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Community of Practice for Social Systems Strengthening to Improve Child Well-being Outcomes

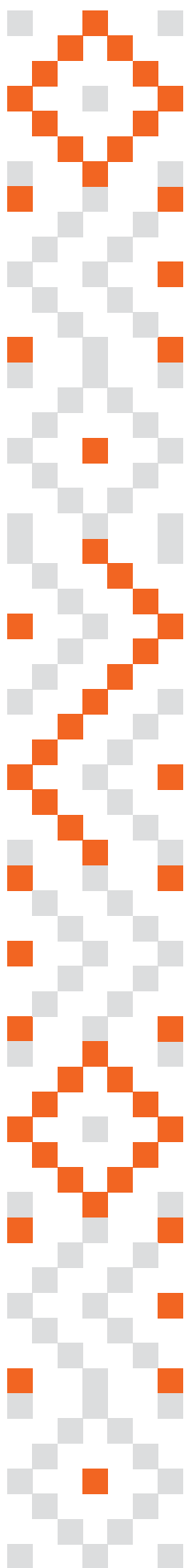
Cash Plus School-Based Services

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The Community of Practice is a multi-sectoral and inter-disciplinary collaboration between academic researchers, practitioners, governmental and non-governmental agencies and is supported by the National Research Foundation.



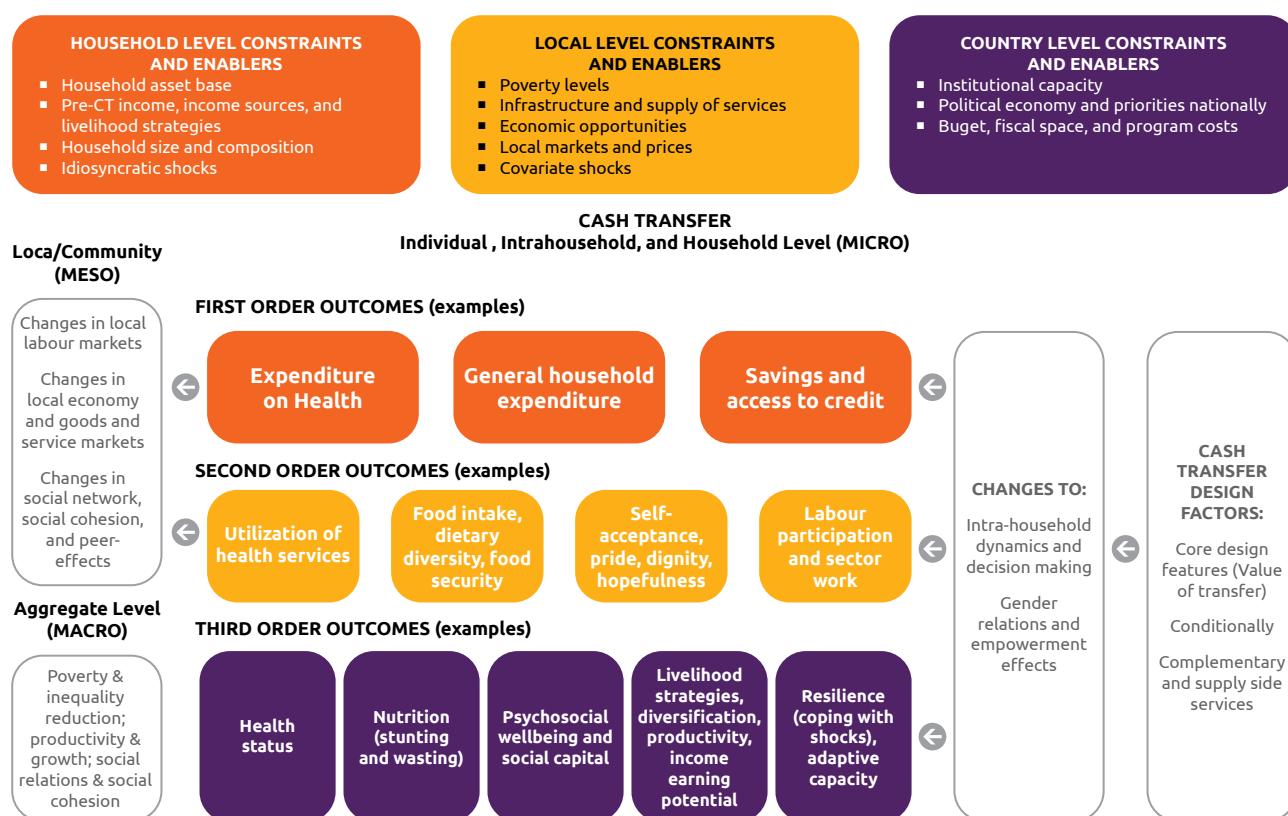


Introduction

Policy responses to childhood poverty and vulnerability in developing countries include the provision of basic services such as education, healthcare, clean water and sanitation, in-kind transfers such as school feeding schemes and nutritional supplements, immunisation and nutrition advice, and more recently cash transfers.

There is a considerable body of research that indicates that cash transfers (CTs) are a powerful instrument in tackling poverty and improving child outcomes in low-middle income countries (Hanlon et al., 2012; Macours et al., 2012; de Walque et al., 2017). A conceptual framework (Figure 1) for how cash transfers impact on child outcomes details the conditions, enablers and constraints that determine their effectiveness (Bastagli et al., 2016; Pega et al., 2017). The framework is adapted for the South African social protection context and highlights constraints and enablers to the effectiveness of cash transfer programmes at household, local and country level, and how, depending on these, CTs can result in first order, second order and third order outcomes. As can be seen in Figure 1, household level constraints and enablers include the asset base and income in the household pre-transfer, livelihood strategies, household size and ratio of adults to children, and household-specific shocks (deaths, sudden loss of income etc). At local level the degree to which a CT can work will be determined by poverty levels in that setting, infrastructure and the supply of services, and wider unexpected shocks that disrupt entire settings such as COVID-19. At country-level, constraints and enablers include budget and fiscal space to ensure a responsive comprehensive social protection system. Immediate outcomes from injecting cash into poor households are expected to be increased expenditure on health (transport), household expenses such as food, schooling, and clothing, as well as some savings and ability to access credit. These first order outcomes are expected to lead to second order outcomes related to utilization of health services, food intake and security, and that having these basic needs met could impact on how beneficiaries feel about themselves and their expectations of the future. These impacts could in turn lead to and be strengthened by increased participation in the labour market. Ultimately first and second order outcomes should lead to and impact on health status, nutrition, educational outcomes and resilience. Changes at the macro, meso and micro levels influence the degree of impact observed; similarly cash transfer design factors such as the amount of the transfer and conditionality, universality or targeting, and whether it is implemented within a combination strategy approach or on its own, determine the effectiveness of a given CT programme.

Much of the evidence that is available on CTs speaks to first and second order outcomes, such as increased household expenditure on education, health, and general household expenses including food (Bastagli et al., 2016; Pega et al., 2016). There is less conclusive evidence of impact on third order outcomes related to educational outcomes, health status, and child nutritional outcomes (Bastagli et al., 2016; Manley, 2012). However, what the existing evidence base on cash transfers does suggest is that cash alone is not enough to achieve strong, tangible impacts on more concrete outcomes such as child nutritional status, school retention and achievement. This understanding has prompted calls for a "Cash Plus" framework as a better approach to achieving child outcomes (Patel and Hochfeld 2019; Hagen-Zanker et al., 2016; Roelen et al., 2017; Devereux and Waidler, 2017; Zembe-Mkabile et al., 2018).



Adapted from Bastagli et al., 2016

Figure 1: Framework for impact of Cash Transfers on health & wellbeing

A Cash Plus framework conceptualizes cash transfer inputs directed at children as being more likely to be effective in an enabling environment characterised by accessible and affordable high-quality complementary services (Figure 2). As such, Cash Plus approaches offer a coordinated and integrated response to child poverty and related child developmental outcomes.

In South Africa, a key policy instrument for reducing childhood poverty is the Child Support Grant (CSG). The CSG is the largest cash transfer in the country and the continent, reaching more than 12 million children from poor households. It is means-tested and non-contributory. In 2021 the grant transfers R450 per child. Evidence shows that a significant proportion of the Child Support Grant (CSG) in South Africa goes towards school-related expenses (Zembe-Mkabile et al., 2015, 2018; Khosa and Kaseke 2017; Lund et al., 2011; UNICEF 2008), with fees, school transport and uniforms accounting for the largest spending of the CSG by households after food (Grinspun 2016). A study conducted in 2005 effectively demonstrated that children in receipt of the CSG had higher school enrolment rates, indicating that the CSG enabled households to keep their children in school by making it possible for them to meet the high cost of education (Case et al 2005). Expenditure on these items is a result of primary caregivers of CSG recipients prioritizing educational needs above other essential needs in the household. This is despite a school learner transport policy that is meant to target children in poverty, the National School Nutrition Programme (NSNP) which is meant to provide lunch in schools, and the no-fee schools policy. Part of the challenge with CSG recipients accessing free school-related services is that eligibility for the services is not directly linked to CSG receipt. The criteria used to determine eligibility for school-related programmes include distance-to-school, type of geographic area and public transport availability for the School Learner Transport Policy; and type of school (quintile level) for the NSNP program, and the No-fee Schools Policy. These additional expenses, which should be provided free-of-charge, erode the value of the CSG and contribute to its dilution (Devereux and Waidler, 2017), therefore, ensuring that each CSG recipient receives the free services they need and are entitled to will reduce the erosion of the grant, and will go some way in mitigating its weakened impact on children.

Schools offer a unique opportunity for targeting children with multiple impactful services and programs. Thus, the potential impact of the CSG and other child grants would be maximized if they were linked to and integrated with complementary school-based services targeting young children. These complementary services include the school nutrition program, fee waivers, school transport, school uniforms, free books and stationery, school-based health services, psychosocial support services, and integrated social work services.

The aims of the paper are to:

1. Develop a conceptual framework for Cash Plus school-based services to guide the Communities of Practice (CoP) study,
2. Describe the nature and scope for complementary school-based services in South Africa, with a specific focus on Gauteng,
3. Document and describe successes, challenges and opportunities in the provision of these services in South Africa in general, and Gauteng specifically

Methods

The methodology comprised a combination of desktop review of evidence and policy; as well as primary data from interviews with key informants and stakeholders operating in the school-based services space.

The review process entailed a desktop search of all available literature (research papers, research reports, annual progress reports, and grey literature) and a review of policies for some of the services. The specific policies that were reviewed through desk-based research were: the National School Nutrition Programme (NSNP), the No-Fee Schools Policy, School Learner Transport Policy, and the Integrated School Health Policy (ISHP). The reason for targeting these programmes was because these were the only services in the framework for which there were written policies. Programmes which routinely receive a great deal of media and civil society attention, such as the NSNP, resulted in far more search outputs, including opinion pieces, newspaper articles, civil society campaign papers and reports, and research reports and papers. Less well-known policies such as the School Learner Transport Policy resulted in fewer search outputs, and mainly comprised policy documents, departmental workshop presentations, and annual reports. Gaps identified in the literature review included integration of policies with other complimentary services, and the impact of COVID-19 on service delivery¹. These two issues were not widely discussed or addressed in many of the documents reviewed.

In addition to the literature and policy reviews, interviews were conducted with key informants to fill some of the knowledge and evidence gaps identified in desk-based research. The interviews were conducted with three key informants in the Department of Basic Education responsible for implementing the National School Nutrition Programme (NSNP Directorate, 1 member), the Care and Support for Teaching and Learning programme (CSTL) (Office of the Deputy Director-General: Care and Support Services, 1 member); and the Scholar Assistance Programme for children in need (Directorate: Social Cohesion and Equity in Education, 1 member). The ISHP programme is part of the CSTL package of services, thus the interview with the CSTL key informant mainly focused on the integrated school health policy programme. Interviews lasted about an hour with each key informant, and the topics covered included: nature and scope of the programme; integration with other complementary services for children in need; and successes, challenges and opportunities.

Key informant interviews arranged with officials responsible for the School Learner Transport Policy and the No-Fee Schools Policy did not take place as the officials were not available.

The Conceptual Framework for Cash Plus School-Based Services

The conceptual framework presented in Figure 2 situates the CSG within a framework that links it to school-based services that could enhance its impact. In the framework, providing and linking recipients of child grants to free school transport, school meals, no-fee schools and fee waivers, and integrated school-based health services including health education, and screening and treatment for common childhood illnesses and conditions, will lead to improved child educational, health, and wellbeing outcomes. This could be achieved through specific actions at the policy and implementation levels. At the policy level coverage gaps in provision could be met through explicitly linking eligibility criteria for all school-based services, including: free school transport, free school uniforms, no-fee schools and fee exemptions, the school nutrition programme, and the integrated school health programme, to CSG receipt. This would ensure that coverage gaps in provision of these services for CSG recipients are reduced.

At the implementation level this could be achieved through ensuring an integrated provision of social services in schools and outside school, where response to issues picked up at school which require different services is integrated; integrated monitoring and evaluation of school-based services to ensure that each CSG recipient receiving school-based services is monitored across all the services they are linked to; and integrated training of all staff involved in providing services and care to children in schools. Related to the last point on training, training would ensure that teachers know how to identify children who are struggling and who need support, and where to refer them within the system of care.

¹ The only exception in this regard was the NSNP

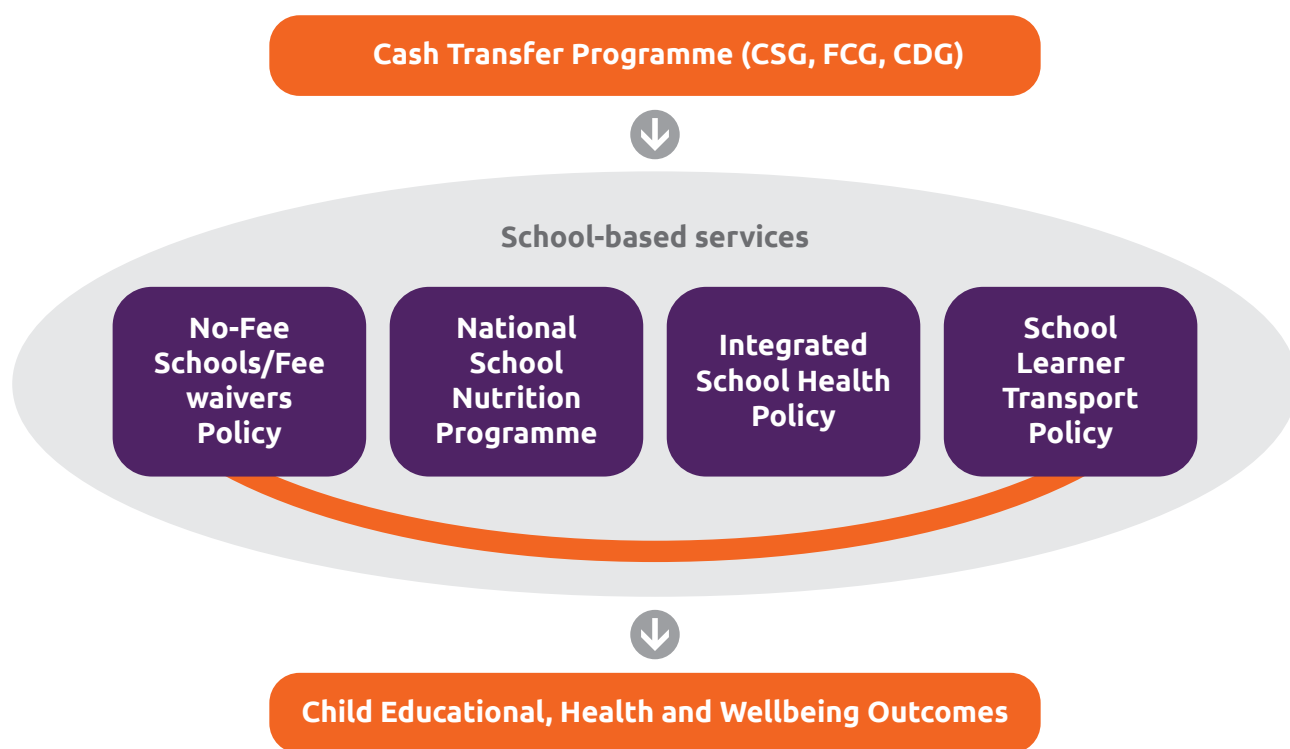


Figure 2: Conceptual Framework for Cash Plus School-Based Services

The nature of and scope for complementary school-based services in South Africa

Education is a basic inalienable right in South Africa, espoused in Section 29 (1) (a) of the South African Constitution which states that “everyone has the right to a basic education.” (Constitution of the Republic of South Africa, 1996). The South African Schools Act of 1996 also makes educational attendance compulsory for all children aged 7-15 (or completion of Grade 9). The compulsory nature of education in South Africa, thus places the onus, not only on parents and their children, but on the Government as well, to ensure that education is accessible and affordable.

The context of poverty and deprivation that the majority of children in South Africa grow up in, means that socio-economic disadvantage can be a barrier to schooling. In order to address poverty-related barriers to schooling, as well as to ensure that vulnerable children are linked to services that are crucial for their development and for positive educational outcomes, a number of school policies and interventions have been put in place to support children in need. These policies include No-fee schools, School Fee Exemption Policy, School Learner Transport Policy, National School Nutrition Programme (NSNP), and the Integrated School Health Policy. Below is a description of the nature and scope of each policy.

No-fee Schools Policy

Apartheid legislation, which found its full expression in education policies that discriminated against Black learners, resulted in a highly unequal education system that the democratic Government inherited in 1994. Since then the education system in South Africa has been characterized by a two tier basic education system with wealthy, well-resourced, mainly white schools on the one hand; and overcrowded, under-resourced schools with poor infrastructure and inexperienced teachers in largely Black areas, on the other. To try and address inequalities and inequities in the system the Government first promulgated the 1996 South African Schools Act. The main objective of the Schools Act was to provide a uniform system for the organisation, governance and funding of schools. As such, public funding for education utilizes a pro-poor funding model where previously disadvantaged schools receive more funding from the Government than former white schools (Sayed and Motala, 2012). The funding model categorises schools into 5 quintiles, with quintiles 1 and 2 schools being the poorest/most disadvantaged, quintile 3 schools being somewhat in the middle, and quintiles 4 and 5 schools being the most resourced (van Dyk and White, 2019). The bulk of public funding for education thus goes to quintiles 1, 2 and 3 schools, with the first and second quintiles getting the lion’s share. Quintiles 1 to 3 schools are also declared no-fee schools and thus learners in such schools attend without the obligation to pay fees. As a result of receiving the least amount of funding from Government, quintiles 4 and 5 schools are allowed to charge fees, and school governing bodies determine fees in each school. However, even within fee schools, parents who are unable to afford school fees have the right to apply for fee-waivers or school-fee exemptions.

To date about two-thirds of all school-going children attend no-fee schools (DBE, 2021).

School Learner Transport Policy

The School Learner Transport Policy was established in 2015 in recognition of the inaccessibility of schools in some parts of the country, especially marginalized and rural areas where learners were having to walk long distances to get to school (Government Gazette, 2015). The main proviso of the policy was that it would only target “learners who attend grade R to 12 and live in areas where they do not have access to public transport services and have to walk long distances to school” (Government Gazette 2015, p.8). The implication is that learners who are poor but live in areas where public transport services are available, do not qualify for this service. The policy is a joint collaboration between the Departments of Transport and Education, with some provinces having the Department of Transport as the implementing partner (Eastern Cape, Free State, Mpumalanga, Northern Cape, and North West), and some having the Department of Basic Education as the implementing department (Gauteng, Western Cape, Limpopo, and Kwazulu-Natal).

Since its implementation in Gauteng the number of children reporting having to walk long distances to school and/or missing school as a result of not having access to transport, has declined drastically (Table 1), with coverage of 112% in 2017 (compared to the target) (Department of Transport, 2018).

Table 1: Learner Transport Provision 2015-2017

PROVINCE	Total demand 2016-17	Number of Learners Transported 2016-17	% of Learners Transported against target 2016-17
Eastern Cape	111406	78061	70.07%
Free State	9736	11929	122.52%
Gauteng	97114	109618	112.88%
KwaZulu-Natal	71000	47747	67.25%
Limpopo	34321	34321	100.00%
Mpumalanga	60231	60119	99.81%
Northern Cape	27803	23684	85.19%
North West	52684	42281	80.25%
Western Cape	57416	58217	101.40%
TOTAL	521711	465977	93.26%

Source: Department of Transport, 2018. https://static.pmg.org.za/180307learner_transport.pptx

The National School Nutrition Programme

The NSNP was established in 1994 (then called the National School Feeding Scheme) with the main mandate of providing at least one school meal to each learner. While the primary purpose of the programme is to ensure the realization of children’s rights to basic nutrition (Section 28(1)(c) of the Constitution) and basic education (Section 29(1)(a) of the Constitution), it has additional objectives related to improving school attendance, retention, concentration and the general wellbeing of learners.

When asked whether access to the NSNP was in any way linked to CSG receipt, the director for the NSNP stated that it was not. The director stated that the main criteria for schools to qualify for the NSNP are “*the geographic situation of the school, infrastructure, and quintiling*” (Director, NSNP, DBE). As such, schools in which the NSNP programme is implemented are those in rural and peri-urban areas, townships and informal settlements, and schools in quintiles 1 to 3. However, the director also states that the programme is near universal, and reaches about 80% of the school population, which translates to about 9 million learners. This number is confirmed by the General Household Survey of 2018 which reported coverage of the NSNP at 80-82% (GHS 2018). Such high coverage means that in theory, a substantial proportion of CSG recipients is likely reached by the NSNP.

The programme started small, targeting only primary school learners, but by 2009 it had grown to include secondary schools. Its budget also increased from R1 billion at inception, to the current R8 billion conditional grant per year that it receives². The director attributes the growth to the success of the programme, as well as the confidence it has garnered from government and the public alike.

² Director of the NSNP

The NSNP mainly employs a centralized model where provincial departments are responsible for procuring food via the tender process. However, there are 4 provinces which have moved to a decentralized model where schools are in charge of the procurement process.

In Gauteng, the NSNP has been particularly successful, with the director asserting that *“we have reached the majority of learners in the Province”* (Director, NSNP, DBE). Gauteng is also unique in that it is one of only two provinces in the country that provides not one, but two school meals a day. This result is due to partnerships that the department has formed with corporates that sponsor one of the two meals (breakfast).

Integrated School Health Policy

The Integrated School Health Policy (ISHP) was developed in 2012 in recognition of the many health and social challenges children in South Africa face, which together can act as barriers to education (DOH and DBE 2012). The ISHP predecessor was the School Health Policy and Implementation Guidelines launched in 2003, but which suffered several limitations and challenges such as slow implementation and low coverage (DOH and DBE, 2012). As a result, the Departments of Health and Basic Education and other key stakeholders took stock of the challenges and went back to the drawing board, with the process culminating in the ISHP. The policy states that its general objective is “To guide the provision of a comprehensive, integrated school health programme which is provided as part of the PHC package within the Care and Support for Teaching and Learning (CSTL) framework”. The CSTL framework is underpinned by the ecological systems approach which conceptualizes individual behavior as being influenced by multiple and multidimensional factors that are direct and indirect, and situated at the individual, community and societal levels (Bronfenbrenner, 1994). According to this framework children need to be viewed within the multilayered, complex contexts and environments in which they live, and from which they seek and access education, care and services. The different layers that make up a learner’s context and life need to be seen as symbiotic, interacting and intersecting positively or negatively to shape their experience of education, care and support. Within the CSTL’s ecological systems approach, DBE identifies barriers to education as existing at the following levels:

- Intrinsic barriers: Located largely within the individual child, such as physical, mental and health related problems;
- Systemic barriers: Such as inadequate infrastructure, inappropriate teaching methods or materials, poorly trained teachers, insufficient support for teachers, and policy and curriculum issues; and
- Societal barriers: Including severe poverty, unemployment, inadequate care-giving arrangements, child labour and violence against children, and HIV and AIDS. (Department of Basic Education and MIET Africa 2010, pp.5-6)

These barriers which occur at different levels, if addressed, can make education more responsive, for the ultimate good of children and society. The ISHP thus adopts an intersectoral, multisectoral and multi-disciplinary approach to supporting learners involving different departments, educational structures, teachers, nurses, social workers, nutritionists, counselors etc. Intersectoral collaboration mainly occurs between the Departments of Education, Social Development and Health (Rasesemola et al., 2019).

The essential health package of the ISHP includes learner assessments, health screening, on-site services, and health education. Table 2 below presents the list of activities and services contained within the package.

Table 2: ISHP School Health Package

Health Screening	On-site service	Health Education
Foundation phase (Gr R-3)		
<ul style="list-style-type: none"> • Oral health • Vision • Hearing • Speech • Nutritional assessment • Physical assessment (Gross & fine motor) • Mental Health • Tuberculosis • Chronic illnesses • Psychosocial Support 	<ul style="list-style-type: none"> • Parasite control: De-worming and bilharzia control (where appropriate) • Immunisation • Oral health (where available) • Minor ailments 	<ul style="list-style-type: none"> • Hand washing • Personal & environmental hygiene • Nutrition • Tuberculosis • Road safety • Poisoning • Know your body • Abuse (sexual, physical and emotional abuse)
Intermediate phase (Gr 4-6)		
<ul style="list-style-type: none"> • Oral health • Vision • Hearing • Speech • Nutritional assessment • Physical assessment • Mental Health • Tuberculosis • Chronic illnesses • Psychosocial Support 	<ul style="list-style-type: none"> • Deworming • Minor ailments • Counselling regarding SRH (if indicated), and provision of and referral for services as needed 	<ul style="list-style-type: none"> • Personal & environmental hygiene • Nutrition • Tuberculosis • Medical and Traditional Male circumcision • Abuse (sexual, physical and emotional abuse including bullying, violence) • Puberty (e.g. physical and emotional changes, menstruation & teenage pregnancy) • Drug & substance abuse
Senior phase (Gr 7-9)		
<ul style="list-style-type: none"> • Oral health • Vision • Hearing • Speech • Nutritional assessment • Physical assessment incl. anaemia • Mental Health • Tuberculosis • Chronic illnesses • Psychosocial support† 	<ul style="list-style-type: none"> • Minor ailments • Individual counselling regarding SRH, and provision of or referral for services as needed 	<ul style="list-style-type: none"> • Personal & environmental hygiene • Nutrition • Tuberculosis • Abuse (sexual, physical and emotional abuse including bullying, violence) • Sexual & reproductive health • Menstruation • Contraception • STIs incl. HIV • MMC & Traditional • Teenage pregnancy, CTOP, PMTCT • HCT & stigma mitigation • Drug and substance abuse • Suicide
Further Education and Training (FET) (Gr 10-12)		
<ul style="list-style-type: none"> • Oral health • Vision • Hearing • Speech • Nutritional assessment • Physical assessment incl. anaemia • Mental Health • Tuberculosis • Chronic illnesses • Psychosocial support 	<ul style="list-style-type: none"> • Minor ailments • Individual counselling regarding SRH needs, and provision of or referral for services as needed 	<ul style="list-style-type: none"> • Personal & environmental hygiene • Nutrition • Tuberculosis • Abuse (sexual, physical and emotional abuse including bullying, violence) • Sexual & reproductive health • Menstruation • Contraception • STIs incl. HIV • MMC & Traditional • Teenage pregnancy, CTOP, PMTCT • HCT & stigma mitigation • Drug and substance abuse • Suicide

A limitation of the ISHP and CSTL is that they do not make any explicit links with the CSG in any of the policy documents. The implication of the absence of this linkage is that children in receipt of the CSG are not identified by the programme as specifically needing help, or monitoring. A CSG recipient may be in a school that does not have a functional ISHP (or CSTL framework) in place and this will not be picked up and thus the child will not be linked up to care.

Successes, challenges and opportunities for school-based services

Interviews with key informants as well as desktop review of available evidence suggest that school-based services have experienced successes and challenges and that these present opportunities for improvement.

No-fee Schools Policy

A key success of the No-fee Schools Policy is its reach - two-thirds of school learners in South Africa attend no-fee schools. However, this figure obscures a number of challenges in the implementation of the policy. These challenges have been identified as:

- Incorrect classification of schools into quintiles
- Challenges with obtaining fee exemptions for learners attending schools in quintiles 4 and 5
- A high rate of learner debt by learners whose caregivers face challenges in accessing fee exemptions in fee-paying schools
- The limited capacity of provincial education departments to implement and monitor the policy
- Challenges of raising additional resources in quintiles 1-3 schools

The incorrect classification of schools into quintiles happens when entire areas are not rated among the poorest, forcing an otherwise poor school (in the sense of having a majority of poor children) to be classified as falling under quintiles 4 or 5. This situation points to the difficulty in schools' ability to follow and apply the Norms and Standards for School Funding policy for reassigning themselves to another quintile (Sayed and Motala, 2012), with the result that *"in general, schools find it difficult to change their classification"*. Part of the challenge with the application process for quintile reassignment is that the process is decentralized to the provincial level, with provincial education departments being tasked with establishing a fair and objective administrative mechanism for considering and deciding upon such requests.

Ideally a child who attends school in an incorrectly classified institution, should still be able to apply for fee-exemption, which brings us to the second challenge: fee-exemptions in fee-paying public schools. Evidence suggests that the process of obtaining fee-exemption is not always an easy one, with some parents complaining about lack of awareness of the policy or the process being too complicated. Others have complained that the documentation required is complex and difficult to obtain, which is particularly the case for foreign nationals.

The third challenge relates to fee paying schools which rely on collection of fees to run and sustain themselves, having high numbers of unpaid fees from caregivers who are unable to pay, and yet receiving far less funding support from the government (Business Tech, 2021). The current economic challenges with capacity to implement the no-fee and fee-exemption policies are cited as one of the key obstacles to expanding coverage and to ensuring that all children in need receive free education. This difficulty is particularly the case in provinces already battling with capacity to perform general functions. In some provinces, capacity to implement policies *"is decidedly weak, to the point of dysfunctionality"* (Sayed and Motala, 2012).

No-fee paying schools face their own unique challenges as a result of having to depend wholly on public funding which usually falls short of schools' needs and ambitions. In such instances caregivers become vulnerable to no-fee paying schools pressuring, and in some instances forcing, them to pay a voluntary donation, which ends up being a "compulsory donation", even though this practice is prohibited.

School Learner Transport Policy

Successes of the School Learner Transport Policy mainly relate to the reduction of the gap between demand for school transport and provision, which is especially the case in Gauteng which has consistently exceeded its targets since the implementation of the policy. The most recent GHS (2018) also shows very little reporting of lack of transport or remoteness as the reason for not attending school. However, it is noted that nearly 70% of learners still walk to school, and that walking long distances to school is mainly prevalent in KwaZulu-Natal. In this indicator Gauteng has also seen the greatest improvement, having gone from 12% of children aged 7-15 years reporting walking for longer than 30 minutes to get to school in 2009, to 5.4% reporting the same in 2016, compared to the national average of 12% for this age group in 2016 (GHS, 2018). The limitation of this indicator is in how it is constructed, or rather, what it is constructed to measure. It only measures distance, that is, the number of children who walk long distances to school; it does not measure transport affordability, that is, the number of children for whom public or private transport is too expensive. Children who are CSG recipients who depend on public or private transport to get to school would automatically qualify for assistance if the affordability measure were used to determine need.

Other challenges that have been identified in the implementation of the policy include: insufficient funding of learner transport; location of function; and road safety. Insufficient funding for learner transport was identified in 2017 by the Department of Transport as one of the challenges to the implementation of the policy, mainly due to lack of uniformity in the provision of additional funding, with some provinces opting to provide additional funding and others not doing so (Department of Transport 2017). Location of function challenges mainly relate to lack of coordination and oversight of the function between the Department of Transport and DBE. As a result, as shown earlier, in some provinces this function is performed by the Department of Transport, while in others by the DBE. Finally, road safety has been identified as one of the key challenges due among other reasons, to lack of a focused Learner Transport Road Safety Programme, and the absence of a driver and learner code of conduct (Department of Transport, 2017).

National School Nutrition Programme

During interviews the NSNP directorate highlighted a number of strengths and successes of the programme, including its aforementioned coverage of 80% of the learner population; improvements in the variety and diversity of meals where it now complies with daily nutritional recommendations, and budgetary increases. Another strength of the programme is its location within the CSTL framework which supports integration, inter and multi-sectorality.

However, the directorate was equally open about the challenges faced by the programme. These relate mainly to food safety; lack of infrastructure, and COVID-19 related challenges.

While food safety remains a concern for the programme, the director emphasized that the number of food poisoning cases is steadily decreasing as the NSNP continues to improve its safety standards. The programme now only gets about 1 or 2 incidents reported a year.

Lack of or poor infrastructure in schools, a legacy of apartheid, continues to plague the NSNP with many schools continuing to have no kitchens from which to prepare and serve school meals. As a result, some schools are forced to use classrooms, and others erect corrugated structures and use these structures as kitchens. In Gauteng this arrangement is said to be improving with many schools having managed to build kitchens, but the NSNP key informant conceded that a few schools in the province still use corrugated structures as kitchens. Another infrastructural issue is the use of gas stoves which have a Safety and Hazards Protocol that many schools find difficult to follow. In particular, schools find it difficult to keep gas cylinders stored outside as per the protocol because of theft and vandalism. Once again, Gauteng is reported to be coping with this problem better than other provinces as many schools lock the cylinders in cages that are kept outside.

COVID-19 related challenges were highlighted as the most difficult to overcome by the directorate. The suddenness with which the COVID-19 pandemic descended onto South Africa caught many departments, including the DBE, unprepared. The hard lockdown, which necessitated the sudden shut down of many services, including schools, meant that the NSNP initially had to also be suspended, leaving millions of children without the school meal/s they were relying on 5 out of 7 days a week. The NSNP director pointed out that the programme by design is meant to function within brick and mortar schools, and the pandemic challenged this arrangement as it forced the department to find other ways to deliver schools meals to children not in school. The programme took a few months to come up with a plan and to adjust and adapt to the new normal, resulting in meals only being served in schools again in June 2020, nearly 3 months after the first lockdown. Prominent civil society organisations and activists took the government to court to force them to provide for children returning to school and for those who could not return, and they won. This achievement was a big victory for the 9 million children relying on the NSNP for up to two meals a day.

Whilst the programme has made many strides in resolving many of the COVID-19 related challenges it encountered, the NSNP directorate reported that there are still challenges related to providing food, especially for children attending school on alternate days who have to be provided for even on the days they do not come to school. The programme has come up with innovative ways to resolve this problem, including handing out monthly food parcels to children during COVID-19 wave peaks when the risk level becomes adjusted enforcing school closures, as well as allowing children who live far from their schools to be served at the nearest school.

Another key challenge of the pandemic is that COVID-19 prevention and safety protocols that bar gatherings of people, have led to underspending on some line items such as NSNP training, workshops, campaigns etc, with the director noting that *"We had to stop all of that, as a result we underspent a lot...we expect a lot of flak [for that]"*.

Integrated School Health Policy

The ISHP programme has been praised for its intersectoral, multisectoral and multidisciplinary approach to school health provision, and this approach has been identified as the backbone of the programme. However, challenges have been identified around the implementation of those very indicators (i.e. intersectoral and multidisciplinary collaboration between schools and other stakeholders). A recent study (Rasesemola et al., 2019) shows that in the second largest municipality in Gauteng, the City of Tshwane, non-compliance regarding intersectoral and multidisciplinary collaboration

is high. The authors indicated sufficient compliance with the ISHP's multidisciplinary and multisectoral collaboration elements as referring to a minimum of 75% of schools indicating the presence of those elements.

Key ISHP collaboration elements included: involvement of parents or families of learners; involvement of community members; involvement of local health departments, agencies or organisations; involvement of learner bodies (learner representative committees); involvement of physical education staff; involvement of mental health or social services staff, including social workers; involvement of nutrition or food service staff; involvement of health services staff (e.g. school nurses); and involvement of transportation staff. Sixty-six schools were sampled and on none of the indicators did schools achieve compliance levels higher than 62%. Involvement of learner bodies and involvement of mental health and social services staff achieved the lowest score at 14%, followed by involvement of parents or other family members, and involvement of community members at 30% each. In terms of intersectoral collaboration, the involvement of local health departments, agencies or organisations achieved a relatively low 58% given that these organisations are key stakeholders within the ISHP framework. The involvement of physical education staff achieved the highest score at 62%, followed by the involvement of faith-based organizations at 60% (Rasesemola et al., 2019).

Given the size of the Tshwane municipality, and its location within Gauteng, these results are concerning.

In interviews conducted for this article, a key informant from the Care and Support for Teaching and Learning programme under which the ISHP falls, identified another challenge to be the prioritization of teaching and learning, especially during COVID-19 where the school calendar is constantly disrupted and shortened. She stated that the CSTL is a *"contested and competitive space because teaching and learning are prioritized"*, thus programmes and activities that are not directly linked to teaching and learning have not been prioritized during COVID. This lack of prioritization is of great concern, as the pandemic is still raging more than a year and a half since it was first identified in South Africa, and there is no end in sight. The implication is that children who need to access ISHP services have struggled to do so in the last year and a half and may continue to struggle for the foreseeable future.

COVID-19 has also made it difficult to implement and follow the ISHP and all programmes falling under the CSTL because these programmes require the physical presence and gathering of learners (for health education and promotion for instance). The key informant noted that *"Covid was brutal in terms of achievements of the programme"*, explaining that they have had to constantly "stop and start" along with risk-adjusted levels of the lockdown.

Conclusion

South Africa certainly has most of the elements needed to implement a Cash Plus School-Based Services Framework. The main challenge is first, ensuring that each element or service works well, and then secondly, ensuring proper linkages with the remaining elements in the framework, and integration with social work services.

An explicit linkage needs to be made between the CSG and each of the elements in the framework. Currently, none of the services have made CSG receipt an explicit part of the criteria for accessing any of them. Most of the policies, such as fee waivers, the NSNP and the School Learner Transport Policy, do not utilize CSG receipt as part of the eligibility criteria for access. The implication is that children who attend schools in quintiles 4 and 5, even if they are poor and receive the CSG, are not able to automatically qualify for fee waivers. Similarly, as mentioned earlier, because the School Learner Transport Policy's eligibility criteria rely on geographic location, which refers mainly to rural areas, and distance, poor children who are recipients of the CSG but who live in areas that are accessible by public transport, automatically disqualify from accessing this service, and yet school transport costs often amount to the entire value of the CSG (R450 per learner per month). It is only the NSNP and ISHP programmes which target all public schools, that have a better chance of reaching all CSG recipients who need these services. However, as noted by the NSNP key informant, it remains difficult to reach poor children in wealthier public schools³, as such schools sometimes opt-out of the programme altogether because of low demand. For the CSTL framework, under which the ISHP falls, even though it is intersectoral and integrated in its approach (at least on paper), it does not specifically target CSG children. Part of the likely reason for the lack of linkage is that, similar to the NSNP and the School Learner Transport Policy which are housed in different departments (DBE and DoT respectively), the CSTL falls under the DBE and is not well linked to the Department of Social Development which is responsible for social grants. Indeed, as discussed in earlier sections of this paper, intersectoral collaboration between the DBE and the department of health and other agencies and organisations identified as key stakeholders in the ISHP, scored low in terms of compliance with the programme, as did social services and mental health services. And so, even though by its very design the CSTL framework requires intersectoral action and implementation, its location in a single department that prioritises its teaching mandate above all else, has made it difficult to achieve the kind of integration envisioned by the framework and the ISHP programme. What this reflects is a fundamental lack of a coordinated and integrated approach to the provision of school-based services by the different departments tasked with meeting the different needs of children.

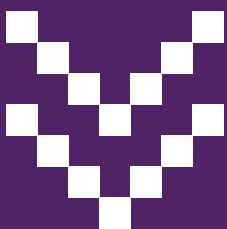
³ So called "former Model C schools"

If the implementation of the Cash Plus School-Based Services framework is to be successful, it will also need to address the lack of integration of many of the elements of the framework with social work services that target children and families. As noted in earlier sections of this paper, the only programme in the framework which explicitly involves social work services as part of its framework is the ISHP (Ramalemola, 2019). While there are challenges with the implementation of the ISHP as described earlier in main body of this paper, the inclusion of social workers in the programme means that there are opportunities for strengthening integration. Other programmes such as the NSNP, the School Learner Transport Policy, and the No-Fee Schools Policy are not designed to directly involve social workers in their day-to-day functioning. However, the integration of social work services with the framework as a whole would ensure that CSG and other child grant recipients are followed-up and monitored so that they are not only linked to all the free basic services they need and to which they are entitled, but their growth and development are also monitored, and where problems are noted, the children are able to receive timely intervention. Finally, COVID-19 has presented challenges for the delivery of services that rely purely on contact time with learners for their implementation. Some of the programmes, as demonstrated in this paper, are rising to the challenge, and are coming up with innovative ways to keep running and to ensure that no child is left behind. However, COVID does raise important questions about whether and how school-based services can be adapted and reconsidered to ensure that they continue to run when situations like the pandemic occur unexpectedly.

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