Executive summary

The South African Child Support Grant Impact Assessment: Evidence from a survey of children, adolescents and their households

Date: May 2012

1 Key words

Social protection, cash transfers, child support grants, social development

2 Commissioned and supported by

The research report was internally commissioned and is part of a multi-year integrated qualitative[1] and quantitative impact assessment commissioned by the Department of Social Development (DSD), the South African Social Security Agency (SASSA) and UNICEF South Africa. This research report presents only the quantitative component of the study.

3 Conducted by

The Economic Policy Research Institute (EPRI) in partnership with the International Food Policy Research Institute (IFPRI).

The evaluation was commissioned in 2009, fielded between October 2010 and March 2011, and published in May 2012.

4 Background to evaluation

The Child Support Grant (CSG) is an important instrument of social protection in South Africa. It is an unconditional, means-tested, cash transfer administered to the primary caregivers of children by SASSA and reaches over 10 million South African children each month. It is both the largest of South Africa's social cash transfer programmes and one of the government's most successful social protection interventions. The CSG was first introduced in 1998. Expansions to the CSG's criteria for eligibility over the past 14 years include an increase in the age limit from seven to eighteen years old, and adjustments to the income threshold to take inflation into account and improve equity.

A number of studies have demonstrated the successes of the CSG in terms of reducing poverty and promoting human capital development. These studies have begun to build an evidence base demonstrating the Grant's impact in terms of reducing hunger and promoting nutrition, improving school attendance and

[1] Department of Social Development, South African Social Security Agency and UNICEF. 2011. *Child Support Grant Evaluation 2010: Qualitative Research Report*. Pretoria: UNICEF South Africa

promoting more positive health outcomes. However, as a result of its extensive coverage and because most prior studies have relied primarily on household-level data, it has been difficult to assess the impact of the CSG on the individuals it is supposed to benefit most, children. This study seeks to address this gap by focusing directly on children. There have also been questions around the rigour and quality of previous studies, generating a desire for a comprehensive and rigorous mixed-methods impact evaluation.

5 Overall purpose of the evaluation

The evaluation seeks to test the Theory of Change as outlined in terms of the following propositions:

(a) Cash grants targeted at children directly reduces poverty and vulnerability.

(b) The CSG both increases consumption and enables poor households and carers to participate in productive economic activity (e.g. to look for work).

(c) The CSG addresses the underlying causes of poverty, by enabling poor households to invest in physical, social and human capital assets (education, health, nutrition), that can generate future streams of income.

(d) Receipt of the CSG reduces risky behaviour by adolescents, such as transactional sex, alcohol consumption and substance abuse.

(e) The appropriate design (unconditional, targeting caregivers) and effective implementation (regular delivery, low costs to participants) work to maximise the programme's social and economic impacts.

6 Scope of the evaluation

The evaluation focuses on access to and the impact of the state's CSG cash transfer programme on the well-being of children and adolescents.

The evaluation covered children and adolescents receiving and not receiving the CSG from households in five provinces: Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo and Western Cape.

7 Evaluation questions

1) How has early versus late enrolment affected the well-being and development of children?[2]

2) How are critical life course events of adolescents affected by the extension of the CSG? [3]

3) What conditions determine and influence access to the CSG?[4]

[2] The study addresses this question in terms of children's anthropometry, health and schooling, as well as their access and use of preventative health and nutrition care.

[3] The study explores this question in terms of adolescents' participation in risky behaviour, schooling outcomes, and work inside and outside the home.

8 Evaluation methodology

8.1 Type of evaluation

The overall evaluation was based on a mixed-method quasi-experimental research design, addressing both process (or 'practice') questions and impact (or 'policy') issues. The resulting work yielded two main reports - a qualitative evaluation and a quantitative impact assessment. The qualitative evaluation was added to the overall scope of work as a 'design phase' when it became apparent that the scope of response options was not clear. The overall evaluation is a hybrid of a 'design' type evaluation scoping the responses to the CSG, with the aim of measuring this in an impact evaluation. This summary focuses exclusively on the quantitative, impact evaluation component, as each component was published separately and stands on its own as evaluation research.

8.2 Methodology

The study uses a single cross-sectional survey and Propensity Score Matching to measure causal programme impacts as the difference between observed outcomes for the beneficiaries and what would have been the outcomes if this group had not received the CSG or received it later versus earlier. Elements of Regression Discontinuity analysis were also used. The evaluation strategy controls for factors that might lead to an erroneous attribution of causality, including individual and household traits such as poverty status, exposure to shocks, demographic characteristics and other variables. The evaluation employs non-experimental approaches rather than a randomised experiment because there is no practical or legal scope for randomly allocating grants in South Africa.

Sampling

This survey covered five provinces in South Africa and used a two-stage sampling procedure. Stage 1 consisted of selecting geographical areas with a probability of selection proportionate to their size. Individual beneficiaries were chosen from these selected areas at random from the sub-set of beneficiaries on SASSA's SOCPEN system that fit the age and receipt criteria in Stage 2 of the sampling process. The sample is based on identifying two groups of households: (1) those receiving the CSG for a child approximately 10 years of age and (2) households which include an adolescent, either receiving or not receiving the CSG. These groups are further broken into subgroups based on age of receipt of the grant.

To assess the validity and representativeness of the CSG sample, sub-samples from two other national representative surveys, the 2008 National Income Dynamics Study (NIDS) and the 2010 General Household Survey (GHS), were examined and compared to the CSG sample population. All three studies were found to be largely consistent, indicating that the study sample is largely representative of corresponding national populations.

Data analysis

Participants in the study were separated into statistical 'treatment' and 'control' groups made of households with similar observable characteristics that influence their probability of application for receipt of the CSG based on whether or not they

[4] The study focuses on this question at the point of initial application, by assessing the duration and continuity of receipt at the same time as analysing current access and use.

were receiving the CSG and for what length of time they had been receiving the grant. Members from each group were matched using a propensity score which in turn was based on observable characteristics. By comparing the members of each matched pair, researchers were able to estimate what the dosage-response to a specific number of year's exposure to the CSG was in terms of important outcomes such as schooling.

Data collection

Three questionnaires were filled out by surveyed households and enumerators. One focused on the entire household while the other two focused in depth on the sampled young child or adolescent. In addition, adolescents completed a confidential, self-administered survey. Data was collected on 1,726 adolescents (85% of the target sample size of 2,040 adolescents) and 1,187 children (74% of target sample of 1,600).

9 Findings

Access to and use of the CSG

Receipt of the CSG varies over different age groups. Take-up rates peak for children seven to 10 years in age, while infants have relatively low take-up rates. Furthermore, youth in newly-eligible age groups have relatively low take-up rates. This finding helps explain why adolescents are relatively less likely to receive the CSG when compared to younger children. Receipt of the CSG is correlated with multiple household applications as well as household knowledge of the CSG from formal sources. Generally, relatively poorer and/or less educated households are more likely to have received the CSG. The top five reported uses of the grant include food, education, clothing and household durables, health and transportation - which represents more than 95% of reported uses.

The impact of the CGS on outcomes in early life

Early life receipt (first 2 years of life) of the CSG increases the likelihood that a child's growth is monitored and improves height-for-age scores for children whose mothers have more than eight grades of schooling. Since children's cognitive development depends on receiving appropriate nutrition in the first few years of life, this result provides important evidence of the CSG's role as an investment in human capabilities.

Impact of the CSG on schooling and cognitive skills of children

Analysis of grade attainment, scores on mathematical ability tests and scores on reading and vocabulary tests provides evidence of the impact of the CSG on schooling outcomes of 10 year old children. Children who were enrolled in the CSG at birth completed significantly more grades of schooling than children who were enrolled at age six, and achieved higher scores on a math test. Impacts for girls were particularly significant, with early receipt of the CSG increasing girls' grade attainment by one quarter grade compared to those receiving the grant only at age 6.

The impact of the CSG on schooling outcomes of adolescents

Receipt of the CSG by the household reduces adolescent absences from school, particularly for male adolescents, even when the household does not receive the grant specifically for the adolescent

The impact of the CSG on children's health

Early enrolment in the CSG reduced the likelihood of illness (as measured by a 15 day period prior to the survey), with the effect particularly strong for boys.

The impact of the CSG on time allocation and labour supply of children

Child labour was not found to be common for younger children (10 year olds in the sample), while nearly a fifth of reporting adolescents indicated that they worked outside the home. Significantly, early receipt of the CSG (in the first seven years of life) reduces the likelihood that they will grow up into adolescents who will work outside the home. Additionally, there appears to be a particularly important impact in terms of reduced work outside of the home for females who received the grant in early childhood.

The impact of the CSG on adolescent risky behaviours

The analysis found statistically significant associations between receipt of the CSG in adolescence and: (a) reduced sexual activity and a fewer number of sexual partners, particularly when the adolescent also received the grant in early childhood; (b) reduced pregnancy, again particularly when the adolescent also received the grant in early childhood; (c) reduced alcohol and drug use, particularly for females, and with the effect strengthened by early childhood receipt of the CSG.

10 Conclusions and recommendations

The evaluation results convey several key messages: (1) The CSG generates positive developmental impact that multiplies its benefits in terms of directly reducing poverty and vulnerability; (2) Early enrolment in the CSG programme substantially strengthens impacts. Promoting continuous access to the CSG for eligible children through adolescence would help to maximise the potential benefits of the grant; and, (3) Receipt of the grant by adolescents generates a range of positive impacts, not least of which is the reduction in risky behaviours, which in the context of high HIV prevalence, generates a particularly protective impact. Other conclusions contained within the qualitative report contribute to and build on these conclusions.

11 Evidence of use

The DSD's M&E Unit and policy making component was actively and integrally involved in the evaluation throughout the process drew on what has been learnt through the process to inform their policy development.

However, dynamics of relationships between partners, the demands brought to the study by international partners and the drawn out study meant that a poor context for use was laid. The study was released in 2012 and it is too early to determine whether the highly technical evaluation enhanced the use-value of the study. The use value was possibly compromised by a highly technical approach to the study which did not build much of a community of future users during the implementation of the study.

12 Note on quality of report

The overall quality of this report has been rated a 4.03 out 5 applying the Evaluation Quality Assessment Tool (EQAT) indicating that this evaluation is of a good standard.