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02. Accessing grants: the never ending story

Bribery and obstruction delay boy's grant :

SINDILE MOITSE and VICTORIA HOSEGOOD, of the Africa Centre for Health & Population Studies in Mtubatuba, KwaZulu-Natal, follow up one of the case studies described in their earlier article on the problems of obtaining social security grants.

Today we visited Khethiwe's home. The family appeared very festive and content. The child care dependency grant for their eight-year-old son had finally been issued. The little boy appeared to have put on some weight and so did his foster mother, Khethiwe. For the first time, I saw Sana really smile and laugh as a child should. He came up and whispered in my ear, "Auntie, Mama bought me some cheese and pie...and..." the list went on. Khethiwe observed in a rather emotional tone, "Now I don't have to worry about a lot of things. The infection in Sana's eye has started all over again, but this time I don't have to worry about transport costs or doctor's fees, or Sana's special food cravings".

This happy story is the culmination of a long and bitter struggle experienced by a woman in northern KZN as she tried to access the child dependency grant for her chronically ill and HIV-positive foster son, Sana. This article is a follow-up to the events described in the February/March 2003 issue of ChildrenFIRST, highlighting the difficulties encountered by foster parents in trying to access grants for children orphaned by AIDS.

The research team was unable to make first-hand observation of Khethiwe's interactions with her local welfare office subsequent to her submission of the grant application. For this reason this report is largely based on Khethiwe's personal account of what transpired from that time.

Khethiwe submitted her application for the Child Care Dependency Grant in mid-December 2002 and was advised to wait for 3 months for the outcome of her application. In the intervening period, Sana's health continued to deteriorate as he suffered frequent episodes of diarrhoea and loss of appetite. Unemployed herself and dependent entirely on her mother's monthly pension, Khethiwe could not afford to take Sana to a doctor, whose consultation fee was certain to be at least R70. In any case, Khethiwe had already used up quite a substantial amount of her mother's pension on alternative forms of therapy for her son, such as traditional medicine and homeopathic treatment prescribed by a doctor in town.

In the last week of March 2003, Khethiwe visited the local Welfare office to check up on the outcome of her application. To her horror she was told by one of the Welfare clerical assistants that her application file was misplaced and could not be found. It was not made clear to her whether the file had been misplaced at the local Welfare office or at the provincial office where it should have been forwarded for processing.

Khethiwe was to later learn through the grapevine that some of the Welfare staff expect 'incentives' from applicants before processing their grant applications. Her mistake, she was told, was not to include a bit of money with her application when she submitted it. Desperate for the grant, in the light of the increasing financial burden on the family brought on by Sana's illness, Khethiwe decided to go back to the Welfare office. This time she asked one of the clerical staff for a new application form (that ordinarily should have been issued to her on the authorisation of a doctor's letter) and handed over a R100 note. Khethiwe was then told by this person to allow her to be the

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only one to handle her application to ensure that it was processed. Khethiwe returned to the doctor who had filled out the first application that was allegedly misplaced. However, the doctor's receptionist told her that grant applications were being filled out by another doctor that week. This disheartened her greatly, because she had heard that the other doctor had a reputation for failing grant applications. Worse still for her was that she had long returned Sana's medical file to the Ngwelezana hospital and had nothing in her possession to attest to the child's chronic medical condition. Desperate for assistance and faced with no other option Khethiwe took Sana along with her to the doctor.

Upon arrival at the doctor's surgery, Khethiwe and Sana joined a very long queue of people who had similarly come in connection with applications for the disability grant. When they finally got to see the doctor, he only gave Sana a cursory look and disappeared momentarily to fill out the form without examining the child. A few minutes later the doctor told Khethiwe to visit her local Welfare office in two weeks to fill out additional forms connected to the application. It disturbed Khethiwe that the doctor had neither bothered to examine the child nor to engage her on the child's state of health. Two weeks later, when Khethiwe went back to the Welfare office, she discovered that the doctor had not recommended that the child receive the grant. Instead, he had indicated that the child was in excellent health and not disabled.

Realising that it would be a waste of time to wait an additional 3 months to hear from the provincial office, Khethiwe approached the same clerical assistant she had earlier bribed and asked for another application form. This time she planned to go back to the doctor who had been well disposed to helping out with the first application form. Sympathetic to Khethiwe's plight and unsurprised by the supposedly 'misplaced file' at the Welfare office, the doctor filled out the new application form. Khethiwe then waited another two weeks before heading back to the Welfare office to go through the exact same process of filling out additional forms as she had gone through before. This time, however, she felt confident that her application would be processed favourably, especially since she gave the clerk another R100 note with the application.

On hearing about Sana's misplaced application file and the trouble Khethiwe had gone through re-applying for the Child Care Dependency grant, the research team went with her to discuss the case with one of the senior social workers at the Welfare office in early May 2003. We decided not to raise the alleged bribe at this stage.

The social worker agreed to investigate the matter and discovered that contrary to what Khethiwe had been told, the application for the Child Care Dependency grant had in fact been approved by the provincial office in March. The first pay out she said was supposed to have been issued in April 2003 but, because the money was not claimed, it had been transferred back to the coffers of the Welfare treasury at the provincial Welfare department. The social worker then further explained that when Khethiwe came to check on the grant application in March, her own disability grant application file that had been earlier sent to the provincial office had been not returned (apparently Khethiwe applied for a disability grant in mid-2002 after sustaining a severe injury in a car accident). Therefore, because she is the guardian of the child on whose behalf she had applied for the Child Care Dependency, the Welfare office had had to wait for her personal file to be sent back before forwarding the latter application. While this seemed like a plausible explanation, it did not explain why this information was not given to her at the time when she first inquired about the outcome of her grant application at the end of March. It also did not explain why money was extorted from Khethiwe. The senior social worker advised Khethiwe to visit the Welfare office again in mid-May 2003, in order to receive a special card with which she would collect the child's monthly care dependency grant. This she did and received a sum of money backdated to the time she submitted the first application.

Issues arising from this case

1. Possible corruption by some Welfare officials through the extortion of money from disadvantaged members of the community desperate for state assistance. However, whether these allegations of corruption are founded or not, the prevalent mistrust and negative perceptions by the community of their local Welfare office and staff are a problem.
2. The lack of consistency between doctors' diagnoses of a single applicant's state of health to establish eligibility for the disability grant. Since some diagnostic

criteria are open to differing interpretations on a case-by-case basis, this leaves considerable scope for individual doctors to act as 'gate-keepers' on purely subjective grounds.

3. This could suggest a flaw inherent in the design of the disability grant application form that allows for such inconsistencies.
4. The arbitrary manner in which doctors can decide who gets the disability grant and who does not.
5. The relevance of the currently used disability grant application form for applicants suffering from HIV related chronic conditions. The disability grant is based largely on a model of congenital physical or mental disability, or permanent physical injury. HIV positive applicants with debilitating chronic medical conditions may not necessarily suffer from congenital physical or mental defects, or suffer permanent physical injury. Where doctors consider only physical or mental defects in their overall assessment of an applicant's eligibility for the grant, applicants who suffer from HIV related chronic illnesses might fail to get the grant.

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