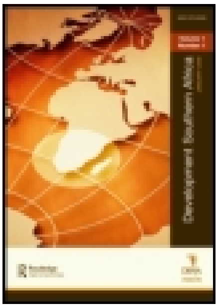

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Gender, rights and the disability grant in South Africa

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Gender, rights and the disability grant in South Africa

Beth Goldblatt

South Africa's disability grant is critical for the survival of many disabled people and their families, and is especially important to disabled women, who face further disadvantage because of their family responsibilities, their generally deeper poverty and their greater vulnerability to HIV/AIDS and other illnesses. Valuable engagement between feminism and disability theory offers a useful framework for understanding the needs of disabled women in South Africa's social assistance system. This paper sets out the findings of a study of the disability grant system in two provinces in South Africa. It discusses the administrative problems with the system and the financial and other costs that burden the grant applicants and beneficiaries. It proposes that a comprehensive response to poverty, disability and gender inequality is needed, and makes specific recommendations for an improved system.

Keywords: *Gender; disability; human rights; social assistance*

1. INTRODUCTION

South Africa's social assistance system was designed to cater for the needs of those who are unable to support themselves as a result of their youth, advanced age or disability (or their care responsibilities for disabled children). The disability grant is the third largest social assistance grant after the child support grant and the old-age pension in terms of numbers of people it reaches. It is a means-tested grant available to poor adults who are found to be medically unfit to obtain work in the labour market to support themselves (Social Assistance Act 13 of 2004, Section 9). Parents of disabled children are provided for in terms of a separate grant called a 'care dependency grant'. The amount of the disability grant currently stands at R940 per month.[1] There has been a huge increase in the take-up rate of the grant in recent years – from 600 000 in 2000 to almost 1.3 million in 2004 (Nattrass, 2006b). A major reason for this appears to be the AIDS epidemic, which is multiplying the numbers of very ill people who are unable to work. Unemployment, poverty and changes to the grant system have also contributed (Nattrass, 2006a). The disability grant is a lifeline for well over a million South Africans and their families. Government-commissioned research shows that where a grant exists there is an improvement in household health, access to education and job-seeking opportunities (Samson et al., 2004; De Koker et al., 2006).

Since 2001 the number of women recipients of the disability grant has been climbing. By 2005 the ratio of female to male recipients of the grant was 54 per cent:46 per

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[1] Grant amounts in this paper are correct as of 27 January 2009.

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cent, reversing the 45 per cent:55 per cent ratio of 5 years earlier (Community Agency for Social Enquiry, 2005:56; De Koker et al., 2006:183). This may correspond to the increase in the number of grants being claimed by those with AIDS, since higher numbers of women are infected than men. While poor, disabled men and poor, disabled women both receive the grant, the disadvantages the women experience are particularly severe for a range of reasons. Firstly, women are generally poorer than men, more disadvantaged and more vulnerable (Budlender, 2004; Lund, 2006). They are also frequently exposed to gender-based violence in South Africa, and poverty and disability are likely to increase this risk. Disabled people are also at increased risk of contracting HIV/AIDS because they are more vulnerable to sexual abuse (Groce, 2003), and women with HIV/AIDS are more vulnerable to a range of related disabling health conditions (Vazquez, 2005). Secondly, women, including those with disabilities, perform the bulk of the caring work in society for children, the sick, the disabled and the elderly. This affects their access to the labour market, to services, and to other opportunities and benefits, and cuts down their leisure time. A significant percentage of mothers raise children without any involvement by the fathers (Budlender, 2004:33). Thirdly, women bear greater financial, physical and emotional costs of caring (Budlender, 2004:32). Thus, while the disability grant is apparently gender-neutral, it is likely to be of less assistance to a disabled woman than to a disabled man since the woman is likely to start off poorer, to have less support for herself and her family, and to spend more of the grant on others. She is also vulnerable in ways that affect her access to and interaction with the grant system.

This paper contains a study of the administrative problems of the disability grant system in two provinces in South Africa. The study examines the general difficulties men and women have with the system and also the particular obstacles it presents for women. The paper sets out the research findings, provides an analytical framework for the concepts of gender, disability and rights, and concludes by recommending specific and urgent reforms that will improve access to this important and necessary grant. It also proposes certain broader reforms for addressing disability, poverty and gender inequality through the social assistance system in South Africa.

2. GENDER, DISABILITY AND RIGHTS

Very little has been written in South Africa about gender and the disability grant (Lund, 2006:163) or about gender and disability in South Africa in general (Emmett, 2006:215). It is important to use a gendered analysis to understand the additional barriers that women encounter in relation to the disability grant. A gendered analysis should also inform potential solutions to some of the broader problems arising from disability, poverty and gender inequality and the response of social policy to these in this country.

A gender analysis is conceptually related to a disability framework. The social model of disability sees disability as a socially created problem rather than an individual one. Thus, understanding the way group-based discrimination and disadvantage shape the life chances of disabled people assists in developing an organised response by the disability movement as well as an informed and transformative approach to social change. This is a reaction to the medical or biological model of disability that sees it as individualised deviation from the norm that must be overcome (Schriempf, 2001). This approach is well aligned with feminism since both frameworks identify the social structures that shape identities and create unequal power relations based on assumptions about the superiority of a dominant group – men and able-bodied people.

Feminism and the disability movement aim to make gender and disability socially 'costless'. Recently, a number of writers have begun to theorise the linkages between feminism and disability theory (Meekosha & Dowse, 1997; Gerschick, 2000; Schriempf, 2001). Some have pointed to the need for a more nuanced theory that better integrates social arguments with biological arguments in both disability approaches and feminism. Taking disabled women's experiences as the starting point ensures that the issues of gender and disability (and sex and impairment) are understood as inseparable (Schriempf, 2001). A number of writers highlight the range of assumptions about men and women with disabilities that lead to compounded discrimination. These include the ideas that disabled women cannot provide care for their children, are unlikely to be in intimate relationships, and are asexual or promiscuous. (Mays, 2006:151). They also point to the links between gender, disability and poverty. Poverty can be both a cause and an outcome of disability. Thus, domestic violence, the incidence of which is linked to poverty, can lead to injury and resultant disability. A disabled woman may be unable to access employment as a result of the combination of her gender and disability.

Recently, writers have begun to use the capabilities approach, developed by Amartya Sen, to examine poverty and disability (Mitra, 2006; Nussbaum, 2006) and gender and disability (Welch, 2002). This is a useful way to assess the economic and social causes of disability and develop policy responses to women with disabilities. Another dimension of the relationship between poverty, gender and disability is the removal of welfare measures (as is occurring in many parts of the world). Disabled women facing cuts to income support and social services are less able to leave violent relationships and are thus placed at greater risk of domestic violence (Mays, 2006:154). They are also more likely to face compounded discrimination and exclusion as citizens from a range of rights and arenas of participation (Meekosha & Dowse, 1997).

The idea of an integrated approach to discrimination has been pursued by critical race and feminist legal scholars. They have explored the way the law excludes blacks and women from its beneficial coverage. In particular, the idea of intersectional discrimination recognises that disadvantage based on two or more grounds creates new and multiple forms of inequality (Crenshawe, 1989). The law and policy must be examined to extract the often subtle forms of discrimination that disabled women and, in South Africa especially, black disabled women encounter. South Africa's equality legislation (the Promotion of Equality and the Prevention of Unfair Discrimination Act 4 of 2000) uses a social model of disability to require the removal of obstacles that limit the opportunities of the disabled and outlines steps for the 'reasonable accommodation' of people with disabilities (Section 9). The Act also prohibits discrimination on the basis of sex, gender and a number of other grounds. Used properly, the anti-discrimination and promotion measures could address some of the intersectional forms of inequality suffered by disabled women in South Africa.

A rights framework is also important for addressing gender and disability discrimination in social policy. The social model of disability coupled with a feminist understanding of discrimination is well aligned with a rights-based approach that encourages social justice across categories of disadvantage. South Africa's Constitution contains a range of socio-economic rights, including the right to social security (Section 27).

It also contains an expansive equality right (Section 9) that contains a prohibition (by state and private actors) against unfair discrimination on the basis of a range of listed grounds, including gender and disability. International law is also helpful when framing policy responses: the International Covenant on Economic, Social and Cultural Rights contains a requirement of non-discrimination (Part II, Article 2(2)), and the UN Convention on the Rights of Persons with Disabilities requires social protection and equality between men and women (Article 3(g)). South Africa's Constitutional Court has shown itself ready to include certain excluded groups within the boundaries of social assistance rights (*Khosa v Minister of Social Development* 2004 (6) BCLR 569 (CC)). Administrative law and the right to just administrative action are also important for binding the government to ensure that the grant system is lawful, reasonable and procedurally fair. While rights alone will not necessarily achieve immediate, far-reaching changes to current government policy and practice, particularly in the context of resource and capacity constraints, they are important for framing arguments for progressive reform.

This discussion of the relationship between disability, gender and rights provides a conceptual framework for examining the administration of the disability grant in the following section.

3. EXAMINING SOUTH AFRICA'S DISABILITY GRANT IN PRACTICE

Despite the extensive reach of South Africa's social assistance system, there are certain barriers that prevent very poor and vulnerable people from obtaining the disability grant. These include lack of identification documents, inability to afford transport to government offices, illiteracy, and ignorance of what they are entitled to and what procedures to follow (Goldblatt, 2005:247).

There are many documented problems with the disability grant administration in particular: inconsistent practices between provinces, inadequate understanding of the criteria for disability grants and temporary disability grants, failure to inform people of their rights (such as the right to an appeal following grant refusal), incorrect placement of people on temporary instead of permanent grants and *vice versa*, delays in processing applications, failure to inform applicants of receipt of a grant, arbitrary removal of beneficiaries from the grant system, and a number of other similar problems (De Villiers, 2002, 2006; Community Agency for Social Enquiry, 2005).

Inefficient administrative systems make the process of applying for and receiving the grant too onerous for disabled people. Some of these administrative issues have an unequal gendered impact where women's security is involved or where women's childcare responsibilities and other such needs are not recognised, as discussed below.

The costs (financial, physical and emotional) of trying to access the grant system and remain on it are high for all grant applicants and beneficiaries. Gathering documents, travelling to government offices and pay points, and negotiating bureaucratic formalities are some of the tasks that put a strain on them. In addition, the high cost of disability means that many disabled people have expenses and difficulties over and above those of able-bodied people, such as assistive devices, remuneration of caregivers and additional transport costs.

Some of these difficulties were explored through a fieldwork study and key informant interviews.

4. THE STUDY

The fieldwork, a qualitative study in two provinces at the end of 2006 and the beginning of 2007, examined how the disability grant operates in practice, how people perceive it and the way it is administered, and what improvements they suggest. The study took a gender perspective so as to understand how men and women encounter the grant, and their different needs and circumstances. The fieldworker interviewed officials of the Department of Social Development (DSD) responsible for the disability grant, applicants for the grant at DSD offices, and recipients of the grant at pay points. He also interviewed some of the doctors who complete disability grant forms, and conducted a focus group with patients at the Hillbrow Clinic who had been refused these grants or had them stopped. He observed two assessment panels in the North West Province, and interviewed approximately 93 officials and applicants and beneficiaries in both a rural area and an urban area in the North West (Ganyesa and Mafikeng) and in Gauteng (Sebokeng and Johannesburg). These provinces were chosen because of the assumed differences between the conditions in Gauteng, a wealthier, more urban province, and those in the North West, a poorer province with a large rural population. Interviewees were not asked to give their names or any other form of identification to the interviewer and were assured that their responses would remain anonymous.

The author also interviewed experts in the field of disability or the disability grant,[2] to gain an understanding of the disability sector and the legal, administrative and policy issues relating to the disability grant from people working in the sector. Interviewees were also asked to comment on the gender dimensions of the grant. The interview material informed the methodology of the fieldwork and the objectives of the fieldwork interviews and their content. It also informed some of the recommendations for reform suggested in the conclusion to this paper. Some of the information obtained from the key informant interviews has been used in the discussion of the findings of this study, and elsewhere in the paper.

The findings and recommendations for reform were presented, in a report and verbally in a meeting, to the DSD during August 2007.

5. THE FINDINGS

5.1 Administrative problems

Many of the interview respondents were confused about the grant processes, the laws and rules governing grants, and their rights. An interviewee in Johannesburg had asked a social worker where he should go to get a disability grant. He went on to say:

> Strangely, he [the social worker] also did not know much about how to apply for the disability grant. The only thing he gave me was the address to this place. I had to come here a few times, spending R16 per trip, to get things right.

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[2] Telephonic interview with Nick De Villiers of the Legal Resources Centre (30 June 2006); interview with Marguerite Schneider of the Human Sciences Research Council (17 August 2006) (interview also conducted by Marlise Richter of the Aids Law Project); interview with Dr Sibongile Kubheka and Pat Mgexelwa of the Reproductive Health Research Unit at the Esselen Street Clinic, Johannesburg (28 August 2006) (interview also conducted by Marlise Richter of the Aids Law Project); interview with William Rowland, past director of the National Council for the Blind and Elizabeth Maphike, National Coordinator of South African Blind Women in Action (22 September 2006); and telephonic interview with Fezekile Gadi, Free State provincial coordinator of Disabled People South Africa (16 October 2006).

Another interviewee, discussing the difficulty for poor people of the 3-month waiting period for grant approval, added:

> What makes this wait even longer is that people do not know what sort of document they should come with. People fumble their way through the entire process [of application].

A number of officials interviewed also misunderstood or could not adequately explain the relevant laws and policies. An official at the Johannesburg office was concerned about possible fraudulent applications, and explained that:

> The screeners have an intensive training on observation, inquisitiveness and face value assessment – almost like a detective kind of training. Therefore, they are able to assess a genuine need for the disability grant and a non-desperate need.

This seems to indicate a misunderstanding of the role of officials, who are not supposed to pre-empt medical decisions where an applicant claims to have a disability.

A number of interviewees expressed concern about the lapsing of temporary disability grants and the requirement that they go through an entire process of renewing their grants. They complained that they were not given notice that their grants were going to be stopped in time to apply for a new one. This meant that they were without a new grant for a period of months. It also meant they had to bear regular costs of applying for new grants. An interviewee in Sebokeng said:

> It is unfair that I have to not only spend money and time here – but also stay anxious and stressed every year. Why should I wait for the cycle to complete before I can renew?

Besides ignorance and uncertainty, the study found that procedures differed significantly between provinces and even within provinces, the effort of negotiating across government departments was onerous, assessment panels were not operating optimally, and facilities were inadequate.

5.2 Inconsistent practices and procedures

The study found major differences between the two provinces in the way the grant was administered. While this is permissible in terms of the regulations of the Social Assistance Act, it does not seem ideal as applicants move between towns and provinces and this may confuse them and bring it to their notice that some areas manage the grant better than others. The government has recently established the South African Social Security Agency as the national administering body for social assistance grants, which replaces provincial administration by the DSD. The intention is to rationalise, standardise and improve grant administration. The South African Social Security Agency is not yet fully operational.

Gauteng requires applicants to undergo a medical examination, the result of which is considered by the DSD and a medical officer to decide whether to award the grant. In the North West, the medical officer function has been replaced by an assessment panel that applicants must attend (see Section 5.4 below). The panels themselves are constituted and run differently in different locations. In Gauteng, there are significant differences between the Johannesburg and Sebokeng offices, since Johannesburg has instituted a system where applicants see doctors based at the DSD offices to complete the medical section of applicants' disability grant forms. In Sebokeng, applicants are sent to outside doctors.

5.3 Difficulties of negotiating across government departments

The process of applying for a grant may involve interaction with a range of government departments beyond the DSD. In particular, the Department of Health must be negotiated in order to have a medical examination for the disability grant application. The Department of Home Affairs may be needed where a person requires an identification document or marriage certificate. The police are needed to certify affidavits. Municipalities and chiefs provide proof of residence, and other documentation may be needed from the Land or Housing Departments for means-testing purposes, such as proof of ownership of property and its value.

Even where all these other departments function effectively to meet the needs of the disabled applicant, it is the applicant herself who must physically proceed to each of these places to meet the DSD's requirements. In addition to their illnesses and disabilities, if applicants are illiterate or unused to dealing with officialdom they may experience difficulties in completing an application.

In Johannesburg, the department is piloting a system where doctors are located in the DSD office and can see applicants immediately if necessary. Of course, not all areas will have the resources or facilities to do this, but a range of streamlining mechanisms could be put in place to ease the burden on applicants. Municipal records could be faxed to DSD offices, as could clinic files. Alternatively, proof of residence could be done away with as it serves no discernible purpose. A doctor and a clinic worker mentioned the situation of a homeless man who could not apply for a grant since he had no address or proof of residence.[3] Many of the documents are required for means testing. There is, however, an argument that means testing should be done away with for social grants as the cost outweighs the savings and because there are other mechanisms to ensure appropriate targeting of grants (Rosa et al., 2005).

5.4 Deficient assessment panels

In 2001 a new mechanism for evaluating applications was created, the assessment panel, which includes community members and other professionals such as occupational therapists and physiotherapists to give a broader perspective than a doctor's medical perspective alone. Provinces could choose whether to use these or just the medical report (Swartz & Schneider, 2006:238–42). In the North West Province an applicant obtains a medical report before proceeding to be interviewed by an assessment panel.

Our observation of two such panels in the North West raised serious concerns about the value of the panels.

- There was a lack of confidentiality in one of the panels, since those waiting for their turns or accompanying applicants could hear what was being said to and by applicants. Community representatives are included as panel members on the assumption that they understand local conditions and may know the local people's circumstances or the applicant's. An applicant who was interviewed felt uncomfortable about disclosing her medical status to the panel as she felt 'they might start gossiping about her in the township'. She was not reassured by the panel that the panellists were required to maintain her confidentiality.
- On one panel a DSD official was visibly drunk, which gave applicants a poor impression and affected his capacity to fulfil his function there.

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[3] Interview with Dr Sibongile Kubheka and Pat Mgexelwa (28 August 2006) (see previous footnote).

- While panels should ideally include medical professionals such as doctors, nurses, occupational therapists and physiotherapists, one of the panels observed had none of these and another had only a nurse. A doctor who was interviewed said the absence of doctors on the panel meant that the terminology used in doctor's reports was not always understood by the panel.
- Panels started late, while applicants arrived very early and waited for long periods without adequate facilities.
- Issues of dignity and the civil service principle of *batho pele*[4] seemed to be absent from the treatment of applicants. One applicant became ill while waiting but, despite the commotion this caused in the venue and her obvious distress, the panellists offered no assistance and seemed unconcerned.
- The way the outcome of interviews was reported was inconsistent. One panel told applicants to return at a later date to receive the panel's decision (although the decision was made immediately) while another panel reported their decision immediately.
- Illiteracy and lack of assertiveness may affect applicants' chances of having their applications approved. A former member of an assessment panel who was interviewed explained that applicants may not know that the doctor has certified that they are medically disabled because they cannot read the doctor's form. This means that they are less likely to argue forcefully for their application to be approved or may not pursue their right to appeal or ask for the panel's decision to be reviewed.

5.5 Inadequate facilities

There were no special facilities for disabled people at any of the offices or pay points in our study. There were no wheelchair ramps or lifts. A female applicant who was interviewed complained that pay point staff refused to allow her 10-year-old daughter to enter the hall where payments are made. The child would have to wait for hours outside without any shelter (unless it was raining) and her mother would leave the queue regularly to see if her daughter was all right. (On the day of the interview, the temperature was 34°C.) The department seems unable to accommodate the needs of sick and disabled people, and it does not provide for the needs of relatives who accompany disabled people to its offices or pay points.

5.6 Additional expenses

Interviewees (from the disability sector as well as disability grant applicants and beneficiaries) pointed out that being disabled can increase the costs of applying for and collecting grants, since disabled applicants may need to pay for care or assistance for themselves, for special equipment or transport, and for someone to accompany them, which may mean children have to miss school. While some of these costs are common to men and women, others are particularly onerous for disabled women, as discussed below.

5.6.1 Costs of security

Women's physical security is threatened by the prevalence of gender violence in our society. While this affects all women, disabled women are of course more vulnerable,

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[4] *Batho pele* means 'people first' (Sotho). 'It is a government initiative to get public servants to be service orientated, to strive for excellence in service delivery and to commit to continuous service delivery improvement' (Department of Public Service and Administration, www.dpsa.gov.za/batho-pele/Definition.asp).

and poverty and lack of adequate state services exacerbate this vulnerability (Mays, 2006).

The issue of safety was a real concern for many of the women interviewed. They felt unsafe leaving pay points carrying cash. Some said they always go the pay point with a man for security. One said she pays an unemployed man between R20 and R40 to accompany her. Another said she takes the nearest taxi to get away as quickly as possible. Ill and disabled women are particularly vulnerable in travelling to and from DSD offices and pay points, and may have to use a portion of their grant to pay others to accompany them. Some men are similarly affected.

One woman applying for the disability grant saw it as a potential opportunity to move to housing that caters for the needs of physically disabled people as a way to escape her abusive partner. Without the grant she could not afford to leave him.

5.6.2 Costs of transport

The high cost of transport for themselves and for those accompanying them is a problem for men and women applying for and collecting the disability grant. A blind woman at the Johannesburg office had to pay R25 for herself and her daughter (who was missing school to accompany her). Debt may be incurred that an applicant will be unable to redeem if the grant application fails; and even if a grant is awarded, these costs may absorb a large percentage of the first payment.

The issue of transport costs is also linked to the length and complexity of the application process. In Johannesburg, the introduction of doctors at the DSD office helps a great deal in speeding up and simplifying the application process. But even here this new measure means that applicants are required to go back to their clinics to obtain files from their regular doctors before returning to the DSD. They may also need blood tests and will then have to return to clinics to get the results. Thus, two or three clinic visits may be required in addition to a minimum of two visits to the DSD to apply and then to return with documentation and for the doctor's appointment. (As mentioned above, a number of trips to other government departments may also be required.)

Some applicants gave up in their efforts to apply for the grant because they could not afford the costs. An interviewee in Sebokeng (disabled after her husband shot her) said she had waited for many months before being able to afford the R50 for special transport and the trip to the doctor to go to the DSD to renew her grant after it had expired.

The cost of transport to pay points is a regular expense for disability grant recipients. In the Vaal region, the lack of adequate transport infrastructure was raised as a concern. In Ganyesa, a rural area in the North West Province, some beneficiaries were walking for 2 hours or spending 2 hours in a donkey cart, hitchhiking or begging for lifts from neighbours. One interviewee said:

> I am very ill, but what can I say. I walk for two hours on a bad gravel road. It is always hard. In winter it is too cold, in summer it can rain or it is too hot. I try to leave home early in the morning before sunrise.

The problem of inadequate transport to meet the special needs of the physically disabled was raised by interviewees. An interviewee in Sebokeng said:

> If I take a taxi, I have to bring an assistant and also pay for the space that the wheelchair occupies. I also have to pay for the person who is

> assisting me. I rather hire a car from a kind neighbour and only pay him R20 or R30.

She explained that most taxi drivers refuse to stop for her since her wheelchair takes up too much space and the time and effort involved in loading it means her patronage is not worthwhile for the driver.

Paying R60 for transport (as some beneficiaries do) amounts to 7 per cent of the monthly grant. In a study looking at disability grant expenditure by recipients, transport was not one of the main items (De Koker et al., 2006). These costs probably vary depending on area and may have come up in our study because of the particularities of the Vaal region and rural North West. Besides which, De Koker's study looked at ongoing grant expenditure, not costs incurred in applying for a grant. Transport may be regarded as a luxury for the disabled, which also explains why people fail to return to clinics for regular check-ups and treatment.

5.6.3 Costs of childcare

Some of the women interviewed said they had to pay people to look after their children on a number of occasions when applying for the disability grant. As mentioned, children sometimes missed school to accompany beneficiaries to pay points and faced difficult conditions while waiting for their parents.

5.7 Emotional costs

There was a high level of ignorance about the grant and application procedures and a lack of awareness of rights. This added to the anxiety many interviewees felt, and their pessimism. Some of them thought the grant might be stopped at any time. Reasons for this were confusion about the difference between permanent and temporary disability grants, the unpredictability of the administrative system, and the perceived fragility of their entitlement to go on receiving the grant. Interviewees said that although they had moved far away from the original grant pay point area they returned each month for fear that any changes might cause the grant to be stopped, and they did this despite the additional costs of transport. A woman who was HIV-positive said:

> However sick you can be, there is always a big chance that you can be turned away. First, you are sent back and forth, to get various documents such as police affidavits, proof of residence, doctors' cards, etc. At the end of it all, you may still not receive the grant. It feels like a waste of time, money and energy . . . you are never sure whether all the effort is worth it.

6. CONCLUSION

The study pointed to general problems of access to the grant system because of administrative inadequacies, illiteracy, poverty and disempowerment. These are huge obstacles for poor and disabled people, who are already shouldering a great burden of disadvantage. Looking at the experiences of disability grant applicants and beneficiaries through a gender and social model of disability lens reveals a further dimension. Complex challenges for disabled women result from the interaction between the social construction of gender and disability as well as the physical dimensions of sex and impairment, as discussed by Schriempf (2001). For example, the interviewee referred to above, who had been injured when her husband shot her, had to cope with the realities of a society where brutality against women by men is prevalent. She had to continue with her care responsibilities while supporting herself and her family, and negotiate her way through a dangerous and unaccommodating world where public transport is inadequate and private transport operators turn her away. She had to do all this to access a state benefit that was suspended without explanation and warning.

To situate the author's concluding proposals for urgent and specific reform of the disability grant system, the following paragraphs discuss some of the broader policy issues related to this grant and the constitutional framework within which such policy must be located.

The disability grant is regarded as income support for those who are unable to work, yet the amount of the grant is insufficient to meet these expenses. The R940 per month meets basic subsistence needs but is not enough to cover additional expenses that result from disability, such as transport, assistive devices and remuneration of caregivers.[5] Many women have greater financial needs than men since they are often solely responsible for their children and other dependants. The child support grant (R230 per month) is meant to be used for the benefit of the child, not as remuneration for the care work undertaken by the caregiver. There is no recognition, through social assistance provision or otherwise, of women's childcare work: it is unremunerated and taken for granted as 'women's work' (Goldblatt, 2005). Since many basic services are still lacking or inadequate, the disability grant is often used to cover household expenses such as food, healthcare and education (De Koker et al., 2006). Where households are chronically poor, disability grants are used to meet the needs of the entire household and not simply the needs of the disabled individual, which disadvantages the individual but may put a household where there is a grant in a better position than one without (De Koker et al., 2006).

A possible response would be to increase the amount of the disability grant or to provide additional funds or services to allow disabled people to meet their basic needs in accordance with their constitutional entitlements.

The special needs of disabled women as a disadvantaged group must be taken into account in setting up measures that will ease their burdens. Using Crenshawe's (1989) notion of intersectionality to examine the conditions of this group, it becomes clear that disability and gender together create new forms of disadvantage that need specific responses. As has been discussed, the security needs of disabled women are important given their vulnerability to violence and abuse, and must be addressed if the promise of the right to bodily integrity (Section 12 of the Constitution) is to be fulfilled. A 'package of benefits' approach for disabled and chronically ill women should include measures that promote their equal opportunity to access the services to which they are entitled. Their disadvantages must be made 'costless' or, to use the language of Amartya Sen, they must have the basic human capabilities necessary for a good life (Sen, 1999). This means that disabled women, in particular, must have access to appropriate food, shelter, transport, healthcare, water and electricity. Their access to government services must not be impeded by their concerns for their safety and they must be assisted with childcare (and other) responsibilities.

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[5] Telephonic interview with Fezekile Gadi, Free State provincial coordinator of Disabled People South Africa (16 October 2006).

The inadequacy of the disability grant relates to the broader problem of the lack of a comprehensive social security system. Poor adults and children over 13 years old who are not disabled are not provided for under South Africa's social assistance system. In many cases they depend for their survival on the support of others in their households who receive grants. The Taylor Committee of Inquiry commissioned by the government to look at a comprehensive social security system for South Africa pointed to the need for a 'package of benefits' for disabled people, including existing social assistance (albeit with improved administration) as a top-up to a basic income grant, free and improved health services, and access to other services (Taylor, 2002). Others who have studied the disability grant and its potential perverse consequences support these recommendations (Nattrass, 2006a; Richter, 2006). Clearly some form of comprehensive response to poverty is necessary in South Africa and is required in terms of the right to appropriate social assistance for those 'who are unable to support themselves and their dependants' (Section 27 (1)(c) of the Constitution). As mentioned, the Constitution covers a range of socio-economic rights, which means that social assistance must be accompanied by access to water, food, health, housing, education, and so on. All these rights must be delivered in accordance with the values of and the rights to dignity and equality.

Beyond the broad policy reforms that are needed to extend the reach of the social security system, specific changes that could improve the functioning of the disability grant system in the short term can be suggested. The new South African Social Security Agency provides an opportunity to introduce such reforms and to achieve greater consistency across and within provinces. Recommendations based on the above study include the following:

Structural changes

- Accessible and adequate facilities should be provided at offices and pay points.

Procedural changes

- The requirement of a residential address for people who are homeless should be removed.
- Affidavits should be signed by DSD officials rather than police.
- Communication and explanations given to applicants who are refused should be improved.
- Applicants and beneficiaries should be referred to other government services where appropriate.
- Beneficiaries should be encouraged and assisted to have grants paid into bank and post office accounts, and plans to introduce a cashless smart card system should be put into action.
- The attendance by schoolchildren at offices and pay points to assist the disabled should be discouraged. This might entail using government officials to collect disabled people or enlisting the help of community organisations.

Coordination with other government departments

- Free and appropriate transport for the disabled or transport subsidies for grant applicants and beneficiaries should be provided.
- Doctors should be appointed to staff DSD offices where possible, to avoid sending applicants to the health department.
- Arrangements should be made for documents to be sent from other government departments rather than requiring the applicants to collect them.

Policy changes

- An additional amount (for example, a double grant) should be provided with the successful applicant's first grant payment to compensate for expenses incurred in applying for the grant.
- The period of the temporary disability grant should be reviewed so that temporarily disabled people are given a longer period within which to recover.
- The means test should be removed, or at least streamlined and simplified.
- The value of assessment panels should be reconsidered. This should involve further research, in all the provinces where these panels operate, to evaluate their effectiveness.

These recommendations would assist all disability grant applicants and beneficiaries, but would be of specific assistance to disabled women who face additional difficulties in negotiating the system as a result of their greater vulnerability and disadvantage.

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