

Household Resources and Access to Social Grants among Orphans and Vulnerable Children in KwaZulu-Natal, South Africa

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Key Findings

In households with orphans and vulnerable children, average income was very low and severe food insecurity was common.

Social grant access was low and underutilized.

Supporting documentation may be a barrier to grant access, particularly for foster families.

Introduction

Over five and a half million people in South Africa are HIV-positive, making the country's epidemic the largest in the world [1]. The devastation to families is immense; in 2009 an estimated two million children living in the country had lost one or both parents to AIDS [1], and many more were living with chronically ill parents. Many of these orphans and vulnerable children (OVC) also contend with extreme poverty that exacerbates the impact of the epidemic. As of 2005, 65% of all children in South Africa were living below the poverty line (defined as 4,560 Rand per capita annually; approximately US \$650) [2].

Caring for an ill family member or coping with his/her loss not only takes a lasting emotional toll on families, but can also take a financial toll. Mounting medical costs combined with reduced income for both the ill family member and caregiver further impoverishes households. Moreover, when already-poor households take on the responsibility of caring for orphans, their limited resources are stretched even further [3]. Economic and material hardships compound existing problems for HIV-affected children, and may contribute to higher rates of malnutrition, withdrawal from school, household stress and resulting child abuse, and sexual risk taking leading

to HIV infection [4]. Consequently, interventions that focus on income and resource generation for OVC households have the potential to improve children's wellbeing across a range of indicators.

The South African government offers a unique safety net for vulnerable households through the provision of social grants. The grant system is managed through the South Africa Social Security Agency and provides cash transfers to low-income families; as of October 2010, nearly fourteen million beneficiaries were receiving grant payments [5]. In an effort to direct resources to the neediest households, social grant applicants are subject to a qualifying individual or household income means test, the terms of which vary by grant. A substantial body of evidence suggests that the grants have significantly reduced poverty among recipient families in South Africa [6]. Additionally, grant receipt has been associated with greater school enrollment [7, 8], increased food consumption [9, 10] and improved nutritional status among beneficiaries [10, 11]. Table 1 describes each of the five major grant types, eligibility criteria and the amount of the monthly transfer (as of April 2010).



Table 1. Social grants, eligibility criteria* and payment amounts as of April 2010 [12]

Grant	Who can apply?	Additional Eligibility Criteria	Monthly Amount
Child Support Grant	Primary caregiver of a child under 15 years old	<ul style="list-style-type: none"> • Applicant must be a citizen or permanent resident • Applicant may not receive grant for more than 6 non-biological children • Applicant cannot receive grant if they hold a Foster Child Grant for the same child 	R250
Foster Child Grant	Foster parent of a child under 18 years old	<ul style="list-style-type: none"> • Applicant must be a citizen, permanent resident or refugee 	R710
Care Dependency Grant	Parent, guardian, foster parent or custodian of a child under 18 years old who requires full-time care in the home because of mental or physical disability	<ul style="list-style-type: none"> • Must submit court order placing the child under care of the applicant • Applicant must be a citizen or permanent resident • Applicant cannot be institutionalized • Must submit medical confirmation of permanent, severe disability 	R1080
Grant for Older Persons	Individual age 60 or older	<ul style="list-style-type: none"> • Applicant must be a citizen or permanent resident • Applicant cannot be institutionalized 	R1080
Disability Grant	Individual age 18 to 59 unable to work because of physical or mental disability	<ul style="list-style-type: none"> • Applicant must be a citizen, permanent resident or refugee • Applicant cannot be institutionalized • Must submit medical confirmation of disability 	R1080

*Applicants must reside in South Africa. Means tests (i.e., income and wealth indicators) are required for many and vary in amount by grant. In some cases applicants may receive more than one grant; in other cases recipients are ineligible to apply for additional grants for the same individual.

Despite the wide availability of these grants, and their proven potential to benefit recipients, not all eligible OVC households are accessing these critical resources. Organizations working with OVC almost universally try to facilitate access to grants among their beneficiaries; these efforts could be strengthened through information on the scope of the need and on potential access barriers. This brief presents information on the unmet need for social grants and assistance with grant applications among newly identified OVC and their caregivers in KwaZulu-Natal province.

The study detailed here is part of the Enhancing Strategic Information project (ESI), funded by the United States Agency for International Development (USAID) in Southern Africa. ESI supports the availability of high quality health systems information that contributes to sustainable policy planning and programmatic decision-making. Tulane University School of Public Health and Tropical Medicine works in partnership with the prime ESI funding recipient, John Snow Incorporated, to produce knowledge that will improve existing practices and guide future investment in OVC programming

Study Methods and Sample

The findings presented here are drawn from the baseline assessment of a longitudinal study designed to assess the efficacy of a range of interventions for OVC. The study sample includes children newly enrolled in OVC programs operating within predominately rural areas in 7 districts of KwaZulu-Natal province. Baseline surveys were administered to 1782 children ages 10-17 and their primary caregivers from a total of 1296 households between April and June 2010. At baseline, households in the study had a mean of 7.5 members, including 4.3 children. Among children in the sample, 87% were orphans (single or double) and 44% lived with a chronically ill household member. Only 33% had a parent living within their home. Participants were selected for inclusion based on age and status as recent program enrollees; data presented here therefore reflect a population not yet exposed to the programs' interventions. Further details on the study aims, methodology and baseline sample characteristics are available elsewhere [13].

The study incorporates several measures of household resource availability including income and food security. Adult respondents were asked to estimate the average total monthly income for the household, with responses recorded in one of three categories: less than 1000 Rand a month, between 1000 and 2500 Rand a month, or more than 2500 Rand a month. The Household Food Insecurity Access Scale (HFIAS) was used to characterize households along a continuum from food secure to severely food insecure [14]. Respondents were first asked to indicate whether 9 food insecurity-related situations had been true at any time in the past 30 days. Situations range from not being "able to eat the kinds of food you preferred because of a lack of resources" to going "a whole day without eating anything because there was not enough food." For each affirmative response, the respondent was asked to report the frequency of the occurrence; responses were used to determine their level of food insecurity.

Caregivers were asked whether they were eligible for, had applied for, or were receiving the Foster Child or Child Support Grants for each child in the study. Caregivers also reported if anyone in the household was eligible for, had applied for or was receiving a Care Dependency Grant, Grant for Older Persons, or Disability Grant. This

study attempted to mirror the eligibility grant criteria described in Table 1, with some exceptions. Caregivers were asked if they possessed documentation that may be required for grant applications, including the child's birth certificate, the caregiver's official South African identity document, a court order of foster status, and/or death certificates for the child's parent or parents if deceased. South African residency status was presumed. Interviewers did not ask about supporting documentation for other conditions of eligibility, such as medical confirmation of disability. Given the complexity of the means test, the study did not assess economic eligibility for grants. Consequently, estimates reported here may differ slightly from true rates of eligibility and access.

Descriptive analyses were performed on the baseline dataset to measure income, food insecurity, and grant eligibility and access. Access to Foster Child and Child Support Grants was estimated by calculating the percent of eligible children in the sample for whom caregivers were receiving the grant, had applied for the grant, or had not applied. Access to the other grants was measured using the same outcome categories within the pool of eligible households, rather than children.

Key Findings

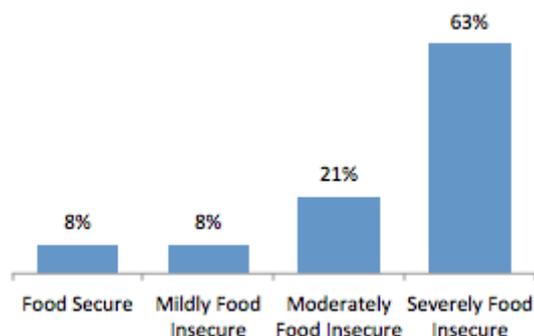
Household income was extremely low and food insecurity was high

Only 2% of households had a total average monthly household income of more than R2500 (approximately US \$350). Respondents in 80% of households reported an earned monthly income under R1000 per month (approximately US \$140). An additional 18% of households had monthly total earnings between R1000 and R2500. These figures do not include money received from grants or through other forms of government assistance. However, they do include combined incomes for all household members; households in the study contained an average of three adults.

Figure 1 shows the distribution of households in the sample according to the four levels of food security recorded on the HFIAS scale, ranging from "food secure" to "severely food insecure." Ninety-two percent of households in the sample ranked as having some level of food insecurity, with 84% considered moderately or severely food insecure. Fully 63% of households in the sample were severely food insecure, meaning that in the

30 days preceding the survey they had often cut back on meal size or the number of meals; or at least once had run out of food entirely, had gone to bed hungry, and/or had gone an entire day without eating.

Figure 1. Household Food Insecurity by Level (N = 1282)



Grant access was low and underutilized

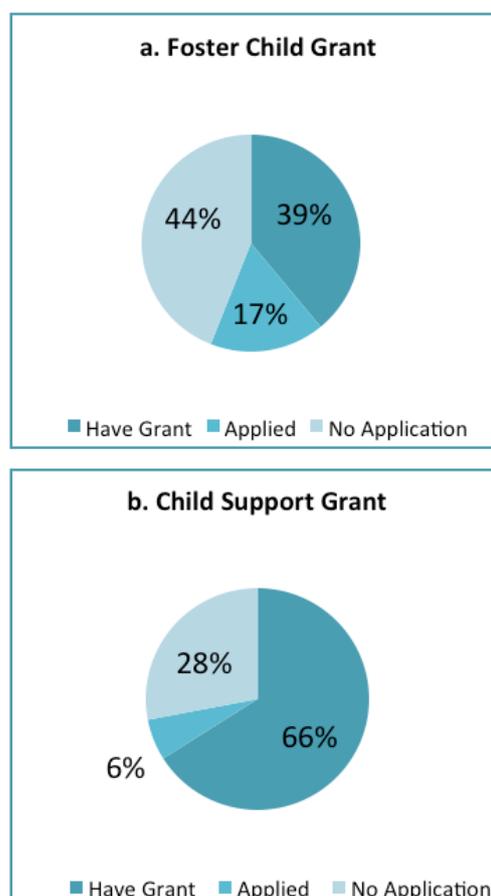
The majority of households in the sample were classified as eligible for one or more social grants (see Table 2); this includes wide eligibility for the Child Support and Foster Care Grants (46% and 65% of children respectively) as well as the Old Age Grant (nearly half of the households had at least one elderly resident). The survey did not include questions sufficient to evaluate if households met income means tests, however, 98% of households reported total earnings under R2500 per month. While income thresholds for social grants vary, program guidelines for 2010/11 indicate that annual incomes below R30,000 (or R2500 per month) would qualify individuals to receive any of the 5 major grant types [12]. Therefore, the majority of sampled households were likely within the target demographic for social grants.

Table 2. Eligibility for Grants by Grant Type

Grant Type	Number Eligible	%
Foster Child Grant	1 144 Children	65%
Child Support Grant	817 Children	46%
Disability Grant	156 Households	12%
Care Dependency Grant	112 Households	9%
Grant for Older Persons	585 Households	45%

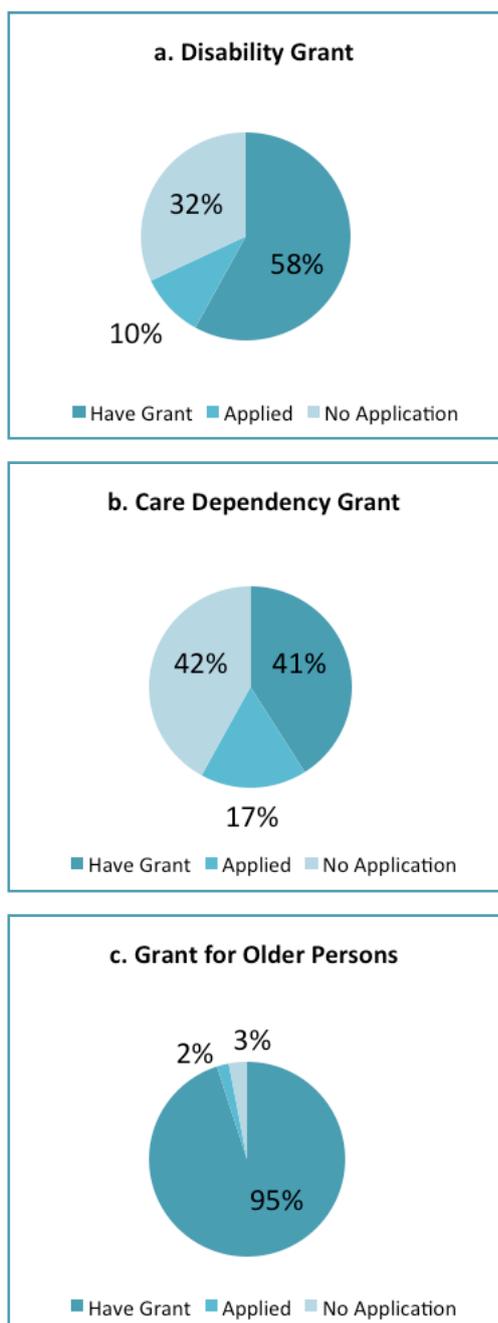
Despite widespread eligibility for child grants, a notable proportion of eligible applicants had not accessed these resources (see Figures 2a-b). Access was markedly low for Foster Child Grants: 44% of eligible children did not have applications submitted on their behalf. Access to Child Support Grants was higher: two-thirds of eligible beneficiaries had been awarded this grant and a further 6% had applications pending. Yet, many of these recipients actually qualify for the Foster Child Grant, which yields significantly higher payments. Of those eligible for but not receiving the Foster Child Grant, 32% were receiving the Child Support Grant.

Figures 2a-b. Grant Access among Eligible Children by Grant Type



Households' access to Disability Grants and Care Dependency Grants is illustrated in Figures 3a-b. While fewer households were eligible for these grants as compared to the child-level grants, levels of access were similarly low: 42% and 32% had neither applied for nor were receiving the grants, respectively. Access to Grants for Older Persons was the exception: 97% of eligible households either held or had applied for the grant (see Figure 3c).

Figures 3a-c. Grant Access among Eligible Households by Grant Type



Many beneficiaries lack documents necessary to obtain social grants

Grant applications require supporting documentation, which may include children's birth certificates, official bar-coded identity books for adults, and/or legal orders of foster guardianship, among others. In some cases acquiring these documents may even be predicated on the ability to present other documents, such as a parent's death certificate or a legal judgment freeing a child from custody. Data suggest that supporting documentation may be a key barrier to social grants access (see Table 3). While most caregivers and children had identity documents, many orphans lacked death certificates. For 43% of maternal orphans and 19% of paternal orphans, caregivers reported that they were not in possession of death certificates for the deceased parent.

Table 3. Missing Documentation among Potential Grant Applicants

	N	%
Children Without Birth Certificate	1782	10%
Maternal Orphans Without Maternal Death Certificate	1037	43%
Paternal Orphans Without Paternal Death Certificate	1012	19%
Caregivers Without Official SA Identity Document	1305	2%

Many caregivers were de facto foster parents, unrelated to the child, but had not had this caregiving role legalized. This study classified all children living without parents as eligible for the Foster Child Grant; however, this lack of legal documentation serves as a barrier to accessing this grant. Ninety-five percent of caregivers who were not receiving the grant, but were considered eligible due to the lack of a parent in the home, did not have the required court documents appointing them as foster parents. One obstacle to obtaining this legal status may be the issue of absentee parents, particularly fathers. For 19% of children in the sample, paternal survival is unknown but the father had been absent for at least two years; for 3% of the sample, the same was true for the mother. These cases pose a particular challenge, as the applicant may need to locate the parents or take steps to establish whether he/she is deceased.

Programmatic Implications

Household level assessments and education pertaining to grant eligibility are needed

Assessments undertaken as part of initial OVC program enrollment should include questions designed to ascertain the eligibility of all household members for the range of available social grants. In this sample, unmet need was highest for Foster Child Grants, though also significant for Care Dependency, Disability and Child Support Grants. Thus, grant eligibility in the home may extend beyond the child enrolled in a particular OVC program; however, securing such for other household members would certainly benefit the child of interest. OVC programs can improve access to social grants by educating all household members about the social grants for which they may qualify as well as helping them obtain the legal and/or medical documents necessary for application.

Non-parental caregivers require assistance with becoming court appointed as foster parents

Many children in this study were living without a parent; however, their caregivers' status as foster parents had not been formally legalized. This legal distinction was almost universally lacking among families eligible for, but not receiving, a Foster Child Grant. As a result, many de facto foster parents are instead receiving the smaller benefit under a Child Support Grant. OVC service providers can offer caregivers assistance with seeking court appointment of their status as foster parents, helping them understand eligibility requirements, secure needed documentation and submit applications.

Non-parental caregivers particularly lacked death certificates for the deceased parents of children in their care; OVC service providers can provide assistance with obtaining these documents, and those providers working with children with chronically ill parents should consider this potential future need. Absentee fathers also present a particular challenge; advocacy for legal exceptions or alternative documentation in lieu of death certificates to establish foster parent status may be necessary. Targeted assistance to non-parental caregivers could markedly increase grant access and award amounts, expanding the level of household resources available to support children's welfare.

Follow-up on pending social grant applicants may be necessary

Many of the grant-eligible families in this sample had submitted applications in the past year, but had not yet been awarded grants. Publicly available reports suggest variation in the efficiency of the approvals process: while more than 90% of all applications submitted nationally during October 2010 received an approval designation within 21 days, in certain areas, only 68% had received a determination [5, 15]. Programs may wish to help applicants follow-up on the status of their applications and take any necessary additional steps to ensure award, such as submitting missing materials or providing updated information for eligibility determination. This process could be greatly expedited by improving linkages with the Department of Social Development and the South African Social Security Agency (SASSA). For example, program care workers could facilitate meetings with government social workers; they could then use this forum to advocate for applicants, discuss particularly difficult cases, and develop collaborative plans to help families access grants.

Programs for OVC should facilitate immediate relief for the neediest families

While social grants provide families with vital economic relief, the application process can be complex and lengthy. In the interim, OVC households continue to experience high rates of extreme poverty and severe food insecurity. This suggests a need for immediate assistance while applications are pending. SASSA has introduced the Social Relief of Distress provision which provides temporary assistance when an applicant is awaiting permanent grants or when a breadwinner has recently passed away, leaving insufficient resources available to the household. Programs should prioritize helping eligible OVC households apply for Social Relief of Distress funds, as well as ensuring they are enrolled in program services.

Moreover, the Social Relief of Distress provision is awarded monthly, and usually provided to applicants for a maximum of three months. This period is likely too short – most households will not have obtained supporting documentation for social grants, submitted

an application, and received a permanent award in that period. Extensions may be granted in dire circumstances, and programs should monitor and respond to this need. Programs should further take an active role in advocating for policy that extends the length of this emergency provision.

Finally, given the level of severe food insecurity observed in this vulnerable population, temporary relief funds may need to be coupled with the immediate deliv-

ery of food packages and offered in tandem with other sources of food and income (e.g., community food gardens, economic savings groups). To facilitate this service, OVC programs may consider partnering with established food banks or community garden programs. They may also wish to introduce other opportunities for families to develop sustainable income, such as savings and loan groups and agricultural skills training, which have proven successful for reducing food insecurity among OVC households in East Africa [16].

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