG was confirmed in an evaluation conducted by UNICEF as having a positive impact on children's nutrition (UNICEF 2012:4). This study determines whether the CSG has the same positive impact on child nutrition in Umlazi Ward 84.

2.6.4 EDUCATION DEPRIVATION

According to Section 29 (1) of the Constitution of South Africa 1996, everyone has a right to basic education. In 2008 the CSG extended to over 8 million children every month. Receipt of the social transfer automatically entitles the child recipient to fee waivers for education up to grade 12, and to free health care at all stages (RSA, 2009:x). According to Hall, Woolrad, Lake, and Smith (2012:55), in 2010, enrolment of children under five was lower in KwaZulu-Natal, at 25 per cent.

The table 2.2 below depicts the percentage of children within the province of KwaZulu-Natal who do not have access to schools within their areas and thus travel long distances for purposes of education.

Table 2.2 - School-Aged Children Living Far from Schools- KwaZulu-Natal in 2012

Primary School	21,8 per cent
Secondary School	29,8 per cent

Source: Hall 2014:107

Table 2.2 above indicates that in 2012, 21, 8% and 29, 8% of primary and secondary school children in KwaZulu-Natal live far from school. This invariably poses a problem apropos of children's right to access education. This study therefore examines whether the CSG child beneficiaries who are of school-going age attend school; and whether the CSG assists in ensuring consistent school attendance. According to a study conducted by UNICEF (2012:45), absence of funds is the most common reason for children's not attending school. On the other hand, it is observed that in 2008, 27% of all qualifying children were not in receipt of CSG (UNICEF, 2012:25).

An acceptable standard of living, access to social assistance, access to basic health care, as well as access to basic education, is therefore a right which must be enjoyed by everyone,

including indigent children. Lack of access to these services would imply the violation of rights, leading to a negative effect on the development and well-being of children.

2.7 THE CHILD SUPPORT GRANT (CSG) AND POVERTY

In April 1998, the CSG was introduced, replacing the apartheid State Maintenance Grant as a poverty-mitigation grant intended to assist underprivileged children per the recommendations of the Lund Committee. The report of the Committee suggested a new approach to substitute the then State Maintenance Grant (SMG). This approach includes a child-related cash transfer, with a lesser cash amount than that of the SMG, but directed at a broader group of possible recipients, mainly those living in the most underprivileged parts, including rural areas and informal settlements (CASE, 2000:9).

At first CSG was limited to children under the age of 7 years old who qualified for it. In 2003, the CSG was extended to children to the age of 14, and in 2012 to the age of 18. The CSG is received by individuals who take care of the child on a daily basis. This does not essentially have to be the birth parent of the child. Rather, any person who is predominantly accountable for addressing the child's day-to-day needs may receive the CSG unless that individual receives other remuneration for the purpose (UNICEF, 2012:1-2).

The CSG is the leading social-assistance programme in South Africa and one of the largest internationally; and the most vital form of support for children of deprived households (Financial and Fiscal Commission, 2012:2). According to Wright, Noble, Ntshongwana, Neves, and Barnes (2014:45), almost 90% of caregivers are female. However, the Constitution of 1996, as well as the Social Assistance Act No 13 of 2004 does not discriminate on a gender basis who may be the primary caregiver of the child. A caregiver may be of either gender, therefore this study also ascertains whether there is a connection between gender and the CSG.

The number of child beneficiaries of the CSG has been increasing over time. Table 2.3 depicts the increase of CSG child beneficiaries between the years 2009 and 2014.

Table 2.3: Number of child beneficiaries at end of March 2014

2009	2010	2011	2012	2013	2014
2,282,246	2,439,781	2,623,772	2,726,635	2,746,888	2,662,100

Source: Hall and Sambu 2014:96

The increase in the number of child beneficiaries over the years gives an indication that more and more destitute children have benefited from social security every year for the past 7 years. In 2009 the CSG was extended to accommodate children up to the age of 14 years; in 2010 to children up to the age of 15 years; and in 2011 to children up to the age of 16 years. From 2012 the CSG has been accessible to children until they reach the age of 18 years. This ensures that no child is denied the right to social security, the constitution also referring to a child as anyone 18 years and younger.

According to Potts (2011:82), the CSG is projected as a growth enhancement to support needy caregivers, by giving them the financial ability to have their children educated so they may obtain knowledge and, ultimately, become part of the workforce. The CSG is, in essence, the government investing in its children. Therefore it is important for caregivers to use the grant money in an effective manner, ensuring that children's needs are taken care of.

Various studies argue that the investment in children is in fact investment in the future of the country. UNICEF (2013:7), for instance, reporting on the post-2015 world fit for children, states that children are at the core of sustainable growth. The report further states that safe, strong, and knowledgeable children are the foundation of a prosperous and just community. Therefore communities can only grow in a sustainable way if the basic necessities and privileges of children are adequately met. Evidence indicates that investing in children produces great and long-lasting results, not only for individuals and households, but for whole communities and for successive generations. According to UNICEF (2012:7), social security involvement can enhance the development of children by expanding access to and financing investment in health, nourishment, foodstuff security and schooling facilities. This, in turn, can advance society's future production and workforce contribution, and eventually economic development and wealth (UNICEF, 2012:7).

The CSG has often been criticised as fostering dependency on the government and encouraging teenage pregnancy. According to the Business Day Newspaper (2012:5), the CSG, amongst other programmes, was labelled as abuse of funds. A study conducted by

UNICEF and the Financial and Fiscal Commission (FFC), in partnership with the Department of Social Development, concludes that the positive impact of the CSG overrides that of the economic challenges; and the CSG may have reduced the effect of the crisis by keeping individuals out of deprivation (Sunday Independent newspaper, 2011:5). The CSG has been praised for shielding South African children from poverty during a time of economic recession. Had it not been for the CSG the levels of deprivation would have increased to 63.9 per cent, without the grant matching the original level of 59.6 per cent (Sunday Independent, 2011:5). This study therefore explored the impact of the CSG in shielding from poverty the children who receive this grant within Ward 84 of Umlazi.

Lutge and Friedman (2010:103) argue that some concerns have been raised relating to the perverse incentive impact of the CSG, for instance, that women, and especially young girls below the age of 21 years, could become pregnant so as to receive the benefit. Evidence indicates, however, that this is not normally the case. Research on teenage pregnancy in South Africa has established that the degree of teenage pregnancy in the nation increased in 1996, two years prior to the introduction of the CSG and even in the early 2000s, implying that there is no relationship between the rate of teenage pregnancy and the start of the delivery of the grant. According to the Business Day Newspaper (2012:5), there is no evidence that the grant has encouraged teenage pregnancy. Only 5 per cent of the grant recipients were young women; and fertility rates have been falling. This research also studied the link between child pregnancy and the CSG within Umlazi, Ward 84.

Previous impact assessments have discovered that the CSG is linked to a variety of positive results for children, including reduced starvation, improved nutrition, and higher rates of school enrolment and attendance (UNICEF, 2011:106). Again, UNICEF (2010: 36) states that there is growing evidence that, since 2000, poverty has been noticeably declining. This drop is mostly attributed to the growth of social assistance, in particular, the CSG. This study investigated whether poverty has been diminishing amongst the recipients of the CSG within ward 84 in Umlazi.

Hall (2012:79) argues that not only children benefit from financial assistance. Old-age grants have also been revealed to benefit children who reside with pensioner grandparents over the age of 60. This could mean that children who receive the CSG and who also happen to reside with their grandparents obtain more benefit from social security. Needy children on only the

CSG do not receive the same benefit from social security as those children on the CSG and who also reside with pensioner grandparents. As indicated in Table 2.3, the CSG amount has been increased by R10 from the 1st of April 2012, less of an increase than in any other grant.

Table 2. 4: Child Support Grant Amounts

1 Apr' 12	1 Apr' 13	1 Oct' 13	1 Apr' 14	1 Oct' 14	1 Apr' 15
R280-00	R290-00	R300-00	R310-00	R320-00	R330-00

Source: SOCPEN, 2015

Table 2.4 above indicates how much has been paid for each child who received the CSG between 2012 and 2025. In April 2012 the CSG amount was R280 per child. It gradually increased to R330 in April 2015. Notably, the CSG is increased bi-annually, in both April and October since year 2013.

2.8. CHILDHOOD POVERTY

According to Fields (2000:73), poverty describes the inability of a person or a household to command adequate resources to satisfy basic necessities such as food. Child poverty is poverty experienced by children and young people. This differs from adult poverty in that it may have various roots, and may also impact differently. These effects may have a lasting effect on children, such as in poor growth. Chirwa (2009:3) refers to child poverty as the condition in which an individual under the age of 18 years lacks access to what is essential to satisfying basic human needs, such as clothing and access to clean water and sanitation.

Lekezwa (2011:60) argues that the poverty rate is highest in children under the age of 15 years. Table 2.5 demonstrates poverty gaps according to various age groups. It further indicates that more young children remain in dire poverty compared with children of other ages.

Table 2.5 Poverty Gaps According To Various Age Groups

Ages	Poverty Rate
0-14yrs	58.7%
15-24yrs	51.4%
25-34yrs	38.2%
35-44yrs	35.3%
45-54yrs	35.3%
55-64yrs	37.8%
65+yrs	43.3%
Total	47.1%

Source: Lekezwa, 2011:60

Leatt (2006:2) propounds that several descriptions of poverty focus only on income and expenditure. The author further states that, although money gives power to buy items that are needed, poverty may be also be defined in other ways (2006:2). This chapter focuses on relative and absolute poverty; and ways in which the CSG impacts on alleviating child poverty, on the basis of both relative and absolute poverty. According to Gordon, Nandy, Pantazis, Pemberton, and Townsend (2003:5), absolute poverty is described as a situation characterised by severe shortage of basic human necessities, including nutrition, clean drinking water, sanitation services, health, housing, schooling, and knowledge. Conversely, Triegaard (2006:6) states that relative poverty is usually recognised to be a family income level lower than a specified percentage of average national income. Similarly, Poswa (2008:4) argues that poverty is understood mainly in terms of income or an absence of one; however, poverty is more than a lack of finances.

Triegaardt (2006:2) differentiates between absolute poverty and relative poverty by stating that absolute poverty describes households unable to meet the basic needs of life. Those in absolute poverty are constantly hungry, unable to access health care, without clean drinking water and hygiene, unable to pay for education for children, and possibly without housing and basic material items (Triegaardt, 2006:2). Poswa (2008:10) states that social assistance is one of the most effective ways of combating deprivation among children. In the absence of work opportunities, child grants are often the only manner of addressing finances for children living in hunger. The CSG caters for employed groups as well if they do not meet the set income threshold. Again, as indicated earlier, there is no guarantee that all caregivers who receive the CSG use it to fight child poverty or to cater for the needs of their impoverished children. Primary caregivers who receive the CSG in Umlazi Ward 84 will be given

questionnaires, allowing the researcher to ascertain the way in which they apportion the grant money.

Ferreira (2006:350) states that the South African government has strengthened its social-protection strategies to reduce destitution in deprived families, and to increase the uptake of grants. Focus should be on children under the age of one year, so as to establish causes of mothers' delay in applying for the CSG. Attempts must be made to ensure that children receive the benefits as early as possible. The researcher's focus was on the CSG's alleviating of absolute poverty, emphasis not being only on income but on all hardship faced by deprived households.

In ensuring absolute poverty alleviation, children benefiting from the CSG also benefit from fee waivers for schooling up to grade 12; and they are also integrated into the national school nutrition programme (Nkosi, 2011: 91). FFC (2011:48) argues that major socio-economic gaps underlie the challenges encountered by children in South Africa. The gap between rich and poor is massive, and child deprivation is far higher than that of the general population. According to Devey and Moller (2002:110), work opportunities diminished, and the frequency of unemployment grew; the destitute seemed to have been worst affected by absence of work opportunities. The researcher concluded that government initiatives may go a long way towards eliminating the poverty gap. Therefore the CSG is viewed as an important government initiative for alleviating deprivation.

According to Brynard (2006:849), addressing the problem of child poverty through the CSG should at least result in effective implementation practice. Reported starvation among children dropped from 31 per cent in 2002 to 15 per cent in 2007. However, improvement is in danger of being reversed: statistics indicate a rise in child starvation to 22 per cent in 2009. Families and women-headed homes are significantly more likely to experience starvation owing to past inequalities which left some without any income. (UNICEF, 2011:4). According to Lim (2006:5), children living in deprivation without social support are deprived of various basic human privileges, such as the right to health-care facilities, acceptable accommodation, schooling, adequate food, social protection, and human dignity. The social-assistance system ensures that all deprived children have access to social security transfers.

Therefore it is imperative that state's determination to fight child deprivation and expand access to social security grants is measured against the value of the best outcome for the child. The importance of a child-centred strategy design is based on this evidence. This method indicates that strategies relating to children should be focused on the proper beneficiaries. In addition, providing social assistance, and investing in these children, can break the sequence of poverty, so that children from underprivileged families can earn a decent living as youths and adults, and live a better life than they did as children (Govender, 2011: 45). According to Allan (2010: 27), it has been established that the grant provides much-needed income support to vulnerable households. However, this research aims to establish whether this important component of an anti-poverty policy in its current form is capable of making long-term and sustainable reductions in poverty. Triegaard (2006:7) avers that the country must begin conceptualising long-term plans to lessen the need to rely on social assistance; otherwise vulnerable children will be trapped in a cycle of poverty.

According to Streak (2011:50), multidimensional child poverty is seen as children having a series of interconnected desires; and that child deprivation is a multifaceted experience comprising more than monetary deprivation. Similarly, Biggeri and Trani (2010:5) state that the dimensions of poverty experienced by children are interrelated.

2.9 A MULTIDIMENSIONAL MODEL OF CHILD POVERTY IN SOUTH AFRICA

According to Leatt (2006; 23), the state has not established an accepted or agreed-upon poverty measure whether relative or absolute, uni-dimensional or multidimensional, for children or for adults, which could be used to monitor the poverty rate. The expansion of this model and the growing focus on levels of child poverty therefore affords a similarly significant opportunity for government and society.

According to Tsui (2002:3), the concept of multidimensional poverty is not new. The author maintains that, besides the income approach, there is an alternative and more direct method of identifying the needy: one may decide whether a person meets a set of basic characteristics, for instance, housing and nutrition. The CSG as a poverty-alleviating tool impacts on the various dimensions described in the model. Leatt (2006:23) states that the model provides an agenda for future study, and as encouragement to advance children's lives. The model assists

in assessing the effect of the CSG on combating deprivation, by focusing on the various dimensions of the model and not simply viewing the CSG as an income.

This study investigated the extent to which the CSG contributes to the alleviating of child poverty, using this model. Studies have confirmed that the CSG does indeed contribute to alleviating poverty. For instance, the FFC (2011:44) attests that, had there been no CSG, poverty levels would have been much lower. The multifaceted nature of poverty calls for analyses over varying dimensions, and over time; attention has shifted beyond the income-based approaches to achievements in human capital (National Development Agency, 2014:21). The multidimensional approach to poverty recognises that access to good quality services is the absolute core to poverty alleviation. At this core is the right to access good quality services. This approach is made up of various dimensions which alleviate poverty and ensure a good quality of life, as discussed below.

- **Health and Safety:** In a study conducted by UNICEF (2007:15) it is stated that health and security continue to be a basic concern of all people and the basic measure of child well-being. Similarly, UNICEF(2009:) states that children's right to be protected from desertion, exploitation, or poverty is critical in situations in which hunger, unemployment, addiction, and domestic collapse may end in serious vulnerability of children.
- **Material and Living Environment:** According to UNICEF (2007:5), the indication from several countries illustrates that children who grow up in deprivation are more exposed to illnesses, have educational and social problems, underperform at school, become pregnant at a young age, have poor skills and ambitions, are low paid, jobless, and welfare reliant. The CSG should play a role in impacting on the material deprivation of needy children so that they do not need to lack materially, leading them to deprivation. In addition, the children's living backgrounds are a significant portion of what regulates their quality of life (UNICEF, 2009:42).
- **Early childhood development:** According to UNICEF (2012:50), children who were registered for the CSG at birth finished significantly additional grades of school than children who were registered at age six. However, Chagunda (2007:2) argues that, although the CSG makes a great impact on beneficiaries' households, there are also other factors contributing to the impact, which include the size of the household, and

how many people in that household are employed. This means that the impact can differ from household to household, taking into account the dynamics of each family. Children who obtain the CSG are expected to stay in school, concentrate on school work and do well during examinations. Without the grant, many children cannot acquire transportation, nutrition, books, and stationery. (Star Newspaper 2011:14).

According to Dieltiens and Meny-Gibert (2012:132), deprivation may not only interrupt school admission but also prolong the journey of schooling. Williams (2007:35) states that the CSG is linked to a major decline in child hunger. In addition, Margnuson and Votruba-Drzal (2009:34) mentioned that in the United States, children from underprivileged families also have higher rates of long-term sicknesses, such as asthma and diabetes; and hearing, vision, and speech difficulties, with 32% of underprivileged compared with 27 % of affluent children reporting at least one such illness. The CSG must provide for the various necessities of children so as to avoid indigent children being deprived of good health and consequently falling prey to diseases. In addition to addressing the various dimensions of child poverty, the Department of Education Service Delivery Agreement, Output 1.3 states the need to improve early childhood development by 2014, by ensuring that the number of Grade 1 pupils who have acquired official Grade R grows from 80% to 100%. The Education for All goal is to increase and advance inclusive early childhood care and education, particularly for the most unsafe and underprivileged children. Therefore it is important for the caregivers of deprived children to apply for the CSG as soon as the child is born, so as to cater for early enrolment in school. However, the uptake of the CSG was reported as low amongst children under one year and in the older age groups (Statistics SA, 2010).

This research examines the uptake of the CSG for newborn disadvantaged children. The Mail and Guardian (2011:13), argues that the cash transfer must join forces with other segments such as health, education, and transport. Some members of the public feel that the CSG is unjustifiable, costing the state as it does huge amounts of money; however, in the long run deprivation alleviation is unsustainable. Twine, Collinsons Polzer, and Kahn (2007: 27) state that the social security benefits have an all-inclusive influence on the family well-being and health by bringing income into the homes, thus acting as a preventative rather than a palliative intervention. Thus it is important for

mothers or primary caregivers to apply for the child support grant at their earliest convenience so as to ensure that children are taken care of, benefiting from the social assistance.

Access to good-quality facilities is the core of the multidimensional approach. The CSG as a poverty-alleviation tool for destitute children must impact on the ability of such needy children to access quality services without being discriminated against.

2.10 POVERTY INCOME INDICATORS

According to Trani, Biggeri and Mauro (2013:391) income is simply a means to diverse ends, whereas capabilities create ends in themselves; they have inherent worth. Hall (2012:74), states that income is one way of determining shortage; however, children are exclusively exposed to the manifold and equally reinforcing kinds of deprivation. According to Hall and Sambu (2014:95), in 2012, 68% of children in this country lived in homes with at least one employed adult. The other 32%, over six million children, lived in families in which no adults were employed. The percentage of children residing in homes affected by unemployment has declined by over 9% since 2003 when the percentage was 42%. Although finance plays a significant part in purchasing the needs of vulnerable children; finance alone is not the solution to alleviating child poverty. If the CSG is viewed in monetary terms, this may lead to other crucial elements of child development and child poverty alleviation being overlooked.

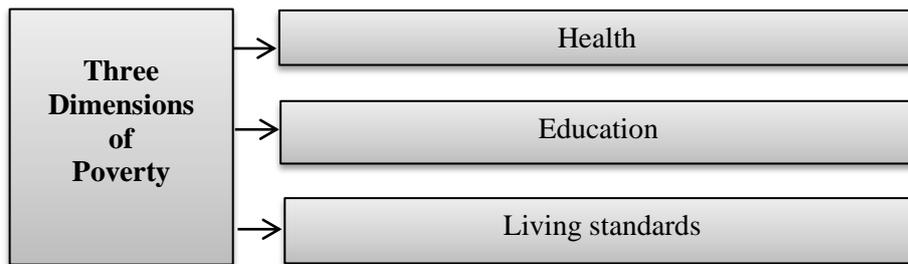
2.11 THE MULTIDIMENSIONAL POVERTY INDEX (MPI)

According to Hall (2012:74), poverty must be described as multifaceted in nature, as reflected in Figure 2.1. There is also a range of measures that should be monitored, including but not limited to early health, nourishment, and learning investments, which is vital for child growth.

If one views child poverty as having many different features, the CSG must impact on the various dimensions such as health and education that contribute to child poverty alleviation, as will be investigated in the study. According to Statistics South Africa (2004:2), a multidimensional measure strives to integrate a variety of dimensions such as education, health, and the standard of living to capture the complications of deprivation which offer a healthier instrument to improved strategies and procedures intended to combat it. Therefore

the Multidimensional Poverty Index (MPI) shown below is a guide to severe multifaceted deprivation, revealing poverty in tabular format. The MPI exposes a more diverse kind of deprivation than income deprivation, as it highlights various types of deprivation. The MPI has three dimensions: health, education, and standard of living (Alkire and Santos, 2010:8).

Figure 2.1: The Multidimensional Poverty Index (MPI)



Source: Alkire and Sumner (2013:47).

Figure 2.1 depicts the global Multidimensional Poverty Index (MPI) as an international measure of multidimensional deprivation in emerging states, centred on dimensions such as education, health, and standards of living (Alkire and Sumner, 2013:47). According to Azevedo and Robles (2013:450), the reasoning is that income poverty does not essentially reveal poverty in other significant indicators such as health and education. Alkire and Santos (2010:7) maintain that income deprivation measures deliver extremely vital but insufficient direction to compensate multidimensional deprivation.

The CSG is paid in cash to beneficiaries, with the expectation that they will take care of the needs of the underprivileged children in their care. However, if one looks at poverty from the MPI point of view, it is difficult to measure how much the grant impacts on the three dimensions of the MPI for the children who receive the grant. The study therefore investigated the extent of the impact of CSG on alleviating poverty, based on the following MPI indicators:

- **Health:** including nutrition, access to clinics and hospitals, malnourishment;
- **Education:** early enrolment, school attendance, and years of schooling; and
- **Standard of living:** access to clean water, sanitation, and material well-being.

Roche (2013:385) concluded that the experimental evidence points out the need to shift outside the headcount proportion to new indicators of child deprivation that reveal the amount of deprivation and manifold poverty currently impacting on deprived children.

2.12 ELIGIBILITY AND ACCESSIBILITY TO THE CHILD SUPPORT GRANT (CSG)

According to Brynard (2006: 840), the recipients of social assistance strategies are not only determined by suitability for social protection grants, but also by the ability to access the cash transfer; and are therefore a product of the strategy tactic, preparation, and application of social-assistance strategies. Nkosi (2010:349) argues that, despite interventions to reach as many children living in poverty as possible, there are still children who cannot benefit from social assistance owing to legislation determining when a child may qualify. On the contrary, Nkosi (2011:89) states that, based on the latest statistics, one may safely submit that the right of access to social support is being progressively realised. According to SASSA and UNICEF (2013:17), on average, in 2011, 67 per cent and 70 per cent of qualifying children aged 0–1 year, and 12–17 years, were in receipt of the CSG in KwaZulu-Natal. This research will investigate whether the child beneficiaries received the CSG from birth.

One SASSA employee from KwaZulu-Natal stated that working caregivers often believe that any employment rules out suitability for the grant, without understanding that the present income threshold permits large numbers of workers in the country to qualify for the CSG (UNICEF, 2012:25). This proves that some eligible caregivers are not knowledgeable regarding the qualifying criteria or the means test.

Table 2.6: Income Threshold for CSG

Marital Status	1 Apr' 12	1 Apr' 13	1 Oct'13	1 Apr'14	1 Oct'14	1 Apr'15
Single	R33 600	R34 800	R36 000	R37 200	R38 400	R39 600
Married	R67 200	R69 600	R72 000	R74 400	R76 800	R79 200

Source: RSA, 2015

Table 2.6 shows how the income threshold that enables employed caregivers to access CSG has increased between the 2012 and 2015 financial years. According to SASSA and UNICEF (2013:20), in 2011, 76, 3 per cent of qualifying children were in receipt of the CSG.

Conversely, 23, 7 per cent of qualifying children were not in receipt of the grant in the same year.

Increase in social protection has been motivated by the growth of the CSG, which grew roughly from 150 000 recipients in 2000 to over 10 million in 2011 (RSA, 2014:20). According to Van Der Berg, Siebrits, and Lekezwa (2010:54), the increase in the uptake of the grant is said to have been largely because of growing awareness of its availability. The CSG has the largest by number of recipients, with over 10 million children on its books and over 9 billion budget per annum (RSA, 2011).

Braynard (2006:845) argues that challenges in reaching the extremely deprived and underprivileged children in the CSG application process are experienced owing to an absence of accessibility, as well as absence of infrastructure and means for the delivery of the CSG to those most needy. Much improvement in terms of taking services to the people has been achieved by the government as a way of ensuring that impecunious people are able to access the CSG. SASSA has taken the initiative to establish sub-offices and satellite offices as a means of bringing the services closer to the people. The agency has also been conducting door-to-door campaigns within wards, visiting each household, marketing their services, especially the child support grant (SASSA and UNICEF, 2013:69-70).

SASSA and UNICEF (2013:48) identify some key barriers to accessing the CSG, stating that there are high levels of misperception apropos of the means test. From 2008 to the present, confusion around the means test principles and income thresholds has led to the barring of a number of qualifying caregivers from accessing and receiving the grant. This consists of caregivers who are receiving an income falling beneath the means-test threshold; caregivers who work for state; caregivers in receipt of an income from other sources, such as maintenance; and caregivers of working children. The misunderstanding is predominant amongst the civic, non-governmental organisations (NGOs), other state departments, and SASSA staff, and is driven by a lack of accessible and correct information, especially at community level. Even though the income threshold is being increased on a yearly basis, as discussed earlier, there is still the challenge of this information reaching people who need it the most, for instance, the employed caregivers who earn less than the income stated as per threshold.

Coetzee (2011:16) states that the absence of documents is the main obstacle to accessing of the CSG. According to Coetzee and Streak (2004, 206), in rural areas many males are employed in Johannesburg or on farms and are only with their families during the summer holidays. Van Rensburg and Horsten (2004:67) argue that other problems in accessing of the CSG include absence of awareness of suitability for the grant, illiteracy, poor infrastructure at pay-sites, huge delays and bottlenecks in the processing of grant requests, and the inability to give written evidence of all efforts to secure maintenance for the child in question, from the parents of that child. SASSA lists the following documentation as requirements for applying for the CSG (SASSA, 2015):

- the primary caregiver must be a South African citizen or permanent inhabitant;
- both the applicant and the child must reside in South Africa;
- the applicant must be the primary caregiver of the child/children concerned;
- the child/children must have been born after December 1993;
- the applicant and partner must meet the requirements of the means test;
- applicants cannot apply for more than six children not born to them; and
- children cannot be maintained on the CSG while in a government institution.

Various researchers suggest that interim measures be approved for applicants who are waiting for their documents such as identity books and birth certificates. For instance, Zembe-Mkalibe, Doherty, Sanders, Jackson, Chopra, Swanevelder, Lombard, and Surender (2012:7) state that, to deal with the challenge of children unable to obtain the grant because of insufficient requirements such as birth certificates and IDs, the Department of Social Development (DSD) could offer temporary support to applicants who offer proof of genuine delays in attaining necessary documents. This research investigated whether the beneficiaries experienced any hardship in accessing the CSG.

Children living in severely deprived homes are of significant concern because the continued low level of domestic resources also increases the danger of living in deprivation as an adult, owing to inadequate investment in health and human capital (Notten and Gassman, 2008: 265). If a child comes from a poor background, not accessing the right to social security, this may lead to the child's not enrolling in school, and contracting various diseases associated with poor diet. This may in turn shorten the lives of the children growing up in poverty.

One of the recommendations made by Patel, Hochfeld, Moodley, and Mutwali (2012:3) is that a concerted effort is needed to facilitate birth registrations of eligible children, because the absence of birth certificates prevents carers from claiming the children's rights. The Department of Health (DoH), Department of Home Affairs (DHA), as well as SASSA must work hand in hand in ensuring that all mothers apply for their children's birth certificates immediately after giving birth. Although problems may present when the child's mother does not possess an identity book, alternative ways must be found of ensuring that the birth certificate is registered while following up on the mother's application for an ID.

2.13 EXPENDITURE ON SOCIAL SECURITY IN SOUTH AFRICA

The government, in regulating funds and controlling the distribution of funds or social security, is guided by the Public Finance Management Act 1, of 1999 (PFMA). The PFMA outlines the basis for improving the financial administration of national and provincial divisions, state support organisations, and public businesses (Robinson 2002: 38). The social-security budget is allocated for distribution to the qualifying indigent people. Therefore the CSG, as part of social security, must target the destitute and qualifying caregivers thereby caring for the needs of deprived children.

According to the Africa Insight (2007:18), from 1994 to 2006, social expenditure has encompassed three broad fields, including social development, education and health, part of comprehensive social security. Ever since the establishment of a democratic government, budgeting, and social security have been considered a priority, as a means of affording people with basic facilities and a good lifestyle; hence the CSG has the highest number of beneficiaries, representing the number of underprivileged children in the country.

Since the adoption of the National Development Plan (NDP) Vision 2030, the state has placed emphasis on investing in its people, further stating that schooling, health, and social security will continue as the leading categories of spending, supporting, and increasing the social wage over the MTEF period ahead. The government has mentioned that the core of our advancement and expansion approach is making an investment in its people (RSA, 2015:1). According to the Financial and Fiscal Commission technical report, (2011:74), the government expenditure on social assistance payments increased from R16 027 million (2.3 % of GDP) in the fiscal year 1998 to R71 161 million (3.1 % of GDP) in the fiscal year 2009.

Data on social security spending indicates that this expansion was part of a longer-term growth trend.

In the 2012 national budget speech, the minister concluded that spending on social assistance will increase from R105 billion in 2012/13 to R122 billion in 2014/15. Currently, approximately 16 million residents obtain social assistance; the CSG will be increased to R280 per month. In the 2013 national budget speech, the minister announced that the CSG would grow to R290 per month in April and to R300 a month in October. In the 2014 budget speech the minister stated that the CSG would expand from R300 to R310 a month in April, and to R320 per month in October. An increase to R330 per month was announced during the 2015 budget speech by the minister, who also mentioned that adjustments to grant values will be reviewed in October (RSA, 2015).

According to Pauw and Mncube (2007:20), the share of social-protection payments increased from 2 per cent of GDP in 2001/02 to about 3.3 per cent in 2006/07. According to a joint publication by treasury and the South African Revenue Services (2015:3), it is estimated that expenditure on social protection will extend to R149 billion, indicating state's obligation to shielding the underprivileged. Conversely, Brockerhoff (2013:43) argues that in the 2012 Budget, the suitability criteria for the CSG were extended to include children up to 18 years old, in line with the constitution. However, the rate of that grant was not expanded in line with inflation.

2.14 SUSTAINABLE DEVELOPMENT AND CSG

UNICEF (2013:5) defines sustainable development (SD) as both inter-generational and intra-generational justice, in satisfying collective duties to ensure a harmless, cleaner, improved, and more accommodative world for both today's children, and for future generations. Significantly, UNICEF (2013:4) states that SD must balance the measures of fairness on all fronts to break down sequences of deprivation, and to ensure that the children of today and tomorrow are able to live in a comfortable, danger-free world.

The CSG aims at alleviating poverty for children. It should do so in a sustainable manner, ensuring that history does not repeat itself, having the same beneficiaries of CSG coming to apply for the same grant for their children in the future. The multidimensional approach to

poverty alleviation addresses various dimensions within a child's life which are crucial in ensuring that children grow up in the best possible manner for them to show a return on investment for the government. The CSG must support or be directly linked to a positive impact on the various dimensions of the multidimensional model.

2.15 CONCLUSION

The Constitution of South Africa, as well as other Acts and policies that support the alleviation of deprivation in South Africa, particularly child poverty, have been reviewed. Literature reviewed displays the government's commitment to poverty alleviation by means of CSG. The government of South Africa has invested in combating child poverty, which is evident by its partnership with other international organisations such as the UN, WHO, and UNICEF. Various studies conducted reveal that the CSG has had a positive impact on alleviating child poverty. The problems that lead to some underprivileged children's not benefiting from CSG have been identified by different authors. The following chapter describes the theory underpinning this study.

The Constitution of South Africa 1996 and other relevant legislation and policies also indicate the commitment of government to affording its people the right to social security, particularly the CSG. Various dimensions of poverty reflect that deprived children may be vulnerable to poverty. The CSG is aimed at reducing poverty, particularly in children.

CHAPTER 3

THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

3.1 INTRODUCTION

Corley and Gioia (2011:12) define theory as a statement of ideas and their interrelationships that displays how and/or why a phenomenon transpires. According to Wacker (1998:364), the aim of theory is to clarify how and why specific associations lead to specific events. Whetten (1989:490-500) argues that theory must contain these four essential elements: what, when, how, and why. Udo-Akang and Faculty (2012:93) state that an academic study or research may not be undertaken, if not based on a theory.

This chapter therefore discusses the importance of a theoretical framework in a research. This study adopts the human-rights theory as well as the multidimensional model, in studying the impact of the Child Support Grant (CSG) on poverty within Ward 84 of Umlazi Township. The Convention on the Rights of the Child which was promulgated in 1989 provides children with the right to an upbringing in which they can enjoy complete health and grow to their potential Minujin, Delamonica, Davidziuk and Gonzalez (2006:481). The Constitution of South Africa 1996 lists the rights of children in Section 28. Section 28 (1) (c) outlines the rights of children to social security. The CSG therefore ensures children's rights by having access to, inter alia, the right to social assistance, and the right to health. Booth (2003:3) states that poverty is multifaceted, touching numerous areas of life, and intruding on several human rights including the rights of children.

3.2 THE IMPORTANCE OF A THEORETICAL FRAMEWORK

According to Imenda (2014:189), a theoretical framework is the application of a theory or a set of ideas drawn from the same theory to suggest a justification of an event, or to shed some light on a specific phenomenon or study problem. The theoretical framework underpinning this study is used to explain the right to social security, specifically the CSG, in alleviating and impacting on various dimensions of child poverty. Donald and Mottershaw (2009:12) recognise the following four ways in which human rights are used to bring extra dimensions to anti-poverty work:

- Human rights describe poverty as having manifold facets;
- Human rights preserve socially and legally guaranteed powers;
- Human rights afford an agenda to pursue accountability for poverty; and
- Human rights uphold the dignity and independence of individuals facing deprivation.

The dimensions of human rights indicate the importance of ensuring that these rights are realised and enjoyed by all citizens, including children. As stated, poverty has various dimensions. For this study the impact of the CSG will be measured using some dimensions of child poverty. From a human rights' viewpoint, the government is obliged to ensure that all persons are able to receive access to a minimum important level of economic, social, and cultural standard, including an similarly acceptable standard of living, without discrimination (Sepulveda and Nyst 2012:19). According to Chirwa (2009: VI), in line with development in international human rights' law, children should be afforded priority distribution in social provisioning.

3.3 THE HUMAN RIGHTS' THEORY

The Constitution of the Republic of South Africa of 1996 gives children rights to basic nutrition, shelter, basic health care services and social assistance in section 28(1) of the Bill of Rights. According to ACCESS (2002:4), there are international human rights documents that South Africa has ratified which commits the country to meet its obligations to children. Article 27 of the United Nations Convention on the rights of the Child states that every child has the right to a standard of living adequate for his/her development.

According to Sepulveda and Nyst (2012:10) governments are subject to legally-binding local and international obligations to ensure that human privileges direct the design, implementation, monitoring, and evaluation of all public procedures and guidelines, and that these obligations are applied to provide citizens with social protection such as relevant programmes. Article 25 of the Universal Declaration of Human Rights states that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment (UN, 1998:7)

Furthermore, these authors assert that human rights' standards require that governments comply with human rights' duties, both in the content of their social security policies, as well as in the procedure by which they execute them (Sepulveda and Nyst, 2012:11). Sections 27 and 28 of the Constitution of South Africa of 1996 state that citizens have the right to social security, and children have a right to social assistance, respectively. That said, the CSG introduced in 1998 is intended to fight poverty by ensuring that primary caregivers have access to this grant so as to provide for the needs of impoverished children. With the provision of CSG, as noted earlier, the study seeks to uncover whether children's rights are being realised; and whether the CSG has an impact on ensuring poverty alleviation within Ward 84 of Umlazi Township.

According to Kelly (2006:5), human rights should be guided by the following principles:

- **Universal** – apply to every individual in all settings;
- **Indivisible** – have to be considered as an combined whole;
- **Interdependent** – the realisation of every right rests on the realisation of others;
- **Interrelated** – people cannot be deprived of rights or have them postponed without placing the whole framework into question; and
- **Inalienable** – rights cannot be removed.

Based on the above-mentioned human rights' principles, needy children should be afforded the right to social assistance, as well as the right of access to other basic services such as health and education. The research investigates whether these rights are protected, and whether receiving the CSG alleviates poverty among children, assisting in ensuring access to adequate living standards, access to education, and access to health and safety among children within the ward under investigation.

A human rights' viewpoint reframes conservative approaches to theory research policy and practice in ways that completely respect young children's pride, their rights, and their capacities to contribute to their personal growth and to the development of services (Woodhead, 2006:4). South Africa is a signatory to the United Nations Convention on the Rights of the Child (CRC), and is therefore obligated to measure improvement towards

fulfilling children's rights, and to report to the UN Committee every five years (RSA and UNICEF, 2009:7). Furthermore, it is stated that all children have the right to life, growth, protection, and participation (RSA and UNICEF, 2009:7). Sanfilippo, De Neubourg, and Martorano (2012:8) state that the CRC places emphasis on children's right to social protection, and to an acceptable standard of living, all of which are delivered by social security. Article 6 of the Convention places government parties under a duty to ensure the livelihood and growth of the children to the maximum degree possible (Van Rensburg and Lamarche, 2005:161).

According to Booth (2003:3), a human rights' approach to child-poverty alleviation outstrips the emphasis on increasing income, acknowledging children's distinct rights. The author further states that human rights and development cannot be separated; and that many children living in poverty are deprived of access to basic education, hindering their advancement (Booth, 2003:4). The right to social security, particularly the CSG, should be afforded to deprived children as a way of alleviating poverty and enhancing child well-being and development. According to Hall, Muthukrishna, and Ebrahim (2005:59), the CSG is the largest poverty-reduction measure affecting children in South Africa. The programme assists the caregivers of children to cater for basic needs, particularly child nourishment. When caregivers are unable to provide for their children, the government has a responsibility to intervene (RSA and UNICEF, 2009:6).

According to Sepuvelda and Nyst (2012:12), the ultimate objective of encouraging a human rights' approach to social security systems is to make best use of the effectiveness of such systems in eliminating hunger and simplifying the realisation of human rights by those living in poverty. For this study, focus is on destitute children who receive the CSG within Ward 84 of Umlazi Township. The problem of access to the CSG for children under the age of one year will also be investigated within Umlazi. This situation may also be contributing to child poverty in Umlazi because the right to social assistance is a human right which must be promoted, therefore enjoyed by those in need. The principle of access to information, as stated in the Batho Pele principles, must be implemented. Ginneken (2011:4) identifies human rights' principles which the government must ensure when implementing social protection and other development programmes which include equality, access to information, and accountability.

3.4 A Multidimensional Model

Figure 3.1 - The multidimensional model for child poverty



Source: Leatt, 2006:22

Figure 3.1 indicates that access to ‘Good Quality Service’ is the absolute core to dealing with child poverty. This model focuses on material deprivation, human-capital deprivation, living-environment deprivation, adequate-care deprivation, abuse, physical safety, and health deprivation for the children, as reflected Table 3.1 below.

Table: 3.1 Dimensions, Indicators of Child Poverty and Deprivation

Dimension of Child Poverty	Indicators
Health and Safety	Nutrition Access to health-care services Child mortality
Material and Living Environment	Food security Income Adequate care
Early Childhood Development	School attendance Years of schooling Early Enrolment

Source: Alkire, Conconi and Seth, 2014:4

Berry and Guthrie (2003:12) argue that children living in deprivation are exposed to sub-optimal living circumstances, unsafe environments, and compromised access to basic services

such as food, shelter, education and care. This study exposed the impact of the CSG on alleviating child poverty, based on the indicators of the multidimensional model, such as nutrition within Ward 84.

Health and safety of children: According to the annual report of the KwaZulu-Natal Department of Health (2014:60), the province has commenced a community-based child-health project, Phila Mntwana Sites, connected to Operation Sukuma Sakhe (OSS) War Rooms, to prevent acute malnourishment and diarrhoea. Since September 2013, a total of 552 Phila Mntwana Sites have been established; and 52 301 children have been screened for acute malnutrition. The study checked the health status of needy children who are beneficiaries of the CSG, to establish whether they have access to similar health facilities.

Material and Living Environment: According to the Housing Development Agency (HDA) (2012:21), an average household size in KwaZulu-Natal living in shacks has steadily decreased from 2.9 in 2004 to 2.5 in 2009. On the other hand, the researcher states that 16% of individuals who live in a shack report having suffered from an illness or injury in the past month (HDA, 2012:24). This indicates that there are deprived children who may be residing in these households, exposed to illnesses and a poor living environment.

Early Childhood Development (ECD): According to NDA (2012:10), access to ECD facilities is poorer than the national average in the three provinces with the highest number of underprivileged children located in Limpopo, Eastern Cape, and KwaZulu-Natal. These provinces are reported as provinces in which there is less access to ECD services. The study investigates the impact of CSG on the development of children in Ward 84 of Umlazi Township.

The focus of the study is on investigating the effect which CSG has on ensuring children's access to good quality services, in terms of the key deprivation dimensions, such as early childhood development. The study checked the impact of the CSG on the beneficiaries to ensure their good quality of life and the alleviation of child poverty.

As the country works towards fulfilling its commitment to the development and well-being of children, it is crucial that child poverty be measured and addressed within the wider context of children's rights and children's well-being (Noble, Wright and Cluver, 2007:71). Poverty is commonly known as a multidimensional phenomenon, one which goes far beyond a lack of income, to the removal of the ability to live in dignity (Sepuvelda and Nyst 2012:17).

According to Barnes, Wright, Noble, and Dawes (2007:8), at the centre of the multidimensional model the emphasis is on children who do not have their basic needs of food, education, and health supplied; and who live below survival levels. The authors further state that the principal component of the model goes beyond the issues relating to survival (Barnes, Noble, Wright, and Dawes, 2007:8). Hulme, Moore and Shepherd (2001:8) state that absolute poverty is recognised as subsistence lower than the minimum necessities for physical well-being. On the other hand, relative poverty encourages a systematic attention to income-inequality developments.

This study adopted a multidimensional model to investigate the impact of the child support grant on the multidimensional nature of poverty amongst CSG child beneficiaries in Umlazi-Ward 84, using the following indicators:

- Health and Safety;
- Early Childhood Development; and
- Material and Living Standards.

The study focused on the above indicators as they form part of the South African government's priorities. During the budget speech the minister stated that spending on health and social security will continue to grow apace, contributing to improved life expectancy and domestic income security (RSA, 2015:10). The minister further stated that social assistance plays a significant role in shielding the deprived families against poverty (RSA, 2015:11). This, therefore, shows the government's commitment to ensuring adequate material well-being of its citizens. According to NDA (2012:6), income poverty is closely related to ill health, limited access to education, nourishment, health-care services and harmful environments. Therefore, deprived children who do not receive the CSG are at risk of poor health and education. According to UNICEF (2012:4), an evaluation conducted found that the CSG has a positive influence on children's health, nourishment, and schooling.

3.4.1 HEALTH AND SAFETY

It is the role of the government to create an environment in which people are able to gain access to their various rights. Section 27 (2) of the Constitution of South Africa 1996 states that the government must take reasonable legislative and additional actions within its accessible resources to attain the progressive realisation of these rights. Section 28 (1) (d) of

the Constitution of South Africa of 1996 states the right of the children to be protected from mistreatment, negligence, and abuse. The state is devoted to ensuring the safety of children; therefore the study evaluated the CSG impact on ensuring needy children's health and safety. According to Woolard and Liebbrandt (1999: 34), 38% of the most needy children under the age of 5 reflect stunted growth.

According to UNICEF (2008:3), nearly all caregivers knew of the availability of preventive health-care measures and free primary health care for children below the age of six years. By contrast, Mayosi, Lawn, Van Niekerk, Bradshaw, Abdool Karim, and Coovadia (2012:7) argued that in 2008, 9 per cent of children below the age of 5 years were underweight for their age. The study investigated whether the same applied to the beneficiaries within Umlazi's Ward 84. The Social Assistance Act 13 of 2004 provides the new legislative agenda for the fulfilment of the right to social protection, specifying eligibility norms and procedures for access to social assistance, including children living in deprivation (RSA and UNICEF, 2009:6).

Therefore, ensuring constant access to the CSG for qualifying children would aid in capitalising on the potential benefits of the grant (DSD, SASSA and UNICEF, 2012:5). According to the Children's Institute (2010:2) community health facilities are free for children, pregnant females, persons with disabilities, and social assistance recipients. This study seeks to determine whether the beneficiaries of the CSG within Umlazi Ward 84 are able to access other government services to which they are entitled, such as health care. During May 2010, over 9.7 million children aged 0 – 16 years were in receipt of the CSG (Children's Institute, 2010:1). UNICEF (2007:6) states that, of the total of 2.86 million children aged 0–4 who obtain the CSG, merely 13 per cent of children aged one or under have assistance from the grant, with an growth to 65 per cent for children between the ages of one and four. Social grants in the form of the CSG are connected with better health and nourishment (Children's Institute, 2010:1). The researcher further maintains that poverty compromises children's health and nutrition (Children's Institute, 2010:1). According to UNICEF (2007:13), in 2005, children between the ages of 0–4 years accounted for 10,4 per cent of mortality in South Africa. Early receipt of the CSG is vital. Undeveloped children are vulnerable to negative effects of nutritional deprivation and malnourishment (UNICEF, 2008:4). According to UNICEF (2012:4), health is a fundamental human right essential to all aspects of a person's life and well-being. By contrast, the research stated that in 2010, 8

million children under the age of five died, mainly owing to highly avoidable causes such as pneumonia, diarrhoea, and birth impediments (UNICEF, 2008:4).

3.4.2 MATERIAL AND LIVING STANDARDS

The deprived are defined or recognised as persons with a material standard of living under a specific level, as measured by income or expenditure (Baschieri and Falkingham, 2007:10). In 2008, 64% of children lived in the underprivileged 40% of families with an income of under R570 per person per month. According to Baschieri and Falkingham (2007:6), poor nutritional status early in life may have long-term developmental consequences. According to Brockerhoff (2013:14), deprivation and disparities continue to be South Africa's greatest challenges. The researcher further stated that the country had an unemployment crisis with an unemployment rate of 25, 2 per cent in the year 2013. In 2012, 56% of children lived below the lower poverty mark of R635 per month (Hall and Sambu, 2014:94). A study by the youth group reveals that South Africa does not merely have high levels of hunger but also a high level of imbalance (Youth Group Fact Sheet 5, 201:2). This indicates the number of people who live in poverty; consequently their children suffer poverty.

The CSG is aimed at ensuring that primary caregivers who fall below the threshold gain access to such grants so as to be able to cater for the needs of their children. Poverty has a strong spatial dimension, in that the income, facilities, and resources accessible to children are mostly determined by their location (RSA and UNICEF, 2009:10). The CSG, although a small cash allocation from which other members of the family also benefit, is connected with a decrease in income poverty in receiving families, together with many positive benefits for children, such as better health and nourishment, improved school attendance and performance (RSA and UNICEF, 2009:17). According to DSD, SASSA, and UNICEF (2012:3), the CSG encourages human capital advancement, and contributes to combating the historical legacy of discrimination. By contrast Keeton (2014:30) argues that in South Africa income gaps have barely changed, even with the introduction of social grants that now extend to 16 million underprivileged South Africans. According to Hall and Sambu (2014:95), racial imbalances are striking: 37% of African children have no working adult in their households, while 12% of Coloured children, 7% of Indian children, and 2% of White children live in these conditions. RSA and UNICEF (2009:10) state that between 1995 and 2005, income imbalances, as measured by the Gini coefficient, increased from 0, 64 to 0, 69. According to

Nannan, Hall, and Sambu (2014:102), even though social transfers are aimed at deprived families and are linked with better nutritional outcomes, child poverty is still greatly predominant in underprivileged homes. Child hunger and poor nutrition may lead to poor health of children. Poverty affects the health of children through lack of nutrition, affecting their performance in school (Youth Group Fact Sheet 5, 2011:2).

3.4.3 EARLY CHILDHOOD DEVELOPMENT

According to RSA and UNICEF (2009: xix), early childhood development (ECD) includes all the procedures that support emotional, cognitive, sensory, spiritual, moral, physical, social, and communication growth of children from birth to school-going age. One of the most important correlates of poverty in literature is education, as a major indicator of human capital (Baschieri and Falkingham, 2007:7). According to Sepuvelda and Cyst (2012:24), social assistance schemes also contribute to the recognition of the right to education. This implies that the indicators of child poverty are indeed interrelated. According to the UNICEF annual report, the CSG is broadly regarded as one of government's most successful social protection interventions. The grant has a positive influence on children's well-being, nourishment, and access to schools (UNICEF, 2012:4). In contrast, the researcher argues that an estimated two million children who qualify for the grant are not yet in receipt of it (UNICEF, 2012:4). Using education as one of the indicators of the multidimensional model will assist in assessing the impact of the CSG on ensuring that the right to education for the poor children is realised. According to UNICEF (2008:3), child recipients of the CSG were more likely to attend a crèche or pre-school than children of a similar age group who were not in receipt of the grant. The researcher further states that the monetary value of fees paid by families for CSG recipients was less than for children not in receipt of the grant (UNICEF, 2008:3). This shows the significance of early reception of the CSG for needy children in order to ensure access to early education, resulting in early childhood development.

3.5 CONCLUSION

Human rights provide a framework on which to study the rights of the children, such as the right to social protection. The multidimensional model is used to explain some indicators of child poverty which can have an adverse influence on child growth. The indicators used are the standards of living, health, and education, which are also the rights of the children according to Section 28 of the Constitution of South Africa 1996. Using the human-rights'

approach together with the multidimensional model assisted in exploring the impact of the CSG on alleviating poverty.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

Research methodology refers to the techniques which researchers employ in describing, clarifying, and predicting phenomena (Rajasekar, Philominatham, and Chinnathambi, 2013:5).

The research methodology used to conduct the study, together with the motives for selecting the specific methodology will be described. A framework of the study design, instruments, study population, sampling methods, and data-collection strategies will be also be described. Through this chapter, data analysis is initiated, which assisted in deriving the findings, discussions, and recommendations in the coming chapters.

4.2 RESEARCH METHODOLOGY

The methodological account of the study comprises the research design and strategy as detailed below:

4.2.1 RESEARCH DESIGN

According to De Vaus (2001:71) the research design refers to the overall strategy that you choose to integrate the different component of the study in a coherent and logical way, thereby, ensuring you will effectively address the research problem, it constitutes a blueprint for the collection, measurement and analysis of data. In same vein, Singh (2006:77), a research design is a statement of the object of the inquiry and the approaches for gathering the evidence, examining the evidence, and reporting the results. There are three types of research approaches, namely the qualitative approach, quantitative approach, and the mixed methods. Mouton and Marais (1990:155) describe quantitative approach as that approach to a study in the social sciences that is most formal and more clearly organised, with a range that is more precisely distinct. Conversely, these authors describe qualitative approaches as those methods in which the processes are not strictly formal, the scope expected to be undefined.

This study embraces the quantitative research approach. According to Matveev (2002: 69), the strengths of the quantitative approach include the following:

- Stating the research problem in very specific and set terms.
- Clearly and precisely specifying both the independent and dependent variables under investigation.
- Following firmly the original set of research goals, arriving at more objective conclusion.
- Achieving high levels of reliability of gathered data due to controlled observations.
- Eliminating or minimising subjectivity of judgement.

Leung and Shek (2011:116) state that one merit of the quantitative approach lies in its power to explain the social phenomenon and the predictions of the outcome. The researcher adopted the quantitative approach, based on the fact that various studies conducted such as UNICEF (2012:5) confirm that the CSG has a positive impact on poverty alleviation. Therefore, for this study, the indicators, including health and safety as a result of child poverty as indicated in Table 3.1 earlier, were used as variables in testing and assessing the impact of the child support grant on poverty alleviation. Variables were based on the chosen dimensions, including early childhood development, material and living environment, health and safety. Table 4.1 below illustrates the comparison between the quantitative research, qualitative research, and mixed methods, which also highlights the strengths of quantitative research.

Table 4.1 Comparisons between Quantitative, Qualitative, and Mixed Methods

Quantitative Research	Qualitative Research	Mixed Methods
Tend to use post-positivist knowledge claims	Tend to use constructivist/advocacy knowledge claims	Tend to use pragmatic knowledge claims
Employs surveys and experiments as methods of enquiry	Employs grounded theory and ethnography	Sequential and concurrent
Uses closed-ended questions, predetermined approaches and numeric data	Uses open-ended questions and emerging approaches	Uses both open- and closed-ended questions
Tests or verifies theories and explanations	Collects participants' meanings	Collects qualitative and quantitative data
Recognises variables to study	Focuses on a single concept or phenomenon	Develops a rationale for mixing qualitative and quantitative data
Uses standards of validity and reliability	Interprets the data	Integrates data
Observes and measures information numerically	Creates an agenda for change	
Uses unbiased approaches	Collaborates with the participants	
Employs statistical procedures		

Source: (Creswell, 2003:19)

The strengths of the quantitative research methodology as highlighted in Table 4.1 above assisted the research in investigating the impact of the CSG in alleviating poverty in Umlazi Ward 84.

4.2.2 RESEARCH STRATEGY

Research strategy is a comprehensive plan for a problem which comprises construction, anticipated results in terms objectives of research, and a framework of planned devices essential to implementing the approach (Singh, 2006:99). The case study is described below as the research strategy selected for this research.

4.2.2.1 CASE STUDY

According to Rule and John (2011:4), a case study is a systematic and comprehensive study of a specific instance in its context, in order to produce knowledge. The researcher identified the following strengths of using the case-study approach:

- **Depth:** Case study focuses on the multifaceted relations contained by the case and the broader framework around the case as it affects the case;
- **Flexibility:** A variety of methods may be used for data collection and data analysis; and
- **Versatility:** Describing the situation in depth provides a platform for planning and improvement (Rule and John, 2011:7-8).

This study adopted the case-study research design. According to Schell (1992:2), the case-study approach permits the researcher to maintain the holistic features of real-life events while exploring empirical proceedings. Eisenhardt (1989:534) asserts that case study is a research approach which emphasises understanding the dynamics present within single settings. One of the advantages of using a case-study approach as identified by George and Bennett (2004:19) is that case studies permit a researcher to recognise and measure the indicators that best characterise the theoretical perceptions the researcher aims to measure.

The research used the case-study approach to investigate specifically the situation in Ward 84 in Umlazi Township so as to explore whether the CSG has an impact on alleviating child poverty, using dimensions which measure child poverty.

4.2.3 STUDY SITE

Ward 84 within Umlazi Township was identified as the study site. The Umlazi Township is located within the eThekweni Municipality. The researcher chose this particular research site because of the diverse nature of the population within the ward. Ward 84 is made up of Sections AA, BB, and CC which comprise subsidy houses, informal settlements, and RDP houses, as well as the rural area of Engonyameni area.

4.2.4 TARGET POPULATION AND SAMPLING

The target population is the set of elements which the study emphasises, and to which the outcomes acquired by testing the sample ought to be generalised (Bless and Higson-Smith,

2000: 85). The target population for this study is males and females of all ages and backgrounds within Ward 84 of Umlazi, who are in receipt of the CSG.

4.2.5 SAMPLING METHODS/TECHNIQUES

The sampling technique for the study comprises the probability method and the sample size, as discussed below.

4.2.5.1 PROBABILITY SAMPLING

According to Bless and Higson-Smith (2000: 85), good sampling means having a distinct population, a sufficiently selected sample, as well as an approximation of how characteristic of the entire population the sample is. The probability sampling, using the random sampling method was employed for this study. In probability sampling, according to Jackson (2008:97), every member of the population has an equal chance of being nominated as part of the sample. A random-sampling method was used. According to Jackson (2008: 98), a random sample is achieved through random selection in which all members of the population are equally likely to be selected as part of the sample.

4.2.5.2 SAMPLE SIZE

A sample is the subset of the entire population which is investigated by the researcher, and whose features will be generalised to the whole population (Bless and Higson-Smith, 2000:84). The researcher randomly selected 100 participants within Ward 84 of Umlazi Township in KwaZulu-Natal to participate in the study. According to Degu and Yigzaw (2006:51) in random sampling, a researcher can make a numbered list of all the units in the population from which you want to draw a sample. Each unit on the list should be numbered in sequence from 1 to N (Where N is the Size of the population). The researcher can then select the required number of sampling units, using a table of random numbers. The selected participants were randomly chosen by visiting local pay sites, merchant stores, and the SASSA Umlazi office, to identify the study participants, the database of CSG beneficiaries not being obtained from SASSA. The researcher selected the participants by requesting CSG beneficiaries from Ward 84 in queues during payments and in the Umlazi SASSA offices as they arrived for various things to the office. The population was identified and numbered; the researcher selected the population with even numbers to use as participants in the study. This was done on different dates and the researcher used the same random selection strategy.

4.2.5.3 DATA-COLLECTION INSTRUMENTS

The data-collection instruments for the study are discussed below.

4.3 EMPIRICAL DATA COLLECTION

According to Singh (2006:191), the questionnaire may be viewed as a form of interview on paper. Questions may take two general forms. They may be open-ended questions to which the subject responds in his own words, or closed questions, which are responded to by selecting from a number of fixed alternative answers (Degu and Yigzwa, 2006: 57). According to Wilkinson and Biringham (2003: 8), questionnaires may be designed and used to gather massive amounts of information from a selection of participants. Questionnaires have a number of advantages over other forms of data collection in that they are often economical and may be quickly scrutinised once finalised.

For this study, the researcher personally administered questionnaires to the participants wherein participants were required to answer closed-ended questionnaires. Since the questionnaire was in English it was translated into Zulu and directly read in order to accommodate participants who could not read nor understand English. Singh (2006:193) states that closed-ended questionnaires improve the reliability and consistency of the data. A total of 100 participants were issued with questionnaires which were all completed and returned.

4.4 DATA ANALYSIS AND INTERPRETATION

For the purpose of this study, data collected using questionnaires was analysed using a descriptive statistical analysis. According to Singh (2006:224), descriptive statistical analysis is concerned with a numerical explanation of a specific group perceived; any connection to those outside the group cannot be taken for granted. Also, the data define one group and that one group only.

Various forms of statistical techniques were used to summarise data, to discover patterns, and to bring more meaning to data, so as to understand some interrelationships. The cross-tabulation technique was used to study relationships between various normal and/or ordinal variables. Tables and graphs were also used to measure associations between different variables. Regression analysis was not conducted as the results were significantly positive.

4.5 QUANTITATIVE VALIDITY AND RELIABILITY

According to Golafshani (2003:599), reliability and validity in quantitative research adopts two principles. Firstly, reliability discloses whether the outcome is replicable. Secondly, validity discloses whether the means of measurement are correct, and whether they are in fact measuring what they are anticipated to measure. Winter (2000:10) states that validity and reliability prove useful in providing checks and balances for quantitative methods.

For this study the researcher ensured accuracy and integrity while administering the questionnaire to the respondents, by ensuring that they understood the meaning of the questions, therefore being able to provide the correct information for the study.

4.6 CONCLUSION

The research methodology employed in this research is deliberated in this chapter. This comprises the research design, sampling methods, sample size, selection of participants, and data-collection methods. The reason for choosing these methods was discussed in detail; also the way it assisted in generating the data for the study. The next chapter presents and discusses the acquired data.

CHAPTER 5

DATA PRESENTATION

5.1 INTRODUCTION

This chapter displays the presentation of data acquired. The presentation of data is aligned with the structure of the questionnaire administered. The questionnaire was divided into seven sections, namely, demographic and general information, early childhood development, children's material and living environment, health and safety of children, accessibility of and eligibility for the CSG, children's rights, and sustainable livelihood. The layout of the research results is presented in figures, tables, and graphical format.

5.2 CHARACTERISTICS OF THE STUDY POPULATION

A total sample of 100 respondents participated in the survey. Table 5.1 depicts a summary of the socio-demographic characteristics of the study participants. A large majority (96%) of the study participants was female. The median age of the study participants was 32 years (inter-quartile range: 25.5 – 41.5). The youngest study participant was aged 18 years, whilst the oldest was aged 83 years. The median number of children each study participant had was 2 (inter-quartile range: 1-3). The highest number of children reported by a study participant was 10.

Less than a quarter (23%) of the study participants indicated that they had received the CSG for less than a year. Twenty-three participants (26%) indicated that they had received the CSG for 1-5 years. Furthermore, 28% indicated that they had received the CSG for 6-10 years, whilst 23% said that they had received the CSG for over 10 years. A significant proportion of the study participants (58%) expressed that they received no monthly income. Twenty-three participants (23%) revealed that they earned less than R1000 per month, while only 19% said that they earned more than R1000 per month.

The figures are in line with the study question, which was to determine whether the children's right to social assistance, particularly the CSG, is being realised by the underprivileged. The data reveals that primary caregivers who participated in the study either do not have an

income, or their income falls below the CSG threshold, as indicated in Table 2.6 of Chapter 2.

Table 5. 1: Summary of Socio-Demographic Characteristics

Characteristics	N=100 n (%)
Age	
Median (inter-quartile range)	32 (25.5 – 41.5)
Gender	
• Male	4 (4%)
• Female	96 (96%)
Number of children	
Median (inter-quartile range)	2 (1 – 3)
Number of years receiving CSG	
• Less than 1 year	23 (23%)
• 1 – 5 years	26 (26%)
• 6 – 10 years	28 (28%)
• More than 10 years	23 (23%)
Monthly income	
• No income	58 (58%)
• Less than R1000	23 (23%)
• More than R1000	19 (19%)

The research results reveal that the youngest participant in the study was 18 years old; the majority of the participants were between the ages of 25 and 41 years. This study examined whether there is any relationship between teenage pregnancy and the CSG within Umlazi Ward 84, it being reported by Lutge and Friedman (2010:103) that the CSG could lead to an increase in teenage pregnancy. However, the data reveals that the majority of the participants were between the ages of 25 and 41, this indicating no relationship between teenage pregnancy and the CSG in Umlazi Ward 84. The CSG is reported to be the most generous form of social grant, with the number of beneficiaries increasing. The results of the study further point out that the percentage of people accessing the CSG has been increasing, with 23% having received the benefit for more than 10 years, and another percentage of new beneficiaries receiving the grant for 6 to 10 years, 1 to 5 years, and even for less than a year. This indicates that the more primary caregivers have access to the grant, the more the CSG has a positive impact on shielding children of Umlazi Ward 84 from poverty.

5.3 EFFECT OF THE CSG ON EARLY CHILDHOOD DEVELOPMENT

Table 5.2 provides a summary of the study participants' perceptions on the way in which the CSG affects early childhood development. An overwhelming majority (99%) said that they thought the CSG assists a child in accessing early childhood development centres in their areas. Moreover, 99% of the study participants felt that the CSG had a positive impact on ensuring a satisfactory standard of performance at school for their child or children. All the study participants (100%) felt that the CSG had a positive impact on ensuring that their children attended or remained in school.

All of the study participants (100%) felt that CSG had assisted their children in enrolling early for school. About half of study participants (51%) expressed that they had applied for their child's grant when the child was less than one year old.

Table 5.2: Early Childhood Development (ECD)

Statement	N=100 n (%)
CSG assists in accessing early childhood development centres for children in your area	
• No	1 (1%)
• Yes	99 (99%)
CSG has had and still has a positive impact in ensuring a satisfactory standard of performance at school	
• No	1 (1%)
• Yes	99 (99%)
CSG has had a positive impact in ensuring that your child attends/remains in school	
• No	0 (0%)
• Yes	100 (100%)
CSG has assisted your child to enrol early for school	
• No	0 (0%)
• Yes	100 (100%)
You applied for your child's grant before he or she was a year old	
• No	49 (49%)
• Yes	51 (51%)

Table 5.2 above summarises that the CSG bears significant positive results in the early development of child beneficiaries; as such children are able to enrol in schools early, which aids in their overall upbringing and development. A study by UNICEF has indicated that absence of finance is the reason for indigent children of school-going age not attending school. CSG therefore assists child beneficiaries in Ward 84 in Umlazi to enrol in schools.

5.4 THE CSG'S EFFECT ON THE ENVIRONMENT, HEALTH AND SAFETY OF THE CHILDREN

Table 5.3 displays a summary of responses in which the study participants were asked whether the CSG affected the environment, health and safety of their children. A large majority (99%) of the study participants revealed that the CSG certainly assists them in buying food and clothes for their dependants. Section 28(1) of the Constitution of South Africa of 1996 provides for the protection of the children's rights to nutrition. In addition, 98% of the study respondents believed that the CSG helps to maintain an adequate living standard for deprived children. However, only 39% of the study participants thought that the CSG helps in ensuring clean water and sanitation for their dependants.

Almost 99% of respondents expressed that the CSG assists in ensuring the good health of their children, also ensuring that children had good nutrition which would maintain good health. Most respondents (97%) indicated that the CSG helps children with immunisations when required, while 98% of the respondents stated that they felt that the CSG assists in ensuring that the overall health and safety of deprived children is maintained.

A large majority of respondents (92%) revealed that they use the CSG for needs other than the child's alone.

Table 5.3: Children’s Material and Living Environment

Statement	N=100 n (%)
CSG assists in buying food for children	
• No	1 (1%)
• Yes	99 (99%)
CSG helps to buy clothes for your children	
• No	1 (1%)
• Yes	99 (99%)
CSG has an impact on ensuring clean water and sanitation for your child/children	
• No	61 (61%)
• Yes	39 (39%)
CSG helps maintain an adequate living standard for your child/children	
• No	2 (2%)
• Yes	98 (98%)
CSG is used for needs other than the needs of your child/children	
• No	8 (8%)
• Yes	92 (92%)
CSG assists in ensuring your child/children’s good health	
• No	1 (1%)
• Yes	99 (99%)
CSG helps in ensuring that your child/children go for immunisation when required	
• No	3 (3%)
• Yes	97 (97%)
CSG helps in ensuring that your child has access to nutritious food to maintain good health	
• No	1 (1%)
• Yes	99 (99%)
CSG assists in ensuring that the overall health and safety of your child is maintained	
• No	2 (2%)
• Yes	98 (98%)

The results indicated on Table 5.3 above reveals that disadvantaged children who are in receipt of the CSG are able to lead an adequately enriched life; they are able to afford to buy clothing and nutritious food, and to maintain good health. However, the results also indicate that over half of the respondents (61%) do not have access to clean water.

5.5 Accessibility and Eligibility for the CSG

Figure 5.1 below summarises the study participants’ responses to questions on the accessibility to and eligibility for CSG.

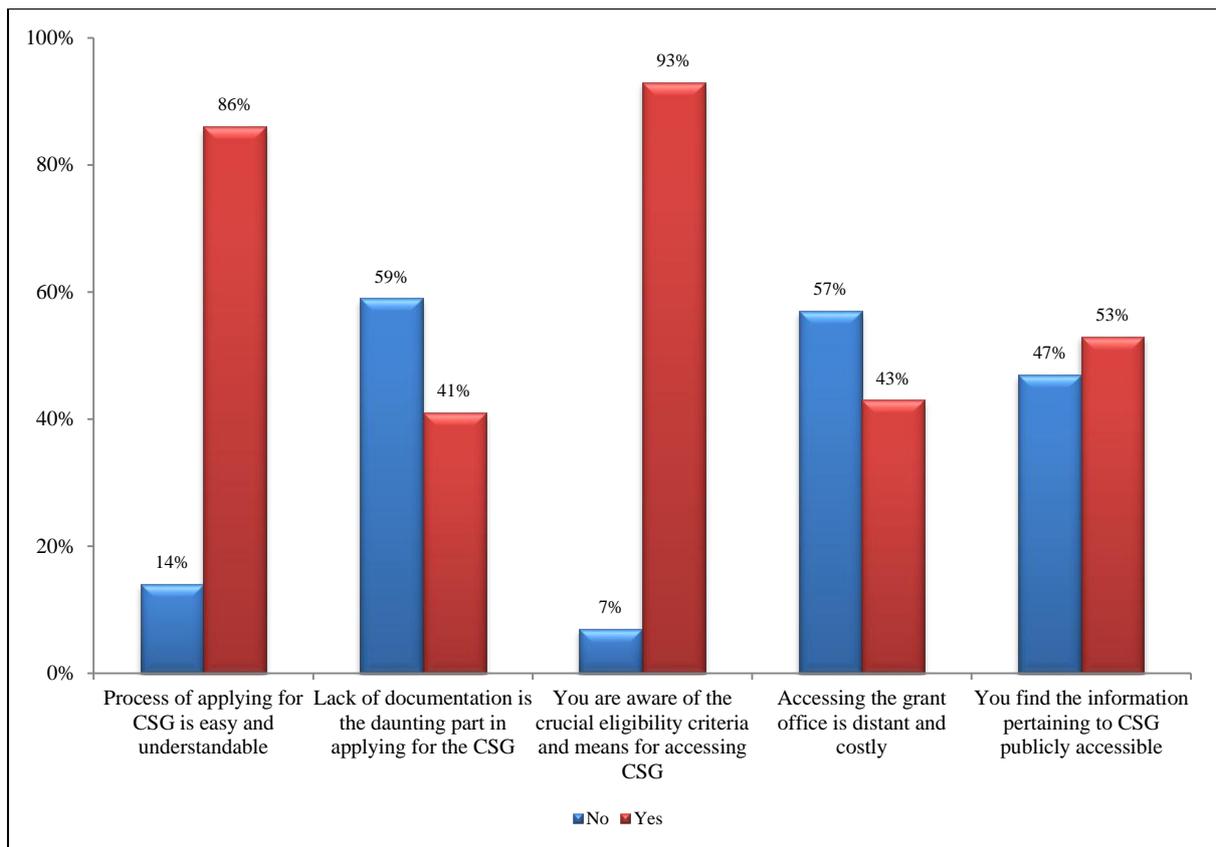


Figure 5.1: Accessibility to and eligibility for CSG

Most of the study participants (86%) thought that the process for applying for the CSG is easy and understandable. However, two-fifths of respondents (41%) felt that the lack of documentation was the daunting part of applying for the CSG. There was a significant relationship between age and whether the respondents believed the lack of documentation was daunting ($p=0.01$).

Less than half (43%) of respondents indicated that the grant office is far from them and costly to visit. This indicated that some participants live far from the nearest grant office; and for them to access the office requires the spending of money. Some 53% said that the information pertaining to the CSG was publicly accessible. This may imply that a certain level of awareness is created within the community of Ward 84; participants indicated that information on the CSG is available. Almost all (93%) respondents stated that they were aware of the crucial eligibility criteria and means of accessing the CSG.

5.6 EFFECT OF CSG ON CHILDREN’S RIGHTS

Table 5.4 illustrates the responses by the study participants on the way in which they believed the CSG affects children’s rights. All study participants agreed that through receiving the CSG, the child’s right to education was realised, the child’s right to basic health care and nutrition was fulfilled, and that the CSG had a positive impact on eradicating child poverty. The results are in conflict with what was revealed by a study conducted by Hall, Woolrad, Lake, and Smith (2012:55) that indicated that school enrolment of children in 2010 was lower in KwaZulu-Natal.

A large majority of study participants (99%) felt that the right to the CSG has always been available and accessible, while 98% felt that a good quality of life may be attained through realising the right to social assistance (CSG).

Table 5.4: Children’s Rights

Statement	N=100 n (%)
Through receiving the CSG, the child’s right to education is realised	
• No	0 (0%)
• Yes	100 (100%)
The CSG ensures the fulfilment of the child’s right to basic health care and basic nutrition	
• No	0 (0%)
• Yes	100 (100%)
The right to social assistance (CSG) is always made available and accessible	
• No	1 (1%)
• Yes	99 (99%)
Realising the right to social security (CSG) has a positive impact on eradicating child poverty	
• No	0 (0%)
• Yes	100 (100%)
A good quality of life may be attained through realizing the right to social assistance (CSG)	
• No	2 (2%)
• Yes	98 (98%)

Table 5.4 above depicts that, through receiving the CSG, the rights of the children are fulfilled and poverty is alleviated. Section 29 (1) of the Constitution of South Africa 1996 makes provision for everyone to have the right to basic education.

5.7 EFFECT OF THE CSG ON SUSTAINABLE LIVELIHOOD

Figure 5.2 demonstrates the responses by the study participants on whether they thought the CSG provided a sustainable livelihood for children. Almost all respondents (91%) believed that the CSG assisted in child education until a child matriculated. However, only about two-thirds (64%) felt that the CSG assisted a child in becoming independent after they reached 18 years. Just over a half (56%) felt that the CSG empowers children over 18 years to access employment opportunities. About one-third (35%) of study participants felt that children who are over the age of 18 years and are still in school are at risk of dropping out of school. Nevertheless, three-quarters (75%) of respondents felt that the impact of receiving the CSG is long term, and limits children's exposure to poverty.

There was a significant relationship between age and this statement ($p=0.04$).

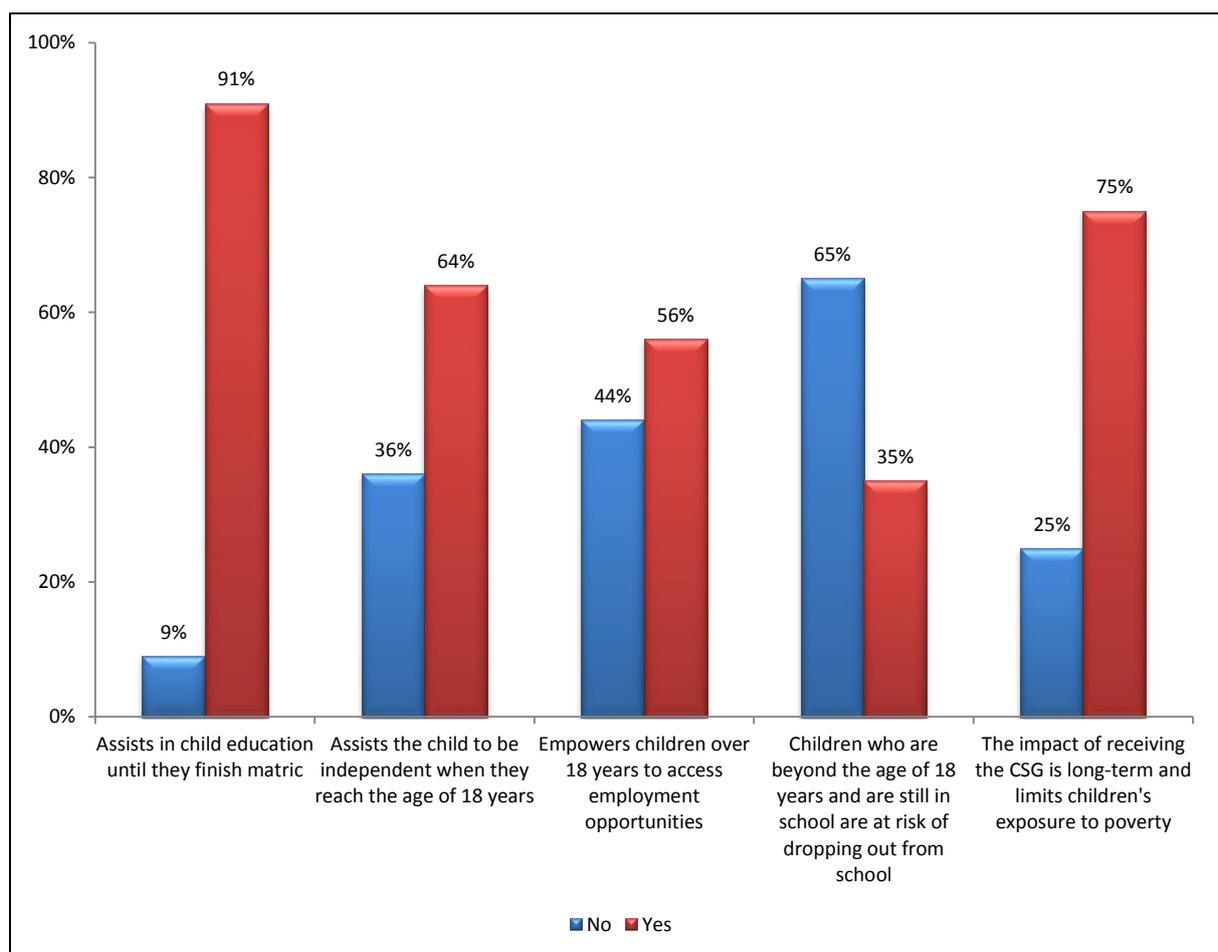


Figure 5.2: Effect of CSG on sustainable livelihood

5.8 DISCUSSION AND FINAL ANALYSIS

This chapter provides a discussion and analysis of the data presented. The depth of the discussion is drawn from the literature review presented in Chapter 2 and the model adopted for the study. Table 5.5 provides a broad overview of the discussion and analysis.

Table 5.5 Connection between Literature Review, Theory and Data

Literature review	Theory/Model	Data	Deductions
Bill of Rights	Human rights' theory - government's commitment	41% find it easy to locate grant offices	Fulfilment of the governments obligation
Poverty in SA	Child poverty has various dimensions	58% depend solely on the CSG	Indigent people are able to combat poverty.
Sustainability and child development	Poverty is multidimensional	99% positive impact	CSG has a positive impact on the development of needy children
Quality of life	Child poverty is complex	99 % able to buy food and clothing	CSG assists deprived children to lead an adequate standard of life
CSG and access to basic services	The absolute core of multidimensional model	Able to access education, health care, etc.	The CSG has a positive impact on ensuring access to other basic services
CSG and livelihood	Various dimensions of a child's life ensures overall poverty alleviation	The CSG assists children until they complete their schooling	Children gain confidence in facing the future.

Source: Author's Construct, 2015

5.8.1 THE CSG AND SOCIAL SECURITY: A HUMAN RIGHTS' PERSPECTIVE

The study reveals that through the provision of the CSG, government's obligation is being met, as stated in Chapter 2 of the Constitution of South Africa. The right to social security is being realised by ensuring that needy children who reside in Ward 84 in Umlazi Township receive the CSG. The right to health, education, and a good life is also being realised by the CSG beneficiaries. From a human rights' perspective the government is obliged to ensure that every person is able to access a minimum important level of economic, social, and cultural

rights, comprising an acceptable standard of living, equally and without discrimination (Sepulveda and Nyst 2012:19).

The majority of the respondents in this study revealed that the right to social protection, health, and the right to education is being realised through the CSG. This reflects that needy people should not only be eligible to apply for the CSG, they should be able to access the offices from their areas. However, close to half of the participants (43%) felt that accessing the grant office is costly and at too far a remove, thus undermining easy access to such social benefits.

Although the majority of the participants reported that the process of applying for the CSG is easy and understandable, 41% of the respondents described the lack of documentation as the problem in the process of applying for CSG. The data also reveals that the majority of respondents were aware of the crucial eligibility criteria and means test for accessing the CSG. This indicates that the CSG is being paid to the people who deserve it, and qualify as per the means test.

Needy children's rights to an adequate standard of living are being realised through accessing the CSG. A full 100% of the study respondents indicated that receiving the CSG has afforded them the right to education. A study by Sepulveda and Cyst (2012:24) revealed that social security programmes also contribute to the recognition of the right to education. Equally, 100% of participants stated that CSG ensured the fulfilment of the children's right to basic health care and basic nourishment, as reflected in Table 5.4.

5.8.2 HUMAN DEPRIVATION, LIVING ENVIRONMENT DEPRIVATION, ADEQUATE CARE DEPRIVATION, AND POVERTY IN SOUTH AFRICA

Of the 100 participants in this study, 96% were women, which implies that poverty in Ward 8 affects mostly women. This corresponds with the findings of Wright, Noble, Ntshongwana, Neves, and Barnes (2014:45), which revealed that almost 90% of the caregivers are female. A study by UNICEF (2011, 4) also reveals that families and women-headed homes are significantly more often expected to experience starvation, owing to past inequalities which left some without any income.

A large percentage, 58% of the participants, reported that they had no other source of income, depending solely on the CSG. According to the human rights' theory, human rights provide a framework on which to pursue accountability for poverty. Poverty is commonly known as a multidimensional phenomenon, one which ranges far beyond the absence of finances, to include the deprivation of the capabilities essential to live in dignity (Sepulveda and Nyst 2012:17).

The CSG is able to reach the targeted underprivileged people and hence assists in reducing poverty. There is a noticeable relationship between poverty and unemployment which impacts on the increase in number of CSG beneficiaries. A full 100% of the participants indicated that receiving the CSG has had a positive impact on eradicating child poverty within Ward 84 of Umlazi.

5.8.3 SUSTAINABILITY AND CHILD DEVELOPMENT

Previous impact assessments have found that the CSG is connected with a variety of optimistic results for children, including reduced deprivation, improved nutrition, and higher rates of school enrolment and attendance (UNICEF, 2011:106). Again, the multidimensional approach to poverty recognises that access to good-quality services is the absolute core to poverty alleviation. The majority of the participants indicated that the CSG has a positive impact on early childhood development and has assisted their children to access services within their areas. The findings of this study confirm the positive impact as reported by the participants.

The findings of the study revealed that 99% of the respondents indicated that the CSG assists in accessing childhood development centres for their children; 99 % also felt that the CSG has a positive impact on ensuring a satisfactory standard of performance in schools. The CSG has a positive impact on improving early enrolment in schools in Ward 84 within Umlazi Township.

5.8.4 ABSOLUTE CORE ACCESS TO GOOD-QUALITY SERVICES

Chirwa (2009:3) refers to child deprivation as the condition wherein people under the age of eighteen years lack access to items which satisfy basic human needs such as clothing and access to clean water and sanitation. The multidimensional model indicated that at the centre

of poverty alleviation is the right to access good-quality services. The acquired data points out a significant relationship between the CSG and one's material living environment; 99 % of the participants stating that the CSG assists them to buy food and clothes for their children.

However, only a small percentage (39 %) of the participants expressed that the CSG assists them in gaining clean water and sanitation, which neither denies nor confirms the CSG's impact on clean water and sanitation. For the CSG to impact on all dimensions of child poverty it must be linked with access to all basic services, ensuring that beneficiaries are afforded all basic services, such as water and sanitation.

The acquired data revealed that the CSG enables beneficiaries to access other basic services such as early development centres, schools, and health-care facilities. The CSG therefore impacts positively on the various dimensions, as indicated in the multidimensional model described in Chapter 3 of the study. According to Leatt (2006:22), access to basic quality services is the absolute core to combating various dimensions of child poverty. Booth (2003:3) stated that poverty is multifaceted, touching various parts of life and affecting many human rights, including the rights of children.

A large number of the participants (99%) reported that the CSG helps them to maintain the good health of their children. Some 97% confirmed that the CSG ensures that primary caregivers take child beneficiaries for immunisation. Some 98% felt that CSG aids in ensuring overall health and safety; that their children are given nutritious food which helps their health. Therefore, through receiving the CSG, indigent children in Ward 84 within Umlazi are able to access other basic services. According to Govender (2011:45), providing social assistance and investing in these children can disrupt the advance of poverty. Children from underprivileged backgrounds can therefore earn a good living as youths and adults, living in better circumstances than as children. The ultimate objective of promoting a human rights approach to social-security schemes is to capitalise on the effectiveness of such schemes in alleviating hunger and aiding the realisation of human rights by those living in deprivation. The majority of the respondents felt that the CSG could have lifelong benefits in alleviating poverty for destitute children.

Participants also expressed that the CSG has a positive impact on helping deprived children until they finish school; which can give them confidence in finding employment and being

independent after they have reached the age of 18 years, no longer receiving the CSG. Article 28 of the United Nations Convention on the Rights of the Child (CRC) also requires the state to “make primary education compulsory and available to all”. The positive impact of the CSG on the lives of deprived children relies on the effectiveness of the grant in addressing the basic necessities of such children. Therefore the CSG plays a pivotal role in affording the child beneficiaries a better standard of living.

The CSG was also associated with improved health and nutrition (Children’s Institute, 2010:1). The human rights' theory provides that every child has the right to existence, growth, protection, and participation (RSA and UNICEF, 2009:7). The data reveals that the majority of the participants utilise the CSG for their own benefit as well as that of their children. Therefore the CSG plays a fundamental role in ensuring the good health of underprivileged children. This demonstrates that the CSG has a certain influence on lowering the frequency of child diseases, deaths, and malnutrition.

A significant number (91%) of participants revealed that the CSG assists children until they complete school, whilst 75% indicated that the CSG bears long-term positive effects and ameliorates poverty. This verifies the positive impact of the CSG in alleviating poverty for deprived children within Ward 84 in Umlazi.

5.9 CONCLUSION

From the administered questionnaires 100% was achieved, in that they were all completed and returned. The positive responses from the study participants indicate the importance of the CSG as a poverty-alleviation tool. The CSG assists indigent children, and unemployed primary caregivers to afford basic needs, ensuring that children lead a healthy and fulfilled life.

The CSG has a positive impact on the lives of the beneficiaries, as it assists in ensuring that they have access to other basic services, such as education and health care. The respondents have expressed that they have access to information pertaining to the CSG and that they are able to access the grant money in the right time and place. However, some respondents have revealed that for them to access the CSG is costly and entails a journey, which is a burden when they do not have income. In the following chapter the recommendations and

conclusions drawn from the findings will be proposed for SASSA. Limitations of the research will also be drawn.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This final chapter of the study provides overall conclusions drawn from the research questions and objectives set out in the first chapter. Recommendations are made apropos of operational approaches and developments which would provide a well-organised and effective social-security administration to needy and vulnerable people.

6.2 RESEARCH IMPLICATIONS

The recommendations from this research will assist SASSA to formulate strategies for improving the identifying process, ensuring that deprived children are afforded access to the CSG; also to ensure that the primary caregivers use the grant money for the intended purpose, such as to address the basic necessities of the children.

The study was conducted in an urban area and a semi-rural area; similar studies may be replicated by the agency, to establish whether the findings are the same in other areas.

6.3 RESEARCH RECOMMENDATIONS

From the analysis of acquired data, the following recommendations are worth noting:

6.3.1 RECOMMENDATION ONE: CONTINUOUS AWARENESS

There should be continuous community awareness of the eligibility and accessibility criteria for receiving the CSG. For such awareness campaign, SASSA should invite communities at local level and inform about the requirements and procedures of accessing the grant. Furthermore, form the campaigns SASSA will in turn solicit community concerns and experiences with the CSG so as to improve on service delivery, ensuring a customer-centric approach as one of SASSA's values.

6.3.2 RECOMMENDATION TWO: MONITORING AND EVALUATION

A significant number of the study respondents indicated that they use the grant money for other purposes, which, owing to the nature of the study could not be determined; a strategic system to monitor the utilisation of the grant money should be in place so as to hold beneficiaries accountable and responsible in the proper usage of the grant.

6.3.3 RECOMMENDATION THREE: INTEGRATION OF BASIC SERVICES

The CSG is one of government's poverty-mitigation agendas. In order to fully address the problem of child poverty the CSG must be linked to other programmes such as access to clean water and sanitation. Child poverty must be addressed all round so as to ensure a holistic manner of dealing with the social scourge. The principles of the human rights' approach indicate that human rights should be interdependent; which implies that the realisation of each relies on the realisation of others. This will assist in impacting other dimensions of child poverty, not only the CSG.

6.3.4 RECOMMENDATION FOUR: SUSTAINABLE DEVELOPMENT

The acquired data revealed that 58% of the participants had no other source of income. The agency should establish sub-programmes which will assist in developing the skills of the primary caregivers as well as the children who have reached the age of 18, no longer receiving the CSG. By developing their skills the agency will assist caregivers to find employment, starting small businesses which bring in extra income as the needs of the children grow.

6.4 STUDY LIMITATIONS

As noted in Chapter One, several challenges and limitations that were identified while conducting this study were:

- **Generalization:** The study outcomes could not be generalised to the entire KwaZulu-Natal province because the population was limited to Umlazi Township within Ward 84.
- **CSG beneficiaries:** Although SASSA had given approval to conduct research, attempts to obtain a database from SASSA of all CSG beneficiaries from Ward 84 did

not materialise. Finding respondents from all sections within Ward 84 was therefore a challenge.

6.5 AREAS FOR FUTURE RESEARCH

The limitations acknowledged do not compromise the results of the research. SASSA will gain from the results of the study by employing recommendations from this study.

The following are recommendations for future research:

- The same research may be reproduced in the whole of Umlazi Township; and
- A study may be offered in which comprehensive interviews are conducted to all CSG beneficiaries so as to identify other factors and challenges encountered in distributing the CSG.

CONCLUSION

The Bill of Rights of the Constitution of South Africa of 1996 and other Acts and policies yield children rights that are aligned with international organisations such as UNICEF and WHO, to ensure that children's rights are protected and implemented. The Child Support Grant was promulgated to alleviate poverty. Poverty does not only imply lack of income, it possesses various dimensions, particularly for children. The CSG was established to ensure that children are not deprived; that they have an adequate standard of living. The CSG has had a significant positive impact on alleviating poverty. The study proved that CSG bears positive results in the lives of the beneficiaries. Child beneficiaries are able to enrol early in schools, able to access health facilities, and are able to buy food and clothing. The right to an adequate standard of living is being realised through the CSG. Despite such legislative frameworks there is existing evidence on the challenges encountered by indigent people in accessing the CSG. Some beneficiaries revealed that they still find challenges in accessing the grant. Some 41% of the study respondents still felt that accessing the grant offices is costly and that sites are located far from home. They also expressed the lack of documentation as another challenge in obtaining the grant. Recommendations for continuous awareness about the requirements for gaining the CSG can assist the community. It is of interest that a significant number of respondents indicated that they are aware of the crucial means test for obtaining the CSG, which shows that SASSA has noted the importance of educating the beneficiaries.

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ANNEXURE A

SECTION 1 – DEMOGRAPHIC AND GENERAL INFORMATION

Please answer each question.

1.1 What is your gender? **Please answer with “1” for MALE and “2” for FEMALE.**

1.2 What is your age?

1.3 How many children do you receive CSG for?

1.4 How long have you been in receipt of the CSG? **If you have been receiving for less than a year please indicate with “0”.**

1.5 How much is your monthly income? **If you have no income please indicate with “0”.**

SECTION 2: EARLY CHILDHOOD DEVELOPMENT (ECD)

Please place an “X” in the block that describes your response. Please choose one answer for each statement.

Statement	YES	NO
CSG assists in accessing early childhood development centres for your child/children in your area.		
The CSG has had and has a positive impact in ensuring satisfactory standard of child/children’s performance at school.		
The CSG has had positive impact in ensuring that your child/children attend and remain in schools.		
The CSG has assisted your child/children to enrol early for school.		
You applied for your child’s/children’s grant when they were 0-1 year of age.		

SECTION3: CHILDREN’S MATERIAL AND LIVING ENVIRONMENT

Please place an “X” in the block that describes your response. Please choose one answer for each statement.

Statement	YES	NO
CSG assists you to buy food for your child/children.		
CSG helps to buy clothes for your child/children.		
CSG has an impact in ensuring clean water and sanitation for the child/children.		
The CSG helps you maintain an adequate living standard for your child/children.		
You use the CSG for other needs other than the child’s/children’s needs.		

SECTION 4: THE HEALTH AND SAFETY OF THE CHILDREN:

Please place an “X” in the block that describes your response. Please choose one answer for each statement.

Statement	YES	NO
The CSG assisted in ensuring the child/children’s good health.		
The CSG helps in ensuring the child/children go for immunisation when required.		
Receiving the CSG helps in ensuring that the child/children have access nutritious food for maintaining their good health status.		
CSG assists in ensuring that the overall health and safety of the child/children is maintained.		

SECTION 5: ACCESSIBILITY AND ELIGIBILITY TO CSG

Please place an “X” in the block that describes your response. Please choose one answer for each statement.

Statement	YES	NO
The process of applying for CSG is easy and understandable.		
Lack of documentation is the daunting in applying for the CSG.		
You are aware of the crucial eligibility criteria and means test for accessing CSG.		
Accessing the grant office is distant and costly.		
You find the information pertaining to CSG publicly accessible.		

SECTION 6: CHILDREN’S RIGHTS

Please place an “X” in the block that describes your response. Please choose one answer for each statement.

Statement	YES	NO
Through receiving the CSG, the child’s/children’s right to education is realised.		
The CSG ensures the fulfilment of the child’s children’s right to basic health care and basic nutrition.		
The right to social assistance (CSG) is always made available and accessible.		
Realising the right to social security (CSG) has a positive impact in eradicating child/children poverty.		
A good quality of life can be advanced through realising the right to social assistance (CSG).		

SECTION 7: SUSTAINABLE LIVELIHOOD

Please place an "X" in the block that describes your response. Please choose one answer for each statement.

Statement	YES	NO
The CSG assists in child education until they finish matric.		
CSG assists the child/children to be independent when they reach the age of 18.		
Receiving CSG empowers children over 18 years to access employment opportunities.		
Children who are beyond the age of 18 and still attend school are at a risk of dropping out from school.		
The impact of receiving the CSG is long-term and limits children's exposure to poverty.		

Thank you

ANNEXURE B



15 October 2015

Mrs Thulisile Pearl Ngongo (214582435)
School of Management, IT & Governance
Westville Campus

Dear Mrs Ngongo,

Protocol reference number: HSS/1310/015M

Project title: Child Support Grant and poverty alleviation in Umhali – Ward 84: An impact assessment

Full Approval – Expedited Application

In response to your application received on 15 September 2015, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


Dr Shenika Singh (Chair)

/ms

Cc Supervisor: Mr BR Qwabe
Cc Academic Leader Research: Professor Brian McArthur
Cc School Administrator: Ms Angela Pearce

Humanities & Social Sciences Research Ethics Committee

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5 February 2016

To whom it may concern

This is to certify that I, Lydia Weight, have proofread the document titled: Child support grant and poverty alleviation in Umlazi Ward 84 – an impact assessment by Thulisile Pearl Ngongo. I have made all the necessary corrections. The document is therefore ready for presentation to the destined authority.

Yours faithfully

A handwritten signature in black ink that reads "L. Weight". The signature is written in a cursive, flowing style.

L. Weight



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L. Weight