

**THE ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PERSONS
WITH DISABILITIES IN THE NORTHERN CAPE**

by

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BLOEMFONTEIN

DECLARATION

"I, Mangalane Maggy du Toit, declare that the thesis that I herewith submit for the degree Doctor of Philosophy at the University of the Free State is my independent work, and that I have not previously submitted it for a qualification at another institution of higher education."



Signature

July 2020

Date

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SUMMARY

Orientation: Section 195(1)(b) of the Constitution (1996), the White Paper on Transforming Service Delivery (1997), and the Public Finance Management Act, 1999 (Act 1 of 1999), call for an efficient (doing things the right way), effective (doing the right things) and economical (at the lowest possible cost) administration of social services. In line with the progressive legislative prescripts, several improvements were made in the social grants administration arena since the merging of the different administrations (made up of the four provinces and the ten Bantustans) post 1994 and making social grants the responsibility of the national government. These improvements included the establishment in 2006 of the South African Social Security Agency (SASSA) as an entity of the Department of Social Development (DoSD), tasked with administration and payment of social grants, and the introduction of the 2011 Social Grants Disability Management Model (SGDMM) to deal specifically with challenges relating to social grants for adult persons with disabilities (PWDs). Among other things, the 2011 SGDMM identifies several stakeholders critical to the efficient administration of social grants for adult PWDs, namely applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors.

Research purpose: The purpose of the study is to assess efficiency in the administration of social grants for adult PWDs in the Northern Cape (provincial sphere of government) and South Africa (national sphere of government), using the 2011 SGDMM as a point of departure. The study aims, in particular, to explain why, despite the gatekeeping element of the 2011 SGDMM, adult PWDs presenting with the same medical condition, with mild or no verifiable impairment whatsoever, keep returning and are allowed through the system, only to be rejected again, citing the same reasons as before.

The motivation for the study: Whereas many studies about social grants for adult PWDs have been conducted, the majority were about the impact of those social grants on the lives of the recipients and their families. Few have considered the administration thereof or have looked specifically at the Northern Cape Region (NCR). The only studies relating to the administration of social grants for adult PWDs that could be identified from the literature search were conducted in 1994 and 2008, focusing on KwaZulu Natal and Limpopo respectively. These studies focused on administration from the perspective of a medical doctor conducting assessments, not the process that applicants of social grants for adult PWDs must go through to have social grants awarded.

However, despite social grants for adult PWDs becoming a national competency and the establishment of SASSA in 2006 for administration thereof, the statistical analysis of grants in payment from the 2012/13 to the 2017/18 financial years shows that despite the introduction of screening and gatekeeping elements of the 2011 SGDMM, the number of applications and rejections for social grants for adult PWDs is increasing every financial year, instead of decreasing. Secondly, despite SASSA advocating for one-day turnaround times in the application of social grants, in terms of the current administration process, it takes at least three visits to a SASSA office before a social grant for adult PWDs can be captured and verified on the system, and an outcome communicated. The study focuses on the NCR, which had the largest percentage, at 12.85%, of social grants for adult PWDs in proportion to all social grants in payment as at 31 March 2018 (SASSA, 2018d). This number is 5.69% higher than the national average of 7.16%. The efficiency in the administration of social grants for adult PWDs, rather than the effectiveness of the grants themselves, is what motivated the study.

Research paradigm, design, methods of data collection and sampling: An interpretivist paradigm is where the researcher interprets results and details the meaning to people, rather than just understanding what he or she has researched (Maree *et al.*, 2020). In this study, structured interviews (telephonic and face-to-face), focus group discussions as well as semi-structured face-to-face, associated with the interpretivist paradigm, and concurrent triangulation were employed as methods of data collection (Van Thiel, 2014: 32–36).

For this study, the researcher followed the phenomenological research approach, which coincides with the interpretivist paradigm. The phenomenological approach is based on a paradigm of personal knowledge and subjectivity and emphasises the importance of personal perspective and interpretation of the situation. As such it is a powerful approach for understanding the research questions: (i) why, despite the gatekeeping element of the 2011 SGDMM, do adult PWDs presenting with the same medical or mental condition keep returning, and why are they allowed through the system, only to be rejected again, citing the same reasons as before? and (ii) how are the two stakeholders (i.e. SASSA officials and contracted medical doctors) organised and managed to achieve the common purpose, which is the administration of social grants for adult PWDs?

The primary data, collected by applying the concurrent triangulation approach, consist of responses from structured telephonic interviews and structured face-to-face interviews with applicants of social grants for adult PWDs, semi-structured focus group discussions with SASSA officials, and semi-structured face-to-face interviews with contracted medical doctors.

Data were collected from four population groups (successful and unsuccessful applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors) in overlapping phases. Structured telephonic interviews and structured face-to-face interviews were conducted with 276 applicants of social grants for adult PWDs (successful and unsuccessful). In addition, four semi-structured focus group discussions were conducted with 34 SASSA officials and, lastly, semi-structured face-to-face interviews were conducted with 10 contracted medical doctors. All four data collection methods explored the knowledge, experiences and attitudes of the applicants regarding the administration of social grants for adult PWDs. The secondary data consist of international and national literature, existing Internal Reconsideration Mechanism records (2011–2018) and existing statistics about social grants for adult PWDs (2012–2018).

The responses were organised according to the three sections in the structured and semi-structured interview schedules. Snowball sampling was used to select respondents for the structured telephonic interviews and structured face-to-face interviews with applicants of social grants for adult PWDs (successful and unsuccessful), while non-probability, purposive sampling was used to select respondents for the semi-structured focus group discussions with the SASSA officials and for the semi-structured face-to-face interviews with the contracted medical doctors.

Main findings: During the literature review, it was discovered that numerous studies have been conducted relating to social grants in general and social grants for adult PWDs in particular, but only two relating to the administration of social grants for adult PWDs were found. These studies were conducted in 1994 (Mhlambi) and 2008 (Tumbo) before the 2011 SGDMM was introduced. Most of the previously conducted studies focus on the impact of social grants, rather than the process of their administration. Existing research also focuses on the inclusion of HIV/AIDS as a criterion for awarding social grants for adult PWDs to address the plight of those unable to be self-supporting due to opportunistic diseases related to the human immunodeficiency virus (HIV).

From the literature review and results of the different interviews, it was evident that if there are no social assistance measures or programmes in place to address a lack of income for the population group aged 19–59 years, the revolving door on applications of social grants for adult PWDs will continue. Extending social grants for adult PWDs to people living with HIV/AIDS and other chronic illnesses, while commendable, poses a dilemma – a complexity that was not anticipated by either the Department of Health (DoH) and/or the DoSD.

Knowledge of the qualifying criteria for social grants and the reason the government provides them, without the aforementioned social assistance measures or programmes in place, will not address the problem of repeated applications by applicants of social grants for adult PWDs.

Practical/managerial implications: The different organs of state (i.e. national and provincial departments) and other critical stakeholders should enter into implementation protocols that clearly describes the role and responsibility of each organ of state; outlines priorities and desired outcomes; and provide for monitoring, evaluation, resource allocation and dispute settlement procedures. Regular interaction is necessary to ensure that development pertaining to policy is coordinated and fast-tracked, and that obstacles are removed where they impede service delivery. Moreover, both the DoH and DoSD should develop policies that are complementary rather than contradictory when it comes to addressing the issue of HIV/AIDS and other chronic illnesses related to social grants for adult PWDs.

Contribution/value-add: The recommendations generated in this study will, *inter alia*, attempt to improve efficiency in the administration of social grants for adult PWDs in two spheres. In the national sphere, the recommendations will assist policymakers in developing clear, integrated policy guidelines on the administration of social grants for adult PWDs. The recommendations of this study will be captured in the accompanying Regulations to the Social Assistance Act, 2004 (Act 13 of 2004 as amended).

In the provincial sphere (SASSA NC), on the one hand, the results of the study will inform uniform processes and structures to improve efficiency in the administration of social grants for adult PWDs as well as future concept documents or standard operating procedure manuals for the NCR. On the other hand, participation in the study will create a platform for stakeholders (applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors) to provide input to the administration process and practices governing social grants for adult PWDs in the NCR.

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ACRONYMS

AIDS	- Acquired immune deficiency syndrome
ANOVA	- Analysis of variance
ART	- Antiretroviral therapy
CRPD	- Convention on the Rights of Persons with Disabilities
DG	- Disability grant
DMU	- Disability Management Unit
DoH	- Department of Health
FB	- Frances Baard
GIA	- Grant-in-aid
HAT	- Harmonised assessment tool
HIV	- Human immunodeficiency virus
HPCSA	- Health Professions Council of South Africa
ICESCR	- International Covenant on Economic, Social and Cultural Rights
ILO	- International Labour Organisation
IRM	- Internal reconsideration mechanism
ITSA	- Independent Tribunal on Social Assistance Appeals
JTG	- John Taolo Gaetsewe
LAM	- Local area manager

MoU	- Memorandum of understanding
NQ	- Namakwa
NC	- Northern Cape
NCR	- Northern Cape Region
NPM	- New public management
PIPO	- Phase in phase out project
PKS	- Pixley Ka Seme
PWD	- Person with disabilities
RSA	- Republic of South Africa
SA	- South Africa
SASSA	- South African Social Security Agency
SLA	- Service level agreement
SRD	- Social relief of distress
SGDMM	- Social Grants Disability Management Model
SocPen	- Social payment system
SSDI	- Social security disability benefits
StatsSA	- Statistics South Africa
TDG	- Temporary disability grant
UN	- United Nations
ZFM	- ZF Mgcawu

CHAPTER ONE

OVERVIEW AND DEMARCTION OF THE STUDY

1.1 INTRODUCTION

The concept of disability refers to impairments, activity limitations and participation restrictions, as well as to the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual (environmental and personal) factors (World Health Organisation, 2018: 4). The 2010 Social Assistance Amendment Bill, amendment of section 1 of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), defines disability in respect of an applicant for a social grant for adult persons with disabilities (PWDs) as a

moderate or severe limitation to a person's ability to function as a result of a physical, sensory, communication, intellectual or mental disability, thus rendering a person unable to obtain the means needed to enable a person to provide for his or her own maintenance, or be gainfully employed (Wiid, 2011).

Disability, according to this definition, is not only limited to the physical but encompasses other forms of disability as well. PWDs are thus persons with physical, intellectual or sensory impairment that permanently limits their daily functioning.

It is estimated that about 15% of the world's population has some kind of disability (World Health Organisation, 2018). These people are highly over-represented among the poor as they are often unemployed, and 80% of them live below the poverty line (United Nations Development Programme, 2018: 3). People who were more likely to think of themselves as disabled are often economically inactive, have no qualifications, have low income or have vision or mobility impairments, and often include those whose condition had existed at birth (Heslop, 2013: 5). Internationally, social assistance provided for adult PWDs is receiving increased attention. This is because the global recession around 2010 led to massive job losses and swelling unemployment figures worldwide, thereby exacerbating the plight of the poor. In order to curb this dire situation, in June 2012 the International Labour Organisation (ILO) adopted Recommendation No. 202, which provides a framework for member states to extend coverage of social security, which includes, among other things, basic income security for persons of active age who are unable to earn sufficient income in case of sickness, unemployment, maternity or disability (Cichon, 2013: 37; Kaseke, 2015: 26). Prior to that, in December 2006, the Convention on the Rights of Persons with Disabilities (CRPD) was adopted by the United Nations (UN) General Assembly to promote, protect and ensure equality and non-discrimination in the realisation of the rights of PWDs (United Nations Development Programme, 2018: 5).

This study focuses on adult PWDs. The Merriam-Webster Online Dictionary (2020) defines an adult as a human being after a certain age (such as 21 years) specified by law. However, for this study, an adult refers to a person aged from 19–59 years and eligible for social grants for adult PWDs (SASSA, 2019). Social security in general, and adult PWDs in particular, is aimed at poverty alleviation, income replacement, compensation, aid for “extra needs” and prevention of social exclusion, as PWDs are often faced with both a lack of earnings and costs related to a specific disability (McKeever, 2012: 470; Heslop: 2013: 10, SASSA, 2016a). While in some countries adult PWDs receive disability grants (DGs) purely based on their disability or invalidity, in South Africa (SA) it is based on both the level of impairment and need. In many developed countries, welfare has become residualised through the restrictions of benefits, which has contributed to the intensification of poverty and the further exclusion and marginalisation of groups (Triegaardt, 2011: 1).

Despite the high rate of unemployment in SA (StatsSA, 2019b), social assistance operates on the assumption that recipients of social grants do not have access to employment due to their level of impairment, rather than attributing their inability to a lack of opportunities. According to a report on South Africa’s unemployment rate, with the advent of the worldwide COVID-19 pandemic in 2019, South Africa’s unemployment rate could hit 50% in 2020 (BusinessTech, 2020: 1) up from 29.1% in the last quarter of 2019. Other than the normal factors that contribute to the social exclusion of adult PWDs from mainstream society, negative societal perceptions concerning PWDs are an added factor (i.e. society thinks that a person with a disability is unable to work as the person is viewed as sick). Prevention and rehabilitation will, therefore, require cooperation among the stakeholders when working with adult PWDs. The term adult PWDs, in the context of this study, refers to persons who have been medically assessed by a South African Social Security Agency (SASSA) contracted medical doctor (physician or psychiatrist) and whose functional impairment has been found to negatively affect their ability to work for a minimum period of six months (SASSA, 2019). Given the vastness of the NC province in land mass (Figure 1) and the physical or mental state of the first critical stakeholder being dealt with, whereas cooperation and engagement among stakeholders is critical, the demographics might pose a challenge when it comes to coordination of prevention and rehabilitation programmes.

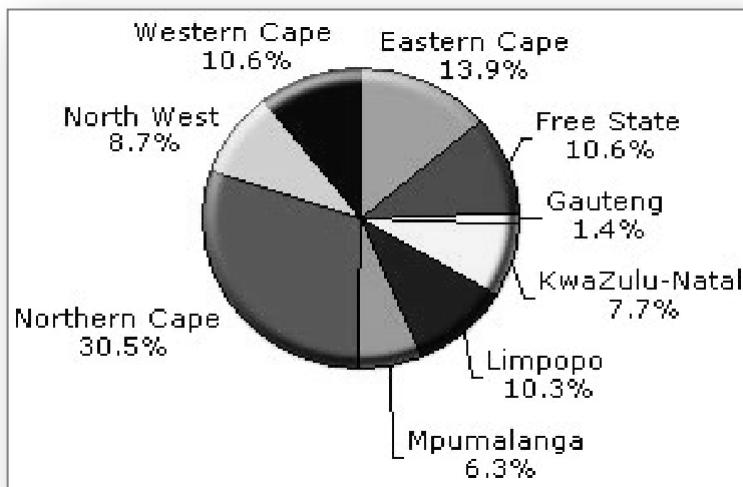


Figure 1: RSA land mass divided into nine provinces (RSA, 2018)

The study is based in the Northern Cape Region (NCR), one of the nine provinces in SA. NC is the biggest province geographically, covering an area of 372 889km², but it is sparsely populated (Figure 1). It is acknowledged that, in terms of Section 103 of the Constitution of the Republic of South Africa, 1996, South has nine provinces. However, for the purpose of this study the term ‘region’, in order to align to SASSA terminology, will suffice. A region is a defined administrative area (Merriam-Webster Online Dictionary, 2020) which in the case of SASSA is aligned to the nine provinces as stipulated in the Constitution. Despite being the most sparsely populated province, the region had the highest number of social grants for adult PWDs in payment, in proportion to the total number of social grants in payment during the financial year ending 31 March 2018. The number of social grants for adult PWDs was recorded at 12.85%, which is 5.65% higher than the national average (SASSA, 2018d).

Chapter one introduces the study and contains the following sections: section 1.2 conceptualises the administration of social grants for adult PWDs (1.2.1 Defining administration as an activity, 1.2.2 Development of Public Administration as a discipline, and 1.2.3 Theories supporting administration). Section 1.3 outlines the focus of the study (1.3.1 Background and reason for the study, 1.3.2 Research problem statement (which includes 1.3.2.1 Secondary problems), 1.3.3 Research questions, 1.3.4 Aim and objectives of the study, 1.3.5 Significance of the study, and 1.3.6 Explanation of terms); and section 1.4 is the outline of chapters.

1.2 CONCEPTUALISING THE ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDs

In this section, administration as activity is defined, and theories supporting administration are discussed along with the development of Public Administration as a discipline.

1.2.1 Defining administration as an activity

In this section, the concepts of administration and public administration are introduced. The introduction of the concepts is followed by introductions to theories supporting administration. Administration and its supporting theories are presented because this study is grounded in the administration of social grants for adult PWDs, as an activity, alongside the organisation and management thereof, which also falls within the discipline of Public Administration.

Administration is derived from Latin (*ad* = to and *ministrare* = serve) and refers to the study of the system required to facilitate the rendering of public services. According to the Merriam- Webster Online Dictionary (2020), administration as a noun means: "...1 the activities that relate to running a company, ...organisation ... [or] 2 a group of people who manage the way an ... organisation functions." As an activity, it means "1 performance of executive duties: management [or] 2 the act or process of administration [or] 3 the execution of public affairs as distinguished from policy-making [or] ... 4 the term of office of an administrative officer" (Merriam-Webster Online Dictionary, 2020). The concept of activity necessitates that there is someone to perform the activity and, therefore, the definition of the concept "to administer" is acknowledged. According to the Merriam-Webster Online Dictionary (2020), it means "to manage the operation of (... government) or to manage use of ... to put (something) into effect".

The generic view considers administration as the functions that are common among the actions undertaken by a group of organisations within a particular institutional environment, like government institutions to accomplish the goals and objectives of public policies (Botes et al., 1992: 298). According to Thornhill (2005:180), the generic and integrated functions (classified into conceptual and managerial) performed by all public service departments could be divided as follows: systems and processes for policy-making; development of organisational structures; development of systems for appointment and utilisation of human resources; development of systems for the acquisition and utilisation of financial resources; development of efficient and effective work methods and procedures; and development of systems for the maintenance of effective control and accountability.

Authors generally refer to administration as managing, directing, governing, supervising, organising, performing, operating and addressing (De Vries, 2016), while Ijeoma (2013: 14), states that administration refers to all those processes that contribute to the efficient implementation of a predetermined goal or policy, that requires two or more stakeholders to achieve. Although the concept of administration appears to be the same in both the private and public sectors, the difference between public and private administration lies not so much in the nature of administration, but in the environment within which each function. Public administration prevails in the public sector

where it concerns the execution of public policies that find expression in laws, rules and regulations made by legislative bodies, whereas private administration is removed from public view (Coetzee, 2014: 21).

Emphasis on the organisational and management aspects of administration by some scholars underscores the connection between public and business administration (De Vries, 2016: 6). As an activity, public administration can thus be compared to business administration, but only as far as the more technical characteristics are involved. Differences often connote programme emphasis on policy analysis techniques or other topical focuses, such as the study of international affairs, constitutional issues such as separation of powers, administrative law, problems of governance and authority/power, and participatory democracy. These issues are irrelevant in the private sector, although employees and directors must operate within the framework of the constitution of a country. What distinguishes public administration from business administration is the fact that the activities of public officials are conducted in the political domain within a political framework. Hence, Shafritz, Russell and Borick (2013: 6) refer to public administration as a government in action. Whereas the principal activity of public administration is implementing laws, there is also a range of other important activities carried on in these public organisations. The public service strives towards the achievement of higher-order goals and activities and further differs from the private sector in that it operates within a highly legal framework, in the absence of competition, and is service delivery orientated. However, in the private sector, administration is often aimed at subordinate functional activities such as bookkeeping, registration, filing and data processing – the so-called auxiliary functions (Thornhill and Hanekom, 1995: 10).

For this study, the generic functions in the public service provide a framework within which to explain the responsibilities of the SASSA officials and contracted medical doctors in the administration of social grants for adult PWDs. The functions typically include policymaking (setting of goals), organising (division of work into duties performed by departments, sections and ultimately by individuals), financing (determining the expenditure and the revenue required to give effect to policies), personnel provision and utilisation, determining work methods and procedures, and control (monitoring and evaluating activities and ultimately demanding accountability). According to the Public Service Act, 1994 (Act 103 of 1994), the public service in SA comprises all individuals employed by the thirty-one national departments as well as the nine provincial administrations which are funded by the exchequer. The SA Public Service as defined in section 197 of the Constitution (hereafter referred to as the Constitution), states that within public administration there is a public service for the Republic, which must function, and be structured, in terms of national legislation, and which must loyally execute the lawful policies of the government of the day. In addition, section 8 of the Public Service Act, 1994 (Act 103 of 1994), states that the public service is composed of people

who are either employed permanently or temporarily within the national departments or provincial administrations of government. These departments are directly responsible for deploying their own resources to render services to communities.

In SASSA terminology, administration entails subjecting applicants to SASSA processes and procedures by collecting and collating necessary information to determine their eligibility for social grants for adult PWDs in terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), and its regulations, promulgated in 2008. Due to the intensity required in the administration of social grants for adult PWDs, it is unavoidable that some functions must be decentralised or outsourced, like medical assessments and technical quality assurance. Even though the management part is centralised, the administration thereof is decentralised for easy accessibility. There are several local offices in place countrywide for this function, and SASSA has contracted medical doctors to oversee the medical assessment of the social grants for adult PWDs, and a consortium of doctors to perform technical quality assurance on the medical assessments.

Figure 2 illustrates the concepts in relation to the administration of social grants for adult PWDs. Row 1 in Figure 2 illustrates the principal legislation in SA that governs the administration of social grants for adult PWDs with specific reference to the Constitution, social security and social assistance. The two critical stakeholders involved in the administration of these grants (SASSA officials and contracted medical doctors) are depicted in the second row of Figure 2. The last row depicts the legislated social assistance available to adult PWDs.

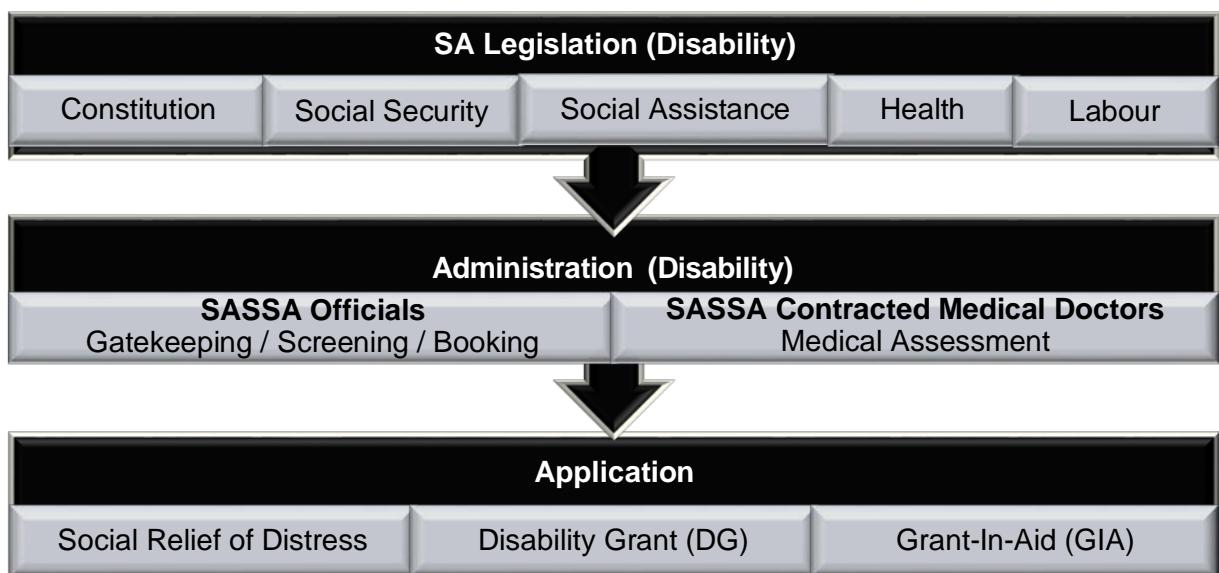


Figure 2: Schematic representation of the concepts in relation to the administration of social grants for adult PWDs

As outlined in the 2011 Social Grants Disability Management Model (SGDMM), which will be introduced and discussed in detail in Chapter Two of this study, the administration of social grants for adult PWDs involves elements such as gatekeeping, booking and medical assessment (Figure 2, row 2) before an actual application can be done. In this case, gatekeeping refers to a series of activities performed by a SASSA official at entry point upon applicants' approaching a SASSA office with the intention to apply for social grants for adult PWDs. This is done to ascertain the manifestation of a medical or mental condition and the severity of impairment thereof (SASSA, 2011: 29). These activities could either be technical, by checking documented proof of medical history; or administrative (by verifying documents to ascertain that the applicant is not booked for medical assessment within a period of three months from the last assessment date. The SASSA contracted medical doctor is also responsible for administration by way of the medical assessment (Figure 2, row 2). Policymaking and financing in relation to the administration of social grants for adult PWDs is, however, the responsibility of the National Department of Social Development (DoSD).

The Minister of Social Development pronounces on policy issues from time to time and tables the budget, which includes allocation for the payments of social grants for adult PWDs by SASSA, in Parliament at the beginning of every financial year (1 April). As the public service is responsible for administration and execution of policies formulated by political office bearers, SASSA administers and executes the payment of social grants for adult PWDs. The other functions, organising, personnel provision and utilisation, determining work procedures and control, are the direct line responsibility of SASSA, and are carried out in line with the SASSA Act, 2004 (Act 9 of 2004). SASSA is also responsible for record-keeping by ensuring that all documentation relating to the social grants for adult PWDs are safely stored at the Records Management Centres in the nine regional offices.

In this study, administration refers to a combination of processes and activities whereby public officials implement and execute government policies within a necessary legislative framework to render efficient, effective and economical services. In addition, administration is a co-operative move to achieve objectives, since there are always two or more parties involved, in a group context, in the process of inducing, incorporating and coordinating actions. Administration, in the case of SASSA, refers to the processes and activities set out in the 2011 SGDMM, executed by the SASSA officials and the contracted medical doctors from the time an applicant approaches SASSA to request a social grant for adult PWDs up until a decision is made about whether or not the applicant is eligible for a social grant. To arrive at a decision, SASSA should ensure that all applicants are subjected to similar administration processes and procedures, as prescribed in the Social Assistance Act, 2004 (Act 13 of 2004 as amended), and the Constitution.

1.2.2 Development of Public Administration as a discipline

Against this background, a review of the development of Public Administration as a discipline is presented. Hanekom and Thornhill (1983: 41) argue that Public Administration as a discipline, with capital P and A, is not that old. This is best captured in five phases, starting with the *pre-public administration phase*, which involved the issue of scientific approaches and included philosophers such as Plato, Aristotle and Machiavelli. Until the development of the national state, the emphasis was principally on the problems of moral and political nature, and on the organisation of the public administration (i.e. the activity of administration of public affairs). From the 16th century, the national state was the reigning model of the administrative organisation in Western Europe. These states needed an organisation for the implementation of law and order and for setting up a defensive structure. The need for expert public servants, with knowledge about taxes, statistics, administration and the military organisation, increased to deal with the issues related to defence and law and order (Langrod, 1961:75).

In the 18th century, the need for administrative expertise grew even further and led to the *first phase of public administration*. Lorenz von Stein, a German economist, is considered the founder of the science of Public Administration in Europe. He considered the administration as leading practically but argued that theory had to form the base. In the United States, Woodrow Wilson was the first to consider the science of (public) administration important. Wilson was influential to the science of public administration due to an article he wrote in 1887 (*Political Science Quarterly*, July 1887, as reprinted in Gildenhuys, 1988), titled “The study of Administration” (note that the article did not contain the word public), in which he argued, among other things, in favour of the separation between politics and the public administration.

L.D. White contributed by stating that the *art* of public administration is the most efficient utilisation of resources at the disposal of officials and employees (1926: 3). The author also states that although the administrative processes may not be verifiable, they are cumulative, but not rigorously cumulative. The application of public administration requires the personal skill of the individual, like a social worker giving therapy while relying on his or her knowledge of psychology.

Luther Gulick and Lyndall Urwick were important authors who identified the need to write about the science of (Public) Administration, the *second phase*. They integrated the ideas of earlier theorists like Henri Fayol into a comprehensive theory of Administration. Gulick and Urwick believed that the thoughts of Fayol offered a systematic treatment of management, which was unique at that time. They believed that this could be applied as well to the management of companies as to administration in the public sector (as originally contained in “Industrial and general administration” by Fayol, 1930). They did not want to separate the two sectors (i.e. the private sector and the public

sector) but believed that a single Science of Administration, transcending the borders between the private and the public sector, could exist.

Initially, the distinction between politics and public administration was strongly relativised by the *third phase*. This was due to the various political scandals in the political arena in the United States of America after 1945 that compelled public administration to detach itself from politics for study purposes. A few Public Administration theorists advocated a clear differentiation of the professional field from related academic disciplines like political science and sociology in what is called the *fourth phase*. In general, the interdisciplinary nature of Public Administration is acknowledged, and it is viewed as a discipline covering a particular area, namely the administrative and managerial duties of officials appointed in supervisory posts (Twala and Lues, 2017: 119).

In the most recent phase, the *twentieth century to the present*, government departments remained the main custodians of service delivery and the state assumed responsibility for the growing diversity of services required by an urbanising society. Governmental institutions commonly apply the Weberian hierarchical model. This model ensures that public employees keep to the rules and regulations, and thus ensures that policies are being administered and executed in a uniform manner as prescribed by the government of the day. Thus, the persistence of the bureaucratic model remains in operation, not necessarily due to its academic correctness, but to its usefulness to persons who consider themselves secure within the prescriptions of the model. It merely serves to illustrate the point that during the era of expanded public services, it is still possible to utilise strictly defined hierarchical, unambiguous lines of authority and adhere to rigidly prescribed organisational structures.

However, it should be noted that if it is accepted that Public Administration (written with initial capital letters) concerns the study of the administrative requirements to render services (Venter and Landsberg, 2011: 84), such study should be synchronised with any developments in the practice. It could thus be observed that the study of Public Administration in the mid-twentieth century and even in the earlier part of the latter decades of the twentieth century could continue on the same basis, that is, focusing on the administrative and the managerial issues of public institutions.

Having considered the various theories concerning administration (both capitalised and lowercase, the study and the practice), the question could be posed: is there a theory of Public Administration? To answer this question, one must take note of the various attempts made to find a theory of everything, as discussed by Hawking (1996: 130). Even in the natural (or physical) sciences, a single theory covering the total spectrum of those sciences has eluded the most prominent physicists. Similarly, it is impossible to formulate a single theory of Public Administration. However, there are various theories,

as mentioned in previous paragraphs, dealing with elements of Public Administration. Those theories should be applied according to the matter under discussion. Therefore, there are various theories that are valid for aspects of the study of Public Administration (Ijeoma, 2013).

Contemporary theories on Administration include theories of public management, among other things. This so-called New Public Management (NPM) approach, which emerged in the 1980s and represented an attempt to make the public service more business-like and to improve the efficiency of the government, borrowed ideas and management models from the private sector (De Vries and Nemec, 2013). Theories of public management can be traced to Frederick Taylor, who proposed a shift from the traditional approach to a body of scientific principles of management. The NPM approach uses the basic principles of public administration as a point of departure and maintains that large government institutions function like business enterprises and that they must only be managed to be successful, that is, efficient ("doing the things right"), effective ("doing the right things") (Thornhill, 2005) and economical. The NPM approach differs from earlier approaches in its promotion of customer service focus, market-driven management and accountability for results, while remaining concerned with saving money and with productive and allocation efficiencies (Auriacombe, 1999: 125).

The so-called idea of the developmental state, often used as the new SA ideology, makes economic development a priority and designs instruments to promote effectiveness (The Presidency, 2011). The developmental state establishes as its principle output legitimacy (effectiveness) over input legitimacy (efficiency), and economic growth over political reform (De Vries and Nemec, 2013: 12). The SA government has demonstrated its commitment to the promotion of service delivery by promulgating the White Paper on the Transformation of the Public Service (1995), which calls on all government departments to ensure:

- i. that the needs and convenience of citizens drive the provision of services;
- ii. that the services that are provided are of high quality; and
- iii. that services are accessible to those for whom they are intended.

1.2.3 Theories supporting administration

In the social sciences, theory development is complex as public officials must administer (operate) public services within a political milieu. The subjectivity of these officials often has a direct influence on the outcomes and quality of services rendered. Although it seems advisable to formulate a theory, care should be taken in theorising public administration as an activity. Efforts should not be directed solely at explaining how an ideal administrator (manager) should act in an ideal or Weberian organisational structure. Actual practices or phenomena should be accurately explained and predicted. The theory should, therefore, be formulated not only to indicate how administration ought to be performed, but also to indicate the divergence between the ideal situation and the actual

situation and should explain why a difference occurs. (Uzuegbu and Nnadozie, 2015).

The administrative theory (put forward by Henri Fayol) will be used as a point of departure in this study. This theory is based on the concept of departmentalisation, which means that different activities need to be performed to achieve a common purpose of the organisation. According to the administrative theory, more emphasis should be put on organisational management and the human and behavioural factors in the management process. Here the focus is on how the management of the organisation is structured and how well the individuals therein are organised to accomplish the tasks given to them. The administrative theory further focuses on first improving the efficiency of management so that the processes can be standardised, and then moves to the operational level where the individual workers are made to learn the changes and implement those in their routine jobs. Thus, the administrative theory follows the top-down approach. The 2011 SGDMM has clearly defined specialised roles and tasks for each stakeholder, namely applicants and the SASSA officials and contracted medical doctors who administer activities with the common goal of adhering to national policy to ensure that social grants for adult PWDs are paid. The process outlined in the 2011 SGDMM is clear and concise, with detailed activities to be performed by each stakeholder.

Although Fayol has identified fourteen principles of management with the intent to improve the functioning of the managers (Uzuegbu and Nnadozie, 2015: 59), only four principles will be focused on, as they are most applicable and critical to the efficient administration of social grants for adult PWDs by SASSA:

- i. Use scientific methods to study work and determine the most efficient way to perform specific tasks, rather than employing common sense. SASSA undertook a business process mapping project, where each step in the process was outlined and aligned to specific activities. SASSA embarked on this work-study process with the intent to improve business processes. The process mapping included details on how long it takes or should take a SASSA official to complete each step in the process.
- ii. Ensure that workers are allocated jobs based on their qualifications, skills and expertise, and train them to work at maximum efficiency. To determine the best fit, SASSA needs to conduct a skills analysis on all its employees and match employees to the skills required to achieve the organisational objectives (Matross, 2013: 80)
- iii. Managers are to closely monitor the performance of their subordinates by providing clear instructions and supervision to ensure that they are using the most efficient ways of performing their duties. This could prove challenging for some managers as they are also part of the value chain in the administration of social grants for adult PWDs and might not have time to monitor their subordinates. This might even affect their ability to view the process objectively.

iv. There must be a clear separation of duties between managers and workers so that the managers can spend their time planning and training, allowing the workers to perform their tasks efficiently. Matross (2013: 79), in her study on performance management in SASSA NC, recommended that SASSA must ensure that line managers take ownership of the management of the performance of employees under their supervision, and to be held accountable therefor by setting goals, creating individual development plans, coaching and mentoring employees, and providing feedback and performance evaluation. Despite the separation of duties, officials and managers must still cooperate with one another to ensure efficient administration of social grants for adult PWDs.

Performance management is referred to only in the context of how it relates to Fayol's management principles that require managers to closely monitor performance of their subordinates, provide clear instructions and supervision to ensure that they are using the most efficient ways of executing their duties, as it is not the intention of this study to pursue a comprehensive literature review on.

One criticism against Fayolism (Uzuegbu and Nnadozie, 2015: 70) is that this theory breaks tasks down into tiny steps and focuses on how each person can do his or her specific series of steps best. Administration of social grants for adult PWDs by SASSA entails the four-step model (screening, attesting, quality assurance and verification) through which an applicant goes before an outcome for application can be issued. The application life span is designed in such a way that individual SASSA officials perform strictly only one of the activities in an application cycle, to counter corruption or fraud. It ideally takes four (or, in exceptional circumstances, three) SASSA officials to complete an application for social grants for adult PWDs. As modern methodologies prefer to examine work systems more holistically to evaluate efficiency and maximise productivity, the extreme specialisation that Fayolism promotes is contrary to modern ideals of how to provide a motivating and satisfying workplace.

However, while efficiency in the administration of social grants for adult PWDs might improve, this repetitive performance of tasks might lead to boredom and a lack of individual growth (Bergh, 2017: 287). Modern management has thus moved from specialisation-intensive jobs to motivation-intensive jobs in a bid to balance the employees' human needs and the employers' organisational goals (Grobler, Wärnich, Carrell, Elbert and Hatfield, 2011: 145; Bridgman, Cummings and Ballard, 2019: 3). This is believed to have an impact on absenteeism, turnover, quality of work, employee commitment and job satisfaction. Satisfactory performance of employees is dependent on many factors, the main one being motivation, which, according to Grobler *et al.* (2011: 237), is the force that energises behaviour, gives direction to behaviour and underlies the tendency to persist, even in the face of obstacles. According to Maslow's hierarchy of needs theory (Figure 3), employees could be motivated to perform optimally once their five levels of needs are fulfilled.



Figure 3: Maslow's hierarchy of needs (McLeod, 2019)

The five levels are physical needs, safety or security needs, social needs, self-esteem needs and self-actualisation needs. According to this theory, the fulfilment of one level of need is a motivation to move to the next level, and this will keep on until the last, self-actualisation, is fulfilled (Van der Westhuizen, 2016: 34; Bridgman *et al.*, 2019: 3). In the workplace, having a job and being adequately compensated for it will be enough for any employee to keep coming to work (Figure 3, level 1). Once this need is fulfilled, employees will crave job security, which includes increases in salary and benefits (Figure 3, level 2). Employees' self-esteem will take precedence (Figure 3, level 4) once they have formed social relationships within and outside the organisation, and once they have been accepted by their peer groups (Figure 3, level 3). According to Grobler *et al.* (2011: 238), once employees have formed social relationships within the workplace, that is when they will be more concerned about the level of responsibility that they are afforded in the organisation. Self-actualisation (Figure 3, level 5) is the highest need, where employees seek a fulfilling and useful life within the organisation. In its most simplistic form, self-actualisation becomes a motivational factor until it is fulfilled (Bridgman *et al.*, 2019: 4).

One can argue that once Maslow's hierarchy of needs, which is quite focused on the self, has been fulfilled, employees will be motivated to focus on what they have been appointed to do in the first place. It is therefore important for managers to understand where each employee is located on the

pyramid in order to tailor their roles accordingly (Bridgman *et al.*, 2019: 3). This is where the achievement motivation theory by McClelland (Ryan, 2014: 342), which emphasises the three needs of achievement, affiliation and power, is useful. The need to achieve (nAch) is defined as a preoccupation with focusing on goals, improving performance and yielding tangible results, while associating with self-discipline, schedule-keeping, accepting responsibility and becoming success oriented (Grobler *et al.*, 2011: 238; Van der Westhuizen, 2016: 34). The need for affiliation (nAff) could be linked to Maslow's third level, social needs (Figure 3, level 3), in that employees are motivated to focus on human companionship, interpersonal relationships and concern for others, which motivates people to make friends, to become members of groups and to associate with others. Finally, the need for power (nPow) refers to the desire to obtain and exercise control over others, resources and the environment. The management of SASSA NC should be concerned about fulfilling all these three needs, because officials need the support of and interaction with others (nAff) to obtain the necessary resources (nPow) to focus on goals, improve performance and achieve tangible results (nAch).

What could be done – and what SASSA NC has adopted – is multi-skilling and teamwork, where, at appointment, officials are trained on all the steps in the value chain (i.e. screening, attesting, quality assurance and verification). While an official cannot perform more than one activity step on one application of social grants for adult PWDs (except for screening plus one other), they can still perform different activities on different application forms. Job rotation (periodically assigning employees alternating jobs), job enlargement (increasing the scope of the job) and job enrichment (adding more meaningful tasks), according to Grobler *et al.* (2011: 146), are some methods of rearranging work to motivate SASSA officials and make the work more interesting yet simple enough to perform. Processing applications for social grants for adult PWDs is a team effort, as at least three officials (ranked levels 5, 7 and 8) are required to provide input. The level 5 official completes the application form, which is quality assured by a level 7 official and approved or verified by a level 8 official.

Developments in terms of socio-political, economic and technological impacts on organisational performance have necessitated the development of contemporary theories of administration (Ijeoma, 2013: 34). Despite the reports of the contemporary theorists differing in content and approach to the classical and neo-classical views, a good number of contemporary theories owe their origin and characteristics to the traditional theories. Contemporary theories of administration subscribe to the following basic assumptions, of which a number hold true for SASSA:

- i. Organisations are national institutions whose primary purpose is to accomplish established objectives. SASSA was established to administer and pay social grants in terms of the SASSA Act, 2004 (Act 9 of 2004).

- ii. Rational organisational behaviour is best achieved through systems of defined rules and formal authority. The SGDMM was operationalised in 2011 to ensure standardisation and uniformity of all disability-related processes.
- iii. Organisational control and coordination are key factors for maintaining organisations rationally. Whereas the administration of social grants for adult PWDs takes place at local office level, units were established at the national and regional levels to coordinate the implementation of the 2011 SGDMM.
- iv. There is a best or at least a most appropriate structure for every organisation considering its given objectives, environmental conditions and nature of products/services (Ijeoma, 2013: 35). The structure and procedures for the administration of social grants for adult PWDs have been standardised nationally through the introduction of the 2011 SGDMM and through the business process mapping exercise that was undertaken.
- v. Specialisation and division of labour increase the quality and quantity of production, particularly in highly skilled jobs and professions. Apart from SASSA officials being responsible for the administration of social grants for adult PWDs, contracted medical doctors also form part of the administration process, and their main role is to conduct medical assessments on adult PWDs and recommend whether an applicant meets the criteria as set out in the Social Assistance Act, 2004 (Act 13 of 2004 as amended).

1.3 FOCUS OF THE STUDY

This section comprises the background and reason for the study, research problem statement, research questions, aim and objectives of the study, significance of the study and explanation of terms.

1.3.1 Background and reason for the study

According to the White Paper on Transforming Service Delivery (1997), section 195(1)(b) of the Constitution and the Public Finance Management Act, 1999 (Act 1 of 1999), the administration of social services should be efficient (doing the things right), effective (doing the right things) and economical (at the lowest cost possible). In the context of this study, doing things right implies that all the stakeholders (applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors) have satisfactorily fulfilled their obligations. Doing the right things refers to the specific service, namely DGs and Grants-in-Aid (GIAs), that SASSA provides to adult PWDs. The lowest cost means acquiring the necessary resources to carry out an activity at the lowest cost, minimising the cost of resources used for an activity and having regard for the appropriate quality. The focus of this study is on assessing efficiency in the administration of social grants for adult PWDs in the Public Service, that is, in the NC (provincial sphere of government) and in SA (national sphere of government).

The literature search on social grants for adult PWDs in SA yielded studies conducted in other provinces, but none in the NCR. In addition, the driving force behind conducting studies about disability and social grants for adult PWDs appeared to have more to do with the role of DGs in mitigating the socio-economic impact of disability, the possible positive impact or the perverse incentives of receiving the social grants for adult PWDs, and less with the administration thereof. Through the diverse sources of information on the subject matter, the researcher managed to obtain clarity on the topic under investigation, which is the administration of social grants for adult PWDs. The literature is outlined in Chapter Two.

Before 1994, SA consisted of four provinces (namely the Cape, Transvaal, Orange Free State and Natal) and the ten tribal-authorities-based homelands of Venda, Lebowa, QwaQwa, Ciskei, KwaZulu, KaNgwane, Transkei, Gazankulu, KwaNdebele and Bophuthatswana (De Visser: 2009: 8). The Self-Governing Territories Constitution Act, 1971 (Act 21 of 1971) legalised the creation of the peripheral areas which came to be known as Bantustans (Lund, 2008: 11). The four independent states and six self-governing territories had their own administrative structures like those of fully functioning countries. This setup, which was duplicated in thirteen national and four provincial head offices, was very costly. Table 1 depicts the history of welfare services and social assistance provision in SA since their inception and illustrates the fragmentation and complexity of the social grants systems under apartheid and subsequent reunification, transformation and merging into one entity (1937 to 2006). It also illustrates the challenges that SASSA needed to overcome to integrate all those systems into the one currently in place.

Table 1: Welfare services under apartheid and subsequent reunification (1937–2006)

Date	Event
1937	Establishment of Department of Welfare
1958	State Pensions move from the Department of Labour to the Department of Welfare and Pensions
1959	Establishment of Department of Coloured Affairs
1961	Establishment of Department of Indian Affairs Welfare for African people moves to the Department of Bantu Administration
1971	Self-governing Territories Constitution Act, 1971 (Act 21 of 1971), enables the creation of “self-governing areas”
1972	Self-governing status for Lebowa
1973	Self-governing status for Gazankulu
1974	Self-governing status for QwaQwa
1976	Independent status for Transkei
1977	Self-governing status for KwaZulu
1977	Self-governing status for KaNgwane
1977	Independent status for Bophuthatswana
1979	Self-governing status for KwaNdebele

Date	Event
1979	Independent status for Venda
1980	Economic Community of Southern Africa formed
1981	Independent status for Ciskei
1984	Constitution for tricameral parliament; welfare an “own affair” under the Houses of Assembly, Delegates and Representatives for white, Indian and coloured welfare respectively; Department of National Health formed to deal with health, welfare and population development at national level
1985	Department of Development Aid established to give budgetary assistance to the six homelands
1985–1988	Social welfare for African people in the Republic devolved from the national Department of Constitutional Development and Planning to the provincial level
1988	Harmonisation of welfare services and pensions in independent states started being promoted through the Secretariat for the Economic Community of Southern Africa in 1998
1991	Multilateral agreement signed
1992	Social Assistance Bill introduced unitary umbrella legislation which attempted to cover all fragmented social security administrations
1994	Democratic elections
1996	New Republic of South Africa Constitution
1997	Welfare Laws Amendment Act, 1997 (Act 106 of 1997)
2004	SASSA Act, 2004 (Act 9 of 2004)
2004	Social Assistance Act, 2004 (Act 13 of 2004 as amended)
2006	Establishment of SASSA

(Source: Lund, 2008: 10)

Even though the apartheid homelands were not viable entities in terms of geographical area, population size and financial resources, they were tasked with performing the same functions performed by the four provinces. This configuration also affected the administration of social grants for different population groups. It was not unheard of, prior to the establishment of SASSA in 2006, for budgets for social grants and other essential services to be depleted before the end of a financial year, especially in the former homelands. Social grants recipients had then to wait for the new budget allocations before they could receive payments, and those were not necessarily backdated.

The Constitution laid the foundation for the transformation of government in the Republic of South Africa (RSA) to be constituted as national, provincial and local spheres, which are distinctive, interdependent and interrelated. The three spheres of government must observe and adhere to the principles of cooperative government and intergovernmental relations. The reconstitution of provinces from four to nine and the abolishment of all ten tribal-authorities- based homelands led to a fairer and more equitable distribution of financial resources in line with the population of each province. The administration of social grants for adult PWDs became a national government function in 2005. Before then, this function was decentralised to the nine provinces respectively, and before

then, to the various administrations.

Hagemejer and McKinnon (2013: 7) believe that social security policies must adopt a more forward-looking position to predict future development and anticipate the likely future impact of risk factors. In anticipation of future risks that include possible fraud and corruption in the system, administration and payment of grants for adult PWDs were standardised. The need to centralise arose due to the number of administrative challenges relating to social assistance, namely a lack of standardisation and uniformity of processes, delays of approvals, late or no payments, high costs of administration of the social grants for adult PWDs, skills gaps among the medical and other related personnel, and cases of fraud and corruption in the system (SASSA, 2011: 4). The identified challenges led to the establishment of SASSA, an agency of the national DoSD in terms of the SASSA Act, 2004 (Act 9 of 2004), and operationalised in 2006. SASSA was aimed at creating uniform standards and eliminating fraud and corruption in social security provision in SA. SASSA was established for the administration and payment of social grants in terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), and its applicable regulations.

There are three critical stakeholders (unit of analysis) in the administration of social grants for adult PWDs: the applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors. The framework of the administration of social grants for adult PWDs would be worthless if the SASSA stakeholders' understanding of the processes and procedures has not been ensured and their buy-in to the governing policies and procedure guidelines not obtained. The 2011 SGDMM (p. 20) outlines the responsibilities of the three above-mentioned stakeholders in the administration process of social grants for adult PWDs (Figure 4) as follows:

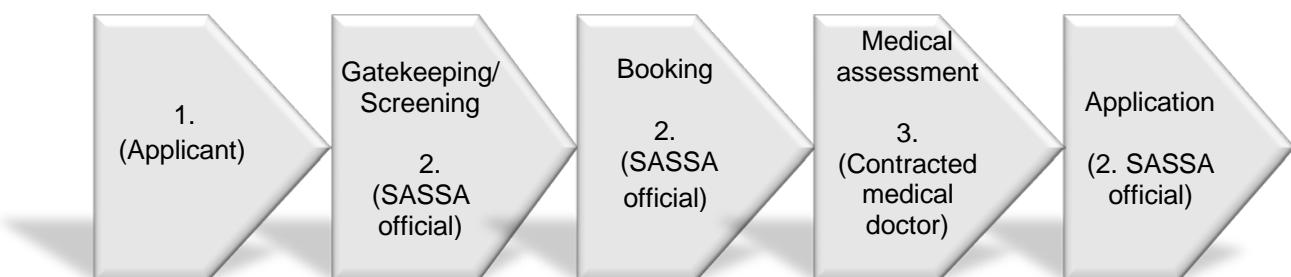


Figure 4: Schematic representation of the critical stakeholders in the administration of social grants for adult PWDs

The first critical stakeholder in the application process of the social grants for adult PWDs within SASSA is the applicant (Figure 4, number 1). As with any other social grant types, an applicant must approach SASSA to request a social grant for adult PWDs. Firstly, a person should have a presenting medical condition and should have been undergoing treatment for at least six months prior to approaching SASSA to apply for a social grant for adult PWDs. The SASSA official then advises the

client on the documents required. If the applicant has complied with treatment but is still not reaching maximal satisfactory level of functioning, he or she must present a referral letter from the treating source, which can either be a primary, secondary or tertiary healthcare facility (SASSA, 2011: 28), to avoid self-referral within three months of the last assessment date. However, a referral letter is not required where a treating source makes available medical records or in cases of persons who are physically disabled or bedridden. According to the Social Assistance Act, 2004 (Act 13 of 2004 as amended), it is the responsibility of the applicants to present to SASSA all the necessary critical documents and to subject themselves to a medical assessment by a contracted medical doctor at a time and place stipulated by SASSA.

The second critical stakeholder is the SASSA official (Figure 4, number 2). The SASSA official should do proper screening to establish the duration of the medical condition, ascertain that the applicant is receiving treatment and complying with treatment conditions, and determine eligibility in line with the applicant's income and assets (SASSA, 2011: 28). Screening, the focus of this study, involves all the activities that an applicant goes through before attesting or before actual application forms for social grants are completed or captured on the SocPen system. The screening includes (i) checking documented proof of medical history, and (ii) verifying documents to ascertain that the applicant is not booked for medical assessment within a period of three months from the last assessment date. Gatekeeping thus refers to a series of activities performed by a SASSA official at the entry point, upon applicants' approaching a SASSA office with the intention to apply for social grants for adult PWDs, to ascertain the manifestation of a medical condition and the severity of impairment thereof (SASSA, 2011: 29). If gatekeeping is properly administered, only the most eligible go through to the next step, which is medical assessment. After the above is verified, the SASSA official books the applicant for a medical assessment with the contracted medical doctor. It is essential to book applicants in advance and allocate them to the next available contracted medical doctor to avoid double booking and curb the rising re-assessment rate.

The medical assessment is the responsibility of the third critical stakeholder in the application process for the social grants for adult PWDs, namely the contracted medical doctor (Figure 4, number 3). Medical assessment entails the medical examination of adult PWDs by a contracted medical doctor in order to recommend the award of a social grant for adult PWDs (SASSA, 2011: 32). A contracted medical doctor is a medical practitioner conducting medical assessments on applicants for social grants for PWDs on behalf of SASSA and the Department of Health (DoH). The contracted medical doctors should hold an MBCHB degree from an accredited institution, be currently registered with the Health Professions Council of SA (HPCSA) and possess an accreditation certificate to conduct medical assessments (SASSA, 2011: 42). The contracted medical doctors are contracted on a voluntary basis and they do the medical assessments outside their normal working time. As a result,

getting an adequate number of doctors to do the assessments at any given time is a challenge. Unlike with other social grants, the SASSA-contracted medical doctors are crucial stakeholders in recommending eligibility for a social grant for adult PWDs. Hence it is important that their conduct is always transparent and objective. As soon as the contracted medical doctor makes a recommendation, the applicant can then conclude the application process, administered by a SASSA official (Figure 4, number 2).

There is thus a need to provide an efficient administration where the three stakeholders involved in the administration of social grants for adult PWDs could engage in interactive relationships, exchange different forms of knowledge and convert the learning into new forms of intervention. Kaseke (2015: 30) believes the less complex it is to administer social grants for adult PWDs, the less likely it is to create perverse incentives.

The vast and arid NCR is the largest province in SA and takes up nearly a third of the country's land area. Despite its vastness, the province recorded a population of 1 145 861 during the 2011 Census (StatsSA, 2012), 11% of which was living with disabilities. The province is bordered by Namibia and Botswana to the north, and by the North West, Free State, Eastern Cape and Western Cape provinces of SA. The cold Atlantic Ocean forms the province's western boundary. The NC is divided into five districts and further subdivided into twenty-six local municipalities (Map 1). The capital city is Kimberley in the Frances Baard (FB) District. Other important towns are Upington in ZF Mgcawu (ZFM), Springbok in Namaqua (NQ), Kuruman in John Taolo Gaetsewe (JTG) and De Aar in Pixley Ka Seme (PKS) districts. The district offices of SASSA in the NCR are in these towns and are responsible for managing an array of local offices based in other smaller towns. The twenty-nine SASSA service points are distributed across the twenty-six local municipalities, equitably as per the population. There are no less than five SASSA service points in Kimberley alone, excluding the district and regional offices that are also based there. The distribution of the twenty-nine SASSA service points, the five district offices and one regional office in the NCR is illustrated in Map 1.



Map 1: Northern Cape Region in the RSA (RSA, 2019a)

The mid-year population estimates of 2019 indicated that most of the people in the NC province are aged from 15 to 59 years (StatsSA, 2019a: 18). Fortunately the two other age groups (18 years and below as well as 60 years and above) are eligible for either the child support grant or old age grant in terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), and its applicable regulations respectively, provided they fall within the income threshold in line with the means test. This directly correlates with the high number of old age grant and child support grant recipients. However, those unemployed persons aged 19 to 59 years with no means to support themselves have no access to income relief in the form of social grants, other than trying their luck with the social grants for adult PWDs. South Africa's unemployment rate increased by 0.5 percentage points to 27.6% in Quarter 1 of 2019 (StatsSA, 2019b). Regrettably, the unemployment rate has fluctuated between the 20% and 30% band for the last eleven years. The NCR recorded the second highest increase in the level of unemployment at 2.4 percentage points, while the largest increase in the unemployment rate was recorded in Mpumalanga (MP): 3.5 percentage points.

1.3.2 Research problem statement

The 2011 SGDMM came into effect to ensure standardisation and uniformity of all disability-related processes in an environment where quality services are rendered. Administrative gatekeeping, one of the elements of the 2011 SGDMM, was intended for SASSA officials to screen potential applicants for social grants for adult PWDs and to ensure that only those with medical records to prove eligibility for the social grants go through for medical assessment by a contracted medical doctor. However, the number of applications in the NC for social grants for adult PWDs has not decreased year on year (as per the expected norm), and neither were the number of rejections. The statistics of 2012/13 indicated that 36 989 medical assessments were conducted. This number increased to 39 533 in 2013/14 and to 43 068 in 2014/15. The highest number recorded, 43 351, was in 2015/16. From 2016/17 the number of assessments seemed to stabilise around 40 000 (41 845 in 2016/17 and 41 555 in 2017/18). The 2017/18 financial year recorded the highest rejection rate at 32.9%. For the medical assessments conducted for adult PWDs in 2012–2018, the rejection rate remained at an average of 29% throughout the years, at an estimated cost of R9.9 million (SASSA, 2018c).

Upon scrutiny, it is apparent that the number of medical assessments conducted does not necessarily translate into social grants for adult PWDs in payment for a particular financial year. In terms of the Public Finance Management Act, 1999 (Act 1 of 1999), this could be regarded as wasteful expenditure and an indication of some inefficiency in the administration of social grants for adult PWDs. This is supported by the number of medical assessments carried out annually and the number of internal reconsideration applications received, 99.9% of which are in relation to social grants for adult PWDs.

1.3.2.1 Secondary problems

- Applicant of social grants for adult PWDs (first stakeholder in the administration process; Figure 4)

Unlike with other grant types, it takes at least three visits to a SASSA office by an applicant of social grants for adult PWDs before an application can be captured and verified on the system, and an outcome communicated (i.e. from screening to approval process). Considering their limited mobility, exacerbated by the geographical spread of the NCR, this greatly inconveniences the applicants of social grants for adult PWDs in terms of time and cost (transport). Unlike with other social grant types, where home visits can be conducted, adult PWDs must visit the SASSA office or service point at least once, if only to undergo the medical assessment, as contracted medical doctors do not conduct home visits. This is contradictory to the White Paper on the Transformation of the Public Service (1995), which calls for departments to ensure that the needs and

convenience of citizens should drive the provision of services and that those services should be accessible to those for whom they are intended. Despite the spread of SASSA local offices and service points across every municipality and small town in the NCR, transport on gravel roads between the towns is difficult to come by. Map 2 is an illustration of the expanse of travel on gravel roads in order to access SASSA services in the Namaqua district of the NCR.



Map 2: Namaqua District in the Northern Cape Region (RSA, 2019b)

- SASSA official (second stakeholder in the administration process; Figure 4)
Despite enforcement of administrative gatekeeping as prescribed by the 2011 SGDMM during the administration of the social grants for adult PWDs (SASSA, 2016) by the SASSA officials in the NCR, the high number of rejections remains constant. SASSA officials are not empowered to turn away applicants at screening once it has been established that they do not meet the criteria. There are two reasons for this: (i) only the contracted medical doctors can recommend the award of social grants for adult PWDs, and (ii) because outcome letters are system generated, the only way to receive one is for an applicant of social grants for adult PWDs to go through the whole process in order to receive a written negative response at the end. The SASSA officials are only there to advise on the required documentation and not necessarily to help ensure that only the most deserving is taken through the system.

- Contracted medical doctor (third stakeholder in the administration process; Figure 4)
Despite training in accordance with the 2011 SGDMM, contracted medical doctors are

not consistent and uniform in applying legislation and guidelines, hence disparities remain. Due to scarcity and heavy workload of medical practitioners employed by the state, despite the signed Memorandum of Understanding (MoU) between SASSA and the DoH, it is not always possible to get medical doctors employed by the DoH on board to assist with the medical assessment process. That is the reason why SASSA has contracted medical doctors in private practice to perform the function (SASSA, 2011). Only twenty-eight medical doctors in private practice were contracted with SASSA NC during the 2018/19 financial year (FB: n = 13; JTG: n = 4; NQ: n = 3; PKS: n = 6; and ZFM: n = 2), compared to the forty-three during the 2015/16 financial year (SASSA, 2018c). This number is not necessarily evenly spread throughout the region, and there is a high concentration around the urban areas that are mainly in the FB district. As with all the other years, FB district had the highest number of contracted medical doctors and made up 46% of all contracted medical doctors in the NCR during the 2018/19 financial year. The low number of contracted medical doctors in all districts but FB (Figure 5), the vast geographical spread of the NCR and sparse population (illustrated in Map 1) exacerbate the situation of inefficiencies in administration of social grants for adult PWDs because SASSA must pay (i) for travel and overnight accommodation expenses of the contracted medical doctors in addition to (ii) the cost of the medical assessments.

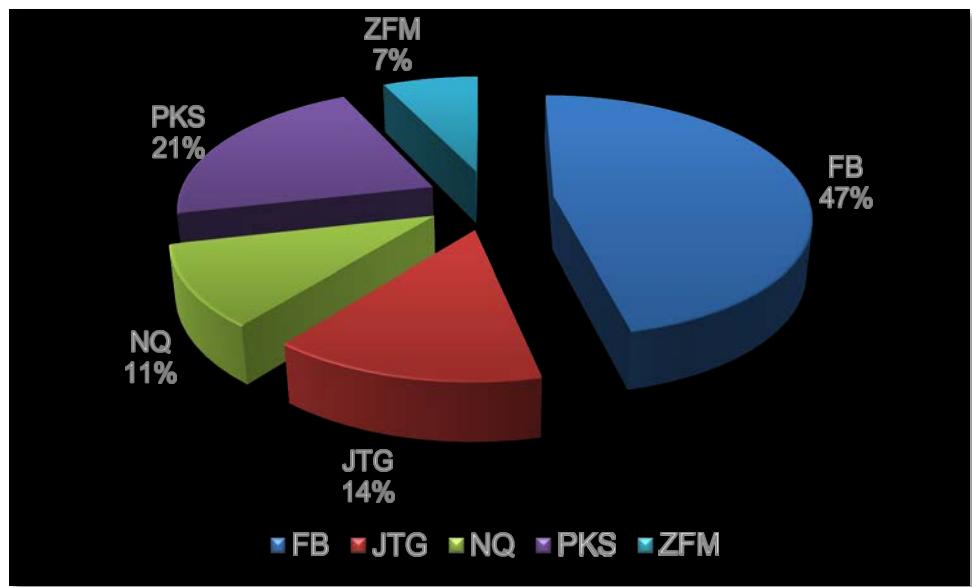


Figure 5: Percentage of contracted medical doctors per district in the NCR (SASSA, 2018c)

- Departments of Health and Labour (fourth stakeholder in the administration of social grants for adult PWDs)

The fragmented nature of health, welfare, labour and economic policies intensifies the inefficient and uneconomical administration of social grants for adult PWDs. From a South African perspective it therefore appears that (i) alignment of policies or interfacing of their systems could mitigate the prolonged process and the many steps an applicant has to go through before applying for social grants for adult PWDs, (ii) for social grants for adult PWDs to be administered efficiently, an integrated approach to medical assessments should be adopted, and (iii) seeing as knowledge, attitudes and practices by stakeholders (i.e. applicants, SASSA officials and SASSA contracted medical doctors) in the administration process influence whether or not an applicant receives a social grant for adult PWDs, measures should be put in place to counter these subjective influences and perceived perverse incentives.

1.3.3 Research questions

The research seeks to answer the following questions:

- (i) Why, despite the gatekeeping element of the 2011 SGDMM, do adult PWDs presenting with the same medical or mental condition keep coming back?
- (ii) Why are they allowed through the system only to be rejected all over again, citing the same reasons?
- (iii) How are the other two stakeholders (SASSA officials and contracted medical doctors) organised and managed to achieve the common purpose, which is the administration of social grants for adult PWDs?

1.3.4 Aim and objectives of the study

The aim of the study is to assess efficiency in the administration of social grants for adult PWDs in the NC (provincial sphere of government) and in SA (national sphere of government). The research will use the 2011 SGDMM as a point of departure. Consequently, the following objectives have been identified for this study:

- i) The first is to conduct a review of the literature (available international and national literature on the administration of social grants for adult PWDs, South African legislation governing the administration of social grants for adult PWDs, and the introduction of the 2011 SGDMM). This will be done in Chapter Two.
- ii) The second is to examine existing internal reconsideration mechanism (IRM) records (2011–2018) and statistics of social grants for adult PWDs (2012–2018) with the

purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs. This will be done in Chapter Three.

- iii) The third objective is to analyse responses from the structured telephonic and face-to-face interviews with the successful and unsuccessful applicants, the semi-structured focus group discussions with the SASSA officials as well as the semi-structured face-to-face interviews of the contracted medical doctors. These responses will focus on the administration of social grants for adult PWDs in the Northern Cape Region since 2011 and be reported on in Chapters Five, Six and Seven.
- iv) The fourth and final objective is to make tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs in SASSA NC and in the National DoSD. This will be done in Chapter Nine.

1.3.5 Significance of the study

The empirical results generated in this study will, *inter alia*, attempt to make recommendations towards improving efficiency in the administration of social grants for adult PWDs in two spheres:

- i) National sphere (DoSD)

The study will assist policymakers in developing clear, integrated policy guidelines on social grants for adult PWDs, which could improve efficiency in the administration of social grants for adult PWDs. The recommendations of this study will be captured in the accompanying Regulations to the Social Assistance Act, 2004 (Act 13 of 2004 as amended). This will reduce service delivery costs and time and energy spent in the administration of social grants for adult PWDs and will improve efficiency in the administration of social grants for adult PWDs.

- ii) Provincial sphere (SASSA NC)

SASSA NC will be able to expand on the empirical data gathered and thus develop clear procedure guidelines that will inform uniform processes and structures to improve efficiency in the administration of social grants for adult PWDs. The recommendations of this study will inform future concept documents or standard operating procedure manuals for the region.

iii) Provincial sphere (SASSA NC) – Stakeholders

The study will create a platform for the three stakeholders to provide input in the administration process and practices governing social grants for adult PWDs in the NCR. This platform will afford SASSA officials the opportunity to exchange knowledge with others, which will lead to the correct application and interpretation of policies and the development of improved methods in the administration of social grants for adult PWDs. The interaction will probably change the perceptions and lead to a shift in the mindset of applicants of social grants for adult PWDs regarding the eligibility criteria and intended purpose of social grants for adult PWDs. Finally, the contracted medical doctors will gain valuable knowledge and confidence in applying and implementing the policies and legislation in a uniform, objective and consistent manner.

1.3.6 Explanation of terms

The following definitions of terms are applicable throughout the study:

Efficiency

According to the Merriam-Webster Online Dictionary, efficient, as an adjective, means:

...1 capable of producing desired results without wasting materials, time or energy [or] 2 ... producing and effect, the efficient action ... [or] 3 ... desired effects ... productive without waste, an efficient worker ... (2020).

Cloete (1995: 27) defines efficiency as the “production of goods and rendering of services without wasting money, material and labour.”

Social security

Social security is comprehensive effective coverage under social security systems and is defined by access to protection against the contingencies addressed by the nine branches of social security as set out in the ILO's Social Security Convention, 1952 (No. 102), and supported by other international instruments. It is extended only to an estimated 29% of the global population (World Social Protection Report, 2017–2019: 2). Similarly, according to the same report, only 27.8% of persons with severe disabilities worldwide receive a disability benefit. Social security, as alluded to in section 27(1) of the Constitution, refers to a variety of policy instruments set up to compensate for the financial consequences of several social contingencies like temporary or permanent unemployment, injuries, illness, disability or death. These policy instruments require some form of contribution and cover mostly those in formal employment. However, for those people of working age who are not at work, no provision is made available through the social security system in the form of social grants. SA has built up a comprehensive social security system which comprises statutory social insurance, access

to free basic services, free housing, subsidised housing, free education, school nutrition programmes and free healthcare for pregnant women and for children under the age of six years (StatsSA, 2018). The impact of the financial and economic crises has helped significantly increase the level of agreement about the idea that social security is not only a human right but a social and economic necessity (Hagemejer and McKinnon, 2013: 8). Economic necessity has in a very short space of time escalated due to the anticipated impact of the coronavirus (COVID-19) pandemic, which could severely compromise social security (United Nations Development Programme, 2020).

The contracted medical doctor

For a DG or GIA to be processed, an applicant must be seen by a SASSA-contracted medical doctor to assess the level of impairment and make a recommendation. Contracted medical doctors are medical practitioners conducting medical assessments on behalf of SASSA and the DoH on applicants of social grants for adult PWDs with the view to recommending whether they are eligible for those grants. In terms of the 2011 SGDMM, contracted medical doctors should hold an MBCHB degree from an accredited institution, be currently registered with the HPCSA and possess an accreditation certificate to conduct disability assessments (SASSA, 2011: 42). In addition, contracted medical doctors should submit a tax clearance certificate, be registered on the Supplier Central Database system, and, if they are foreign nationals, possess a valid work permit.

The applicant of social grants for adult PWDs

An applicant is a person who applies for a social grant for adult PWDs in respect of himself or herself or on behalf of another person in terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), and its applicable regulations. In terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), and its applicable regulations, the applicant of a social grant for adult PWDs should be a resident or citizen of the RSA aged from 19–59 years of age, with a medical condition that causes moderate to severe functional impairment. In this study, applicants of social grants for adult PWDs are (i) permanent DG recipients who were either awarded social grants at first application or were previously rejected but eventually awarded, or (ii) repeat temporary disability grant (TDG) applicants who went on to apply for internal reconsideration after they were dissatisfied with the outcomes of their applications and/or, in other instances, lodged appeals with the Minister of Social Development after their applications for internal reconsideration were dismissed.

The SASSA official

According to the Regulations of the Social Assistance Act, 2004 (Act 13 of 2004 as amended) of 2008, a SASSA official is an individual, at any level, employed by SASSA to offer all reasonable assistance to an individual to enable the said individual to exercise his or her rights in terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended). Employees of SASSA are appointed in terms of the SASSA Act, 2004 (Act 9 of 2004). For this study, a SASSA official is an official dealing with assessments for DGs (that is, booking, application, verification and approval) and who has been employed for a period of at least twenty-four months prior to this study. SASSA officials play a critical role in gatekeeping, which involves thorough screening of the applicants before they can be booked for medical assessment by the contracted medical doctor. Other roles fulfilled by SASSA officials entail monitoring and overseeing the implementation of the 2011 SGDMM and IRM.

Poverty

Poverty is generally the inability of individuals, households or entire communities to command enough resources to satisfy a socially acceptable minimum standard of living. It is fundamentally a denial of choices and opportunities and a violation of human dignity. It is a condition in which those classified as poor cannot provide for themselves due to a lack of socio-economic, political and cultural resources within their societies, and renders individuals insecure, powerless and vulnerable (StatsSA, 2018). Poverty must not only be regarded as a condition that is caused by the absence of material resources or needs, but also as caused by the absence of non-material needs such as education. The South African approach to addressing poverty includes a broad range of measures from job creation to the provision of basic services, such as housing, water and electricity, as well as welfare measures and social grants (The Presidency, 2011; De Paoli, Mills and Grønningssæter, 2012: 1).

Disability

Different countries use different criteria, and even within the same country, definitions of disability vary depending on the sector. What is a disability for the purposes of healthcare or rehabilitation may not necessarily be a disability for the purposes of eligibility for social welfare benefits or compensation for workplace accidents, or even Statistics South Africa (StatsSA). Whereas disability was once assumed to be strictly a physical or medical condition, in recent years, the understanding of disability has moved to one that considers a person's physical, social and political context. Currently, disability is understood to arise from the interaction between a person with a health condition or impairment, such as cerebral palsy, Down syndrome or depression, and the multitude of personal and environmental factors like negative attitudes, inaccessible transportation and public buildings, and limited social supports

(World Health Organisation, 2018). Now the World Health Organisation has moved towards a new International Classification of Functioning, Disability and Health (ICF) system, which defines disability as an umbrella term for impairments, activity limitations and participation restrictions.

In terms of clause 1 of the 2010 Social Assistance Amendment Bill, “disability”, in respect of an applicant, means a moderate to severe impairment which limits an adult PWD’s ability to function because of a physical, sensory, communication, intellectual or mental disability rendering the adult PWD unable to either:

- i. obtain the means needed to enable him or her to provide for his or her own maintenance;
or
- ii. be gainfully employed.

This approach to disability recognises both the potential physical and/or medical barriers to employment that beneficiaries may face (such as recurring physical or mental impairment which substantially limits their prospects) and the socio-economic aspect (capacity or opportunity to perform major life activities, which might include entry into or advancement in education, employment, etc.) (Livermore, 2011: 63). This definition of disability is often used when determining whether an applicant is deemed to have a disability for the purposes of being awarded the state-administered social grant for adult PWDs.

Disability grant

The DG is a social grant payable to persons aged 19–59 years suffering from a mental or physical disability that permanently limits their daily functioning and renders them unfit to sufficiently provide for their own maintenance for longer than six months (SASSA, 2019). To qualify for a DG, an applicant must demonstrate an inability to engage in substantial gainful activity due to a medically determinable impairment (Livermore, 2011: 61) that is expected to last at least 12 months (SASSA, 2019). For those found to be functionally impaired, but for a period of fewer than 6 months, social relief of distress (SRD) is recommended.

Grant-in-Aid

GIA refers to a social grant payable to persons already in receipt of or meeting the criteria for a social grant for persons aged 18 years and older, which can either be old age grants, war veterans’ grants or DGs, and require regular attendance or support by another person (SASSA, 2019).

Social protection

Social protection is a term used to describe all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalised, with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups (Dong, 2010: 237; Barrientos, 2013: 888; Sunal, 2013: 182). This term is used interchangeably with “social security” in this study. Social protection should include interventions and initiatives that support individuals, households and communities in their efforts to prevent, mitigate and overcome risks and vulnerabilities. Protection, prevention and promotion are considered the three functions of social protection. Firstly, social protection is aimed at protecting the minimum consumption levels of people who are already in difficulty. Secondly, social protection prevents people who are susceptible to adverse events and shocks from becoming more vulnerable. These interventions are reactive and aimed at people who already find themselves in vulnerable positions. Thirdly, it promotes people’s ability to become less vulnerable in the future by helping them to build assets. This is a proactive way of dealing with vulnerability, by arming people with tools for when they might find themselves in vulnerable situations. Social protection is thus considered an important development strategy to, firstly, reduce the poverty and vulnerabilities of poor and marginalised populations and strengthen their capacities (Abukari and Kreitzer, 2016: 213) and, secondly, contribute to national economic and social development (Hagemejer and McKinnon, 2013: 8).

Social assistance

According to the United Nations Research Institute for Social Development (2020), social assistance is a targeted, non-contributory form of social security that provides support in cash or in kind to persons who lack the means to support themselves and aims to protect the individual against social risks. The most significant legislative measure about adult PWDs is the provision of social assistance through the payment of social grants for adult PWDs, provided for in terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended). Social assistance in SA is currently administered and managed by SASSA, which was created by statute, the SASSA Act, 2004 (Act 9 of 2004). This date marked the instituting of SASSA and the de-facto start of the agency on 1 April 2006. Despite all activities relating to social grant payments being carried out by SASSA, the National DoSD is responsible for the guiding policies and regulations in relation to administration of social assistance in all nine regional offices of SASSA in SA.

Social assistance programmes serve as social and economic stabilisers in crisis conditions. In terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), any South African citizen aged 19–59 years, declared unable to work due to disability or illness and unable to support him/herself, is eligible for a DG and, if in need of permanent support or care, an additional GIA. Despite the social assistance programme in SA being hailed as one of the success stories in social protection in the developing world, there is still an element of exclusion in that the current legislation ensures social assistance for only some categories of persons who cannot support themselves and/or their families, and eligibility is subject to strict income and resource limits (Livermore, 2011: 63). Adults aged 19–59 years and are able-bodied have no claim to social assistance because cash transfers target individuals in particularly vulnerable categories such as the aged, disabled and children (Bozalek and Hochfeld, 2016: 197). This stems from the misguided ideological assumption that those categories of people should be and are indeed engaged in productive economic activities and therefore ought not to need any income support. Still, direct cash transfers to the poor by governments have potential not only to reduce poverty and inequality (by redistributing resources to poor households) but also to alter individual and household incentives and decision-making in ways that affect short- and long-term outcomes (Heinrich, Hoddinott and Samson, 2017: 621)

1.4 OUTLINE OF CHAPTERS

Chapter One gave a broad overview and understanding of the background and reason for the study and subsequently the research problem. Clarification was given by formulating research questions and outlining the aim and objectives of the study. In Chapter Two the focus will be on the review of available international and national literature on the administration of social grants for adult PWDs. The chapter will further sketch South African legislation governing the administration of social grants for adult PWDs and introduce the 2011 SGDMM. Chapter Three is linked to the second objective, which is to examine existing IRM records (2011–2018) and statistics of social grants for adult PWDs (2012–2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs.

Chapter Four focuses on demarcation of the research methodology and will defend the choices made with regard to the research paradigm, design and approach and the methods used to collect data. In this chapter the study population, sampling procedures and sample size will be explained. Issues regarding ensuring instrument validity and reliability, ethical considerations and confidentiality will also be addressed.

The responses are presented and analysed in Chapters Five, Six and Seven. Chapter Five will focus on the structured telephonic interviews and structured face-to-face interviews with successful and unsuccessful applicants of social grants for adult PWDs. Chapter Six presents and analyses the responses from the semi-structured focus group discussions with the SASSA officials. Chapter Seven presents and analyses the responses from the semi-structured face-to-face interviews with the contracted medical doctors. All three chapters are linked to the third objective, namely to analyse the responses to the structured telephonic and face-to-face interviews with the applicants (successful and unsuccessful), the semi-structured focus group discussions with the SASSA officials as well as the semi-structured face-to-face interviews with the contracted medical doctors.

Chapter Eight is a discussion of the main findings from the secondary and primary data and is linked to the first three objectives of the study. Chapter Nine focuses on making tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs. This chapter is linked to the fourth objective, which is to make tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs in the NC and in the National DoSD. The recommendations are based on the main findings discussed in Chapter Eight.

1.5 CONCLUSION

Poverty and disability are inextricably linked, and it can be argued that it is a two-way relationship in that disability adds to the risk of poverty and conditions of poverty increase the risk of disability (Ngwena, 2010: 37). Social protection offers the potential means to address the multiple factors causing persistent poverty and rising vulnerability and can be three-pronged, by embracing measures of social insurance, social relief and social assistance (Dong, 2010: 237; Sunal, 2013: 182). It is therefore necessary, when developing policies for comprehensive social protection, for the preventative and remedial aspects of social security to be considered instead of only focusing on compensation (remedial). Furthermore, it is necessary to explicitly link social and economic policies to ensure inclusive development. While all forms of social protection are equally important in poverty alleviation, the focus of the present study is only on social assistance for adult PWDs.

This chapter started with an introduction, provided an outline which comprised subsections on conceptualising the administration of social grants for adult PWDs, the definition of administration as an activity, the development of Public Administration as a discipline, theories supporting administration, the background and reason for the study, the research problem

statement, the research questions, the aim and objectives of the study, the significance of the study and an explanation of terms. The next chapter is a review of (i) available international and national literature on the administration of social grants for adult PWDs, (ii) South African legislation governing the administration of social grants for adult PWDs and (iii) the introduction of the 2011 SGDMM.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Poverty prevents individuals and families from meeting their basic needs or realising their full potential. These vulnerable groups are faced with challenges of unemployment and exclusion and are often unable to devise the means to satisfy even the most basic needs such as nutrition, safe drinking water, reasonable housing and education. In such cases, states or nations are obliged to provide enough opportunities for all individuals to become whatever they have the potential to be, in the form of social security. Poverty, social isolation and exclusion from employment are the key forms of socio-economic exclusion responsible for the disadvantages of adult PWDs. The global recession around 2010, which led to massive job losses and swelling unemployment figures worldwide, inadvertently put social assistance provided for adult PWDs in the international spotlight. Recommendation No. 202, adopted by the ILO in June 2012, provides a framework for ILO member states to extend coverage of social security to include, among other things, basic income security for persons of active age who are unable to earn enough income in case of sickness, unemployment, maternity or disability (Cichon, 2013: 37; Kaseke, 2015: 26). This was after the adoption of the CRPD by the United Nations (UN) General Assembly to promote, protect and ensure the full and equal enjoyment of all human rights by PWDs. The recent outbreak of COVID-19 could result in a decline in global human development (measured as a combination of the world's education, health and living standards) for the first time since the concept was introduced in the 1990s (United Nations Development Programme, 2020).

Comprehensive social protection should aim to address the underlying structural and material basis of social exclusion by also considering the multi-dimensional aspects of poverty. As a signatory to the UN CRPD, SA, like all member states, is bound by its provisions that refer to the general obligations undertaken by states to ensure and promote full realisation of the human rights and fundamental freedoms for all PWDs without discrimination of any kind based on disability (Murungi, 2013: 1). However, despite the resultant impact of job losses increasing poor communities' need for social assistance, the social instrument does not dictate, but rather encourages and obliges member states to decide what is feasible within their economic circumstances. Similarly, in view of the COVID-19 pandemic, the UN framework for the immediate socio-economic response recommends five priority steps to tackle the complexity of this crisis: protecting health systems and services; ramping up social protection; protecting

jobs, small- and medium-sized businesses and informal sector workers; making macroeconomic policies work for everyone; and promoting peace, good governance and trust to build social cohesion. This obligation is fully acknowledged by the South African government and has culminated in legislation to address the human rights needs of adult PWDs. While the COVID-19 pandemic's impact on the financial health of South Africa and other countries with similar social assistance programmes is still unknown at the time of writing up this research, the long-term affordability of this programme may be at risk. In terms of section 27(1)(c) of the Constitution, "everyone has the right to access to social security, including, if they are unable to support themselves and their dependents, appropriate social assistance." In addition, section 27(2) of the Constitution compels the state to take reasonable legislative and other measures, within its available resources, to achieve the "progressive realisation of the rights of adult PWDs to have access to social assistance."

Chapter Two focuses on the review of literature and covers (i) available international literature (2.2) and national literature on the administration of social grants for adult PWDs (2.3), (ii) South African legislation governing the administration of social grants for adult PWDs (2.4) and (iii) the introduction of the 2011 SGDMM (2.5). This chapter is linked to the first objective of the study, which is to conduct a review of the aforementioned literature.

2.2 AVAILABLE INTERNATIONAL LITERATURE ON THE ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDs

This section outlines international studies related to the topic under investigation (Maestas, Mullen and Strand, 2013; Loyalka, Liu, Chen and Zheng, 2014; Wind, Samoocha, Van der Beek and Frings-Dresen, 2014) as well as those studies dealing with the CRPD (Murungi, 2013; Ladner, 2014; Walker, 2014). The first study, conducted by Maestas *et al.* (2013), is titled "Does disability insurance receipt discourage work? Using examiner assignment to estimate causal effects of SSDI receipt." The study examines the unanswered policy question of whether the Social Security Disability Benefits (SSDI) disincentive effect varies across individuals, to what extent, and in what ways. Maestas *et al.* (2013) found that the SSDI caseload has become increasingly dominated by individuals with impairments that are particularly difficult to assess, such as mental and musculoskeletal impairments, and concluded that employment of the marginal programme entrant would be on average 28 percentage points greater in the absence of SSDI receipt, even though the disincentive effect is not constant across individuals.

The study conducted by Loyalka *et al.* (2014), titled “The cost of disability in China”, describes the degree to which household income is negatively associated with the prevalence of different types of disability (i.e. medical impairments) in China using data from the 2006 Second National Survey of Disabled Persons. The authors found that despite the rapid reforms in social security, a few policies in China are specially targeted at the disabled population. They then concluded that although the amount and coverage of social security for households with disabilities are increasing, it is still not enough to offset the income differential between households with and without disabled persons, especially when they account for the extra costs of disability. Wind *et al.* (2014) researched the prevention of disability, specifically the opinion of claimants applying for a disability benefit. The authors assessed the expectations of Dutch claimants applying for a disability benefit, the rationale behind these expectations and their value in the process of evaluating the disability. They found that low education level, higher age and low workability (WAI) scores were correlated with the expectation of receiving a benefit and concluded that patients can predict the outcome of their application for a disability benefit.

Three international studies on the CRPD, conducted by Murungi (2013), Ladner (2014) and Walker (2014), respectively, focused on Article 24 of the UN CRPD and its applicability to children’s socio-economic and disability rights, computer science and intellectual disabilities, respectively. Firstly, a thesis by Murungi (2013), titled “The significance of Article 24(2) of the UN CRPD for the right to primary education of children with disabilities: A comparative study of Kenya and South Africa”, determines how Article 24(2) of the CRPD affects or is likely to affect the primary education of children with disabilities, particularly in the context of developing countries. Murungi (2013) found that the CRPD does, in fact, redefine the parameters of the right to education as previously understood in international human rights instruments. The author concluded, however, that while the CRPD does redefine the parameters, implementation of these provisions presents the greatest challenge for the realisation of primary education for children with disabilities.

A study by Ladner (2014), titled “Broadening participation: The impact of the United Nations Convention on the Rights of Persons with Disabilities”, focuses on what the CRPD says about technology for people with disabilities and about including them in the technology workforce. The author concluded that the application of computer science could be beneficial for PWDs in the workplace.

The study by Walker (2014), titled “Comparing American disability laws to the Convention on the Rights of Persons with Disabilities with respect to post-secondary education for persons with intellectual disabilities”, compares the CRPD to the Americans with Disabilities Act (ADA), 1990 (Act 3553 of 1990), in relation to people with intellectual disabilities. The author found that the CRPD and ADA are very similar in that the provision of Article 24 of the CRPD will not necessarily ensure full inclusion, while people with intellectual disabilities are not necessarily adequately provided for under the ADA. Walker (2014) concluded that it is important that persons with intellectual disabilities should not only be able to benefit from educational training but also that they should have an inclusive experience while doing so.

On 15 April 2015 *The Guardian* published an article titled “Which are the best countries in the world to live in if you are unemployed or disabled?” Table 2 presents a summary of those, mostly European, countries listed in the article. The provision of disability benefits varies widely, with France among the most generous providers of unemployment benefits for adult PWDs, while the safety net has diminished in the traditionally liberal Nordic countries.

Table 2: Countries offering disability benefits

Country and coverage	Stipulations	Amount
Estonia		
Disabled adults	Disabled people and the long-term sick of working age.	Varying payment according to the severity of the disability or illness from €17 to €54 (estimated at R289.59 to R844) per month.
France		
Disabled adults	Disabled people who (i) can work, (ii) are no longer able to work or (iii) have never worked.	Calculated according to the individual's average salary over a 10-year period. It can range from €282 to €951 (estimated at R4 655.82 to R15 701.01) per month.
Germany		
Where the disability is longer-term, individuals receive a pension (regardless of age)	Unable to work more than three hours a day and have contributed to the social security scheme for a minimum of five years. Those unable to work more than six hours a day are entitled to a partial pension.	Entitled to a pension equal to just over two thirds of their previous year's earnings, up to a specified maximum. This is payable until the age of 65, unless the old-age pension takes effect before then. The average disability pension is around €8 900 per year (estimated at R146 939)

Country and coverage	Stipulations	Amount
Ireland		
Disability allowance for adults	Must be residents of Ireland and have a disability that is expected to last for at least one year and substantially restricts a person from undertaking work that would otherwise be suitable for them.	Individuals receive €188 (estimated at R3 103.88) per week.
Italy		
Disabled Italians between the ages of 18 and 65	Not necessarily encouraged to work.	€279.75 (estimated at R4 618.67 per month).
Japan		
People with physical or learning disabilities, as well as those with mental health conditions	Adults with severe physical and mental disabilities with an income of less than ¥3.4 million (estimated at R408 000.00)	¥26 800 (estimated at R3 752.00) per month.
Nordic countries (Denmark, Norway, Sweden)		
Working-age adults	Universal right.	40%–50% of the average wage.
Russia		
Working-age adults	Disability groups divided into three categories: constant care, partial care and more than 50% reduction in working capacity.	₽2 974 to ₽3 170 per month in the first group (estimated at R684.02 to R729.10).
South Africa		
Individuals aged from 19–59 years of age	Working-age adults with an impairment diagnosed by a doctor to be severe. Means-tested (does not earn more than R5 150 per month, if single) and payable on a sliding scale accordingly – the more an applicant has, the less the benefit.	Maximum R1 780 per month (SASSA, 2019).
United States of America		
Social Security Disability Insurance (SSDI) is for working-age adults, while Supplementary Security Income (SSI) is designed to meet the basic needs of the poorest disabled people.	The SSDI is funded through worker and employer payroll contributions. Both the SSDI and SSI are administered nationally by the social security administration.	SSDI pays on average \$1 140 (R17 111.4) per month, while SSI pays \$525 (R7 880.25) per month.

(The Guardian, 2015)

Even though social assistance programmes are widely credited as contributory factors in the reduction of poverty and inequality (Barrientos, 2013: 888), their sustainability is dependent on the financial conditions under which they are governed (Sunal, 2013: 183). From an international perspective, it therefore appears that (i) SSDI benefits or benefits for adult PWDs do provide a disincentive to work, even though slight, (ii) the amount and coverage of social security for households with disability is increasing rapidly, although it is still not enough to affect the income differential between households with or without disabled persons and (iii) while the CRPD places an obligation on member states, it does not in any way prescribe, which leaves its administration open to incorrect interpretation. However, there are other factors that could be contributing to adult PWDs being disinclined to work, the main one being inclusivity. Walker (2014) believes that for adult PWDs to be successfully integrated into the workplace later in life, integration should start during education and training for acceptance to be cultivated at an early age on the side of both disabled and non-disabled people. Employers could be supported and encouraged through tax breaks or upgrading of facilities or even installation of equipment to make the working environments more conducive to PWDs (Belu, Radu, Neamțu and Neamțu, 2014: 218).

2.3 AVAILABLE NATIONAL LITERATURE ON THE ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDs

Whereas the previous section focused on international studies, this section outlines available national literature on the administration of social grants for adult PWDs by drawing attention to eleven SA-based studies (Mhlambi, 1994; Mestern, 2006; Hardy and Richter, 2006; Leclerc-Madlala, 2006; Natrass, 2006; Tumbo, 2008; Jelsma, Maart, Eide, Toni and Loeb, 2008; Ong'olo, 2009; Goldblatt, 2009; De Paoli *et al.*, 2012; Knight, Hosegood and Timaeus, 2013).

Of these eleven SA-based studies, five research studies were conducted to explore the unintended consequences and perverse incentives of social grants for adult PWDs, especially in relation to HIV/AIDS. Such consequences include discouraging recipients from seeking employment or taking treatment to control their medical condition. Hardy and Richter (2006), in a journal article titled "Disability grants or antiretrovirals? A quandary for people with HIV/AIDS in SA," explore the intersection of social security with access to antiretroviral therapy (ART) and argue that social security presents complex problems in the context of HIV/AIDS. The authors found that for households where people are solely dependent on the DG for their livelihood, being on ART poses a dilemma, a complexity that was not anticipated by either the DoH or the DoSD when the DG was extended to people living with HIV/AIDS. The authors conclude that the matter requires urgent further debate and resolution, including provision of

a basic income grant to all South Africans. The journal article by Leclerc-Madlala (2006) titled “We will eat when I get the grant’. Negotiating AIDS, poverty and antiretroviral treatment in South Africa” explores ways in which AIDS treatment policies and practices and grants for people incapacitated by AIDS are currently being negotiated by people caught in the double bind of managing their own health and income. The author found that the extension of DGs to people with advanced HIV infection poses the challenge of choosing between physical health and socio-economic survival. The author then concludes that targeting affected communities for AIDS support services, rather than services for infected individuals, is one way to prevent some of the negative ways in which people are adapting to the worsening impact of HIV/AIDS in SA.

A similar journal article by Natrass (2006), titled “Trading off income and health? AIDS and the disability grant in SA”, argues that the AIDS pandemic is making the need for welfare reform more pressing due to the unintended conflict between welfare and health policies. The author found that it is possible that a small but significant proportion may opt to discontinue highly active antiretroviral therapy to become sick again in order to qualify once more for the DG. The author thus concludes that addressing poverty by encouraging labour-intensive growth must be an integral part of any solution to conflict between welfare (DG) and health (highly active ART) policies and recommends that BIG should be introduced to help resolve this unintended tension between health and welfare policy.

“The ARV roll out and the disability grant: A South African dilemma”, De Paoli *et al.* (2012) explore the possibility that some South Africans living with HIV who receive a DG from the state deliberately default on their antiretroviral (ARV) medication to lower their CD4 count so that they remain eligible for grants. The authors found that although the loss of the DG significantly affected the well-being of people living with HIV, they did not discontinue antiretrovirals. The authors concluded, therefore, that it is crucial to provide sustainable economic support in conjunction with antiretrovirals to make “positive living” a reality for people living with HIV. Knight *et al.* (2013), in a journal article titled “The South African disability grant: Influence of HIV treatment outcomes and household well-being in KwaZulu Natal”, explore the implications of the DG for household members’ well-being and adults’ success on ART (antiretroviral therapy). The authors found that early access to financial support in conjunction with commencing ART may lead to improved health outcomes and reduce poverty and vulnerability associated with illness in poor households. The authors conclude, therefore, that this synergistic relationship between social welfare and treatment may, in turn, contribute to greater cost efficiency.

DGs awarded to people living with HIV are mostly of a temporary nature with a strong emphasis on the recipient fully complying with the available treatment. There has been speculation that people living with HIV who fully depend on the social grants for adult PWDs for their livelihood may default on treatment when the review period approaches because they hope the social grant for adult PWDs will be extended. The five above-mentioned South African studies highlight the allegedly widely held misconception and distrust of perverse incentives regarding social grants in general, and specifically regarding DGs in relation to manageable conditions, like HIV/AIDS and other chronic conditions. While the studies found that the DG was a major boost to the household income of most of the recipients, there was no significant finding in support of the supposition that people living with HIV default on treatment to keep on receiving social grants for adult PWDs.

Still, in SA, two studies were conducted to analyse the characteristics of recipients of DGs and explore the role of DGs in the lives of recipients respectively. The study by Jelsma *et al.* (2008), a journal article titled “Who gets the disability grant in South Africa? An analysis of the characteristics of recipients in urban and rural areas”, aimed at establishing whether there was a difference in the characteristics of people who received a DG and those who did not. The study focused on rural and urban samples of isiXhosa-speaking people with disability in SA. The authors found that a significantly higher proportion of rural dwellers accessed the DG and that the DG recipients presented with significantly more problems related to mobility and to technology. They concluded that (i) most men and women with a disability identified in the study received DG, irrespective of where they lived and (ii) non-recipients might qualify if they were informed of the existence of the social grant and applied. The authors recommended that the role of medical doctors as “gatekeepers” might need to be examined.

Ong'olo (2009), in a thesis titled “The role of disability grants in the lives of visually disabled adults on the Cape Flats”, explores the role of the DGs, poverty and disability-related costs, DG expenditure as well as household decision-making on expenses. The author found that most respondents were knowledgeable and aware of what the grant is to be used for and whom it targets, and they gave evidence of what determines the choices made for expenditure by beneficiaries and how these are prioritised. The author concludes that the DG does provide significant if not enough assistance for beneficiaries and recommends that SASSA must invest in networking with other government departments to link essential service delivery and resources for grant beneficiaries. Although not mentioning the administration of social grants for adult PWDs *per se*, these studies contribute to the understanding of a profile of adult PWDs and their expectations when approaching SASSA for a social grant. These studies indicate that the knowledge, attitudes and practices of the applicants in the administration process influence whether or not an applicant gets a social grant for adult PWDs.

The following four South African studies are closely related to this research and focus on administrative processes of social grants for adult PWDs. These studies were conducted in KwaZulu Natal, Western Cape, Limpopo, and Gauteng and North West provinces respectively. Mhlambi (1994), in a masters' dissertation in the field of family medicine, titled "Disability grant assessments in Nqutu KwaZulu Natal", determines the social, medical and administrative factors that may have an influence on the outcome of DG assessments. The author found that a purely clinical (biomedical) model of assessing disability, a model that seeks to ignore the person's perception of his or her "disability" as well as the contextual factors at play, is neither practical nor desirable. The author therefore concludes that a holistic approach that seeks to individualise an applicant's disability assessment will prove to be the most realistic and desirable approach. The author also recommends the development of clear, uniform policy guidelines for the management of the DG to neutralise the subjective and emotional factors influencing medical doctors which could have a direct influence on either recommending or not recommending a DG. The 2011 SGDMM, discussed later in the present thesis, is a response to issues raised by Mhlambi (1994) and some studies by other authors that recommended the development of clear, uniform policy guidelines to mitigate the risk of subjectivity in the administration process of social grants for adult PWDs.

Mestern (2006), in a minor masters' in science dissertation titled "The application and review processes of disability grants for deaf adults in the Western Cape: An exploratory study", identifies and describes the multiple perspectives of deaf adults and key stakeholders in the process of DG application and review. It has been found that there are primary and secondary stakeholders when it comes to applications of DGs for deaf adults. Secondary stakeholders, while not involved in the application process, may assist in addressing societal barriers to full participation by deaf adults. As such, most of the deaf adults may require an escort to overcome the communication barrier with government officials. The author found that due to key stakeholders' limited knowledge of South African Sign Language, the escort acts not only as an interpreter but more as a representative, usually at the cost of the deaf adult's independence. Mestern concludes that it appears as if deaf adults tend to play a passive role within the grant application process and recommends that sign language interpreters and social development workers should form part of the assessment panels as they have a key role to play.

Tumbo (2008), in a journal article, explores the factors that influence doctors' decisions in the assessment of applicants for a DG. The author found that, holistically, the assessment process was not entirely objective and was influenced by, among other things, subjective factors like the mood of the medical doctors, emotions such as anger and sympathy, and feelings of desperation. The author concludes that the assessment of applicants for a DG appears to be

a subjective and emotional task, hence the need for clear, uniform policy and guidelines for the management of the DG. Furthermore, a journal article by Goldblatt (2009), titled “Gender, rights and the disability grant in South Africa”, sets out the findings of a study of the DG system in two provinces (North West and Gauteng). The author found that there are certain barriers that prevent very poor and vulnerable people from obtaining the DG and that there are major differences between the two provinces in the way the DG was administered. The author further found that there are certain administrative problems with the system and there are financial and other costs that burden the grant applicants and beneficiaries, especially disabled women. Therefore, the author concludes that there is a need for structural, procedural and policy changes, and coordination with other government departments to extend the reach of the social security system. Despite being one of the world’s most unequal countries, SA is one of the highest investors in social protection in Africa and has made significant efforts to include PWDs within the national social protection system (Kidd, Wapling, Bailey-Athias and Tran, 2018: 3). SA even made it onto the list of the countries to live in if you have a disability (the only one in Africa), based on the benefits provided to adult PWDs (The Guardian, 2015).

2.4 SOUTH AFRICAN LEGISLATION GOVERNING THE ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDS

This section focuses on the national legislative framework that recognises the rights of adult PWDs to access social assistance. Several legislative prescripts regulate the provision of social grants for adult PWDs in SA. This right to social assistance is entrenched in section 27(1) (c) of the Constitution, which spells out the obligation by the state to ensure those who are unable to support themselves and/or their dependants are granted such support. The social grants for adult PWDs are provided in terms of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), as supported by the SASSA Act, 2004 (Act 9 of 2004) as well as various regulations and notices issued by the Minister of Social Development from time to time to provide for social assistance. The Minister of Social Development must, with the concurrence of the Minister of Finance, from money appropriated by Parliament for that purpose, make social grants for adult PWDs available. In the DoSD budget vote of 2019, the Minister of Social Development reiterated that “attention will be paid to the marginalised groups, including persons with disabilities” (RSA, 2019c). SASSA was thus established in 2006 in terms of the SASSA Act, 2004 (Act 9 of 2004) to administer the social grants for adult PWDs in a uniform manner throughout the country.

Policies formulated by governments must seek to promote the quality of life of their intended target group, even though each is individually sculpted by a unique interplay of historical, social, cultural, economic, geographical, religious and political forces. Van der Waldt (2016:

65) indicates that as public administration takes place within a political environment, it is therefore influenced by everything of a political, economic or social nature inside and outside the country. Social security means any of the policies or programmes established by the state to protect individuals or families against risk and to ensure that they have a basic standard of living (Dong, 2010: 237), and are designed to provide a safety net to protect individuals from the undesirable outcomes that might arise from the risks of being deprived of acquiring a level of income sufficient to cover the costs of basic human needs (Sunal, 2013: 182).

Attempts to redress inequalities and empower PWDs have led to the conceptualisation of disability as a human right and a development issue. SA has to a certain extent made great strides in granting the right of access to social security. Several policy and planning initiatives have been launched by the DoSD and other government departments, the most noteworthy of which are the National Development Plan: Vision for 2030 (National Planning Commission, 2011) and the Framework for Social Development (DoSD, 2013). The 2030 National Development Plan stipulates the need to create an inclusive social protection system that addresses vulnerability and responds to the needs of PWDs, while the Constitution makes provision for access to social assistance for those unable to support themselves or their dependants. Although these policy initiatives have been introduced separately, they have proven to be complementary to each other within the broader context of caring for vulnerable individuals and families.

The earliest policy initiative, the White Paper on the Integrated National Disability Strategy (1997) recognised the fragmented way in which disability is addressed and has highlighted factors that contribute to the exclusion of adult PWDs. The factors include, among other things:

- i. low skills levels due to inadequate education;
- ii. discriminatory attitudes and practices by employers;
- iii. past discriminatory and ineffective labour legislation;
- iv. a lack of enabling mechanisms to promote employment opportunities;
- v. inaccessible and unsupportive work environments;
- vi. inadequate and inaccessible provision for vocational rehabilitation and training; and
- vii. a lack of access to financial resources.

As the varying levels of development amongst countries and the lack of appropriate infrastructure continue to be detrimental to the effective representation of PWDs and the ability of national governments to develop strong and effective legislative and policy frameworks remains compromised (Pillay, 2017), factors that contribute to the exclusion of PWDs should inform the nature of intervention strategies and programmes that could be

developed to capacitate adult PWDs to fully participate in the communities in which they live. In terms of the factors identified above, prevention and rehabilitation should be, but are often not, key aspects of all social security strategies related to disability. Whereas many adult PWDs require income maintenance mechanisms that compensate for their loss of income and for the extra costs due to the disability, they also need programmes that will improve their standards of living while increasing their opportunities to education and, by extension, their employability (McKeever, 2012: 477). Any meaningful intervention aimed at successfully integrating adult PWDs into the workplace later in life should start during education and training for acceptance to be cultivated at an early age on both sides (disabled and non-disabled). Maslow's hierarchy of needs theory thus applies in this regard: adult PWDs need to be graduated from just receiving social grants, which cater for their basic physical needs, to programmes that will cater to their social, self-esteem and self-actualisation needs.

Opportune for the South African government, the legislative measures to provide social assistance to vulnerable groups, of which adult PWDs form part, were already in place at the time of signing the CRPD in 2006. These measures were section 27(1)(c) of the Constitution, the Social Assistance Act, 2004 (Act 13 of 2004 as amended) and its applicable regulations, the SASSA Act, 2004 (Act 9 of 2004), the Promotion of Administrative Justice Act, 2000 (Act 3 of 2000) and the Public Finance Management Act, 1999 (Act 1 of 1999). Without a doubt, the adoption of the CRPD and Recommendation No. 202 of 2012 was an indication by the UN and ILO, respectively, of a need to make special provision for adult PWDs. SA, as a signatory to the CRPD and its Optional Protocol, is obliged to remove all potential barriers by investing enough funds and expertise to implement necessary legislative measures to provide for the rights of and unlock the potential of adult PWDs.

i. **The Constitution of the Republic of South Africa, 1996**

Article 4 of the UN CRPD places an obligation on member states to implement necessary legislative measures to provide for the rights of PWDs. The South African government fully acknowledged this obligation, which culminated in legislation to address the human rights needs of adult PWDs. There is a specific constitutional focus in the RSA on addressing the plight of the most vulnerable and desperate in society. The Constitution is the supreme law of the country and every legal prescript should comply with the values and principles set therein or run the risk of being declared unconstitutional by the court. The administration and payment of social grants for adult PWDs are provided for in terms of the Constitution. The chapters in the Constitution most relevant to the administration of social grants for adult PWDs are Chapter 2, 3 and 10. Chapter 2 focuses on the Bill of Rights, where sections 27(1)(c) and section 27(2) are located. Chapter 3 is about cooperative government, while Chapter 10 deals with the basic values and principles governing public administration. Section 7(1) in the Bill of Rights of the

Constitution enshrines the rights of all people in the RSA and affirms the democratic values of human dignity, equality and freedom. Chapter 10 of the Constitution outlines the basic values and nine principles that must govern public administration. Not surprisingly, the promotion of efficient, economical and effective use of resources and responsiveness to the needs of the people are among the nine principles. These two principles are the focus of this study.

To promote the democratic right of equality, section 27(1)(c) in Chapter 2 of the Constitution states that “everyone has the right to access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.” Section 27(1)(c) views social security as an umbrella term, while social assistance is more specific. Social security in SA is limited to redistribution and income replacement. It is expressed in two primary models of social assistance and social insurance respectively and does not provide for prevention and reintegration. The right to social security and social assistance is guaranteed by the Constitution to all citizens and residents of the RSA. Guaranteeing it as a right is an attempt to protect beneficiaries from the abuse they might experience at the hands of those who administer the social security system. The Constitution guarantees the right to apply for social assistance, provided that certain conditions for qualification are met, hence the criteria and means test as indicated in the Social Assistance Act, 2004 (Act 13 of 2004 as amended).

The social security system in SA, particularly the social assistance programme, is hailed as one of the most comprehensive in the Southern African Development Community region in that it is tailored to address the needs of children, PWDs and the aged in all racial groups. SA provides social protection to its population using several different instruments, the extensive social assistance programme being the main one (Bozalek and Hochfeld, 2016: 196). The right to access appropriate social assistance has been enforceable through the courts, as shown by several High and Constitutional Court decisions that ordered state organs to act positively as government inaction has compelled non-governmental organisations to approach the courts (Handmaker and Matthews, 2019). The courts in SA are entrusted with constitutional jurisdiction and have the power to order the state to take positive steps, which have been used in several cases of socio-economic rights enforcement. This, according to Olivier (2008), highlights the dual role of the state both as a facilitator and a provider.

Still, in Chapter 2, section 27(2) of the Constitution calls for the state “to take reasonable legislative and other measures, within its available resources, to achieve the progressive

realisation" of each of the rights contained in the Bill of Rights. The Constitution spells out the obligation of the state to ensure that those who are unable to support themselves and/or their families are granted social assistance. The aforementioned progressive realisation is an obligation for the state to develop a realistic and comprehensive plan or programme on how, when and by what means the fundamental right of access to social assistance is to be given effect to in a progressive manner. The right to access to social assistance, however, is qualified by the availability of resources and is an indication that whatever is to be undertaken needs to be affordable, and the state must have the necessary resources to carry out the action. Before going into detail about the legislative measures in place, a brief mention of the rights specific to the administration of social grants for adult PWDs is necessary.

As stated in the Constitution, the Bill of Rights is the cornerstone of democracy in SA, and it enshrines the rights of all people in the country and affirms the democratic values of human dignity, equality and freedom. As such, the state must respect, protect, promote and fulfil the rights contained in the Bill of Rights. Section 39(1)(b) of the Constitution does not merely permit, but more significantly requires the courts to consider relevant international law when interpreting a provision of the Bill of Rights, including non-binding international law. The courts in SA are urged by the Constitution to promote the domestication of international law unless there is a clear, irreconcilable clash between international law and domestic law. It is worth noting that according to the Constitution, even treaties that have not been ratified by SA are within the ambit of international law that the courts must consider. Several pieces of international legislation are of special relevance to this study, and they are the 1948 Universal Declaration of Human Rights, the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), and the 2006 UN CRPD, outlined below:

- **Universal Declaration of Human Rights, 1948**

The rights to elements of social protection are contained in the Universal Declaration of Human Rights, which was proclaimed and adopted by the UN General Assembly in 1948. The universal declaration promises economic, political, cultural and civic rights that underpin a life free from want and fear. According to Article 1 of the Universal Declaration of Human Rights, all human beings are born free and equal in dignity and rights, while Article 22 declares that everyone, as a member of society, has the right to social security and is entitled to realisation, through national effort and international cooperation, and in accordance with the organisation and resources of each state, of the economic, social and cultural rights indispensable for his or her dignity and the free development of his or her personality.

- **International Covenant on Economic, Social and Cultural Rights, 1966**

The ICESCR is a multilateral treaty adopted by the UN General Assembly on 16 December 1966. The treaty commits parties to work towards the granting of economic, social and cultural rights, including labour rights and the right to health, the right to education and the right to an adequate standard of living. Article 2 of the ICESCR imposes a duty on all parties to take steps, to the maximum of their available resources, with a view to achieving progressively the full realisation of the rights recognised in the present Covenant by all appropriate means, including particularly the adoption of legislative measures. Member states are therefore obliged to continuously strive towards the realisation of the rights outlined in the Covenant.

- **Convention on the Rights of Persons with Disabilities, 2006**

The adoption of the CRPD was a recognition by the UN (2006) of a need to make special provision for adult PWDs. The main purpose of the CRPD is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PWDs, and to promote respect for their inherent dignity.” Article 28 of the CRPD recognises the right of PWDs to an adequate standard of living and to social protection, while Article 4 of the CRPD places an obligation on member states to implement necessary legislative measures to provide for the rights of adult PWDs. In its preamble, the CRPD fully acknowledges the plight of PWDs as a globally marginalised group and seeks to make a significant contribution towards redressing the profound social disadvantage of PWDs and promoting their equal participation and opportunities through a rights-based approach. While this is the mission of the CRPD, however, the task of providing an enabling human rights environment cannot be relegated to the CRPD alone.

ii. The South African Social Security Agency Act, 2004 (Act 9 of 2004)

To broaden the scope of coverage of social assistance as alluded to, SASSA was established in 2006 in terms of the SASSA Act, 2004 (Act 9 of 2004) to manage, administer and pay all social grants. The SASSA footprint is extensive as it is made up of ten offices: one head office and nine regional offices that are tasked with the management function. Each regional office consists of several district, local and service offices tasked with specific activities, including the administration of medical assessment and claim forms. At the time of the study (2014–2018), a service provider, Cash Paymaster Services, has been appointed for the payment of grants in all nine regions. SASSA administers and pays two types of social grants for adult PWDs, namely the DG and the GIA. The DG is the third largest social grant paid out by SASSA nationally and in the NCR, after the child support grant and old age grant. Social assistance is currently managed by SASSA, which was created by statute to manage, administer and pay

social grants. However, despite all activities relating to social grant payments being carried out by SASSA, the national DoSD is responsible for the policies and regulations in relation to social assistance.

iii. The Social Assistance Act, 2004 (Act 13 of 2004 as amended)

The main responsibility of the state, according to the Constitution, is to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of the rights outlined in the Bill of Rights. As a response, and in giving effect to section 27 (1)(c) of the Constitution, the SA government promulgated the Social Assistance Act, 2004 (Act 13 of 2004 as amended), to address the plight of vulnerable groups. The Social Assistance Act, 2004 (Act 13 of 2004 as amended), provides a national framework for the provision of different types of social grants and SRD, the delivery of social grants by SASSA and the establishment of an Inspectorate for Social Security. As a post-apartheid policy, the Social Assistance Act, 2004 (Act 13 of 2004 as amended), is aimed at overcoming the legacy of apartheid and addressing inequity, poverty, marginalisation, discrimination and vulnerability.

Social assistance is a non-contributory form of social security that provides support in cash or in kind to persons who lack the means to support themselves. Contributory benefits are based on the contributions that members and employers pay during each member's period of employment. Based on these contributions, each member qualifies for certain guaranteed benefits on retirement, resignation, ill health, death or discharge. Non-contributory benefits, on the other hand, differ from contributory benefits in that they are not based on member and employer contributions but are funded by the government. These include special pensions, post-retirement medical benefits, injury on duty payments and military pensions, and social assistance in the form of social grants.

The purpose of social assistance is to ensure the minimum level of living standards for those members of society who are in need or in a state of poverty. Social assistance is meant for implementing social protection programmes for the support of benefits for families with children, certain categories of minors, elderly people, retirees and adult PWDs. Massive job losses and unemployment following the 2010 global recession put social assistance in general, and specifically those provided for adult PWDs, in the spotlight. Social assistance is a poverty eradication measure concerned with poverty relief as well as poverty prevention. It is available only to some and not to all those people who are exposed to large-scale poverty and rampant and rising unemployment. There is an ongoing strategic debate around social

assistance which concerns dimensions of dependency and graduation (Devereux, 2013: 18). The pessimistic view is that social assistance renders people incapable of building or rebuilding their own livelihoods and therefore incapable of graduating from requiring social assistance. However, while this might be a valid observation, it is worth noting that some types of social assistance clearly cannot have an expectation of graduation, and those include cash transfers to permanently disabled adult persons and to the aged.

Social assistance has been accepted in SA as an important policy for poverty alleviation as it ensures a basic standard of living for the excluded and marginalised poor, unemployed people living in poor, rural and semi-urban areas (Triegaardt, 2012: 1). The social assistance programme in SA is one of the success stories in social protection in the developing world. Social assistance in SA was introduced primarily as a safety net for poor whites in the 1930s (Table 1) and gradually extended to other population groups as it was slowly reformed. Social grants are important and sometimes the only source of income for poor households (estimated at 60%), and they have played a crucial role in reducing the income inequality gap between the bottom and top deciles in South Africa over the years (StatsSA, 2020). Despite being one of the success stories, there is still an element of exclusion, in that legislation ensures social assistance for only some categories of persons who cannot support themselves and/or their families.

Access to social assistance is restricted to South African citizens and residents, and is means-tested, which means that it is only meant for those most in need. The target population of this study, adult PWDs in SA, face extreme levels of inequality and discrimination in the way the social grants for adult PWDs are administered. Section 5(1) of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), provides that *any person*, if he or she is a resident in the RSA, a South African citizen or refugee, shall be entitled to the appropriate social grant if he or she satisfies the Director-General that he or she:

- is an aged or disabled person or a war veteran;
- is resident in the RSA at the time of the application in question;
- is a South African; and
- complies with the prescribed conditions.

Social grants for adult PWDs include both the DG and the GIA. The DG is payable to persons 18 years and older, but younger than 60 years, suffering from a mental or physical disability which renders them unfit to sufficiently provide for their own maintenance for a period exceeding six months. Section 3(1)(b) of the Social Assistance Act, 2004 (Act 13 of 2004 as

amended), states that a person is eligible for a DG if the disability is confirmed by a valid medical report of a medical officer and such report specifies whether the disability is permanent or temporary, provided that, in the case of a TDG, the medical report must, at the date of application, not be older than three months (SASSA, 2011: 11). Section 3(1)(c) further states that a person is eligible for a DG if, because of a disability, the applicant is certified incapable of entering the labour market, and he or she does not refuse employment which is within his or her capabilities, from which he or she can generate income to provide fully or partially for his or her maintenance. Finally, section 3(1)(d) states that a person is eligible for a DG if, without good reason, he or she refuses to undergo the necessary medical or other treatment recommended by a medical officer, medical practitioner or psychiatrist. In addition, to be considered for the DG, the applicant:

- and his or her spouse must meet the requirements of the means test;
- must not be maintained or cared for in a state institution; and
- must not be in receipt of another social grant in respect of him- or herself.

The second grant provided to adult PWDs, the GIA, is for persons already in receipt of either a DG, old age grant or war veterans grant, and stipulates that (i) the applicant requires regular attendance by another person for his or her physical needs owing to his or her physical or mental disabilities and (ii) must not be cared for in an institution that receives subsidy from the state for the care/housing of such beneficiary (SASSA, 2019). In line with the above criteria, it is possible for a beneficiary to receive both a DG and GIA at the same time. In addition, a moderate or severe impairment must have been found to be likely to persist for a period of six months or more.

As previously indicated, access to social assistance and social grants for adult PWDs is restricted to South African citizens, permanent residents or refugees, and is means tested. Means testing implies that the institution that is responsible for the administration of the social grants for adult PWDs evaluates the income and assets of the applicant to determine whether the means of the person are below a stipulated amount. The 2019/2020 asset threshold for single applicants is R1 174 800 and R2 349 600 for married applicants, while the income threshold is R82 400 for single applicants and R164 800 for married applicants (SASSA, 2019).

However, those indeed found to be moderately to severely impaired, but for a period of less than six months, are given the option to apply for SRD instead. SRD is a temporary provision of assistance intended for persons in such dire material need that they are unable to meet

their or their families' most basic needs (SASSA, 2019). SRD is provided to South African citizens or permanent residents who have insufficient means and meet one or more of the following criteria:

- the applicant is awaiting payment of an approved social grant;
- the applicant has been found medically unfit to undertake remunerative work for a period of less than six months;
- no maintenance is received from a parent, child or spouse obliged in law to pay maintenance, and the proof is furnished that efforts made to obtain maintenance from such individuals have been unsuccessful;
- the breadwinner is deceased, and application is made within three months of the date of death;
- the breadwinner of that person's family has been admitted to an institution funded by the state (prison, psychiatric hospital, state home for older persons, treatment centre for substance abuse or child and youth care centre);
- the applicant has been affected by a disaster as defined in the Disaster Management Act or the Fund-Raising Act, 1978;
- the person is not receiving assistance from any other organisation, or it has been demonstrated that refusal of the application for SRD will cause undue hardships on the individual.

SRD is issued monthly for a maximum period of 3 months, extended to a further 3 months in exceptional cases. No person who is in receipt of a social grant may receive the grant and SRD simultaneously. Any person who receives both SRD and any other social grant at the same time must repay the value of the SRD received. This will be recovered from any social grant payment, including an arrears payment. However, where the person who is in receipt of a social grant received SRD because of a disaster, that amount will not be recovered (SASSA, 2019).

For a person to receive one of the social grants for adult PWDs, an application should be made in the prescribed manner. An application should be made in person, at the nearest SASSA office, but if an applicant is too old or too sick to apply for the grant in person, a friend or family member may apply on his or her behalf, or alternatively arrange for a home visit. The application forms must be completed in the presence of a SASSA official, and an applicant will be given a receipt as proof of application. Applicants must provide proof of identity in the form of either a South African 13-digit barcoded identity document or smart identity card, or must provide alternative documentation as proof of identity, as provided for in Regulation 11(1)

of 2008. Regulation 11(1) of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), makes provision for applicants to use alternative forms of identification, other than the 13-digit green barcoded identity document or smart identity card, to apply for social grants for adult PWDs. If married, the South African 13-digit green barcoded identity document or smart identity card of the applicant's spouse and proof of spousal relationship (marriage certificate, divorce order, a sworn statement or spouse's death certificate) should be provided.

Proof of income, sworn statements or affidavit stating the income and assets of the applicant and his or her spouse are also a requirement for application of social grants for adult PWDs. This is to determine if the applicant is within the means test. Once the application is completed and all the relevant supporting documentation is submitted, the applicant will receive written notification of the outcome of the application. This is currently done on the spot unless there are unforeseen challenges. Once successful, social grants for adult PWDs are paid from the date of application, during the next payment cycle. However, if the application is unsuccessful, written reasons should be provided and the applicant afforded an opportunity to apply for internal reconsideration, which should be done within ninety days of the applicant being made aware of the adverse decision (SASSA, 2010).

The number of all social grant types in payment, nationally, has grown from 15 595 705 in April 2012 to 17 509 995 in March 2018, while in the NC it has grown from 446 260 to 475 529 during the same period, an increase of 1 914 290 (12.3%) and 29 269 (6.56%) respectively. As at the end of March 2018, 1 253 957 (1 061 866 DGs and 192 091 GIAs combined) and 61 084 (50 369 DGs and 10 715 GIAs combined) social grants for adult PWDs were in payment nationally and in the NC respectively (SASSA, 2018d). The growing numbers of social grants for adult PWDs in payment might be attributable to the ever-changing definition of disability, the stresses that the economic climate puts on the members of society of employable age, the increasing unemployment and the scourge of HIV/AIDS on breadwinners in households countrywide. The estimated overall HIV prevalence rate was approximately 7.97 million (13.5%) among the South African population in 2019, 19.07% of which were aged 15–49 years (StatsSA, 2019a: v). This calls for a review of the narrow medical definition of disability and to take cognisance of the impact of HIV/AIDS in order to enable SASSA to come up with innovative ways to ensure that the affected are covered by the social protection net.

- **Policy guidelines on social assistance: Regulation 18(1)**

Poverty represents the biggest threat to the realisation of human well-being in the Southern African Development Community region and will remain so if there is no solution to the

unemployment problem (United Nations Development Programme, 2018: 3). Poverty deprives people of the opportunity to be actively involved and participate in their own political, social, cultural and economic development. For the unemployed adult population in SA, the social grants for adult PWDs might be the last option to be able to receive an income. Whereas abuse of the welfare system is a universal phenomenon, the impact is hardest felt by the recipients of social grants. To deter people from making false representations, the Social Assistance Act, 2004 (Act 13 of 2004 as amended), makes it an offense for a person to retain, obtain and receive social grants while being fully aware that they are not entitled to them. Despite gatekeeping having been introduced to screen potential applicants for DGs and to ensure that only those with medical records to prove eligibility for the grants go through for assessment by a contracted medical doctor, many applications still go through the system. This is evident in the number of medical assessments carried out on a weekly basis and the number of internal reconsideration applications received, 99.9% of which are DG related (SASSA, 2018c).

Policy often informs legislative initiatives and provides guidance to executive and administrative decision-making, and the distinctive feature of post-apartheid SA is that the policy environment is a manifestly enabling one (Ngwena, 2010: 82). Policymakers need to be on the lookout and anticipate problems and opportunities and must come up with relevant policies relating to emerging concerns as the changing environment poses challenges that require creativity to overcome while still delivering quality services. Challenges encountered during the implementation of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), have led to the formulation of some regulations to the Act or policy guidelines to augment the current legislation. For this study, the most notable policy guidelines are Regulation 18(1) of 2010 and the 2011 SGDMM, which will be discussed in detail in section 2.5.

Regulation 18(1) states that if an applicant of social grants for adult PWDs disagrees with a decision made by SASSA in respect of a matter regulated by the Social Assistance Act, 2004 (Act 13 of 2004 as amended), that person or a person acting on his or her behalf may, within ninety days of his or her gaining knowledge of that decision, lodge a written application to SASSA to reconsider that decision (SASSA, 2010: 10). Amendments to Regulation 18(1) of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), required SASSA to establish an IRM, which allows people to apply for internal reconsideration of decisions made, should they be dissatisfied about them. Whereas prior to September 2010 an applicant was given the opportunity to appeal directly to the Minister of Social Development against a decision made, this process was introduced as a step before a person can appeal against a decision made.

The process of internal reconsideration entails an applicant requesting SASSA, by giving compelling reasons, to reconsider its decision in cases where he or she is dissatisfied with a decision made. The majority of IRM applications received since the inception of the process were for decisions made regarding social grants for adult PWDs. In the cases alluded to, the reasons applicants felt that they should be awarded a social grant are often socio-economic in nature, like poverty and unemployment, and rarely related to the applicants' disability status or extent of impairment. However, the researcher believes the current rate of poverty and unemployment in South Africa, rather than disability status, might be the reason why many people opt to apply for the social grants for adult PWDs.

iv. Additional enabling legislation or policy directives in the administration of social assistance in SA

The strategies governments come up with to address the economic challenges resulting from the global recession must not only enhance economic growth but also develop their own people. Governments throughout the world must create conditions in their countries to ensure that citizens enjoy a good quality of life by identifying priorities that are linked to financial resources. The current economic environment is simultaneously restraining governments from expanding existing social assistance schemes or even creating new ones. Economic development and social protection are mutually reinforcing and are seen to be complementary, as economic development not only improves the social welfare of people but also the resources to support those who do not have the means. In addition to the South African legislative framework on social assistance outlined above, there are other legislative prescripts aimed at ensuring the cost-effective and efficient administration of social grants for adult PWDs. These are discussed below:

▪ The Intergovernmental Relations Framework Act, 2005 (Act 13 of 2005)

The Intergovernmental Relations Framework Act, 2005 (Act 13 of 2005), was passed to ensure the implementation of the principles of cooperative government as set out in Chapter 3 of the Constitution. The Constitution states that the three spheres must assist and support each other, share information and coordinate efforts to provide citizens with a comprehensive package of services. The Intergovernmental Relations Framework Act, 2005 (Act 13 of 2005), seeks to set up mechanisms to coordinate the work of all spheres of government in providing services, alleviating poverty and promoting development. As the different spheres of government depend on each other for support in project implementation, regular communication is essential.

- **The Public Finance Management Act, 1999 (Act 1 of 1999)**

The Public Finance Management Act, 1999 (Act 1 of 1999), regulates financial management in the national and provincial spheres to ensure that all expenditure, including social grants for adult PWDs, is managed efficiently and cost-effectively. Due to the absence of the profit measure, management success in the public service is measurable in terms of economy, efficiency, effectiveness (3 Es) and appropriateness. The 3 Es are obligatory in terms of the Public Finance Management Act, 1999 (Act 1 of 1999), section 38(1), which makes the accounting officer of a department responsible for the effective, efficient, economical and transparent use of the resources entrusted to their care. This terminology includes quantifiable measures such as unit costing, efficiency indicators, productivity ratios, service quality indicators and the number of transactions completed.

Even though social assistance programmes are widely credited as contributory factors in the reduction of poverty and inequality (Barrientos, 2013: 888), their sustainability is dependent on the financial conditions under which they are governed (Sunal, 2013: 183). The Social Assistance Act, 2004 (Act 13 of 2004 as amended), makes provision for a social assistance programme financed from government revenue, collected in the form of taxes in SA. The Minister of Finance in SA makes annual budgetary allocations for the payment of social grants during the budget speech, estimated at R175 billion for the 2019/2020 financial year (SASSA, 2019: 2). Given the enormous demand for services and the limited resources available to satisfy that demand, it goes without saying that all available resources should be used as effectively and efficiently as possible.

- **The White Paper on Transformation of the Public Service of 1995**

The White Paper on Transformation of the Public Service of 1995 sets out eight transformation priorities, of which transforming service delivery is key. This was in anticipation of the South African public service being judged by its effectiveness and efficiency in delivering services that meet the basic needs of all the citizens of the country. The cost-effectiveness of social protection brings together two aspects of social protection that are closely linked together but differ in depth and duration of the impacts being considered. The one aspect (the input side) is the efficiency of social protection delivery, that is, the total cost of delivering transfers to beneficiaries, while the other (the output side) concerns the relationship between stated intentions and actual outcomes achieved, including the sustainability of those outcomes (Devereux, 2013: 15). This study is mainly concerned with the first aspect – the efficiency in the administration of social assistance.

- **The White Paper on Transforming Service Delivery of 1997 (Batho Pele principles)**

Shafritz *et al.* (2013) highlight the fact that public administration exists within a political context and management takes place in a dynamic environment that requires organisations to come up with strategies to keep up with the changing environment. This speaks to the continuous striving by SASSA to strengthen its systems and broaden the scope of coverage to the excluded and marginalised. Throughout the years amendments were made to the Social Assistance Act, 2004 (Act 13 of 2004 as amended), to extend coverage to social assistance. As non-contributory social security programmes make greater inroads into poverty alleviation, the good governance of these programmes has become even more important to consolidate public ownership of and public confidence in these programmes (Musalem and Ortiz, 2011: 34).

Section 193(1) of the Constitution sets out the basic values and principles governing public administration and public service. Chapter 10 of the Constitution stipulates that public administration should adhere to several principles, as does the White Paper on Transforming Service Delivery of 1997, commonly known as Batho Pele principles. This White Paper is aimed at providing the public service with a focused approach to improving service delivery while advocating for a radical shift in systems, procedures, attitudes and behaviour within the public service. The outlined principles include but are not limited to:

- a) promoting and maintaining a high standard of professional ethics (courtesy);
- b) providing services impartially, fairly, equitably and without bias (access);
- c) utilising resources efficiently, economically and effectively (value for money);
- d) responding to people's needs and encouraging citizens participate in policymaking (consultation);
- e) being accountable, transparent and development oriented.

SASSA developed its own customer care charter to set out standards to be adhered to by all staff in striving to inculcate a culture of caring, in line with the Batho Pele principles.

- **The Promotion of Access to Information Act, 2000 (Act 2 of 2000)**

The Promotion of Access to Information Act, 2000 (Act 2 of 2000), gives effect to the constitutional right of access to any information held by the state and any information that is held by another person and that is required for the exercise or protection of any rights a person has. This is expected to foster a culture of transparency and accountability in public and private bodies by giving effect to the right of access to information as contemplated in section 33 of the Constitution. This entails that adult PWDs have the right to access information in SASSA's possession relating to their medical assessment and application. In cases where their applications have been declined, they are entitled to the records, should they so wish, of what led to such administrative decisions.

- **The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000)**

The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000), was promulgated in line with section 33 of the Constitution, which provides for the promotion of an effective administration and the review of administrative action by a court or, where appropriate, an independent and impartial tribunal. Section 33 of the Constitution stipulates that everyone has the right to administrative action that is lawful, reasonable and procedurally fair and that everyone whose rights have been adversely affected by administrative action has the right to be given written reasons. The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000), gives expression to the constitutional requirement that national legislation is enacted to provide the details of the broad framework of administrative law rights enshrined in the Bill of Rights (Olivier, 2008: 47). The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000), is aimed at making government administration effective and accountable to citizens for its actions.

- **The White Paper on Human Resource Management in the Public Service of 1997**

The success of the public service in delivering according to its mandate depends on the efficiency and effectiveness with which employees carry out their duties. It is therefore crucial that supervisors and managers should manage employee performance to ensure that each party knows without a doubt what is expected of them, that the employee performs satisfactorily in delivering the required objectives, that poor performance is identified and improved, and that good performance is recognised and rewarded (Matross, 2013: 13).

- **The Public Service Act, 1994 (Act 103 of 1994): DPSA Circular No. 1/2016**

In terms of Chapter 7 of the Public Service Act, 1994 (Act 103 of 1994), no public service employee shall perform or engage himself or herself to perform remunerative work outside his or her employment in the relevant department, except with the written permission of the executive authority of the department. The drop in the number of contracted medical doctors by 34.9% (Figure 5) could be attributed to the enforcement of Chapter 7 of the Public Service Act, 1994 (Act 103 of 1994). While this clause has been in effect since 1994, for some reason the Department of Public Service and Administration (DPSA) and SASSA only decided to enforce it in 2016 by issuing a circular to that effect. Prior to Circular 1/2016 a significant number of medical doctors contracted by SASSA were those employed in the public health system, especially those employed in the remote rural areas of the NCR. Chapter 7 of the Public Service Act, 1994 (Act 103 of 1994), does not expressly forbid remunerative work outside employees' own employment, especially in cases where permission has been obtained from the executive authority concerned. Circular 1/2016 gave contracted

medical doctors a timeframe by which to either stop doing business with SASSA or resign from their jobs in the public service, if prior written permission by the executive authority was not given. An unforeseen challenge to this was the time it takes for one to obtain such written permission, so medical doctors could not continue rendering services to SASSA until such permission was obtained and proof provided thereof. Rather than wait, SASSA took a decision to stop contracting with medical doctors in the employ of the state altogether, whether they have written permission or not (SASSA, 2017b).

2.5 INTRODUCTION OF THE 2011 SGDMM

The 2011 SGDMM came into effect to address the majority, if not all, of the identified challenges in relation to administration of social grants for adult PWDs. These are resource and infrastructural problems such as a lack of privacy in the processing of applications, a lack of identity documents, long-distance travel to social security offices, illiteracy, ignorance of what people are entitled to and what procedures to follow, inaccessible hours of service, a lack of equipment, long queues and waiting periods, and a lack of adequately trained staff. The aim of the 2011 SGDMM is to provide standardisation and uniformity when addressing the identified gaps in applying legislation by outlining a step-by-step guide on what needs to happen during the application of social grants for adult PWDs. It was recognised by the management of SASSA that the challenges identified in the agency prior to the 2011 SGDMM were due to structural flaws and can be solved by changing the structure, introducing uniform standards and procedures, and coming up with uniform guidelines to the administration of social grants for adult PWDs (SASSA, 2019).

The 2011 SGDMM is a service delivery model that seeks to establish standard operating procedures and guidelines with respect to the management and administration of disability-related processes (SASSA, 2011: 5). Administration in this instance involves the coordination of the timeous implementation of activities outlined in the 2011 SGDMM by various parties (i.e. SASSA officials and contracted medical doctors) to ensure a smooth process flow. As argued by Thornhill and Cloete (2014: 14), efficiency and effectiveness in the public service are determined by the conduct and attitude of the officials performing their respective duties. Team production often involves tasks that are interdependent. The express intention of the 2011 SGDMM is to ensure standardisation and uniformity of all disability-related processes in an environment where quality services are rendered through a collaborative approach. The service delivery objectives of the 2011 SGDMM (SASSA, 2011: 5) are to:

- i. develop organisational capacity at all levels through the appointment of adequately qualified and dedicated staff;

- ii. establish and maintain high levels of intergovernmental relations with the national DoSD and DoH;
- iii. eliminate fraud;
- iv. improve public awareness for disability and care dependency grants;
- v. improve the quality of service delivery through the training of staff and service providers;
- vi. develop service standards for disability services;
- vii. standardise service delivery initiatives throughout the country;
- viii. ensure effective and efficient use of funds;
- ix. provide a uniform and well-coordinated mechanism of medical assessments across the country; and
- x. improve turnaround time for medical assessments.

Prior to the 2011 SGDMM, a study conducted by Tumbo (2008) in the Limpopo province aimed at exploring the factors that influence doctors in the assessment of applicants for a DG. Tumbo (2008) hypothesised that a lack of clear guidelines for the assessment process led to confusion and differences in the outcomes. While the hypothesis was proven to be true, it was found that subjective factors like the mood of the medical doctor and emotions such as anger and sympathy, among other things, also influence the assessment process. The study concluded that there is a need for a clear, uniform policy and guidelines for the management of the grant in order neutralise the subjective and emotional influences. The same challenges outlined in Tumbo's (2008) study and more were cited as the reasons for the development of the 2011 SGDMM after extensive consultations with both internal and external SASSA stakeholders. In addition, a lack of appropriately skilled staff, different assessment criteria and standards, a lack of commitment from some medical doctors despite the signing of MoU between the DoH and DoSD, high staff turnover, ineligible beneficiaries accessing social grants, lack of cooperation with other public institutions, assessment delays causing backlogs, and fraud and corruption were also cited (SASSA, 2011: 4).

However, the service delivery objectives of the 2011 SGDMM are dependent on several factors, indicated below, for their success:

- i. training of disability assessors on the legislative framework and eligibility criteria;
- ii. accessibility of SASSA services – they must be within easy reach of adult PWDs and in a dignified environment;
- iii. ability to counsel and ramp off beneficiaries to other developmental or empowerment programmes, where applicable;
- iv. ability to monitor and enforce standardised service level agreements (SLAs) with

- medical service providers;
- v. development of service standards with respect to disability assessments; and
 - vi. elimination of medical assessment backlogs by improving the disability assessment turnaround time (SASSA, 2011: 7).

In addition to the service delivery objectives, additional specific objectives are outlined in the 2011 SGDMM (SASSA, 2011: 7), five of which resonate with the aim of the present study:

- i. to advance the SASSA mandate and priorities by forging partnerships with relevant stakeholders in the disability arena;
- ii. to ensure the effective and efficient use of funds;
- iii. to provide a uniform and well-coordinated mechanism of medical assessments across the country;
- iv. to improve the turnaround times for medical assessments; and
- v. to conduct regular post-review of completed forms to ensure adherence to

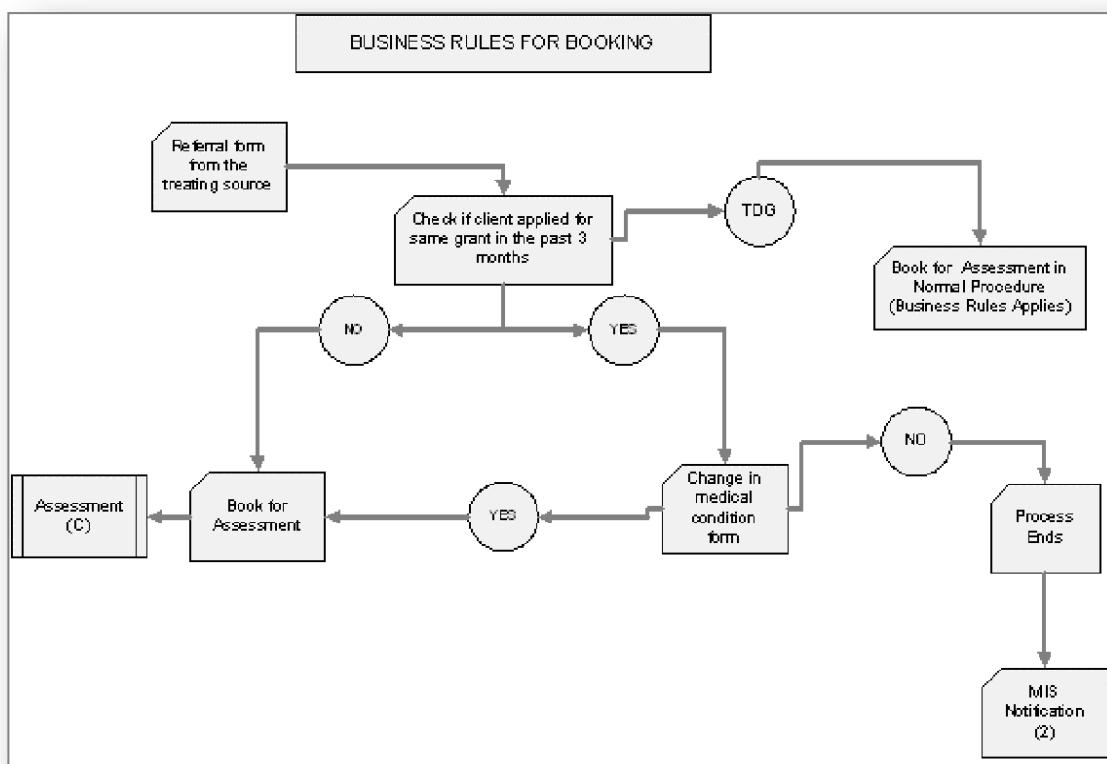


Figure 6: Booking process (SASSA, 2011)
assessment guidelines and performance standards while improving service delivery.

The 2011 SGDMM comprises of eight interdependent elements, only five of which are relevant

for the purpose of this study. The first element of the 2011 SGDMM and, most relevant to the study, (i) gatekeeping and the national booking procedure, is depicted in Figure 6. The other four elements are (ii) the medical assessment process, (iii) medical form management, (iv). claims management and (v) training and development (SASSA, 2011: 9). Gatekeeping can either be technical or administrative. Technical gatekeeping entails clients intending to apply for a disability-related grant presenting SASSA with a referral letter from the treating source. This serves to ensure that only eligible clients with documented medical history have access to disability-related grants, and to prevent self-referral within a period of three months from the last assessment date. The referral form is not required in cases where a treating source makes the client's medical records available and/or the individual is obviously disabled or bedridden. The referral letter should contain the medical history of the client and the impairment for which the client seeks to be assessed. Administrative gatekeeping entails document verification at the entry point, which should be at a SASSA office. This is done to have control over the bookings for medical assessments, prevent double booking and curb the rising re-assessment rate (Figure 6).

The second element, the medical assessment process, refers to the medical examination of a person by a medical assessor to determine the severity of disability for the purposes of recommending a finding for the awarding of a social grant. Only trained and accredited medical officers can conduct medical assessments on behalf of SASSA (SASSA, 2011: 32). Three stakeholders (medical assessor, disability coordinator and quality assurance official) perform crucial duties or roles during the medical assessment process. The first stakeholder, the medical assessor, is a contracted medical doctor whose role is to perform the initial medical examination, complete the assessment report according to criteria, make a recommendation and advise the applicant, refer to other medical doctors or specialists if necessary, and liaise with the disability unit within SASSA. The role of the second stakeholder, the disability coordinator (a SASSA official), is to perform pre-screening for clients intending to apply for a DG or GIA, check the client's previous assessment record on the booking system (Figure 6), make bookings and check valid medical assessment reports, check completeness of medical assessments at the assessment sites, file medical assessment documents and refer the client for application, compile assessment statistics on a weekly basis, and collect the invoice from the assessor. The third stakeholder in the team, the quality assurance officer, is a medical officer whose main role is to peruse at least 20% of assessed cases to ensure uniformity, standardisation and congruency of information provided. In addition, the quality assurance officer ensures that received documents comply with approved security features, provides

training and advice to contracted medical doctors, and conducts information sessions with communities in conjunction with district offices.

The third element of the 2011 SGDMM, medical form management, is particularly aimed at curbing fraud and corruption in the administration of social grants for the adult PWDs system. McKeever (2012: 466) asserts that social security fraud may vary from sophisticated, organised and large-scale offenses to minor, low levels of fraud committed by individuals. However, while the money defrauded through minor fraud is relatively little, the cumulative amount lost to low-level fraud may constitute a significant sum over time. Disability assessment forms are now printed in duplicate and barcoded, and offices are expected to keep only a minimum number of forms at any given time. Before the medical assessment forms were standardised and printed at a central place and barcoded, allegations of forms being sold were rife. Now there is a clear-cut process to be followed when completing medical assessment forms – a register is kept of how many blank forms were issued. These forms are completed in the office by a SASSA official using the identifying details recorded in the bookings register. The exact forms are taken to the assessment site where the contracted medical doctor will complete the part recommending the awarding of grants. Once done, the SASSA official takes the completed forms back to the office where the numbers are reconciled against the issuing register. This is where it will be indicated how many assessment forms were completed, how many were returned uncompleted and the reasons therefor, for example missed appointments, referral for specialist opinion and other reasons. Each issued form must be accounted for, including wastages.

Claims management, the fourth element, is closely related to the previous one of medical form management and involves the management of claims made by contracted medical doctors after completing the medical assessments (SASSA, 2011: 35). The number of claims made is then reconciled with the medical assessment register and the medical assessment book. As with the third element, this element is critical in that it assists the Disability Management Unit (DMU) to keep track of the expenditure around medical assessments.

The fifth element is training and development. This is where training, specifically of contracted medical doctors, comes into play. No contracted medical doctor can embark on medical assessments before having undergone training on the medical assessment tool. This is done to enable contracted medical doctors to understand what the tool entails before implementation (SASSA, 2011). This, however, does not seem to have any bearing on the challenges experienced during medical assessments, especially subjectivity.

2.6 CONCLUSION

It is evident that there has been increased interest in disability and social grants for adult PWDs throughout the years. However, the focus has mainly been on disability in the workplace, with emphasis on mainstreaming, discrimination or how to accommodate people with disabilities in the workplace. The literature search on social grants for adult PWDs or other interventions in SA yielded studies conducted in several provinces but none in the NCR. Even in the studies found, the role of DGs in mitigating the socio-economic impact of disability, the possible positive impact or perverse incentives of receiving the social grants for adult PWDs seem to be the driving force behind conducting studies about disability and social grants for adult PWDs. The only four studies that focused on the administrative processes in relation to social grants for adult PWDs are somewhat outdated as they were conducted long before the introduction of the 2011 SGDMM, a procedure guideline aimed at standardising the administration of social grants for adult PWDs. The absence of South African literature focusing on the NCR of SA makes a study of this nature even more compelling.

Disability is multi-faceted and any intervention in this regard should take cognisance of this aspect. Governments need to take note of the changing definition of disability and the stresses that the current economic climate is putting on the members of the society of employable age and should come up with innovative ways to ensure that they are covered by the social protection net. The CRPD is an internationally binding treaty that is dedicated to the global protection of the human rights of PWDs. There is adequate comprehensive legislation in place, in line with international prescripts, to guide the provision of social security, specifically social grants for adult PWDs in SA. However, the current legislation needs some review to ensure that the element of exclusion is fully addressed so that all categories of vulnerable persons are covered in case of crises. This chapter has outlined the international and national literature on social grants for adult PWDs, outlined SA legislation governing the provision of social grants for adult PWDs and introduced the 2011 SGDMM.

CHAPTER THREE

INTERNAL RECONSIDERATION MECHANISM RECORDS AND STATISTICS OF SOCIAL GRANTS FOR ADULT PWDS (2012–2018)

3.1 INTRODUCTION

The last two decades have been characterised by efforts to recognise the rights of PWDs at international and national levels and to mainstream disability in the development agenda. As in many other countries, the process of social security reform has been on the agenda of South Africa (Ghellarb, Varela and Woodall, 2011: 39). The marginalisation of PWDs, rather than their disability itself, often infringes on these people's rights, making them vulnerable. In contrast to their counterparts in developed countries who claim independent living resources to maximise individual choice, in most developing countries resources are not sufficient to prevent or detect disabilities and to meet the rehabilitation and supportive needs of the disabled population. Social grants have a positive developmental impact in that they facilitate human capital development through improved access to health, nutrition and education.

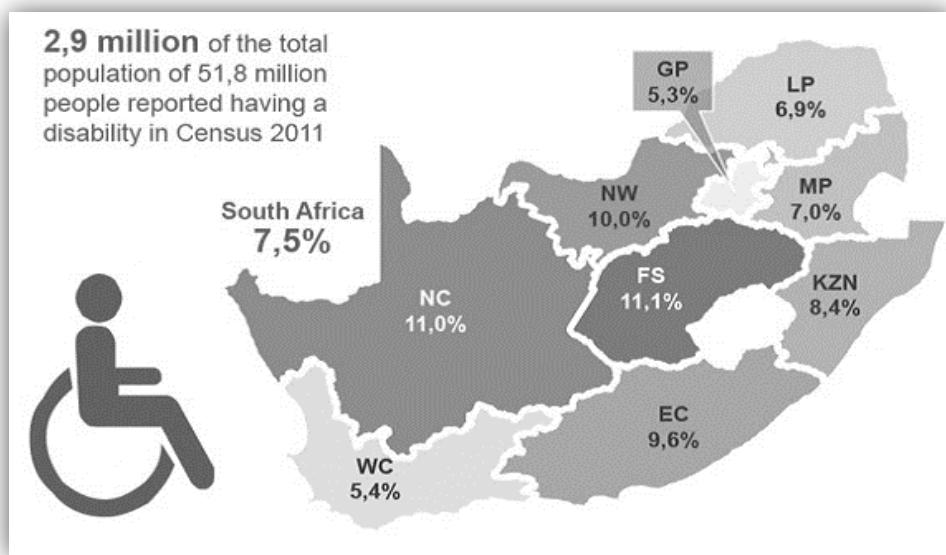
PWDs do not enter the labour market due to the poor economic climate and prejudice in the workplace, as opposed to their physical or mental inability to perform a particular job. PWDs face real exclusion from not going to school and not socialising during childhood, a problem which persists on into adulthood. In the financial year ending 31 March 2018, 475 529 social grants were in payment to 331 281 beneficiaries in the NCR, compared to 425 824 in payment to 275 566 beneficiaries in April 2012. The number of social grants in payment increased by 49 705 (11.8%) during the 2012–2018 period. This number of beneficiaries, in 2018, translates to 28.9% of the total population of 1 145 861 in the NC province receiving social grants. This number tallies with the recorded unemployment rate of 29.5% in the Northern Cape from January to March 2018 (StatsSA, 2018: 7). Social grants for adult PWDs made up 12.9% of the total number of social grants in payment in the 2017/18 financial year. This percentage of social grants for adult PWDs in payment is higher than the national average during the same period.

This chapter is linked to the second objective of this thesis, which is to examine existing IRM records (2011–2018) and statistics of social grants for adult PWDs (2012–2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on these grants. The chapter consists of the following sections: 3.2. Profile of PWDs in SA; 3.3. Statistical information on social grants for adult

PWDs (2012–2018); 3.4. Medical assessments for social grants for adult PWDs (2012–2018); 3.5 Internal Reconsideration Mechanism (2011–2018); and 3.6 Social assistance appeals (2014–2018). The statistical and annual reports of SASSA, IRM and appeals statistics will be presented and analysed to determine trends.

3.2. PROFILE OF PERSONS WITH DISABILITIES IN SA

The 2011 census in SA showed a national disability prevalence rate of 7.5%, with the Free State and NC provinces having the highest proportion of PWDs at 11.1 % and 11% respectively, followed by North West and the Eastern Cape at 10% and 9.6% respectively (StatsSA, 2014b: v). The lowest percentages, at 5.4% and 5.3%, were reported for the Western Cape and Gauteng provinces respectively (Map 3). Those aged 20–59 years of age made up 41.34% of the total.



Map 3: Disability prevalence in SA per province (StatsSA, 2014a)

3.2.1 Disability and education

PWDs face real exclusion from not going to school and not socialising during childhood, a problem which persists into adulthood. One of SA's obligations as a signatory to the CRPD and its Optional Protocol involves promoting access to the general education system with the aim of eliminating disability-based discrimination in educational settings, as well as the provision of inclusive education at all levels for PWDs (StatsSA, 2014b: 8). Despite decree by the Constitution of the right to education for all children, and the government emphasising the importance of children accessing early childhood development programmes, more than a third (35.5%) of children with severe difficulty in walking were found not to be attending school

(StatsSA, 2014c). This is the beginning of what Kidd *et al.* (2018: 3) refer to as challenges faced by PWDs across the life cycle. According to StatsSA (2014c: 9), many children with moderate and severe disabilities fall through the cracks of the South African education system, severely limiting their career options and pathways in the process. It goes without saying that without basic education, it will prove even more difficult for PWDs to access employment opportunities in the future.

3.2.2 Disability and employment

According to the Quarterly Labour Force Survey, the official unemployment rate increased by 1.4 percentage points to 29% in the second quarter of 2019 (StatsSA, 2019b: 7). In a statement made in May 2020, the National Treasury cautioned that the country's unemployment rate could reach 50% due to the impact of the coronavirus pandemic. Whereas the South African government interventions (putting aside R50 billion for grants) might somewhat cushion this impact (National Treasury, 2020), the economy of South Africa could still contract by 16.1%, resulting in more than seven million job losses and a substantial shortfall in estimated revenue.

Within the current circumstances of lockdown due to the COVID-19 pandemic that has brought almost all economic activity to a standstill, opportunities for employment are limited for everyone, and even more so for PWDs. Unlike their non-disabled counterparts, PWDs often do not enter the labour market due to the poor economic climate and prejudice in the workplace, as opposed to their physical or mental inability to perform a particular job. While in five of the nine provinces in SA the number of employed persons increased between quarter 1 and quarter 2 of 2019, NC (16 000) was one of the provinces, together with North West (59 000) and the Eastern Cape (15 000), that recorded the highest employment decline (StatsSA, 2019b: 5).

Although having a disability is not an inherent reason to keep a person from participating in socio-economic and recreational activities, the World Health Organisation (2018: 4) acknowledges that in almost all societies PWDs are often marginalised and their lives characterised by prejudice, social isolation, poverty and discrimination. Given this history of starting life at a disadvantage, PWDs are most likely to be unemployable, compared to their able-bodied counterparts. There is low labour market absorption of adult PWDs and the severity of impairment makes a significant impact on economic outcomes pertaining to employment. Even when they do get employed, persons without disabilities earn a higher income than PWDs, and disability severity and type of disability are found to determine one's income (Kidd *et al.*, 2018: 3). This already makes them strong candidates for social grants for

adult PWDs, not by choice, but rather by the inability of the system to provide the necessary support for them to reach their full potential (StatsSA, 2019b: 9). Unemployment among adult PWDs is high because, as children with disabilities, their education was often compromised due to a lack of access to both special and mainstream educational facilities (Kidd *et al.*, 2018: 3). As a result, the majority of adult PWDs of employable age are unskilled. Without skills and with limited employment opportunities, the only option left for adult PWDs to access any form of income is through social assistance.

3.3 STATISTICAL INFORMATION ON SOCIAL GRANTS FOR ADULT PWDs

Table 3 shows the total number of all social grant types in payment in SA during the 2012–2018 period. A financial year in the public service starts on 1 April and comes to an end on 31 March. Therefore, Table 3–8 and Figure 7, 9 and 10 will, for example, indicate a period as 2012/13 or 2014/15, which means that the social grant statistics are reflected from 1 April in 2012 to 31 March 2013 or 1 April 2014 to 31 March 2015. The DG and GIA, henceforth collectively referred to as the social grants for adult PWDs, is the third largest social grant administered and paid out by SASSA, after the child support grant and old age grant (SASSA, 2018d). This applies both nationally (Table 3) and in the NCR (Table 4). As at 31 March 2018, 17 509 995 social grants were in payment nationally, an increase of 1.80% (Table 3, column 7, row 10), 1 253 957 of which were social grants for adult PWDs (Table 3, column 7, rows 5 and 6). The social grants for adult PWDs made up 7.16% of the total social grants in payment during the 2012–2018 period. Whereas the DG alone shows an 8.8% decline over the reporting period, the GIA individually recorded an increase of 160.6% (Table 3, column 6, row 7).

**Table 3: Number of social grants over
the 2012–2018 period (national)**

GRANT TYPE ¹	PERIOD					
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
OAG	2 873 197	2 969 933	3 086 851	3 194 087	3 302 202	3 423 337
WVG	587	429	326	254	176	134
DG	1 164 192	1 120 419	1 112 663	1 085 541	1 067 176	1 061 866
GIA	73 719	83 059	113 087	137 806	164 349	192 091
CDG	120 268	120 632	126 777	131 040	144 952	147 467
FCG	532 159	512 055	499 774	470 015	440 295	416 016
CSG	11 341 988	11 125 946	11 703 165	11 972 900	12 081 375	12 269 084
TOTAL	16 106 110	15 932 473	16 642 643	16 991 634	17 200 525	17 509 995

(SASSA, 2017a; 2018b)

¹ OAG: old age grant
WVG: war veterans grant
CSG: child support grant

DG: disability grant
GIA: grant-in-aid

CDG: care dependency grant
FCG: foster child grant

The total number of all social grants in payment in proportion to a population of 1 145 861 in the NCR during the 2012–2018 period is depicted in Table 4. As at 31 March 2018, 475 529 or 41.5% (in proportion to the population) of social grants were in payment to 319 564 beneficiaries in the NCR (Table 4, column 7, row 10). Social grants for adult PWDs made up 12.85% of the total social grants in payment, 5.69% more than the national average of 7.16%. The total number of social grants in payment in the NCR as at 31 March 2018 show a slight increase (Table 4, column 4, row 10) compared to 38.9% and 39.7% in the 2012/13 and 2015/16 financial years respectively. Even though there is a 12.65% increase over the 2012–2018 period for the two social grants for adult PWDs combined, the GIA on its own shows the highest increase at 154% (6% less than the national average), having more than doubled in number (Table 4, column 7, row 6) (SASSA, 2017a; 2018b).

**Table 4: Number of social grants over
the 2012–2018 period (NCR)**

GRANT TYPE	PERIOD					
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
OAG	74 919	77 081	79 080	81 241	83 914	86 409
WVG	17	12	9	8	4	3
DG	50 012	48 201	50 787	49 580	86	50 369
GIA	4 214	4 755	6 587	7 311	8 761	10 715
CDG	4 485	4 610	4 787	5 020	5 987	6 004
FCG	14 342	14 307	14 513	14 075	13 657	12 880
CSG	277 835	275 849	290 497	297 280	303 199	309 149
TOTAL	425 824	424 815	446 260	454 515	465 908	475 529

(SASSA, 2017a; 2018b)

Table 5 depicts the number of DGs and GIAs paid out nationally over the 2012/18 period. It is worth noting that while the number of DGs in payment decreased by 102 326 (8.8%) (Table 5, column 7, row 3), GIAs increased by 118 372 or 160% (Table 5, column 7, row 4). The decrease in the number of DGs in payment could be attributed to either natural attrition, some recipients reaching 60 years of age and automatically graduating to the old age grant, lapsing of TDGs, or even the re-registration project which was undertaken nationwide from April 2012 to March 2013 (SASSA, 2016). The re-registration project came about after a SASSA internal audit report (2012) indicated that there were a high number of fraudulent social grants in payment, especially the child support grant and social grants for adult PWDs (SASSA, 2012). The aim of the project was to biometrically register all beneficiaries and at the same time clear out possible fraudulent social grants.

The large portion of the population dependent on TDGs places a financial burden on the state when it comes to planning and implementing programmes targeting adult PWDs, as this is the

only social grant that caters for the specific age group, albeit on a temporary basis. The increase in the number of GIAs, however, might be due to the increasing human immunodeficiency virus (HIV) infection among the SA population aged 15–49 years, and it points to an increasing number of social grant recipients who are dependent on others for their daily physical needs (Table 5, row 4). There was also a concerted marketing campaign during the 2012–2018 period which was prompted by the low intake for this specific social grant, as GIA was little known in the past. Table 5 shows, however, a total of 16 046 or 1.3% increase in the overall number of social grants for adult PWDs nationally. Whereas there was an insignificant increase in the overall number of DGs in payment at 357 (0.7%) over the 2012/18 period (Table 5, column 7, row 3), the same could not be said for the massive increase of 6 501 or 154% for the GIA in the NCR (Table 5, column 7, row 4).

**Table 5: Number of DGs and GIAs over
the 2012–2018 period (national)**

GRANT TYPE	PERIOD					
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
DG	1 164 192	1 120 419	1 112 663	1 085 541	1 067 176	1 061 866
GIA	73 719	83 059	113 087	137 806	164 349	192 091
TOTAL	1 237 911	1 203 478	1 225 750	1 223 347	1 231 525	1 253 957

(SASSA, 2017a; 2018b)

PWDs make up 128 337 or 11% of the current NCR population of 1 145 861 (StatsSA, 2014b). A total of 61 084 or 47.6% social grants for adult PWDs were in payment in proportion to the PWD population in the NCR (Table 6, column 4, row 5) during the financial year ending March 2018. The social grants for adult PWDs, excluding the GIA, made up 10.6% (50 369) of all social grants in payment in the NCR, the highest in the country in proportion to all social grants in payment, as compared to the national average of 6.2% (SASSA, 2018b). TDGs made up 26.3% of the total DGs in payment in March 2018, compared to 30% in March 2017. Of the total number of PWDs in NC, 52% received social grants (61 084 adults and 5 280 children). While this is normal for this type of social grant, the worrying factor is still the number of rejections. This might not necessarily be because there are more adult PWDs with no means to support themselves, but because social grants for adult PWDs are the only social grants that cater to the specific group of working age (19–59 years) who are unable to support themselves.

**Table 6: Number of DGs and GIAs over
the 2012–2018 period (NCR)**

GRANT TYPE	PERIOD					
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
DG	50 012	48 201	50 787	49 580	50 386	50 369
GIA	4 214	4 755	6 587	7 311	8 761	10 715
TOTAL	54 226	52 956	57 374	56 891	59 147	61 084

(SASSA, 2017a; 2018b)

Social grants for adult PWDs are designed to decrease over time, as a proportion thereof at any given moment is temporary and lapses daily. The reality, however, is that adult PWDs apply immediately upon rejection or expiry of the TDG, despite the disability status or medical condition remaining the same (SASSA, 2016; 2017a; 2018b). Table 6 shows a trend in the number of DGs and GIAs over the 2012–2018 period in the NCR. Ideally, the normal lapsing (expiry in the case of temporary DGs and GIAs or death in the case of permanent DGs and GIAs), or conversion from DG to old age grant when the beneficiary reaches 60 years of age, should have yielded a significant decrease in the number of social grants for adult PWDs in payment. The fact that it is not the case implies that there might have been an influx of new cases, that the old cases might have been reinstated after review of their social grants or that there might have been re-applications. The NCR had the largest percentage, at 12.8%, of social grants for adult PWDs in payment in proportion to all social grants in payment as at 31 March 2018, hence the reason for the present study (SASSA, 2018b).

3.4 MEDICAL ASSESSMENTS FOR SOCIAL GRANTS FOR ADULT PWDs IN THE NCR (2012–2018)

Most of the economically inactive population recorded in the NC by StatsSA (2019) during the 2012–2018 period reported inactivity due to illness or disability. A person is considered to be economically inactive if he or she were able and available to work in the week prior to the survey but did not work, did not look for work and did not try to start their own business (StatsSA, 2019b). However, of the 246 341 medical assessments conducted during the 2012–2018 period, 69 773 (28.3%) were found not to be functionally impaired to the extent that social grants for PWDs could be recommended. The medical assessments were conducted at a cost of R34 084 005 or an average of R142.50 per person (SASSA, 2018c). Of the R34 084 005 spent on medical assessments, R9 942 652.50 (29.2%) was spent on 69 773 applicants who were found to be neither moderately nor severely impaired for the purposes of recommending social grants for adult PWDs. This amount excludes travel and accommodation for the contracted medical doctors, where applicable.

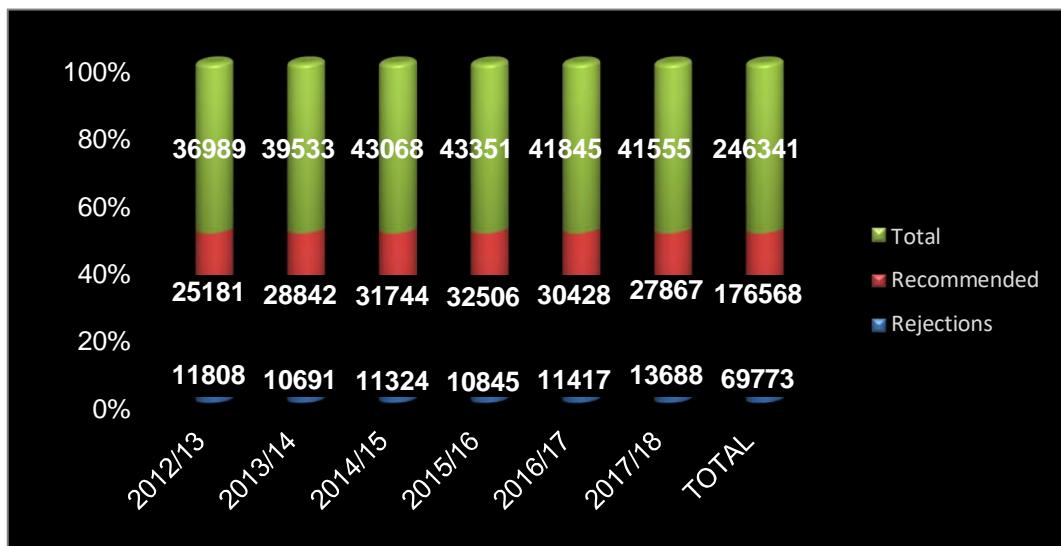
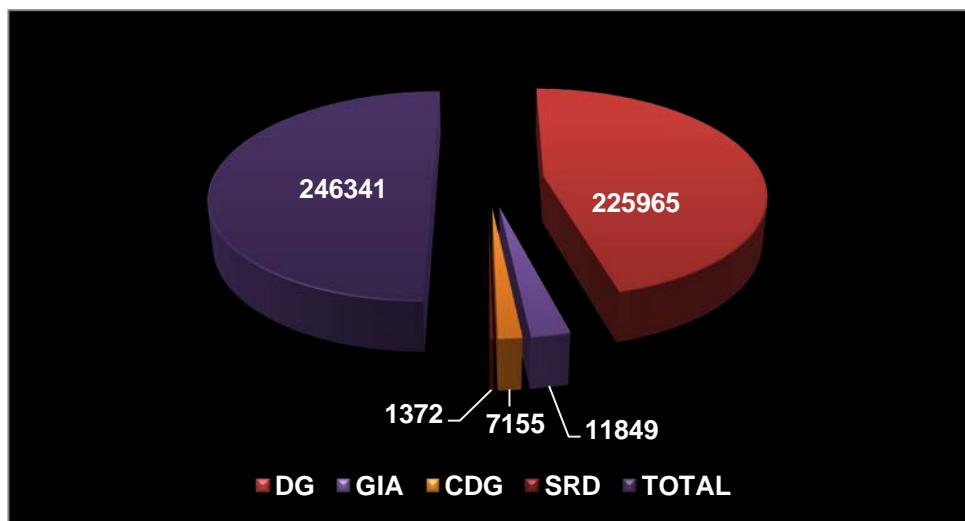


Figure 7: Number of medical assessments conducted in the NCR (2012–2018)
(SASSA, 2018c)

Figure 7 shows that of the applicants aged 19–59 years applying for social grants for adult PWDs, an average of 28% were rejected in the six financial years under study (2012–2018) (SASSA, 2019). Most of the rejections were because applicants declared medical conditions that either caused no or mild functional impairment, with only a minority being disqualified due to means (SASSA, 2018c).

From Figure 8 it is noted that 239 186 (97%) of the 246 341 medical assessments conducted were for social grants for adult PWDs, including SRD, while the rest were for care dependency grants, a social grant for children with disabilities (SASSA, 2018c). In all the years under review (2012–2018), the highest number of medical assessments are always those for the social grants for adult PWDs.



**Figure 8: Medical assessments per social grant type
in the NCR (2012–2018) (SASSA, 2018c)**

Figure 9 shows that in all the years under review (2012–2018), the number of medical assessments for the social grants for adult PWDs are always the highest of all the medical assessments, at 96.3% (2012/13), 95.97% (2013/14), 96.7% (2014/15), 96.2% (2015/16), 97.1% (2016/17) and 96.96% (2017/18) (SASSA, 2018c). Although the number of medical assessments showed a decline in the last two financial years, 2016/17 and 2017/18 (Figure 9), the percentages are still high when compared to the percentages during the 2012/13 and 2013/14 financial years. Thus, one can conclude that with the increasing unemployment rate and impact of the COVID-19 pandemic on employment, SASSA can expect an influx of those aged 19–59 years without a source of income.

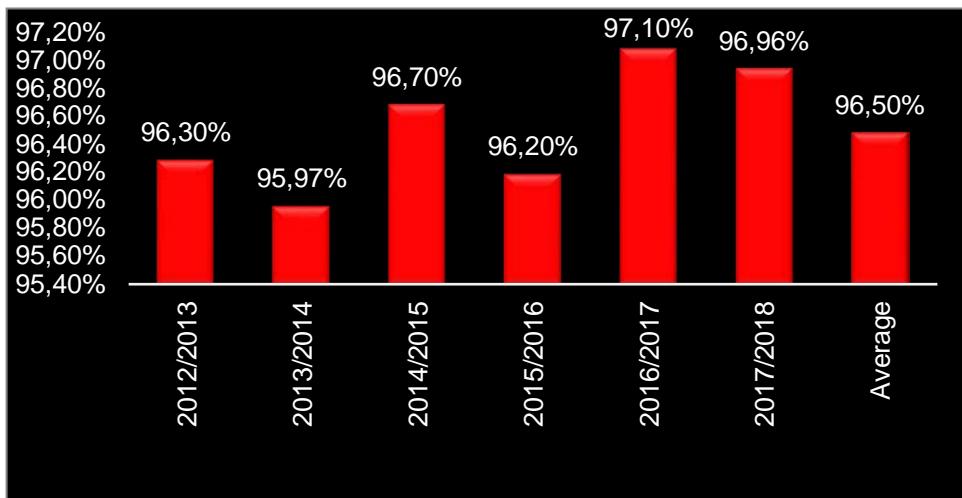


Figure 9: Percentage of medical assessments for social grants for adult PWDs in the NCR (2012–2018) (SASSA, 2019)

3.5 INTERNAL RECONSIDERATION MECHANISM IN THE NCR (2011–2018)

This section outlines the process of the internal review mechanism and the two acts from which it is derived. This section includes a trend analysis of the medical assessments, IRM applications and social assistance appeals for the period 2014 to 2018.

The process of the IRM is derived from section 5(1) of the Promotion of Administrative Justice Act, 2000 (Act 3 of 2000), which states that any person whose rights have been materially or adversely affected by an administrative action and has not been given reasons for the action, may, within ninety days after the date on which the person became aware of the action or might reasonably have been expected to have become aware of the action, request that the administrator concerned furnish written reasons for the action. This act therefore gives applicants of social grants for adult PWDs an opportunity to raise objections to an administrative outcome, should they be so inclined. The unreasonable delays in the processing of social grant applications may constitute unlawful administrative action, as does awarding a TDG when the condition of the applicant was to continue beyond the prescribed twelve-month period. There is evidence of applicants who are serial recipients of TDGs for the same medical condition. The Promotion of Administrative Justice Act, 2000 (Act 3 of 2000), ensures that administrative actions are fair and gives citizens the right to ask for reasons and to have administrative actions reviewed by the courts, should citizens so request. The applicants could use this act to argue the unfairness of SASSA policies in awarding long-term TDGs for the same medical condition.

Section 18(1) of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), is aligned to section 7(2) of the Promotion of Administrative Justice Act, 2000 (Act 3 of 2000), which is outlined in section 2.4 of this thesis. The process of internal reconsideration offers an applicant or beneficiary who disagrees with a decision taken by SASSA an opportunity to request SASSA to reconsider those adverse administrative decisions. Whereas prior to September 2010 applicants were given the opportunity to appeal directly to the Minister of Social Development against a perceived adverse decision made, internal reconsideration was introduced as a step before appealing to the Minister, and the courts can be approached for appropriate relief after such an appeal. However, even though applicants are afforded the opportunity to use this option, statistics indicate that applicants prefer to wait the mandatory period of three months before re-applying for social grants, rather than go the route of review (SASSA, 2018c).

Section 18(1) of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), was operationalised when the IRM process was rolled out nationally in October 2010 in order to curb the long turnaround time and deal with the backlog in the social assistance appeals process. Between then and 31 March 2018, 4 686 applications (an average of 700 applications per year) for internal reconsideration were received by SASSA in the NCR. There may have been more applications in the local and district offices that were unreported due to still being en route to the regional office at the time of confirming the aforementioned statistics. IRM applications originate from the twenty-nine service points in the twenty-six local municipalities, where they are routed to the regional office via the five district offices. The challenge with this arrangement is that an application is only counted once it is captured at the regional office on an electronic system, to which local and district offices have no access. Of the total number of applications received, only 0.1% were for other social grant types, with the bulk being for social grants for adult PWDs. Even then, 99.8% of those were for DGs, especially TDGs. However, from the analysis of the statistics, the applications for IRM have remained constant through the years.

Whereas applicants and beneficiaries request internal reconsideration because they are convinced they deserve the social grants, SASSA focuses on whether due process was followed to arrive at a certain outcome, based on information at its disposal at the time. Table 7 is a comparative analysis of all the processed medical assessments, IRM applications and social assistance appeals processed for the period 1 April 2014 to 31 March 2018. This period was chosen not because it has some significance but because it was the only timeframe where records for all three categories (medical assessments, IRM and social assistance appeals)

were readily available. Of the 169 819 medical assessments conducted in the NCR for said period, 47 274 were not recommended for social grants for adult PWDs. One might expect to see most of those rejections translating into IRM applications, as was anticipated by the promulgation of Regulation 18(1) of the Social Assistance Act, 2004 (Act 13 of 2004). However, only 2 045 of the rejected applicants requested SASSA to reconsider its decision, while a mere 163 applicants went on to the Independent Tribunal on Social Assistance Appeals (ITSAA) for appeal.

Table 7: Processed medical assessments, IRM and social assistance appeals in the NCR (2014–2018)

	PERIOD				Total
	2015/16	2016/17	2017/18		
Medical assessments	43 068	43 351	41 845	41 555	169 819
IRM applications	430	597	507	511	2 045
Appeal applications	28	66	33	36	163

(SASSA, 2018c)

Table 8 is a comparative analysis of the rejected medical assessments, IRM applications and social assistance appeals for the period 1 April 2014 to 31 March 2018. Of all the medical assessments rejected, only 2 045 (4.33%) translated into IRM applications, of which only 0.44% were upheld or successful. The ITSAA recorded receiving only 163 (8%) of the 2 045 dismissed IRM applications, only to dismiss 131 (91%) of the 144 that were processed. Despite this high number of dismissals not being in the best interests of the applicants, this does, however, show consistency in the application of the policies and procedures guiding the administration of social grants for adult PWDs. This also clearly indicates where the challenges are regarding the process and where more intervention should be targeted to address them. The number and outcome of IRM and social assistance appeal applications in Tables 7 and 8 confirm the accuracy of, or rather the compliance with, policies and standard operating procedures by the stakeholders involved in that stage of the administration process. It is then clear that those applications should have been detected at screening and not have been allowed into the application-to-approval process. The question is, however, how did they go through screening undetected? Is it because the SASSA officials were negligent or are there other factors at play that make it hard to contain or detect these apparently non-qualifying applicants during screening? These questions were answered by members of the three stakeholder groups themselves during the structured telephonic and structured face-to-face interviews, the semi-structured focus group discussions and the semi-structured face-to-face interviews reported in Chapters 5, 6 and 7 respectively.

Table 8: Rejected medical assessments, IRM and social assistance appeals in the NCR (2014–2018)

	PERIOD				Total
	2015/16	2016/17	2017/18		
Medical assessments	11 324	10 845	11 417	13 688	47 274
IRM applications	427	595	505	509	2 036
Appeal applications	27	60	30	14	131
					(SASSA, 2018c)

3.6 SOCIAL ASSISTANCE APPEALS IN THE NCR (2014–2018)

Once an outcome of IRM is communicated, the applicant has ninety days to appeal to the Minister of Social Development. The ITSAA is the organisational component within the National DoSD responsible for the adjudication of social assistance appeals received from appellants and beneficiaries who are contesting decisions made by SASSA. In terms of section 18(2) of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), the ITSAA may confirm, vary or set aside SASSA's decision, based solely on the evidence presented to the SASSA at time of application. While the ITSAA decisions are final and binding, they could, however, be reviewed by the High Court. The tribunal was set up in anticipation of an influx of appeals to be received once the internal review process is complete and proved unsuccessful and in response to the high number of appeal applications the Ministry of Social Development had received at the time (2005–2009). However, the reality, once the backlog was dealt with, proved the opposite, as shown in Figure 10. The statistics show that the number of social assistance appeals is declining, probably due to the low success rate (DoSD, 2018).

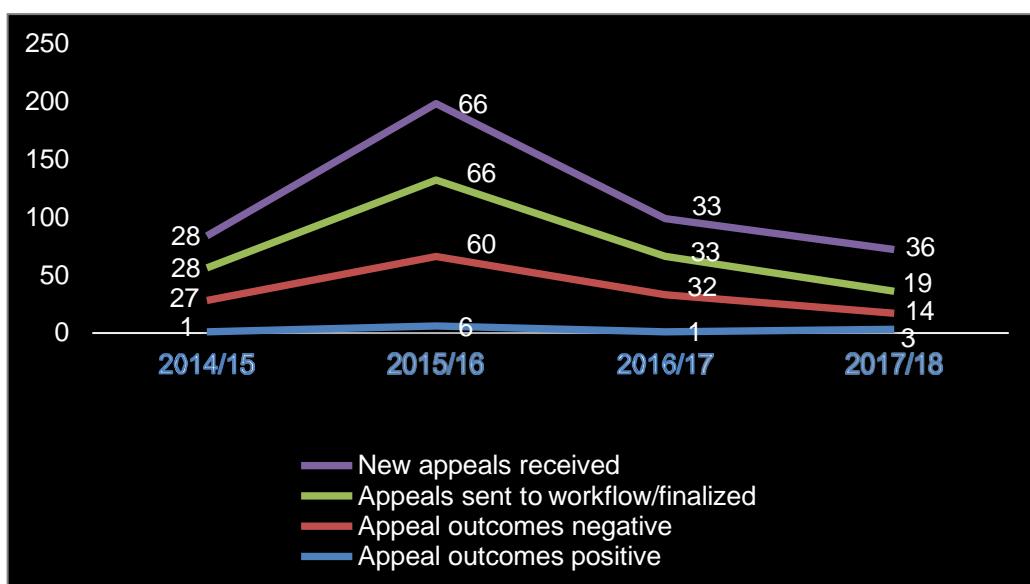


Figure 10: Social assistance appeal applications in the NCR (2014–2018)
(DoSD, 2018)

Figure 10 is a synopsis of all the applications for social assistance appeals received and processed by the ITSAA for the 2014–2018 period, and the outcome thereof. During the 2014/15, 2015/16, 2016/17 and 2017/18 financial years, 28, 66, 33 and 36 social assistance appeals applications were received for the NCR, respectively. All received social assistance appeals applications were finalised. For the four consecutive financial years, starting 1 April 2014 and ending 31 March 2018, only 9% of the 144 appellants on record received a positive outcome to their social assistance appeals applications (DoSD Records, 2018). The low number of positive outcomes vindicates SASSA in adhering to its internal processes and procedure guidelines.

3.7 CONCLUSION

Disability continues to be a major impediment to the realisation of equal opportunities, limits access to education and employment and leads to economic and social exclusions. Barriers such as inadequate education and skills prevent many adult PWDs from accessing wage employment opportunities in the formal economy (StatsSA, 2012: 11). Given the number of challenges adult PWDs are faced with daily, it is no wonder that many find it difficult to acquire the skills necessary to develop the ability to be self-supporting, hence the high number receiving social grants. Ideally, in terms of the recorded employment rate of adult PWDs, 87.6% of the unemployed population of adult PWDs in SA should be receiving social grants for adult PWDs or relief of some sort. However, statistics (2012–2018) indicate otherwise. Even among those who approached SASSA to apply for relief, almost 30% were found not to be severely impaired to the extent of qualifying for social grants for adult PWDs, and even if they did, 26.3% were only awarded temporary social grants for adult PWDs in 2018. These are the applicants who will return to the SASSA offices within a year to apply once more for social grants for adult PWDs.

The statistics (depicted in Tables 7 and 8 as well as Figure 10) indicate that applying for internal reconsideration or even lodging a social assistance appeal could be considered a waste of time. The reason is that there is a ninety-day turnaround time on IRM, and a further ninety days for social assistance appeals. If an applicant or beneficiary decides exclusively on this route, almost half a year will be gone before he or she will be afforded another opportunity to make a new application, with a very slim chance of a successful outcome. This could be the reason adult PWDs decide to rather wait the mandatory ninety days and then approach SASSA again for a new application. Alternatively, since there is no clear policy prohibiting applicants from starting a new application while awaiting an IRM or social assistance appeal outcome, some initiate parallel processes. The statistics for IRM and social assistance appeal outcomes tend to indicate consistency in the application of policies and standard operating procedures.

This somewhat confirms that the 30% rejection rate is not unfounded, but that those applicants should not have been allowed to proceed beyond screening in the first place (Table 8 and Figure 10).

This chapter examined data on existing IRM records (2011–2018) and statistics related to social grants for adult PWDs (2012–2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs. In the next chapter, the research design and methodology employed in this study will be discussed in detail.

CHAPTER FOUR

DEMARCATION OF THE RESEARCH METHODOLOGY

4.1 INTRODUCTION

Research helps people extend their knowledge base and ensure that their understanding of real-world issues and problems is accurate by addressing the gaps in existing knowledge. Kumar (2011: 26) describes research as one way of obtaining answers to professional questions by applying a process which (i) is undertaken within a framework of a set of philosophies, (ii) uses procedures, methods and techniques that have been tested for their validity and reliability and (iii) is designed to be unbiased and objective. The phenomena investigated in the social sciences are so enmeshed that a single approach can most certainly not succeed in comprehending human beings in their full complexity, and researchers may be able to understand more about human nature and social reality by adopting a point of view of convergence and complementarity (Bless, Higson-Smith and Sithole, 2013: 240).

Chapter Four focuses on the following: Firstly, the research paradigm is discussed in section 4.2. (4.2.1. research design and approach). This followed by methods and sequence of data collection in section 4.3., which comprises 4.3.1. literature review, 4.3.2. pilot study, 4.3.3. structured telephonic interviews with applicants, 4.3.4. structured face-to-face interviews with applicants, 4.3.5. semi-structured focus group discussions with SASSA officials and 4.3.6. semi-structured face-to-face interviews with contracted medical doctors). Section 4.4. deals with the study population, sampling procedures and sample size (4.4.1. study population, which comprises 4.4.1.1. applicants of social grants for adult PWDs (successful and unsuccessful), 4.4.1.2. SASSA officials and 4.4.1.3. contracted medical doctors; 4.4.2. sampling procedures (non-probability), which comprises 4.4.2.1. snowball sampling and 4.4.2.2. purposive sampling; and 4.4.3. sample size). Data analysis is discussed in section 4.5. and ensuring instrument validity and reliability in section 4.6. Finally, section 4.7. is about ethical considerations (4.7.1. permission to conduct study, 4.7.2. informed consent and 4.7.3. confidentiality).

4.2 RESEARCH PARADIGM

The term paradigm refers to a theoretical tradition or accepted method, a set of beliefs (De Coning, Cloete and Wissink, 2011: 32) or a world view that guides the activities of a researcher. The research paradigm guides a coherent research agenda and is coupled with a certain scientific approach (Van Thiel, 2014: 31). The significance of paradigms is that they

shape how a researcher perceives the world and this is reflected in the research process. The beliefs researchers hold are reflected in the way their research is designed, how data are collected and analysed and how research results are presented (Maree, Creswell, Ebersöhn, Elof, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen and Plano Clark, 2020: 52).

An Interpretivist paradigm is where the researcher interprets results and details the meaning to people, rather than just understanding what he or she has researched (Neuman, 2014: 62). In this study, structured interviews (telephonic and face-to-face) as well as focus group discussions, which are associated with the interpretivist paradigm, and concurrent triangulation were used as methods of data collection (Van Thiel, 2014: 32–36). Maree *et al.* (2020: 4) point out that those who follow the interpretivist paradigm believe in a reality that consists of people's (in this study, adult PWDs') subjective experiences of the external world (in this study, of DGs).

4.3. RESEARCH DESIGN AND APPROACH

Welman, Kruger and Mitchell (2012: 52) define a research design as a procedural plan, structure and strategy of investigation conceived to obtain valid, objective and accurate answers to research questions or problems in an economical manner. Nayak and Singh (2015: 61) write that a research design is a plan or blueprint of how a researcher intends to conduct the research. A research design, according to Kumar (2011: 41), has two functions: (i) to conceptualise an operational plan to undertake the various procedures and tasks required to complete a study and (ii) to ensure that the procedures are adequate to obtain valid, objective and accurate answers to the research questions.

For this study, the researcher followed the phenomenological approach, which coincides with the interpretivist paradigm. The phenomenological approach is based in a paradigm of personal knowledge and subjectivity, and emphasises the importance of personal perspective of the people being studied, as well as interpretation of and understanding how and why people see, feel and act as they do (Neuman, 2014: 63). As such it is a powerful approach for understanding the research questions of this study (i.e. (i) why, despite the gatekeeping element of the 2011 SGDMM, do adult PWDs presenting with the same medical or mental condition keep coming back, and are allowed through the system, only to be rejected all over again, citing the same reasons, and (ii) how are the two other stakeholders (SASSA officials and contracted medical doctors), organised and managed to achieve the common purpose, which is the administration of social grants for adult PWDs?). The phenomenological approach

is effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives, and therefore at challenging structural or normative assumptions.

4.4 METHODS AND SEQUENCE OF DATA COLLECTION

The researcher applied a concurrent triangulation method of data collection. This approach is characterised by two or more methods being used to confirm, cross-validate or corroborate findings within a study. The data collection is thus concurrent, meaning that both quantitative and qualitative data were collected and analysed at the same time to overcome a weakness in using one method with the strengths of another (Ivankova, Cresswell and Plano Clark, 2010: 271). The researcher recognised the importance of involving the three critical stakeholders in the administration of social grants for adult PWDs (applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors), hence the decision to make use of multiple research methods.

Primary and secondary sources were used to collect data to assess efficiency in the administration of social grants for adult PWDs in the NC and in SA. Primary sources refer to data collected directly for a specific purpose, from the sources that reflect people's behaviour, express their opinions or report on what they decided or did (Van Thiel, 2014: 104). The data are original and relevant as they are collected for the specific study (Lombaard, Van der Merwe, Kele and Mouton, 2018: 6). In this study, the primary source of data collected using the concurrent triangulation approach consisted of responses from structured telephonic interviews and structured face-to-face interviews with applicants of social grants for adult PWDs (Chapter Five), semi-structured focus group discussions with SASSA officials (Chapter Six) and semi-structured face-to-face interviews with contracted medical doctors (Chapter Seven).

Secondary data refers to data that are available from other sources and can be used afresh in another study on the same or a related subject, like statistical information that has been gathered or analysed by others (Van Thiel, 2014: 106; Lombaard *et al.*, 2018: 6). The secondary data sought to establish conceptual, theoretical foundations and frameworks for contextualising the administration of social grants for adult PWDs. The secondary data consists of international and national literature (Chapter Two), existing IRM records (2011–2018) and statistics of social grants for adult PWDs (2012–2018) (Chapter Three).

The researcher made use of two field workers to collect primary data during structured face-to-face interviews with applicants of social grants for adult PWDs as well as during semi-

structured face-to-face interviews with contracted medical doctors. The researcher trained them, first, by going through the structured and semi-structured interview schedules to ensure they understood the questions and, second, by letting them sit in during some interviews and observe the researcher. They were then given the opportunity to conduct one interview each, which the researcher quality-checked and thereafter discussed the feedback provided. It was only once the researcher was assured that they were familiar with the interview schedules that the field workers conducted the rest of the interviews independently. All completed interview schedules were quality-checked by the researcher. It should be noted that both field workers were previously employed by SASSA NC, and therefore well-versed in the jargon, language and other dynamics of SASSA. Data were collected concurrently, in overlapping phases, even though the analysis thereof was done simultaneously.

4.4.1 Literature review

A literature review is defined by Bless *et al.* (2013: 49) as an ongoing process that involves a search and study of current writings on the problem under investigation, and it establishes the value of the research and how it fits in with other research. It aims to deepen the theoretical framework of the research, familiarise the researcher with the latest development in the area and related areas of research and identify gaps in knowledge as well as weaknesses in previous studies that may justify further research (Welman *et al.*, 2012: 38). Thus, a research project does not exist in isolation but must build upon what has previously been done, so a literature review is a way of sharing with the reader the results of other studies closely related to the study being reported on (Nieuwenhuis, 2010). The purpose of a literature review is to give the researcher an indication of previous studies as it is important to know what has previously been written on the subject. In addition, the search through literature expands the researcher's understanding and provides information on the topic under investigation.

For this study, the researcher conducted a review of the literature related to (i) available international and national literature on the administration of social grants for adult PWDs (Chapter Two), (ii) South African legislation governing the administration of social grants for adult PWDs (Chapter Two), (iii) the 2011 SGDMM (Chapter Three), (iv) existing 2011–2018 IRM records and (v) statistics of social grants for adult PWDs (2012–2018) (Chapter Three). The search for existing literature on social grants for adult PWDs covered the period 2004–2018, chosen specifically because it coincides with the establishment of SASSA and introduction of the 2011 SGDMM.

4.4.2 Pilot study

Before the collection of the primary data commenced, a pilot study (Table 10) was conducted during which the validity of the research instrument was tested to investigate the feasibility of the planned research project and to bring possible deficiencies in the measurement procedure to the fore (Strydom, 2011: 179). The pilot study was conducted to detect errors and to identify unclear or ambiguously formulated items in the structured telephonic interviews, structured face-to-face interviews, semi-structured focus group discussions and semi-structured face-to-face interviews.

The pilot study involved twelve respondents (refer to Appendix 6: Informed consent form – pilot study). Three successful applicants and three unsuccessful applicants ($n = 6$) contributed to the amendment of the structured interview schedule used during the telephonic as well as the face-to-face interviews (Appendix 8). Three SASSA officials (respectively from the FB, NQ and PKS districts) contributed to the amendment of the semi-structured focus group interview schedule (Appendix 10). The semi-structured face-to-face interview schedule was amended through the assistance of three contracted medical doctors (Appendix 12). The respondents who participated in the pilot did not form part of the final group of respondents as they were only interviewed for their input on the research tools (Table 10).

Data collected during the pilot study were processed to ensure that possible errors in the research tools were picked out and rectified. The suggestions from the respondents were applied to the respective schedules. It was mentioned, firstly, that the questions posed were too long and ambiguous, thus creating confusion, and, secondly, that the interview schedule contained too many questions and that this had a direct impact on the time it took to complete the interviews (that is, it took longer than the allocated forty-five minutes). Taking this feedback into consideration, the number of questions in all three interview schedules was eventually reduced by grouping some of the questions, rephrasing some and merely deleting others. As a result, questions for the structured telephonic interviews and structured face-to-face interviews with the applicants of social grants for adult PWDs were reduced from twenty-six to fifteen (Appendix 8); questions for the semi-structured focus group discussions with the SASSA officials were reduced from twenty-five to sixteen (Appendix 10); and questions for the semi-structured face-to-face interviews with the contracted medical doctors were reduced from twenty to sixteen (Appendix 12).

4.4.3 Structured telephonic interviews with applicants

As the population of successful applicants ($n = 61\,514$) of social grants as well as unsuccessful applicants ($n = 4\,686$) is quite large and spread over a vast area of the NCR (FB, JTG, NQ, PKS and ZFM districts; see Map 1), structured telephonic interviews (Table 10) were initially the preferred method of data collection. This method would allow the researcher to collect a considerable body of data on a large number of subjects, making it a highly efficient approach to research (Van Thiel, 2014: 74). This belief is supported by Maree *et al.* (2020), as they are of the view that structured telephonic interviews offer a rapid turnaround time from conception through to reporting. This method was chosen as the researcher was, firstly, under the impression that, at the time of the study, SASSA had the updated contact details of the potential respondents readily available and would have no problem sharing them with the researcher to contact applicants of social grants for adult PWDs for the study. Secondly, there is wider telephone coverage among the target population of applicants of social grants for adult PWDs, which makes telephonic interviews cheaper than semi-structured face-to-face interviews, especially considering the vastness of the NCR. Travel time and expenses could thus be minimised while covering a wide geographic area. Other reasons why telephonic interviews were the preferred method to collect data in this study are that (i) they can be done quickly, (ii) the response rate is usually very high and (iii) respondents need not be literate (Maree and Pietersen, 2010c: 158).

Structured telephonic interviews were conducted with successful and unsuccessful applicants of social grants for adult PWDs from 2012 to 2018 (Table 10). The structured telephonic interview schedule consisted of fifteen questions that were categorised into three sections: A. Knowledge of acts and policies on social grants for adult PWDs; B. Process of administration of social grants for adult PWDs; and C. Attitude towards social grants for adult PWDs (Appendix 8).

Unanticipated challenges were experienced during this method of data collection, the main one being that the researcher needed the potential respondents' telephone numbers to be able to reach them. To be able to proceed with the study, the researcher was dependent on SASSA NC to provide the necessary contact details. In November 2017 a request was made to SASSA NC to make available the contact numbers of successful and unsuccessful applicants (Table 10) of social grants for adult PWDs in the NCR since 2012 (Appendix 4), the reason being that the SGDMM came into effect in 2011. However, the request made by the researcher to SASSA was turned down (Appendix 5), citing the Protection of Personal Information Act, 2013 (Act 4 of 2013). Despite declining the request to provide contact details

of applicants of social grants for adult PWDs, SASSA was not against the idea of the researcher approaching the potential respondents at their twenty-nine service points across the five districts of the NCR (FB, JTG, NQ, PKS and ZFM) to request them to participate in the study. At first, the researcher approached potential respondents at service points to enquire, firstly, if they were willing to participate in the research. If they indicated their willingness, their contact details were requested, and an appointment set to interview them. Finally, they were then contacted at a convenient time to conduct the structured telephonic interview. This approach proved to be time-consuming as respondents were reluctant to share their contact details, and, in cases where they did, often could not be reached on the telephone at the scheduled time.

Eventually, only 51 (18.5%) of the respondents (successful ($n = 22$) and unsuccessful ($n = 29$) applicants of social grants for adult PWDs) were reached through structured telephonic interviews (Table 10). Assessing the effectiveness of this data collection approach, the researcher decided to rather conduct the structured face-to-face interviews immediately after the respondents agreed to participate. Hence, the reason for reverting to an alternative method of data collection (structured face-to-face interviews) from the original (structured telephonic interviews) was because the researcher could not obtain the necessary contact details of the potential respondents to contact them telephonically to participate in the study. In addition, while respondents appeared uncomfortable to share their contact details, they were not opposed to participating if they were assured anonymity, in other words that their data would never be immediately and obviously associated with them, and that without their contact details, the researcher had no way of tracing them later (supported by Bless *et al.*, 2013: 33).

4.4.4 Structured face-to-face interviews with applicants

The researcher opted for the structured face-to-face interviews with 225 (81.5%) respondents (successful ($n = 105$) and unsuccessful ($n = 120$) applicants of social grants of adult PWDs) (Table 10) after experiencing the challenges with structured telephonic interviews described above. Whereas face-to-face interviews allow researchers to obtain large amounts of data (Maree *et al.*, 2020), structured face-to-face interviews help, in addition, overcome misunderstandings and misinterpretations of certain words or questions (Bless *et al.*, 2013: 198). After SASSA NC declined the request to provide the researcher with contact details of potential respondents, several attempts were made with letters to SASSA NC and National Office and to the Chief Information Officer, and meetings with the SASSA NC management to explain the purpose and significance of the study. In a meeting held on 28 June 2018, the acting Regional Executive Manager of SASSA NC at the time gave the go-ahead for the researcher to access the twenty-nine service points directly by liaising with the relevant local

area managers (LAMs). The researcher managed to contact SASSA NC LAMs to introduce the study and decide on the best approach to reach potential respondents. Due to the Phase in Phase Out (PIPO) project, SASSA NC had, at the time, scheduled several outreach programmes to migrate the beneficiaries of social grants from the then payment service provider, Cash Paymaster Services, to the South African Post Office (SASSA, 2018c). Ten such outreach programmes were scheduled across the five districts of NCR from October to December 2018. The researcher used the opportunity created by the SASSA outreach programmes to issue new payment cards as a platform to approach applicants of social grants for adult PWDs to participate in the study. Those willing to participate were interviewed on the spot after signing the consent forms.

Based on the aforementioned experience during the structured telephonic interviews, the researcher adopted the second method of data collection, structured face-to-face interviews, using the same data collection instrument (Appendix 8) employed during structured telephonic interviews to adapt to and somewhat mitigate the challenges experienced during the first attempt at data collection. Instead of conducting exclusively structured telephonic interviews, as originally intended, the researcher had to conduct structured face-to-face interviews as well.

Conducting structured face-to-face interviews was not without its challenges, though, the main one being that the researcher did not have access to details of beneficiaries of social grants for adult PWDs in order to be able to schedule appointments accordingly. While it helped that potential respondents were expected at twenty-nine service points for the PIPO project (April–December 2018), it did not, however, guarantee that applicants of social grants for adult PWDs were part of the group or, even if they were, that they were interested in participating in the study and willing to do so.

The following challenges were experienced:

- i. Access to potential respondents was limited by the fact that SASSA declined to provide the researcher with the contact details of the potential respondents (see Appendix 5: Response by SASSA NC to a request to provide details of potential respondents), citing the Protection of Personal Information Act, 2013 (Act 4 of 2013). Referral to potential respondents was made through word of mouth but, even then, potential respondents were mostly reluctant to provide personal details, like telephone numbers, for follow-ups.

- ii. The declining by SASSA NC of the request to provide contact details of applicants of social grants for adult PWDs meant that the researcher had to travel to twenty-nine service points in the NC without any guarantees of finding respondents with whom to conduct interviews. Planning the travel distance from the researcher's base of Kimberley to the twenty-nine SASSA service points and the number of interviews to be conducted at each was difficult as there were no scheduled appointments. Eventually, the availability of the respondents and proximity to the researcher became the main determining factor of who participated in the study and who did not.
- iii. Pay points were the only scheduled places where respondents were guaranteed to be in large numbers on a certain date, at least once a month, to receive their social grants. Their closure severely affected access to adult PWDs as the researcher was planning to use them as the location for finding respondents. The phasing in and phasing out of a new payment contractor, caused by the expiry of the payment contract SASSA had with Cash Paymaster Services, and the migration of beneficiaries to the South African Post Office in April–December 2018 led to the closure of several pay points.
- iv. The disadvantage to closing the pay points was that potential respondents could not be found in large numbers at the same time and place, which could have considerably reduced the time it took to conduct the study and significantly increased the response rate.
- v. Potential respondents showed distrust regarding the timing and purpose of the study amidst the PIPO, as there was general uncertainty in relation to the continuity in payment of social grants at the time (September–December 2018). This distrust affected the number of respondents that ultimately participated in the study.
- vi. Whereas selecting representative samples to enable the generalisation of the findings is essential, the voluntary nature of the study made it difficult to obtain such samples, because even though a reasonable number of the target population were eventually approached for participation, only those with interest participated.

The researcher relied mainly on referrals (relatives, friends or neighbours) to gain further access to potential respondents. This process entailed requesting respondents at SASSA service points and/or at home who participated in the study to refer the researcher to others they were aware of who were receiving social grants for adult PWDs and might be interested in participating in the study and willing to do so. Two hundred and twenty-five (81.5%) respondents ($n = 105$ successful and $n = 120$ unsuccessful) were reached this way during SASSA outreach programmes, door to door visits and at SASSA offices (Table 10).

4.4.5 Semi-structured focus group discussions with SASSA officials

Focus group discussions involve face-to-face interviews in which several people are interviewed at the same time and share ideas with both the interviewer and each other (Stangor, 2011: 108). The semi-structured focus group discussions, according to Bless *et al.* (2013: 200–201):

- i. provide a platform for respondents to discuss the issue in question with one another;
- ii. provide an opportunity for respondents to learn from each other;
- iii. are a quick and cheap way of simultaneously collecting information from many respondents;
- iv. yield experiences and constructive actions that would not be accessible without group interaction; and
- v. facilitate responses among the respondents such as agreement or disagreement, asking questions and providing suggestions.

Focus group discussions also provide an atmosphere of spontaneity, originality and synergism. However, cognisance was taken that the respondents might influence each other or that dominance by one member might skew the session. Therefore, the success of this method is as much dependent on the skill and experience of the researcher as it is on the level of participation by team members.

Four semi-structured focus group discussions (Table 10), were conducted to collect data from SASSA officials, using a semi-structured interview schedule (Appendix 10). Open- and closed-ended questions were used flexibly to prompt the respondents during the discussion (Nieuwenhuis, 2010: 87). A semi-structured interview schedule (Appendix 10) consisting of sixteen open-ended questions was used to prompt the respondents during discussion. The semi-structured interview schedule was categorised into three sections: A. Knowledge of acts and policies on social grants for adult PWDs; B. Process of administration of social grants for adult PWDs; and C. Attitude towards social grants for adult PWDs (Appendix 10). These discussions were aimed at obtaining information and eliciting reactions to the responses of the structured interviews.

Although SASSA officials were the easiest to approach individually and request to participate in the study, it was nonetheless difficult getting them to commit to a convenient time and place for them to participate in a group, and some became reluctant to participate when they discovered that the interviews would be conducted in groups, not individually. The sample was divided into three – those invited to participate, those who accepted the invitation and those

who eventually participated. The respondents were assured that

there are no foreseen potential risks or physical discomfort to the respondents, and the only inconvenience might be for the respondents to avail personal time to be interviewed, and further that the respondents' confidentiality will be protected, and respondents will remain anonymous during the reporting of the findings of the research. Nothing shared during the semi-structured focus group discussions will be attributed to respondents by name (see Appendix 9).

As with the structured telephonic and face-to-face interviews, there were challenges that led to a delay in commencing the study. These challenges were due, but not limited to the following:

- i. The distance between SASSA offices made it difficult to get enough SASSA officials together at one time to form groups for them to participate in semi-structured focus group discussions.
- ii. Respondents were often unavailable due to tight work schedules. Due to the PIPO project that was simultaneously taking place when the study was conducted, SASSA officials (Figure 13) were mainly out of the office on outreach programmes trying to locate and migrate as many beneficiaries as possible to the South African Post Office to meet the deadline of October 2018, by which the South African Post Office was supposed to take over the function of paying social grants to beneficiaries.
- iii. There was a lack of interest in the study.

4.4.6 Semi-structured face-to-face interviews with contracted medical doctors

Face-to-face interviews allow researchers to obtain large amounts of data, perform probing and ask more complicated or sensitive questions (Maree *et al.*, 2020). Semi-structured face-to-face interviews were conducted with ten contracted medical doctors (Table 10). In addition to conducting medical assessments for SASSA, contracted medical doctors have full-time jobs either running their own medical practices or assisting at public or private health facilities, making their availability highly limited. Studies with such populations require face-to-face interviews (Maree *et al.*, 2020) as they enabled the researcher to schedule times for interviews suitable for each contracted medical doctor. Once their contact details were obtained, the contracted medical doctors were the easiest to contact, schedule appointments with and conduct face-to-face interviews with. This might be because, at the time of the study, there was a moratorium on conducting medical assessments while SASSA was still waiting for a tender for contracting medical doctors to be awarded, giving these doctors time to spare.

The semi-structured interview schedule consisted of sixteen questions and was similar to the semi-structured interview schedule used to conduct focus group discussions. It was also

categorised into three sections: A. Knowledge of acts and policies on social grants for adult PWDs; B. Process of administration of social grants for adult PWDs; and C. Attitude towards social grants for adult PWDs.

Numerous challenges were experienced during primary data collection, most (if not all) related to the SASSA NC management:

- i. Obtaining permission from the management of SASSA in the NC to conduct the study took too long (the first request was made in December 2016 and a response was received in May 2017; see Appendix 2), mainly due to a succession of short-term acting appointments at management level. There were three acting regional executive managers throughout the duration of the study, from approval by the Ethics Committee of the University of the Free State in 2017 (Appendix 1) up until data were collected (2018). Agreements made with one incumbent manager were often not honoured by the next one, and the researcher had to repeatedly submit a request to the new incumbent that had been previously discussed with their predecessor.
- ii. The declining by SASSA NC of the request to provide contact details of contracted medical doctors citing the Protection of Personal Information Act, 2013 (Act 4 of 2013), meant that the researcher had to rely on applicants of social grants for adult PWDs for the identity of the contracted medical doctors who conducted medical assessments. As most respondents did not have said contracted medical doctors' contact details, it took longer still for the researcher to trace them.
- iii. Some identified potential respondents were no longer contracted by SASSA to perform medical assessments at the time of the study.

4.5 STUDY POPULATION, SAMPLING PROCEDURES AND SAMPLE SIZE

A population is the sum total of all units of analysis about which the researcher wishes to draw specific conclusions (Welman *et al.*, 2012: 52), and is defined by specifying the unit being sampled, the geographical location and the temporal boundaries of such population (Bless *et al.*, 2013: 162). It is not always possible to focus on the entire set of objects or people during research, hence the need for sampling. Sampling is the selection of respondents from an entire population and entails decisions regarding which people, settings, events, behaviours and/or social processes to study (Maree *et al.*, 2020). Sampling ensures that time, money and effort are concentrated to produce better quality research. A sample is a subset of the whole population which is investigated by the researcher and must have all the properties of the whole population for it to be useful (Lombaard *et al.*, 2018: 8). It is less time-consuming and less costly to collect data from a sample than from the whole population.

4.5.1 Study population

The three critical stakeholders (unit of analysis) involved in the administration of social grants for adult PWDs in SASSA NC were the objects of inquiry (Figure 4). The population numbers and the sampling criteria utilised in the study are depicted in Table 9.

Table 9: Population and sampling criteria

Population	Criteria
Applicants of social grants for adult PWDs (successful) n = 61 514	<ul style="list-style-type: none"> ▪ Received permanent social grants for adult PWDs during 2017/18 financial year ▪ Even if previously had an application rejected between 1 April 2012 and 31 March 2018, eventually awarded permanent social grants for adult PWDs
Applicants of social grants for adult PWDs (unsuccessful) n = 4 686	<ul style="list-style-type: none"> ▪ Received temporary (6, 9 or 12 months) social grants for adult PWDs during 2017/18 financial year ▪ Previously had at least one application of social grants for adult PWDs rejected ▪ Applied for the social grants for adult PWDs at least three times between 1 April 2012 and 31 March 2018 ▪ Previously applied for internal reconsideration
SASSA officials n = 101	<ul style="list-style-type: none"> ▪ Employed by SASSA in the NC Region ▪ Has dealt directly with the administration of social grants for adult PWDs at either local, district or regional office level any time from 1 April 2012 to 31 March 2018
Contracted medical doctors n = 28	<ul style="list-style-type: none"> ▪ Contracted to SASSA to conduct medical assessments during the 2017/18 financial year ▪ Has conducted medical assessments for SASSA any time from 1 April 2012 to 31 March 2018

(SASSA, 2018c)

4.5.1.1 Applicants of social grants for adult PWDs (successful and unsuccessful)

Applicants of social grants for adult PWDs were categorised into successful and unsuccessful applicants. Successful applicants are those who were receiving permanent social grants for adult PWDs during the 2017/18 financial year, while unsuccessful applicants are those who were receiving TDGs for adult PWDs during the 2017/18 financial year and had applied for IRM at least once during the 2011–2018 period (Table 9). The 2018 SASSA SocPen Records showed that there were 61 084 social grants for adult PWDs (50 369 DGs and 10 715 GIAs) in payment during the 2017/18 financial year in the NCR (Table 6). It is important to note that the total number of social grants for adult PWDs in payment (Table 9) does not necessarily translate into the same number of beneficiary adult PWDs, seeing as some adult PWDs probably receive both the DG and GIA at the same time. However, for expediency, this number was taken to be the population of adult PWDs in the NCR during the 2017/18 financial year.

4.5.1.2 SASSA officials

The third population consisted of the SASSA officials ($n = 101$), as depicted in Table 9. The SASSA officials are those employees who were directly involved in the administration of social grants for adult PWDs in the NCR during the 2012–2018 period. This number is based on the number of officials (functions) it takes to complete the application process for a social grant for adult PWDs at the twenty-nine service points, and the number of officials in the DMU and Customer Care Unit at SASSA NC regional office level.

4.5.1.3 Contracted medical doctors

The fourth population consisted of medical doctors who had been contracted with SASSA NC to conduct medical assessments (Table 9). There were twenty-eight contracted medical doctors for the entire SASSA NC during the 2017/18 financial year. The number for the contracted medical doctors was provided to the researcher by the DMU, a unit that manages social grants for PWDs (both children and adults) in SASSA NC (SASSA, 2011). The twenty-eight contracted medical doctors rendered services in the twenty-nine service points across the five districts of the NCR (FB, JTG, NQ, PKS and ZFM).

4.5.2 Sampling procedures (non-probability)

Given the challenges experienced in accessing potential respondents' contact details, non-probability sampling was employed for all four population groups in this study. Non-probability sampling does not make use of a random selection of the population elements (Maree and Pietersen, 2010a: 176), hence making it difficult to draw important conclusions about the population. With non-probability sampling, the probability that any element of the unit of analysis will be included in the sample cannot be specified, and researchers rely on their own experience and ingenuity to obtain units of analysis in such a manner that the sample may be regarded as representative of the relevant population (Welman *et al.*, 2012: 61–63). Non-probability sampling is more about gaining a deeper understanding and less about generalisation. However, non-probability sampling is convenient to use in cases where it is difficult to access the population, as already referred to in the case of this study.

4.5.2.1 Snowball sampling

Snowball sampling was used to select respondents from the first two populations (i.e. successful and unsuccessful applicants of social grants for adult PWDs). Snowball sampling is a non-probability sampling method whereby a few selected individuals from the relevant population are approached, with the same individuals acting as informants by identifying and leading the researcher to other population members (Maree and Pietersen, 2010a: 177;

Stangor, 2011: 113; Welman *et al.*, 2012: 63; Bless *et al.*, 2013: 172). Snowball sampling is often used to find hidden populations or groups considered not easily accessible through other sampling procedures (Nieuwenhuis, 2010: 80). As SASSA NC management declined the request by the researcher to make available contact details of adult PWDs, the two populations could probably have been regarded as inaccessible to the researcher since there was no way of contacting them without having access to their contact details, which only the SASSA could provide. Therefore, the researcher chose service points where SASSA conducted the PIPO project to gain access to the population. This kind of sampling is convenient for researchers in terms of time (quick) and money (cheap), even though one cannot make a generalisation on such samples (Bless *et al.*, 2013: 172). It is nevertheless useful and was used to select applicants of social grants for adult PWDs to participate in the structured telephonic interviews and structured face-to-face interviews (Table 10).

4.5.2.2 Purposive sampling

Purposive sampling (qualitative research) involves selecting respondents according to pre-selected criteria, and the sample size varies according to the resources and time available to the researcher (Nieuwenhuis, 2010: 79). Purposive sampling was used to select respondents for the four semi-structured focus group discussions with SASSA officials (third population) and the ten semi-structured face-to-face interviews with contracted medical doctors (fourth population) (Table 10). Purposive sampling is a non-probability sampling method that uses the judgement of the researcher regarding the characteristics of a representative sample to select cases with a specific purpose in mind for investigation (Bless *et al.*, 2013: 172; Neuman, 2014: 206). The respondents in the study were selected according to specific characteristics and purpose, based on the researcher's judgement that the unit represents the population. The advantages of non-probability sampling are that it is less complicated and less expensive and may be done on the spur of the moment to take advantage of the availability of the respondents. This method suited this study as SASSA officials were often out on field trips on the PIPO project and it was difficult to get them in one place at the same, while the contracted medical doctors were fully occupied at their medical practices when they were not conducting medical assessments for SASSA. The defining characteristics that made the SASSA officials the holders of data needed for the study were that they are directly involved in the administration of social grants for adult PWDs at a regional, district or local office level (Nieuwenhuis, 2010: 79; Bless *et al.*, 2013: 172).

Whereas it was relatively easy to approach SASSA officials to request them to participate in the study, it was not so easy when it came to the contracted medical doctors. In mitigation of

challenges experienced (i.e. SASSA declining the request to provide the researcher with contact details for the potential respondents), the researcher used applicants of social grants for adult PWDs as a source of referral to the contracted medical doctors who performed their medical assessments, used insider knowledge to approach respondents and frequented medical assessment sites.

4.5.3 Sample size

A sample is an element of the population considered for actual inclusion in the study and is a means of explaining some facet of the population of interest (De Vos *et al.*, 2011: 19). The sample size depends on the kind of data analysis planned by the researcher, how accurate the sample must be for the researcher's purposes and the characteristics of the population (Bless *et al.*, 2013: 174). The major determinant of sample size is the extent to which the sample is representative of the population. As such, a sample should be drawn in such a way that it would be valid to infer from it to the population of interest (Maree and Pietersen, 2010a: 180). A sample should be as representative as possible for the findings of the study to be generalisable to the population under study. Smaller samples are enough when less accuracy is acceptable, when the population is homogeneous or when only a few variables are examined at a time (Maree and Pietersen, 2010a, 178; Bless *et al.*, 2013: 174). While quantitative studies require bigger samples to generalise the findings, in this study there was no need to obtain a bigger sample because the population is homogeneous. In homogeneous populations, where the members are similar with respect to variables that are important to the study, smaller samples may suffice (Maree and Pietersen, 2010a: 178). The desired sample size does not depend on the size of the population as such but on the variance (homogeneity or heterogeneity) of the respondents. However, while it is important for the findings of the study to be generalisable to the entire population in quantitative research, qualitative studies are less concerned with generalisability and more concerned with obtaining an understanding of the topic under investigation.

The four response groups in the study were similar in that they were all involved in the administration of social grants for adult PWDs in one way or another. The applicants had applied for social grants for adult PWDs between 2012 and 2018 and were receiving either permanent or temporary social grants during the 2017/18 financial year in the NCR. A sample of 534 ($n = 534$) applicants of social grants for adult PWDs were targeted for participation in the study (Table 10). The successful applicants ($n = 267$) and unsuccessful applicants ($n = 267$) applied for social grants for adult PWDs during the 2012–2018 period and received, respectively, permanent and temporary social grants for adult PWDs during the 2017/18

financial year. SASSA officials dealt directly with the administration of social grants for adult PWDs, while the contracted medical doctors conducted medical assessments for the recommendation of the social grants for adult PWDs in the NCR during the 2017/18 financial year.

Lombaard *et al.* (2018: 195) suggest that the following factors should be considered when determining the sample size: (i) the level of certainty that the characteristics of the data collected will represent the characteristics of the total population, (ii) the accuracy required for estimates to be made from the sample, (iii) the analysis to be undertaken and the size of the population from which the sample is being drawn and (iv) the non-responses likely to occur and the ineligible and incomplete resources that cannot be utilised in the study. Maree and Pietersen (2010a: 179) add that the type of research, research hypotheses, financial and time constraints, the importance of the results, as well as the number of variables studied also influence sample size.

One should also bear in mind that the respondents from which usable data are eventually obtained may be much smaller than the number that was originally drawn, which is the reason why it is usually advisable to draw a larger sample than the one for which complete data are desired (Welman *et al.*, 2012: 65). It was with the above in mind that the researcher approached a large group of potential respondents to participate.

From Figures 11 and 12 several deductions can be made. Figure 11 portrays the samples of successful and unsuccessful applicants with regard to structured telephonic interviews. A total of 22 successful applicants and 29 unsuccessful applicants participated ($n = 51$) (Table 10). With regard to structured face-to-face interviews, 105 successful and 120 unsuccessful applicants participated ($n = 225$) (Table 10). Thus, in total, 127 successful and 149 unsuccessful applicants participated ($n = 276$).

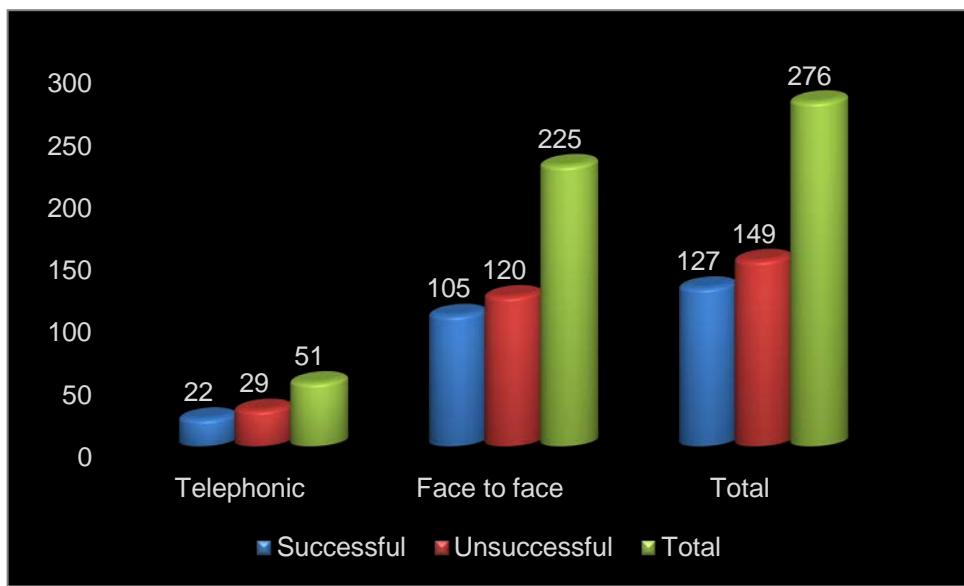


Figure 11: Sample of applicants (successful and unsuccessful)

In total, 90 invitations were hand-delivered to the 29 SASSA offices for SASSA officials to respond indicating their willingness/interest to participate in the study. A standard response letter (Appendix 9), in which the respondents could indicate their willingness to participate in the study, was attached to the request. One person was used as a point of entry and requested to coordinate the process. Once a reasonable number were received from each district, the respondents were telephonically contacted to set a date and time for the semi-structured focus group discussions. Of this 90, only 51 (56.7%) SASSA officials responded by indicating that they would participate in the data collection. However, the final number of respondents totalled 34 (37.8%). It is shown in Figure 12 that 6 out of 10 SASSA officials participated in the FB district, whereas there were no representations from JTG district and regional office.

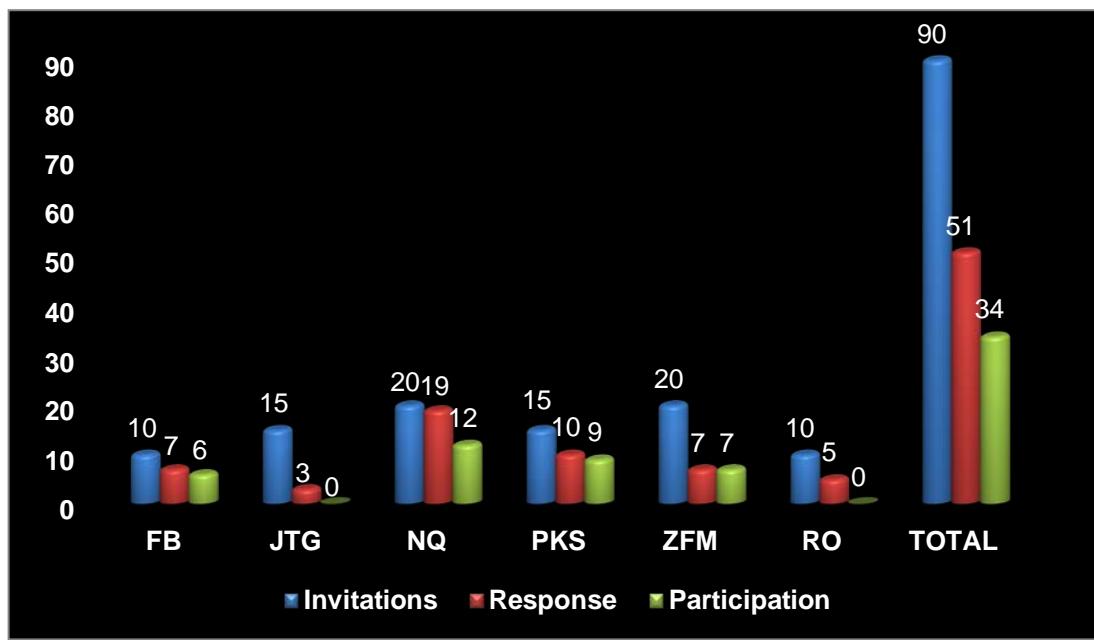


Figure 12: Sample and participation of SASSA officials

Invitations to participate in the study were sent to a sample of 13 contracted medical doctors. All indicated willingness to participate in the study: three of the 13 contracted medical doctors participated in the pilot study and ten took part in the semi-structured face-to-face interviews. (Figure 4, row 2, column 4).

Table 10: Data collection framework

INTERPRETIVIST PARADIGM	METHOD	SAMPLING	POPULATION (n)	SAMPLE (n)	RESPONSES (n)	VALIDITY & RELIABILITY
				Total n = 12	n = 12 (100%)	Triangulation of sources Methods triangulation
Phenomenological research approach	Pilot study		n = 6 (successful n = 3; unsuccessful n = 3) n = 3 SASSA officials (FB, NQ, PKS) n = 3 contracted medical doctors	Total n = 12	n = 12 (100%)	Triangulation of sources Methods triangulation
	Quantitative	Structured telephonic interviews				
	Quantitative	Structured face-to-face interviews	n = 61 514 Adult PWDs (successful applicants) n = 4 686 Adult PWDs (unsuccessful applicants)	Total n = 534 n = 267 n = 267	Total n = 51 (18.5%) n = 22 successful applicants n = 29 unsuccessful applicants Analysis: Chapter Five Total n = 225 (81.5%) n = 105 successful applicants n = 120 unsuccessful applicants Analysis: Chapter Five	Literature review Pilot study Analyst triangulation Methods triangulation Triangulation of sources Consistency Replicability
	Qualitative	Semi-structured focus group discussions	n = 101 SASSA officials	Total n = 42	Total n = 34 (81%) FB district (n = 6) NQ district (n = 12) ZFM district (n = 7) PKS district (n = 9) Analysis: Chapter Six	Literature review Pilot study Methods triangulation Truth value Consistency Neutrality Replicability
	Qualitative	Semi-structured face-to-face interviews	n = 28 Contracted medical doctors	Total n = 10	Total n = 10 (100%) Analysis: Chapter Seven	Literature review Pilot study Methods triangulation Truth value Consistency Neutrality
					N = 598	N = 332 (55.52%)

4.6 DATA ANALYSIS

The quantitative responses were coded and analysed with the assistance of Statistics SA in the Northern Cape. Using the Statistical Package for the Social Sciences (SPSS) 20 statistical analysis software to analyse the data, the data were organised, tabulated and analysed by means of constructive one-way and two-way frequency distribution tables for all questions and response patterns of different sub-groups through cross tabulations. Descriptive statistics were used to summarise the results in terms of frequencies and percentages for categorical variables, means or medians, as well as maxima and minima for numerical variables. The focus group discussions with SASSA officials and face-to-face interviews with contracted medical doctors were recorded on audio tape and transcribed verbatim. Together with the data from the structured interviews, the information from the transcripts was used to formulate final conclusions and recommendations in order to achieve the aim and objectives of the study.

The technique for analysis in this study is the independent-samples t-test (also known as the student t-test/unpaired t-test) as well as the one-way analysis of variance (ANOVA) (Lombaard *et al.*, 2018: 272). The independent samples t-test is the statistical technique commonly used to compare the means of the two independent samples or groups to determine whether there is statistical evidence that the associated sample means are significantly different, while the ANOVA tests whether the groups have different average scores (Lombaard *et al.*, 2018: 300). Therefore, the independent samples t-test was employed in this study to determine whether there are significant statistical differences between responses of the successful ($n = 105$) and unsuccessful ($n = 120$) applicants of social grants for adult PWDs; and the reasons why respondents applied for social grants for adult PWDs (Appendix 8, question 1, structured interview schedule).

4.7 ENSURING INSTRUMENT VALIDITY AND RELIABILITY

A high degree of both internal and external validity is critical to the trustworthiness of research. Internal validity indicates that there was enough control over variables and that the instrument measures or describes what it is supposed to measure or describe (Maree and Pietersen, 2010b: 216). Three instruments (Appendices 8, 10 and 12) were developed, even though they investigate the same phenomenon. The three instruments used in this study were validated through a pilot study conducted with a sample of each population: applicants of social grants for adult PWDs ($n = 6$), SASSA officials ($n = 3$) and contracted medical doctors ($n = 3$). Adjustments, as previously detailed, were made before the instruments were administered to the rest of the samples.

External validity refers to the extent to which results can be generalised to the entire population (Maree and Pietersen, 2010d: 151). The best evidence of external validity is replication – achieving similar results under somewhat varying conditions. This implies that if applicants (successful and unsuccessful) of social grants for adult PWDs, SASSA officials in focus groups or contracted medical doctors express similar attitudes or experiences, it can be argued that the groups represent the opinions and experiences of a larger population, that is, the three critical stakeholders in the administration of social grants for adult PWDs in the NCR (Table 10).

The reliability of a measure refers to its capacity to consistently reflect the phenomenon being measured (Maree and Pietersen, 2010b: 215). Ideally, if the same instrument is used at different times or administered to different subjects from the same population, the findings should be the same. This could be demonstrated by repeating the measure and finding similar results or having different measures produce similar results. However, ensuring reliability in qualitative studies is difficult in that human nature is not static, which means that using the same instrument on the same subjects is unlikely to produce similar results. Having standard response categories for the structured interviews might assist in the data analysis, but crucial information that the respondents could have provided might be overlooked. This was mitigated by giving respondents the option to give additional information or responses to those already provided by the researcher.

4.8 ETHICAL CONSIDERATIONS

Maree and Van Der Westhuizen (2010: 42) indicate that the main ethical considerations to be considered when conducting research involve the confidentiality of results and findings of the study, and protection of the identities of the respondents. The researcher adhered to the ethical requirements of the Faculty of Economic and Management Sciences, University of the Free State, by applying for ethics clearance and submitting the required documents and informed consent letters (Appendices 6, 7, 9 and 11) as well as the data collection instruments (schedules for structured telephonic interviews and structured face-to-face interviews, semi-structured focus group discussions and semi-structured face-to-face interviews).

While the above could be considered the main ethical consideration, other concerns included the possibility of participation in the research causing physical or psychological harm to the respondents (Stangor, 2011: 44). This, however, could be mitigated by obtaining informed consent to participate and guaranteeing respondents that they were free to choose to participate in the research. The respondents in the study were first issued with a letter

explaining the purpose of the research, expected duration and procedures (informed consent) and were then given the opportunity to indicate, in writing, their willingness or unwillingness to participate in the study (freedom of choice). The respondents were very clearly told that they could withdraw at any point during the study should they feel uncomfortable (Strydom, 2011).

4.8.1 Permission to conduct the study

The information regarding the unit of analysis is all held by SASSA in various formats. These are the SocPen system and IRM database for adult PWDs; a database of SASSA contracted medical doctors; Persal, which is a list of officials who are directly involved in the administration of social grants for adult PWDs; and documents in various formats. In this study, the point of departure was to send a written request to SASSA NC to request permission to conduct the study within SASSA NC (Appendix 2), access to and use of crucial documents and access to the crucial stakeholders in the process (Appendix 4). In addition to requesting permission, the letter outlined the purpose of the study, the unit of analysis, the data collection methods and the expected benefits of the study. The letter indicated the kind of system access required (i.e. SocPen, IRM database, database of contracted medical doctors) as well as the kind of information to be utilised and for which purpose. It was clearly indicated to SASSA NC that the information on the SocPen system, IRM database, database of contracted medical doctors and Persal would only be utilised for the purposes of the study, that is to find the contact details of potential respondents and application histories of adult PWDs.

The SASSA NC management granted permission to conduct the study (Appendix 3) and committed to make available records like statistical reports and other reports relevant to the study. However, SASSA NC management declined to make available any information of a personal nature (Appendix 5), which included contact information of applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors. While it was easy to get hold of information like telephone numbers and work addresses (it is public information) of SASSA officials, the second stakeholder in the administration of social grants for adult PWDs, it proved difficult for the first and third stakeholders, namely the applicants of social grants for adult PWDs and contracted medical doctors, respectively. Eventually, the researcher had to utilise insider knowledge and respondents' knowledge of each other to gain access to more respondents.

4.8.2 Informed consent

A data collection strategy should consist of a plan for contacting subjects and obtaining data from them (Maree *et al.*, 2020). While still under the impression that SASSA NC would provide the necessary contact details of the potential respondents after permission was granted to conduct the study within SASSA NC (Appendix 3), it was stressed that participation would be voluntary, of which the ability to withdraw at any point in the study is part. It was stressed that participating or not participating in the study would have no bearing whatsoever on participants' relationship with SASSA, their social grants or employment status within SASSA, then or in the future. In the same letter, the purpose of the study was outlined and the reason why the respondents were selected to participate in the study was explained. All potential respondents were required to sign individual consent forms before the commencement of the study. The letter was to be sent to all potential respondents informing them that they had been selected to participate in the study and would be contacted for an interview soon (date to be set before the contact). A copy of the consent form was attached to the letter for them to sign and return to the researcher. Follow-up telephonic contact was to be made with those who gave consent to participate to give a detailed explanation of the processes to be followed, and further reiterate the option/freedom to withdraw at any point during the study. Thereafter the potential respondents would be contacted to arrange a convenient time and place for a personal interview. During the first telephonic contact, the potential respondents were to be given an opportunity to either accept or decline participation in the study. Potential respondents comprised of only recipients of social grants for adult PWDs and did not include caregivers.

While the above was the initially proposed process, adjustments were eventually made. With no contact details of the respondents having been obtained, the researcher had to devise other means to initiate the first contact with potential respondents, rather than telephonically, and eventually modify the data collection method for the applicants of social grants for adult PWDs from structured telephonic interviews to structured face-to-face interviews. The process that was ultimately followed is outlined in Table 10.

4.8.3 Confidentiality

Respondents in any research enquiry have a right to remain anonymous (Mouton, 2014: 243). While anonymity (collecting information so that researchers cannot link any piece of data to a specific, named individual) is not always possible, confidentiality (protection of collected information) is possible, and this was accordingly communicated to SASSA and all respondents (Maree *et al.*, 2020). Before commencing the semi-structured focus group discussions and semi-structured face-to-face interviews, respondents were informed of the need to audio record the sessions in order to assist the researcher with note-taking so she

could fully focus on the discussions and be able to probe. All semi-structured focus group discussions and semi-structured face-to-face interviews were audiotaped with the permission of the respondents. The researcher has a moral obligation to protect the privacy of respondents and ensure anonymity (Nieuwenhuis, 2010). Confidentiality usually has to do with access to the collected data and how it will be used, and the need to remove any personal identifiers, and anyone who has access to the information is obliged to respect this (Mouton, 2014: 244).

4.9 CONCLUSION

This chapter elaborated on the research methodology already outlined in Chapter One. The paradigm, design, approach and methods employed in carrying out the study were explained in detail, including reasons for the choice of the research approach. While 100% validity and reliability cannot be achieved because it is impossible to eliminate all threats, steps should still be taken to minimise errors and biases that pose a threat to validity and reliability. The importance of ensuring instrument validity and reliability were stressed, as were the triangulation methods that were used to ensure that the findings of this study are credible and trustworthy. Literature related to the research topic was consulted and thorough planning was done before constructing the questions for the structured telephonic- and face-to-face interviews with successful and unsuccessful applicants (Appendix 8), semi-structured focus group interviews with SASSA officials (Northern Cape) (Appendix 10) and semi-structured face-to-face interviews with contracted medical doctors (Appendix 12). Once the questions were constructed, the structured and semi-structured interview schedules were administered to a limited number of subjects from the same population as that for which the eventual project is intended (pilot study), to identify any flaws and ambiguities. This ensured that the questions were relevant and specifically designed to achieve the aim of the research. Extra care was taken to avoid intrusive questions.

The next three chapters – Chapter Five, Chapter Six and Chapter Seven – will present and analyse the responses from the structured telephonic interviews and structured face-to-face interviews with applicants of social grants for adult PWDs; the responses from the four semi-structured focus group discussions with SASSA officials; and the responses from semi-structured face-to-face interviews with contracted medical doctors, respectively.

CHAPTER FIVE

PRESENTATION AND ANALYSIS OF RESPONSES FROM STRUCTURED TELEPHONIC INTERVIEWS AND STRUCTURED FACE-TO-FACE INTERVIEWS WITH APPLICANTS

5.1 INTRODUCTION

This chapter presents the responses to and analyses the feedback from the fifteen questions posed during the structured telephonic and structured face-to-face interviews with applicants (successful and unsuccessful) of social grants for adult PWDs (Appendix 8). Chapter five addresses the third objective of the study, that is to analyse responses to the structured telephonic interviews and structured face-to-face interviews of the successful and unsuccessful applicants. Section 5.2.1 covers applicants' responses to the questions relating to knowledge of acts and policies on the administration of social grants for adult PWDs (Appendix 8, section A) from structured telephonic and structured face-to-face interviews. Here the responses to the first five questions (Appendix 8) posed to respondents relating to the aforementioned topic are presented and analysed. The same is done in section 5.2.2 (the responses to questions 6–10 on the process of administration of social grants for adult PWDs) and section 5.2.3 (responses to questions 11–15 on attitude towards social grants for adult PWDs).

Section 5.2.4 comprises the comparative analysis of response patterns of different sub-groups through cross tabulations on the knowledge of acts and policies on the administration of social grants for adult PWDs (5.2.4.1). This knowledge includes, firstly, the reasons for application linked to time on treatment before referral to SASSA (Table 21), sources of referral (Table 22), reasons why government provides social grants for adult PWDs (Table 23) and proposed qualifying criteria for social grants for adult PWDs (Table 24). It also includes sources of referral linked to time on treatment before referral to SASSA (Table 25), and reasons why government provides social grants for adult PWDs linked to time on treatment before referral to SASSA (Table 26). In section 5.2.4.2 response patterns on the process of administration of social grants for adult PWDs are analysed and the section covers the time it takes to get to SASSA once referred, which is linked to the number of visits before the process is completed (Table 27), reasons for delay between referral and actual application in relation to the time it takes to get to SASSA once referred (Table 28) and the number of visits before the process is completed (Table 29). The perception of time it takes from screening to approval, which is linked to number of visits to SASSA before the process is completed (Table 30), is also covered. A comparative analysis of the response patterns of different sub-groups through

cross-tabulations is then done in section 5.2.4.3, which is about attitude towards social grants for adult PWDs. This comprises the number of applications before successful application, which is linked to reasons for eventual success (Table 31) and number of times a person can apply (Table 32), and reasons for eventual success linked to the number of times a person can apply (Table 33). Section 5.2.5 is a comparative analysis of successful and unsuccessful applicants of social grants for adult PWDs, and section 5.2.6 is on tests for significance of associations, specifically ANOVA (Table 37).

5.2 RESPONSES TO THE FIFTEEN QUESTIONS POSED DURING THE STRUCTURED TELEPHONIC INTERVIEWS AND STRUCTURED FACE-TO-FACE INTERVIEWS WITH ADULT PWDs

One hundred and twenty-seven (47.6%) of the targeted successful applicants ($n = 267$) participated in the study (structured telephonic and structured face-to-face interviews; see Appendix 8), compared to the 149 (55.8%) of the unsuccessful applicants ($n = 267$) of social grants for adult PWDs (Figure 13). Fifty-one (18.5%) out of the 276 structured interviews with successful and unsuccessful applicants of social grants for adult PWDs were conducted over the telephone, while the 225 (81.5%) were conducted face-to-face (Table 10).

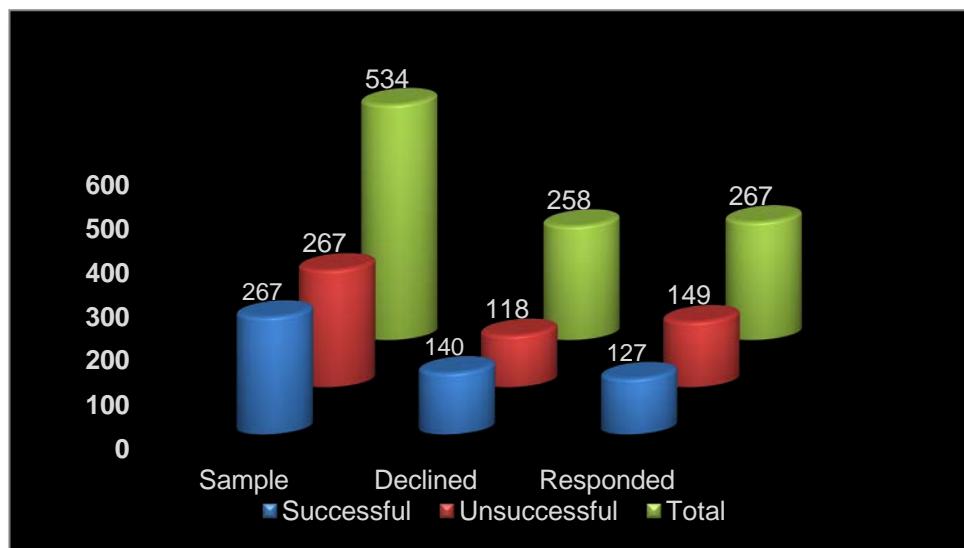


Figure 13: Sample and responses to the structured telephonic and face-to-face interviews with applicants

5.2.1 Responses to the questions on knowledge of acts and policies on the administration of social grants for adult PWDs

The five questions posed in section A of the structured interview schedule (Appendix 8) aimed to examine adult PWDs' knowledge of the available legislation governing the administration of social grants for adult PWDs. The responses to the five questions are discussed below.

Question 1: Why did you apply for a social grant for adult PWDs?

For question 1 the responses were pre-coded as follows, and the respondents had the option to make more than one choice: permanent physical condition -1; permanent mental condition -2; temporary physical condition -3; temporary mental condition -4; no source of income -5; and illness (specify) -6 (Appendix 8).

Although all 276 respondents answered question 1, the response rate was 426. The reason is that the respondents had the option to choose multiple responses to question 1, as shown in Table 11. The response category that received the highest score was the application for a social grant for adult PWDs due to illness, with 161 responses (37.8%). The next two categories were permanent physical disability with 107 responses (25.1%) and temporary physical disability with 93 responses (21.8%). The other three response categories all received less than 7% (no source of income 6.6%, permanent mental disability 5.4% and temporary mental disability 3.3%). One can then deduce that impairment due to illness, which is mostly temporary, is the main reason adult PWDs approach SASSA to apply for social grants for adult PWDs. The following deduction can also be made from Table 11: illness rather than disability in its "traditional" form is the main reason adult PWDs approach SASSA to apply for and be awarded social grants for adult PWDs.

Table 11: Reasons for application

	Responses			Responses	
Illness	161	37.8		Hypertension	26
Permanent physical disability	107	25.1		TB	25
Temporary physical disability	93	21.8		HIV	22
No source of income	28	6.6			
Permanent mental disability	23	5.4			
No source of income	14	3.3			
TOTAL	426	100			

From the 161 responses to the variable of illness, three response categories were noted, namely hypertension (16%), TB (15.5%) and HIV (13.7%) (Table 11).

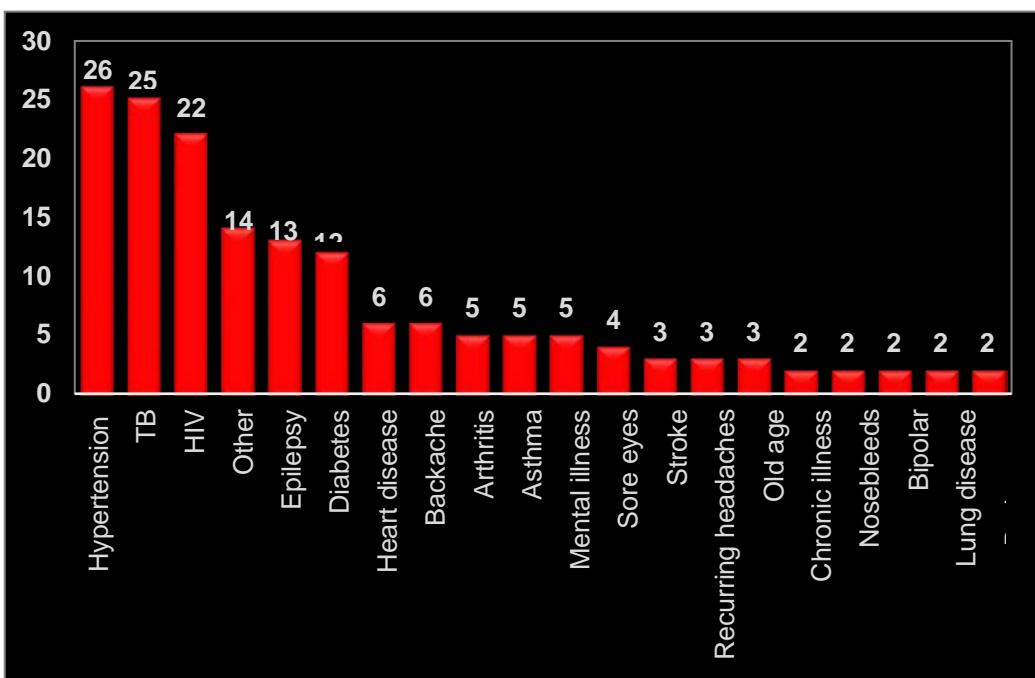


Figure 14: Specific types of illnesses indicated in the response rate

The following seventeen response categories all received less than 9% (“other” 8.7%; epilepsy 8.1%; diabetes 7.5%; heart disease and backache 3.7% each; arthritis, asthma and mental illness 3.1% each; sore eyes 2.5%; stroke, recurring headaches and old age 1.9%; chronic illness, nosebleeds, bipolar, lung disease and a broken arm 1.2% each) (Figure 14). The illnesses specified under the response category “other” were pneumonia, painful joints, bronchitis, swollen neck, stab wound on left arm, swollen legs, grant-in-aid for caring for a daughter with disabilities, amputated finger, accident, broken knee, numb feet, broken leg, left hand not working and knee pain (not indicated in Figure 14). From Figure 14 it is noted that manageable chronic illnesses like hypertension, diabetes, HIV/AIDS and TB are the main reasons adult PWDs apply for social grants for adult PWDs.

Question 2: How long have you been treated for your medical or mental condition before you were referred to SASSA?

The responses to question 2 were pre-coded as follows: one to three months -1; four to six months -2; seven to twelve months -3; more than a year -4; other (specify) -5 (Appendix 8).

A total of 276 responses to question 2 were recorded. The response category that received the highest score was being on treatment for more than a year ($n = 122$ responses or 44.2%) before being referred to SASSA (Table 12). The next two categories were one to three months

with 61 responses (22%) and the category “other” with 45 responses (16.3%). The other response categories (four to six months and seven to twelve months) both received 24 responses (8.7%) each (Table 12).

Table 12: Timeframe on treatment before referral

Responses			Responses		
Variables	n	%	Variables	n	%
More than a year	122	44.2	Within a year	15	33.3
1–3 Months	61	22.1	Immediately	12	26.7
Other	45	16.3	Born with condition	6	13.3
4–6 Months	24	8.7			
7–12 Months	24	8.7			
TOTAL	276	100			

From the 45 responses to the variable “other”, the following results were recorded: the categories within 1 year, immediately and born with condition had 33.3%, 26.75% and 13.3% respectively, while three response categories (7 years, 9 years and 10 years) received less than 7% of responses each. The response categories 4–6 months and 7–12 months received 24 responses (8.7%) each (Table 12). It is thus noted that it takes more than a year (122 responses or 33.3%) on treatment before referral to SASSA to apply for social grants for adult PWDs.

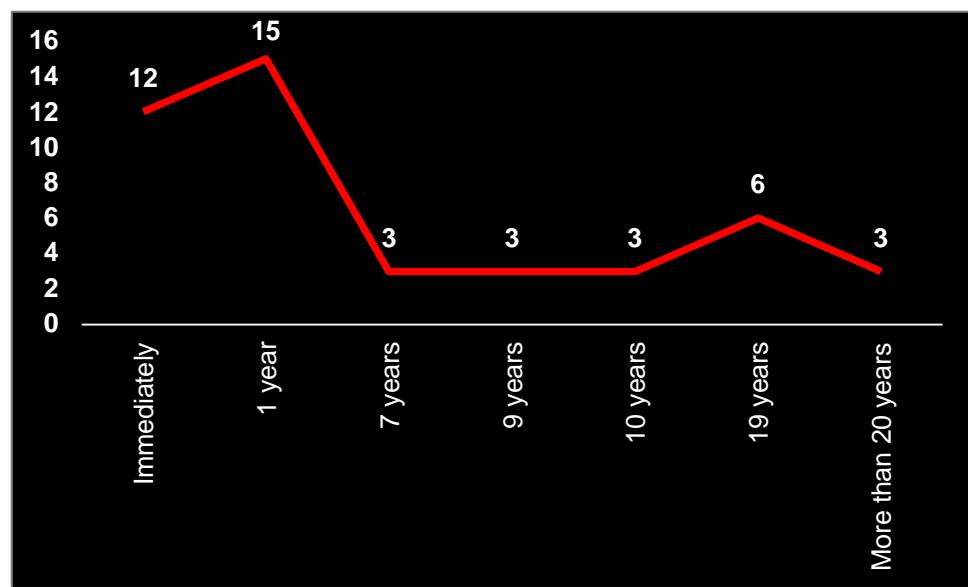


Figure 15: Other specified timeframes on treatment before referral

The specified timeframes with the most responses, as shown in Figure 15, were within a year (33.3%), immediately after starting with treatment (26.7%) and being born with the condition and applying once eligible at 19 years of age (13.3%). From Figure 15, one can deduce that

even though it takes six months or more on treatment before adult PWDs are referred to SASSA, the longest period any of the respondents had been on treatment before they were referred to SASSA to apply for social grants for adult PWDs is more than 20 years, though they were in the minority ($n = 3$ responses or 6.7%).

Question 3: Who initiated the referral to SASSA for the application of social grants for adult PWDs?

For question 3, the five response categories were pre-coded as follows, and the respondents had the option to make more than one choice: self -1; family/friends -2; healthcare practitioner -3; community leader -4; and other (specify) -5 (Appendix 8).

Although all 276 respondents answered question 3, the response rate was 294. The response category that received the highest score ($n = 202$ responses or 68.7%) indicated the healthcare practitioner as the main source of referral to SASSA for the application of social grants for adult PWDs (Table 13). The two response categories following the highest score were self-referrals with 45 responses (15.3%) and family/friend with 23 responses (7.8%). The community leader as a referral was the least acknowledged at 8 responses (2.7%). One can deduce from Table 13 that despite the clear criteria of the screening process, a considerable number of respondents (45 responses or 15.5%) still walk into SASSA offices without appropriate referrals to apply for and be awarded social grants for adult PWDs.

Table 13: Sources of referral

Variables	Responses		Variables	Responses	
	n	%		n	%
Healthcare practitioner	202	68.7	Care workers	8	50
Self	45	15.3	Adverts on TV	3	18.8
Family/friend	23	7.8	Social workers	2	12.5
Other	16	5.4	Outreach programmes	2	12.5
Community leader	8	2.7			
TOTAL	294	100			

For the 16 respondents (5.4%) who indicated that referral was by other sources than those specified on the structured interview schedule, care workers were in the majority at 50%, followed by adverts on television about social grants for adult PWDs (18.8%). The response categories social workers and information sharing sessions during outreach programmes received 12.5% each, and referral by SASSA through notification letter of grant lapse received 6.25% (data not shown). From Table 13 one can deduce that the healthcare practitioner at the treating facility ($n = 202$ responses or 68.7%) as well as care workers ($n = 8$ responses or

50%) play a pivotal role in the referral of adult PWDs to SASSA to apply for social grants for adult PWDs.

Question 4: Why does the government provide social grants for adult PWDs?

Respondents were given the following pre-coded response categories to choose from: source of income for the unemployed -1; source of income for those unable to support themselves due to impairment -2; source of income for adults aged from 19–59 years -3; source of income for previous taxpayers -4; and other (specify) -5 (Appendix 8).

A total of 276 respondents responded to question four. The response category that received the highest score accurately indicated that social grants for adult PWDs were a source of income for those unable to support themselves due to impairment ($n = 166$ responses or 60%). The next two response categories with the highest scores indicated that government provides social grants for adult PWDs as a source of income for the unemployed ($n = 77$ responses or 27.9%), while 19 respondents (6.9%) indicated that they are a source of income for adults aged 19–59 years of age. Less than 1% of responses (0.4%) considered social grants for adult PWDs as a source of income for previous taxpayers (Table 14), while 13 respondents (4.7%) indicated the response category “other” as reason for the provision of social grants for adult PWDs by the government.

Table 14: Reasons for provision of social grants for adult PWDs

Variables	Responses		Variables	Responses	
	n	%		n	%
Unable to support self due to impairment	166	60.1	PWDs who cannot work	3	23
The unemployed	77	27.9	Carers of PWDs	2	15.4
Adults aged 19–59 years	19	6.9	Decision by a medical doctor	2	15.4
Other	13	4.7	Disability	2	15.4
Previous taxpayers	1	.4	Illnesses like high blood pressure, etc.	2	15.4
TOTAL	276	100			

Three respondents (23%) in the response category “other” indicated that the government provides social grants for all persons, including adult PWDs who cannot work. The other four response categories (carers of PWDs $n = 2$, the decision of the medical doctor $n = 2$, disability $n = 2$ and persons suffering from illnesses like high blood pressure, diabetes or heart problems $n = 2$) received 15.4% each, followed by 1 response (7.7%) each for PWDs who cannot work and for adult PWDs because jobs are scarce (data not shown). From this section

it can be concluded that applicants of social grants for adult PWDs are knowledgeable about the reasons why government provides social grants for adult PWDs.

Question 5: What should be the qualifying criteria for social grants for adult PWDs?

The five response categories were: leave the criteria as is, there is nothing wrong with them -1; make it available to all unemployed people -2; make it available only to taxpayers aged less than 60 years -3; make it available to all PWDs, regardless of the severity of impairment -4, and other (specify) -5 (Appendix 8).

The response rate to question 5 was 356. As with questions 1 and 3, the respondents had the option to choose multiple responses to question 5. From Table 15, the response category that received the highest score was the one that opted for not changing the qualifying criteria for social grants for adult PWDs ($n = 128$ responses or 36%). The second-highest score category, with 118 responses (33.2%), was the one that indicated that social grants should be made available to all disabled people, regardless of the severity of impairment, while the third-highest score (74 responses or 20.8%) was the category that would like all unemployed people to receive social grants for adult PWDs. The last two response categories – make it available only to previous taxpayers aged less than 60 years ($n = 8$ responses or 2.2%) and the response category “other” ($n = 28$ responses or 7.9%) – made up less than 10% of the remaining responses each. It is interesting to note that the number of responses in favour of leaving the criteria as is ($n = 128$ responses or 36%) is almost the same as that of successful applicants ($n = 127$) who participated in the study. It appears from Table 15 that those who were eventually awarded social grants for adult PWDs on a permanent basis considered the current qualifying criteria to be fair.

Table 15: Proposed qualifying criteria for social grants

Responses			Responses		
Variables	n	%	Variables	n	%
Leave the criteria as is	128	36	Severity of disability	4	14.3
Give social grants to all PWDs	118	33.2	Those looking after PWDs	4	14.3
Give to all unemployed people	74	20.8	All persons on treatment/ chronic medication	4	14.3
Other	28	7.9	Unable to work due to illness	3	10.7
Previous taxpayers aged less than 60 years only	8	2.2	60 years and above	3	10.7
TOTAL	356	100			

The first three response categories under “other” ($n = 28$ responses or 7.9%) were that the qualifying criteria should be amended to consider severity of disability, make provision for

those looking after PWDs and make social grants permanent for all persons on treatment/chronic medication, with 4 responses (14.3%) each. Two categories (provide for those unable to work due to illness, and provide social grants for adult PWDs to those who are 60 years old and above) received 3 responses (10.7%) each (Table 15). The other five response categories received 2 responses (7.1%) each (previous employment record, social grants should be made available to all PWDs, assist unemployed persons with food parcels, change the current administration process, and do away with temporary DGs) (data not shown). From the responses, one can deduce that while respondents understand that social grants for adult PWDs are provided as a source of income for those unable to support themselves due to impairment, there is a need to provide social assistance to those aged 19–59 years and unable to support themselves.

5.2.2 Responses to the questions on the process of administration of social grants for adult PWDs

The five questions (6–10) posed in section B of the structured interview schedule (Appendix 8) were aimed at examining the actual experiences and challenges of adult PWDs during the administration process of social grants for adult PWDs, in relation to the 2011 SGDMM. The responses are presented in this section.

Question 6: Once referred, how long did it take for you to get to a SASSA office to present a referral letter?

Respondents were given the following options to choose from: less than a day -1; less than a week -2, and longer than a week, (specify) -3 (Appendix 8).

A total of 276 responses to question 6 were recorded from the same number of respondents. The response category that received the highest score indicates that it takes less than a week to get to a SASSA office to present a referral letter once it is issued ($n = 135$ responses or 48.9%). The second-highest score category, with 105 responses (38%), indicates that it takes longer than a week, whereas according to the third-highest score category it takes less than a day to get to a SASSA office to present a referral letter ($n = 36$ responses/13%). It is noted from Figure 16 that, even though such cases were in the minority, it is feasible to present a referral letter to SASSA within a day once it is issued in order to kickstart the process of application.

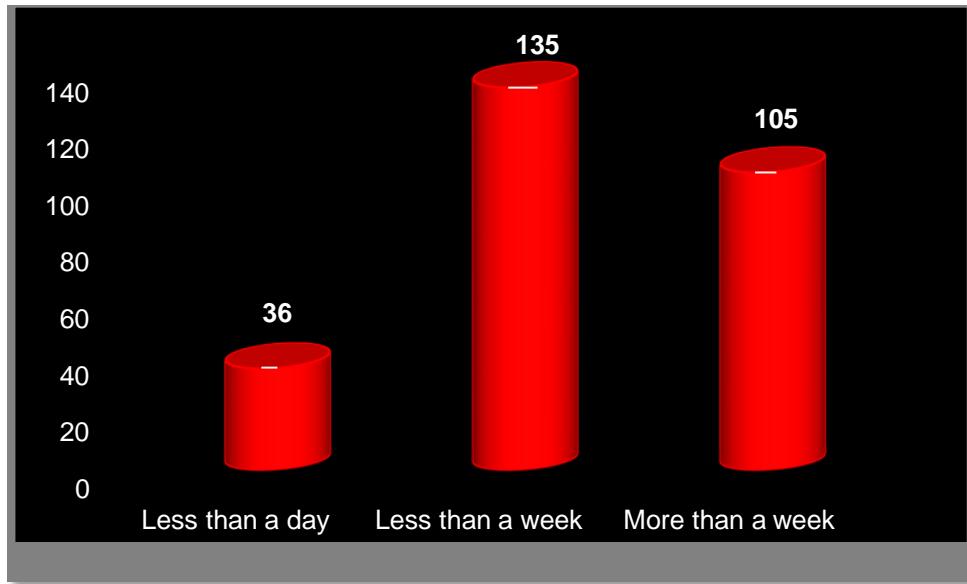


Figure 16: Time it takes to present a referral letter to SASSA

Figure 17 is an illustration of the specific timeframes of more than a week that it takes respondents to present a referral letter to SASSA ($n = 105$ responses or 38%). The response category that received the highest score indicated that it takes two weeks to get to a SASSA office to present a referral letter once it is issued ($n = 67$ responses or 63.8%). The second-highest score category, with 17 responses (16.2%), indicated that it takes longer than three weeks, whereas the third-highest score category indicated that it takes two months to get to a SASSA office to present a referral letter ($n = 9$ responses or 8.6%). The other two response categories, one month and three months, received 6.7% and 4.8% respectively. It thus appears that in extreme but rare cases it can take up to three months for an adult PWD to present a referral letter to SASSA once it is issued.

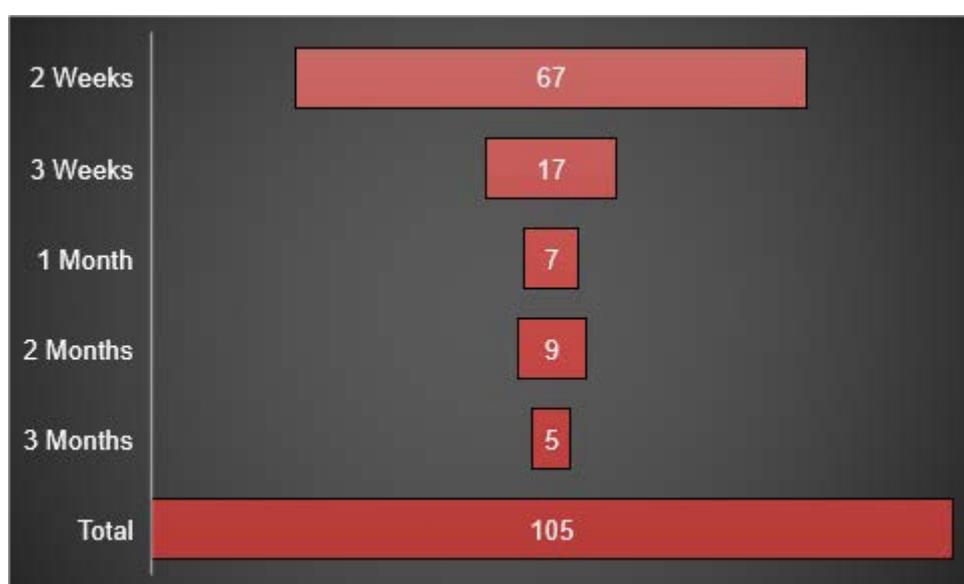


Figure 17: Specific timeframe it takes to present a referral letter to SASSA

Question 7: How many times did you visit a SASSA office before the process (screening to approval) was completed?

Respondents were given the following options to choose from: two times -1; three to five times -2; six to ten times -3; and more than ten times -4 (Appendix 8).

A total of 276 responses to question 7 were recorded from the same number of respondents. The response category that received the highest score indicated that it takes three to five visits to a SASSA office before the process (screening to approval) is completed ($n = 161$ responses or 58.3%). The second-highest score category, with 58 responses (21%), indicated that it takes six to ten visits, whereas according to 52 respondents (18.8%), it only takes two visits. There were only five responses (1.8%) indicating that it takes more than ten visits. However, none of the five respondents indicated a definite number of visits to support the assertion, other than saying that the SASSA offices were either visited “too many times” ($n = 2$ responses or 40%) before the process was completed, or “it was so long ago I don’t remember” ($n = 3$ responses or 60%). One can never be sure if the assertion refers to the total number of visits to the SASSA offices over the years to apply for social grants for adult PWDs, or whether they refer to a single application process. One can then deduce from the responses to question 7 that despite SASSA advocating for a one-day turnaround time, it still takes three to five visits to a SASSA office before the process from screening to approval can be concluded.

Table 16: Number of visits to a SASSA office before completion of the process (screening to approval)

Variables	Responses		Variables	Responses	
	n	%		n	%
3–5 visits	161	58.3			
6–10 visits	58	21			
2 visits	52	18.8			
More than 10 visits	5	1.8	Too many times	2	40
TOTAL	276	100	So long ago I don't remember	3	60

Question 8: If a delay between referral and actual application for the social grants for adult PWDs occurs, what could be the reason(s)?

Respondents were given the following options to choose from, and had the option to make more than one choice: transport -1; misinformation -2; overbooked doctors -3; unavailability of doctors -4; and other (specify) -5 (Appendix 8).

Although 276 respondents answered question 8, the response rate was 366, as the respondents had the option to choose multiple responses to this question. The response category that received the highest score indicated the unavailability of doctors as a reason for the delay ($n = 102$ responses or 27.9%). Misinformation was the second-highest score category with 86 responses (23.5%), while transport and “other” were third and fourth with 68 (18.6%) and 63 (17.2%) responses respectively. The category of overbooked doctors received the lowest score, with 47 responses (12.8%). Of the 63 responses that indicated “other”, the highest score category, with 28 responses (44.4%), indicated that no delays were experienced at all between referral and actual application for the social grants for adult PWDs.

Still within the “other” category, the second-highest score category (16 responses or 25.4%) cited system shutdown or computers being off, while the third-highest category (10 responses or 15.9%) indicated not being sure about the reasons for the delays because apparently the SASSA officials never communicate the reasons. The fourth- and fifth-highest response categories blamed the SASSA officials for the delay, as SASSA officials were reported to leave work early (at 14:00 to be precise) and not to adhere to the official working/operating hours of 07:30 to 16:00 from Monday to Friday ($n = 6$ responses or 9.5%) (Table 17). In addition, SASSA officials allegedly never really advised applicants on what documentation is required to apply for the social grants for adult PWDs, and applicants kept having to go back and forth to secure the relevant documents ($n = 3$ responses or 4.8%) (data not shown). It can be concluded that even though unavailability of contracted medical doctors is a real concern, SASSA officials and SASSA systems, and how they are managed, contribute to further delays.

Table 17: Reasons for the delay

Variables	Responses		Variables	Responses	
	n	%		n	%
Unavailability of doctors	102	27.9	No delay	28	44.4
Misinformation	86	23.5	System shutdown	16	25.4
Transport	68	18.6	Not sure why	10	15.9
Other	63	17.2	Non-adherence to office hours	6	9.5
Overbooked doctors	47	12.8			
TOTAL	366	100			

Question 9: What is your view of the time it takes from screening to approval?

Respondents were given the following options to choose from and were asked to motivate their choices: just right -1; too short -2; and too long -3 (Appendix 8).

A total of 276 responses to question 9 were recorded. The response category that received the highest score indicated that it takes too long from screening to approval ($n = 144$

responses or 52.2%). The second-highest score category, however, with 125 responses (45.3%), indicated satisfaction with the time it takes from screening to approval, while the third-highest score category, with only 6 responses (2.5%), indicated that the time is too short.

The statements below were used in the 125 responses indicating the belief that the time it takes from screening to approval is “just right”:

- i. The time it takes from screening to approval is dependent on the circumstances of adult PWDs and the number of officials assisting at any given moment.
- ii. SASSA officials work well with applicants of social grants for adult PWDs, despite being pressured for time.
- iii. It is a process. SASSA officials have other things to do than attend to applicants of social grants of adult PWDs, and people must understand and have the patience to wait.
- iv. The SASSA officials prioritise older people and adult PWDs and assist them first so they do not have to wait long in the queues, even if there are already other people waiting.
- v. People have to wait at every place they go, not only at SASSA offices.
- vi. Applicants of social grants for adult PWDs used to wait even longer before approval (two to six months), but now it is only a few weeks.
- vii. The time it takes to process the grants is reasonable because there are many people who need to be assisted, so everyone must wait their turn.
- viii. It took only a week to process the social grant for adult PWDs.
- ix. The process is faster than it used to be in the past.
- x. Applicants of social grants for adult PWDs do not pay to be assessed by the contracted medical doctors, and that saves people a lot of money.
- xi. Outcome letters are issued a week after assessment by the contracted medical doctor.
- xii. SASSA goes to the community halls to render services, and adult PWDs no longer have to travel far and spend money on transport to access services.
- xiii. SASSA is helping those who are looking after the sick to get paid a social grant, as they are mostly unemployed.

The following reasons were provided to indicate why the time from screening to approval is considered to take too long:

- i. People are turned away without explanation.
- ii. Queues are very long at SASSA offices and are not managed efficiently.

- iii. It takes a month before the outcome of the application is communicated.
- iv. People had to keep coming for two days before being assisted.
- v. People are often sent back and forth without anyone checking if they have the right documents or whether they have been given the right information about what those documents should be.
- vi. Officials go to lunch, leaving people waiting in the queues.
- vii. Officials take too long during tea/lunch breaks.
- viii. SASSA offices close at 14:00.
- ix. Computers keep shutting down or the SocPen system is offline, or so it is alleged.
- x. Slow and inefficient, SASSA officials take a long time to assist applicants of social grants for adult PWDs.
- xi. People are expected to wait a week or two before an outcome letter of the application is issued.
- xii. People are sent from one SASSA official to the next and are expected to wait days.
- xiii. People are awarded TDGs despite being permanently disabled/sick.
- xiv. Returning applicants are expected to follow the same process as new applicants.

From the responses to question 9, one can deduce that the administration process in itself is not problematic, but management of the SASSA offices (poor adherence to working hours and outdated business processes) prolongs it unnecessarily.

Question 10: If you could make the screening to approval process more efficient, what would you suggest?

Respondents were given the following options to choose from, and they had the option to choose multiple responses: leave the process as is -1; eliminate some activities/steps (referral, booking, assessment, attesting, verification, IRM, appeal) from the process -2; design a remote process (online) for some steps (i.e. referral, booking and application) -3; activate mobile services for processing social grants for adult PWDs -4; integration of SASSA system with those of health facilities to automatically award grants to those who had medical intervention -5; and other (Specify) -6 (Appendix 8, section B).

Although all 276 respondents answered question 10, the response rate was 446. The response category that received the highest score recommended that some activities/steps, like referral and booking, should be eliminated from the process ($n = 125$ responses or 28%), while the second-highest score, with 124 responses (27.8%), indicated satisfaction with the screening to approval process as it is. The third and fourth-highest scores indicated the need to either

activate mobile services for processing of social grants for adult PWDs (n = 87 responses or 19.5%) or advocate the integration of the SASSA system with those of health facilities to automatically award grants to those who have had medical intervention (n = 60 responses or 13.5%) respectively. The other two response categories, other (n = 27) and design a remote process (online) for some steps (i.e. referral, booking and application) (n = 23), received less than 7% each. The responses under “other” (n = 27 responses or 6.1%) included the following recommendations:

- i. SASSA officials should conduct home visits for those applicants who are bedridden.
- ii. SASSA working/operating hours should be extended, possibly to accommodate working applicants or those who rely on others, who might be employed, for assistance.
- iii. Extend the SASSA footprint to smaller areas, rendering full services, to alleviate overcrowding at bigger SASSA service points.
- iv. Procure more office space with appropriate equipment and waiting facilities to make waiting in long queues bearable.
- v. Hire more/better staff who will be committed to working well with applicants.
- vi. SASSA should align resources according to the needs of each service point and its customers.
- vii. SASSA officials should stop taking long tea/coffee and lunch breaks, and official working hours should be adhered to.
- viii. Implement better queue management strategies.
- ix. IT specialists should always be on standby for when there is a system (SocPen) breakdown, so that problems can be resolved immediately instead of instructing applicants to go home and return the next day, without a guarantee that the problems will have been resolved.

From the responses to question 10, one can deduce that there is an urgent need for SASSA to review its application-to-approval processes and overhaul its systems to keep up with the changing needs of its customers.

5.2.3 Responses to the questions on attitude towards social grants for adult PWDs

The five questions (11–15) posed in section C of the structured interview schedule (Appendix 8) were about respondents’ attitude towards social grants for adult PWDs. The responses are presented in this section.

Question 11: How many times have you applied for a social grant for adult PWDs before your application was successful?

Respondents were given the following options to choose from: once -1; twice -2; three to five times -3; and other (specify) -4.

A total of 276 responses to question 11 were recorded. The response category that received the highest score indicated that it takes three to five applications for a social grant for adult PWDs before the application was successful ($n = 109$ responses or 39.5%), while the two second-highest scores, with 60 responses (21.7%) each, indicated once or twice respectively. The fourth-highest score, 47 responses (17%), indicated that respondents had applied more than five times before the application was successful.

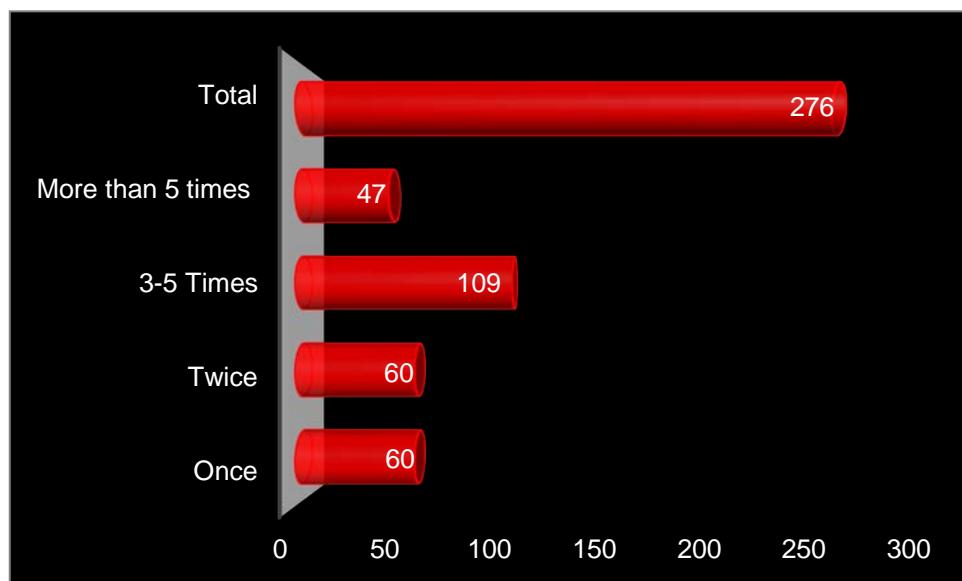


Figure 18: Number of applications per adult PWD (specific)

From Figure 18 it appears as though it took three to five applications before an application for social grants for adult PWDs was approved.

Question 12: If you were eventually successful, what was it for?

Respondents were given the following options to choose from: same medical or mental condition previously applied for -1; same medical or mental condition, different doctor -2; a new medical or mental condition -3; and other (specify) -4.

A total of 216 responses to question 12 were recorded from the same number of respondents who indicated that they had applied more than once before their application was successful

(Figure 19). The response category that received the highest score, with 127 responses (58.8%), indicated that the application was successful for the same medical or mental condition respondents previously applied for. The second-highest score, with 69 responses (31.9%), showed that the application was successful due to a new medical condition. Only 19 responses (8.8%) attributed subsequent success to the same medical or mental condition, but a different contracted medical doctor. Only 1 response (0.4%) specified a reason other than those provided as options, which was the fact that the respondent is now on treatment and taking medication for the condition. It thus appears as if, despite applying on average three to five times before the social grants for adult PWDs were approved, the applications were mostly successful for the same medical or mental condition respondents previously applied for.



Figure 19: Medical or mental condition which led to successful application

Question 13: How many times do you think a person can apply for a social grant for adult PWDs?

Respondents were given the following options to choose from: once every 5 years -1; more than once, as long as the medical or mental condition persists -2; more than once, as long as the person with a medical or mental condition is unemployed -3; more than once, as long as it is a different medical doctor -4; and other (specify) -5.

A total of 276 responses to question 13 were recorded. The response category that received the highest score indicated that a person can apply more than once, as long as the medical or mental condition persists ($n = 135$ responses or 48.9%), while the second-highest score, with 71 responses (25.7%), indicated more than once, as long as the person with a medical

or mental condition is unemployed, and the third score, with 38 responses (13.8%), specified "other" (Table 18). Twenty-nine responses (10.5%) indicated more than once as long as it is a different medical doctor. Only three responses (1.1%) indicated that a person can apply for social grants for adult PWDs once every five years. The following deductions can be made from Table 18: the extent of the medical or mental condition determines the number of times a person can keep on applying for social grants for adult PWDs. However, 10.5% thought that dealing with different doctors is the determining factor in how many applications one can make.

Table 18: Number of times a person can apply for social grants for adult PWDs

Variables	Responses		Variables	Responses	
	n	%		n	%
As long as the medical or mental condition persists	135	48.9	The condition persists, person is unemployed	6	15.8
As long as the PWD is unemployed	71	25.7	No source of income	6	15.8
Other	38	13.8	Doctor refers a person	5	13.2
As long as it is a different medical doctor	29	10.5	Until social grant is permanent	4	10.5
Once every 5 years	3	1.1	As soon as TDG lapses	4	10.5
TOTAL	276	100			

According to 38 responses (13.8%), a person can apply for a social grant for adult PWDs more than once, given one of the following:

- i. the medical or mental condition persists, and the person is unemployed (n = 6 responses or 15.8%);
- ii. a person does not have a source of income (n = 6 responses or 15.8%);
- iii. a medical doctor refers a person to apply for social grants for adult PWDs (n = 5 responses or 13.2%);
- iv. until the contracted medical doctor awards the social grant for adult PWDs on a permanent basis (n = 4 responses or 10.5%);
- v. if it is a TDG, as soon as the social grant for adult PWDs lapses (n = 4 responses or 10.5%);
- vi. dependent on the medical or mental condition of each adult PWD as it differs from person to person (n = 3 responses or 7.9%) (data not shown);
- vii. the illness is of a permanent nature (n = 3 responses or 7.9%) (data not shown);
- viii. as long as a person is sick (n = 3 responses or 7.9%) (data not shown);
- ix. every three months after a rejection (n = 2 response or 5.3%) (data not shown);
- x. Every six months after a rejection (n = 2 response or 5.3%) (data not shown).

From the responses listed, it appears that the only way to stop repeat applications is for social grants for adult PWDs to be awarded on a permanent basis.

Question 14: What do you think makes people keep on applying for social grants for adult PWDs despite being rejected several times?

Respondents were given the following options to choose from, and they had the option to make more than one choice: the three-month period after last medical assessment lapsed -1; a new medical or mental condition emerged -2; the same medical or mental condition, but person convinced he or she qualifies -3; a person is unemployed -4; a person is employed, but earning too little -5; a person is entitled to it, as he or she was a taxpayer -6; social grants are for everyone -7; and other (specify) -8.

Table 19: What makes people keep on applying despite repeated rejections

Variables	Responses		Variables	Responses	
	n	%		n	%
Person is unemployed	132	26.1	Poverty	23	33.8
The 3-month period after last medical assessment has lapsed	120	23.7	Awarding of temporary social grants for a permanent medical or mental condition	15	22.1
The same medical or mental condition, but a person is convinced he or she qualifies	99	19.6	No source of income	14	20.6
Other	68	13.4	Adult PWDs on chronic medication and need money to buy food	7	10.3
A new medical or mental condition emerged	59	11.7	Adult PWDs not consistently attending the health clinic and taking medication as prescribed	5	7.4
Social grants are for everyone	22	4.4	An adult PWD cannot work anymore	4	5.9
A person is employed but earning too little	6	1.2			
TOTAL	506	100			

Although 276 respondents answered question 14, the response rate was 506 as the respondents had the option to choose multiple responses to the question. The response category that received the highest score was the one indicating that people keep on applying for social grants for adult PWDs because they are unemployed ($n = 132$ responses or 26.1%), while category with the second-highest score, 120 responses (23.7%), was the one indicating that it is because the three-month period after their last medical assessment has lapsed (Table 19). The category with the third-highest score, 99 responses (19.6%), indicated that people keep on applying for social grants for adult PWDs due to the same medical or mental condition, but they are convinced they qualify, while the fourth-highest scoring category, with

68 responses (13.4%), specified other reasons (Table 19). Fifty-nine responses (11.7%) indicated that it is because a new medical or mental condition emerged. The other two response categories (“social grants are for everyone”, 4.4%, and “a person is employed but earning too little”, 1.2%) both received less than 5%. None of the responses, however, indicated that adult PWDs keep on applying for social grants due to entitlement (0 responses or 0%). It is unfortunate, but it appears that social grants for adult PWDs are seen as a buffer against the effects of unemployment and absence of income.

In the response category “other” ($n = 68$ responses or 13.4%), the following reasons were given as contributing to repeat applications for social grants for adult PWDs despite being rejected several times (Table 19):

- i. poverty ($n = 23$ responses or 33.8%);
- ii. when awarding temporary social grants for a permanent medical or mental condition, adult PWDs will keep on applying every six, nine and twelve months ($n = 15$ responses or 22.1%);
- iii. no source of income ($n = 14$ responses or 20.6%);
- iv. adult PWDs who are on chronic medication need money to buy food ($n = 7$ responses or 10.3%);
- v. adult PWDs do not consistently attend the health clinic and do not take medication as prescribed ($n = 5$ responses or 7.4%);
- vi. adult PWDs cannot work anymore ($n = 4$ responses or 5.9%).

Question 15: What recommendations would you make towards improving efficiency in the administration of social grants for adult PWDs in the NC?

Respondents were given the following options to choose from: leave the process as is -1; review the current policies governing the administration of social grants for adult PWDs -2; maintain the current policies, but diligently enforce gatekeeping -3; integrate SASSA system with that of health facilities -4; and other (specify) -5 (Appendix 8).

Although all 276 respondents answered question 15, the response rate was 349 as the respondents had the option to choose multiple responses to the question. The response category that received the highest score, 125 responses (35.8%), recommended the reviewing of the current policies governing the administration of social grants for adult PWDs, while the second-highest scoring category, with 118 responses (33.8%), recommended that the process should be left as is. The third-highest scoring category, with 53 responses (15.2%), recommended that the current policies should be maintained, but that gatekeeping should be

diligently enforced (Table 20). The fourth-highest scoring category, with 33 responses (9.5%), recommended that the SASSA system should be integrated with that of health facilities. Lastly, 20 responses (5.7%) made other recommendations in addition to those specified in the structured interview schedule. From Table 20 it appears that a review of the policies could improve efficiency in the process of administration of social grants for adult PWDs.

Table 20: Recommendations towards improving efficiency

Variables	Responses		Variables	Responses	
	n	%		n	%
Review current policies	125	35.8	All approved social grants to be made permanent	7	35
Leave process as is	118	33.8	Improve queue management	4	20
Maintain current policies but diligently enforce gatekeeping	53	15.2	Consider socio-economic circumstances	3	15
Integrate SASSA and health facilities systems	33	9.5	Adhere to SASSA operational hours	2	10
Other	20	5.7	Plan for tea/lunch breaks	2	10
TOTAL	349	100			

The 20 responses in the category “other” recommended that efficiency in the administration of social grants for adult PWDs could be improved as follows (Table 20):

- i. Provide permanent social grants for adult PWDs to persons who are permanently disabled or sick. In addition, social grants, once approved, should not lapse but be permanent (n = 7 responses or 35%).
- ii. SASSA offices, especially the bigger ones, should improve their queue management system. The example of the Capitec Bank system (an electronic queue management system) was given (n = 4 responses or 20%).
- iii. Socio-economic circumstances should be taken into consideration when recommending social grants for adult PWDs (n = 3 responses or 15%).
- iv. Adhere to the SASSA official working/operating hours (n = 2 responses or 10%).
- v. Appoint more people for the office to still operate while some officials are on tea/coffee and lunch breaks (n = 2 responses or 10%).
- vi. Educate adult PWDs on their rights and responsibilities regarding social grants for adult PWDs (n = 1 response or 5%) (data not shown).
- vii. The government should go to the people to see how they live. Then government can make an informed decision about the qualifying criteria for social grants for adult PWDs (n = 1 response or 5%) (data not shown).

From the above-mentioned responses it appears as if a multi-faceted approach is required if efficiency in the administration of social grants for adult PWDs is to be improved. A multi-faceted approach implies considering various innovative systems and processes in improving efficiency like electronic queue management, amended qualifying criteria, stakeholder education, flexible working hours and adding more resources.

5.2.4 Comparative analysis of response patterns of different sub-groups (cross-tabulations)

Cross tabulations are two-way frequency tables and are useful for exploring different response patterns of different sub-groups to help researchers understand the relationship between two variables (Lombaard *et al.*, 2018: 272; Maree *et al.*, 2020: 205). During the analysis of the responses to the structured interview schedule, different sub-groups started emerging, namely applicants who approached SASSA due to either permanent disability, temporary disability, illness or unemployment. The researcher wanted to explore whether their knowledge and experiences of or their attitudes towards the administration process could be different, based on the reasons why they applied for social grants for adult PWDs.

The researcher chose certain questions for this purpose. This selection was made in order to establish if there were similarities or differences between the various variables when it comes to respondents' knowledge of acts and policies, experiences of the process of administration and attitude towards social grants for adult PWDs. The findings on such similarities or differences could inform possible intervention measures in the administration of social grants for adult PWDs.

5.2.4.1 Knowledge of acts and policies governing social grants for adult PWDs

The cross-tabulations were a way of establishing whether the different sub-groups of applicants of social grants for adult PWDs differ in their knowledge of acts and policies. The questions from section A (see Appendix 8) were arranged as follows:

- i. Q1: Why did you apply for a social grant for adult PWDs? and Q2: How long have you been treated for your medical or mental condition before you were referred to the SASSA? (Table 21)
- ii. Q1: Why did you apply for a social grant for adult PWDs? and Q3: Who initiated the referral to the SASSA for the application of social grants for adult PWDs? (Table 22)

- iii. Q1: Why did you apply for a social grant for adult PWDs? and Q4: Why does the government provide social grants for adult PWDs? (Table 23)
- iv. Q1: Why did you apply for a social grant for adult PWDs? and Q5: What should be the qualifying criteria for social grants for adult PWDs? (Table 24)
- v. Q3: Who initiated the referral to the SASSA for the application of social grants for adult PWDs? and Q2: How long have you been treated for your medical or mental condition before you were referred to the SASSA? (Table 25)
- vi. Q4: Why does government provide social grants for adult PWDs? and Q2: How long have you been treated for your medical/mental condition before you were referred to the SASSA? (Table 26).

Table 21 is a cross-tabulation of questions 1 and 2 (\$Q1*\$Q2). Cross-tabulation of questions 1 and 2 was intended to establish if the reasons why adult PWDs apply for social grants for adult PWDs (Q1) is linked to the time it takes for a person to be on treatment before he or she approaches SASSA to apply for social grants for adult PWDs (Q2). The first three highest category scores indicate that applicants were on treatment for illness (83 responses or 19.5%), temporary physical disability (47 responses or 11%) and permanent physical disability (42 responses or 9.9%) for more than a year before referral to SASSA. The other categories that received more than 5% each indicate that applicants were on treatment for other specified timeframes for illness (32 responses or 7.5%) and permanent physical disability (27 responses or 6.3%), whereas in 24 responses (5.6%) indication was made of being on treatment for one to three months for permanent physical disability. All the other categories received less than 5% responses each. It thus appears from Table 21 that it takes more than a year on treatment before one can be referred to the SASSA for application of social grants for adult PWDs.

Table 21: Reasons for application linked to time on treatment before referral to SASSA

	Variables	Q2. How long have you been treated for your medical/mental condition before you were referred to the SASSA?					Total
		1–3 months	4–6 months	7–12 months	>Year	Other (Specify)	
Q1. Why did you apply for a social grant for adult PWDs?	Illness (specify)	16	16	14	83	32	161
	Permanent physical disability	24	7	7	42	27	107
	Temporary physical disability	19	7	8	47	12	93
	No source of income	6	2	1	14	5	28
	Permanent mental disability	10	3	2	8	0	23
	Temporary mental disability	6	2	4	2	0	14
	TOTAL	81	37	24	122	45	426

Totals are based on responses

Table 22 is a cross-tabulation of questions 1 and 3 (\$Q1*\$Q3). Cross-tabulation of questions 1 and 3 was intended to establish if the reasons why adult PWDs apply for social grants for adult PWDs (Q1) determine who initiates the referral of the adult PWDs to SASSA to apply for social grants for adult PWDs (Q3). The first three highest category scores, 110 responses (25.8%), 74 responses (17.4%) and 64 responses (15%), indicated that the healthcare practitioner referred applicants due to illness, permanent physical disability and temporary physical disability respectively. Twenty-five responses (5.9%) indicated self-referrals due to illness. All the other category scores received less than 5% responses each. From Table 22 it appears that applicants were more likely to directly approach SASSA (self-referral) to apply for social grants for adult PWDs due to illness than other reasons indicated.

Table 22: Reasons for application linked to sources of referral

	Q3. Who initiated the referral to SASSA for the application for social grants for adult PWDs?					Total	
	Variables	Self	Family/ friends	Healthcare practitioner	Community leader		
Q1. Why did you apply for a social grant for adult PWDs	Illness (specify)	25	13	110	4	9	161
	Permanent physical disability	16	8	74	3	6	107
	Temporary physical disability	14	7	64	3	5	93
	No source of income	4	2	19	1	2	28
	Permanent mental disability	4	2	16	0	1	23
	Temporary mental disability	2	1	10	0	1	14
TOTAL		65	33	293	11	24	426

Totals are based on responses

Table 23 is a cross-tabulation of questions 1 and 4 (\$Q1*\$Q4). Cross-tabulation of questions 1 and 4 was intended to explore if the reasons why adult PWDs apply for social grants for adult PWDs (Q1) are linked to the adult PWDs' view or perception of why the government provides social grants for adult PWDs (Q4). The first three highest category scores, 95 responses (22.3%), 64 responses (15%) and 56 responses (3%), indicated that applicants who applied due to illness, permanent physical disability and temporary physical disability respectively were of the view that government provides social grants for adult PWDs as a source of income for those with impairment. Furthermore, three category responses, 43 responses (10.1%), 30 responses (7%) and 26 responses (6%), indicated that applicants who applied due to illness, permanent physical disability and temporary physical disability respectively were of the view that government provides social grants for adult PWDs as a source of income for the

unemployed. All the other category scores received less than 4% responses each. One can deduce that, even though in the minority (3 responses or .7%), there are people who erroneously believe that social grants for adult PWDs are provided as income for previous taxpayers.

Table 23: Reasons for application linked to reasons the government provides social grants for adult PWDs

Variables	Q4. Why does the government provide social grants for adult PWDs?					Total	
	Income for the unemployed	Income for those with impairment	Income for those aged 19–59	Income for previous taxpayers	Other (specify)		
Q1. Why did you apply for a social grant for adult PWDs?	Illness (specify)	43	95	11	0	12	161
	Permanent physical disability	30	64	8	2	3	107
	Temporary physical disability	26	56	6	0	5	93
	No source of income	8	16	2	0	2	28
	Permanent mental disability	6	14	2	1	0	23
	Temporary mental disability	4	8	1	0	1	14
Total		117	253	30	3	23	426

Totals are based on responses

Table 24 is a cross-tabulation of questions 1 and 5 (\$Q1*Q5). Cross-tabulation of questions 1 and 5 was intended to establish if the reasons why adult PWDs apply for social grants for adult PWDs (Q1) is linked to the adult PWDs' view on or perception of what should be the qualifying criteria for social grants for adult PWDs (Q5). The first two highest category scores, 58 responses (13.6%) and 53 responses (12.4%), indicated that applicants who applied due to illness propose that the qualifying criteria for social grants for adult PWDs should either be left as is or be made available to all disabled people respectively. Thirty-nine responses (9.2%) indicated that applicants who applied due to permanent physical disability proposed that the qualifying criteria for social grants for adult PWDs should be left as is, whereas 35 responses (8.2%) indicated that social grants for adult PWDs should be made available to all disabled people. Thirty-four responses (8%) indicated that applicants who applied due to temporary physical disability also proposed that the qualifying criteria for social grants for adult PWDs should be left as is, whereas 31 responses (7.3%) proposed that social grants for adult PWDs should be made available to all disabled people. All the other categories received less than 5% responses each. The following deduction can be made from Table 24: socio-economic

circumstances, rather than impairment, drive applicants of social grants for adult PWDs to keep on applying, because social grants for adult PWDs are considered a suitable fix for all those persons without work or a source of income.

Table 24: Reasons for application linked to proposed qualifying criteria for social grants for adult PWDs

Variables	Q5. What should be the qualifying criteria for social grants for adult persons with disabilities?					Total	
	Leave criteria as is	All unemployed people	Only to taxpayers aged <60 years	All PWDs	Other (specify)		
Q1. Why did you apply for a social grant for adult PWDs?	Illness (specify)	58	33	4	53	13	161
	Permanent physical disability	39	22	3	35	8	107
	Temporary physical disability	34	19	2	31	7	93
	No source of income	10	6	1	9	2	28
	Permanent mental disability	8	5	1	8	1	23
	Temporary mental disability	5	3	0	5	1	14
Total		154	88	11	141	32	426

Totals are based on responses

Table 25 is a cross-tabulation of questions 3 and 2 (\$Q3*Q2). Cross-tabulation of questions 3 and 2 was intended to establish if the time on treatment for their medical or mental condition for applicants of social grants for adult PWDs (Q2) is linked to who initiates the referral to SASSA for adult PWDs to apply for social grants (Q3). The highest category score, 83 responses (28.2%), indicated that the applicants referred by a healthcare practitioner had been on treatment for their medical or mental condition for more than a year before they were referred to SASSA. The second-highest category score, 54 responses (18.4%), indicated that other applicants referred by a healthcare practitioner had, however, been on treatment for one to three months before referral, whereas the third-highest category score, 27 responses (9.2%), indicated being on treatment for other specified timeframes. Twenty-four responses (8.2%) indicated self-referral for applicants who had been on treatment for more than a year, while 21 responses (7.1%) were referrals by a healthcare practitioner for applicants who had been on treatment for four to six months before referral. All the other category scores received less than 5% responses each. From Table 25 it is noted that one is likely to be on treatment for one's medical or mental condition for more than a year before a referral to SASSA to apply for social grants for adult PWDs is initiated (129 responses or 43.9%).

**Table 25: Initiation of referral to SASSA linked
to the time on treatment before referral**

Variables	Q2. How long have you been treated for your medical or mental condition before you were referred to SASSA?					Total
	1–3 months	4–6 months	7–12 months	>Year	Other (specify)	
Q3. Who initiated the referral to SASSA for the application for social grants for adult persons with disabilities?	Healthcare practitioner	54	21	17	83	27 202
	Self	7	1	0	24	13 45
	Family/friends	1	1	3	10	8 23
	Other (specify)	1	1	3	11	0 16
	Community leader	1	2	2	1	2 8
Total		64	26	25	129	50 294

Totals are based on responses

Table 26 is a cross-tabulation of questions 4 and 2 (\$Q4*Q2). Cross-tabulation of questions 4 and 2 was intended to establish a link between the time on treatment for their medical/mental condition for applicants of social grants for adult PWDs (Q2) and their view on why the government provides social grants for adult PWDs (Q4). The highest category score, 68 responses (24.6%), indicated that the applicants who had been on treatment for more than a year were of the view that social grants for adult PWDs are a source of income for those unable to support themselves due to impairment. The second-highest category, 47 responses (17%), indicated the same view for the applicants who had been on treatment for one to three months. Thirdly, 35 responses (12.7%) indicated that the applicants who had been on treatment for more than a year were of the view that social grants for adult PWDs are a source of income for the unemployed. Further responses indicated that those who had been on treatment for other specified time periods were of the view that social grants for adult PWDs are a source of income for those with impairment (19 responses or 6.9%) and the unemployed (18 responses or 6.5%) respectively. All the other response categories received less than 6% each. From Table 26 one can deduce that when being awarded social grants for adult PWDs, applicants do not receive preferential treatment as a form of reward for some duty performed to the state in the past (income for taxpayers on treatment for more than a year).

Table 26: Reasons why the government provides social grants for adult PWDs linked to time on treatment before referral to SASSA

		Q2. How long have you been treated for your medical or mental condition before you were referred to SASSA?					
Variables		1–3 months	4–6 months	7–12 months	>Year	Other (specify)	Total
Q4. Why does the government provide social grants for adult persons with disabilities?	Income for those with impairment	47	16	16	68	19	166
	Income for the unemployed	10	7	7	35	18	77
	Income for those aged 19–59	2	1	1	11	4	19
	Other (specify)	2	0	0	7	4	13
	Income for previous taxpayers	0	0	0	1	0	1
Total		61	24	24	122	45	276

Totals are based on responses

5.2.4.2 Process of administration of social grants for adult PWDs

Questions from section B (see Appendix 8) were arranged as follows:

- i. Q6: Once referred, how long did it take for you to get to a SASSA office to present a referral letter? and Q7: How many times did you visit a SASSA office before the process (screening to approval) was completed? (Table 27)
- ii. Q8: If a delay between referral and actual application for the social grants for adult PWDs occurs, what could be the reason(s)? and Q6: Once referred, how long did it take for you to get to a SASSA office to present a referral letter? (Table 28)
- iii. Q8: If a delay between referral and actual application for the social grants for adult PWDs occurs, what could be the reason(s)? and Q7 How many times did you visit a SASSA office before the process (screening to approval) was completed? (Table 29)
- iv. Q9: What is your view of the time it takes from screening to approval? and Q7 How many times did you visit a SASSA office before the process (screening to approval) was completed? (Table 30).

Table 27 is a cross-tabulation of questions 6 and 7 ($\$Q6 \times Q7$). Cross-tabulation of questions 6 and 7 was intended to establish if the time it takes for applicants of social grants for adult PWDs to present a referral letter to SASSA (Q6) is in any way linked to the number of times it takes for them to visit a SASSA office before the process (screening to approval) is completed (Q7). The highest category score, 78 responses (28.3%), indicated that it took three to five visits in less than a week to present a referral letter to the SASSA, while the second-highest category score, 62 responses (22.5%), indicated the same number of visits but in longer than a week. The third and fourth category scores, 31 responses (11.2%) and 25 responses (9.1%),

indicated six to ten visits in less than a week and longer than a week respectively. Twenty-three (8.3%) and 13 (4.7%) responses indicated two visits in less than a week and less than a day respectively, while 21 responses (7.6%) indicated three to five times in less than a day, and 16 responses (5.8%) indicated that it took two visits to complete the process in over a week. The other response categories each received 1% and below. It therefore appears that it takes more than a week to visit the SASSA three to five times before the process (screening to approval) is completed.

Table 27: Time it takes to get to SASSA once referred linked to number of visits before completion of the process

Variables	Q7. How many times did you visit a SASSA office before the process (screening to approval) was completed?				Total	
	2 times	3–5 times	6–10 times	>10 times		
Q6. Once referred, how long did it take you to get to a SASSA office to present a referral letter?	Less than a week	23	78	31	3	135
	Longer than a week	16	62	25	2	105
	Less than a day	13	21	2	0	36
TOTAL		52	161	58	5	276

Totals are based on responses

Table 28 is a cross-tabulation of questions 8 and 6 (\$Q8*\$Q6). Cross-tabulation of questions 8 and 6 was intended to establish a link between reasons for the delay between referral and actual application for the social grants for adult PWDs (Q8) and the time it takes for an applicant of social grants for adult PWDs to present a referral letter to SASSA (Q6). The highest-scoring category, with 48 responses (17.4%), indicated that, despite the delay due to unavailability of doctors, it takes an applicant of social grants for adult PWDs less than a week to present a referral letter to SASSA, while the second-highest-scoring category, with 45 responses (16.3%), indicated that due to misinformation it takes longer than a week to present a referral letter. The third-highest-scoring category (39 responses or 14.1%) indicated that it took longer than a week due to the unavailability of doctors, while 36 responses (13%) indicated less than a week for other specified reasons. Misinformation, transport and overbooked doctors were indicated by 33 (12%), 32 (11.6%) and 30 (10.9%) responses respectively as reasons for the delay of less than a week. Transport led to a delay of longer than a week, as indicated in 31 responses (11.2%). All other response categories received less than 5.5% each. From Table 28 one can deduce that, despite the unavailability of contracted medical doctors being indicated as the major obstacle in the process of administration of social grants for adult PWDs, misinformation causes the greatest delay

(longer than a week) when it comes to applicants of social grants for adult PWDs getting to the SASSA office to present their referral letter.

Table 28: Reasons for the delay between referral and actual application linked to the time it takes to get to SASSA once referred

Variables	Q6. Once referred, how long did it take you to get to a SASSA office to present a referral letter?			Total	
	Less than a day	Less than a week	Longer than a week		
Q8. If a delay between referral and actual application for the social grants for adult persons with disabilities occurs, what could be the reason/s?	Unavailability of doctors	15	48	39	102
	Misinformation	8	33	45	86
	Transport	5	32	31	68
	Other (specify)	14	36	13	63
	Overbooked doctors	2	30	15	47
Total		36	135	105	276

Totals are based on responses

Table 29 depicts a cross-tabulation of questions 8 and 7 ($\$Q8*Q7$). Cross-tabulation of questions 8 and 7 was intended to establish a link between the reasons for the delay between referral and actual application for social grants for adult PWDs (Q8) and the number of times an applicant visits the SASSA office before the process of screening to approval is completed (Q7). The category response scores, in descending order, were as follows: 63 responses (17.2%) indicated that the delay was due to unavailability of doctors, 56 responses (15.3%) that it was due to misinformation, 32 responses (8.7%) that it was due to other specified reasons, 31 (8.5%) that it was due to transport and 29 (7.9%) that it was due to overbooked doctors. These responses indicated that applicants visited the SASSA offices three to five times before the process of screening to approval is completed. Thirty-one responses (8.5%) indicated that it took six to ten visits to complete the process of screening to approval due to unavailability of doctors, and 23 responses (6.3%) indicated the same number of visits to complete the process due to transport. Twenty-four responses indicated that it took two visits to the SASSA offices to complete the process due to overbooked doctors. All the other response categories received less than 5% each. From Table 29 one can deduce that three to five visits to a SASSA office were necessary, due to unavailability of contracted medical doctors, before the process (screening to approval) was completed.

Table 29: Reasons for the delay between referral and actual application linked to the number of visits to SASSA before the process is completed

	Q7. How many times did you visit a SASSA office before the process (screening to approval) was completed?				Total	
	Variables	2 times	3–5 times	6–10 times		
Q8. If a delay between referral and actual application for the social grants for adult persons with disabilities occurs, what could be the reason(s)?	Unavailability of doctors	7	63	31	1	102
	Misinformation	16	56	13	1	86
	Transport	14	31	23	0	68
	Overbooked doctors	24	29	8	2	63
	Other (specify)	2	32	12	1	47
Total		63	211	87	5	366

Totals are based on responses

Table 30 shows a cross-tabulation of questions 9 and 7 ($\$Q9 \times Q7$). Cross-tabulation of questions 9 and 7 was intended to establish a link between the view of the respondents on the time it takes from screening to approval (Q9) and the number of times an applicant visits the SASSA office before the process of screening to approval is completed (Q7). The highest category response score, 84 responses (30.4%), indicated that, for those who were of the view that it takes too long, it took three to five visits to complete the process, whereas 71 respondents (25.7%) were of the view that the time is just right for the same number of visits. The third-highest score, 32 responses (11.6%), indicated that the process took too long in the view of those who paid visits for the process to be completed, while the same number of responses ($n = 32$) countered the view by indicating that even though it took six to ten visits to complete the process, it was just right. All the other response categories received less than 10% each. The following deduction can be made from Table 30: the time it takes from screening to approval is too long as it took three to five visits to a SASSA office before the process (screening to approval) was completed.

Table 30: Time it takes from screening to approval linked to the number of visits to SASSA before completion of the process

	Q7. How many times did you visit a SASSA office before the process (screening to approval) was completed?				Total	
	Variables	2 times	3–5 times	6–10 times		
Q9. What is your view of the time it takes from screening to approval?	Too long	32	84	26	2	144
	Just right	19	71	32	3	125
	Too short	1	6	0	0	7
Total		52	161	58	5	276

Totals are based on responses

5.2.4.3 Attitude towards social grants for adult PWDs

Questions from section C (see Appendix 8) were arranged as follows:

- i. Q11: How many times have you applied for a social grant for adult PWDs before your application was successful? and Q12: If you were eventually successful, what was it for? (Table 31)
- ii. Q11: How many times have you applied for a social grant for adult PWDs before your application was successful? and Q13: How many times do you think a person can apply for a social grant for adult PWDs? (Table 32)
- iii. Q12: If you were eventually successful, what was it for? and Q13: How many times do you think a person can apply for a social grant for adult PWDs? (Table 33).

Table 31 shows a cross-tabulation of questions 11 and 12 ($\$Q11 * Q12$). Cross-tabulation of questions 11 and 12 was intended to establish a link between the number of times a person applied for a social grant for adult PWDs (Q11) and the condition for which the applicant was eventually successful (Q12). The three highest category response scores, 50 responses (18%), 28 responses (10.1%) and 28 responses (10.1%), indicated that the applicant is eventually successful for the same condition but with different doctors after three to five visits, one visit and two visits respectively. Two other category response scores indicated three to five visits for the same condition and another specified medical or mental condition with 27 responses (9.8%) and 24 responses (8.7%) respectively. The score category of 21 responses (7.6%) indicated success being attributed to the same condition over another specified timeframe. All the other response categories received less than 5.5% each. The following deduction can be made from Table 31: there is an entrenched misconstrued belief that if a person persists in applying for social grants for adult PWDs, he or she will succeed eventually (despite circumstances being the same), or that getting a different medical doctor increases the chances of being awarded a social grant for adult PWDs.

Table 31: Number of applications before a successful application linked to reasons for eventual success

	Q12. If you were eventually successful, what was it for?					Total
	Variables	Same condition	Same condition, a different doctor	A new condition	Other (specify)	
Q11. How many times have you applied for a social grant for adult PWDs before your application was successful?	3–5 times	24	50	8	27	109
	Once	13	28	4	15	60
	Twice	13	28	4	15	60
	Other (specify)	10	21	3	13	47
Total		60	127	19	70	276

Totals are based on responses

Table 32 is a cross-tabulation of questions 11 and 13 (\$Q11*Q13). Cross-tabulation of questions 11 and 13 was an attempt to establish a link between the number of times a person applies for social grants for adult PWDs (Q11) and his or her view on how many times a person can apply for a social grant for adult PWDs (Q13). The three highest category response scores, 57 responses (20.7%), 35 responses (12.7%) and 33 responses (12%), indicated that an applicant can apply three to five times, twice and once, respectively, as long as the medical or mental condition persists. The other four category response scores, 25 responses (9.1%), 17 responses (6.2%), 15 responses (5.4%) and 14 responses (5.1%), indicated that a person can apply three to five times, another specified number of times, twice and once, respectively, as long as the person is unemployed. The next score category, with 15 responses (5.4%), indicated that a person can apply three to five times as long as it a different contracted medical doctor is consulted. All the other response categories received less than 4% each. One can deduce from Table 32 that it takes three to five applications for a social grant for adult PWDs to eventually be successful, as long as the medical or mental condition persists.

Table 32: Number of applications before successful application linked to the number of times one can apply for social grants

Variables	Q13. How many times do you think a person can apply for a social grant for adult PWDs?					Total
	Once every 5 years	As long as the medical condition persists	As long as the person is unemployed	As long as it is a different doctor	Other (specify)	
Q11. How many times have you applied for a social grant for adult PWDs before your application was successful?	3–5 times	1	57	25	15	11 109
	Once	1	33	14	2	10 60
	Twice	1	35	15	1	8 60
	Other (specify)	0	10	17	11	9 47
Total		3	135	71	29	38 276

Totals are based on responses

Table 33 is a cross-tabulation of questions 12 and 13 (\$Q12*Q13). Cross-tabulation of questions 12 and 13 was intended to establish a link between the condition for which the applicant was eventually successful (Q12) and the number of times a person can apply for a social grant for adult PWDs (Q13). The two category scores of 62 responses (22.5%) and 35 responses (12.7%) indicated that an applicant can apply but with a different doctor and for another specified condition, respectively, while 33 responses (12%) indicated that a person can apply as long as he or she is unemployed for the same condition, but with a different doctor. The next category response score, 29 responses (10.5%), indicated that, for as long as a medical condition persists and for the same condition, a person can keep on applying.

All the other response categories received less than 7% each. It appears from Table 33 that one can eventually be successful in one's applications for social grants for adult PWDs for the same condition, but with a different contracted medical doctor, as long as the medical or mental condition persists.

Table 33: Reasons for eventual success linked to the number of times one can apply for social grants

Variables	Q13. How many times do you think a person can apply for a social grant for adult PWDs?						Total
	Once every 5 years	As long as the medical condition persists	As long as the person is unemployed	As long as it is a different doctor	Other (specify)		
Q12. If you were eventually successful, what was it for?	Same condition	1	29	15	7	8	60
	Same condition, different doctor	1	62	33	13	18	127
	A new condition	0	9	5	2	3	19
	Other (specify)	1	35	18	7	9	70
Total		3	135	71	29	38	276

Totals are based on responses.

5.2.5 Comparative analysis of successful and unsuccessful applicants of social grants for adult PWDs

While in section 5.2.4 frequency tables were used to summarise and present the data collected during structured telephonic interviews and structured face-to-face interviews with adult PWDs, this section uses the same data to compare the two populations of adult PWDs (i.e. successful and unsuccessful applicants), employing descriptive statistics. The independent-samples t-test compares the means between two unrelated groups on the same continuous, dependent variable (Lombaard *et al.*, 2018: 272; Maree *et al.*, 2020: 255). This study employed the independent-samples t-test to compare the means of successful and unsuccessful applicants of social grants for adult PWDs on knowledge of acts and policies (section A), the process of administration of social grants for adult PWDs (section B) and attitude towards social grants for adult PWDs (section C).

Table 34: Descriptive statistics on successful and unsuccessful applicants

Group Statistics					
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	Application Status	n	Mean	Std. Deviation	Std. Error Mean
Section A: Knowledge of acts and policies on social grants for adult PWDs	Successful Applicants	127	15.0787	4.79187	.42521
	Unsuccessful Applicants	149	19.8639	4.65618	.38404
Section B: Process of administration of social grants for adult PWDs	Successful Applicants	127	13.9843	5.61034	.49784
	Unsuccessful Applicants	149	15.4698	6.13536	.50263
Section C: Attitude towards social grants for adult PWDs	Successful Applicants	127	16.5276	6.02617	.53474
	Unsuccessful Applicants	149	17.8926	5.19373	.42549

Totals are based on responses.

Table 34 shows that the means for successful applicants and unsuccessful applicants on knowledge of acts and policies are 15.0787 (column 4) and 19.8639 (column 4) respectively. The mean is 13.9843 (column 4) for successful applicants on the process of administration of social grants for adult PWDs and 15.4698 (column 4) for unsuccessful applicants. Lastly, the means for successful applicants and unsuccessful applicants on attitude towards social grants for adult PWDs are 16.5276 (column 4) and 17.8926 (column 4), respectively. Evidently, there are differences between the means of the two groups in all three sections. One can deduce that there are differences between successful and unsuccessful applicants of social grants for adult PWDs when it comes to knowledge of acts and policies, process of administration and attitude towards social grants for adult PWDs. However, further tests are necessary to indicate whether the differences are statistically significant or not, hence the independent t-test.

Table 35: Independent-samples t-test results

	Levene's Test for Equality of Variances	
	Column 1 F	Column 2 Sig.
Section A: Knowledge of acts and policies on social grants for adult PWDs	Equal variances assumed	.439
	Equal variances not assumed	
Section B: Process of administration of social grants for adult PWDs	Equal variances assumed	1.645
	Equal variances not assumed	
Section C: Attitude towards social grants for adult persons	Equal variances assumed	3.537
	Equal variances not assumed	

The independent-samples t-test (Table 35) was employed to test whether there is a statistically significant difference between the successful and unsuccessful applicants of social grants for adult PWDs concerning section A: Knowledge of acts and policies on social grants for adult PWD, section B: Process of administration of social grants for adult PWDs and section C: Attitude towards social grants for adult PWDs. The output of the independent-samples t-test includes the Levene's test for equality of variances results. Levene's test for equality of variances (Table 35, columns 1 and 2) is a test that determines if two sample groups have about the same or different amounts of variability between scores (Maree *et al.*, 2020: 252). If the significance value is greater (>) than 0.05, then it means that the variability in the two groups of applicants is about the same. If so, then the results on equal variances will be considered assumed (i.e. there are no significant mean differences between successful and unsuccessful applicants for sections A, B and C). Columns 1 and 2 in Table 35 show F-statistics and p-values of Levene's test of equality of variance results for sections A, B and C. The F-statistics (Table 35, column 1) for section A, B and C are 0.439, 1.645 and 3.537, with probability values (Table 35, column 2) of .508, .201 and .061, respectively. This implies that the assumptions of equality of variances were met since the p-values of sections A, B and C are greater than the 5% significance level (0.05). Therefore, the results on equal variances assumed will be considered for all variables under consideration (section A, section B and section C). One can then conclude that the knowledge, experiences and attitude/opinions of successful and unsuccessful applicants are similar regarding section A, section B and section C.

5.2.6 Tests for significance of associations: ANOVA

While in section 5.2.5 comparative analysis was used to summarise and present the data collected during structured telephonic interviews and structured face-to-face interviews with adult PWDs, this section uses ANOVA to summarise and present the data. ANOVA is the inferential statistical technique generally used to test hypotheses about multiple population or sample means (Stangor, 2011: 190). ANOVA is the extension of the independent-samples t-test, which tests the equality of means between only two population means (Stangor, 2011: 190; Lombaard *et al.*, 2018: 305). The null hypothesis always states that all population or sample means are equal, and the alternative states the opposite. Thus, in this study the hypothesis could be expressed as follows:

$$H_0: \mu_{\text{Permanent physical}} - \mu_{\text{Permanent mental}} - \mu_{\text{Temporary Physical}} - \mu_{\text{Temporary mental}} - \mu_{\text{No source Income}} - \mu_{\text{Illness}} = 0.$$

In this instance, H_0 (null hypothesis) indicates that there is no significant statistical difference among those who applied for social grants for adult PWDs due to permanent physical disability, permanent mental disability, temporary physical disability, temporary mental disability, no source of income and illness. However,

$$H_1: \mu_{\text{Permanent physical}} - \mu_{\text{Permanent mental}} - \mu_{\text{Temporary Physical}} - \mu_{\text{Temporary mental}} - \mu_{\text{No source Income}} - \mu_{\text{Illness}} \neq 0$$

indicates a difference among those who applied due to permanent physical disability, permanent mental disability, temporary physical disability, temporary mental disability, no source of income and illness (Table 36, column 2). The alternative hypothesis only states that at least one (not all) of the population/sample means must be different. It does not imply that they must all differ from one another. The null hypothesis is rejected if the p-value of the t-statistics is less than the critical value of 0.05.

Table 36 shows the descriptive statistics of question 1 (Why did you apply for a social grant for adult PWDs?). The first column of Table 36 gives the variable names, which comprise six reasons why respondents applied for social grants for adult PWDs. The second column reports the sample size in the specific response category. This is then followed by the sample means (column 3), the sample standard deviation (column 4) and the standard error (column 5) for each category.

Table 36: Descriptive statistics on structured telephonic interviews and structured face-to-face interviews with applicants

Column 1	Column 2	Column 3	Column 4	Column 5
Q1: Why did you apply for a social grant for adult PWDs	N	Mean	Std. Deviation	Std. Error
Permanent physical disability	107	2.1869	1.01990	.09860
Permanent mental disability	23	2.2609	1.05388	.21975
Temporary physical disability	93	2.7419	.87107	.09033
Temporary mental disability	14	3.2857	.82542	.22060
No source of income	28	2.4286	1.16837	.22080
Illness	161	2.7516	1.01877	.08029
Total	426	2.578	1.0289	.04985

From the sample size (Table 36, column 2) it is observed that illness was the main reason why respondents applied for social grants for adult PWDs, and accounted for 161 of the responses,

followed by permanent physical disability ($n = 107$) and temporary physical disability ($n = 93$). The other three responses recorded less than 30 counts each (no source of income = 28, permanent mental disability = 23 and temporary mental disability = 14). All in all, 426 responses were recorded for this question.

With regard to the standard deviation (Table 36, column 4), it is worth noting that the standard deviations for all variables are small relative to means (Table 36, column 3), especially for temporary physical disability and temporary mental disability, at .87107 and .82542 respectively, indicating low variability among respondents about why they applied for the social grants for adult PWDs.

The standard error(s) is an indication of the reliability of the sample mean (Table 36, column 5). A small standard error is an indication that the sample mean is an accurate reflection of the actual population mean as a result of a large sample size. In this case, the standard errors (column 5) of the categories permanent physical disability (.09860), permanent mental disability (.21975), temporary physical disability (.09033), temporary mental disability (.22060), no source of income (.22080) and illness (.08029) are close to zero, implying that the samples are a more accurate reflection of the population of applicants of social grants for adult PWDs.

In a nutshell, the sample size ($n = 426$) is large with a sample mean of 2.578, standard deviation of 1.0289 and a standard error of .04985, indicating that the sample selected is a true reflection of the population. Evidently, there is no significant difference between the permanent physical disability, permanent mental disability, temporary physical disability, no source of income, and illness group sample means. However, the temporary mental disability sample mean (3.2857) is different from the other categories. Practically, though, there is a difference between the sample means of the reasons why respondents applied for social grants for adult PWDs. Therefore, the ANOVA was performed to check whether there is a significant difference between and within the group means, and the results are presented in Table 37.

Table 37 shows the ANOVA analysis and whether there is a statistically significant difference between two or more group means (Table 37, column 1). The total sum of variance, the sum of squares between groups and the sum of squares within the groups (column 2) are the numerator values of variance. Table 37 (column 2) shows that the sum of squares between the groups and within the groups are 33.664 and 416.279 units respectively out of a total

variability of 449.944. Degrees of Freedom (df) (Table 37, column 3) is the number of values in the final calculation of a statistic that are free to vary (between groups = 5 and within groups = 420). The resultant variance estimate is called the mean square (Table 37, column 4). However, the row labelled “between groups”, which has a probability value associated with it, is the only one of importance in this case, as the interest is only in determining whether there is a significant statistical difference between the groups (structured telephonic interviews and structured face-to-face interviews), not within the groups. The ANOVA F-statistic is 6.793 (Table 37, column 5) with a p-value of .000 (<0.05) (Table 37, column 6), which shows that there is a significant difference (variation) between sample group means.

Table 37: Analysis of variance

Question 1: Why did you apply for a social grant for adult PWDs					
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	Sum of Squares	df	Mean Square	F	Sig.
Between groups	33.664	5	6.7328	6.793	.000
Within groups	416.279	420	.991		
	449.944	425			

Still, since the ANOVA analysis (Table 37) does not show which specific groups differ from each other, multiple comparisons (Table 38) were made to show which sample group means differ or are similar to each other. The post hoc analysis (Table 38) was performed to determine exactly where differences occur with regard to the reasons why respondents applied for social grants for adult PWDs. The post hoc analysis results are presented in Table 38.

In the first row of Table 38, the permanent physical disability (column 1) is compared to all other categories (column 2). Considering the comparison of permanent physical disability and permanent mental disability (column 3), the mean difference score is -.07395, with a significance value of 1.000 (>0.05 and insignificant) (column 5, highlighted in grey), indicating that the difference between the two categories is not statistically significant. The same applies to the comparison between the permanent physical disability and no source of income, with a mean difference score of -.24166 and a significance value of 0.863 (>0.05 and insignificant) (column 5, highlighted in grey). Therefore, there is no statistically significant mean difference when permanent physical disability is compared to permanent mental disability and no source of income with regard to knowledge of acts and policies on social grants for adult PWDs, the

process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs.

As further presented in Table 38, in the comparison of permanent physical disability with temporary physical disability (column 5, highlighted in grey), the mean difference score is .55502 with a significance value of .001 (<0.05 and significant). Compared with temporary mental disability (column 5, highlighted in grey), the mean difference score is -1.09880 with a significance value of .002 (<0.05 and significant) and, finally, compared with illness (column 5, highlighted in grey), the mean difference score is -.56464 (<0.05 and significant) with a significance value of .000. Therefore, with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs, statistically significant differences were observed when permanent physical disability was compared to temporary physical disability, temporary mental disability and illness categories.

In the second row (Table 38), permanent mental disability is compared to all other categories. The mean difference score (Table 38, column 3) between the permanent mental disability and temporary mental disability categories is -1.02484 with a significance value of .030 (<0.05 , which is significant) (column 5, highlighted in green). Therefore, with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs, statistically significant difference were observed when the permanent mental disability and temporary mental disability categories were compared. Still in the second row (Table 38), the results also show that there are no statistically significant differences in the mean difference scores of permanent mental disability when compared to permanent physical disability, temporary physical disability, no source of income and illness categories (.07395, -.48107, -.16770 and -.49068, with significance values of 1.000, .302, .991 and .235 respectively), since the significance values are greater than the 5% significance level (>0.05 not significant). Therefore, with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs, no statistically significant differences were observed when the permanent mental disability category was compared to the permanent physical disability, no source of income and illness categories. In a nutshell, the differences are generally observed in the categories of permanent physical disability and permanent mental disability, when compared to other categories.

Table 38: Post hoc test

Multiple Comparisons				
Dependent Variable: Why did you apply for a social grant for adult PWDs? (Q1)				
Tukey HSD				
Column 1	Column 2	Column 3	Column 4	Column 5
(I) VAR00003	(J) VAR00003	Mean Difference (I - J)	Std. Error	Sig.
Permanent physical disability	Permanent Mental disability	-.07395	.22881	1.000
	Temporary physical disability	-.55502*	.14114	.001
	Temporary mental disability	-1.09880*	.28295	.002
	No source of income	-.24166	.21133	.863
	Illness	-.56464*	.12417	.000
Permanent mental disability	Permanent physical disability	.07395	.22881	1.000
	Temporary physical disability	-.48107	.23184	.302
	Temporary mental disability	-1.02484*	.33747	.030
	No source of income	-.16770	.28016	.991
	Illness	-.49068	.22192	.235
Temporary physical	Permanent physical disability	.55502*	.14114	.001
	Permanent mental disability	.48107	.23184	.302
	Temporary mental disability	-.54378	.28540	.400
	No source of income	.31336	.21461	.690
	Illness	-.00962	.12967	1.000
Temporary mental	Permanent physical disability	1.09880*	.28295	.002
	Permanent mental disability	1.02484*	.33747	.030
	Temporary physical disability	.54378	.28540	.400
	No source of income	.85714	.32587	.092
	Illness	.53416	.27740	.388
No source of income	Permanent physical disability	.24166	.21133	.863
	Permanent mental disability	.16770	.28016	.991
	Temporary physical disability	-.31336	.21461	.690
	Temporary mental disability	-.85714	.32587	.092
	Illness	-.32298	.20385	.609
Illness	Permanent physical disability	.56464*	.12417	.000
	Permanent mental disability	.49068	.22192	.235
	Temporary physical disability	.00962	.12967	1.000
	Temporary mental disability	-.53416	.27740	.388
	No source of income	.32298	.20385	.609

In the third row (Table 38), temporary physical disability is compared to all other categories. Regarding the mean comparison of temporary physical disability, it is clear from Table 38 that the mean of permanent physical disability is on average .55502 greater than the mean of permanent physical disability with a significance value of .001 (column 5, highlighted in blue), indicating that there is a statistically significant mean difference between the means of temporary physical disability and permanent physical disability categories. However, the mean difference scores between temporary physical disability and all other categories are not significantly different since the significance values are greater than the 5% significance level (>0.05) at .302, .400, .690 and 1.000 (Table 38, column 5, highlighted in blue). Therefore, with the exception of permanent physical disability, with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs, no statistically significant differences were observed when temporary physical disability was compared to permanent physical disability, permanent mental disability, no source of income and illness.

In the fourth row (Table 38), temporary mental disability is compared to all other categories. When compared with temporary mental disability, the mean difference scores for permanent physical disability and permanent mental disability are 1.09880 and 1.02484 (Table 38, column 3) with significance values of 0.02 and 0.30 (Table 38, column 5) respectively. This is an indication of statistically significant differences with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs when temporary mental disability is compared with permanent physical disability and permanent mental disability, since the significance values are less than the 5% significance level (<0.05) respectively (Table 38, row 4, column 5, highlighted in yellow). The results, however, further revealed that with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs, there are no statistically significant differences when temporary mental disability is compared with temporary physical disability (.400), no source of income (.092) and illness (.388) categories, since the significance values are above the 5% significance level (>0.05) (Table 38, row 4, column 5, highlighted in yellow).

In the fifth row of Table 38, the category no source of income is compared to all other categories. The results show that with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs, when the no source of income category is compared with permanent physical disability (.863), permanent mental disability (.991), temporary physical

disability (.690), temporary mental disability (.092) and illness (.609), there are no statistically significant differences as the significance values are above the critical level (>0.05) (Table 38, column 5, indicated in purple).

Lastly, in the sixth row, the illness category is compared with all other categories. It was observed previously that the rest of Table 38 (column 5, indicated in orange), with the exception of illness and permanent physical disability (.000), showed significance values above the critical level (>0.05) in the categories permanent mental disability (.235), temporary physical disability (1.000), temporary mental disability (.388) and no source of income (.609). As the significance values are above the critical level (>0.05), one can deduce that with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs and attitude towards social grants for adult PWDs, there are no statistically significant differences.

5.3 CONCLUSION

In this chapter, the responses from structured telephonic interviews and structured face-to-face interviews with applicants of social grants for adult PWDs (successful and unsuccessful) were presented and analysed. It is worth noting that more unsuccessful applicants were willing to participate in the study than successful applicants. The reason for this might be that unsuccessful applicants saw participation in this research as a platform to raise their grievances and an opportunity to expose the perceived unfair treatment they receive at the hands of the SASSA officials and the contracted medical doctors. They might also have seen this as an opportunity to provide positive input towards improving efficiency in the administration of social grants for adult PWDs.

Frequency tables and graphs were used to summarise and present the data collected while using the same data to compare the two populations of adult PWDs (successful and unsuccessful applicants) employing descriptive statistics. The independent-samples t-test was used to compare the means between two unrelated groups on the same continuous, dependent variable. However, in the end, there was no significant difference in the responses from both population groups (successful and unsuccessful) with regard to acts and policies on social grants for adult PWDs, the process of administration of social grants for adult PWDs, and attitude towards social grants for adult PWDs. The main findings on the responses from structured telephonic interviews and structured face-to-face interviews with applicants of social grants for adult PWDs presented and analysed in this chapter will be discussed in detail

in Chapter Eight. The responses from the semi-structured focus group discussions with SASSA officials will be presented and analysed next, in Chapter Six.

CHAPTER SIX

PRESENTATION AND ANALYSIS OF RESPONSES FROM SEMI-STRUCTURED FOCUS GROUP DISCUSSIONS WITH SASSA OFFICIALS

6.1 INTRODUCTION

This chapter presents and analyses the responses from the semi-structured focus group discussions with SASSA officials. Chapter Six is linked to the third objective of this study, that is to analyse responses of the semi-structured focus group discussions of the SASSA officials. The chapter consists of three sections. The responses to be presented herein emanate from the four semi-structured focus group discussions with SASSA officials ($n = 34$) from four districts in the NCR. Sixteen open- and closed-ended questions divided into three sections were posed during the four semi-structured focus group discussions, and the responses are structured in that order.

Section 6.2 covers the responses to the sixteen questions posed during the four semi-structured focus group discussions with SASSA officials, and comprises, firstly, responses to the questions on knowledge of acts and policies on the administration of social grants for adult PWDs (section 6.2.1, see also Appendix 10, section A). Here the responses to the first seven questions of the semi-structured focus group interview schedule (Appendix 10) posed to respondents (on the knowledge of acts and policies on the administration of social grants for adult PWDs) are presented and analysed. The same is done in section 6.2.2 for responses to the questions 8–12 (on the process of administration of social grants for adult PWDs), and in section 6.2.3 for responses to questions 13–16 (on attitude towards social grants for adult PWDs). Direct quotes, in italics, are sometimes used to support the narrative of the semi-structured focus group discussions with SASSA officials.

6.2 RESPONSES TO THE SIXTEEN QUESTIONS POSED DURING THE FOUR SEMI-STRUCTURED FOCUS GROUP DISCUSSIONS WITH SASSA OFFICIALS (NORTHERN CAPE)

The seven questions (1–7) posed in section A of the semi-structured interview schedule (Appendix 10) focused on the SASSA officials' knowledge of acts and policies which guide the administration of social grants for adult PWDs. The responses of the SASSA officials to each of the seven questions are discussed below.

6.2.1 Responses to the questions on knowledge of acts and policies on the administration of social grants for adult PWDs

Question 1 asked, “Which legislation is currently conducive for the efficient administration of social grants for adult persons with disabilities?” The respondents were also asked to explain their answers. As anticipated, the respondents mentioned that the social grants for adult PWDs are governed by the Constitution, the SASSA Act, 2004 (Act 9 of 2004), the Social Assistance Act, 2004 (Act 13 of 2004 as amended), and policies and regulations proclaimed by the Minister of Social Development from time to time. These legislative prescripts, according to the respondents, stipulate the right of everyone to access social grants for adult PWDs. While it appeared easy for the respondents in all the four focus groups to articulate holistically what is prescribed by the said legislation, it was difficult for them to specifically name the different pieces of legislation and how they contribute towards the efficient administration of social grants for adult PWDs.

One respondent clearly stated, *“Remember, we are staff at operational level. Even though we know what is contained in the pieces of legislation, we might not know their specific names ... We just know what informs our operations and implement them accordingly.”* There was no doubt in any of the respondents’ minds, however, that the Constitution is the overarching legislation and prescribes that *“everyone has the right to a social grant”*. This statement appeared to be a golden thread running through all the discussions and, accordingly, could somehow be blamed as the cause of the revolving door in the application of social grants for adult PWDs. However, while the Constitution (specifically Chapter Two), does give everyone the right to social assistance, this directive should be read in line with the other supporting legislation in place to achieve such assistance.

It is expected of SASSA officials to be knowledgeable about and keep track of all the relevant pieces of legislation governing the administration of social grants for adult PWDs. However, from the responses to question 1 (Appendix 10), in-depth knowledge on legislation contributing to the efficient administration of social grants for adult PWDs appeared to be lacking.

Question 2 probed SASSA officials on their view of the process, outlined in the 2011 SGDMM, to address previous challenges experienced in the implementation of policy on the administration of social grants for adult PWDs. The process outlined in the 2011 SGDMM is streamlined, well intended and *“looks good on paper”*, according to respondents in all four focus groups. They acknowledged that it was developed with good intentions and it is

necessary to ensure that only the most deserving applicants receive the social grants for adult PWDs. The process prescribes uniform standards that must be adhered to, which, in one respondent's own words, "*ensures that the same service is rendered at all the SASSA offices and no one applicant receives superior service than the other.*"

However, as with all policies, at inception no one could anticipate the challenges it could pose during the administration of the SGDMM, especially in the NCR. Respondents in all four focus groups declared that even though the process is difficult to implement, given necessary appropriate resources, it would achieve what it was set out to do – standardise all processes in relation to the administration of social grants.

Respondents in all four focus groups outlined the 2011 SGDMM process in detail, and as they were doing so, it immediately became apparent that even though previous challenges (outlined in section 2.5) were addressed by the current process, it is not without new challenges. One of the focus groups lamented the fact that the decision-making process, which is centralised around one critical stakeholder (contracted medical doctors), is a major concern in ensuring the efficient administration of the social grants. According to the respondents, "*there is absolutely nothing that anyone can do without the contracted medical doctor endorsing the process.*" This would not be a real challenge if there were an adequate number of contracted medical doctors to conduct medical assessments, especially in the Northern Cape. As voiced by one respondent:

It is all well and good to come up with processes and terms and conditions on how to implement the administration of social grants for adult PWDs, but without the necessary resources, especially the contracted medical doctor, we will forever have backlogs and, as a result, be labelled incompetent.

It seems that when challenges arise in the administration of social grants for adult PWDs, "*the SASSA official is the first to get the blame, not the contracted medical doctor, nor SASSA management.*" Despite centralising the 2011 SGDMM process to LAMs and DMU at the regional office, SASSA officials are still expected to respond to questions posed as and when challenges occur. This situation was not seen by respondents as hindrances *per se*, but the fact that the whole process was developed to be dependent on a scarce resource (contracted medical doctors), with no available alternative in place, causes the challenges currently faced in the administration of social grants for adult PWDs (i.e. assessments backlogs).

To illustrate the sentiment indicated above, respondents in all four focus groups indicated that they are far behind (measured against the process put forward by the 2011 SGDMM process)

in processing social grants for adult PWDs in the province. A total of 350 backlogged applications were accumulated in one office and 200 in another, with one office having 40 applicants still waiting to be assessed by the contracted medical doctors. Medical assessments had last been conducted three to six months before the semi-structured focus group discussions (August–October 2018). There was a general feeling of helplessness and despondency among the SASSA officials from three focus groups about dealing with the matter of unavailability of contracted medical doctors. Seeing that the LAMs are the only ones authorised to liaise with the contracted medical doctors and follow up with the DMU at the regional office, these officials are powerless to intervene should challenges arise.

Another challenge raised by the focus groups was that of legislation (the Constitution, for instance) concerning the administration process of social grants for adult PWDs. According to all the respondents, the first step of the 2011 SGDMM, gatekeeping and screening, is the most crucial and once you get it right, everything that follows should run smoothly. All respondents in the four focus groups agreed that it is during screening where one could establish or even anticipate the outcome of an application of social grants for adult PWDs. As one group indicated, “*it is here where one could determine whether a person’s problem is health, social or economic related.*” This is accomplished by asking questions such as:

- (i) do you have an ID,² (ii) are you currently receiving treatment at a public health facility or private medical practice; (iii) do you have a file at the clinic/hospital, (iv) was your last application for a social grant for adult PWDs rejected, and if so, (v) how long ago was that?

This is done to determine if the applicant is still within the three-month legislated period between applications. However, even if the SASSA officials can establish at this point that there is no medical condition that causes moderate to severe impairment, the applicant should still go through the whole process of medical assessment because “*only the contracted medical doctor can decide whether a person gets a social grant or not,*” and also because “*according to the Constitution, everyone has a right to a social grant.*”

Upon reflection, respondents in all four focus groups were of the view that this crucial step of screening in the 2011 SGDMM process, though well intended, was not realistic in practice. As one respondent put it:

If an applicant is found not to meet the criteria during screening, then what? It’s not as if a SASSA official can send the applicant back and say you do not qualify. After all, in terms of the Promotion of Administrative Justice Act (PAJA), the SASSA is obliged to give reasons to any administrative decision to an applicant in writing!

² ID: identity document

The challenge is that the system-generated SASSA outcome letters to an application of social grants for adult PWDs are only issued at the end of the process, once an application has been processed on the SocPen system. Unfortunately, the SASSA officials must take the applicant through the application-to-approval process, knowing full well that a rejection awaits the applicant at the end. This, however, creates an expectation, as an applicant could misconstrue being taken through the application process as an indication that the outcome is bound to be positive.

From the responses to question 2 (Appendix 10) one can deduce that although the 2011 SGDMM process seems well thought out, the following three realities were not factored into the model: (i) adequate support structure and resources required to ensure efficiency, (ii) the demographics in each of the nine regions of South Africa as well as SASSA local offices in the Northern Cape, and (iii) the difficult nature of the process.

Question 3 wanted to find alternative ways that can be used to conclude the administration process without compromising the principles of the 2011 SGDMM. Respondents in all four focus groups agreed that, in general, nurses (person who is trained to care for the sick and reports to the clinic sister) or clinic sisters (head nurses in the public health facilities) have a great deal of information on the medical conditions of the applicants of social grants for adult PWDs – often more than any visiting contracted medical doctor could ever hope to have – as they see them at least monthly, if not more often. Hence, even if there is not enough medical information on file, the clinic sisters or nurses know the history of the applicant merely based on their regular interactions. Consequently, the contracted medical doctors are dependent solely on what is on record in the file or on verbal information from the clinic sisters or nurses. Despite this assertion, all the respondents were reluctant to suggest clinic sisters or nurses as an alternative to contracted medical doctors in case the latter were not available. They saw the work of clinic sisters or nurses as complementary to that of the contracted medical doctors. The respondents were also of the view that due to the close working relationship that the clinic sisters or nurses have with the applicants of social grants for adult PWDs, they were likely to be biased towards recommending social grants because of their intimate knowledge of the applicants' social rather than health circumstances.

Respondents in two of the focus groups mentioned the existence of the Harmonised Assessment Tool (HAT) in SASSA. In the first focus group, the respondents were not sure what the HAT needs to achieve, but said that it is supposed to improve processes relating to the administration of social grants for adult PWDs. SASSA officials received training on the

HAT tool some years ago after the implementation of the 2011 SGDMM. Unfortunately, it was never implemented after officials were trained. The respondents in the second focus group mentioned the HAT as well. According to them, it involves the availability of a multi-disciplinary team to assess the applicants holistically. In one way it might prove useful because not only will focus be on the physical aspects of impairment, but other factors (social, emotional, economic) will be taken into consideration as well.

An HAT is a model developed by SASSA to holistically assess applicants of social grants for adult PWDs with the purpose of recommending the award of social grants for adult PWDs. Unlike with the 2011 SGDMM, rather than a contracted medical doctor completing the medical assessment report alone, with the HAT, a multi-disciplinary team was to be established to deal with the assessment. The team was to consist of medical doctors, nurses, social workers, occupational therapists, physiotherapists and other professionals deemed relevant to contribute to the holistic assessment of applicants (SASSA, 2014).

When encouraged to discuss the matter in more detail, respondents said that while training was provided to all officials in anticipation of the implementation of HAT, nothing came of it, and no explanation was ever given as to the reason why. The group of respondents also lamented the fact that the training provided on the HAT was so long ago that they could only vaguely recall any important details about it. However, the respondents conceded that in the remotest areas of the province, where it is currently difficult to get one contracted medical doctor to assess the applicants, getting a team of professionals in one room will prove even more difficult. When prompted, those respondents who have been with SASSA since its inception (2006), and long before then with the DoSD, remembered that multi-disciplinary teams were used in the past, before the 2011 SGDMM, but were discontinued for some reason. No one knew exactly why this was done or why SASSA felt the need to resurrect the process:

If the reason for discontinuation in the past was because it did not work as well as expected, what is different this time around? And is it one of those one-size fits all processes that do not take into consideration the demographics of each SASSA office?

However, all in all, it appeared as if the respondents would be open to having the issue of the HAT revisited and implemented, as it might prove to be a more viable option than the current 2011 SGDMM, given that resources are provided accordingly.

Respondents in all four focus groups indicated that contracted medical doctors use applicants' medical history to determine whether they deserve to be awarded a social grant for adult PWDs or not. Rarely, if ever, do contracted medical doctors physically examine applicants of

social grants for adult PWDs, even if they are expected to do so. Why then is it necessary for an applicant to be present when all the contracted medical doctor does is assess the medical file? All four focus groups agreed that not being present during the medical assessment might ease some of the pressure on the applicants and that it is worth looking into. However, there is a risk attached: "*How will the contracted medical doctor be sure that the file that is being reviewed belongs to the person who they are allegedly assessing, if the person is not there for the contracted medical doctors to verify from the ID?*" This could be a valid point.

From the various responses to question 3 (Appendix 10) one can deduce that as there is no way of removing the medical assessment from the administration process, so the only viable alternative is for the clinic sisters or nurses, or other health care practitioners, to be allowed to conduct medical assessments. Clinic sisters or nurses, as a resource, are easily available to take up the task. However, due to their familiarity with the applicants, one has to be mindful of the attached risk of subjectivity. Based on the group discussions and further reading, HAT is more complicated than the current 2011 SGDMM, as it requires more resources than SASSA can currently afford.

With question 4 the researcher wanted to establish if policy issues are adequately addressed by the 2011 SGDMM, as per the original intention, or if not, why. The SASSA officials were also asked to identify gaps in the policies on the administration of social grants for adult PWDs. Respondents in all four focus groups were of the view that the policy gaps were adequately addressed, but no one had anticipated the challenges that could come with implementation, especially regarding how to handle the most critical stakeholder in the process, the contracted medical doctor, during the medical assessments. Respondents felt that the 2011 SGDMM is a one-size-fits-all model and that no proper thought was given to the dynamics of each province, district or local office. One focus group believed proper attention should have been given to the buy-in and availability of critical stakeholders (SASSA officials and contracted medical doctors), resources such as medical facilities, and up-to-date medical records of applicants. In reality, this was left to the discretion of SASSA officials at the local office level to navigate, thus negating the intended objective of the 2011 SGDMM, which was to standardise processes across the country. Respondents lamented this situation:

it looks as if management just dumped this process on us and just left us to get on with it the best way we see fit, all they are interested in is the statistics, not what we have to go through in achieving those targets.

Respondents in one focus group indicated that interaction with the contracted medical doctor is left to the LAM to handle, while another indicated that the whole process is centralised at

the regional office for the DMU to navigate. However, the other two focus groups indicated that they handle all the communication with the contracted medical doctor themselves and that it works brilliantly. The respondents were of the view that bringing out good policies without adequate resources to implement them was a fruitless exercise. It leaves one wondering, *“If it is difficult enough to achieve standardisation in one district, how will it be possible to achieve throughout the whole country?”*

From the responses to question 4 (Appendix 10), one is left with the impression that, policy-wise, the 2011 SGDMM is on point. Its implementation, however, exposes the fact that there can never be a one-size-fits-all solution when it comes to the administration of social grants for adult PWDs due to the factors like (i) different dynamics of SASSA offices (demographics of the region and resource levels at each SASSA service point), (ii) different medical problems presented by each applicant of social grants for adult PWDs and (iii) resources at the disposal of applicants of social grants for adult PWDs needed for them to access the SASSA service points.

SASSA has a turnaround time of one day to process applications of all other social grants, but none for processing social grants for adult PWDs (SASSA, 2013). Question 5 asked SASSA officials what a realistic timeframe might be for processing the social grants for adult PWDs, and they had to motivate their answers. Respondents from the four focus groups differed significantly on this matter. One focus group believed that with the right resources, there is no reason whatsoever why the process cannot be concluded in a day, as with all other social grants. Another focus group indicated that a week is a realistic timeframe – after all, that is what they have been doing all along and it works out perfectly. The other two focus groups indicated that a month is a realistic timeframe. However, the respondents admitted that their estimation of the timeframe is based on their current reality and challenges, and the situation has been going on for so long that they cannot even allow themselves to think, let alone hope, that things could be different one day. At the time of the interviews (August–October 2018), the unavailability of contracted medical doctors was a big challenge with no possible solution in sight, and this factor greatly influences the turnaround time.

From the differing responses to question 5 (Appendix 10), one could sense that predicting a realistic timeframe for processing the social grants for adult PWDs should be informed by the reality of each SASSA office, not an ideal, given the dynamics of each office. However, this defeats the purpose of the 2011 SGDMM, which is to standardise processes by adhering to uniform standards.

Question 6 asked the SASSA officials which factors should be considered before determining a realistic timeframe for processing social grants for adult PWDs. Respondents in all four focus groups agreed that the availability of a contracted medical doctor is key to the processing and conclusion of social grants for adult PWDs. Respondents reported that the last time the applicants were assessed in their offices ranged from one to six months. At the time of the semi-structured focus group interviews, none of the respondents knew when the contracted medical doctors would be available to conduct medical assessments. However, this has not stopped the respondents from booking applicants for medical assessments, which, in turn, has led to massive backlogs in all the SASSA offices. According to the respondents, since the last time the contracted medical doctors had conducted medical assessments (which was three to six months before the focus group discussions), 350 backlog applications had accumulated in one office and 200 in another, with one office having 40 applicants waiting to be assessed by the contracted medical doctors.

Secondly, the availability and accessibility of critical medical records determine how long it will take to process social grants for adult PWDs. Whether an applicant is treated at a public health facility or by a private medical doctor also has a bearing on how long it takes to process a social grant for adult PWDs. The respondents were of the view that medical records from public health facilities are easier to access than from private practices.

Thirdly, the resources at the disposal of each SASSA office (i.e. staff, ICT equipment and an up-and-running SocPen system) are a determining factor in how long it takes to process social grants for adult PWDs. While there are norms and standards in place for all SASSA offices, the reality is that not all SASSA offices are adequately resourced to process social grants for adult PWDs at the same standardised pace.

One focus group was of the view that the knowledge level of the applicants is crucial, as most of the groundwork would have been completed by the time they approach SASSA for application of the social grant for adult PWDs. The applicants of social grants for adult PWDs would at least have all the relevant documentation necessary to kick-start the application process.

It can be concluded from the differing responses to question 6 (Appendix 10) that the availability of resources (staff, ICT equipment and an up-and-running SocPen system), the medical assessment part (which includes the availability of relevant medical records and

contracted medical doctors) and the knowledge level of the applicants of social grants for adult PWDs determines the pace at which social grants for adult PWDs are processed.

With question 7 the researcher wanted SASSA officials to discuss how they deal with applicants who apply for social grants for adult PWDs without a referral letter from a healthcare facility or healthcare practitioner. Respondents in all four focus groups were adamant that applicants of social grants for adult PWDs must have a file at the clinic or information at a medical doctor's private practice before they approach SASSA to apply for a social grant: "*It is, after all, what is contained in the 2011 SGDMM.*" All four focus groups indicated that they do not normally have problems with people simply walking in from the street, because the basic criterion is that a person needs to have a record of his or her medical or mental condition, and applicants are aware of the fact. After much probing, however, two focus groups reluctantly acknowledged that they do have the occasional walk-ins.

In the unlikely event that they do have a walk-in, one focus group indicated that after the screening, if it is established that an applicant is not impaired to the extent that they meet the requirements of being awarded a social grant for adult PWDs (which is mostly evident by the fact that the person is not receiving treatment or does not have recent, up-to-date medical records of treatment), they would either take down an application for SRD or refer the person to social services (DoSD). According to the group, this is risky as there are no formalised processes and procedures in place to refer applicants of social grants for adult PWDs for alternative intervention and report back on the assistance provided, "*and this might be misconstrued as SASSA officials not willing to assist the applicants.*" That is the reason why, to be on the safe side, SASSA officials often put the applicant through the whole application process, because "*at least that way, there is record, a paper-trail, that the applicant was actually assisted.*"

However, the other three focus groups indicated that they push everyone through the same process, as the contracted medical doctor is the only one who can determine whether a person qualifies to be awarded a social grant for adult PWDs or not. What this promotes, however, is that the applicants flood the health system demanding referral letters, as SASSA cannot proceed to the next step without one. This, in a way, gives applicants receiving medical care at private medical practices an advantage over those at public health facilities, because, according to one respondent, "*it is unlikely that a private medical doctor will refuse to give his or her patient a referral letter, as it is like issuing a sick note.*" One respondent even insinuated that it is good for business, since more patients are likely to flood the medical doctor's practice

if they know that they will get a referral letter to SASSA to apply for social grants for adult PWDs: “*After all, word gets around, applicants share this kind of information.*”

In contrast, one focus group indicated that they had had issues in the past with the local health facility refusing to issue referral letters to adult PWDs, as, in their own words, “*it is extra work for them and it is not as if the applicants are disabled anyway, they just want money.*” Fortunately, this was apparently sorted out when the LAM met with the stakeholders concerned, and they no longer experience problems. All four focus groups recognised that they cannot, by law, refuse to put the applicants through the process, as SASSA is bound by legislation to take applicants through the administration process and issue them with a written outcome of their application. This can only be achieved if the applicant goes through the application-to-approval process. The respondents reiterated the fact that “*if a person walks in from the street, it is not for them to decide whether they qualify for a social grant for adult PWDs or not.*” To be on the safe side, they thus give the applicant a referral form to be completed by a healthcare practitioner. If the person returns with the completed form, they then take it from there.

One focus group indicated that due to the good working relationship they have with the local health facility, for those with no medical records they just “*refer the applicant to the clinic and ask the clinic sister there to open a file for the person.*” The only information in the person’s file would then be the vitals (i.e. blood pressure, weight and sugar levels). The four focus groups were adamant that the applicants of social grants for adult PWDs do know the process, and that is the reason why they do not encounter any problems. They stated that most walk-ins were from those requesting referral forms to take back to their private medical doctors. The fact that the applicants are this knowledgeable implies that they have gone through the process several times.

From the differing responses to question 7 (Appendix 10), one can deduce that there is no standardised way of dealing with self-referrals as they are the exception rather than the norm. Handling this exception is made even more difficult by the fact that it is presumed in the 2011 SGDMM that all applicants of social grants for adult PWDs will have an existing medical or mental condition for which they are being treated at a health facility.

6.2.2 Responses to the questions on process of administration of social grants for adult PWDs

The five questions (8–12) posed in section B of the semi-structured interview schedule (Appendix 10) were about the process of administration of social grants for adult PWDs and about the 2011 SGDMM. The responses are presented in this section.

Question 8 asked the SASSA officials what the reasons are why applicants must make several trips to the SASSA office, for screening purposes, before the application of social grants for adult PWDs is processed. There are several steps in the process that applicants need to go through before the process can be concluded. Some of the steps, like completion of a referral letter and medical assessments, involve trips to health facilities and medical assessment sites. Due to these, respondents in all four focus groups were of the view that the process is not designed in such a way that it could be concluded in one trip to the SASSA office, given the other processes to be concluded with other stakeholders (healthcare practitioners and contracted medical doctors). The minimum number of trips to be made to the SASSA office before the application is processed and concluded is three. The first trip is when the applicant of a social grant for adult PWDs approaches the SASSA service point to apply for a social grant for adult PWDs. The officials screen the person by asking several questions already mentioned in question 2. Once these questions have been answered, according to the respondents, a referral letter can be issued for completion by the healthcare practitioner, but only for those who are not treated at public health facilities.

However, the respondents differed on this matter going forward. Respondents from two focus groups indicated that they do not issue referral letters to applicants being treated at public health facilities, only those in private medical facilities. After all, according to a respondent in one of the focus groups, “*this is an equivalent of a medical file*,” as the information contained therein is used by the contracted medical doctor to recommend a social grant for adult PWDs. The other two focus groups mentioned that they issue referral letters to all those walk-in applicants looking to apply for social grants for adult PWDs.

Depending on a specific SASSA office approach, some applicants of social grants for adult PWDs receiving treatment at public health facilities are booked immediately for medical assessments, while at other offices they are sent to a healthcare practitioner to complete a referral form, which they bring back to the SASSA office once completed, to be booked for medical assessment. This then constitutes a second visit to the SASSA office or service point. Once an appointment with the contracted medical doctor has been secured, the applicant

must make a third visit for a medical assessment, and, in some rare cases, to have an application taken down immediately after the medical assessment, and an outcome letter issued on the spot.

It was noted that the respondents from the four focus groups differed in their approaches. One focus group indicated that the contracted medical doctor must complete all medical assessments for all applicants booked for that day before they can move on to the next step of taking down applications. The medical assessments are pages in a book, and the contracted medical doctor only gives back the book to the SASSA officials once all the applicants booked for the day have been assessed. What this means, in practice, is that applicants can only move as a group, and not as individuals. If the contracted medical doctor finishes early, then the applicants can move to the next stage of having their applications taken down. If the medical assessment site is not far from a SASSA office or service point, the applications could be taken down on the same day, depending on the time at which the contracted medical doctor concludes the medical assessments.

The second focus group indicated that they prioritise the very frail and those coming from far. Even if the contracted medical doctor is still busy with the medical assessment book, they will take the medical assessments (loose pages) of those identified out of the book and proceed to the SASSA office or service point to take down an application. The third group indicated that they always start their medical assessments at 07:30 so that by the afternoon they can already take down applications and issue outcome letters before the applicants leave for home. The fourth group acknowledged that applicants are sent home to come back to the SASSA service point sometime in the future to have their applications for their social grants taken down and, in some instances, applicants of social grants for adult PWDs are sent home to come back at a later stage for the outcome letters. The onus is on the applicants of social grants for adult PWDs to ensure that they return without delay.

While unavailability or overbooked contracted medical doctors were indicated as another reason why applicants of social grants for adult PWDs must make several trips to the SASSA office for screening purposes before the application is processed, only two focus groups cited this as a reason. In one focus group, the SASSA officials indicated that they had to call the contracted medical doctor several times before he or she arrived late in the day while applicants had been waiting since early in the morning, "*then the contracted medical doctor will go for tea break, then for lunch break and then it is time to knock off.*" In this instance, the SASSA officials could not call the contracted medical doctor out on this conduct as they are

not informed of the terms of the doctor's contract with SASSA, and they said, "*Only the LAM is allowed to communicate with the contracted medical doctor regarding work-related issues.*" They have reported this to the LAM, but to no avail. In their view, either the LAM does not take up the issues as communicated because he or she fears to confront the contracted medical doctor, or the issues are diluted to nothing by the time the LAM and contracted medical doctor discuss the matter. The second focus group indicated that they only had one contracted medical doctor to service the whole area. The contracted medical doctor comes from another town to conduct medical assessments at their medical assessment sites. If one must incorporate traveling into the contracted medical doctor's schedule, it meant that only a portion of the day is allocated to performing medical assessments.

Respondents from all four focus groups cited the scarcity of contracted medical doctors as a reason why applicants of social grants for adult PWDs must make several trips to the SASSA office, for screening purposes, before the application is processed. According to the respondents, "*the NCR just does not have enough medical practitioners to support the SASSA in its processes, while catering to the health needs of the whole provincial population.*" This problem has been exacerbated by the withdrawal of medical doctors employed by the state from conducting medical assessments for SASSA. At the time of the focus group interviews, only medical doctors in private practice were contracted to conduct medical assessments for SASSA. The vastness of the province is also a deterrent, as allocating contracted medical doctors from other districts involves long-distance travel as well as sleepovers. This means that contracted medical doctors must be away from their private medical practices for prolonged periods and, when comparing the amount of money these doctors are compensated for each medical assessment to the fees they charge for private consultations, it is just not worth the trouble.

From the various responses to question 8 (Appendix 10), one can deduce that the process of administration of social grants for adult PWDs is not designed in such a way that it can be concluded in one trip. At best, given the number of stakeholders and their availability, the steps in the process that the applicants must go through, and proximity to the SASSA service points, a minimum of three trips must be made before the application of social grants for adult PWDs is processed.

SASSA offices have standards on turnaround time for all social grants. Question 9 ("If you were to give an estimate, how long does it take to move from a referral to the outcome of the social grant for adult PWDs application?") asked SASSA officials what a realistic timeframe

might be for processing the social grants for adult PWDs, and they were required to motivate their answers. While respondents indicated that it is currently difficult for them to estimate the turnaround time, given the challenges experienced, the four focus groups indicated that the process could easily be concluded in one week (Group 1), two weeks (Group 2) or a month (Groups 3 and 4). One focus group was of the view that while all the activities might sound and look daunting on paper, it is nothing to be worried about. As one respondent said, “*Probably officials feel that the activities should be stretched over a few days, which is not the case,*”

The first focus group outlined a process that they follow every week, from which they see no reason to deviate because it works. Firstly, their standard is for medical assessments to be conducted every Wednesday. Applicants who visit the SASSA offices from Thursdays to Tuesdays are booked for a medical assessment the following Wednesday, if a contracted medical doctor is readily available. Secondly, every Tuesday afternoon the SASSA officials take the list of applicants to the local public health facility to have the medical files retrieved in preparation for the medical assessments the next day. At 07:30 on a Wednesday, a SASSA official will already be at the medical assessment site to check that all the required documents are in order. While waiting, the clinic staff assist in recording the medical vitals (i.e. blood pressure, weight and others). By the time the contracted medical doctor arrives at 08:00, all is ready for him or her to conduct the assessments. When probed, the respondents indicated that the contracted medical doctor is never late, at least not without informing them. By midday, they are done with the medical assessments and the SASSA official takes the completed medical assessment forms to the office where the applications of social grants for adult PWDs are taken down, and each applicant leaves with an outcome letter immediately afterward. Even though this particular office under discussion has one contracted medical doctor, the office has the advantage of servicing a small area and the medical assessment site is within walking distance of the SASSA office. With these activity steps in mind, the process takes a week, or even less (depending on which day of the week the applicant approached the SASSA office), and two trips, to apply for social grants for adult PWDs.

Respondents from the second focus group indicated that it takes two weeks. They also follow the process as outlined above, but the only difference is that they do not take down the application for social grants for adult PWDs and issue the outcome letter immediately after the medical assessments. Usually, the applicant goes home after the medical assessment (which is on a different day from the day on which they applied) and is then asked to come back at another time to fetch the outcome letter. Respondents did not give a reason for prolonging the

process (unnecessarily, it seems), other than to say that it has always been done that way. Respondents conceded, however, after much probing, that there is no reason why they cannot improve and shorten the process.

Respondents from the third and fourth focus groups estimated a month or more for the process to unfold. This timeframe was attributed to the fact that their respective offices only schedule medical assessments once a month. These groups, however, indicated that they normally do not know when a contracted medical doctor will be available, and they depend on the LAM to schedule such appointments. While they book an applicant for medical assessment, they do not do that with a specified date or timeframe in mind. Unfortunately, these offices always have high numbers of applications relating to social grants for adult PWDs. In terms of the 2011 SGDMM, a contracted medical doctor can only assess a maximum of forty applicants per day. It is highly likely that some applicants will have to be turned back due to overbooking. Fortunately, in some cases, a contracted medical doctor is booked for two to three days at a medical assessment site to reduce the backlog. At the time of the focus group discussions, the offices represented by the respondents had 350, 200 and 350 backlog applications, respectively, waiting to be assessed by the contracted medical doctors. A total of 350 backlogged applications were accumulated in one office and 200 in another, with one office having forty pending applications as the officials did not have any choice but to keep on booking more applicants while waiting for a date when the contracted medical doctor could be secured.

Respondents conceded that this type of arrangement causes some challenges that would likely prolong the process further (and, it may be argued, unnecessarily so). Once the LAM confirms the date, they then either call the applicants or go to their physical address to inform them of the date for the medical assessment. The respondents were of the view that SASSA seems to expect people to stay put until they are ready to contact them, "*forgetting that people are mobile, and they don't stay in one place for long.*" For those in the deeply rural and farming areas, their only point of contact is often a school in their area. In addition to giving the schools' contact telephone numbers, some give friends' numbers, only for officials to find out that applicants are known by other names, "*and when we start tracing the person we use what is in that person's ID, not knowing that, for example, Margaret is actually locally known as Grietjie,*" and then being unable to locate the person in time for the medical assessment.

In light of the challenge of contracted medical doctors' unavailability at the time, the SASSA officials could not be certain when the earliest date for the medical assessments will be. At the

time of the focus group discussions, the last medical assessments had been conducted on average three months earlier for the offices represented by the focus groups. By the time SASSA contacts the applicants, they either no longer reside at the last address given, their cell phone numbers no longer work or no one at the last known address seems to know them, mainly because SASSA uses the formal names in the ID and applicants are known by nicknames where they live.

From the differing responses to question 9 of the semi-structured focus group discussions, one can deduce that the turnaround time from referral to the outcome of the social grant for adult PWDs application is dependent on the varying dynamics in each office (i.e. physical setup, the relationship among the stakeholders concerned and the procedures, as well as the management thereof). Against this background, it was important to establish if all SASSA offices in the Northern Cape Province experienced the same turnaround times. This was discussed by posing question 10.

Respondents in all four focus groups concurred that the challenges regarding the availability of contracted medical doctors to conduct medical assessments affected all offices negatively. Contracted medical doctors are deployed from one district to another to deal with the backlog, and, given the vastness of the province, this is no easy task. As such, one respondent implied that contracted medical doctors do not do a proper job of assessing applicants, as they are more worried about getting through the backlog. Another respondent in one of the focus groups said that “*the contracted medical doctors do not really check the medical vitals – others do, while others don’t – but they just use information on the file to complete the form.*” Respondents referred to “*cases where you can see the person is obviously disabled, but the contracted medical doctor does not recommend a social grant.*” The same respondent indicated that when she took up the matter with management, she was “*advised not to get emotionally attached.*” As SASSA officials closely involved in the process, the respondents in the focus groups alleged that they must sometimes sit helplessly through medical assessment sessions where a contracted medical doctor is making an error, but in which they cannot intervene as the contracted medical doctor has the final say.

The respondents in one focus group indicated that there is one contracted medical doctor who, when faced with many applicants, seems to take pleasure in ticking “*reject, reject, reject ... which is easier than recommend as then the contracted medical doctor will be expected to motivate his or her recommendation.*” In response to a question on whether applicants take up these matters for internal review when there is clear bias or incompetence,

focus group respondents indicated that “*applicants of social grants for adult PWDs are no longer interested in applying for internal reconsideration either, as it takes too long, and applicants rather prefer to wait the obligatory three months before applying again.*”

The respondents have also noticed the inconsistencies among contracted medical doctors, as different contracted medical doctors apparently assess differently. This is the situation despite their being trained on the 2011 SGDMM. Cases were cited where one contracted medical doctor recommended a social grant for adult PWDs for the same medical condition that another used to reject the person’s application a few months earlier. For instance, in cases of HIV positive individuals, one contracted medical doctor awards a social grant for adult PWDs for twelve months, without fail, even when the person does not suffer from any impairments at the time of assessment, while another rejects all HIV positive individuals, notwithstanding their health status at the time. An example was given of one person who was rejected, only to pass away three days later.

From the responses to question 10 (Appendix 10) one can deduce that in as far as the respondents in the focus group discussions knew, the longer timeframes indicated applied to all SASSA offices in the NCR, and unwittingly affects the quality of services rendered, as the focus is mainly on dealing with backlogs.

It is clear, therefore, that there is a need to simplify the application to approval process and make it more user friendly for the applicants (cost, facilities and infrastructure), hence question 11 on how this could be done. Respondents in all four focus groups were of the view that SASSA has adequate facilities and infrastructure per local area to service its clientele. One focus group was of the view that their services were accessible and that they did not experience any problems at all. According to this focus group, they are a small town and their customers can easily access their office by walking, eliminating the need for transport fees. Secondly, they have a good working relationship with the contracted medical doctor and the staff at the local health facility. Thirdly, for the remote areas, they have a fixed schedule for a mobile service to visit those areas, and all these areas have their own medical assessment sites. This had been the case up until a month before the focus group discussions. Since then, however, their one contracted medical doctor had been suspended from conducting medical assessments as he or she had reached the threshold amount allocated for claims per contracted medical doctor, which is R500 000 per financial year. What could assist, in their view, to simplify the application-to-approval process is to “*have a contracted medical doctor on tap*”. The group appealed to the SASSA management to maintain the status quo by allowing

the aforementioned doctor to continue performing medical assessments and do away with the threshold. As they said,

It really doesn't make sense because if it were two contracted medical doctors they would have given them twice the amount, what does it matter if the money goes to one contracted medical doctor, as long as the service is rendered?"

Or, better still, why can SASSA not appoint medical doctors permanently for each local area, whose full-time job will be to conduct medical assessments as and when required to do so?

However, respondents from the other three focus groups were not as fortunate. Their service areas span long distances, and paid transport is a prerequisite for most of their clientele to access their offices. The only way to alleviate this is to dispatch mobile services regularly, rather than wait for the applicants to come to the SASSA service points. On rare occasions, they even manage to get a contracted medical doctor to form part of those outreach programmes. Home visits are also a welcome relief to the applicants as they save them the trip to the SASSA service points, especially for the frail and the bedridden. The only disadvantage, however, is that contracted medical doctors do not accompany them on home visits and the applicants are still expected to present themselves at designated medical assessment sites before the process can be concluded. Also, while the SASSA officials are out on mobile services, the offices are probably closed for the day due to inadequate staff, thereby creating another challenge.

The researcher observed that though contracted medical doctors seem to be central to the whole process, their scarcity or unavailability has a negative impact all round. Healthcare facilities, meanwhile, are adequate, and clinic sisters have more information and know the applicants better since they see them more regularly than the contracted medical doctors. When asked if it might simplify the process and reduce costs if clinic sisters at local healthcare facilities conducted medical assessments, the respondents in two of the focus groups sounded horrified: "*Yes, clinic sisters have more information. However, they have a close relationship with the applicants and are unlikely to be objective.*" In one respondent's words, "*Every applicant will get a grant and the SASSA will be bankrupt in no time.*" The other focus groups, however, thought that while it is worth considering involving the other healthcare professionals at the local areas more, instead of waiting for contracted medical doctors, care should be exercised to mitigate the issue of bias. From the responses to question 11 (Appendix 10), one can deduce that if not for the inadequate resources available at SASSA's disposal for implementation, the process would be simple and user-friendly for the applicants.

Question 12 asked the SASSA officials to make recommendations towards improving the administration of social grants for adult PWDs in the NCR. Respondents from one focus group were of the view that the current process is straightforward and all that needs work is the relationship among the stakeholders involved, and the following recommendations were made:

- i. Nurture the relationship between SASSA and stakeholders (i.e. clinics, hospitals, private medical doctors), and internally among SASSA officials.
- ii. Appoint, develop and incentivise SASSA officials to be committed and willing to go the extra mile, like being willing to go in early to ensure everything is set up for the contracted medical doctors.
- iii. Appoint, develop and incentivise contracted medical doctors to be committed enough to fully comply with the SLAs signed with SASSA.
- iv. Make the sharing of best practices a culture to be enforced by management, and ensure that this is rolled out in all other SASSA offices.
- v. Hold staff meetings where benchmarking is key.

Respondents from the other three focus groups, however, were of the view that the following needs to happen for the administration of social grants for adult PWDs to improve:

- i. Start a recruitment drive to get medical practitioners to contract with SASSA to conduct medical assessments.
- ii. SASSA should employ full-time in-house medical practitioners.
- iii. Formalise an MoU between SASSA and the DoH and ensure that medical practitioners include medical assessments as part of their performance contracts, instead of treating this as additional work outside their scope.
- iv. Ensure that whenever standardised processes are introduced for SASSA, the dynamics of each province/district/local office are taken into consideration.
- v. Go back to the previous way of doing things where contracted medical doctors were allocated per local area and LAMs oversaw the process, instead of the tender system that is currently being introduced to have a national consortium handling the medical assessments.
- vi. Establish a one-stop centre where the 2011 SGDMM process can be concluded in one visit.
- vii. Put a structure in place in order to adequately resource centres in alignment with the process that has been developed.

- viii. Decentralise the supply chain management processes where LAMs are delegated to negotiate and appoint service providers at a local level, rather than wait for the regional office to carry out such activities.
- ix. Align schedules of SASSA with those of the critical stakeholders for a seamless process.
- x. Foster multi-stakeholder relationships and formalise them.
- xi. Allow clinic sisters to play a prominent role in the medical assessment process.

From the responses to question 12 (Appendix 10) one can deduce that the process of administration of social grants for adult PWDs in the NCR could be improved by acquiring and deploying adequate resources, formalising relationships and capacitating all critical stakeholders, that and management of SASSA plays a prominent role.

6.2.3 Responses to the questions on attitude towards social grants for adult PWDs

The four questions (13–16) posed in this section were about respondents' attitude towards social grants for adult PWDs. The responses are presented in this section.

With question 13, SASSA officials were asked if they think applying for a DG or GIA is within reach of the targeted population in terms of cost, access to necessary infrastructure, and facilities, and they were requested to motivate their answers. Respondents in all four focus groups were of the view that the process, as it is currently, favours those with the means to access a medical facility and a SASSA service point, and the means to make inquiries in instances where the process is taking too long. Despite the SASSA footprint being reasonably adequate, however, it is the availability of critical stakeholders in the process that poses a challenge. With regard to the footprint, SASSA is extending itself to reach out to their targeted beneficiaries by embarking on outreach programmes, home visits and satellite service points to ensure that no service users are left out. Were it not for the scarcity of the contracted medical doctors, the current process would be perfect, or so the respondents believed. From the responses to question 13 (Appendix 10), it thus appears that while access to the SASSA infrastructure and facilities in the NCR might not be a challenge, the availability of stakeholders to render the necessary quality services might be.

Linked to the aim of question 13, the distinguishing features or profiles of repeat applicants were addressed in question 14. In one focus group, all the respondents burst into laughter at the question as, according to one respondent, “*we all know them.*” According to the respondents, applicants apply for the social grants for adult PWDs like they play the Lotto, and

never seem to miss an opportunity to put in an application at the earliest opportunity. And like with the Lotto, sometimes they get lucky and sometimes not, but one can be sure that they will return. The respondents in the four focus groups indicated one or more of the following as an accurate profile of a repeat applicant:

Age: younger than 60 years of age

Education: low level; no skill or expertise

Employment: currently unemployed or unemployable; never employed or seasonal worker

Mobility: relatively/reasonably mobile; can afford to visit a health facility and SASSA service point in terms of time and cost

Income: no visible means of income; poor; previous TDG recipients

Disability: mild disability (perceived or real); mainly incapacitated by illness rather than permanent disability; not too sick to visit a SASSA service point regularly; chronic illness controllable/manageable with treatment

Condition: currently under medical supervision and undergoing treatment; on chronic medication

From the responses to question 14 (Appendix 10) one can deduce that a repeat applicant is someone (i) with no prospects of employment and desperate for an income, (ii) with a mild disability, (iii) on chronic medication for manageable chronic illnesses, (iv) who is reasonably mobile and (v) who has enough resources to visit a SASSA office and/or health facilities to seek help.

After having the respondents outline the profile of a repeat applicant, it was necessary to know what motivates people to keep on applying for social grants for adult PWDs despite being rejected time and time again. In their responses to question 15, the respondents listed the following as motivators for people to apply for social grants for adult PWDs despite the repeated rejections: (i) being poor, (ii) having no source of income, which is exacerbated by the high unemployment rate in the country, especially in the NCR and (iii) different SASSA officials' and contracted medical doctors' inconsistent application of the criteria. In one respondent's words, "*DG is not a DG anymore, it is an unemployment grant.*"

From the responses to question 15 (Appendix 10), one can deduce that socio-economic circumstances and inconsistencies in applying the qualifying criteria motivate people to keep on applying for social grants for adult PWDs despite being rejected time and time again.

Having gained clarity on the attitude towards social grants for adult PWDs, question 16 probed into what could be done to provide a helpful environment where adult PWDs can apply for social grants for adult PWDs at their convenience? Respondents in all four focus groups felt that, as the face of SASSA, they need to be capacitated to deal with all kinds of enquiries, and this could be achieved if SASSA management simply took them into their confidence and explained matters to them. For example, while officials are the ones who interact directly with contracted medical doctors during medical assessments, they do not even know what is in the contracts SASSA signed with the doctors. As such, they cannot monitor whether contracted medical doctors are still compliant with the contract, as they are managed by DMU at the regional office level. If the SASSA officials were aware of what is in the signed contracts, they would always be able to relay the correct information to the applicants and to contracted medical doctors as well. Respondents felt that they were isolated in their endeavour to provide a better service. Support from management and each other would go a long way to ensure that they project a “*happy face*” to the customers.

Some of the functions centralised at the regional office seemed unnecessary to the respondents, for instance, “*Why is it that a LAM cannot negotiate a contract with a local medical doctor but needs someone, probably of a lower rank, from the RO,³ to come and do that for them?*” LAMs do not know what is in the contracted medical doctor’s SLA, as *only regional office knows about that*, which makes it difficult to enforce compliance. Networking with colleagues from other areas would also assist the respondents to learn best practices and not repeat mistakes that their colleagues had previously made and have since learned from.

From the responses to question 16 (Appendix 10) one can deduce that decentralisation of certain functions, trust by the management of SASSA, and networking with colleagues and other critical stakeholders will go a long way in empowering and motivating the SASSA officials to take ownership and provide a helpful environment where adult PWDs can apply for social grants for adult PWDs at their convenience.

6.3 CONCLUSION

The collected data from the respondents were presented in a systematic way as set out in the interview schedule for semi-structured focus groups with SASSA officials (Northern Cape) (Appendix 10). Responses from the four semi-structured focus group discussions with SASSA officials were narrated and presented systematically. Even though all four focus groups were

³ RO: regional office

from the NCR, the demographics so diverse as to give the impression of being from different provinces. While these officials are supposed implement a standardised process, their responses indicate that they improvise as they go along, depending on their circumstances at any given time.

All four focus groups placed the contracted medical doctor at the centre of administration of social grants for adult PWDs. Whereas the availability of contracted medical doctors is critical for the efficient administration of social grants for adult PWDs, managing the relationship between SASSA and these doctors is crucial. Despite the introduction of the 2011 SGDMM, standardisation of processes in different SASSA offices is yet to be achieved. This could be attributed to the different dynamics and available resources in each SASSA office. The role of the SASSA official in the administration of social grants for adult PWDs is mainly a coordinating and supportive one. The main findings on the responses from the semi-structured focus group discussions with SASSA officials presented and analysed in this chapter will be discussed in detail in Chapter Eight. The responses from the semi-structured face-to-face interviews with contracted medical doctors are presented and analysed next, in Chapter Seven.

CHAPTER SEVEN

PRESENTATION AND ANALYSIS OF RESPONSES FROM SEMI-STRUCTURED FACE-TO-FACE INTERVIEWS WITH CONTRACTED MEDICAL DOCTORS

7.1 INTRODUCTION

This chapter presents the responses and analyses the feedback from semi-structured face-to-face interviews with contracted medical doctors. Chapter Seven is linked to the third objective of this study, that is to analyse responses of the semi-structured face-to-face interviews with the contracted medical doctors. The chapter consists of three sections. The responses to be presented herein emanate from the ten semi-structured face-to-face interviews with contracted medical doctors in the NCR. Sixteen open- and closed-ended questions, divided into three sections, were posed during the ten semi-structured interviews, and the discussions of the responses are structured accordingly.

Section 7.2.1 contains the responses to the questions on knowledge of acts and policies on the administration of social grants for adult PWDs (Appendix 12, section A) from semi-structured face-to-face interviews with contracted medical doctors. Here the responses to the first five questions of the amended semi-structured face-to-face interview schedule (Appendix 12) posed to respondents, related to the knowledge of acts and policies on the administration of social grants for adult PWDs, are presented and analysed. The same is done in section 7.2.2 (the responses to questions 6–10, relating to the process of administration of social grants for adult PWDs) and section 7.2.3 (responses to questions 11–16, relating to attitude towards social grants for adult PWDs). Direct quotes, in italics, are sometimes used to support the narrative of the semi-structured face-to-face interviews with contracted medical doctors.

7.2 RESPONSES TO THE SIXTEEN QUESTIONS POSED DURING THE SEMI-STRUCTURED FACE-TO-FACE INTERVIEWS WITH CONTRACTED MEDICAL DOCTORS

The five questions (1–5) posed in section A of the semi-structured interview schedule (Appendix 12) were about the respondents' knowledge of acts and policies on the administration of social grants for adult PWDs. The responses to these five questions are discussed below.

7.2.1 Responses to the questions on knowledge of acts and policies on the administration of social grants for adult PWDs

Question 1 asked the respondents what the reasons are why people apply for social grants for adult PWDs, and what the qualifying criteria should be for social grants for adult PWDs. All ten respondents (100%) indicated that people apply because they have a disability, which leads to impairment, perceived or real. However, according to four respondents, the impairment is mostly not real but rather perceived by applicants or, according to two respondents, by employers. This perceived impairment often leads to a reluctance by prospective employees to seek employment, and makes employers reluctant to offer them jobs due to the misplaced belief that they will not be able to perform their duties properly.

In addition to the above-mentioned reasons, six respondents indicated that socio-economic factors (unemployment, no source of income, need for financial support, inability to compete in the open labour market) play a major role in the reasons why people apply for social grants for adult PWDs. Two respondents cited the presence of a medical condition as a factor when people apply for social grants for adult PWDs, while one respondent cited chronic illness as a major factor. One respondent went as far as to allege that *some applicants of social grants for adult PWDs apply for the sake of applying, hoping to get lucky*. This echoed the sentiment expressed during the focus group discussions, where one respondent likened application of social grants for adult PWDs to playing the Lotto, “*where sometimes one wins or sometimes loses.*”

While disability on its own is a good enough reason for adult PWDs to apply for social grants, according to all respondents ($n = 10$ or 100%), the qualifying criteria should, over and above disability, include impairment ($n = 10$ responses), inability to compete in the open labour market ($n = 4$ responses), inability to perform certain functions ($n = 5$ responses) or no source of income ($n = 7$ responses).

Two respondents also raised their concern about the fact that, in some cases, people do not even attempt to seek employment as they believe that they would automatically not succeed, and that some employers are reluctant to employ PWDs. Respondents also felt that due to the socio-economic status of the applicants of social grants for adult PWDs, applicants often exaggerated their impairment so that they could receive a social grant for adult PWDs.

From the responses to question 1 (Appendix 12) one can deduce that disability (perceived or real) and its underlying conditions is the main reason applicants of social grants for adult

PWDs apply for social grants for adult PWDs. Whereas impairment tends to play a minor role or no role at all in the decision to apply for social grants for adult PWDs, it should be at the forefront of any decision to award social grants for adult PWDs. This is in line with the legislative prescripts on social grants for adult PWDs, as outlined in section 2.4 of Chapter Two (SA legislation governing administration of social grants for adult PWDs). The Constitution, section 27(1), as the overarching legislation, entitles one to access to social security if unable support oneself and/or dependants. This is supported by section 5(1) of the Social Assistance Act, 2004 (Act 13 of 2004 as amended), which provides that any person, if he or she is a resident in the RSA, a SA citizen or refugee, shall be entitled to the appropriate social grant if he or she satisfies the Director-General that he or she is an aged or disabled person or a war veteran. The reasons advanced about why people apply for social grants for adult PWDs are thus in line with the provisions of the Constitution, the Social Assistance Act, 2004 (Act 13 of 2004 as amended), and its regulations, and the 2011 SGDMM.

With question 2, the researcher wanted to know, on average, how long people are on treatment for their medical or mental condition before they are referred to SASSA to apply for social grants for adult PWDs. While respondents supplied different timeframes, they all ($n = 10$ responses) agreed that this is mainly dependent on the medical condition of the applicant, while three respondents indicated that the treating medical doctor often determines how long it will take before he or she refers the applicant to SASSA to apply for a social grant for adult PWDs. The other timeframes were immediately ($n = 3$ responses), one to two weeks ($n = 1$ response), a few months ($n = 3$ responses), twelve months or more ($n = 2$ responses) and many years ($n = 1$ response), with an emphasis on the medical or mental condition being treated. It was thus evident from the responses to question 2 (Appendix 12) that the medical or mental condition and the treating medical doctor often determine how long people are on treatment before they are referred to SASSA to apply for social grants for adult PWDs. The 2011 SGDMM stipulates that one should have been receiving treatment for one's medical/mental condition for at least six months before referral to SASSA for application of social grants for adult PWDs.

Responding to the question of how applicants are referred to SASSA to apply for social grants for adult PWDs (question 3), six respondents indicated that applicants of social grants for adult PWDs are usually referred by healthcare practitioners from hospitals and clinics. Respondents also stated that referrals are done by the consulting/treating medical doctor ($n = 4$ responses), self-referrals ($n = 3$ responses), private medical doctors ($n = 2$ responses), nurses ($n = 2$ responses) and social workers ($n = 1$ response). From the responses to question 3

(Appendix 12) one can deduce that the healthcare practitioners (medical doctors and nurses) play a prominent role in referrals to SASSA for application of social grants for adult PWDs. As with question 2, the 2011 SGDMM is clear on this matter: to mitigate the risk of self-referrals, applicants should be referred by the treating source for their medical/mental condition, especially around chronic illnesses.

Question 4 aimed to identify the challenges experienced in the administration of social grants for adult PWDs during medical assessments that respondents thought are inherently linked to the acts, policies and guidelines. Only one respondent alluded to not knowing of any challenges experienced with regard to the administration of social grants for adult PWDs. The rest ($n = 9$ responses) listed the following challenges (Table 39) in response.

**Table 39: Challenges experienced in the administration
of social grants for adult PWDs**

Respondents	Challenges
n = 1	<ul style="list-style-type: none"> · A different interpretation of the current guidelines by assessing contracted medical doctors · The current definition of disability is limiting for many applicants · The misguided assumption that having a disability automatically qualifies one for a social grant for adult PWDs · A misconception that everyone having the right to access to social grants entails allowing applicants with no clear prospects of success to go through the process so that the administrative process could be recorded · Public health facilities' refusal to complete referral forms for applicants leaves them with no other option but to consult private doctors, which proves to be a challenge to the majority as they might not necessarily have the funds to do so
n = 2	<ul style="list-style-type: none"> · No uniform procedure guidelines for disability assessments in place · Inadequate information on applicants' files to enable assessing medical doctors to make informed decisions
n = 3	<ul style="list-style-type: none"> · Under-resourced health facilities
n = 4	<ul style="list-style-type: none"> · Comprehensive patients' records including x-rays, scans, and tests not available at health facilities to enable contracted medical doctors to make proper assessments

From the responses to question 4 (Appendix 12) one can deduce that a wide variety of challenges are experienced during medical assessments, the crucial one being different interpretations of the policies on social grants for adult PWDs and the evolving definition of disability. This is puzzling as the 2011 SGDMM was specifically developed to address the issue of uniform procedure guidelines. It is even a requirement for all contracted medical

doctors to be trained on the 2011 SGDMM before being booked to conduct medical assessments.

In light of the above-mentioned challenges experienced in the administration of social grants for adult PWDs, question 5 probed what could be done to address these challenges, and at what level (provincial, national or both) respondents thought the intervention should be coordinated. Respondents' suggestions for addressing the challenges, in response to question 4, are depicted in Table 40:

Table 40: Proposed intervention measures

Level	Intervention measures
Provincial	<ul style="list-style-type: none"> · Better coordination between SASSA and public health facilities, especially clinics in the rural areas · More health facilities and more medical doctors · Health facilities to be fully resourced to perform investigations (x-rays, scans, etc.) necessary to properly diagnose patients · Medical doctors need to be flexible when looking at patients' socio-economic circumstances · Beneficiary education for people to understand that having a medical condition does not automatically entail impairment · Proper coordination of services between SASSA and its critical stakeholders at public health facilities and private medical practices · Health facilities to regularly refer patients for proper investigations to ensure that proper records are kept in case they are needed
National	<ul style="list-style-type: none"> · Clear-cut guidelines for every contracted medical doctor to follow (<i>"doctors should not be at liberty to do what they feel is right"</i>) · In cases where contracted medical doctors feel compelled to go against the guidelines, the system should make room for them to motivate their decisions · Relax the definition of a disabled person · Alternative measures, other than food parcels (SRD), to be put in place for the unemployed, because people need money
Both	<ul style="list-style-type: none"> · A closer working relationship between SASSA and the DoH (signed MoU) · Review guidelines

From the responses to question 5 (Appendix 12) one can deduce that it is necessary to have an all-inclusive definition of disability and clear-cut guidelines on social grants for adult PWDs at national level for every contracted medical doctor to comply with in order to mitigate subjectivity. Improved coordination of services by SASSA and other critical stakeholders at provincial level is also needed in order to address challenges experienced in the administration of social grants for adult PWDs.

The five questions posed in this section were on the Acts and policies, even though, mindful of the background of the respondents, as with applicants of social grants for adult PWDs, the researcher did not come outright and asked them to name the legislation but deduced from their responses the legislation they were alluding to. From the responses, the researcher is of the view that the respondents were knowledgeable on the Acts and policies on administration of social grants for adult PWDs.

7.2.2 Responses to questions on the process of administration of social grants for adult PWDs

The five questions (6–10) posed in section B of the semi-structured interview schedule (Appendix 12) were about the process of administration of social grants for adult PWDs, in relation to the 2011 SGDMM. The responses to these questions are presented in this section.

Question 6 asked how long the respondents thought it takes for an applicant to go through the administration of social grants for adult PWDs process (application to approval). The respondents are not directly involved in any part of the administration process other than the medical assessments, and could only respond based on what they have heard from applicants themselves or sometimes from the SASSA officials. The applicant goes to a public health facility or private doctor where a disability/medical condition is diagnosed, and then approaches SASSA for a referral form. After receiving the referral form, the applicant must return to the public health facility or private doctor for it to be completed. It could take from a week to a month to have this phase completed. With the referral letter in hand, the applicant then goes back to the SASSA office where he or she is booked for a medical assessment. This process is lengthy and could go on for months before it is completed. According to the respondents, it could take from a week to six months (one week n = 1 response; one month n = 3 responses; two months n = 1 response; two to three months n = 1 response; three to six months n = 1 response; too long n = 3 responses).

From the responses to question 6 (Appendix 12) one can deduce it takes an average of three months for an applicant to go through the administration process of social grants for adult PWDs. One should be mindful of the fact that none of the respondents were conversant with any part of the application-to-approval process other than the medical assessments, and their responses can therefore only be based on hearsay.

It was therefore interesting to identify what causes the delay in the administration of social grants for adult PWDs process (question 7). While respondents estimated different timeframes

for the duration of the application to approval process, they all ($n = 10$ responses) agreed that the timeframe is dependent on the availability of the contracted medical doctor to either complete a referral form or medically assess the applicant of social grants for adult PWDs. One respondent highlighted the limited number of medical doctors contracted by SASSA to perform medical assessments as a concern. In addition, two respondents indicated that staff shortages in SASSA, especially in rural areas, also contribute to the problem. One respondent mentioned the booking system, which directs contracted medical doctors to medically assess only forty applicants per session, as restrictive. Respondents believed the process could be quicker and could take less time if contracted medical doctors were allowed to medically assess more than forty applicants per session if need be. An extended one-day session that goes beyond normal working hours could be more cost-efficient than having to schedule another day. From the responses to question 7 (Appendix 12) one can deduce that human resource capacity in the twenty-nine SASSA service points distributed across the twenty-six local municipalities in the Northern Cape region causes delays in the administration process of social grants for adult PWDs.

When the respondents were asked how long they thought it should take for an applicant to go through the administration process of social grants for adult PWDs (question 8), the respondents mentioned varying timeframes that they considered convenient and ideal for the application to approval process. The responses ranged from one week to two months. Four respondents indicated that three weeks is enough time to implement the process from application to approval, provided that all the necessary resources are in place. This was followed by two respondents who suggested one week, and the remaining four respondents suggested weeks ($n = 1$), three weeks ($n = 1$), one month ($n = 1$) and one to two months ($n = 1$) respectively. One can deduce that three to four weeks, given availability of the necessary resources, is an ideal timeframe to go through the administration process of social grants for adult PWDs.

It was important to ask the respondents if social grants for adult PWDS are being efficiently administered by SASSA (question 9). Six of the respondents indicated that these grants are efficiently administered, three indicated that the administration of the social grants is not efficient, and one indicated that "*it is okay, but ... there is room for improvement*". The following (Table 41) were advanced as motivation for the respondents' answers:

Table 41: Reasons for perceived efficiency/inefficiency

Yes (n = 6 responses/60%)	No (n = 3 responses/30%)	Unsure (n = 1 response/10%)
<ul style="list-style-type: none"> · No maladministration in the processing of social grants for adult PWDs · SASSA structures and processes are very efficient · There are clear and simple SASSA processes · Criteria for awarding social grants for adult PWDs are very clear · Training provided to doctors is adequate to enable them to do their job as expected 	<ul style="list-style-type: none"> · It takes too long to process the social grants for adult PWDs · There are not enough contracted medical doctors · Doctors are not evenly spread across the province to enable them to perform medical assessments as and when they are required · Records kept by health facilities are not comprehensive enough to assist doctors in making the right recommendation · No proper assessments by treating sources before applicants are referred to SASSA, resulting in vague information being presented and the expectation that the doctor should make informed decisions based on that 	<ul style="list-style-type: none"> · There is always room for improvement

It thus appears that, in general, social grants for adult PWDS are being efficiently administered, but with question 10 the respondents could make suggestions to improve efficiency in the administration of social grants for adult PWDs. The following nine suggestions were made by the respondents in response to the question:

- i. Referral forms should be made available at treating centres instead of at SASSA offices only.
- ii. Medical doctors should be appointed to the SASSA establishment to perform medical assessments on a full-time basis.
- iii. More medical doctors should be contracted and scheduled in such a way that there is always a medical doctor available to perform medical assessments, thus preventing backlogs,
- iv. Contracted medical doctors should be near the target population (i.e. townships) to ensure that applicants are medically assessed as and when they approach SASSA for a social grant for adult PWDs.
- v. Contracted medical doctors should be trained continually.
- vi. SASSA should place experienced personnel at healthcare facilities to assist with medical assessments.
- vii. SASSA should train personnel (i.e. medical doctors and nurses) at healthcare facilities.

- viii. Government should put in place measures to address the high rate of unemployment in the country to ease the burden placed on the social grants for adult PWDs.
- ix. Contracted medical doctors and SASSA officials should adhere strictly to the guidelines to ensure that only the most deserving receive the social grants for adult PWDs.

From the responses to question 10 (Appendix 12) one can deduce that to improve efficiency in the administration of social grants for adult PWDs, contracted medical doctors should be readily available to conduct medical assessments as and when needed. Response time should be incorporated in the medical doctors' contracts with SASSA to ensure that they are always available to conduct medical assessments as and when the need arises.

7.2.3 Responses to the questions on attitude towards social grants for adult PWDs

The six questions (11–16) posed in section C of the semi-structured face-to-face interview schedule (Appendix 12) were about attitude towards social grants for adult PWDs. The responses thereof are presented in this section.

Question 11 asked respondents what the main determining factors are for a contracted medical doctor when recommending the award of a social grant for adult PWDs. Nine respondents mentioned that physical disability was the most cited of the seven listed determining factors when recommending the award of social grants for adult PWDs, while mental disability and emotional instability (one response each) were the least cited. Other factors included infectious diseases, functionality and inability to enter the open labour market ($n = 3$ responses each), while six respondents mentioned impairment. The factors were sometimes indicated as stand-alone conditions, but mostly as a combination (i.e. physical disability and impairment, mental disability plus functionality, or impairment due to several reasons), resulting in an inability to enter the open labour market. From the responses to question 11 (Appendix 12) one can deduce that physical disability, complemented by other factors, is the main determining factor when contracted medical doctors recommend the award of social grants for adult PWDs.

Question 12 asked if any other contracted medical doctor known to the respondents ever awarded a social grant for adult PWDs for reasons other than those outlined in the medical assessment form. Six of the respondents admitted to having or knowing colleagues who have awarded a social grant for adult PWDs for other reasons than those outlined in the medical assessment form. The reasons related to the social circumstances of the applicants rather

than the disability or impairment. The respondents justified these actions by pointing out the absence of an alternative safety net for unemployed people aged 19–59 years with no source of income. The remaining four respondents indicated that the criteria are clear and that they always adhere to them.

From the responses to question 12 (Appendix 12) one can deduce that although contracted medical doctors adhere to the set criteria, the majority are unable to disregard the social circumstances of the applicants when awarding social grants for adult PWDs.

The circumstances of applicants are seen as a variable that has an impact on the respondents, and it was therefore interesting to know if the respondents have ever awarded a social grant for adult PWDs to an applicant who has previously been rejected for the same medical or mental condition (question 13)? It is not unheard of for applicants who have been previously rejected to eventually be awarded a social grant, even on a permanent basis. In line with this, seven of the respondents admitted to having awarded social grants to applicants who had been previously rejected. This could be due to one or more of the reasons below:

- i. a different interpretation of the guidelines;
- ii. deteriorating medical condition;
- iii. proper investigations revealing new information about the applicant's medical condition;
- iv. socio-economic circumstances (i.e. severe poverty);
- v. applicants having been erroneously rejected in the past; and/or
- vi. sympathy, or, as one respondent put it, "*seeing the desperation in people's eyes and knowing this is the only way for them to receive an income.*"

Three of the respondents indicated that they have never awarded social grants to adult PWDs who had been previously rejected. According to the respondents, "*there is no excuse as the guidelines are clear*", with others adding that "*applicants always try their luck, even when they genuinely know they do not deserve the disability grants*". Thus, it appears that despite the clear guidelines and qualifying criteria, contracted medical doctors admitted to occasionally having had their professional judgement influenced by personal biases in relation to the social circumstances of applicants of social grants for adult PWDs.

With question 14 the aim was to find out what makes people keep on applying for the same medical condition despite being rejected time and time again. Respondents were of the view

that there are several reasons that cause people to keep on applying despite being rejected multiple times:

- i. absence of other safety nets for adults aged 19–59 years;
- ii. classifying someone as a PWD is not only about need, but the level of impairment as well;
- iii. strict guidelines for contracted medical doctors to award the social grants for adult PWDs (rejection often leads to re-application);
- iv. confusion between disability and illness, and confusion about what the social grants are actually meant for;
- v. adherence to the timeframe of three months between applications;
- vi. lack of beneficiary education or misinformation about the social grants for adult PWDs (i.e. applicants think being HIV positive automatically qualifies one for a social grant); and
- vii. desperation for an income due to extreme poverty or unemployment.

From the responses to question 14 (Appendix 12) one can deduce that several reasons, not necessarily related, make people keep on applying for the same medical condition despite being rejected time and time again. These reasons are the socio-economic circumstances of the applicants, insufficient knowledge about policies and criteria on social grants for adult PWDs, and strict adherence to guidelines and control measures.

Against this background it was deemed necessary to know what measures could be put in place to discourage these repeated applications, especially for those who obviously do not qualify (question 15). Respondents were of the view that the measures below could discourage repeated applications for social grants for adult PWDs by non-qualifying applicants:

- i. Educate people about disability, social grants for adult PWDs and the qualifying criteria.
- ii. Put a tracking system in place to record repeat applicants, and only process future applicants based on evidence of new information or changed medical condition.
- iii. Involve other professionals, like social workers, who are better placed to deal with social issues.
- iv. Develop strict guidelines for contracted medical doctors to adhere to.
- v. Enforce technical quality checking of the medical assessments by contracted medical doctors, and impose penalties where guidelines are not adhered to.

From the responses to question 15 (Appendix 12) one can deduce that beneficiary education, a multi-disciplinary approach to social grants for adult PWDs and strict adherence by the three critical stakeholders to the control measures in place could discourage these repeated applications, especially from those who obviously do not qualify.

Finally, question 16 asked the respondents if they had any other suggestions, in addition to what had already been discussed. In addition to the responses provided to question 15, respondents believed that the below measures could curb repeated applications:

- i. job creation and other safety nets will go a long way in alleviating the burden placed on social grants;
- ii. training and education on criteria for social grants for adult PWDs;
- iii. socio-economic stability in the country a lower unemployment rate;
- iv. revision of the policies to indicate clear criteria for applications;
- v. putting systems in place that can track applicants across government departments, to avoid double dipping;
- vi. revitalisation of the concept of sheltered employment; and
- vii. referral of those who had been rejected three times in succession to social services (DoSD) or other relevant organs of state for further intervention.

From the responses to question 16 (Appendix 12) one can deduce that the revision of policies, education and participation in empowerment programmes that enhance the earning capacity of applicants of social grants for adult PWDs could inspire them to turn elsewhere for their livelihood, rather than focusing solely on social grants for adult PWDs.

7.3 CONCLUSION

As with the previous two chapters (5 and 6), this chapter responded to the third objective of the study, which is to analyse the responses of the face-to-face interviews with the contracted medical doctors. Even though all ten doctors were from the NCR, the responses pointed to demographics that were as diverse as to give the impression of being from different provinces. While they are supposed to implement a standardised process, the responses indicate that contracted medical doctors, like SASSA officials, improvise as they go along, depending on the circumstances at any given time.

From the responses given by some respondents, it was gathered that objectivity is not always practised. The responses indicate that the medical assessment criteria are clear and that there are no ambiguities whatsoever on their implementation. However, respondents were the ones

to point out that, faced with the reality on the ground, in some cases it is not possible to be impartial to what applicants of social grants for adult PWDs are faced with. It is evident, however, that the whole administration of social grants for adult PWDs hinges on the availability, ability and capacity of the contracted medical doctors. The main findings on the responses from semi-structured face-to-face interviews with contracted medical doctors presented and analysed in this chapter are discussed in detail in Chapter Eight, which follows.

CHAPTER EIGHT

DISCUSSION OF MAIN FINDINGS ON SECONDARY AND PRIMARY DATA

8.1 INTRODUCTION

This study aimed to assess efficiency in the administration of social grants for adult PWDs in the NC (provincial sphere of government) and SA (national sphere of government). The research used the 2011 SGDMM as a point of departure. Central to this study is the administrative theory based on the concept of departmentalisation (Henri Fayol). In terms of the administrative theory, different activities need to be performed by various stakeholders in order to achieve a common purpose of the organisation. The administrative theory places emphasis on organisational management and the human and behavioural factors in the management process. The focus is on how the management of the organisation is structured and how well the individuals in it are organised to accomplish the tasks given to them. This begs the question: how are the two stakeholders (SASSA officials and contracted medical doctors) organised and managed for them to achieve the common purpose, which is the administration of social grants for adult PWDs? As shown in Chapter One, management entails more than allocating tasks to the employees, and includes motivating them (Maslow's hierarchy of needs) enough to achieve whatever it is that management sets out for them to do (McClelland's theory of achievement).

This chapter discusses the main findings of the study derived from discussions of main findings on secondary data (section 8.2) from a review of available international (8.2.1) and national literature (8.2.2), South African legislation on social grants for adult PWDs (8.2.3), the introduction of the 2011 SGDMM (8.2.4), an examination of statistics on medical assessments, IRM records, social grants for adult PWDs and social assistance appeals records (2014–2018) (8.2.5) and concluding remarks on secondary data (8.2.6). Section 8.3 contains discussions of main findings on primary data derived from responses of the structured telephonic and structured face-to-face interviews with applicants (successful and unsuccessful) of social grants for adult PWDs, the semi-structured focus group discussions with the SASSA officials as well as the semi-structured face-to-face interviews with the contracted medical doctors (8.3.1) and concluding remarks on the primary data (8.3.2). The main findings on secondary and primary data are linked to the first three objectives of the study. Section 8.4 presents conclusions on the main findings and comprises conclusions on gatekeeping and screening (8.4.1) and conclusions on one-day turnaround time (8.4.2).

8.2 DISCUSSION OF MAIN FINDINGS ON SECONDARY DATA

The main findings on secondary data are linked to the first and second objectives: (i) to conduct a review of the literature related to available international and national literature on the administration of social grants for adult PWDs, South African legislation governing the administration of social grants for adult PWDs and the introduction of the 2011 SGDMM; and (ii) to examine existing IRM records (2011–2018) and statistics of social grants for adult PWDs (2012–2018) to determine trends, neglected areas of need, shortcomings, relationships and practices among the existing data on social grants for adult PWDs. These secondary data were reported on in Chapters Two and Three respectively, and are discussed in this section.

8.2.1 Review of available international literature

The following are the main findings from the international literature by Maestas *et al.* (2013), Loyalka *et al.* (2014) and Wind *et al.* (2014), as well as those studies on the CRPD by Murungi (2013), Ladner (2014) and Walker (2014):

- i. Poverty is more pronounced in PWDs than their able-bodied counterparts.
- ii. As poverty or deprivation affecting adult PWDs is a cycle that starts at birth and continues throughout adulthood, any meaningful intervention aimed at successfully integrating adult PWDs into income-generating endeavours later in life should start during early education and training.
- iii. Whereas the CRPD places an obligation on member states, it does not in any way prescribe, which leaves its administration open to interpretation.
- iv. While the amount and coverage of social security for households with a disability are increasing, it is still not enough to affect the income differential between households with and without PWDs, as households with PWDs still earn significantly less than their able-bodied counterparts.
- v. Marginalisation, more than the availability of social benefits for adult PWDs, could be contributing to adult PWDs being disinclined to work.

8.2.2 Review of available national literature

This section contains the main findings from the eleven studies that were conducted concerning social grants for adult PWDs to explore the inclusion of HIV/AIDS as a criterion for awarding social grants for adult PWDs, and the unintended consequences and perverse incentives thereof (Hardy and Richter, 2006; Leclerc-Madlala, 2006; Natrass, 2006; De Paoli *et al.*, 2012; Knight *et al.*, 2013); on the administrative processes of social grants for adult PWDs (Mhlambi, 1994; Mestern, 2006; Tumbo, 2008; Goldblatt, 2009); and analyses of the

characteristics of people who receive a DG, the role of a DG in the lives of recipients, poverty and disability-related costs (Jelsma *et al.*, 2008; Ong'olo, 2009).

8.2.2.1 The inclusion of HIV/AIDS as a qualifying criterion for social grants for adult PWDs.

- i. For households where people are solely dependent on the DG for their livelihood, being on ART (or any chronic medication, for that matter) poses a dilemma that was not anticipated by either the DoH or the DoSD when the DG was extended to people living with HIV/AIDS or other chronic medical conditions.
- ii. Early access to financial support in the form of social grants for adult PWDs, in conjunction with commencing ART (or any chronic medication, for that matter), may lead to improved health outcomes and reduce the poverty and vulnerability associated with illness in poor households.
- iii. Social grants for adult PWDs awarded to people living with HIV or those on chronic medication are mostly temporary, with a strong emphasis on the recipient fully complying with the available treatment. The challenge is how to enforce taking treatment.
- iv. While social grants for adult PWDs were a major boost to the household income of many of the recipients, there was no significant finding to support the allegation that people living with HIV default on treatment to keep receiving social grants for PWDs. This supports the international literature that found only a slight disincentive to work by those receiving social grants for adult PWDs.

8.2.2.2 The administrative processes of social grants for adult PWDs

- i. A practical disability assessment model should consider the person's perception of his or her disability as well as the contextual factors at play.
- ii. Adult PWDs tend to play a passive role within the application process of social grants for adult PWDs as, in most cases, they are accompanied to the SASSA offices to apply.
- iii. There are certain barriers (administrative problems with the system, financial and other costs that burden the applicants) that prevent very poor and vulnerable people from obtaining social grants for adult PWDs.
- iv. The administrative process of social grants for adult PWDs is not entirely objective and is influenced by, among other things, subjective factors like the mood of the medical doctors, or emotions such as anger and sympathy (from SASSA officials and contracted medical doctors) and feelings of desperation (applicants).

- v. There are no uniform standards between provinces on how social grants for adult PWDs should be administered.

8.2.2.3 The characteristics of people in receipt of a DG, the role of the DG, poverty and disability-related costs

- i. Most people know and are aware of the qualifying criteria and why social grants for adult PWDs are provided.
- ii. Knowledge, attitudes and practices influence whether an applicant is awarded a social grant for adult PWDs.
- iii. The role of medical doctors in the administration, *per se*, of social grants for adult PWDs need to be examined.

8.2.3 South African legislation on social grants for adult PWDs

This section is about the numerous legislative prescripts (discussed in Chapter Two) put in place to guide and support the administration of social grants in general and social grants for adult PWDs in particular. The provision of social grants for adult PWDs in SA is a constitutional mandate in line with the international prescripts of the CRPD.

- i. There are comprehensive acts and policies in place, in line with the Constitution, that provide for and govern the administration of social grants for adult PWDs.
- ii. The establishment of SASSA in 2006 was aimed at creating uniform standards and eliminating fraud and corruption in social security provision in SA.
- iii. The relief provided by SASSA in the form of social grants for adult PWDs is not for the physical or mental disability *per se*, but for the functional impairment that arises from such a disability.
- iv. There are no specific acts or policies in the non-contributory social security/assistance legislation to deal with the other social issues (unemployment, illness, etc.) that encroach on the provision of social grants for adult PWDs and compel adult PWDs to approach SASSA to apply for social grants for adult PWDs.
- v. Other than the assumption that the adults aged 19–59 years are capable of work and that there are jobs available for every one of them, should they want to work, there are no clear policies on the alternative for them, in the form of social assistance.
- vi. There are no clear-cut policies, at least from SASSA's side, on how, when and where to refer those applicants of social grants for adult PWDs who were found not to meet the current legislated criteria but are nonetheless in need.

8.2.4 The introduction of the 2011 SGDMM

This section contains the main findings from the analysis of the 2011 SGDMM.

- i. The 2011 SGDMM redefines the parameters for the administration of social grants for adult PWDs.
- ii. The process outlined in the 2011 SGDMM is necessary to ensure that only deserving applicants receive the social grants for adult PWDs.
- iii. Implementation of the provisions of the 2011 SGDMM presents the greatest challenge due to limited resources in the SASSA NC (i.e. unavailability of contracted medical doctors, the vastness of the NCR, inadequate human resources and financial resources, the 4-step model (screening, attestng, quality check and verification) in the social grants value chain and supporting ICT equipment).
- iv. While the 2011 SGDMM prescribes guidelines for all critical stakeholders (applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors), implementation thereof is still left open to incorrect interpretation, especially due to the different office dynamics and resources at each stakeholder's disposal.
- v. Screening, in its current form, only entails checking if an applicant has the right documents and is reapplying within the prescribed timeframe, and to check that there are no duplicate bookings for medical assessments.
- vi. Despite having the skills and expertise to detect possible rejections at screening, SASSA officials are not mandated to prevent those obviously non-compliant applicants from proceeding further with the process, hence the high rate of rejections, at a high cost.
- vii. The SASSA officials are mandated to enforce standardised SLAs with contracted medical doctors to ensure efficiency in the administration of social grants for adult PWDs.
- viii. Some of the pre-2011 SGDMM challenges raised by Mhlambi (1994) and Tumbo (2008), in relation to administration of social grants for adult PWDs (Table 42), persist to this day.

Table 42 depicts the challenges identified prior to the development of the 2011 SGDMM, though some still persist to this day. These challenges are linked to the research of Mhlambi (1994) and Tumbo (2008) in relation to the administration of social grants for adult PWDs. Column 1 (Table 42) outlines the challenges identified by both Mhlambi and Tumbo, as confirmed by SASSA during development of the 2011 SGDMM. Different assessment criteria and standards (no. 2) and inappropriate self-referrals (no. 4) are shared by all three stakeholders as a concern. The rest of the challenges in column 1 were highlighted by SASSA

(2011) during the development of the 2011 SGDMM. In the second column of Table 42, intervention measures identified in the 2011 SGDMM by SASSA to address the challenges (column 2, Table 42) are outlined (SASSA, 2011). In the third column of Table 42 the deductions made by the researcher are delineated. These are based on the responses from this study, relating to the success of the services proposed to address the identified challenges. The first challenge identified at development and subsequently during implementation of the 2011 SGDMM (SASSA, 2011) was a lack of appropriately skilled staff (column 1, Table 42). Service provider and partner education was considered appropriate to effectively address this challenge. However, in the researcher's view, this measure only partially addressed the challenge, because despite the SASSA officials and contracted medical doctors having been trained on the 2011 SGDMM, capacity is still a concern.

Different assessment criteria and standards was the second challenge identified (Mhlambi, 1994; Tumbo, 2008; SASSA, 2011) (column 1, Table 42). The researcher is of the view that this was fully addressed through SASSA's determination of inclusion and exclusion criteria with the introduction of a standardised medical assessment form. The lack of identification documents (SASSA, 2011) was the third challenge identified (Column 1, Table 42). In the researcher's view, this was fully addressed through the introduction of Regulation 11(1) on the utilisation of alternative forms of identification to apply for social grants. This, however, came with its own unintended negative consequences that, having no bearing on this study, will not be discussed. Intervention measures to address the fourth challenge, namely the lack of adequate client orientation resulting in inappropriate self-referrals (Mhlambi, 1994; Tumbo, 2008; SASSA, 2011), were two-fold. The first, education, marketing and communication services, was partially addressed, as there are still self-referrals. The second intervention, ramp off, counselling and developmental services referrals, was not addressed as there is currently no formal system in place to refer non-qualifying applicants for developmental services.

The researcher is of the view that the fifth challenge identified (column 1, Table 42), a lack of commitment from the DoH despite a signed MoU between the DoH and DoSD (SASSA 2011 SGDMM), was partially addressed because, even though MoUs are in place, enforcement thereof is a challenge.

The second intervention, external service providers (SASSA contracts with medical doctors in public and private practice), was only partially addressed, especially as the SASSA decided not to contract medical doctors employed by the state since 2017.

The scarcity of doctors, particularly in rural areas (column 1, Table 42), was the sixth challenge identified (SASSA, 2011). The researcher is of the view that this was not addressed, as availability of medical doctors is still a challenge for SASSA NC. The seventh challenge identified (column 1, Table 42), was ineligible beneficiaries, sometimes through fraudulent means (SASSA, 2011). The intervention measures identified focused on four aspects (column 2, Table 42). The first is disability determination by trained medical service providers for new applicants and those undergoing reviews. This was partially addressed through the contracting of medical doctors to conduct medical assessments, but there is also no mitigation of the subjective elements in the administration of social grants for adult PWDs. The second aspect is quality assurance services post-assessments. This was fully addressed by subjecting a sample of medical assessment forms to administrative and technical quality assurance. The third aspect, targeting and entry services, was not addressed, as SASSA officials are not empowered to refer applicants at the screening phase. Lastly, medical review of permanent DG recipients was fully addressed, as permanent DG recipients are medically reviewed every five years.

The eighth identified challenge (column 1, Table 42) was the long distances to social security offices (SASSA, 2011). Even though SASSA embarks on scheduled outreach programmes and home visits as and when required, the researcher is of the view that, based on the results of this study, the intervention measures were partially addressed, as contracted medical doctors (the critical stakeholder in the administration process) seldom form part of the outreach programme teams and never conduct home visits. Ignorance of what people are entitled to and what procedures to follow (SASSA, 2011) was identified as the ninth challenge (column 1; Table 42). The intervention measures identified from the 2011 SGDMM to address identified challenges (service provider and partner education) were, in the researcher's view, fully addressed through scheduled information dissemination sessions throughout the year.

However, the tenth challenge (column 1; Table 42), the inaccessible office hours (SASSA, 2011) was not addressed at all. Unlike with all the other identified challenges, surprisingly, no intervention measures were identified in the 2011 SGDMM to address this challenge. The result is that SASSA still adheres to an eight-hour workday and the employed must take time off work to access SASSA services (column, Table 42). However, the researcher is of the view that SASSA could implement flexi-hours and re-arrange their working hours to accommodate those applicants with jobs who adhere to the normal working week (i.e. Monday to Friday, 08:00–17:00).

Long queues and waiting periods (SASSA 2011) was captured as the eleventh challenge (column 1, Table 42). The intervention measure identified in the 2011 SGDMM to address the identified challenge was development of a queue management guideline strategy. Even though the queue management guideline strategy is in place, the researcher is of the view that since compliance therewith was never enforced, this was only partially addressed. The twelfth and final challenge (column 1, Table 42) tabled was the lack of equipment (SASSA 2011). Based on the results of this study, the intervention measures identified in the 2011 SGDMM (i.e. standard resource provision for all SASSA offices), were partially addressed. It is the researcher's view that even though norms and standards were developed on the basic requirements for a SASSA office, offices are not equipped according to the same norms and standards.

Table 42: Intervention measures to mitigate challenges identified at the development and implementation of the 2011 SGDMM

Identified challenges	Intervention measures identified from the 2011 SGDMM to address identified challenges	Conclusion by the researcher on the effectiveness of intervention measures based on the study
Column 1	Column 2	Column 3
1. Lack of appropriately skilled staff (SASSA 2011 SGDMM)	Service provider and partner education	Partially addressed through training of SASSA officials and contracted medical doctors
2. Different assessment criteria and standards (Mhlambi, 1994; Tumbo, 2008; SASSA 2011 SGDMM)	Determination of inclusion and exclusion criteria	Fully addressed through the standardised medical assessment form
3. Lack of identification documents (SASSA 2011 SGDMM)	Introduction of Regulation 11(1) on an alternative form of identification	Fully addressed even though it came with its own negative unintended consequences
4. Lack of adequate client orientation resulting in inappropriate self-referrals (Mhlambi, 1994; Tumbo, 2008; SASSA 2011 SGDMM)	<ul style="list-style-type: none"> ▪ Education, marketing and communication services ▪ Ramp off, counselling and developmental services referrals 	Partially addressed: There are still self-referrals Not addressed as there is currently no formal system in place to refer non-qualifying applicants for developmental services
5. Lack of commitment from DoH despite signed MoU between DoH and DoSD (SASSA 2011 SGDMM)	<ul style="list-style-type: none"> ▪ MoUs and SLAs with partners ▪ External service providers – SASSA contracts with medical doctors in public and private practice 	Partially addressed: Even though MoUs are in place, enforcement thereof is a challenge Partially addressed: SASSA decided not to contract medical doctors employed by the State since 2017
6. Scarcity of doctors, particularly in rural areas (SASSA 2011 SGDMM)	SASSA contracts with medical doctors in public and private practice	Not addressed: It is still a challenge, specifically for the SASSA NC
7. Ineligible beneficiaries, sometimes through fraudulent means (SASSA 2011 SGDMM)	<ul style="list-style-type: none"> ▪ Disability determination by trained medical service providers for new applicants and those undergoing reviews ▪ Quality assurance services, post-assessments 	Partially addressed: <ul style="list-style-type: none"> ▪ Although all medical assessments are conducted by contracted medical doctors, there is no mitigation of the subjective elements in the administration of social grants for adult PWDs by stakeholders Fully addressed: <ul style="list-style-type: none"> ▪ Sample of medical assessment forms subjected to administrative and technical quality assurance

Identified challenges	Intervention measures identified from the 2011 SGDMM to address identified challenges	Conclusion by the researcher on the effectiveness of intervention measures based on the study
	<ul style="list-style-type: none"> ▪ Medical review of permanent DG recipients ▪ Targeting and entry services 	<ul style="list-style-type: none"> ▪ Permanent DG recipients are medically reviewed every five years <p>Not addressed: SASSA officials not empowered to refer applicants at screening phase</p>
8. Long distances to social security offices (SASSA 2011 SGDMM)	<ul style="list-style-type: none"> ▪ Outreach programmes ▪ Home visits 	Partially addressed: There is a schedule for outreach programmes throughout the year. However, contracted medical doctors seldom form part of the outreach programme teams and never conduct home visits
9. Ignorance of what people are entitled to and what procedures to follow (SASSA 2011 SGDMM)	Service provider and partner education	Fully addressed: Schedule of information dissemination sessions throughout the year is available
10. Inaccessible office hours (SASSA 2011 SGDMM)	None	Not addressed: SASSA still adheres to an eight-hour workday, and the employed must take time off work to access SASSA services
11. Long queues and waiting periods (SASSA 2011 SGDMM)	Development of queue management guideline strategy	Partially addressed: Queue management strategy developed but compliance therewith not enforced
12. Lack of equipment (SASSA 2011 SGDMM)	Standard resource provision for all SASSA offices	Partially addressed: Offices not equipped according to norms and standards

(SASSA, 2011)

8.2.5 Examination of statistics on medical assessments, IRM records, social grants for adult PWDs and social assistance appeals records

Medical assessments, IRM records (2011–2018), statistics on social grants for adult PWDs and social assistance appeals records were examined, and the main findings are presented in this section.

8.2.5.1 Medical assessments (2012–2018), IRM records (2011–2018) and social assistance appeals (2014–2018) (SASSA, 2018c; DoSD, 2018)

- i. Over a quarter (28%) of the medical assessments conducted by SASSA NC end up being rejected.
- ii. Only 4.33% of the rejected applications translate into applications for IRM, while only 8% of the rejected IRM applications end up at the ITSAA as social assistance appeals.
- iii. The rejection rate is high throughout the process of administration of social grants for adult PWDs, with 30% of medical assessments, 99.5% of IRM applications and 92% of social assistance appeals being rejected (Table 8).
- iv. The outcomes of IRM applications and social assistance appeals tend to support the recommendations by the contracted medical doctors, as only an insignificant number of IRM applications and social assistance appeals are ever successful.

8.2.5.2 Statistics on social grants for adult PWDs (2012–2018)

- i. Social grants for adult PWDs showed an increase over the 2012–2018 period.
- ii. While, on the one hand, a slight increase was recorded for the DG, the GIA, on the other hand, recorded the highest increase, both nationally and in the NCR, during the period under review.
- iii. TDGs made up almost 30% of the total number of social grants for adult PWDs in payment monthly.

8.2.6 Concluding remarks on secondary data

Disability is multi-faceted, and any meaningful intervention should take cognisance of that. Social grants are an important and sometimes the only source of income for poor households. There is comprehensive legislation in SA to govern the administration of social grants for adult PWDs. Even though the government reformed the formally racially discriminating social assistance schemes and have extended coverage since 1994, a policy gap exists concerning social assistance for those aged 19–59 years without a source of income. The inclusion of chronic conditions as a qualifying criterion for social grants for adult PWDs has alleviated the plight of those who are found to be impaired for a short period due to the opportunistic

infections associated with their conditions. The South African studies have also highlighted the positive impact of social grants on those with chronic treatment and have dispelled the myth that adult PWDs on chronic medication who fully depend on social grants for adult PWDs for their livelihood may default on treatment in the hope of having the grants extended.

Whereas the introduction of the 2011 SGDMM was a step in the right direction in addressing several challenges in relation to the administration of social grants for adult PWDs, inadequate allocation of resources has derailed its proper implementation. The unavailability of medical doctors to conduct medical assessments is still a major challenge with no immediate solution in sight. Rather than improve efficiency, the 2011 SGDMM has made it very expensive to administer social grants for adult PWDs, as extra costs and time must be catered for (i.e. travel and accommodation for contracted medical doctors traveling long distances to other districts for medical assessments).

8.3 DISCUSSION OF MAIN FINDINGS FROM PRIMARY DATA

The main findings from primary data are linked to the third objective, to analyse the responses from the structured telephonic interviews and structured face-to-face interviews with applicants (successful and unsuccessful) of social grants for adult PWDs, the semi-structured focus group discussions with the SASSA officials as well as semi-structured face-to-face interviews with the contracted medical doctors. These findings were reported in Chapters Five, Six and Seven, and are discussed in this section.

8.3.1 Responses from various interviews and discussions with stakeholders

A total of 276 successful ($n = 127$ respondents or 46%) and unsuccessful ($n = 149$ respondents or 54%) applicants of social grants for adult PWDs were interviewed either telephonically ($n = 51$ respondents or 18.5%) or face to face ($n = 225$ respondents or 81.5%) (Figure 14). Additionally, 34 SASSA officials from FB ($n = 6$), NQ ($n = 12$), PKS ($n = 9$) and ZFM ($n = 7$) participated in four focus group discussions, and ten contracted medical doctors participated in semi-structured face-to-face interviews. Fifteen questions were posed to the applicants during the structured telephonic and face-to-face interviews (Appendix 8), and sixteen each for the semi-structured focus group discussions with the SASSA officials (Appendix 10) and semi-structured face-to face interviews with contracted medical doctors (Appendix 12) respectively. The questions in the structured and semi-structured interview schedules were divided into three sections (8.3.1.1 Knowledge of acts and policies on social grants for adult PWDs, 8.3.1.2 Process of administration of social grants for adult PWDs and

8.3.1.3 Attitude towards social grants for adult PWDs). The following are the main findings per category:

8.3.1.1 Knowledge of acts and policies on social grants for adult PWDs

- i. All three response groups showed that they have some knowledge of the acts and policies governing the administration of social grants for adult PWDs.
- ii. Despite having some knowledge of acts and policies, several applicants still approached the SASSA to apply for social grants for adult PWDs citing unemployment and/or lack of income, rather than impairment.
- iii. In-depth knowledge on all three stakeholders' contribution towards the efficient administration of social grants for adult PWDs appears to be lacking.
- iv. Repeat applications for social grants for adult PWDs for the same medical or mental condition over several years are common.
- v. Disability (perceived or real) and its underlying conditions are the reason applicants apply for and are awarded social grants for adult PWDs.
- vi. Illness, especially manageable chronic illnesses like hypertension, diabetes and HIV/AIDS, is the main reason adult PWDs approach SASSA to apply for social grants for adult PWDs.
- vii. Whereas impairment tends to play a minor or no role at all in the decision to award social grants for adult PWDs, it should be at the forefront of any decision to award social grants for adult PWDs.
- viii. The extent of impairment, rather than socio-economic circumstances or physical or mental disability, is sometimes overstated just so that a person can be awarded a social grant for adult PWDs.
- ix. Physical disability and impairment, physical disability plus a level of functionality, or impairment resulting in inability to enter the open labour market appears to be the determining factor when contracted medical doctors recommend the award of social grants for adult PWDs.
- x. Healthcare practitioners (medical doctors and nurses) play a prominent role in referrals to SASSA for social grants for adult PWDs.
- xi. Contracted medical doctors are an integral part of the administration process of social grants for adult PWDs.
- xii. Different interpretations of the policies by the stakeholders and the evolving definition of disability contribute to some of the challenges experienced during medical assessments.

- xiii. The impression is that, policy-wise, the 2011 SGDMM is on point. Its implementation, however, exposes the fact that there can never be a one-size-fits-all solution in the administration process of social grants for adult PWDs.
- xiv. The availability of resources in any SASSA office and applicants' level of knowledge determine the pace (turnaround time) at which the social grants for adult PWDs are processed.
- xv. In terms of the current legislation, the only possible social assistance available to those aged 19–59 years is the social grants for adult PWDs.

8.3.1.2 Process of administration of social grants for adult PWDs

- i. The screening process does not act as a deterrent for those applicants entering the system with no obvious prospect of success.
- ii. While the medical or mental condition should ideally determine the time on treatment before referral to SASSA, in the absence of a uniform standardised timeframe, the treating medical doctor unilaterally decides how long it takes before he or she refers the adult PWDs to SASSA for application for social grants.
- iii. There are no undue delays between referral by the treating source and presentation of a referral letter to SASSA.
- iv. The current process on the administration of social grants for adult PWDs is not designed in such a way that it could be concluded in one trip, and takes, on average, three to five trips to a SASSA office or service point before the process of screening to approval can be completed.
- v. It takes an average of three months, depending on the availability of all the necessary resources, for an applicant to go through the administration process of social grants for adult PWDs.
- vi. The reason for application does not influence the number of trips to the SASSA office, the number of applications before one is successful or the turnaround time.
- vii. Unavailability of contracted medical doctors is cited as the main cause of delays between referral and actual application for the social grants for adult PWDs.
- viii. Further delays are due to perceived management weaknesses within SASSA in executing the process efficiently.
- ix. The inequitable distribution of resources in the SASSA offices in the NCR contributes to the inconsistencies in implementing the process of administration of social grants for adult PWDs.

8.3.1.3 Attitude towards social grants for adult PWDs

- i. Physical disability, complemented by socio-economic factors, is the main determining factor when recommending social grants for adult PWDs.
- ii. There is an entrenched misconstrued belief that persistence in applying for social grants for adult PWDs, despite presenting with the same medical or mental condition, increases one's chances of being awarded a social grant for adult PWDs.
- iii. Social grants for adult PWDs are considered a source of income for all those who are aged 19–59 years and are without work or the means to support themselves or their dependants.
- iv. Socio-economic circumstances of the applicants, absence of alternative safety nets for those aged 19–59 years and inadequate beneficiary education are the reasons adult PWDs keep on applying for social grants for adult PWDs despite being rejected time and time again.
- v. A repeat applicant is someone with a mild disability, reasonably mobile, on chronic medication for manageable chronic illnesses, with no prospects of employment, but enough resources to visit a SASSA office or health facility to seek help.
- vi. The different structures and processes implemented in different SASSA offices, and established cultures and traditions born out of the officials' need to customise the process to their individual circumstances tend to complicate and unnecessarily prolong the process.
- vii. Awarding social grants for adult PWDs to applicants who were previously rejected is quite common and has to do with either a deteriorating medical or mental condition, correcting a previous error, new information or sympathy (personal bias).
- viii. The issues raised prior to the 2011 SGDMM, in relation to the medical doctors' subjectivity and emotions in the process of administration of social grants for adult PWDs, persists to this day and also apply to the other two critical stakeholders in the administration process of social grants for adult PWDs.
- ix. Disability, inability to compete in the open labour market, impairment, inability to perform certain functions and lack of income should all form part of the qualifying criteria to apply for and be awarded social grants for adult PWDs.
- x. Revision of policies, education and participation in empowerment programmes that enhance the earning capacity of applicants of social grants for adult PWDs could inspire them to turn elsewhere for their livelihood, rather than focusing solely on social grants for adult PWDs.
- xi. Decentralisation of certain functions and trust by SASSA management will go a long way in empowering and motivating the SASSA officials to take ownership of the

process and provide a helpful environment for the administration of social grants for adult PWDs.

Socio-economic circumstances of the applicants, absence of alternative safety nets for those aged 19–59 years and inadequate beneficiary education are the reasons adult PWDs keep on applying for social grants for adult PWDs despite being rejected time and time again. This status quo is maintained by the continued subjective influences of contracted medical doctors and SASSA officials. Van Dijk and Mokgala (2018) argue that when the adult PWDs remain dependent on the social grants system for their continued livelihood, only effective, efficient and ethical administration of the system will contribute to the development of a state capable of sustaining the social contract with its citizens.

8.3.2 Concluding remarks on primary data

The responses by many of the respondents interviewed showed knowledge of the acts and policies governing the administration of social grants for adult PWDs. This might be because the respondents have interacted with SASSA numerous times over the years and by now know the system by heart. In an ideal world, being knowledgeable portrays one as a rational, economic and autonomous individual who makes reasoned calculations about one's behaviour and choices (McKeever, 2012: 471). However, a few applicants of social grants for adult PWDs still approach SASSA to apply for social grants for adult PWDs citing reasons like socio-economic circumstances. This, according to the SASSA officials and contracted medical doctors, could be due to desperation for an income, rather than ignorance about the fact that socio-economic circumstances, without impairment, does not constitute a valid reason to apply for social grants for adult PWDs.

While the process of administration of social grants for adult PWDs is supposed to be standardised, respondents have had different experiences. One could gather that the process takes longer than it should, in some instances not because of the way it is structured, but due to the way SASSA officials at the twenty-nine service points in the twenty-six local municipalities in the NCR decide on its implementation and allocation of resources. The administration of social grants for adult PWDs is centralised around one critical stakeholder, the contracted medical doctor, whose availability tends to determine the pace of the process. With only twenty-eight contracted medical doctors to conduct medical assessments in the NC (a vast, sparsely populated province spanning 372 889 square kilometres) in 2018, one can envisage the logistical nightmare it would be to deploy them where they are most needed. Despite the availability of other healthcare practitioners within easy reach in the communities where medical assessments are conducted, respondents are reluctant or even vehemently

opposed to considering them as an alternative.

In some instances, the process is further complicated by the way the SASSA officials were compelled to customise it to suit their specific office circumstances. The suggestions for improvement for SASSA NC can only be implemented once a revised, better-resourced SGDMM is in place. An improved SGDMM process has been proposed by Botha (2014: 33; see Figure 20), who captures the basic principles of a performance process flow similar to what the SASSA can apply by “doing things right” (being efficient).

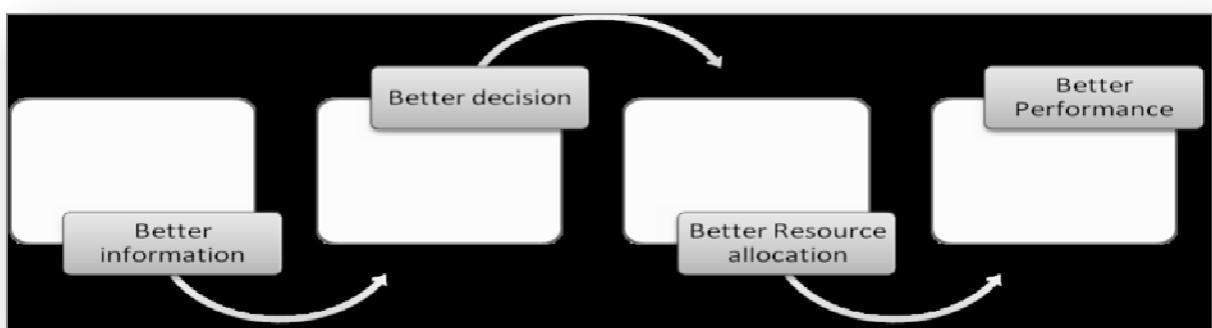


Figure 20: Performance process flow (Botha, 2014: 33)

Figure 20 illustrates that once the three critical stakeholders in the administration process of social grants for adult PWDs are knowledgeable and empowered with information (“better information”), they would be more decisive (“better decisions”) in developing clear policy guidelines and programmes with well-resourced intervention plans (“better resource allocation”) in order to efficiently achieve their targeted goals (“better performance”). The diagram emphasises that resource allocation (be it SASSA officials and contracted medical doctors or ICT equipment and updated software systems) is critical in any intervention programme and would thus lead to better performance.

8.4 CONCLUSIONS ON THE MAIN FINDINGS

The conclusions discussed in this section are drawn from the main findings discussed earlier in this chapter. The conclusions are categorised into two sections: conclusions on gatekeeping and screening and explanations of why, despite the gatekeeping element of the 2011 SGDMM, adult PWDs presenting with the same medical or mental condition keep coming back and are allowed through the system only to be rejected again, citing the same reasons (8.4.1); and conclusions on the one-day turnaround time (8.4.2).

8.4.1 Conclusions on gatekeeping and screening

- One should note that not all repeat applications of social grants for adult PWDs are prior rejections. There are two types of repeat applicants of social grants for adult PWDs: those who were previously rejected outright as not qualifying for social grants for adult PWDs and those who were previously awarded TDGs for a period of six, nine or twelve months. As social grants for adult PWDs awarded due to ill health are in the majority ($n = 161$ responses or 37.8%) (Table 11) and mostly temporary, this is an indication that the applicants can be expected back in the SASSA offices, applying for social grants for adult PWDs yet again, as soon as the TDG lapses.
- Gatekeeping and screening, as illustrated in the 2011 SGDMM, does not extend beyond (i) verifying the correctness of supporting documents and (ii) checking documented proof of medical history to ascertain that applicants of social grants for adult PWDs are not booked for medical assessments within a period of three months from their last assessment. This points to a weakness in the system, as the screening officials cannot turn away applicants of social grants for adult PWDs for any other reason once the documents are verified as correct.
- Socio-economic circumstances, rather than impairment, are the main drivers for adult PWDs to keep on applying for social grants for adult PWDs. The complication of social assistance beneficiaries is that there are no easy means of meeting the social security objective of alleviating recipients' poverty (McKeever, 2012: 470). Unemployment (and, by extension, a lack of means to provide for oneself and one's dependants) and being on chronic medication (rather than seeking a temporary measure to alleviate their lack of income due to impairment) are the main reasons adult PWDs keep on applying for social grants for adult PWDs.
- The study has demonstrated, however, that despite all critical stakeholders having knowledge of acts and policies on social grants for adult PWDs, subjective elements do play a part when applicants of social grants for adult PWDs approach SASSA to apply for social grants for adult PWDs, when SASSA officials process their applications and when contracted medical doctors conduct medical assessments.

As it is, an obviously non-qualifying applicant still goes through the whole application process, raising expectations in the process, only to be rejected. The award of temporary social grants for adult PWDs, the failure to turn away obviously non-qualifying applicants at screening, socio-economic circumstances of the applicants, and the role played by the subjectivity of the

critical stakeholders in the administration of social grants for adult PWDs explain why, despite the gatekeeping element of the 2011 SGDMM, adult PWDs presenting with the same medical or mental condition keep coming back, and are allowed through the system only to be rejected again, citing the same reasons.

8.4.2 Conclusions on the one-day turnaround time

- SASSA systems and processes are mainly manual and have not caught up with the Fourth Industrial Revolution.
- Despite standardisation of processes related to social grants for adult PWDs, SASSA offices are resourced differently but expected to perform similar tasks or functions. This has caused SASSA officials in some offices to compensate by modifying the standardised processes to align with resources at their disposal. While this keeps the offices reasonably on par with what is expected of them, in the long run these modifications become traditions that are hard to break in order to “do things right”.
- The unavailability of contracted medical doctors contributes to the delay between referral and actual application for social grants for adult PWDs. Backlogs pile up while applicants are inconvenienced as they cannot conclude the application process without medical assessments by contracted medical doctors.
- As efficiency in the administration of social grants for adult PWDs in this study was to be measured against the possible achievement of a one-day turnaround time in the processing of social grants, one can then conclude, from data collected from the various interviews with members of the three stakeholder groups, that the administration of social grants for adult PWDs is currently not efficient.
- It takes on average three to five visits to a SASSA office or service point before adult PWDs can conclude the application-to-approval process for social grants for adult PWDs. The study has demonstrated that, at best, these visits can take place within one week and, at worst, are stretched over several months.

Realisation of a one-day turnaround time in processing social grants for adult PWDs is hampered by the mainly manual, paper-based, complicated and sometimes unnecessary steps in the process that applicants still have to go through; the inequitable distribution of resources across SASSA offices and service points; unavailability of contracted medical doctors and up-to-date medical records at medical assessment sites; and the absence of an

alternative to medical assessments by contracted medical doctors before one can conclude the process.

8.5 CONCLUSION

There are clear policies and guidelines on the administration of social grants for adult PWDs, and the three critical stakeholders have a reasonable knowledge of these. This, however, does not seem to discourage adult PWDs from applying again due to reasons outside the scope and mandate of the acts and policies, nor the contracted medical doctors from recommending social grants regardless. Despite the process of administration of social grants for adult PWDs being standardised with the introduction of the 2011 SGDMM, respondents still report having different experiences of the process. One could gather that the administration process, in some instances, takes longer than it should, not because of the way it is structured, but due to the way officials in different SASSA offices decide on its implementation and the allocation of resources. The respondents would have liked to see changes made by amending or even eliminating some activity steps, such as referral and booking, from the process to reduce the turnaround time.

Despite the high rate of unemployment in SA, social assistance policies still operate on the premise that recipients of social grants for adult PWDs do not have access to employment due to their level of impairment, rather than assuming inability due to a lack of opportunities. However, it is evident that socio-economic factors (unemployment, no source of income, need for financial support, inability to compete in the open labour market and chronic illnesses), rather than moderate to severe impairment, play a major role in why people apply for social grants. While unemployment or a lack of income is real, moderate to severe impairment could sometimes be exaggerated just so that an adult PWD can be awarded a social grant for adult PWDs. Other than the normal factors that contribute to the social exclusion of adult PWDs from mainstream society, negative societal perceptions concerning PWDs are an added factor. What this does, however, is flood the system with many more applicants of social grants for adult PWDs than it was originally designed or targeted for, thus contributing to inefficiencies in the system. There is a general misconception that being on chronic medication, having no source of income or being unemployed, rather than impairment, were valid reasons to apply for and be awarded social grants for adult PWDs. Occasionally applicants do get lucky by being awarded TDGs, which only seem to further reinforce the misconception that the more one keeps applying for social grants for adult PWDs, the luckier one might get. This has nothing at all to do with how efficient the process is, but rather the attitude towards social grants for adult PWDs. The next chapter, Chapter Nine, presents tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs.

CHAPTER NINE

TANGIBLE RECOMMENDATIONS TOWARDS IMPROVING EFFICIENCY IN THE ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDS IN THE NC AND THE NATIONAL DoSD

9.1 INTRODUCTION

This chapter focuses on making general recommendations about social grants for adult PWDs and specific recommendations towards improving efficiency in the administration of these grants and is linked to the fourth objective of this study, to make tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs in the NC and the National DoSD. Section 9.2 contains recommendations related to the main findings and includes the national sphere (DoSD) (9.2.1) and the provincial sphere (SASSA NC) (9.2.3). Specific recommendations in relation to the study are dealt with in section 9.3.

The recommendations are derived from the main findings and conclusions drawn in Chapter Eight from data collected during the review of available international and national literature on social grants for adult PWDs; the review of South African legislation on social grants for adult PWDs; responses to structured telephonic and face-to-face interviews with applicants (successful and unsuccessful) of social grants for adult PWDs; semi-structured focus group discussions with SASSA officials; and semi-structured face-to-face interviews with contracted medical doctors.

9.2 RECOMMENDATIONS BASED ON MAIN FINDINGS

It was indicated in Chapter One, section 1.3.4, that the empirical results generated in this study will, *inter alia*, attempt to make recommendations towards improving efficiency in the administration of social grants for adult PWDs in two spheres: the national sphere (DoSD) and the provincial sphere (SASSA NC), as discussed in sections 9.2.1 and 9.2.2 respectively.

9.2.1 National sphere (DoSD)

This section deals with general recommendations on intervention programmes for the unemployed population aged 19–59 years (disabled and non-disabled) (9.2.1.1) and specific recommendations towards improving efficiency in the administration of social grants for adult PWDs in the National DoSD (9.2.1.2). The recommendations discussed in this section are directed at the National DoSD.

9.2.1.1 Recommendations on social assistance intervention programmes for the unemployed population aged 19–59 (disabled and non-disabled)

Social grants for adult PWDs are the only non-contributory form of social assistance in SA that caters for those aged 19–59 years without the means to support themselves and/or their dependants. The high rate of rejections could be an indication that applicants (disabled and non-disabled) approach SASSA to apply for social grants for adult PWDs due to other factors (unemployment and other socio-economic factors) than moderate or severe impairment due to disability or illness. Once intervention programmes are developed for this category of applicants, SASSA will be able to focus solely on applicants who strictly fall within the ambit of adult PWDs. Table 43 shows general recommendations that relate to intervention programmes for the unemployed population aged 19–59 years in SA (with either no form of disability or a form of disability with mild impairment):

Table 43: Intervention programmes for the unemployed population aged 19–59 years (disabled and non-disabled)

With no form of disability	Form of disability with mild impairment
Column 1	Column 2
Address the structural causes of poverty by intervening directly in the labour market to restore financial stability.	Promote and embrace inclusivity of PWDs from early childhood by eliminating disability-based discrimination in educational settings.
Connect welfare clients (such as the unemployed with no source of income) with opportunities for income generation, rather than solely providing them with social assistance.	Provide job-specific training opportunities for PWDs to enable them to be self-supporting through decent employment.
Provide special social assistance for those aged 19–59 years to keep them away from the already congested social grants for adult PWDs programme by incrementally introducing a basic income grant	Put policies in place that promote early access to financial support in conjunction with commencing ART or any other chronic medication.
Explicitly link intervention programmes per region to national social and economic policies	Introduce empowerment programmes to deal with the sector of society living with manageable chronic illnesses.
Empower the population to participate in gainful, productive activity that drives sustainable and equitable economic growth and development.	Incentivise employment of adult PWDs by providing tax breaks to employers, upgrading facilities or installing equipment to make working environments helpful.

(Source: StatsSA, 2014c; Belu, Radu, Neamțu and Neamțu, 2014; Sunal, 2013; Barrientos, 2013; Musalem and Ortiz, 2011)

In the absence of targeted social grant transfers for unemployed citizens (aged 19–59 years) with no form of disability (Table 43, column 1), focus should be on direct interventions in the labour market by the government of the Republic of South Africa to address poverty by creating opportunities for income generation, rather than solely providing them with temporary social assistance in the form of SRD. The reality is that there is a need to safeguard the already congested social grants for adult PWDs. In Table 43 (column 2) the focus is on the unemployed citizens (aged 19–59 years) with some form of disability, but whose impairment is mild. There seems to be a lack of policies that promote early access to financial support in conjunction with commencing ART or any other chronic medication. The promotion of inclusive education of PWDs from early childhood, by eliminating disability-based discrimination in educational settings, is of the utmost importance. Of similar importance is providing employers of adult PWDs with incentives, for example, tax breaks, upgrades to facilities or installation of equipment to make working environments helpful for PWDs.

9.2.1.2 Recommendations towards improving efficiency in the administration of social grants for adult PWDs in the National DoSD

It was indicated in Chapter One, section 1.3.4, that the study would assist policymakers in developing clear, integrated policy guidelines to administer social grants for adult PWDs. The recommendations of this study could be captured in the accompanying Regulations to the Social Assistance Act, 2004 (Act 13 of 2004 as amended). This could greatly reduce service delivery costs as well as time and energy spent in the administration of social grants for adult PWDs, and could improve efficiency in that administration process.

i. Establish an inter-ministerial committee to coordinate the development and alignment of acts and policies for PWDs

An inter-ministerial committee comprising the DoH, DoSD, Department of Basic Education, Department of Higher Education, Department of Labour and Department of Finance (National Treasury) should be established, with other stakeholders co-opted along the way as and when the need arises, to coordinate the development and alignment of acts and policies for PWDs, including education, employment and social assistance as well as the financing thereof.

ii. Revisit the validity of existing acts and policies on social grants for adult PWDs

The current legislative directives (acts and policies on disability and social grants for adult PWDs) do not address the changing nature of disability. Temporary impairments due to manageable chronic illnesses need to be factored into the current legislation. Future legislative directives should consider and reflect the fluidity of disability in its current state, and the

emerging and diverse nature of adult PWDs. Tailor-made interventions should be sought for these categories of adult PWDs, and these should be separate from the traditional ones for permanent disability.

iii. Introduce empowerment programmes to augment payment of social assistance

Maslow's hierarchy of needs theory applies in this regard. As adults, PWDs need to be ramped off from just receiving social grants, which cater for their basic physical needs, to programmes that will cater to their social, self-esteem and self-actualisation needs. The National DoSD should invest in developing comprehensive empowerment programmes in consultation with other critical stakeholders that will augment the payment of social grants for adult PWDs. Focusing on skills acquisition, collaboration and consultation with other critical stakeholders like the DoH, Department of Labour, Department of Basic Education and Department of Higher Education would ensure that the proposed programmes address intervention needs across all stages of the PWDs' life cycle. Ultimately, it is the empowerment of the population to participate in gainful, productive activity that drives sustainable and equitable economic growth and development (Musalem and Ortiz, 2011: 12).

iv. Devise permanent intervention programmes to deal with the sector of society living with manageable chronic illnesses, separate from the category of disability considered "traditional" or "permanent"

PWDs receiving social grants for their disability are defined by individual and unique circumstances, namely permanent disability with reduced or no source of income, temporary disability with reduced or no income, or chronic illness with impaired functionality, for instance. It is commendable that in the interim the government considered it prudent to include chronic illnesses in their definition of disability, and award social grants for adult PWDs accordingly, possibly while permanent intervention strategies were being devised for this new development of having to cater for chronic illness as a form of disability. In reality, however, what this has achieved is the inability of the government to move towards devising permanent intervention programmes to deal with the sector of society living with mainly manageable chronic illnesses, which is separate from the category of disability considered "permanent". Both the DoH and DoSD should, in consultation with each other, develop policies that are complementary rather than contradictory when it comes to addressing the issue of HIV/AIDS and other chronic illnesses in relation to social grants for adult PWDs.

v. Enter into implementation protocols with relevant organs of state

At the centre of poverty alleviation is the right to access high-quality services (Ngcongo and Qwabe, 2018: 268). As evidenced by the number of stakeholders based in various public and private entities involved in the administration of social grants for adult PWDs, this cannot be realised by a single entity and calls for the integrated delivery of comprehensive services. Disability, the way it is currently defined, calls for a multi-stakeholder approach to address the plight of adult PWDs holistically. In terms of the Intergovernmental Relations Framework Act, 2005 (Act 13 of 2005), different organs of state should enter into an implementation protocol that describes the role and responsibility of each organ of state, outlines priorities and desired outcomes and provides for monitoring, evaluation, resource allocation and dispute settlement procedures. Regular interaction is necessary to ensure that development is coordinated and fast-tracked, and that obstacles are removed where they impede delivery. The National DoSD should play a coordinating role in ensuring that all the critical stakeholders to the process are brought on board to provide their input towards addressing the plight of adult PWDs.

vi. Collaborate with institutions of higher learning in research and innovation to improve the administration of social grants for adult PWDs.

Collaboration fostered by academic visits, exchanges and funding opportunities should be systematically explored (Midgley, 2013: 11). The National DoSD needs the input of academics and experts in the field to engage in ongoing research on addressing the challenges concerning adult PWDs and that have a negative impact on the efficient administration of social grants. Current and former students in the field of social development need to be encouraged to propose innovative ways of addressing the inefficiencies in the administration of social grants for adult PWDs.

vii. Resource SASSA offices appropriately to provide for the 2011 SGDMM requirements

Table 42 has highlighted the shortcomings of the 2011 SGDMM, one of which was that SASSA offices are ill-equipped to deal with the demands of the model, mainly due to a lack of resources. The issue of resources could be addressed by automating the proposed application-to-approval process (Figure 21), where face-to-face interaction between applicants, SASSA officials and contracted medical doctors or other healthcare practitioners could be kept at a bare minimum. With the use of appropriate computer technology and systems, stakeholders need not be in the same venue to complete tasks attributed to them. Amidst the current circumstances relating to the COVID-19 pandemic and the need for social distancing and working remotely, this would address the challenges identified in Table 42

(column 1) around the lack of identification documents, lack of commitment from DoH, scarcity of doctors, traveling long distances to SASSA offices, and long queues and waiting periods. This will reduce the number of walk-in applicants of social grants for adult PWDs at the SASSA offices.

9.2.2 Provincial sphere (SASSA NC)

As indicated in Chapter One, section 1.3.4, SASSA NC will be able to expand on the empirical data gathered in the study to develop clear procedure guidelines that will inform uniform processes and structures to improve efficiency in the administration of social grants for adult PWDs. The recommendations of this study will inform future concept documents or standard operating procedure manuals for the NCR. Section 9.2.2.1 below contains recommendations towards improving efficiency in the administration of social grants for adult PWDs in the NC, whereas section 9.2.2.2 contains recommendations related to SASSA NC stakeholders.

9.2.2.1 Recommendations towards improving efficiency in the administration of social grants for adult PWDs in the NC

This section contains recommendations to SASSA in relation to three areas whose enhancement the author believes could improve efficiency in the administration of social grants for adult PWDs, namely overall management of processes and resources, business process development and improvement (2011 SGDMM) and formalisation of relations with critical stakeholders.

i. Overall management of processes and resources

The following, aimed at making the environment within which SASSA conducts its business processes helpful, if backed up by the right resources and technology, are recommended to improve efficiency in the administration of social grants for adult PWDs:

- Comply with the Basic Conditions of Employment Act, 1997 (Act 75 of 1997 as amended)**

The Basic Conditions of Employment Act, 1997 (Act 75 of 1997, as amended), gives effect to the right to fair labour practices referred to in section 23(1) of the Constitution by establishing and making provision for the regulation of basic conditions of employment, including regulation of working time. Despite SASSA offices having business hours that are displayed at the entrances, SASSA officials allegedly do not adhere to these hours. LAMs in the SASSA NC are responsible for officials in different offices that are not necessarily within proximity of each other, given the vastness of

the NCR. This setup in the SASSA NC could make it difficult to closely supervise, on a daily basis, officials under one LAM's span of control. However, even though management is not there daily, they could still enforce adherence to the working times, firstly, by monitoring the attendance registers closely, reconciling leave of absence taken monthly and paying surprise visits to the offices. Secondly, management could rearrange staff shifts in such a way that work continues throughout the day and clients are not negatively affected by staff going on tea or lunch breaks. Thirdly, the number of applications processed (intake) daily at a SASSA office should determine the number of staff members stationed there. There are offices in small towns that only receive a few child support grant applications weekly. Rather than having a full staff complement based full time at such an office, it would be more efficient to only provide services on certain days, while the staff are based at an office where they can be fully utilised. In addition to ensuring that services are provided without interruption, this will go a long way in providing the staff with on-the-job training, as they would be fully involved in the whole social grants value chain.

- **Develop an electronic queue management system**

SASSA offices in the NCR serve a diverse number of customers. Some offices rarely experience long queues while others have to deal with an influx of applicants daily, making it necessary to develop and implement a queue management system. In such offices, certain officials are assigned to queue management, often leaving the officials dealing directly with applications to approval shorthanded. The researcher is of the view that this could be overcome if SASSA were to develop an electronic queue management system, preferably self-administered. This will allow applicants to manage and control the queues themselves while freeing officials to attend to other tasks. Because applicants must sometimes be turned away due to long queues, the management of SASSA NC should develop a queue management plan that goes further than a week, for those who are able to make telephonic and/or electronic appointments. This will not only reduce overcrowding in the offices but also lessen the strain of having people waiting in the office the whole day only to be turned away and expected to start a new queue on their next visit because it is closing time. This recommendation is especially relevant amidst the COVID-19 outbreak, as face-to-face contact would be kept to a minimum and social distancing maintained.

- **Implement performance planning in line with the Performance Management and Development System policy of SASSA**

A study titled “Performance management in the South African Social Security Agency (SASSA), Northern Cape” (Matross, 2013) recommends that performance planning should be implemented where employees, with the support of their supervisors, develop performance agreements that establish expected behaviours, and define objectives that are simple, measurable, achievable, realistic and time-bound (Matross, 2013: 79). Despite recommendations by the researcher of weekly or bi-weekly staff meetings during which action points for planning, reporting and holding individuals accountable for non-action are discussed, it is apparent that these were not implemented. The recommendations by Matross (2013) are thus reiterated in this study, as these meetings will provide valuable feedback to identify problem areas in the event of inactivity, thus assisting individuals if the problems are beyond their control. This relates specifically to the backlogs due to the unavailability of contracted medical doctors, which, according to the allocation of duties, only managers can handle.

In order to mitigate the subjective influences on the administration of social grants for adult PWDs, performance of both the SASSA officials and contracted medical doctors should be managed in line with the approved SASSA Employee Performance Management System and Labour Relations policies, with consequence management and enforcement of penalties in relation to suspected abuse or negligence during the execution of duties (Table 44, row 5, columns 2, 3 and 4).

- **Establish a supportive culture where management embraces the contribution by officials and include them in critical decision-making**

A study in the UK and America noted employees’ concern about the lack of consultation on workplace changes and the lack of control over the work they do (World Economic Forum, 2019: 40). As poor performance can be due to a lack of employee ability, misunderstanding of performance expectations, a lack of resources, a lack of feedback or the need to train an employee who lacks the knowledge or skills needed to meet performance standards, the supervisor or manager has a responsibility to assist the employees in improving their performance by providing whatever resources are necessary (Matross, 2013: 76). This should involve moving away from a traditional bureaucratic style to a more inclusive system of management with common goals, a balance between individual contribution and group effort, removal of incentives to

hoard knowledge, and promotion of good interpersonal communication. The established supportive culture must be shown to be part of the normal workings of an organisation, not an add-on to already overloaded work lives. This could be accommodated into existing work schedules to enable employees to stop and reflect on their jobs and come up with proposals to improve quality and make work easier and more productive.

- **Introduce an appropriate structure aligned to the supportive culture**

For a supportive culture to thrive, especially where there was none before, it is crucial to introduce an appropriate structure to support such a culture. This structuring would mainly involve removing barriers to communication and facilitating information sharing. The researcher is of the view that this could be achieved by the SASSA NC management arranging, at least quarterly, for SASSA officials to come together in a conference setting to share their experiences on common challenges they are faced with and come up with innovative ways to deal with such challenges (Table 44, row 2, column 2). The Batho Pele champions, who were appointed by SASSA NC in the five districts of the Northern Cape in 2012 to facilitate information sharing, innovation to improve service delivery and overall coordination of the Batho Pele programme of government, could be utilised to drive this initiative.

- **Mainstream the Batho Pele programme in daily SASSA processes and procedures**

All SASSA NC officials should undergo Batho Pele Change Management Engagement Programme training in order to capacitate them to improve their client interfacing skills and how they engage/interact with the customers at points of engagement and disengagement. Once trained, the officials should be empowered to develop uniform standards that will inform service delivery in all SASSA offices. Adherence to the principles of Batho Pele should form part of all SASSA officials' individual performance appraisals, including officials at management level, and should form part of all contracted medical doctors' SLAs. (Table 44, row 2, columns 2, 3 and 4).

- **Equitable and cost-effective deployment of resources among SASSA offices in the NCR**

Regular, coordinated resource sharing among SASSA offices in the NCR should be considered by SASSA NC management. Due to budget cuts and cost-containment

measures currently being implemented in government departments, it is not always possible to acquire additional resources. The researcher is of the view, however, that this could be addressed by regular, coordinated resource sharing among SASSA offices in the NCR, in the form of either permanent movement or secondment of staff from well-resourced to under-resourced offices, and permanent scheduling of contracted medical doctors to ensure that medical assessments are regularly conducted at all SASSA medical assessment sites to avoid backlogs (Table 44, row 4, columns 1, 2, 3 and 4). This could, in turn, empower SASSA officials by exposing them to different dynamics and demographics within SASSA offices in the NCR.

- **Embrace the use of technology in the SASSA business process**

Technological and societal change is linked to rapid transformations in the workplace (World Economic Forum, 2019: 39). SASSA needs to move away from the current, mainly manual, paper-based system to a paperless, electronic application to approval system (Table 44, row 7, columns 2, 3 and 4). Information technology can provide useful tools to categorise and make use of existing knowledge in several forms. The recent response to the Covid-19 pandemic by the SASSA in enabling digital applications through smart and non-smart phones when applying for the R350 SRD grant has demonstrated the feasibility and necessity of developing individualised business processes to administer with different grant types (Social Development, 2020). SASSA NC should draw upon and coordinate the knowledge of many persons with specialised knowledge and practical experiences to be efficient and effective. This can be done by facilitating open communication and turning knowledge into a command resource, finding appropriate places to store and subsequently access it. Given the vastness of the NC, making use of appropriate technology will go a long way in ensuring that crucial information is stored and shared timeously among all stakeholders. Technicians should be fully deployed around the clock, either on site or remotely, to deal with ICT issues. The use of technology, in addition to improving the business processes, can also make it easier for employers to monitor workers' output (World Economic Forum, 2019: 40).

- **Improve governance**

There is a need to facilitate the allocation of duties and responsibilities and their oversight and enforcement, all of which are provided for in the Social Assistance Act, 2004 (Act 13 of 2004 as amended) (i.e. the Inspectorate of Social Assistance). SASSA NC needs to increase transparency and curtail corruption, while also protecting beneficiary rights. SASSA could establish fora at the local level where various

stakeholders can meet and devise strategies to intervene when applications for social grants are rejected. Transparency must be fostered by providing the public with timely, accessible and accurate information.

ii. Develop and improve business processes (2011 SGDMM)

The 2011 SGDMM was first presented as a “*dynamic and living document, which, given the nature and volatility of the social assistance environment in the RSA, is expected to be continuously amended and enhanced to meet the prevailing needs and circumstances*” (SASSA, 2011: 10). Despite this assertion, the 2011 SGDMM has not once been amended in the years since its inception. One can argue that changes are overdue, hence the following recommendations:

▪ Gatekeeping and screening should be more than administrative

Gatekeeping and screening are an important part of the process outlined in the 2011 SGDMM for the administration of social grants for adult PWDs (Figure 21). However, this activity should involve more than checking if an applicant has the right documents and is within the prescribed timeframe to reapply for a social grant for adult PWDs (administrative). If properly executed, repeat applicants without changes in their medical or mental condition would not be allowed through the system undetected. SASSA officials should be capacitated and authorised to keep those who obviously do not meet the qualifying criteria from proceeding further with the process, only to be rejected.

Referral to other organs of state or ramp-off to other programmes should be part and parcel of the screening process outlined in the 2011 SGDMM. SASSA officials should be empowered with the necessary skills to detect possible non-qualifying cases and enabled to refer potential beneficiaries, where applicable, to counselling and other developmental and/or empowerment services or programmes. Efficiency in the administration of social grants for adult PWDs could be improved by diverting to other programmes those who apply for social grants for adult PWDs due to socio-economic factors that have nothing to do with the qualifying criteria of moderate to severe impairment.

▪ Develop an automated application-to-approval process to support one-day turnaround time

Figure 21 is a schematic representation of the proposed automated four-step process

going forward, with emphasis on the gatekeeping element during screening. This process could either be entirely computerised and performed remotely, or partially manual in cases where the necessary technological resources are unavailable. It is necessary to develop individualised business processes that would differentiate between new and repeat applicants, and between applications for functional impairment due to disability and due to illness. The process outlined in the 2011 SGDMM was designed as if there were only one category of applicants of social grants for adult PWDs, hence the one-size-fits-all approach. This makes the process complicated. SASSA should develop a process for the administration of social grants for adult PWDs that acknowledges and caters for the differences among first-time applicants, repeat applicants and those with chronic illnesses (Figure 21, step 1). To differentiate among the three categories, SASSA should extend gatekeeping and screening to include referral to other stakeholders for intervention and should put measures in place to empower SASSA officials to turn away applicants at screening once it has been established that they do not meet the qualifying criteria (Table 44, row 3, columns 2 and 3).

During screening, SASSA officials must be vigilant regarding the reasons why adult PWDs apply for social grants (i.e. physical disability/being bedridden, chronic illness or socio-economic reasons). Unlike the one-size fits all process that is currently taken during screening, these three different factors (physical disability/being bedridden, chronic illness or socio-economic reasons) should guide how each application is handled (Figure 21). In the proposed application-to-approval process, as indicated in Figure 21 (depicted in black blocks, joined with red arrows), the applicants would go through a four-step process (screening, application, verification and outcome) instead of the current five steps, and these four steps would be concluded in one trip to the SASSA office (Figure 21). Applications for social grants for adult PWDs would thus be completed immediately after screening, and not at the end as per the current practice. If adult PWDs apply due to physical disability or being bedridden, or are repeat applicants, they would move from screening (Figure 21, step 1), to application (Figure 21, step 2), to verification (Figure 21, step 3) and then straight to outcome (Figure 21, step 4). No medical assessments would be necessary for applicants in these two categories (repeat applicants and those who are physically disabled or bedridden).

However, if adult PWDs indicate chronic illness as the reason for application, or they are first-time applicants (Figure 21, step 1), they would be required to submit a referral letter (Figure 21, step 1b), and in cases where they did not have the foresight to bring

one along, the SASSA official should be able to communicate with the assessing healthcare practitioner or contracted medical doctor to access the applicants' medical history/file from the treating facilities or treating medical doctors. The medical assessment can then be completed (Figure 21, step 1c) and the process, as outlined for those who apply due to disability, will be followed until an outcome letter (Figure 21, step 4) is issued. In this case the applicants would go through the process as follows: screening, referral, medical assessment, application, verification and outcome, all of which would also be concluded in one trip to the SASSA office (Figure 21).

In contrast, in cases where adult PWDs apply purely due to socio-economic circumstances, a process should be followed that is similar to that of applications due to physical disability or being bedridden. However, in cases where additional underlying medical or mental conditions are presented, the process outlined for those with chronic illnesses should be followed. The SocPen system should be programmed to support the process so that a system-generated outcome letter can be issued accordingly, rejecting the application and referring him or her for alternative intervention from other organs of state. Allowing applicants to complete an application will enable the SASSA system to generate an outcome letter, either for referral to other organs of state or to enable applicants to take the matter under review (IRM), should they wish to do so (depicted in Figure 21 in clear blocks). Electronic referral forms, as with IRM forms, should be kept on hand to enable SASSA officials to refer adult PWDs who obviously do not meet the qualifying criteria for social grants for adult PWDs to other stakeholders for intervention, or to IRM (Figure 21).

In cases where applicants are unsuccessful or are awarded temporary relief, once an outcome letter is issued the applicants would have the option to either apply for IRM and then social assistance appeals or be referred to other external stakeholders for alternative intervention (Figure 21). This process is dependent on SASSA's developing an electronic system and resourcing it accordingly, and then signing an MoU with the critical stakeholders in the process, like the Department of Home Affairs, DoSD and DoH.

- **Link the SASSA SocPen system to the systems of the Department of Home Affairs, DoH and DoSD**

An automated, paperless application to approval system (Table 44, row 7, columns 3 and 4) could easily be linked to computerised systems of other organs of state that support SASSA in the administration of social grants for adult PWDs. Linking the

SASSA SocPen system to the Department of Home Affairs register would ensure that the authenticity of the identity documents is verified before the applicant is taken further into the system. This will eliminate the need for certified copies. Linkage to the DoH will ensure that medical records are readily available and can be accessed electronically. The contracted medical doctor or healthcare practitioner can input the necessary medical information and electronic medical assessment forms can be submitted to SASSA offices online while the applicants are waiting (Table 44, row 7, column 4). This way the applicants of social grants for adult PWDs need not go back and forth between the offices for documents, referral letters or medical assessments, and the delays can be eradicated.

- **Revise the 2011 SGDMM to address deviation from the developed and approved guidelines and to include a built-in electronic referral system to other intervention programmes**

Review the 2011 SGDMM in its current form to incorporate suggestions made by respondents in the study. In other words, allow other healthcare practitioners to conduct medical assessments in the absence of contracted medical doctors and reduce the number of activity steps in the administration process outlined in the 2011 SGDMM by removing the referral and booking steps from the process altogether. The revised SGDMM should, however, include a built-in electronic referral system to assist SASSA officials and contracted medical doctors or other healthcare practitioners when referring applicants to other intervention programmes (Table 44, row 6, columns 2 and 4).

- **Compulsory technical quality assurance of all medical assessment and application forms**

The administration of social grants for adult PWDs is an emotionally charged process influenced by the personal circumstances and perceptions of the three critical stakeholders involved. Over and above the development of clear, uniform policy, guidelines for the management of the DG are necessary to mitigate the subjective and emotional factors influencing contracted medical doctors, as these could have a direct influence on either recommending or not recommending social grants for adult PWDs. In addition, strict guidelines should be developed for contracted medical doctors to adhere to during medical assessments, and all medical assessments per contracted medical doctor or healthcare practitioner should be quality assured regularly, and feedback provided to individuals for them to improve (Table 44, row 5, column 4).

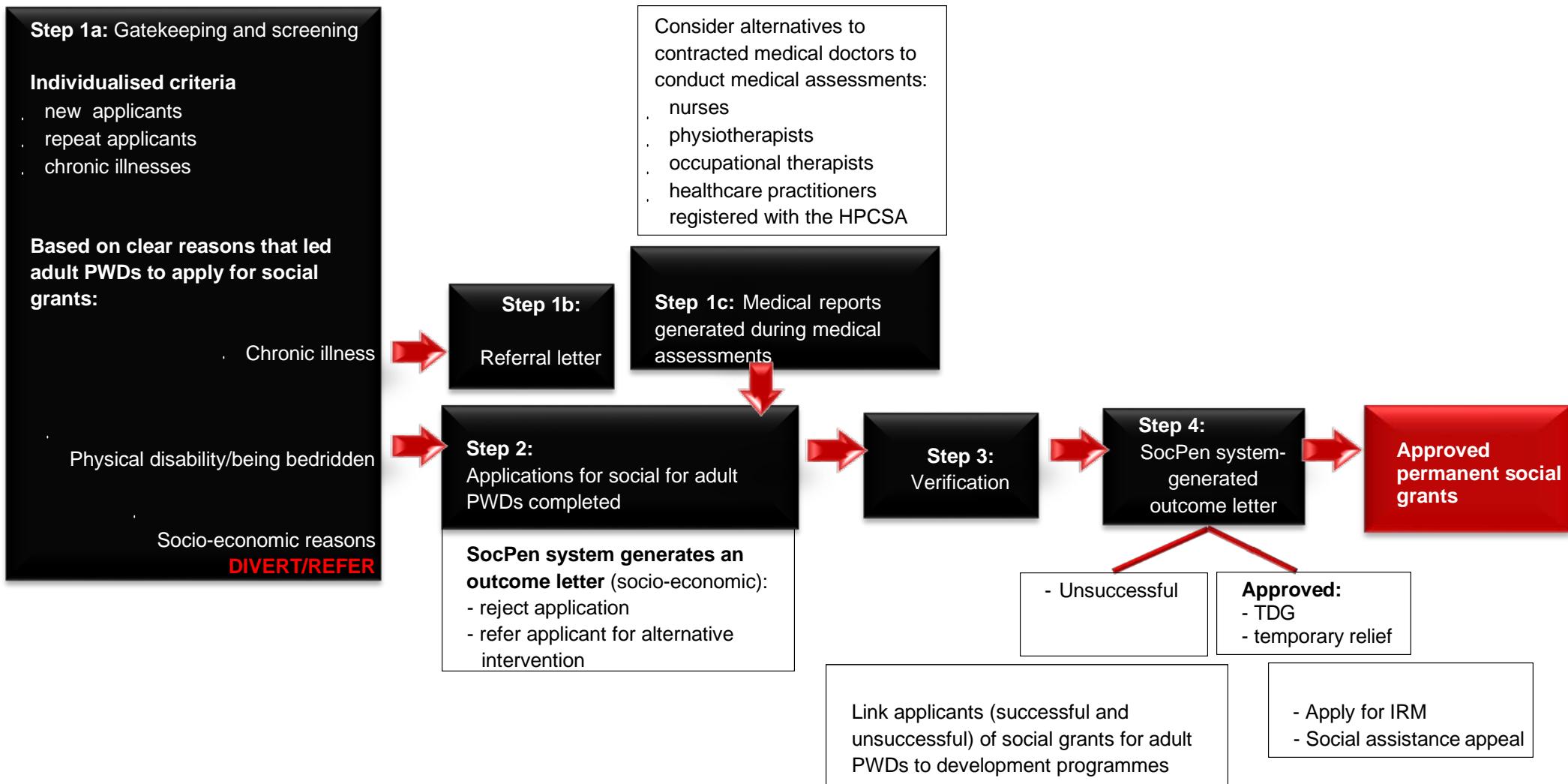


Figure 21: Schematic representation of the improved four-step automated business process for administration of social grants for adult PWDs

9.2.2.2 Recommendations towards improving efficiency in the administration of social grants for adult PWDs in SASSA NC: Stakeholders in general

The administration of social grants for adult PWDs is dependent on more than one stakeholder and these extend beyond SASSA and the National DoSD. SASSA must invest as follows in networking with other government departments or organs of state to link essential service delivery and resources for social grant beneficiaries:

i. Formalise relationships with critical stakeholders

The relationships should be formalised to make the MoUs and SLAs enforceable, in order to avoid the situation SASSA currently has with the DoH. In some instances, there have been reports of reluctance by healthcare practitioners to complete referral letters on behalf of applicants. Govender, Fried, Birch, Chimbindi and Cleary (2015) are of the view that improved collaboration between the departments of Social Development and Health is essential for preparing healthcare providers who are at the interface between social security and potential recipients.

ii. Decentralise the management of the SLAs with contracted medical doctors to local offices

Since the SASSA officials at local offices are the ones working closely with the contracted medical doctors, LAMs are in a better position to enter into and manage the SLAs, as they could easily monitor the movement of the contracted medical doctors and intervene on the spot should the need arise, instead of relying on officials at the regional office.

iii. Disseminate information and share best practices

As previously mentioned with regard to the National DoSD, SASSA needs the input of academics in the field and stakeholders alike to come up with a process model that would take into consideration all factors that have an impact on the efficient administration of social grants for adult PWDs. SASSA NC should provide a platform for stakeholders and partners to encourage and facilitate ongoing debate on the processes of administration of social grants for adult PWDs to improve efficiency. This could be achieved through ongoing debates in symposia or conference settings where innovative ways to address challenges and social reforms (Ghellab *et al.*, 2011: 50; Midgley, 2013: 111) can be discussed (Table 44, row 2, columns 3 and 4).

iv. Enter into a binding agreement with the DoH

Medical assessments for recommending social grants for adult PWDs should be part and parcel of the general services offered by medical doctors at public health facilities. Medical

doctors employed by the state should not charge fees additional to their monthly salaries to conduct medical assessments. In fact, conducting medical assessments for SASSA should be incorporated into their performance agreements. SASSA should thus sign an MoU with the DoH, rather than with individual medical doctors. There is no need to incur additional expenditure to contract medical doctors to conduct medical assessments, a service that could easily be performed by government employees. When there is non-compliance, the matter could be taken up with the accounting officers of the two departments, rather than SASSA officials having to confront individual contracted medical doctors.

v. Consider alternatives to medical doctors in performing medical assessments

The contracted medical doctor is central to the administration of social grants for adult PWDs. However, the availability of enough medical doctors to perform medical assessments has always been a challenge countrywide, not only within SASSA NC. SASSA has attempted several solutions, of which contracting medical doctors is one. The declining number of contracted medical doctors indicates that this arrangement is unlikely to be sustainable in the long term. SASSA should consider an alternative to contracted medical doctors to conduct medical assessments, thus revising the role of contracted medical doctors as perceived gatekeepers in the administration of social grants for adult PWDs by involving other healthcare practitioners in medical assessments (Table 44, row 3, column, 4). Nurses at the local healthcare centres, physiotherapists, occupational therapists and any other healthcare practitioners registered with the HPCSA could then be allowed to conduct medical assessments for recommending social grants for adult PWDs

vi. Establish governance structures at the local level where all three critical stakeholders are represented in order to improve interaction among these stakeholders in the administration of social grants for adult PWDs

The three stakeholders in the administration of social grants for adult PWDs should base their relations primarily on mutual respect for each other's roles, responsibilities and functions, and should foster mutual trust and good faith by supporting one another and informing and consulting one another on matters of common interest. There is a need for regular community engagement and workshops where challenges experienced in the administration of social grants for adult PWDs can be dealt with, and improvements suggested.

9.2.2.3 Recommendations towards improving efficiency in the administration of social grants for adult PWDs in SASSA NC: Stakeholders specific to this study

As indicated in Chapter One, the study created a platform for stakeholders (applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors) to provide input

regarding the administration process and practices governing social grants for adult PWDs in the NCR. The three critical stakeholders can work together to devise strategies to improve efficiency in the administration of social grants for adult PWDs.

i. **Applicants**

Applicants of social grants for adult PWDs were able to provide insight into the administration process and practices governing social grants for adult PWDs in the NCR during structured telephonic interviews and structured face-to-face interviews. Based on their responses, the following are recommended to improve efficiency in the administration of social grants for adult PWDs:

- **Provide job-specific training opportunities for PWDs**

Employment opportunities for adult PWDs remain extremely limited, stereotyped and inaccessible. Due to limited educational qualifications, skills and expertise in finding and keeping jobs that pay well enough to enable them to be self-supporting, many adult PWDs apply for social grants for adult PWDs not because they are impaired to the extent that they cannot support themselves, but because they lack the necessary skills and expertise to secure a job in the long term.

- **Involve other professionals who are better placed to deal with health and social issues to assist with intervention programmes for adult PWDs**

There is a need for professional intervention for those repeat applicants of social grants for adult PWDs who are found to be mildly impaired. Rather than the SASSA officials turning them away without being offered alternative forms of assistance, they should be referred to other professionals for intervention that will prevent them from treating social grants for adult PWDs as the “Lotto”.

- **Link applicants (successful and unsuccessful) of social grants for adult PWDs to other development programmes**

There is a need to come up with interventions for those who see social grants for adult PWDs as a source of income for the unemployed in general, rather than for those who are unemployed due to impairment (see Figure 21). The reality is that some of those aged 19–59 years might never experience the joy of having a job, either out of a lack of interest, a lack of the necessary qualifications, skills and expertise, or due to the socio-economic status of the country, among other things. The government needs to put programmes and interventions in place to divert these people from clogging the social grants system unnecessarily.

- **Develop a comprehensive communication strategy for legislation on social grants for adult PWDs**

There is a need to engage the community and educate them about what is and a social grant for adult PWDs is and what it is not. Armed with relevant, current information, applicants would be able to approach SASSA to apply for social grants, knowing that they do meet the criteria and are not simply trying their luck. Any legislative changes should be communicated timeously and consistently. It was proposed in the Parliamentary cluster meeting held on 22 April 2020 that SASSA should consider partnering with the South African Broadcasting Corporation to display a banner at the bottom of television screens with grant information and the use of loud hailers and community radio stations for people in rural areas and without television sets (Social Development, 2020).

ii. **SASSA officials**

The opportunity to exchange knowledge with others during focus group discussions could lead to correct application and interpretation of policies and develop improved methods in the administration of social grants for adult PWDs. This could be reinforced by providing refresher training on an annual basis to capacitate SASSA officials to deal with all the processes involved in the administration of social grants for adult PWDs and improve efficiency as well. These recommendations are captured in Table 44 (row 1, column 2 and 3).

iii. **Contracted medical doctors or alternative healthcare practitioners**

Finally, through training and development workshops, the contracted medical doctors could gain valuable knowledge of and confidence in applying and implementing the policies and legislation in a uniform, objective and consistent manner (Table 44, row 1, columns 2 and 4). This would, firstly, address the inconsistencies in the application of policies and procedures in the administration of social grants for adult PWDs (Table 44, row 1, column 1). Secondly, it would educate contracted medical doctors about the approved service standards of SASSA to ensure that they operate within the set parameters (Table 44, row 2, column 4). Thirdly, it would enable contracted medical doctors to improve their client interfacing skills and how they engage/interact with the customers at points of engagement and disengagement (Table 44, row 2, column 4).

Table 44: Provincial sphere (SASSA NC): SASSA officials and contracted medical doctors

Identified Gaps	Input		SASSA officials	Contracted medical doctors/ alternative healthcare practitioners
	Column 1	Column 2	Column 3	Column 4
ROW 1 Inconsistencies in the application of policies and procedures in the administration of social grants for adult PWDs	Training and development by conducting workshops on the process of administration of social grants for adult PWDs		<ul style="list-style-type: none"> Provide refresher training on an annual basis to capacitate SASSA officials to deal with all the processes involved in the administration of social grants for adult PWDs and to improve efficiency 	<ul style="list-style-type: none"> Extend training of contracted medical doctors beyond the medical assessment tool to include the process of administration of social grants for adult PWDs
	Develop uniform standards to inform service delivery in all SASSA offices		<ul style="list-style-type: none"> All SASSA NC officials should undergo Batho Pele Change Management Engagement Programme training Capacitate SASSA officials to improve their client interfacing skills and how they engage/interact with the customers at points of engagement and disengagement 	<ul style="list-style-type: none"> Educate contracted medical doctors on the approved service standards of SASSA to ensure that they operate within the set parameters Capacitate contracted medical doctors to improve their client interfacing skills and how they engage/interact with the customers at points of engagement and disengagement
ROW 2 Application of different service standards in SASSA service points	Sharing of best practices among stakeholders in the NCR		<ul style="list-style-type: none"> Every quarter SASSA NC management should assemble SASSA officials in a conference setting or symposium for them to share their experiences on common challenges they are faced with and innovative ways to deal with them 	<ul style="list-style-type: none"> Hold annual conferences and symposia where contracted medical doctors can attend workshops on different topics related to the administration of social grants for adult PWDs
	Mainstream the Batho Pele programme into daily SASSA processes and procedures		<ul style="list-style-type: none"> Principles of Batho Pele should form part of all SASSA officials' individual performance appraisals, including officials at management level 	<ul style="list-style-type: none"> Principles of Batho Pele should form part of all contracted medical doctors' SLAs

Identified Gaps	Input	SASSA officials	Contracted medical doctors/ alternative healthcare practitioners
	Column 1	Column 2	Column 3
ROW 3 Gatekeeping and screening currently only entail checking that applicants have the correct supporting documentation, are not double-booked or are not re-booked within three months	Expand gatekeeping and screening to include referral to other stakeholders for intervention	<ul style="list-style-type: none"> Put measures in place to empower SASSA officials to turn away applicants at screening once it has been established that they do not meet the qualifying criteria 	<ul style="list-style-type: none"> Revise the role of contracted medical doctors as perceived "gatekeepers" in the administration of social grants for adult PWDs by involving other healthcare practitioners in medical assessments
ROW 4 Resources not equitably and cost-effectively deployed among SASSA offices	Regular, coordinated resource sharing among SASSA offices in the NCR	<ul style="list-style-type: none"> Permanent movement or secondment of staff from well-resourced to under-resourced offices. This could empower SASSA officials by exposing them to different dynamics and demographics within SASSA offices 	<ul style="list-style-type: none"> Permanent scheduling of contracted medical doctors to ensure medical assessments are regularly conducted in all SASSA medical assessment sites to avoid backlogs
ROW 5 Subjectivity and bias in the administration of social grants for adult PWDs	Mitigate the subjective influences on the administration of social grants for adult PWDs	<ul style="list-style-type: none"> Consequence management in relation to suspected abuse or negligence during the performing of duties 	<ul style="list-style-type: none"> Develop strict guidelines for contracted medical doctors to adhere to during medical assessments Quality assure all medical assessments per contracted medical doctor and provide individual feedback on a scheduled basis
	Revise the 2011 SGDMM to address deviation from the developed and approved guidelines	<ul style="list-style-type: none"> Performance management in line with the approved SASSA Employee Performance Management System and Labour Relations policies 	<ul style="list-style-type: none"> Enforce penalties should negligence be discovered

Identified Gaps	Input		SASSA officials	Contracted medical doctors/ alternative healthcare practitioners
	Column 1	Column 2	Column 3	Column 4
ROW 6 No standardised referral system	Revise the 2011 SGDMM to include a built-in electronic referral system to assist SASSA officials when referring applicants to other intervention programmes	· Develop a database of all critical stakeholders to the administration	· Amend the medical assessment forms to include referral as one of the options in order not to restrict contracted medical doctors in their recommendations	
ROW 7 Manual, paper-based process	Develop an electronic application to approval system	· Paperless application system	· Electronic medical assessment forms that can be submitted to the SASSA offices online.	

9.3 LIMITATIONS OF THE STUDY

The study was conducted in the NC, one of the nine provinces of South Africa. The province is vast, sparsely populated, with long travel distances between towns. The demographics in the NC are far removed from those of other provinces, as well as within the province itself. The environments in which SASSA offices conduct their business within the Northern Cape are as different as if they operate in different provinces. The voluntary nature of the research implies that only those respondents that indicated willingness to participate formed part. Two hundred and seventy-six (276) applicants of social grants for adult PWDs, 34 SASSA officials and 10 doctors took part in the survey, focus group discussions and in-depth face-to-face interviews respectively. While the findings of the study might give insight into what is involved in the administration of social grants for adult PWDs, they cannot be generalised to the general populations of applicants of social grants for adult PWDs, SASSA officials and contracted medical doctors in South Africa. However, despite the small sample confined to the Northern Cape region, findings from the study assisted the researcher to make recommendations on how to improve efficiency in the administration of social grants for adult PWDs.

9.4 SPECIFIC RECOMMENDATIONS IN RELATION TO THE STUDY

The literature review revealed that interest on the present subject matter has mainly been related to disability in the workplace, with emphasis on mainstreaming, discrimination or how to accommodate adult PWDs in the workplace, as well as the impact of social grants for adult PWDs on recipients. More time should be devoted to the study of the administration of social grants for adult PWDs as one of the interventions to address poverty linked to disability. It is therefore recommended that:

- i) more studies should be conducted on the administration of social grants for adult PWDs, involving a more representative sample nationally, to be able to generalise the findings; and
- ii) a follow-up qualitative study should be conducted with adult PWDs in the NC, with a more representative sample, to probe their responses.

9.5 CONCLUSION

The three critical stakeholders in the administration of social grants for adult PWDs displayed reasonable knowledge of acts and policies on social grants for adult PWDs. This, however, does not seem to mitigate the subjective influences on the administration of these grants. Social grants for adult PWDs, though specifically created to provide for adult PWDs, as defined in this study, are the only cash transfers available for those aged 19–59 years with no source of income. There is a somewhat of a revolving door as applicants keep applying in the hope that they will be recommended for receiving the social grants, even if only for a short period of

time. These repeat applicants put contracted medical doctors in an unenviable position as they tend to end up recommending these grants despite the applicants not meeting the qualifying criteria. The subjective influences and the lack of alternative cash transfers for adults aged 19–59 years without the means to support themselves and their dependants lead to the repeat applications for social grants by adult PWDs despite being rejected over and over again.

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Appendix 1: Ethical approval to conduct the study



Faculty of Economic and Management Sciences

11-May-2017

Dear Mrs Mangalane Du Toit

Ethics Clearance: The administration of social grants for adult persons with disabilities in the Northern Cape

Principal Investigator: Mrs Mangalane Du Toit

Department: Public Management (Bloemfontein Campus)

APPLICATION APPROVED

With reference to your application for ethical clearance with the Faculty of Economic & Management Sciences, I am pleased to inform you on behalf of the Ethics Committee of the faculty that you have been granted ethical clearance for your research.

Your ethical clearance number, to be used in all correspondence is: **UFS-HSD2016/1581**

This ethical clearance number is valid from **11-May-2017** to **12-May-2022**. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'P. Nel'.

Dr. Petrus Nel

Chairperson: Ethics Committee Faculty of Economic & Management Sciences

Economics Ethics Committee

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Appendix 2: Request for permission to conduct study

4-8 Old Main Road
Kimberley
8301
06 December 2016

The Regional Executive Manager
SASSA Northern Cape
95-97 Du Toitspan Road
Kimberley
8301

Dear Sir/Madam

I am doing research and would like to request permission to conduct my research at SASSA Northern Cape Region.

DATE: 01 January 2017 – 31 December 2017 (12 months)

TITLE OF RESEARCH PROJECT: The administration of social grants for adult persons with disabilities in the Northern Cape.

PRINCIPAL RESEARCHER

Name	Student Number	Contact Number/s
Mangalane du Toit	2010123822	053 807 5700 / 072 720 3533

FACULTY AND DEPARTMENT

Name of Faculty: Economic and Management Sciences

Name of Department: Public Administration and Management

STUDY LEADER

Name of Study Leader: Professor Liezel Lues

Contact Number: (051) 401 2886

AIM OF THE STUDY

The aim of the study is to assess efficiency in the administration of social grants for adult persons with disabilities (PWDs) in the Northern Cape (provincial sphere of government) and in SA (national sphere of government). The research will endeavour to determine trends, shortcomings, relationships and practices in the administration of social grants for adult PWDs in the NC since 2011.

WHO IS DOING THE RESEARCH

Mangalane du Toit is conducting the research as a PHD student at the University of the Free State. Even though she is no longer an employee of the SASSA, the work on the topic started while she was an employee of the SASSA Northern Cape and was already at an advanced stage by the time she left the organisation.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

The study was approved by the committee in the Faculty of Economic and Management Sciences at the University of the Free State. The study is in the process of being vetted by the Ethics Committee of the University of the Free State. However, approval from the organisation where the research will be conducted is a requirement before the Ethics Committee could approve, hence the request.

NATURE OF PARTICIPATION IN THE STUDY

The researcher would like to interview various stakeholders in the application process i.e. applicants (successful and unsuccessful), SASSA officials and contracted medical doctors conducting the medical assessments. Once permission has been granted to conduct the study within the SASSA Northern Cape region, written communication to the individual potential respondents (applicants, SASSA officials and contracted medical doctors) will be prepared. The nature of participation will be different for the four population groups. Structured telephonic interviews and structured face-to-face interviews will be conducted with applicants (successful and unsuccessful) of social grants for adult persons with disabilities from 2011 to 2018. For this study, an applicant is someone who applied for social grants for adult persons with disabilities (at least twice in a certain financial year), went on to apply for internal reconsideration each time they were rejected, and can be contacted telephonically to participate in the structured telephonic interviews and structured face-to-face interviews. The third population comprises of SASSA officials that dealt directly with the administration of social grants for adult persons with disabilities in the Northern Cape Region during the 2015/2016, 2016/2017 and 2017/2018 financial years. Semi-structured focus group discussions will be conducted as the third method of data collection among SASSA officials. The fourth population comprises of contracted medical doctors who have contracted with the SASSA to conduct medical assessments in the Northern Cape Region. Semi-structured face-to-face interviews will be conducted as the fourth method of data collection among contracted medical doctors. It is anticipated that data collection could take place from January to December 2017 (12 months), depending on when permission is granted.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY

The benefits will not be for individual respondents per se, but for the SASSA Northern Cape and SASSA, as the study aims to assess efficiency in the administration of social grants for adult persons with disabilities in the Northern Cape (provincial sphere of government) and in South Africa (national sphere of government). The benefit might be cost saving in the administration of social grants for adult persons with disabilities for the SASSA and less red tape for the applicants.

WHAT ARE THE POTENTIAL RISKS OF TAKING PART IN THIS STUDY

There are no foreseen potential risks or physical discomfort to the respondents. The only inconvenience might be for the respondents to avail personal time to be interviewed.

FINANCIAL IMPLICATIONS

The study will be fully funded by the researcher. There will be no financial implications for the SASSA.

WILL THE INFORMATION BE KEPT CONFIDENTIAL?

The information regarding the unit of analysis is all held by the SASSA in various formats i.e. the SocPen system and Internal Reconsideration Mechanism database for adult persons with disabilities, SASSA contracted medical doctors' database, and Persal for list of officials who are directly involved in the administration of social grants for adult persons with disabilities; and documents in various formats. This information will only be utilized for the purposes of the study to find the contact details of potential respondents and application history of adult persons with disabilities. This information will assist the researcher to contact the potential respondents to participate in the study. Participation of respondents in the study will be kept confidential. While anonymity (collecting information so that researchers cannot link any piece of data to a specific, named individual is not always possible, confidentiality (protection of collected information) is possible, and this will be communicated to all respondents. However, the respondents' anonymous data may be used for other purposes like compiling research report, journal articles, conference presentation, and so forth.

Records that identify respondents will be available only to people working on the study, unless permission is given for other people to see the records. Collected data may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Committee. Otherwise while every effort will be made by the researcher to ensure that respondents will not be connected to the information shared during the focus group discussions, it cannot be guaranteed that other respondents in the focus group discussions will treat information confidentially, despite being encouraged to do so.

HOW WILL INFORMATION BE STORED AND ULTIMATELY DESTROYED

Hard copies of the answers will be stored by the researcher for a period prescribed by the Research Ethics Committee of the University of the Free State in a lockable cupboard/filing cabinet for future research or academic purposes; while electronic information will be stored on a password protected computer. Future use of the stored data will be subject for possible further Research Ethics Review and approval if applicable.

WILL THERE BE PAYMENT OR ANY INCENTIVES FOR PARTICIPATION IN THIS STUDY

There is no material or financial benefit for individual respondents in this study.

HOW WILL THE ORGANISATION BE INFORMED OF THE FINDINGS

A final copy of the research report will be submitted to the SASSA Northern Cape. Furthermore, should they so request, the researcher is prepared to make a presentation to SASSA management if invited to do so. Should SASSA require any further information or want to contact the researcher about any aspect of the study, the following contact details can be used:

Name: Mangalane du Toit
Email address: mangalane.dutoit@drdlr.gov.za
Tel Number: 053 807 5700
Cell phone Number: 072 720 3533

Yours Sincerely,
Mangalane du Toit

Appendix 3: Permission by SASSA to conduct study



SASSA

South African Social Security Agency

SASSA HOUSE
DuToitspan Building
95 – 97 Du Toitspan Road
Kimberley
8300
26 May 2017

Ms. M.M. Du Toit
University of the Free State
Faculty of Economic and Management Sciences
Bloemfontein
9301

Dear Ms. M.M. Du Toit

**Re: Request for Permission to Conduct an Academic Research Study
within SASSA: Northern Cape Region.**

I acknowledge receipt of your letter requesting permission to conduct research at SASSA on "The administration of social grants for adult persons with disabilities in the Northern Cape". SASSA is a progressive Agency which promotes research that enhances knowledge and development. Please be advised that permission is granted for you and your team to undertake this study in the Northern Cape Region. Please present this letter when you access SASSA offices or engage with staff.

Of important note for you as you embark on this project is that SASSA cannot decree to its officials, customers, beneficiaries and stakeholders whether or not to participate in your research study. However, information that you will obtain from SASSA officials and beneficiaries should be treated with confidentiality whether in terms of the storage of data, analysis or during publication process. It is advisable to remove identifiers such as names, vernacular terms and geographical hints when writing up your dissertation.



South African Social Security Agency
Northern Cape Region

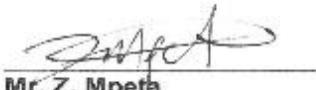
95 Du Toitspan Road • Kimberley 8300
Private Bag X6011 • Kimberley 8300
Tel: +27 53 892 4900 • Fax: +27 53 832 5225
www.sassa.org.za

Furthermore, SASSA cannot guarantee your safety as you go around its premises and does not promise you funding of your research study at any given stage.

The Monitoring and Evaluation Department at SASSA Head Office will provide you with statistical information and approved reports on your subject matter of study if requested, and if information is available. I wish to thank you for choosing SASSA to collect data for your study and will gladly appreciate to be furnished with a copy of your completed dissertation.

For more information please contact Mr. T.J. Mangena at (053) 802 4992.

Kind Regards,


Mr. Z. Mpeta
(Acting) Regional Executive Manager: Northern Cape
Date: 30/03/2017

I declare that the right and proper, to the right person,
of the right time and place. NJAK/EP

South African Social Se-

G
28 Harrison Street - Johannesburg
Private Bag X120 • 2001
Tel. +27 11 241 6300 • Fax. +27
11 241 6302

Appendix 4: Request for contact details of potential respondents



Chief Information Officer
South African Social Security Agency
SASSA House,
501 Prodinsa Building;
Cnr Steve Biko and Pretorius Streets,
Pretoria

Dear Sir

RE: Request for information on the Unit of analysis and records relevant to the study for sampling purposes

Purpose

The purpose of this letter is to request information on the Unit of analysis and records for the purpose of selecting a sample for the study. This study is undertaken by Ms. Mangalane du Toit, a PhD student in the Department of Public Administration and Management, Faculty of Economic and Management Sciences (EMS), at the University of the Free State (UFS). The title of the study is: "The administration of social grants for adult persons with disabilities in the Northern Cape". The study has been approved by the EMS Faculty Research Committee and vetted by the Ethics Committee of the University of the Free State. Approval to conduct the study within SASSA Northern Cape was granted by the management of SASSA (see Attached).

Aim and objectives of the study

The aim of the study is to assess efficiency in the administration of social grants for adult persons with disabilities (PWDs) in the Northern Cape. Consequently, the objectives of this study are to examine existing internal Reconsideration Mechanism records and social grants for adult persons with disabilities statistics with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult persons with disabilities. Against this background recommendations will be made towards improving the administration of social grants for adult persons with disabilities.

Unit of analysis

The information regarding the unit of analysis is all held by the SASSA in various formats i.e. the SocPen system and IRM database, SASSA contracted doctors database, and Persal for list of officials who are directly involved in the administration of social grants for adult persons with disabilities; and documents like monthly statistics and annual reports in various formats. In order to proceed, the researcher needs to make contact with the Unit of analysis i.e. applicants for DG, SASSA officials and Contracted doctors to request their cooperation to participate in the study, and to collect data. Due to the voluntary nature of the study, a bigger number than that targeted for sampling needs to be approached to ensure that, eventually, a representative sample is ultimately reached. However, in order to arrange with the potential participants, the researcher will need a list of potential respondents (Contracted doctors), together with their contact details, preferably telephone/cellphone numbers, and other records, as outlined below. I am therefore requesting information as follows:

- List of contracted Doctors who conducted medical assessments in the Northern Cape from 2013/14 to 2017/18



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F: +27(0)51 401 3817
E:

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Bloemfontein 9301
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PO Box 339 Bloemfontein 9300
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- The Northern Cape Internal Reconsideration Mechanism (IRM) database from 2011/12 to 2017/18
- Statistics of medical assessments conducted in the Northern Cape for the period 2013/2014 to 2017/2018 (approvals and rejections)

Other than the contact details of the contracted doctors to enable the researcher to make initial contact, please take note that the study is in no way concerned about either the respondents' personal circumstances or physical condition. The researcher and two assistants will be the only people approaching the respondents to seek their permission to participate in the study, and therefore the only people to have access to the information that will be provided by the SASSA. The study focuses on the respondents' experiences in relation to the processes involved from the time an applicant approaches the SASSA to apply, and will not touch on information of any personal nature, whatsoever. Once the study is concluded, any personal information in the possession of the researcher will be destroyed accordingly.

Approach

Once the above requested information is made available, the researcher will approach the three research population as follows:

- Contracted Doctors – write letters to them seeking permission for them to participate in the study
- SASSA officials – distribute flyers and put up notices at SASSA offices, write letters to them seeking permission for them to participate in the study
- Adult Persons with disabilities – distribute flyers and put up notices at strategic points i.e SASSA offices and pay points for those interested in participating to contact the researcher for interviews

Confidentiality

Records that identify respondents will be made available only to people working on the study, unless express permission is given by respondents, in writing, for other people to see the records. This will only happen once collection of data is underway, not before. Collected data might, however, be reviewed by people responsible for making sure that the research is done properly, including the transcriber, external coder, and members of the Research Ethics Committee. One of the requirements is that the findings of the study be published in an academic journal. However, care will be taken to ensure that none of the information shared could be linked to a particular respondent. Otherwise, while every effort will be made by the researcher to ensure that respondents will not be connected to the information shared during the focus groups, it cannot be guaranteed that other participants in the focus group will treat information confidentially, despite being encouraged to do so.

Data collection

Data will be collected in two separate phases: i.e. using a telephonic survey among applicants of social grants for adult persons with disabilities (successful and unsuccessful), to first establish their attitudes and knowledge on the research topic. After the analysis of the quantitative data, the researcher will use these results to connect through focus group discussions with SASSA officials and through in-depth face-to-face interviews with Contracted doctors. There is no material or financial benefit for individual participants in this study. There are no foreseen potential risks or physical discomfort to the participants, other than the inconvenience for the participants to avail personal time to be interviewed. It is anticipated that data collection could take place for a period of six (6) months, from the approval date.



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Uitsigtomlei 8300
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Conclusion

The **confidentiality** of the information is fundamental with regard to this study. The information provided by the SASSA with regard to the contact details of respondents and that culminating from the interviews with respondents will only be utilized for the purposes of the study to contact potential respondents and analyse the application history of adult persons with disabilities. Participation of respondents in the study is **voluntary** and will be kept confidential. While anonymity (collecting information so that researchers cannot link any piece of data to a specific, named individual is not always possible, confidentiality (protection of collected information) is possible, and this will be communicated to all participants.

Yours Sincerely,

Mangalane du Toit
Email: mangalane.dutoit@dnlr.gov.za
Contact Number/s: (053) 807 5707 / 072 720 3533

Study leader: Professor Liezel Lues
Email: Luesl@ufs.ac.za
Contact Number/s: (051) 401 2886 / 076 846 6828



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FREISTADT

Appendix 5: Response by SASSA NC to a request to provide details of potential respondents



Enquiries: E Abrahams
Our ref:
Your ref:
Date: 18/07/2017

ATTENTION: Ms Mangalane M Du Toit
University of Free State
Faculty of Economic and Management Sciences
BLOEMFONTEIN
9301 **BY POST**

Dear Ms Mangalane Du Toit,

REQUEST FOR INFORMATION FOR STUDY SAMPLING PURPOSES

1. Your letter requesting access to information for sampling purposes bears reference.
 2. Please note the permission granted to you by our office as per our communiqué dated 29 May 2017, also refers in which you were granted permission to get statistical information through our Monitoring and Evaluation Department.
 3. Nonetheless your subsequent letter to us requesting information relating to DG Applicants - 610 (305 approvals and 305 IRM applicant), SASSA officials – 60 (spread evenly across the 5 districts and Doctors- (spread across the five districts) is hereby denied due to the following reasons:
 - 3.1 The information so required is confidential and of sensitive nature thereby encroaching on our beneficiaries' right to privacy as per Section 14 of the Republic of South Africa Act 108 of 1996, notwithstanding the limitations imposed by Section 36 hereof.
 - 3.2 SASSA has a legal obligation to protect its beneficiaries especially if the information so required is not used for the protection of any right as per Constitutional stipulations.
 - 3.3 Similarly section 37(1) (a) of Promotion of Access Information Act², provides that, subject to subsection 2 of the Act, the Information Officer of a public body may refuse a request for access to a record of the body if the disclosure of the record would constitute an action

¹ Section 32(1)(b) of the Constitution

Page 2 of 2009

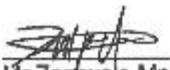


for breach of a duty of confidence owed to a third party in terms of an agreement.

3.4 Section 37(1)(b)(i) also states that the Information Officer may refuse a request for access to a record of the body if the information that was supplied in confidence by a third party-

- (i) The disclosure of which could reasonably be expected to prejudice the future supply of similar information or information from the same source; and
4. It is against this backdrop that we are of the view that the information so required is confidential and sensitive in nature therefore cannot be disclosed hereof.
 5. Please be advised that you can make representation to our Information Officer, who sits at our Head Office in Pretoria, should you feel aggrieved by this decision.

Kind regards


Mr Zanoxolo Mpeta
Acting Regional Executive Manager
Date: 31/01/2017



[passing the right social grant, to the right person,
at the right time and place. NJMOT]

South African Social Security Agency
Gauteng Region

76 Hermon Street • Johannesburg 2009
Pretoria 0125 • Midrand 2007
Tel: +27 11 241 6200 • Fax: +27 11 241 6205
www.sassa.gov.za

Appendix 6: Informed consent form – pilot study



Informed consent form

Adult PWDs, SASSA officials and contracted medical doctors (Kimberley)

Participation in a pilot study for the PhD study titled “The administration of social grants for adult persons with disabilities in the Northern Cape”

My name is Mangalane du Toit, a PhD student in the Department of Public Administration and Management at the University of the Free State (UFS). I am requesting your participation in a research study which seeks to assess efficiency in the administration of social grants for adult persons with disabilities (PWDs) in the Northern Cape (NC). This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request oral consent, should you choose to participate in this research.

(i) SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

Title: The administration of social grants for adult persons with disabilities in the Northern Cape

Problem statement and rationale for the study: The number of applications in the NC for social grants for adult PWDs is increasing every year, along with the number of rejections. As a result, of the 39 533 and 40 556 medical assessments conducted for adult PWDs in the 2013/2014 and 2014/2015 financial years respectively, the rejection rate remained at an average of 27%, at a cost of R2.6 million, despite the Social Grants Disability Management Model (SGDMM) which came into effect in 2011.

The aim and objectives: The aim of the study is to assess efficiency in the administration of social grants for adult PWDs in the NC and in South Africa (SA). Consequently, the objectives of this study are to: (i) conduct a review of the literature related to the topic; (ii) examine existing Internal Reconsideration Mechanism (IRM) records and social grants for adult PWDs statistics; (iii) report on the responses to the semi-structured telephonic and face to face interviews of the applicants, the focus group discussions of the South African Social Security Agency (SASSA) officials as well as in-depth face-to-face interviews of the contracted medical doctors; and (iv) make tangible recommendations towards improving the administration of social grants for adult PWDs in the NC and in National Department of Social Development (DoSD).

The method to be employed: The explanatory sequential mixed methods design will be used. Data will be collected in two separate phases: i.e. using a telephonic survey among adult PWDs applicants (successful and unsuccessful), to first establish attitudes and knowledge of respondents towards the research topic. After the analysis of the quantitative data, the researcher uses these results to connect through focus group discussions with SASSA officials and through in-depth face-to-face interviews with contracted doctors.

The contribution that the study will make: The empirical results generated in this study will, *inter alia*, attempt to make recommendations towards improving the efficiency in the administration of social grants for adult PWDs on two spheres: National sphere (DoSD); assist policy makers in developing clear, integrated and policy guidelines to administer social grants for adult PWDs. The recommendations of this study will be captured in the accompanying Regulations to the Social Assistance Act, 2004 (Act 13 of 2004, as amended).



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Provincial sphere (NC SASSA): will inform uniform processes and structures towards improving efficiency in administration of social grants for adult PWDs as well as future concept documents or standard operating procedure manuals for the Region.

Ethical approval: The study was approved by the Research committee in the Faculty of Economic and Management Sciences at the (UFS). The study is in the process of being vetted by the Ethics Committee of the (UFS).

The nature of participation in the study: A pilot study will be conducted amongst a small sample consisting of successful applicants (n=3), and unsuccessful applicants (n=3) in order to test the validity and reliability of the semi-structured questionnaire for the telephonic survey. It is anticipated that data collection could take place from April to December 2017.

The potential benefits of taking part in this study: The benefits will not be for individual respondents *per se*, but for the SASSA as a whole as the study aims to promote efficiency in the administration of social grants for adult PWDs in the NC and in SA. The benefit might be cost saving in the administration of the social grants for the SASSA and less red tape for the applicants.

The potential risks of taking part in this study: There are no foreseen potential risks or physical discomfort to the participants. The only inconvenience might be for the participants to avail personal time to be interviewed.

Confidentiality: Participant confidentiality will be protected and participants will remain anonymous during the reporting of the findings of the research. Nothing shared during the telephonic survey will be attributed to participants by name. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the telephonic surveys.

Remuneration: There is no material or financial benefit for individual participants in this study.

Sharing findings: A final copy of the research report will be submitted to the SASSA NC. Furthermore, should they so request, the researcher is prepared to make a presentation to the SASSA management if invited to do so. Should the SASSA require any further information or want to contact the researcher about any aspect of the study, the following contact details can be used:

University of the Free State

Department:	Public Administration and Management
Faculty:	Economic and Management Sciences
Email:	mangalane.dutoit@drdlr.gov.za
Tel:	053 807 5707
Cell:	072 720 3533



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T: +27(0)51 401 2495
F: +27(0)51 401 3047
E: Luctl@ufs.ac.za

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**(II) REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO
PARTICIPATE IN THIS RESEARCH**

As part of this study I wish to collect information from people like you who are a critical role player in the administration of social grants for adult (PWDs). If you agree to take part in this study, I will ask you to participate in a group discussion, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 30 minutes.

Before I proceed, I need your agreement, that you are aware of the following:

1. I volunteer to participate in this PhD research which is conducted by Mangalane du Toit, a registered PhD student at the University of the Free State.
2. I understand that I am free to stop or withdraw from this survey at any time, without any negative consequences.
3. I understand that I may also refuse to answer any questions that I am not comfortable with and still remain part of the study.
4. I understand that I will not directly benefit materially by taking part in the study.
5. I understand that I will not be remunerated for taking part in the study.
6. My participation involves participating in a focus group discussion facilitated by the researcher, Mangalane du Toit. The interview will last approximately 30 minutes.
7. The findings of the study may be published in an academic publication. As with the dissertation, my identity will remain confidential in any such publication.
8. The information above was explained to me by Mangalane du Toit in English; I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction. I hereby consent voluntarily to participate in this study. A copy of this form will be availed to me, should I make such a request.

**Participant: Name and
Surname**

**Participant: Signature
Or oral consent noted**

Date

**Researcher: Name and
Surname**

Participant: Signature

Date



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and Management
T: +27(0)61 401 2535
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VRIJESTATE
UNIVERSITY OF THE FREE STATE

Appendix 7: Informed consent (Applicants of social grants for adult PWDs)

Participation in a structured telephonic interviews and structured face-to-face interviews for the PhD study titled “The administration of social grants for adult persons with disabilities in the Northern Cape”

My name is Mangalane du Toit, a PhD student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to assess efficiency in the administration of social grants for adult persons with disabilities (PWDs) in the Northern Cape. This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request oral/written consent, should you choose to participate in this research.

(i) SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

Title: The administration of social grants for adult persons with disabilities in the Northern Cape

Problem statement and rationale for the study: The number of applications in the Northern Cape for social grants for adult persons with disabilities is increasing every year, along with the number of rejections. As a result, of the 39 533 and 40 556 medical assessments conducted for adult PWDs in the 2013/2014 and 2014/2015 financial years respectively, the rejection rate remained at an average of 27%, at a cost of R2.6 million, despite the Social Grants Disability Management Model which came into effect in 2011.

The aim and objectives: The aim of the study is to assess efficiency in the administration of social grants for adult PWDs in the NC and in SA. Consequently, the objectives of this study are to: 1) To conduct a review of the literature related to i.e. (i) available international and national literature on the administration of social grants for adult PWDs; (ii) SA legislation governing the administration of social grants for adult PWDs; and (iii) the introduction of the 2011 SGDMM; 2) To examine existing internal reconsideration mechanism (IRM) records (2011-2018) and statistics of social grants for adult PWDs (2012-2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs; 3) To analyse responses of the structured telephonic interviews and structured face-to-face interviews of the applicants (successful and unsuccessful), the semi-structured focus group discussions of the SASSA officials as well as semi-structured face-to-face interviews of the contracted medical doctors; and 4) To make tangible recommendations towards improving efficiency in the administration of social grants for adult persons with disabilities in the Northern Cape and in National (DoSD).

The method to be employed: The explanatory sequential mixed-methods research design will be used. Data will be collected in two separate phases: i.e. using structured telephonic interviews and structured face-to-face interviews among applicants (successful and unsuccessful), to first establish knowledge of Acts and policies governing social grants for adult persons with disabilities and attitudes of respondents towards the research topic. After the analysis of the quantitative data, the researcher uses these results to connect through semi-structured focus group discussions with SASSA officials and through semi-structured face-to-face interviews with contracted medical doctors.

The contribution that the study will make: The empirical results generated in this study will, *inter alia*, attempt to make tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs on two spheres: National sphere (DoSD): assist policy makers in developing clear, integrated and policy guidelines to administer social grants for adult persons with disabilities. The recommendations of this study will be captured in the accompanying Regulations to the Social Assistance Act, 2004 (Act 13 of 2004 as amended). Provincial sphere (NC SASSA): will inform uniform processes and structures towards improving efficiency in the administration of social grants for adult PWDs as well as future concept documents or standard operating procedure manuals for the NC Region.

Ethical approval: The study was approved by both the research committee in the Faculty of Economic and Management Sciences and the Ethics Committee at the University of the Free State.

The nature of participation in the study: Structured telephonic interviews and structured face-to-face interviews will be conducted among adult persons with disabilities in the Northern Cape Region who applied for social grants for adult persons with disabilities during the 2012-2018 period. It is anticipated that data collection could take place from January to December 2018.

The potential benefits of taking part in this study: The benefits will not be for individual respondents per se, but for the SASSA as the study aims to promote efficiency in the administration of social grants for adult PWDs in the Northern Cape and in South Africa. The benefit might be cost saving in the administration of social grants for the SASSA and less red tape for the applicants of social grants for adult PWDs.

The potential risks of taking part in this study: There are no foreseen potential risks or physical discomfort to the respondents. The only inconvenience might be for the respondents to avail personal time to be interviewed.

Confidentiality: Participant confidentiality will be protected, and respondents will remain anonymous during the reporting of the findings of the research. Nothing shared during the structured telephonic interviews and structured face-to-face interviews will be attributed to respondents by name. The researcher will make every effort to ensure that respondents will not be connected to the information shared during structured telephonic interviews and structured face-to-face interviews.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the SASSA Northern Cape. Furthermore, should they so request, the researcher is prepared to make a presentation to the SASSA management if invited to do so. Should the SASSA require any further information or want to contact the researcher about any aspect of the study, the following contact details can be used:

University of the Free State

Department:	Public Administration & Management
Faculty:	Economic and Management Sciences
Email:	mangalane.dutoit@drdlr.gov.za
Tel:	053 807 5707
Cell:	072 720 3533

(II) REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

1. As part of this study I wish to collect information from people like you who are a critical stakeholder in the administration of social grants for adult. If you agree to take part in this study, I will ask you to participate in either structured telephonic interviews or structured face-to-face interviews, in which you draw on your experiences and knowledge concerning issues related to the study. This should take approximately 30 minutes.
2. Before I proceed, I need your agreement, that you are aware of the following:
3. I volunteer to participate in this PhD research which is conducted by Mangalane du Toit, a registered PhD student at the University of the Free State.
4. I understand that I am free to stop or withdraw from this structured telephonic interview or structured face-to-face interview at any time, without any negative consequences.
5. I understand that I may also refuse to answer any questions that I am not comfortable with and remain part of the study.
6. I understand that I will not directly benefit materially by taking part in the study.
7. I understand that I will not be remunerated for taking part in the study.
8. My participation involves participating in either structured telephonic interviews or structured face-to-face interviews conducted by the researcher, Mangalane du Toit, or representative. The interview will last approximately 30 minutes.
9. The findings of the study may be published in an academic publication. As with the thesis, my identity will remain confidential in any such publication.
10. The information above was explained to me by Mangalane du Toit or representative in English; I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction. I hereby consent voluntarily to participate in this study. A copy of this form will be availed to me, should I make such a request.

Participant: Name and Surname

Participant: Signature

Date

I declare that I have explained the information given in this document to [**name of the respondent**]. He or she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: Name and Surname

Researcher: Signature

Date

Appendix 8: Amended structured interview schedule. Telephonic - and face-to-face interviews with successful and unsuccessful applicants

Applicants of social grants for adult persons with disabilities – Structured telephonic interviews and structured face-to-face interviews

Dear Sir/Madam

My name is Mangalane du Toit, and I am a PhD student in the Department of Public Administration and Management at the University of the Free State. I would like your perspective, as an adult person with disabilities, on the administration of social grants for adult PWDs in the Northern Cape.

The aim of the study is to assess efficiency in the administration of social grants for adult persons with disabilities in the Northern Cape Region and in South Africa. The objectives of this study are:

- i. To conduct a review of the literature related to i.e. (I) available international and national literature on the administration of social grants for adult PWDs; (ii) SA legislation governing the administration of social grants for adult PWDs; and (iii) introduction of the 2011 SGDMM.
- ii. To examine existing internal reconsideration mechanism (IRM) records (2011-2018) and statistics of social grants for adult PWDs (2012-2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs.
- iii. To analyse responses to the structured telephonic interviews and structured face-to-face interviews of the applicants (successful and unsuccessful), the semi-structured focus group discussions of the SASSA officials as well as semi-structured face-to-face interviews of the contracted medical doctors.
- iv. To make tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs in the Northern Cape and in National (DoSD).

Pertaining to the above, the following are kindly requested from you. The researcher will pose 15 questions that will take approximately 30 minutes to respond to and note the responses thereof. The focus of the study is on general views among those interviewed, not on replies of individuals. Participation is voluntary, and you should feel free to withdraw or refuse to answer questions at any stage during the interview. Please feel free to partake and respond as honestly as possible. Kindly note that your responses will be treated as highly confidential, and the information from the survey will only be used in a summary format. Your choice to participate or not participate will in no way prejudice or compromise the status of your social grants, now or in future.

INSTRUCTIONS

- Please take your time to respond to the questions posed by the researcher.
- Feel free to ask for clarity if unsure of the question.
- There is no right or wrong answer.

SECTION A

KNOWLEDGE OF ACTS AND POLICIES ON SOCIAL GRANTS FOR ADULT PWDS

1. Why did you apply for a social grant for adult PWDs? (You may, if appropriate, make more than one choice.)		Official use
Permanent physical disability		1
Permanent mental disability		2
Temporary physical disability		3
Temporary mental disability		4
Unemployment		5
Illness (Specify)		6
2. How long have you been treated for your medical/mental condition before you were referred to the SASSA?		
One to three months		1
Four to six months		2
Seven to twelve months		3
More than a year		4
Other (Specify)		5
3. Who initiated the referral to the SASSA for the application of social grants for adult PWDs? (You may, if appropriate, make more than one choice.)		
Self		1
Family/ friends		2
Health care practitioner		3
Community leader		4
Other (Specify)		5
4. Why does Government provide social grants for adult PWDs?		
Source of income for the unemployed		1
Source of income for those unable to support themselves due to impairment		2
Source of income for adults aged between 19-59 years		3
Source of income for previous tax payers		4
Other (Specify)		5
5. What should be the qualifying criteria for social grants for adult PWDs? <i>(You may, if appropriate, make more than one choice.)</i>		
Leave the criteria as is, nothing wrong with it		1
Make it available to all unemployed people		2
Make it available only to previous taxpayers aged less than 60 years		3
Make it available to all disabled people, regardless of severity of impairment		4
Other (Specify)		5

SECTION B

PROCESS OF ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDs

6. Once referred, how long did it take for you to get to a SASSA office to present a referral letter?		Official use
Less than a day		1
Less than a week		2
Longer than a week, (Specify)		3
7. How many times did you visit a SASSA office before the process (screening to approval) was completed?		
Twice		1
3 to 5 times		2
6 to 10 times		3
More than 10 times (Specify)		4
8. If a delay between referral and actual application for the social grants for adult PWDs occurs, what could be the reason(s)? (You may, if appropriate, make more than one choice.)		
Transport		1
Misinformation		2
Overbooked doctors		3
Unavailability of doctors		4
Other (Specify)		5
9. What is your view of the time it takes from screening to approval?		
Just right		1
Too short		2
Too long		3
Please motivate your answer		
10. If you could make the screening to approval process more efficient, what would you suggest? (You may, if appropriate, make more than one choice.)		
Leave the process as is		1
Eliminate some activities/steps (referral, screening, booking, assessment, attesting, verification, IRM, appeal) from the process		2
Design a remote process (online) for some steps i.e. referral, booking and application		3
Activate mobile services for processing social grants for adult PWDs		4
Integration of SASSA system with those of health facilities to automatically award those who had medical intervention		5
Other (Specify)		6

SECTION C

ATTITUDE TOWARDS SOCIAL GRANTS FOR ADULT PWDs

11. How many times have you applied for a social grant for adult PWDs before your application was successful?		Official use
Once	1	
Twice	2	
3 – 5 times	3	
Other (Specify)	4	
12. If you were successful, was it for?		
Not applicable	1	
Same medical/mental condition you previously applied for	2	
Same medical/mental condition, different doctor	3	
A new medical/mental condition	4	
Other (Specify)	5	
13. How many times do you think a person can apply for a social grant for adult PWDs?		
Once every 5 years	1	
More than once, if the medical/mental condition persists	2	
More than once, if the medical/mental person is unemployed	3	
More than once, if it is a different medical doctor	4	
Other (Specify)	5	
14. What do you think makes people to keep on applying for social grants for adult PWDs despite being rejected several times? (You may, if appropriate, make more than one choice.)		
The 3 months period after last medical assessment lapsed	1	
A new medical/mental condition emerged	2	
Same medical condition, but convinced I qualify	3	
Unemployment	4	
Employed, but earning too little	5	
Entitled to it, as I was a tax payer	6	
Social grants are for everyone	7	
Other (Specify)	8	
15. What recommendations could you make towards improving the administration of social grants for adult PWDs in the NC? (You may, if appropriate, make more than one choice)		
Leave the process as is	1	
Review the current policies governing the administration of social grants for adult PWDs	2	
Maintain the current policies, but diligently enforce gatekeeping	3	
Integrate SASSA system with those of health facilities	4	
Other (Specify).....	5	

We have come to the end of the interview. Thank you for taking time to participate in the study.

Appendix 9: Informed consent - SASSA officials

Participation in a focus group discussion for the PhD study titled “The administration of social grants for adult persons with disabilities in the Northern Cape”

My name is Mangalane du Toit, a PhD student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to assess efficiency in the administration of social grants for adult Persons with Disabilities in the Northern Cape. This form serves to (I) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

(ii) SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

Title: The administration of social grants for adult persons with disabilities in the Northern Cape

Problem statement and rationale for the study: The number of applications in the Northern Cape for social grants for adult persons with disabilities (PWDs) is increasing every year, along with the number of rejections. As a result, of the 39 533 and 40 556 medical assessments conducted for adult PWDs in the 2013/2014 and 2014/2015 financial years respectively, the rejection rate remained at an average of 27%, at a cost of R2.6 million, despite the Social Grants Disability Management Model which came into effect in 2011.

The aim and objectives: The aim of the study is to assess efficiency in the administration of social grants for adult PWDs in the NC and in SA. Consequently, the objectives of this study are to: 1) To conduct a review of the literature related to i.e. (I) available international and national literature on the administration of social grants for adult PWDs; (ii) SA legislation governing the administration of social grants for adult PWDs; and (iii) the introduction of the 2011 SGDMM; 2) To examine existing internal reconsideration mechanism (IRM) records (2011-2018) and statistics of social grants for adult PWDs (2012-2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs; 3) To analyse responses of the structured telephonic interviews and structured face-to-face interviews of the applicants (successful and unsuccessful), the semi-structured focus group discussions of the SASSA officials as well as semi-structured face-to-face interviews of the contracted medical doctors; and 4) To make tangible recommendations towards improving efficiency in the administration of social grants for adult persons with disabilities in the Northern Cape and in National (DoSD).

The method to be employed: The explanatory sequential mixed-methods research design will be used. Data will be collected in three overlapping phases: i.e. using a telephonic survey among adult PWD applicants (successful and unsuccessful), to first establish attitudes and knowledge of respondents towards the research topic. After the analysis of the quantitative data, the researcher will use these results to connect through semi-structured focus group discussions with SASSA officials and through semi-structured face-to-face interviews with contracted medical doctors.

The contribution that the study will make: The empirical results generated in this study will, *inter alia*, attempt to make recommendations towards improving the efficiency in the administration of social grants for adult PWDs on two spheres: National sphere (DoSD): assist policy makers in developing clear, integrated and policy guidelines to administer social grants for adult PWDs. The recommendations of this study will be captured in the accompanying Regulations to the Social Assistance Act, 2004 (Act 13 of 2004 as amended).

Provincial sphere (NC SASSA): will inform uniform processes and structures towards improving efficiency in the administration of social grants for adult PWDs as well as future concept documents or standard operating procedure manuals for the Region.

Ethical approval: The study was approved by both the research committee in the Faculty of Economic and Management Sciences and the Ethics Committee at the University of the Free State.

The nature of participation in the study: Semi-structured focus group discussions will be conducted with SASSA officials that dealt directly with the administration of social grants for adult PWDs in the Northern Cape Region during the 2015/2016 and 2016/2017 financial years. It is anticipated that data collection could take place from January to December 2017.

The potential benefits of taking part in this study: The benefits will not be for individual respondents per se, but for the SASSA as the study aims to promote efficiency in the administration of social grants for adult PWDs in the Northern Cape and in SA. The benefit might be cost saving in the administration of the social grants for adult PWDs for the SASSA and less red tape for the applicants.

The potential risks of taking part in this study: There are no foreseen potential risks or physical discomfort to the respondents. The only inconvenience might be for the respondents to avail personal time to be interviewed.

Confidentiality: Participant confidentiality will be protected, and respondents will remain anonymous during the reporting of the findings of the research. Nothing shared during the focus group discussions will be attributed to respondents by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for analysing the data. The voice recordings will be destroyed upon completion of the study. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the semi-structured focus group discussions.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the SASSA Northern Cape. Furthermore, should they so request, the researcher is prepared to make a presentation to the SASSA management if invited to do so. Should the SASSA require any further information or want to contact the researcher about any aspect of the study, the following contact details can be used:

University of the Free State

Department:	Public Administration & Management
Faculty:	Economic and Management Sciences
Email:	<u>mangalane.dutoit@drdlr.gov.za</u>
Tel:	053 807 5707
Cell:	072 720 3533

(II) REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study, I wish to collect information from people like you who are a critical stakeholder in the administration of social grants for adult persons with disabilities. If you agree to take part in this study, I will ask you to participate in a focus group discussion, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 60 minutes.

Before I proceed, I need your agreement, that you are aware of the following:

- i. I volunteer to participate in this PhD research which is conducted by Mangalane du Toit, a registered PhD student at the University of the Free State.
- ii. I understand that I am free to stop or withdraw from this focus group discussion at any time, without any negative consequences.
- iii. I understand that I may also refuse to answer any questions that I am not comfortable with and remain part of the study.
- iv. I understand that I will not directly benefit materially by taking part in the study.
- v. I understand that I will not be remunerated for taking part in the study.
- vi. My participation involves participating in a focus group discussion facilitated by the researcher, Mangalane du Toit. The interview will last approximately 60 minutes. A voice recorder will be used to record the interview and this voice recording will be transcribed into a manuscript for the purposes of analysing the data. I may ask for the recorder to be switched off at any time during the interview.
- vii. The findings of the study may be published in an academic publication. As with the thesis, my identity will remain confidential in any such publication.
- viii. The information above was explained to me by Mangalane du Toit in English; I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction. I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Participant: Name and Surname

Participant: signature

Date

I declare that I have explained the information given in this document to [**name of the respondent**]. He or she was encouraged and given ample time to ask me any questions. This conversation was conducted in English.

Researcher: Name and Surname

Researcher: signature

Date

Appendix 10: Amended semi-structured focus group interview schedule SASSA officials (Northern Cape)

INTRODUCTION

My name is Mangalane du Toit, and I am a PhD student in the Department of Public Administration and Management at the University of the Free State (UFS). I would like your perspective, as a SASSA official, on the administration of social grants for adult PWDs in the Northern Cape.

The aim of the study is to assess efficiency in the administration of social grants for adult persons with disabilities (PWDs) in the Northern Cape and in South Africa. The objectives of this study are:

- i. To conduct a review of the literature related to i.e. (I) available international and national literature on the administration of social grants for adult PWDs; (ii) SA legislation governing the administration of social grants for adult PWDs; and (iii) introduction of the 2011 SGDMM.
- ii. To examine existing internal reconsideration mechanism (IRM) records (2011-2018) and statistics of social grants for adult PWDs (2012-2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs.
- iii. To analyse responses to the structured telephonic interviews and structured face-to-face interviews of the applicants (successful and unsuccessful), the semi-structured focus group discussions of the SASSA officials as well as semi-structured face-to-face interviews of the contracted medical doctors.
- iv. To make tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs in the Northern Cape and in National (DoSD).

The discussion will take the following format: The researcher will pose 16 questions to the group during the 60 minutes of focus discussions. Please feel free to partake and respond as honestly as possible. Please note the discussion and feedback from this focus group discussion will be treated as highly confidential, and the information from the focus group discussions will only be reported in a summary format.

PERMISSION FOR VOICE RECORDING

A voice recorder will be used to record the responses, unless there are some objections from the group, and this voice recording will be used strictly to transcribe the data into a manuscript for analysing the data. The voice recordings will be destroyed upon completion of the study. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the focus group discussions.

INSTRUCTIONS

- Please take your time to respond to the questions posed by the researcher
- Feel free to ask for clarity if unsure of the question
- There is no right or wrong answer.

- In addition to the set questions, the researcher might ask follow-up questions to seek more clarity, if necessary
- Please listen and respect each other's views

SECTION A: ACTS AND POLICIES ON ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDS

The following questions are an attempt to establish knowledge, behaviour and attitudes of adult PWDs in relation to the available legislation governing the administration of social grants for adult PWDs.

1.	Which legislation makes it conducive for the efficient administration of social grants for adult PWDs?
2.	What is your view of the process outlined in the SGDMM to address previous challenges experienced in the implementation of policy on administration of social grants for adult PWDs?
3.	What alternative ways can be used to conclude the administration process without compromising the principles of the SGDMM?
4.	Do you think all policy issues are adequately addressed by the model, as it was the original intention, or if not, what are the gaps?
5.	The SASSA has a turnaround time of one day to process applications of all other social grants, but none for applications of social grants for adult PWDs, what could be a realistic time frame for processing the social grants for adult PWDs? (Please give reasons for your answer).
6.	What factors should be considered before determining a realistic time frame for processing social grants for adult PWDs?
7.	Have you ever encountered people who come to apply for social grants for adult PWDs without a referral from a health care facility or health care practitioner, and how do you deal with it?

SECTION B: PROCESS OF ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDS

The following questions are aimed at establishing the actual challenges that are experienced by the adult PWDs during the administration process, in relation to the 2011 SGDMM.

8.	What are the reasons why applicants must make several trips to the SASSA office, for screening purposes, before the application of social grants for adult PWDs is processed?
9.	SASSA has standards on turnaround time for processing of social grants. If you were to give an estimate, how long does it take to move from referral to approval of social grants for adult PWDs?

10.	Is the time frame estimated in answer to question 9 applicable to all SASSA offices in the Northern Cape? If not, what makes it different? (Please give reasons for your answer).
11.	How can this application to approval process be simplified and made more user-friendly for the applicants of social grants for adult PWDs? (cost, facilities, and infrastructure)?
12.	Please make recommendations towards improving the administration of social grants for adult PWDs in the NC.

SECTION C: ATTITUDES TOWARDS SOCIAL GRANTS FOR ADULT PERSONS WITH DISABILITIES

The following questions are aimed at establishing attitude in relation to social grants for adult PWDs.

13.	Do you think applying for a Disability Grant or Grant-in-aid is within reach of the targeted population in terms of cost, accessibility to necessary infrastructure and facilities? (Please motivate your answer)
14.	What are the distinguishing features or profile of repeat applicants of social grants for adult PWDs?
15.	What do you think motivates people to keep on applying for social grants for adult PWDs despite being rejected time and time again?
16.	What can be done to provide a conducive environment where adult PWDs are able to apply for social grants for adult PWDs at their convenience?

We have come to the end of the group discussion.

Thank you for taking time to participate in the study.

Appendix 11: Informed consent - Contracted medical doctors

Participation in face to face interview for the PhD study titled “The administration of social grants for adult persons with disabilities in the Northern Cape”

My name is Mangalane du Toit, a PhD student in the Department of Public Administration and Management at the University of the Free State. I am requesting your participation in a research study which seeks to assess efficiency in the administration of social grants for adult Persons with Disabilities in the Northern Cape (PWDs). This form serves to (i) provide a synopsis of the information regarding the research and (ii) to request permission for your signature, should you choose to participate in this research.

(iii) SYNOPSIS OF THE INFORMATION REGARDING THE RESEARCH

Title: The administration of social grants for adult persons with disabilities in the Northern Cape

Problem statement and rationale for the study: The number of applications in the Northern Cape for social grants for adult persons with disabilities (PWDs) is increasing every year, along with the number of rejections. As a result, of the 39 533 and 40 556 medical assessments conducted for adult PWDs in the 2013/2014 and 2014/2015 financial years respectively, the rejection rate remained at an average of 27%, at a cost of R2.6 million, despite the Social Grants Disability Management Model which came into effect in 2011.

The aim and objectives: The aim of the study is to assess efficiency in the administration of social grants for adult PWDs in the NC and in SA. Consequently, the objectives of this study are to: 1) To conduct a review of the literature related to i.e. (i) available international and national literature on the administration of social grants for adult PWDs; (ii) SA legislation governing the administration of social grants for adult PWDs; and (iii) the introduction of the 2011 SGDMM; 2) To examine existing internal reconsideration mechanism (IRM) records (2011-2018) and statistics of social grants for adult PWDs (2012-2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs; 3) To analyse responses of the structured telephonic interviews and structured face-to-face interviews of the applicants (successful and unsuccessful), the semi-structured focus group discussions of the SASSA officials as well as semi-structured face-to-face interviews of the contracted medical doctors; and 4) To make tangible recommendations towards improving efficiency in the administration of social grants for adult persons with disabilities in the Northern Cape and in National (DoSD).

The method to be employed: The explanatory sequential mixed-methods research design will be used. Data will be collected in two separate phases: i.e. using structured telephonic interviews and structured face-to-face interviews among applicants (successful and unsuccessful), to first establish knowledge of Acts and policies governing social grants for adult persons with disabilities and attitudes of respondents towards the research topic. After the analysis of the quantitative data, the researcher uses these results to connect through semi-structured focus group discussions with SASSA officials and through semi-structured face-to-face interviews with contracted medical doctors.

The contribution that the study will make: The empirical results generated in this study will, *inter alia*, attempt to make recommendations towards improving the efficiency in the administration of social grants for adult PWDs on two spheres: National sphere (DoSD): assist policy makers in developing clear, integrated and policy guidelines to administer social grants for adult PWDs. The recommendations of this study will be captured in the accompanying Regulations to the Social Assistance Act, 2004 (Act 13 of 2004, as amended).

Provincial sphere (NC SASSA): will inform uniform processes and structures towards improving efficiency in the administration of social grants for adult PWDs as well as future concept documents or standard operating procedure manuals for the Region.

Ethical approval: The study was approved by both the research committee in the Faculty of Economic and Management Sciences and the Ethics Committee at the University of the Free State.

The nature of participation in the study: Face-to-face interviews will be conducted with contracted medical doctors that conducted medical assessments in the NC Region during the 2015-2017 period. It is anticipated that data collection could take place from January to December 2017.

The potential benefits of taking part in this study: The benefits will not be for individual respondents per se, but for the SASSA as the study aims to promote efficiency in the administration of social grants for adult PWDs in the Northern Cape and in SA. The benefit might be cost saving in the administration of the social grants for the SASSA and less red tape for the applicants.

The potential risks of taking part in this study: There are no foreseen potential risks or physical discomfort to the respondents. The only inconvenience might be for the respondent to avail personal time to be interviewed.

Confidentiality: Respondent confidentiality will be protected, and respondents will remain anonymous during the reporting of the findings of the research. Nothing shared during the face-to-face interviews will be attributed to respondents by name. A voice recorder will be used to record the responses and this voice recording will be used strictly to transcribe the data into a manuscript for analysing the data. The voice recordings will be destroyed upon completion of the study. The researcher will make every effort to ensure that respondents will not be connected to the information shared during the face to face interviews.

Remuneration: There is no material or financial benefit for individual respondents in this study.

Sharing findings: A final copy of the research report will be submitted to the SASSA Northern Cape. Furthermore, should they so request, the researcher is prepared to make a presentation to the SASSA management if invited to do so. Should the SASSA require any further information or want to contact the researcher about any aspect of the study, the following contact details can be used:

University of the Free State

Department:	Public Administration & Management
Faculty:	Economic and Management Sciences
Email:	<u>mangalane.dutoit@drdlr.gov.za</u>
Tel:	053 807 5707
Cell:	072 720 3533

(II) REQUEST PERMISSION FOR YOUR SIGNATURE, SHOULD YOU CHOOSE TO PARTICIPATE IN THIS RESEARCH

As part of this study I wish to collect information from people like you who are a critical role player in the administration of social grants for adult PWDs. If you agree to take part in this study, I will ask you to participate in a face-to face interview, in which you draw on your experiences and knowledge concerning issues related to my study. This should take approximately 30-45 minutes.

Before I proceed, I need your agreement, that you are aware of the following:

1. I volunteer to participate in this PhD research which is conducted by Mangalane du Toit, a registered PhD student at the University of the Free State.
2. I understand that I am free to stop or withdraw from this face-to-face interview at any time, without any negative consequences.
3. I understand that I may also refuse to answer any questions that I am not comfortable with and remain part of the study.
4. I understand that I will not directly benefit materially by taking part in the study.
5. I understand that I will not be remunerated for taking part in the study.
6. My participation involves participating in a face-to-face interview facilitated by the researcher, Mangalane du Toit. The interview will last approximately 30-45 minutes.
7. The findings of the study may be published in an academic publication. As with the thesis, my identity will remain confidential in any such publication.
8. The information above was explained to me by Mangalane du Toit in English; I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction. I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Participant: Name and Surname

Participant: Signature

Date

I declare that I have explained the information given in this document to **[name of the respondent]**. He or she was encouraged and given ample time to ask me any questions. This conversation was conducted in English. (If applicable: An interpreter was at hand to assist.)

Researcher: Name and Surname

Researcher: Signature

Date

Appendix 12: Amended semi-structured face-to face interview schedule.

Contracted medical doctors

INTRODUCTION

My name is Mangalane du Toit, and I am a PhD student in the Department of Public Administration and Management at the University of the Free State (UFS). I would like your perspective, as a contracted medical doctor conducting medical assessments for the SASSA in the Northern Cape, on the administration of social grants for adult PWDs in the Northern Cape.

The aim of the study is to assess efficiency in the administration of social grants for adult persons with disabilities (PWDs) in the Northern Cape and in South Africa. The objectives of this study are:

- i. To conduct a review of the literature related to i.e. (i) available international and national literature on the administration of social grants for adult PWDs; (ii) SA legislation governing the administration of social grants for adult PWDs; and (iii) introduction of the 2011 SGDMM.
- ii. To examine existing internal reconsideration mechanism (IRM) records (2011-2018) and statistics of social grants for adult PWDs (2012-2018) with the purpose of determining trends, neglected areas of needs, shortcomings, relationships and practices among the existing data on social grants for adult PWDs.
- iii. To analyse responses to the structured telephonic- and structured face-to-face interviews of applicants (successful and unsuccessful) of social grants for adult PWDs, the semi-structured focus group discussions of the SASSA officials as well as semi-structured face-to-face interviews of the contracted medical doctors.
- iv. To make tangible recommendations towards improving efficiency in the administration of social grants for adult PWDs in the Northern Cape and in National (DoSD).

The researcher will pose 16 questions that will take approximately 30-45 minutes to respond to and note the responses thereof. The focus of the study is on general views among those interviewed, not on replies of individuals. Participation is voluntary, and you should feel free to withdraw or refuse to answer questions at any stage during the interview. Please feel free to partake and respond as honestly as possible. Please note that your responses will be treated as highly confidential, and the information from this face to face interview will only be used in a summary format. Your choice to participate or not participate will in no way prejudice or compromise the status of your professional relationship with the SASSA, now or in future.

PERMISSION FOR VOICE RECORDING

A voice recorder will be used to record the responses, unless you have objections, and this voice recording will be used strictly to transcribe the data into a manuscript for analysing the data. The voice recordings will be destroyed upon completion of the study. The researcher will make every effort to ensure that you will not be connected in any way to the information shared during the face-to-face interviews.

INSTRUCTIONS

- Please take your time to respond to the questions posed by the researcher
- Feel free to ask for clarity if unsure of the question
- The researcher might ask follow-up questions to seek more clarity if necessary

SECTION A: ACTS AND POLICIES ON ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDs

The following questions are an attempt to explain the knowledge, behaviour and attitudes of adult PWDs in relation to the available legislation governing the administration of social grants for adult PWDs.

1.	What are the reasons people apply for social grants for adult persons with disabilities, and what should be the qualifying criteria for social grants for adult PWDs?
2.	On average, how long are people on treatment for their medical/mental condition before they are referred to the SASSA for social grants?
3.	How are the applicants referred to the SASSA for the application of social grants for adult PWDs?
4.	What are the challenges experienced in the administration of social grants for adult PWDs during medical assessments that you think are inherently linked to the acts, policies and guidelines?
5.	In your view, what can be done to address those challenges, and at what level (Provincial – P; National – N; or Both – B) do you think the intervention should be coordinated?

SECTION B: PROCESS OF ADMINISTRATION OF SOCIAL GRANTS FOR ADULT PWDs

The following questions are aimed at establishing the actual challenges that might be experienced by the adult PWDs during the administration process, in relation to the SGDMM.

6.	How long do you think it takes for an applicant to go through the administration of social grants for adult PWDs process (application to approval)?
7.	What do you think causes the delays the administration process, if any?
8.	How long do you think it should take for an applicant to go through the social grant for adult PWDs administration process?
9.	Would you say that social grants for adult PWDs are being efficiently administered? (Please give reasons for your answer).
10.	In your view, what could be done to improve efficiency in the administration of social

	grants for adult PWDs?
--	------------------------

SECTION C: ATTITUDE TOWARDS SOCIAL GRANTS FOR ADULT PWDs

The following questions are aimed at establishing the attitude of adult PWDs in relation to social grants for adult PWDs.

11.	What are the main determining factors for a medical doctor when recommending the award of a social grant for adult PWDs?			
12.	Have you or any other doctor you know ever awarded a social grant for adult PWDs for reasons other than those outlined in the medical assessment form (Please give reasons for your answer).			
		Yes	No	Not sure
13.	Have you ever awarded a social grant for persons with disabilities to an applicant who has previously been rejected for the exact same condition? (Please give reasons for your answer).			
		Yes	No	Not sure
14.	What makes people to keep on applying for the same medical condition despite being rejected time and time again?			
15.	What measures could be put in place to discourage this repeated applying, especially for those who obviously do not qualify?			
16.	Are there any other suggestions, in addition to what has been discussed above?			

**We have come to the end of the interview.
Thank you for taking time to participate.**

Appendix 13: Letter from the language editor

Elri Marais Language Practitioner

20 Maronne
195 Louis road
Morningside
Durban

Phone: 064 4548 381

Email: marasel@gmail.com

27 July 2020

TO WHOM IT MAY CONCERN

I hereby confirm that I performed peer editing on the thesis of Ms. du Toit. I attended to the following:

1. grammatical accuracy and spelling
2. stylistic consistency
3. general logic and argumentation
4. technical correctness of references and quotations.

I did not judge the argument itself, and I also did not check the sources for correct quotations and arguments. Furthermore, I do not check the factual correctness of arguments.

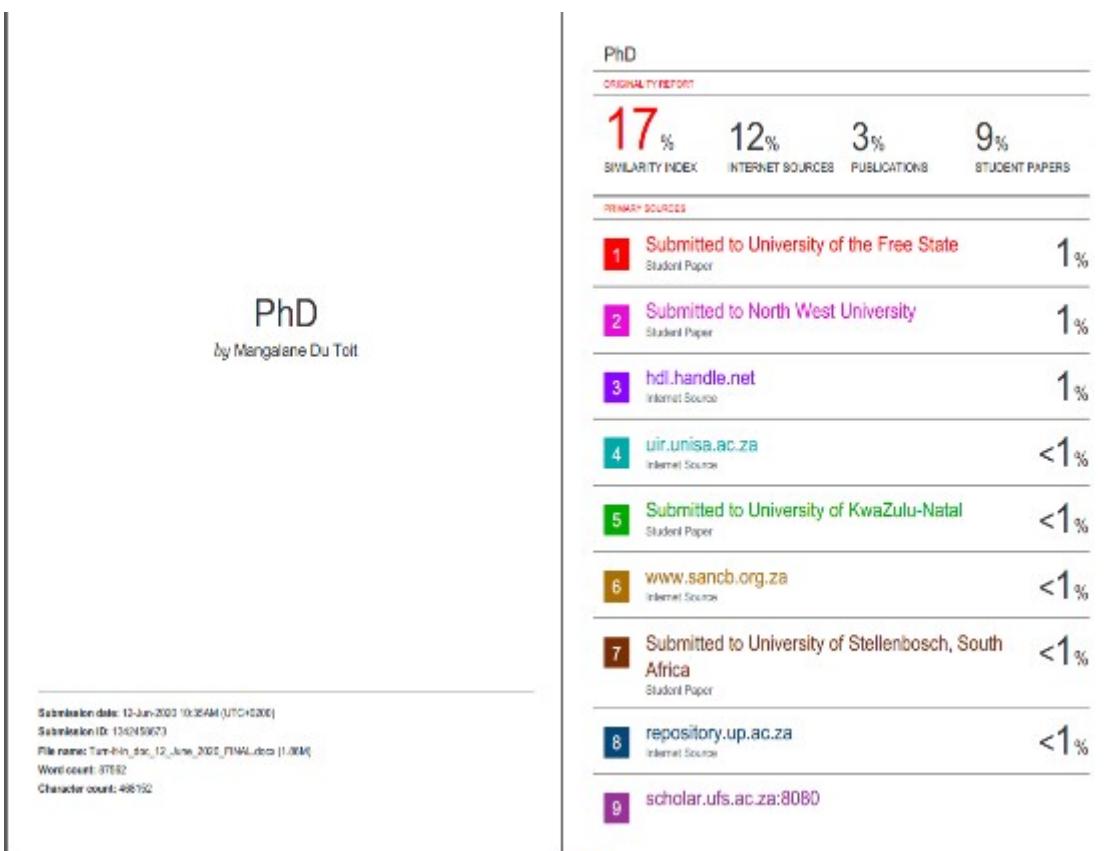
I hold an M.A. degree in language practice from the University of the Free State.

You's faithfully,



Elri Marais

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