AN EVALUATION OF SOCIAL RESPONSIBILITY INITIATIVES ON HIV/AIDS IN THE WORKPLACE: A CASE STUDY OF THE KWAZULU-NATAL SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA-KZN)

SIPHOSENKOSI BLESSING NXABA

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Africa Centre for HIV/AIDS Management
Faculty of Economic and Management Sciences
Study Leader: Prof A. Roux
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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

HIV/AIDS in the present South African context remains fraught with obstacles and challenges. The previous regime’s willingness to turn a blind eye to the pandemic, combined with the confused response of the present government, has accelerated the disease and its devastating impact to pandemic proportions Nattrass (2004:41). This has put additional pressure on other sectors to respond. While civil society challenges government's delaying tactics and seeks to ease the plight of those living with HIV, organizations are called upon to act, in the interest of the stability of the national economy and their own survival.

This study on “An Evaluation of Social Responsibility on HIV/AIDS in the Workplace” is located within the conceptual framework of social security (or social assistance) and corporate social responsibility. The study argues that social security is one intervention to protect the plight of the poorest of the poor masses from falling below an acceptable standard of living, thus exacerbating their vulnerability to HIV/AIDS. The study therefore poses a challenge to the South African Social Security Agency (SASSA) which is involved in the provision of social grants within communities.

While there are workplace interventions implemented by certain organizations in the country, a lot of organizations do not regard HIV/AIDS with the real commitment and care needed for genuine change. That said, this study will therefore look at the impact of HIV/AIDS within SASSA-KZN, as its primary objective. The study will further try to establish how much help SASSA-KZN provides for its labour force which is infected and affected by HIV/AIDS and also to determine the excellence/quality of any existing interventions employed by SASSA in mitigating HIV/AIDS in the families of its employees as well as in the communities in which it operates.

The secondary objective of this study is to test a set of hypotheses, that very little funding is allocated by SASSA-KZN for HIV/AIDS intervention strategies, and that many employees are not aware of HIV/AIDS policies/programmes within SASSA-KZN, as well as a lack sufficient understanding of HIV/AIDS management by some SASSA-KZN managers.

The study will also provide some recommendations and serve as an information resource which other companies can utilize in mitigating their individual HIV/AIDS problems.
OPSOMMING

MIV/vigs in die huidige Suid-Afrikaanse konteks lever steeds vele hindernisse en uitdaging toe. Die vorige regering se bereidheid om hulle oë vir hierdie pandemie te sluit saam met die verwarde reaksie van die huidige regering, het dié siekte en die vernietigende impak daarvan vinnig pandemiese afmetings laat afneem (Nattrass 2004:41). Dit plaas bykomende druk op ander sektore om hierop te reageer. Al kritiseer die burgerlike samelewing die regering se uitsteltaktiek en probeer hulle die lot verlig van dié wat met MIV saamleef, word organisasies opgeroep om daadwerklik op te tree ter wille van die stabiliteit van die nasionale ekonomie en hulle eie voortbestaan.

Hierdie studie oor “n Evaluering van maatskaplike verantwoordelikheid ten opsigte van MIV/vigs in die werkplek” val binne die konseptuele raamwerk van maatskaplike sekerheid (of maatskaplike bystand) en korporatiewe maatskaplike verantwoordelikheid. Die studie voer aan dat maatskaplike sekerheid een manier is om in te gryp om te verhinder dat die lot van die armstes van die arm menigte totdie ’n aanvaarbare lewenstandaard daal en dus hulle vatbaarheid vir MIV/vigs verhoog. Dié studie rig dus ’n uitdaging aan die Suid-Afrikaanse agentskap vir maatskaplike sekerheid (SASSA) wat betrokke is by die voorsiening van maatskaplike toelaes binne gemeenskappe.

Al is daar sekere organisasies in die land wat ingrypingstrategieë in die werkplek in werking gestel het, hanteer vele organisasies MIV/vigs steeds nie met die nodige erns en sorg wat nodig is om blywende verandering teeweeg te bring nie. In die lig hiervan is hierdie studie se hoofdoelwit om die impak van MIV/vigs op SASSA in KwaZulu-Natal (KZN) te ondersoek. Die studie sal verder probeer vasstel hoeveel hulp SASSA in KZN voorsien vir sy werkersmag wat deur MIV/vigs geïnfekteer is en beïnvloed word, asook die uitmuntendheid of kwaliteit van bestaande ingrypingstrategieë van SASSA se kant om MIV/vigs in die families van sy werknemers, sowel as in die gemeenskap waarin dit werksaam is, te bekamp.

Die sekondêre doelwit van hierdie studie is om ’n stel hipoteses te toets, naamlik dat SASSA in KZN bitter min fondse toeken vir ingrypingstrategieë ten opsigte van MIV/vigs, dat vele werknemers nie bewus is van belede of programme oor MIV/vigs binne SASSA in KZN nie, en dat daar ’n gebrek aan voldoende begrip van MIV/vigsbestuur by sommige van die SASSA-bestuurders in KZN bestaan.

Hierdie studie sal ook ’n paar aanbevelings maak en dien as ’n bron van inligting wat ander maatskappye kan gebruik om hulle eiesoortige probleme met MIV/vigs te bekamp.
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CHAPTER 1: INTRODUCTION

1.1 BACKGROUND

AIDS kills those on whom the society relies to grow crops, work in the mines and factories, run the schools and hospitals and govern nations and countries. (Nelson Mandela, World Economic Forum, Davos, 1997 cited in Heywood 2000:1)

The manner in which management addresses AIDS in the workplace will determine whether their companies survive the first decade of the 21st century. (Deanne Moore, Actuary, Metropolitan Life, AIDS Analysis Africa, May 1999 cited in Heywood 2000:1)

Private organizations have a crucial role to play in achieving sufficient economic growth in South Africa and to raise the general standard of living. That means, they have to play the most important part in fighting the scourge of HIV/AIDS so that they can sustain the creation of employment, wealth, and to supply the population with food, clothing, housing and most essential (and nonessential) goods and service.

Speaking at an unemployment crisis conference organized by Cape Town’s Alternative Information and Development Centre, Vuyiseka Dubula of the Treatment Action Campaign (TAC) said, “There is a “gaping hole” in South Africa’s social protection system – and it is specifically those adults under 30 who suffer the most from the country’s rampant unemployment. It is also that group – particularly women – who are most susceptible to HIV, as no job means no way of accessing health care and nutrition. According to Dubula, unemployment paves the way for HIV to come (The Mercury, June 14, 2006).

Jocelyn Vass from the Human Sciences Research Council (HSRC) restates the above idea by Dubula. She says, “Black women, especially, were the hardest-hit by HIV/AIDS and retrenchments (The Mercury, June 14, 2006).

Margaret Legum of the SA New Economics Network shares the same above idea: “to remedy that condition, a basic income grant would facilitate the development of local economies and help shift the country’s focus from globalization to localization” (The Mercury, June 14, 2006).

The UNAIDS Report on 2007 AIDS epidemic update shows that the percentage of the world’s adult population living with HIV (known as HIV prevalence) has been levelling off, and is declining in sub-Saharan Africa. In 2007, there were an estimated 33.2 million [30.6 – 36.1
million] people living with HIV globally, increasing from 29.0 million [26.9 million – 32.4 million] in 2001. The current estimate of people living with HIV is a reduction of 6.3 million from 2006 published estimate of 39.5 [34.1 – 47.1] people (bartonknotts@unaid.org). According to the Report, with some 5.5 million people living with HIV, South Africa is the country with the largest number of infections in the world.

Global HIV incidence (the number of new infections) decreased to 2.5 million [1.8 – 4.1 million in 2007, down from 3.2 million [2.1 – 4.5 million] in 2001. Southern Africa accounted for almost a third (32%) of all new HIV infections and AIDS related deaths globally (bartonknotts@unaid.org).

According to the UNAIDS Report on 2007 AIDS epidemic update, AIDS is still a leading global cause of mortality, and remains the primary cause of death in sub-Saharan Africa. Overall, the annual number of people who died due to AIDS has recently declined slightly to 2.1 million [1.9 – 2.4 million] in 2007. Sub-Saharan Africa remained the most affected region, where 1.6 million [1.5 million – 2.0 million] AIDS deaths occurred.

Some studies have examined trends in deaths in organizations, correlated these with HIV prevalence in the general population, and assumed the general mortality was due to AIDS. In Zambia, the general mortality rate among formal sector employees rose from 0.24% in 1987 to 2.1% in 1993. In the absence of marked mortality events, the most likely explanation of this increase was HIV/AIDS. By the mid-1990s, the Uganda Railway Corporation had an annual turnover rate of 15%. There were suggestions that more than 105 of its workforce had died from AIDS-related illnesses. In Kenya 43 out of 50 (86%) employees of the Kenya Revenue Authority who die in 1998 died from AIDS. A study for the Makandi Tea Estate in Malawi showed sixfold increase in mortality from 1991 to 1999 — from 4 per 1,000 workers to 23 per 1,000 (Tony Barnett and Alan Whiteside 2002:243).

A study of 1 600 companies conducted by the Bureau for Economic Research of Stellenbosch University in 2004 found that more than a third of the companies surveyed indicated that HIV/AIDS has reduced labour productivity or increased absenteeism and raised the costs of employee benefits. The study found that, 3% of the companies reported an increase in labour turnover rates; 27% lost skills and experience; 24% incurred recruitment and training costs. The study found that 15% of the companies surveyed are deciding to invest in machinery than in manpower due to an adverse impact of HIV/AIDS, and 8% of all the companies surveyed expect to pass some of HIV/AIDS related costs on their customers by increasing their selling price. The study found it very disappointing that 9% of retailers and 15% of the building and construction industries surveyed, had no

It is a general fact that no organization is immune to HIV/AIDS. That means therefore that, SASSA-KZN like any other organization does suffer from the bad impact of HIV/AIDS in many ways. The following are a case under discussion:

There have been quite a number of AIDS cases as well as cases about temporary incapacity from SASSA-KZN employees due to Tuberculosis (TB) and other AIDS-related illnesses reported by the Independent Counselling and Advisory Services (ICAS). ICAS is an organization which has a legal agreement/contract with SASSA-KZN and which provides professionally managed wellness services to all SASSA employees and their immediate families.

Further to that, there is an in-house employee wellness programme (EWP) as well for SASSA-KZN which provides the same services as ICAS does. Wellness services are simply extended to ICAS for convenience purposes especially after hours and during weekends (that means, at the employee's privacy). Therefore, an employee has a choice between the in-house or an extended ICAS service, but basically these units offer exactly the same services. The reason for bring up the availability of the in-house wellness services too is that, the unit obtains direct and immediate information regarding the impact of HIV/AIDS on SASSA-KZN employees. Again the in-house wellness service covers a wide range of employee problems besides HIV/AIDS alone. Furthermore, employees within an organization see themselves as a homogeneous community which shares the same problems/values. In-that-regard they are more likely to ask for help from within the organization (SASSA EWP) than from the outsider (ICAS in this case). This is typical of employees seeking in-house service than external service, on issues regarding financial planning for their spouses, custodial arrangements for children, and wills when employees have been HIV-infected and are at their peak stage of infection.

It is worth noting that HIV/AIDS information obtained by both the abovementioned wellness units has some validity limitation. The reason is that, whilst the records of wellness consultations from employees suggest that there is quite a high prevalence of AIDS-related illnesses amongst employees, they fear to disclose the true nature of their illnesses because of stigmatization attached to HIV/AIDS ("fear" that HIV is related to bad sexual behaviour). Again, one of the most serious problems about HIV epidemic within SASSA workplace is that, it is “invisible” and “hidden”. There are various reasons for that. For example, a lot of
SASSA employees do not know that they have HIV until they get ill (it is because they are scared to do HIV test as they still take HIV/AIDS as a “death sentence”). Those who do know that they are HIV-positive keep it a secret. When they get HIV-related diseases, such as TB and skin rashes, they mask these AIDS illnesses.

All in all, SASSA-KZN suffers fairly a range costs due HIV/AIDS. Increasing absenteeism which compromises service delivery, is one visible cost sustained by SASSA-KZN as a result of HIV/AIDS.

SASSA has also suffered a gradual staff turnover, loss of skills, loss of experienced/knowledgeable employees, and SASSA has sustained an increase in health care costs to its employees due to HIV/AIDS. Funeral costs are also a financial burden to SASSA as result of high death rate due to HIV/AIDS.

The recruiting and training new staff as result of a staff turnover and loss of skills due to AIDS puts SASSA under financial trouble, as well (www.sassa.gov.za ; ICAS Report 2007).

Given the abovementioned arguments and the threats posed by HIV/AIDS in the workplace, it is worth conducting a study that will look at the social assistance intervention to mitigate HIV/AIDS by SASSA, and what SASSA does and can do to reflect a socially responsible organization, as well as looking at the social responsibility initiative of SASSA towards its clients (i.e. grant beneficiaries) and its employees as well as their immediate family members, from the impacts of HIV/AIDS. The focus of the study will then be on the degree or the level of social responsibility towards HIV/AIDS, which is initiated and implemented by SASSA organization.

1.2 SIGNIFICANCE/RELEVANCE OF THE STUDY

South African society must be better equipped to meet the challenges of HIV/AIDS if it is to sustain the potential of economic growth. Understanding HIV/AIDS, its impact and means of managing the virus are vital for South Africa’s infant democracy. This study will serve as a broad general idea for SASSA and other organizations at large, AIDS policy makers and any other sector interested in HIV/AIDS issues. The study will also

- inform, educate and empower both workers and human resource practitioners not only themselves through acquired and shared knowledge, but also to transform their companies;
- promote consciousness about the impact of HIV/AIDS within the company;
provide a tool or knowledge resource to utilize on where best to invest limited resources; and

contribute to the body of knowledge about Corporate Social Responsibility to HIV/AIDS.

1.3 PROBLEM STATEMENT

The challenges to create economic stability, manage and overcome extreme levels of unemployment and poverty and redress the social imbalances of the old social order, are aggravated by the devastation of HIV/AIDS. Some private organizations do not regard the management of HIV/AIDS as part of their strategy to alleviate the HIV/AIDS pandemic in the workplace. As a result, the call to respond to the pandemic by these private organizations does not even warrant mentioning, given the vast intellectual and financial resources they have at their disposal.

1.4 AIMS AND OBJECTIVES OF THE STUDY

The study aims to bring about change and transform the SASSA organization’s workforce regarding the understanding of Social Responsibility to HIV/AIDS. The study will also provide an opportunity for me to develop in HIV/AIDS research. Objectives of the study are to establish

- the existence of HIV/AIDS policy and programmes of SASSA;
- the extent of impact of HIV/AIDS pandemic within the SASSA organization and beyond (i.e. out in areas where SASSA operates); and
- how much SASSA as an organization invests in assisting the employees infected and affected by HIV/AIDS.

1.5 HYPOTHESES

- Very little funding is set aside by individual organizations to deal with HIV/AIDS problems.
- The majority of employees are not aware of the existence of HIV/AIDS policies and programmes in their individual organizations.
- Some managers lack sufficient knowledge regarding the handling of HIV/AIDS issues in the workplace.
- CSR can make a difference
1.6 RESEARCH METHODOLOGY

1.6.1 Sampling

Sampling is selecting some of the elements of the population so that they can draw conclusion about the entire population. The population is the subject on which the measurement is being taken. SASSA employees of the KwaZulu-Natal Region (SASSA-KZN) will be chosen as a study sample. Conducting a study about SASSA may help clear up any ambiguities that might have prevailed about this organization and also fill the gap between the existing and the desired state of affairs. Key respondents that involve employee wellness staff (e.g. Employee Wellness Practitioner or SASSA counsellor) and representatives for disabled employees as well as union representatives will constitute part of the sample of 20 employees of the study. Participants of the study will be selected randomly.

It is worth mentioning that using the abovementioned key respondents will help to promote and secure the validity and reliability of the reported data. This is because, they usually are directly involved in implementing HIV/AIDS programmes of SASSA-KZN. They also disseminate information related to HIV/AIDS within SASSA-KZN by conducting HIV/AIDS education campaigns for SASSA-KZN. Key respondents are indeed representatives of the employee population of the organization. Using union representatives (shop stewards) as key respondents for instance, can give valuable information as to what the union expects from the organization with regard to Corporate Social Responsibility to HIV/AIDS.

1.6.2 Survey instruments.

Since being a researcher and also a SASSA employee as well as an employee wellness practitioner of the SASSA-KZN region, it will put the researcher in a better position to introduce the study and its aims personally so as to secure trust/confidence (from “fellow” respondents), and to arrange convenient times for appointments with key respondents with ease. Questionnaires will be administered to the sample of 20 employees. The strength of using questionnaires is their versatility and their ability to gather abstract information of all types. Questionnaires are also an efficient and economical way of gathering data. However questionnaires have their shortcomings. They rely on the accessibility and the willingness of the respondents to cooperate; hence the precision of the results is/may be compromised.

1.6.3 Data collection

Questionnaires will be given to respondents to be completed by them instantly. Approximately 30 minute individual interviews will be conducted in a place provided by each
SASSA office, if it gives permission, at a prearranged time which is convenient to the respondents.

Five key dimensions will be driven by the questionnaires. Those will be knowledge, preventions, strategies, impact and support structures to HIV/AIDS within the SASSA organization and out in the communities where SASSA operates.

The research approach to be used by the study will be qualitative. “Qualitative research is an interpretative, multi-method approach that investigates people in their natural environment” (Denzin & Lincoln, 1994 cited in Christensen 2004: 51). That means, qualitative research uses non-numerical information to interpret data. Furthermore, qualitative research uses a variety of methods to collect data, and also is conducted in a person’s natural surroundings Christensen (2004:51–52).

1.6.4 Data analysis

Once the data are collected, the appropriate data analytic techniques will be used to determine the aims and objectives of the study, and to substantiate the set of hypotheses. In that regard, the two-way ANOVA will be used by the study, because this statistical procedure will analyze data of more than two independent variables of the study simultaneously, as informed by its (study) aims and objectives.

1.7 RESULTS AND LESSONS

It is envisaged that the following results and lessons are likely to ensue upon completion of the study, depending on what the variables obtain at the time:

- Long-term sustainable SSASA organization strategies shall prevail among the organization’s community, especially within SASSA senior management, so that they (management) are convinced of the real rationale to respond against the destructive impact of HIV/AIDS on their organization and in its local communities.
- The SASSA organization stakeholders (directors, personnel,) will get a more better and clear understanding of the specific effects of HIV/AIDS on the organization, and of the context of existence of this pandemic (i.e. modes of transmission). In that case, the stakeholders will be in a better position to develop appropriate and effective interventions.
- The speculated results will also inform the SASSA employers, employees and the communities it serves, that HIV/AIDS raise costs in service delivery and have a bad
impact on future growth of the organization, research and development, workforce training and support services for employees.

- Speculated results will again make SASSA management more aware that HIV/AIDS puts more pressure to the bill for public services, leading to rise in taxes and other costs, which ultimately disturb the economic stability.

1.8 LAYOUT OF THE STUDY

Chapter one will deal with “Introduction”. This chapter of the study will look at social responsibility to HIV/AIDS within the social security agency, called SASSA and some literature related to HIV/AIDS. Research questions used to obtain responses from the respondents will be added.

Chapter two presents “Literature on Responses towards HIV/AIDS” In this chapter a brief theoretical background of HIV/AIDS will be examined. Also, impacts of the pandemic on the sustainability of SASSA will be looked at by this chapter.

Chapter three tells about “Overview of Social Assistance and Social Responsibility”. This chapter will give a short explanation of what social assistance is and will also briefly highlight the provision of social grant by SASSA as an intervention to alleviate the plight of HIV/AIDS. The concept of social grants will be discussed and also the negative repercussions of HIV/AIDS on SASSA if the pandemic is ignored in the SASSA workplace. The theory of social responsibility and its relevance to this study will also be discussed by this chapter.

Chapter four covers “Organizational framework”. This chapter will provide the establishment/profile of SASSA, specifically the KwaZulu-Natal Region (SASSA-KZN).

Chapter five examines “Analysis and Findings”. This chapter will look at the fieldwork section of the study. It will analyze data that would be obtained form the respondents on social responsibility to HIV/AIDS by SASSA-KZN.

Chapter six outlines “Conclusion and recommendations”. In this chapter the summary of the main discussion in the study on social responsibility towards HIV/AIDS by SASSA-KZN will be looked at. Suggestions that recommend programmes, policies and strategies that can be utilized as a knowledge base from different literature sources, will be provided by this chapter.
CHAPTER 2: LITERATURE ON RESPONSES TOWARDS HIV/AIDS

2.1 INTRODUCTION

The purpose of this chapter is to draw attention to social responsibility towards HIV/AIDS. The chapter will look at responses to HIV/AIDS by certain stakeholders (government, employee's and worker’s organization and government health-care workers). The chapter will also look at the impact of HIV/AIDS within SASSA-KZN for itself.

2.2 SOME INITIATIVES TO RESPOND TO HIV/AIDS IN THE WORKPLACE

It is a fact that no sector can make a dent on the impact of HIV/AIDS alone. Partnerships involving various stakeholders are necessary if we are to really fight and win the battle against the scourge of HIV/AIDS. That means, everyone is accountable in the struggle against HIV/AIDS because we’re all infected or affected by HIV/AIDS in one way or other. Clearly, everybody is responsible for his or her life to the extent of protecting himself or herself against HIV infection. By the same token, stakeholders involving government, NGOs, employers’ organizations, employee organizations and other relevant stakeholders have a duty or a role to play in helping the vulnerable people to fight HIV/AIDS – for the sake of the country’s economy and stability.

2.2.1 The government initiative towards HIV/AIDS

Desirably every government has a crucial role to play in mitigating HIV/AIDS because governments are supposed to utilize taxpayer’s money to improve their (payer’s) lives. In other words, governments need to have policies in place that will drive HIV/AIDS programmes (awareness and preventative) to address the problems of HIV/AIDS. These could be

- creating and encouraging large partnerships with various stakeholders to stop HIV infection;
- facilitating and bringing together various establishments which are responsible in the fight against HIV/AIDS; and
- developing policies, legislation and support structures to protect vulnerable societies.

2.2.2 The community initiative towards HIV/AIDS

Non Governmental Organizations (NGOs) and Community Based Organizations (CBOs) are the most powerful forces to instigate HIV/AIDS care and prevention programmes. In many
countries NGOs have managed to influence public opinion, hence government policies. In most instances communities are in the forefront of awareness campaigns, prevention, advocacy, policy and legislation issues as well as family and community support structures (ILO, 2000).

2.2.3 The workers organizations' initiatives towards HIV/AIDS

Some issues which can be addressed by workers’ organizations involve destigmatization and nondiscrimination against people living with HIV/AIDS and their extended families, bad working conditions which pose danger to HIV infection. Workers’ organizations can also encourage the provision of treatment to people/employees living with HIV/AIDS who dearly need medication (ILO, 2000).

2.2.4 The employers organizations' initiatives towards HIV/AIDS

Some of the responses to HIV/AIDS which have been adopted by employers and their organizations are encouraging. A large number of employers have developed HIV/AIDS prevention care and support programmes (CSI Handbook, 2007). It must be noted that these programmes are not only meant for the infected workforce but also protects the rights of those infected and affected by HIV/AIDS.

However, some employers have programmes in their workplaces intended to protect their investment in human resources. Otherwise these programmes differ with organizational environment (ILO, 2000).

2.2.5 The health care workers initiatives towards HIV/AIDS

Health care workers by their job nature are fully involved in HIV/AIDS preventative measures. Health care workers (e.g. HIV/AIDS counsellors, social workers, nurses, doctors, etc) are trained and should continually be trained to diagnose, counsel, treat and refer infected and affected people around HIV/AIDS issues. Health care workers also help collect data about HIV/AIDS statistics from their workstations (health-care clinics) to be studied by government bodies and other independent research institutions.

2.3 EXAMPLES OF SOCIAL RESPONSIBILITY INITIATIVES WITH REGARD TO HIV/AIDS BY PRIVATE ORGANIZATIONS.

2.3.1 Anglo-Coal

As early as the early 1990s, Anglo-Coal had a fast vision and quick response to develop a preventative programme to HIV/AIDS and address the root causes of the disease – it devised its first HIV/AIDS strategy in 1993, beginning with the drafting of a policy on life-
threatening diseases and establishing a joint forum to investigate strategies. This broad approach is particularly useful given the increased prevalence of opportunistic diseases such as (tuberculosis) TB associated with HIV/AIDS, especially within settings where exposure to the pandemic is higher. Moreover, the significance of this approach is the participation of all stakeholders, with each colliery setting up AIDS committee including management representatives, employees, trade unions and community interest groups (The Business Response to HIV/AIDS, 2000).

The overall management of Anglo Coal’s HIV/AIDS strategy is undertaken by a multidisciplinary AIDS committee based at its head office. Anglo Coal has a central model on prevention and management of HIV/AIDS to provide guidance to each of its collieries’ AIDS committees who then develop a method that deals with monitoring and evaluation of programmes, awareness and education programmes which are undertaken by employee and community representatives trained as peer educators for employees, spouses/sexual partners, local community and school children. These programmes entail the use of seminars, information campaigns, videos & drama productions, community training and high school programmes (The Business Response to HIV/AIDS, 2000).

2.3.2 Eskom

Eskom is the South African state-owned power utility organization and one of the world’s largest electricity utilities, running more than twenty (20) power stations and maintaining more than 26 000 kms of transmission lines.

As early as the early 1980s, Eskom initiated its HIV/AIDS policy covering education, surveillance and counseling. After Eskom became aware that their policy was neither full-fledged nor coordinated, they discontinued their pre-employment testing policy, acknowledging its discriminatory and irrational nature (that is, an initial HIV-negative test results does not mean hat a person will not acquire the virus later on). After Eskom became aware of the real threat of HIV/AIDS to both the company, especially to its workforce – it commissioned an impact analysis to HIV/AIDS. The projected results of high prevalence rate among the workforce by 2005, motivated Eskom to declare HIV/AIDS to be a strategic priority which resulted in the formation of a strategic committee to evaluate an impact and develop strategies to mitigate the pandemic, develop and implement the awareness and support programmes as well as to initiate a cost centre to monitor these awareness programmes and the support of these programmes (The Business Response to HIV/AIDS, 2000).
In the year 2002, Eskom became the founding grantmaker of the African AIDS Training Partnership (AATP), managed by the Foundation for Professional Development (FPD). FPD was initiated to develop trained primary health care professionals (nurses and doctors) across Southern Africa who will provide clinical management of HIV/AIDS, including training on antiretroviral therapy (ART)

During the financial year 1 April 2007 to 31 March 2008, the CSI budget allocation for the (AATP) project was R1.8 million. The donation was staggered from the year 2002 and by 2007 the total amounted to R10.5 million. Delegates who benefited from the 2007/8 Eskom grant included professional nurses (51.4%), medical doctors (48.7%) and professors of medicine (0.2%) – with a profile of women (45%) and men (55%). 13 117 were trained in the year 2007 (www.financialresults.co.za/eskom_ar2008. accessed 23/12/2008).

2.3.3 Altrons

Altron’s HIV/AIDS interventions focus mainly on two of the most vulnerable groups affected by the disease, namely terminally ill patients and orphaned children of child-headed households. Alton’s flagship HIV/AIDS projects aim to provide much needed support and resources to home and community-based caregivers that work to meet this need, such as hospice organization. Altron has donated for a hospice in Diepkloof, Soweto, received support amounting to R100 000, allowing nurses to ease the suffering of an extra 1 471 patients, making them comfortable in their last days and providing nutritional advice, bereavement counseling and HIV/AIDS education to their families. A further 481 terminally ill patients and their families in Umkomaas, KwaZulu-Natal have benefited from support that Altron provided to the Khanya Hospice in that area. The new wheelchairs, syringe drivers, mattresses and computer that the company donated have helped Khanya Hospice ease the suffering of this predominantly rural community in the province hardest hit by HIV/AIDS pandemic (CSI Handbook, 2007).

2.3.4 De Beers

With a track record of breaking new ground in the fight against HIV/AIDS, De Beers has partnered with a US-based NPO called Grassroot Soccer (GRS), to educate youth (between ages of eight (8) and thirteen (13) in the communities surrounding De Beers mining operation about the dangers of this disease, and to promote healthy life style choices. The GRS programme uses sport as a vehicle for getting the HIV/AIDS message across to this high-risk age group, encouraging this age group to safeguard themselves against infection (CSI Handbook, 2007).
The GRS model has been tested around the world. It combines educational workshops with soccer clinics and tournaments to attract the interest of young people. Lessons learned in the game, such as avoiding danger, are then applied metaphorically to help them understand the routes of transmission and methods of prevention. The model has strong focus on the importance of HIV testing and fosters improved attitudes towards HIV/AIDS, an important component bearing in mind the enormous stigma still attached to the disease. Young people learn what to do when someone is infected and where to go for treatment. They are also encouraged to think about the effect that peer pressure has on their behaviour and are taught about the dangers of drug and alcohol abuse. By providing youngsters with a wide range of life skills and knowledge, the model strives to lay the foundation for healthy behaviour later on (CSI Handbook, 2007).

Thandi Orleyn, chairperson of De Beers Fund, says “The De Beers Fund undertakes carefully chosen CSI projects throughout South Africa, but with an emphasis on communities presently, or historically, linked to DBCM diamond mining. This has meant joint efforts with government particularly in education, and careful use of our workplace learning to fight HIV/AIDS in communities” (CSI Handbook, 2007).

According to Tracey Peterson, a specialist in Corporate Social Responsibility for De Beers Consolidated Mines Limited – peer educators who form a vital component of the GRS project are drawn from the beneficiary communities. Selected from the community forum and youth structures, these individuals already have some experience of and passion for working with youth. By participating in a training course administered by GRS, they learn how to use soccer activities to drive home the HIV/AIDS message to the youngsters on their teams. By practising what they preach to other young people, the peer educators have become important role models in the fight against the pandemic. The project also calls upon local soccer stars to lend their names to the project as ambassadors for the fight against HIV/AIDS.

2.3.5 Trinity Asset Management

Trinity Asset Management is one of South Africa’s top resource, commodity and energy fund managers. Trinity Asset Management’s core business operations rely on the country’s most vital natural resources. However the organization understands that sustainable wealth creation can only be achieved by investing in the country’s most valuable human resource – its youth. To this end it has become involved in combating HIV/AIDS transmission in schools and communities across southern Africa by funding the work of GOLD (Generations of Leaders Discovered) Peer Education Development Agency (CSI Handbook, 2007).
Based in South Africa but also operating in Botswana, GOLD equips community-based organizations with peer education skills to implement GOLD to respond to the root factors behind HIV transmission among young people. As information alone does not change behaviour, the organization’s faith in peer education model is based on the belief that the message giver is the strongest message.

The GOLD model is implemented within community development framework and promotes community participation while responding to identified youth needs. The model is implemented within a cluster of schools where high school leaders are selected by their peers to become peer educators and are trained and mentored by skilled facilitators as agents of change in their communities. Peer educators receive 3-year intensive training in a range of issues, including self-development, presentation and facilitation, sexual and reproductive health in relation to HIV/AIDS (CSI Handbook, 2007).

2.3.6 Anglo American

Through the Anglo American Chairman’s Fund, the Anglo American group of companies has the largest legacy of philanthropy in South Africa, stretching back many decades. An all-inclusive, long-term and holistic approach to social giving has enabled the Fund to make a meaningful difference across a wide range of focus areas (CSI Handbook, 2007). Accordingly, the Fund’s two largest contributions are in the sectors of education and HIV/AIDS.

In focusing on HIV/AIDS, the second largest area of contribution, the Fund takes a holistic approach to addressing the multiple impacts of the pandemic. It helps to provide home-based care to terminally ill patients with AIDS, to build additional public health facilities, and to sponsor awareness interventions that encourage discussion about HIV/AIDS amongst youth. In 2006 the budget for Anglo American CSI was R 53,892,300 where 36% of the budget was spent on education; 22% on HIV/AIDS and 16% on welfare (CSI Handbook, 2007).

2.3.7 Absa

In 2006 Absa spent R30 million on CSI projects with R1.3 million raised through its AIDS campaign for orphans and vulnerable children.

In the context of HIV/AIDS pandemic, Absa has committed itself to arguably the biggest long-term challenge facing South Africa’s socio-economic development and stability, that is, the constantly rising number of orphans and child-headed households. Consequently, Absa has identified the plight of orphans and vulnerable children as a critical issue of to support.
Through its campaign for orphans and vulnerable children, Absa is able to provide sustainable support to child-headed households across South Africa (csi@absa.co.za).

2.4 THE CONCEPT OF BEHAVIOURAL CHANGE IN HIV/AIDS

According to Parker (1994) the epidemiology of HIV/AIDS is greatly influenced by the number of people infected with HIV. If the preventative measures of HIV infection are not of medium or long-term, the prevalence of the virus manages to outdo the intervention measures. Considering behavioural change, the Population Information Program of the John Hopkins University gave a simple detailed outline of personal behavioural change in relation to health education within the HIV/AIDS discourse:

2.4.1 The rational element

This aspect is based on knowledge. In other words, people need to understand what HIV/AIDS is, how they are transmitted, the know-how about the risk of infection and how to avoid those risks (Parker, 1994; Dept. of Health, 2000).

2.4.2 The emotional element

This aspect looks at the power of attitudes and feelings. In other words, we need to feel intense and vulnerable to the disease and we must have emotional responsibility to behaviours needed to avoid HIV/AIDS risk. This aspect also invites empathy to those already affected by HIV/AIDS and a concern to help other people not to contract HIV/AIDS. Emotions may be negative, based on fear and anger or emotions may be positive based on love or hope (Parker, 1994).

2.4.3 The practical element

This aspect is based on personal skill in new behaviour. That means, people need to be capable and positive in exercising new behaviour whether it is about the use of condoms, or staying away from risky sexual behaviour (Parker, 1994; Nyathikazi, 2001).

2.4.4 The interpersonal element

This aspect of behaviour is about the social networks. That means, people need to associate with and be supported by others (e.g. family, peer groups, communities, etc.) whose knowledge, skills and emotions strengthen appropriate healthful changes (Parker, 1994; Dept. of Health, 2000).
2.4.5 The structural element

This aspect treats socio-economic, legal and technological principles within which human behaviour takes place. That means, people need to have access to necessary suppliers and services (e.g. condoms) and to live in an environment where safer behaviour is promoted, and where risky behaviour is radically discouraged (Parker, 1994:1 – 2; Nyathikazi, 2001).

2.5 THE LAW AND HIV/AIDS IN THE WORLD OF WORK

"Without a rights-based response, the impact of and vulnerability to infection will increase, and the community’s ability to respond will be hampered. As often highlighted by the Jonathan Mann, the protection of the uninfected majority is inextricably bound to upholding the rights of people living with HIV/AIDS” (INAIDS/IPU, 1999:109 in Jackson, 2002:344).

Jackson, (2002:346) goes on to say “HIV/AIDS poses genuinely difficult issues around the rights of people with HIV, the rights of those without, and the rights of those whose status is unknown. These issues need to be polarized, but seen as complementary in many instances. In some situations, however, one person’s right is another person’s loss of rights. For instance, is someone’s right to know that his or her partner has HIV greater than the partner’s right to confidentiality. Likewise, if people know they have HIV, for instance, do they carry a greater responsibility to sexual partners than others who know they have been at risk of contracting HIV but have not been tested”? Such are situation which often pose a challenge to make sound or good judgement between issues of equal importance around HIV/AIDS issues.

Relevant and important Acts that protect people living with HIV/AIDS, particularly in the workplace, include the following

- **The South African Constitution (Act 108 of 1996), the Bill of Rights** provides that every person has the right to equality and nondiscrimination (section 9), privacy (section 14), fair labour practices (section 23), and access to information (section 32). These rights are not absolute and may be limited provided such a limitation is reasonable and justifiable. (section36). These rights should in turn, be reflected in labour relationships. In particular, the right to privacy implies an employee right to confidentiality regarding medical information about HIV.

- **Employment Equity Act 55 of 1998 (EEA) (Check update)**
  The purpose of this Act is to achieve equity in the workplace through the “promotion of equal opportunity and fair treatment by eliminating unfair discrimination”. Section 6 from Chapter 2 confirms clearly that no person may unfairly discriminate, directly or
indirectly, against any employee, in any employment policy or practice, on one or more grounds, including HIV status.

Again, Section 7 of the Act prohibits medical testing of an employee unless it is permitted by law, or it is medically valid.

- **Labour Relations Act 66 of 1995 (LRA)**
  This Act standardizes the employer-employee harmony. It forbids unfair discrimination hence protecting employees against unfair dismissals. The Act in that case protects employees from dismissals as a result of their being HIV infected.

- **The Occupational Health and Safety Act No. 85 of 1993 (OHSA)**
  This Act tells employers to provide safe working environment for their employees. With regard to HIV, employers must make sure that universal measure are complied with when workplace accidents erupt, as much as providing safe working device are provided to safeguard against possible risks of dangers or HIV infections, in this case.

- **Compensation for Occupational and Diseases Act No. 130 of 1993 (COIDA)**
  Section 22(1) provides for compensation for employees who are inured in the course of performing their duties, provided that such injury causes disability or death. Where an employee becomes HIV infected following an occupational exposure to infected blood, compensation is possible if the occupational accident can be shown to be to be the direct cause of the person becoming HIV infected.

- **The Basic Conditions of Employment Act No. 75 of 1997 (BCEA)**
  The Act sets out the minimum employment standards for working hours, leave, etc. Section 22(2) provides every employee six weeks paid sick leave for every leave cycle. Furthermore, there is possibility of extending sick leave though at a reduced rate. This provision is very significant especially for employees who are at an advanced stage of HIV or AIDS.

- **Medical Schemes Act No. 131 of 1998**
  Section 24(2) (e) of the Act provides that a medical aid scheme may not unfairly discriminate, directly or indirectly, against any person on the basis of his/her “state of health” (including HIV/AIDS “status”)

- **Promotion of Equality and Prevention of Unfair Discrimination Act No. 4 of 2000.**
  This Act does not have a specific section on unfair discrimination in employment, but it does provide in section 5(3) that it will apply if the form of unfair discrimination is excluded from the ambit of the Employment Equity Act.
• **Mines Health and Safety Act 29 of 1996**

   Section 2(1) of the Act requires mine owners, as far as it is reasonably practicable, to create a safe working environment. Section 5(1) of the Act provides that, in terms of this duty, the mine manager must identify health and safety, ensure that employees are not exposed to those risks and supply safety equipment and training. These duties are similar to those in the OHSA which covers other industries and workplaces (Whiteside, A & Sunter, C (2000:157 – 167).

2.6 **DEVELOPING HIV/AIDS POLICY FOR AN ORGANIZATION**

An HIV/AIDS policy is the starting point for the management of HIV/AIDS in the workplace. It forces management to confront and address controversial issues, and to define the organization’s position on those issues. It helps to establish a coherent approach to HIV/AIDS management and ensures consistency in the organization’s dealings with its employees through the programmes, procedures and rules that flow from the policy. The policy must be prepared in cooperation with all stakeholders in the organization and must be seen to be fair and non-discriminatory.

Below are steps in the process of developing an HIV/AIDS Workplace policy:

**Step 1:** Acknowledge that HIV/AIDS is a workplace issue and secure management’s support (that means, every workplace need to acknowledge that HIV/AIDS is a threat to the organization fabric as a whole. It is as well a threat not only to service delivery/productivity of an organization, but it is also an important channel for other HIV/AIDS sub-programmes).

**Step 2:** Secure management’s support and identify potential champions (this is because, management has influence within the workplace and it will be the management which will allocate the resources and give credibility for the implementation of the programme).

**Step 3:** Appoint a representative HIV/AIDS task team (these are the people to drive the implementation process forward. It would be a wise idea to involve all sectors of a workplace as a team to raise interest and commitment and also to get buy-in from top management.).

**Step 4:** Gather relevant information (Gathering relevant information will be done by the HIV/AIDS task team. That will entail the task team to design appropriate, manageable and cost-effective effect. Gathering information concerns
information about your organization, which is about the needs and concerns, of the managers, supervisors and shop stewards. Gathering information is also about the concerns of the employees and how those concerns can be addressed by your HIV/AIDS policy).

Step 5: Reach consensus on key elements of a HIV/AIDS workplace policy (Several significant issues need be discussed and reach consensus on before drafting an HIV/AIDS policy. Issues like an appropriateness of the policy in relation to the nature of the organization, principles and key fundamentals of the policy, whose support and approval of the policy, etc).

Step 6: Draft the policy (Once key issues about the policy have been reached, the task team has to draft the policy. The policy should reflect the culture of the organization and be relevant to the nature of the organization. The underlying values in which the organization is built is also necessary when drafting the organization policy so as to draft a good and an appropriate policy).

Step 7: Establish a process of consultation (that means, the task team should make it a point that other staff is part of the policy making process and have a opportunity of making their input. Consultation also means circulating the policy widely in the organization. Consultation further means, the policy should be discussed and explained to management of the organization, supervisors, shop stewards and all other employees, including employee organizations like unions).

Step 8: Popularize and implement the policy (this is bout promoting and marketing the policy. This can be done through awareness and educational campaigns on the policy. Displaying the policy and putting it on public notice boards).

Step 9: Monitor and evaluate the policy (this means observing and watching the policy to see if it is relevant, efficient and if it addresses what it’s supposed to. This is also about reviewing or adopting any changes within the policy if it needs be). Source: [www.aidscentre.sun.ac.za, www.policyproject.com]
2.7 SOME STRATEGIES TO MITIGATE HIV/AIDS IN THE WORKPLACE

There are a number of interventions that can be applied by organizations to alleviate the scourge of HIV/AIDS in their workplaces (e.g. policy interventions, awareness and educational campaigns, employee wellness programmes and other HIV/AIDS sub-programmes). As a matter of choice, the study will briefly look at the following interventions as they are the most important preventative measures to alleviate HIV/AIDS in the workplace.

2.7.1 **AIM-B model**

This is an economic and demographic model designed to help human resource managers and medical personnel analyze how HIV/AIDS is affecting their organization workforce and project how it will affect them in the future ([www.futuresgroup.com](http://www.futuresgroup.com)).

2.7.2 **Institutional audit**

There can be no strategic planning in organizations if there is no institutional audit performed by each every organization. The institutional audit is an HIV toolkit which gives an organization an ability to measure the effects of an HIV/AIDS on, for example, absenteeism and productivity. An institutional audit gives an organizational strategic response to HIV/AIDS, as well as, systems to measure its impact in the workplace. That means, an institutional audit will an organization an idea of costs, including HIV/AIDS-related costs which are calculated to provide an estimate of current costs and then projected to give an estimate of future costs (Debswana, 2002:22).

In essence, an institutional audit gives a company a personnel profile that embraces: the susceptibility of employees to HIV/AIDS infection, the different skills and their levels within the organization, the characteristics and the strategic importance of those skills to the organization. The audit is a cost-benefit analysis tool of a company for the strategic training and placement of employees, more especially the highly specialized workforce on whom the running of the organization depends. The institutional audit further, informs the management of the organization about the organizational characteristics, that is, the size of the organization and the nature/flexibility of employees within the organization. The institutional audit again, informs the management of the organization about the liabilities of the company, like, the health-care costs and other benefit packages of employees (Debswana, 2002:22).

2.7.3 **KAP-study**

This is sort of a survey that tries to measure risk behaviours of people (employees in an organization). This type of survey tries to determine the “knowledge, attitude and practices”
of people/employees around HIV/AIDS issues. One can do a KAP-study through an analysis of a questionnaire. Against each question or statement in a questionnaire, scores are allocated for the respondents interviewed. These scores are then measured, and that tells us about the knowledge, attitudes and practices of people/employees around HIV/AIDS issues (Debswana, 2002:22)

2.8 CONCLUSION

This chapter has looked at the evaluation of social responsibility initiatives to HIV/AIDS by civil organizations and some private companies. The concept of behavioural change as well as the legalities around HIV/AIDS in the workplace was looked at by the chapter. Strategies to curb HIV/AIDS which involve among other things, the establishment of HIV/AIDS policy for an organization were outlined by the chapter. In the next chapter, the study will look at the provision of “Social Assistance” and “Social Responsibility” as means to help mitigate HIV/AIDS, with special reference to SASSA-KZN stakeholders.
CHAPTER 3: OVERVIEW OF SOCIAL ASSISTANCE AND SOCIAL RESPONSIBILITY

3.1 INTRODUCTION

In the introduction of the study a brief description of the nature of HIV/AIDS was given which indicates that HIV/AIDS has a negative impact, not only on organizations or institutions, but also on the society at large, and the economically active is the mostly hit.

The strategic concern for SASSA is that HIV/AIDS has a devastating effect on the service delivery/efficiency, ultimately interfering with the organizational fabric. As SASSA is mandated to provide social grants to people who qualify, it one way or another helps in alleviating the ills of poverty as well as the scourge of HIV/AIDS. As Booysen and Van der Berg (2005:545) confirm:

Social grants may play an important role in mitigating the impact of HIV/AIDS. Eligibility for these grants is driven in part by the increasing burden of chronic illness, the mounting orphan crisis and the impoverishment of households associated with the epidemic”.

Apart from their role in alleviating poverty in general, social grants could also play an important part in mitigating the socio-economic impact of the HIV/AIDS epidemic, given the associated increase in morbidity and mortality, the orphan crisis and the resulting impacts on household composition and formation (Guthrie, 2002; Seekings, 2002; Van der Berg and Bredenkamp, 2002; Louw, 2003 in Booysen and Van der Berg, 2005)

Booysen and Van der Berg (2005:545) further state that the socio-economic impact of HIV/AIDS creates a vicious cycle of poverty and disease. As adult members within affected families become ill and forced to give up their jobs, household income falls. To cope with declining income and the need to spend more on health care, children are often taken from school to assist in caring for the sick or to work in order to contribute to household income.

On the other hand, Booysen and Van der Berg, (2005:547) have a concern that, “The link between HIV/AIDS and social grants has thus far received relatively little attention in empirical research, although it is an area of great concern in policy circles.

Given the above, SASSA (being the organization under study) needs to have a healthy workforce, for the sake of service delivery or productivity. Again, for SASSA to be perceived
favourable by the communities in which it operates, it needs be involved in alleviating social ills of those communities.

This chapter will then try to draw attention to the existence of “Social Assistance” and possibly to the point that, the propagation of HIV/AIDS can be “at least” be mitigated by the provision of social assistance and a passion to be socially responsible.

3.2 SOCIAL ASSISTANCE

SASSA-KZN is a socially responsible entity by its nature. This is because it provides social assistance in the form of monetary grants to all those people who qualify. Again, SASSA-KZN provides grants to those individuals who are at peak stage of HIV infection thus helping them to sustain themselves by getting healthy diet and relevant medication to mitigate the multiplication of HIV.

Social assistance is an income transfer in the form of grants or financial award provided by government. A social grant refers to adult and child grants, disability grant, a grant for the aged and a war veteran’s grant.

As from 01 April 2006, the responsibility for the management, administration and payment of social assistance grants was transferred to the South African Social Security Agency (SASSA), taken from the Department of Social Development.

SASSA therefore is a public entity which is responsible to ensure that government pays the right grant, to the right person, at a location which is most convenient to that person.

SASSA provides social assistance in the form of:

- **An old age grant** (given to permanent South African residents who are 65 years or older if are males or 60 years or older if are females. Old age pensioners are entitled to an amount of R960).

- **A disability grant** (disability grant is given to permanent South African residents who have an officiated disability evidence (medical report/assessment). Recipients must be 18 to 59 years of age if are females and 18 to 64 years of age if are males. Disability recipients are given an amount of R960).

- **A war veterans grant** (provided to permanent South African residents who are 60 years and over or who are disabled. The recipient of the grant must have fought in the Second World War or the Korean War. This grant amounts to R980 for an entitled recipient).
- **A care dependency grant** (is meant for disabled children between 1 and 18 years. A medical/assessment report must be available to confirm disability. The entitled child/applicant must be a permanent South African citizen. An amount of R960 is given for the care dependency grant).

- **A foster child grant** (awarded to applicant/child who is a South African resident at the time of grant application. A court order indicating foster care status must be provided for a grant to be approved. Foster children receive an amount of R650).

- **Child support grant** (this grant is given to the applicant who should be the primary care giver of the child and both (child and primary care giver) must reside and be South African citizens. To receive a grant an entitled child must be under the age of 14. An amount of R230 is awarded for the child support grant).

- **Grant in aid** (is given to beneficiaries who need full-time care by another person owing to their (recipients) physical or mental disability. A grant in aid is an additional grant awarded to persons who are in receipt of Old age, Disability or War Veteran’s grants and who are unable to care for themselves. The recipient must not be cared for by the institution that obtains subsidy from the State for the care of such beneficiary. Beneficiaries who are on Grant-in-aid are entitled to an amount of R230 (www.sassa.gov.za).

### 3.3 SOCIAL RESPONSIBILITY

#### 3.3.1 The basic principles of social responsibility

Besides having a responsibility towards the consumers of a product, an organization also has a responsibility towards the community in which it operates. Spending money on projects such as housing, education, job creation, health and welfare boosts/promotes the organization’s image in the eyes of its employees, consumers and the general public. One of the basic objectives of these projects is to create a stable socio-economic and political environment in which future profits can be optimized. The other dimension of social responsibility hinges on authority (legislation) under which the organization operates. That means, failing to abide by the laws of the country could result in prosecution. Again, disregarding the norms of society could lead to consumer resistance which consequently could harm the primary objectives of an organization. In that case, nothing should violate the norms and ethical standards of communities (www.webct.sun.ac.za/2007).

Within the basic principles of social responsibility is the current trend in the use of the concept of “investment” to convey the idea that organizations should not only take responsibility, but also invest in their different stakeholders. Social responsibility calls for an
acceptance that the survival of an organization is dependent on its being seen as socially responsible that it can rise above immediate interest (profit) and anticipate the impact of its actions and operations on all individuals and groups (www.webct.sun.ac.za/2007).

Donations, sponsorships and subsidies which characterize the idea of financial support are basics of social responsibility. A sponsorship must be supported by marketing strategy to warrant large audience. An imaginative and successful social responsibility project can have good publicity value for business. In the long run, the reason for undertaking social responsibility will be to obtain an actual beneficial social result which leads to goodwill and favourable publicity. Quite often, social responsibility projects are determined by the areas in which an organization should become involved in. That means, management should clearly distinguish between primary responsibility (that is, being socially responsible to the organization, owners/shareholders and employees) and a broader social responsibility (that is, ensuring care to individual host communities where organizations operate). This usually makes it difficult to determine the cost-benefit scrutiny of social responsibility programmes. That means the common dilemma around social responsibility resources is: How are the contributions to meritorious causes going to be divided and assigned so as to produce the greatest benefit for an organization? It is important to understand that programmes and projects are not to be undertaken merely because management is interested in them. There have to be some business rationale as to why certain projects are chosen and others not. The main reason should be that the organization stands to gain by them. This means that management has to formulate a certain policy and a particular method of evaluation so that it chooses between those causes that will benefit the organization and those that will not.

One must bear in mind that social responsibility does not consist of mere “bleeding-heart charity”—the organization expects something in return for what it gives. What it chiefly expects is the goodwill of the public. That highlights some of the many principles around social responsibility Gerber et al. (1992:360)

3.3.2 Definition of social responsibility

The definition of the concept of social responsibility (SR) is derived from the above analysis of the principles of social responsibility. There are different ways in which SR specialists define it. As argued by Mersham (1995:85):

“No one simple definition of CSI exists. In business and academic disciplines there are various definitions, displaying diversity of philosophical starting points, objectives and end results”.

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As part of clarification of the definition, it is may be advisable to provide at least four different versions in which they define SR which means that different people distinguish SR differently:

- The CSI Handbook (2007) defines social responsibility as the company’s contributions to community upliftment and socio-economic development.

- The Conference Board of Canada says “Corporate Social Responsibility is the overall relationship of the corporation with all of its stakeholders. These include customers, employees, communities, owners/investors, government, suppliers and competitors. Elements of social investment include investments in community outreach, employee relations, creation and maintenance of employment, environmental stewardship and financial performance” (www.conferenceboard.ca).

- Charney (1983:43, cited in Mersham, 1995:85) argues that social responsibility refers to the action of an organization that voluntarily spends its resources to do something not required by law and without immediate economic benefit. The point of argument in this version is that, whilst the primary social responsibility of the organization is to produce and sell goods and services at a profit, it (organization) does at a certain point in time take ethical responsibility into account, where this is not required by the law but is left to the organization’s choice.

- Carroll (1979:498, cited in Mersham, 1995:85) suggests that “social responsibility of business encompasses the economic, legal, ethical and discretionary expectations that the society has of an organization at a given point in time”. Carroll’s definition focuses on the expectation of the society (legal, ethical and discretionary expectations). “Economic expectations” have to do with the commercial activities of an organization.” Legal expectations” mean the promoting human rights whilst “ethical expectations” mean the self-enforced codes of business behaviour. “Discretionary expectations are about healthy organizational character that freely and wilfully seeks to “reach out” to the unfortunate members of the society.

The abovementioned definitions mean that it is impossible for a person who does not have a caring, charitable heart but possible for a person who is always willing to extend his hand to alleviate needy people. Obviously, this guarantees SR the right to striving for humanitarian supervision. A good example is that of the former State President of South Africa, ex-President Nelson Mandela who wilfully and freely donated 10% of his salary to the Children’s Fund trying to eliminate the gap between poverty-stricken children and those from the well-to-do-families. This is the kind of caring attitude most of the SR professionals with a positive mind-set contemplates.
Usually, the prevailing mood of operation is that we extend a hand to get something in return. We can operate as human beings without the latter but we can “reach out and touch”.

All in all, SR is about having a sense of caring and being compassionate to other people.

SR, as suggested by the abovementioned is impossible for a person who does not have a caring, charitable heart, but possible for a person who is always willing to extend his hand to improve/develop disadvantaged people. One good example is of an American talk show idol, Oprah Winfrey, who donated money to the South African Department of Education to build a school for girls. This is the kind of caring attitude that most of the SR activists or enthusiasts, must promote.

3.4 THE ORIGINS OF SOCIAL RESPONSIBILITY

According to Alperson (1995:4) “the origins of modern corporate social responsibility stems from the Industrial Revolution, which transformed the way communities were structured and thrust new responsibilities upon employers”. Only a few employers were involved in activities like the donation of welfare funds, promotion of labour regulations, and managing health and safety of working conditions in the workstations.

In the twentieth century, major companies, particularly in the US, took a leading role in funding universities. Supporting education was seen as the finest manner to support the communities in which they operated, which was also a means to sustain labour supply. Until the late 1960s, American companies had had a long but unexceptional history of social responsibility. Few organizations such as IBM came up with in-house community programmes. Massive racial unrest in many American cities in the 1960s coupled with Lyndon Johnson vision of a Great Society prompted American organizations to look at how they could take a proactive responsibility in alleviating poverty.

3.5 THE ORIGINS OF SOCIAL RESPONSIBILITY IN SOUTH AFRICA

The common idea by employers that their responsibility starts when the employee enters their premises and ends when the employee leaves their property, originates from the belief that the hiring of an employee’s service is for the duration of his/her working hours and that the end of the working day marks the end of the employers responsibility (Lemmer, 1985:36). Employers were comfortable with this idea because they felt that the responsibility for the provision of housing, education, health facilities and recreational facilities was carried by the government. In South Africa this was indeed the case until the 1970s. The South African government assumed the responsibility not only for the provision of housing but also for the
provision of business premises, recreational facilities and service facilities such as hospitals and schools (Lemmer, 1985:36).

Up until the 1970s, the role played by the private sector was just as non-existent. Their involvement was only in projects such as the provision of facilities for the decentralized industries in the Bantustans, and these initiatives too were state subsidised. In this context, the South African employer was free to only worry about profit maximization.

The situation for the state and capital began to change, firstly the rapid industrialization of the 1950s and the 1960s was accompanied by increasing demands made on the state which the state could not accommodate. Secondly, the demands by anti apartheid movements in the early 1970s for the disinvestment of American organizations from South Africa compounded by the workers and students riots made it clear that the status-quo was being threatened and that the state was compelled to act quickly in order to sustain the then system.

The call for the South African companies to begin to assume responsibilities over and above profit-making was first raised by the then Feldberg in 1972. He said “obligations to the wider society had to be shouldered if the private sector was to endure” (Mann, 1991:34). The state’s response to the crises of the 1970s was to embark or initiate the support of the private sector in the resolution of the prevailing crises. The state intervention was made clear in the Carlton Conference in 1979 where the then Prime Minister, P W Botha ensured the private sector of the state’s commitment to free enterprise, and in return for the state support in this regard, the private sector must assume some of the responsibilities of the state such as the provision of proper housing for all workers. For the first time, South African commerce and industry were made aware of their social responsibilities (Lemmer, 1985:37)

The most prevailing and noteworthy response to the 1970s crises was the initiative of the Urban Foundation (UF) in 1976. The UF was set up as a social responsibility agency to pressurise the government to make changes in social policy, and was actively involved in the provision of housing for the urban [volatile] blacks [in their townships] (Mann 1991:37).

In 1977, social responsibility was characterized by a movement form the culture of “handouts” to a culture of participatory involvement in local communities of organizations – following a generation of “Sullivan Principles” invented by Reverend Sullivan. These principles were devised after Sullivan worked with twelve (12) American organizations which were operating in South Africa. Organizations which pledged to the principles meant that, they committed themselves to “non-segregation in facilities, equal and fair employment practices, training and developing Black personnel, boosting the number of Blacks in managerial and supervisory positions, and improving the quality of life of staff outside the
work environment in areas such as housing, transport, education, health and recreational facilities/services” (Mann, 1991:35).

Initially it was the American and European companies that subscribed to these principles but, through their example, South African organizations also became involved, especially during the 1980s as a result of the then civil and political instability that prevailed within the country. During the era of “Sullivan Principles” large organizations that undertook programmes and funded projects received “points”. This system did enjoy success not to the full potential because organizations tended to chase “brownie points” at the expense/cost of recipients (Hayne, 1991c:12 in Reddy, K 1992:28).

It was therefore in the context of political dissatisfaction from people and the potential threat that this would have on the future of South African business together with the state’s shortfall to fulfil its financial responsibility that social responsibility was born.

3.6 **KEY DRIVERS OF SOCIAL RESPONSIBILITY**

- **Code 700 of the BEE Scorecard** – is the socio-economic development concept of the scorecard that necessitates the 1% contribution of net profit after tax by companies to socio-economic development projects.

- **The JSE SR Index** – is a reporting framework on HIV/AIDS that meets international standards the framework measures and monitors the implementation of workplace prevention programmes initiated by companies seeking listing on the index.

- **Government** – is a societal organ which sets operational standards and conditions related to social contribution.

- **Corporate peers** – are other role players in the field of social responsibility from whom benchmarking for practice and performance could be set.

- **Reputation** – a standard which drives organizations to put focus and emphasize a need on social responsibility so as to influence other’s perceptions [The CSI Handbook, 10th edition, 2007]

3.7 **THE SIGNIFICANCES AND THE IMPLICATIONS OF CORPORATE SOCIAL RESPONSIBILITY**

Social responsibility is not confined solely to matters affecting the external environment (broader social responsibility). The internal environment (primary responsibility) and the well-being of workers and their working conditions are also important. For example, a business organization will prejudice its attempts to achieve maximum profits if its working environment is unclean or hazardous. As soon as it becomes known what sort of conditions the
employees have to work in, both consumers and prospective (valuable) employees will be put off. The government would therefore intervene and the media will soon take interest. The results then would be fines and certainly bad publicity. Therefore social responsibility calls for a concept of organizations being more socially responsible than profit driven (Gerber et al. 1992:360).

From the South African context, social responsibility is necessary and very important as a development discourse. Social responsibility is a “change” idea – where you can see organizations redressing the social ills created by the “old order” of separate development. Clearly then, the fundamental principle of social responsibility would be to remedy or help to create and uphold the socio-economic and political condition which promotes economic growth, especially to the advantage of those who have been marginalized. That suggests the special importance of social responsibility.

3.8 DIFFERENT KINDS OF SOCIAL RESPONSIBILITY ALLOCATIONS

- **Allocations for training the formerly marginalized.** Almost all organizations, small or large are aware of training as it benefits everybody (both employees and employers). As good skills contribute to productivity levels of an organization, training is thus considered a worthy justification. It is therefore for this reason that, training should be supported in the form of educational scholarships (using corporate social responsibility initiatives).

- **Allocations for employee’s welfare.** Most organizations maintain good relations by providing educational, cultural, and welfare organizations serving their employees. Organizations also provide housing subsidies; training programmes and bursaries to further studies are also made available by certain organizations for their respective employees.

- **Allocations for community welfare.** Some organizations feel socially obliged to support health welfare and cultural activities within communities where they operate.

- **Allocations for charities.** Small sums are sometimes donated to charity out of sheer compassion, but such donations have little news value, and an organization rarely gets any “free” publicity in that way. When the donations involve big sums of money and have news value, the donation is usually presented to the recipient (e.g. orphanage or bursar) with a photograph of the presentation appearing in the press, for the public to see that the organization is socially responsible for its citizens.

- **Allocations for sponsorships.** Recreational, sports and other communal projects are often sponsored by large organizations. Organizations not only do this to serve
the community but also to get the organization’s name in the media publicity. (Gerber et al. 1992:362 – 363)

3.9 SOCIAL RESPONSIBILITY SPENDING IN SOUTH AFRICA

In the early days of Corporate Social Investment (CSI), there was no clear basis on which companies determined the amount to spend on social investment each year, and it was often based on the whim of the chairperson or senior executive. In these days, it makes sense for CSI to be a clearly defined budgetary item like any other, for a sound and consistent basis for determining it from year to year and for the budget to grow in a way that takes account of inflation.

Trialogue (an organization which conducts annual field research amongst many South African top companies and gauges their evolving spending patterns relating to social responsibility) estimates that the total expenditure on social responsibility in South Africa for the 2006/07 financial year (henceforth referred to as 2007) amounted to R3.2 billion. This represents an 11.1% increase over the previous year’s social responsibility spend (which was estimated at R2.88 billion), and is well ahead of the average inflation rate (CPIX) of about 5.4% over that same period (CSI Handbook, 10th Edition, 2007).

According to Trialogue, of the R3.2 billion, it is estimated that South Africa’s large companies and State Owned Enterprises (SOEs) contributed approximately R2 billion in expenditure, meaning that large corporate and SOE expenditure increased by approximately 10.8% over the previous year (2006). The balance of social spending came from medium, small and very small enterprises. Trialogue also established that large companies studied contributed about 1% of net profit after tax to Corporate Social Investment (CSI), which is line with the socio-economic development (SED) target which is set down in the BEE Codes of Good Practice (CSI Handbook, 10th Edition, 2007).

Since the finalization of the BEE Codes of Good Practice in early 2007, CSI has been given formal representation through the socio-economic development (SED) component of the BEE Scorecard when benchmarking the size of their social investment budget. Organizations have the following approaches to CSI spending:

- **Percentage of profit after tax (NPAT)** – this approach as determined by BEE Code of Good Practice requires organizations to spend 1% of net profit after tax (NPAT) on socio-economic development (SED), including all the initiatives defined by CSI.
- **Percentage of pre-tax profit** – this approach calls for organizations to allocate their CSI budget from the taxable profit made by the organization.
- **Percentage of payroll** – this approach determines organization’s CSI budgets to the percentage of payroll deduction, which links CSI contributions to the size and/or value of the workforce. [This approach originated in the apartheid years, when American companies that remained in South Africa were encouraged to subscribe to the Sullivan Code. Signatories to this code were required to contribute 12% of payroll to community development programmes in order to earn a top rating, and many adhered at the time but reduced their CSI budgets significantly (or changed their allocation method) when the legitimate democracy began].

- **Percentage of dividends** – this formula is linked to profitability which requires organizations to contribute their CSI budgets from the percentage of dividends [CSI Handbook, 10th Edition, 2007].

### 3.10 CONCLUSION

Social assistance and social responsibility are considered the key concepts of this study. In this chapter therefore, a general discussion on provision of social assistance as an intervention to mitigate HIV/AIDS was outlined. Social responsibility was looked at as a concept which is utilized by SASSA to change people’s lives for their betterment.
CHAPTER 4: PROFILE OF SASSA ORGANIZATION

4.1 INTRODUCTION

4.1.1 Brief background of SASSA

The South African Social Security Agency (SASSA) is a newly established government organ that came into effect on the 01\textsuperscript{st} April 2006. It was started to approve the applications and the payments of social grants in the country.

Previously, all nine (9) provinces were responsible for the management and control of social grants. This system generated serious service delivery problems especially the delays in approving and paying grants. That system again, generated fraud and corruption. Poor pay facilities and massive administration costs in distributing social grants were other motives which necessitated the establishment of SASSA.

4.1.2 SASSA Vision

To ensure a better life for all South Africans by providing world-class social security services.

4.1.3 SASSA Mission

To administer quality social security services, cost effectively and timeously using appropriate best practices by:

- Developing and implementing policies, programmes and procedures for an effective and efficient social grants administration system.
- Paying the right grant amount, to the right person, at the right time and at the most convenient place that he/she may choose.
- Delivering innovative, cost effective and efficient services to individuals, their families and community groups via multiple and easy access channels using modern technology.

4.1.4 SASSA Core Values

- Promotion and protection of human dignity.
- Confidentiality.
- Integrity.
- Fairness.
- Transparency.
- Equitability.
4.1.5 **SASSA Key Strategic Objectives**

- Ensure a high performance institution
- Service Delivery Improvement.
- Improvement of operational excellence
- Good Governance

4.1.6 **SASSA Key Strategic Priorities**

- Improving service delivery quality
- Improving financial management and administration
- Enhancing grant process integrity
- Improving payment services
- Organizational capacity
- Minimization of fraud

4.2 **LEGISLATION GOVERNING SASSA**

  The Constitution of South Africa, 1996, grants all its citizens the right to access social assistance.

- **South African Social Security Agency Act, 2004 (Act No. 9 of 2004)**
  This Act provides for the establishment of the South African Social Security Agency (SASSA) as an instrument for the management and the payment of social grants.

- **Social Assistance Act, 2004 (Act No. 13 of 2004)**
  This Act provides for the rendering of social assistance to people who qualify in the form of social grants and social relief from distress.

The abovementioned laws have resulted in the following benefits:

- Prospective beneficiaries can apply for and collect their individual grants anywhere in the country, regardless of where they live.
- Prospective beneficiaries can now obtain their grants within 14 working days instead of 3 months as before.
- Beneficiaries can now access their grants within 5 km radius of their residences (as a result of the establishment of nearer pay points).
- Arrangement of pay points with good infrastructures that provide stringent security measures.
- Creation of employment which resulted in the socio-economic development of people.
4.3 ESTABLISHMENT OF SASSA-KZN ORGANIZATION

SASSA-KZN has four departments, namely:

- **Corporate Services**, which gives corporate support through the provision of human capital management, legal, facilities and auxiliary as well as legal services.

- **Information & Communication Technology**, which provides information and communication technology services by managing information for planning, operational and management purposes. This department also develops (Information Technology) IT infrastructure and provide IT related business solutions in support of the Agency’s service delivery.

- **Finance**, which provides effective and efficient financial management services. This department therefore coordinates financial planning, financial accounting and supply chain management services.

- **Grants Administration**, which manages the total grant administration programme in the region. That entails managing beneficiary database, customer care enquiries, contracts with external service providers and also managing operations pertaining to adult disability and care dependency.

Within the department of **Corporate Services**, are the following sub-units:

- **Human Capital Management**:  
  This unit offers human capital management support. It provides development and transformation services, provisioning and maintenance services and labour relations services.

- **Legal Services**:  
  This unit is for legal services. This unit represents and advises management on legal matters.

- **Facilities Management and Auxiliary Support**  
  This unit is to provide efficient and effective management of auxiliary services. This involves facilitating, coordinating, and managing the contracts for the maintenance of the physical infrastructure of the organization.

- **Communications and Marketing**  
  This unit offers marketing and communication support services, which means, developing a communication and marketing strategy as well as managing and coordinating information systems of the organization.
Other sub-units within SASSA are:

- **Internal Audit**
  This unit provides support services to the Internal Audit Committee and carries out compliance and performance audits.

- **Risk Management and Compliance**
  The function of this unit is to ensure compliance with applicable regulatory requirements in order to minimize risk. The unit also manages and maintains systems of risk to minimize corruption and fraud.

- **Executive Support**
  This unit provides secretarial support services to Regional Management. The unit handles research matters for the Region, manages and coordinates projects. The unit also deals with information management matters of the Region and provides input to stakeholders.

The department of **Information and Communication Technology** has the following units:

- **Information Management**
  This unit manages information for planning, operational and management purposes. That involves developing and managing an Information Management (IM) strategy for research analysis and information dissemination and disposal. The department also provides library services.

- **Business Solutions Management**
  This unit provides Information Technology (IT) related business solutions in support of the organization’s service delivery. That entails managing the implementation of strategy regarding systems integration with other stakeholders and also identifying possible IT systems needs.

- **Infrastructure Management**
  This unit develops and implements IT infrastructure systems. In that, the unit implements departmental resources. It also manages the departmental assets as well as coordinating project management & training matters.

- **IT Sourcing and Service Management**
  This unit provides IT sourcing and service management services. That entails managing the organization’s IT helpdesk as well as monitoring and evaluating the services of external service providers.
Within the department of **Finance** are the following units:

- **Management Accounting**
  This unit manages and coordinates the organization’s financial planning. That means, compiling and managing the organization’s budget. It also means managing the revenue and expenditure of the organization and ensuring alignment of the organization’s strategic plan to the budget.

- **Financial Management**
  This unit manages the financial accounting process of the organization. The unit therefore, manages banking services of the organization, manages salary related matters, transfer payments and compile financial statements. It also renders financial administration service in respect of Debtors; Creditors; Financial System and Loss Control.

- **Supply Chain Management**
  This unit coordinates and supports the procurement process. The unit again maintains and controls consumable stores. The unit also manages losses, surpluses, donations and disposable assets.

The last department of the SASSA organization is **Grant Administration** which has the following units:

- **Operations Management**
  This unit manages operations pertaining to grants administration. The unit therefore implements and manages national norms and standards in respect of stakeholder collaborations.

- **Customer Care**
  The function of this unit is to manage customer care and enquiries. That means the unit manages the call centre and public queries and also initiate customer satisfaction surveys.

- **Contract/Vendor Management**
  This unit manages contracts with external service providers. The unit therefore monitors and evaluates contracts and Service Level Agreements (SLAs) of external service agreements. The unit again analyzes the activities of helpdesks at pay points to determine the quality of service delivery by external service providers. The unit also provides advice pertaining to invoking penalty clauses in respect of service delivery by external service providers.
• **Disability Management**
  This unit manages operations pertaining to adult disability and care dependency. That means implementing policy regarding assessment of grants, ensuring the training of medical doctors. The unit again oversees appeals which crop up due to rejected grant applications.

• **Beneficiary Maintenance**
  The function of this unit is to manage the beneficiary database. That means managing business processes on reviews, life certificate lapsing. It also means managing assessment processes as well as intra and inter transfers of beneficiaries.

### 4.4 CONCLUSION

This chapter looked at the establishment structure of SASSA-KZN. The SASSA structure will help us envision the organizational costs associated with resources that will be required to ensure and enhance the effective and efficient service delivery. For example, office accommodation, new connectivity with ICT, fleet management, office furniture and equipment, video conferencing, branding, security services and mobile units to deliver services to those areas that are remote and badly accessible.

The SASSA organizational establishment therefore will give us a glimpse of how much resources are required to carry out the operational system since SASSA is a newly initiated organization that still needs massive capacity building to be able to deliver social grants efficiently.
CHAPTER 5: ANALYSIS AND FINDINGS

5.1 INTRODUCTION

I have decided to conduct my study in the SASSA–KZN Region Office since the conditions there are conducive to getting information (as I am also a staff member of SASSA-KZN Region). Conducting a study at SASSA-KZN was also convenient for me in that, it minimized the cost of travelling and the time to physically locate the prospective respondents from the entire Kwa-Zulu Natal Region.

SASSA – KZN is a Regional establishment which administers 17 local offices under the ambit of Durban district, 23 local offices under Pietermaritzburg district, and 20 local offices under Ulundi district and other 20 local offices under Midlands district. These establishments constitute a total staff of 1 391 operating in 80 offices in Kwa-Zulu Natal.

The discussions of social responsibility conditions at SASSA-KZN was conducted with a view that the study itself is a preliminary intended to inspire a full-scale study (given the infancy of SASSA, 2006/04/01) and also that social responsibility is a developing concept in terms of contemporary conceptualization.

The population for the study was made up of SASSA-KZN employees across different levels of appointments, which gives relevance to my study as HIV/AIDS is not associated with or determined by any specific work system. Instead the population merely gave a picture of what SASSA is doing with regard to social responsibility towards HIV/AIDS.

For the population of the study, a sample of 20 employees across different levels of appointments was randomly selected. That means, each respondent from the population had an equal chance of being selected. By using this selection to create a sample decreases the probability of bias or misrepresentation. A sample size of 20 respondents was appropriate because of time constraints regarding the collection and analysis of data.

Two methods were used to collect/gather data, namely, face-to-face interviews and analyzing SASSA documents. The documents contain information on how SASSA deals with HIV/AIDS issues in the workplace and in its local areas of operation. Conducting face-to-face interviews ensured accuracy/validity of results because respondents had to give their actual response without getting a chance to ask from or consult with the next person for answers. Face-to-face interviews again gave a chance to the researcher to clarify questions and to explore for more information where the researcher felt it was insufficient.
Interviews were conducted in accordance with SASSA policy documents on HIV/AIDS matters, allowing the researcher to validate respondent’s responses with SASSA HIV/AIDS documents. Clearly then, the advantages of face-to-face interviews ensured that responses obtained were of high quality and that they reflected the true nature of the situation explored. Descriptive and inferential statistics (that is, numbers in the form of percentages and averages) were used to quantify collected data. Similarly, inference statistics was used to describe/interpret the descriptive and also to assess the nature of the population from which the sample was chosen.

The data collected were qualitative. That means, they were characterized essentially by attitudes and opinions. Data collected were classified along key themes (4 themes) of a research questionnaire so as to reduce data information into manageable interpretations. This organization of data made the interpretations to be centered on key findings – also saving time by overriding the analysis of question by question (that means, instead of analyzing question by question, the main/key question under each section was made the key theme to draw the analysis). Themes which were not put under this classification but considered noteworthy and significant to the study were also looked at.

All the participants in the study were treated anonymously, which means information herein will be treated confidentially.

The questionnaire for the study is in four sections, Section A deal with policy management, Section B treats employee-related programmes, Section C looks at risk management, monitoring & evaluation and Section D consists of social responsibility questions. A summary of the questionnaire findings is presented underneath.

5.2 FINDINGS IN SECTION A

80% (16) of the respondents interviewed confirmed the existence of the SASSA HIV/AIDS policy. However, 5% (1) of the respondents said, there is no HIV/AIDS policy for SASSA. 15% (3) of the respondents from the study were not sure of the existence or non-existence of the HIV/AIDS policy for SASSA – which essentially implies the respondents know nothing about the actual details of the policy.

From the above findings, it shows that whilst a big number of respondents are aware of the policy existence not a lot is known about the comprehensiveness of SASSA HIV/AIDS policy. The respective 5% and the 15% of the respondents who said that there is “no policy” and those who said they are “not sure” if the policy does exist are due to SASSA’s inability to vigorously roll-out policy campaigns, or that the respective respondents themselves are new
appointees who have not been inducted about company policies as yet. Accordingly, respondents who knew that SASSA has an HIV/AIDS policy were familiar with relevant issues of the policy as required under Section A, as these issues are of course stipulated or laid down in the SASSA policy. Similarly, respondents who did not know or who were not sure of the SASSA HIV/AIDS policy existence were not familiar with the relevant issues regarding the policy.

Whilst most (80%) of respondents acknowledged knowing that there is a SASSA HIV/AIDS policy in place, 50% of the respondents interviewed said that SASSA HIV/AIDS policy has been endorsed by top management and 15% said the policy has not been endorsed by management and the remaining 35% was either not sure and/or did not know if the policy has been endorsed by top management. However, 45% of the respondents either did not know and/or is not sure of the core principles underlying SASSA HIV/AIDS policy with 55% knowing the principles. In spite of the fact that 80% of the sample interviewed does know SASSA HIV/AIDS policy, 65% of the respondents do not know the key components of the policy, with only 35% of the respondents saying that they know the key components of the policy.

70% of the respondents know the custodian who is responsible for the implementation of the SASSA HIV/AIDS policy, and the remaining 30% of the respondents do not know the custodian who is responsible for the implementation of the SASSA HIV/AIDS policy.

45% of the sample respondents said that that employees and labour bodies are not involved in the development and implementation of the SASSA HIV/AIDS policy. 35% of the respondents did not know and/or are not sure if employees and labour bodies are involved in the development and implementation of the SASSA HIV/AIDS policy. The remaining 20% of the participants said “yes” the employees and the labour bodies are involved in the development and implementation of SASSA HIV/AIDS policy.

70% of the respondents interviewed did not know how the SASSA HIV/AIDS policy fit into government HIV/AIDS strategy. 30% of the study participants said that they had no idea/not sure as to how SASSA HIV/AIDS policy fit into the government HIV/AIDS strategy.

The above findings suggest that although most (80%) of the respondents do know that SASSA has an HIV/AIDS policy in place, yet they do not know and are not aware of the core principles and key components of the policy (with 45% and 55% of the respective confirmation figures).
Again, the 70% of the respondents who do not know how the SASSA HIV/AIDS policy fits into the government’s HIV/AIDS strategy is an indication that whilst people do know that there is a SASSA HIV/AIDS policy in place, they are not aware of the characteristics of the policy. Clearly, the suggestion from the above findings is that respondents might be aware of the policy existence for SASSA, but they do not know the realities or the practical details of the policy.

5.3 FINDINGS IN SECTION B

50% (10) of the total sample are aware of HIV/AIDS interventions/programmes to SASSA employees which extend to their dependants and their families and their families. 5% (1) of the respondents said that there is no HIV/AIDS support system for SASSA employees in place. 45% (9) of the respondents interviewed were not sure of any HIV/AIDS intervention programmes that cater for SASSA employees, their dependants and their immediate families.

Though 50% of the respondents interviewed are aware of the HIV/AIDS interventions to SASSA employees and their families, 70% of those respondents do not know and/or are not sure of how SASSA HIV/AIDS policy addresses co-factors like poverty and inequality whilst the remaining 30% confirmed that they know how poverty and inequality is addressed by SASSA HIV/AIDS policy.

60% of the study participants said that SASSA implemented training and awareness programmes concerning the management of HIV/AIDS in the workplace. 25% said that they do not know and/or are not sure if SASSA implemented the training and awareness programmes concerning the management of HIV/AIDS in the workplace. 15% of the respondents said that there are no training and awareness programmes concerning HIV/AIDS management in the workplace for SASSA-KZN.

Also, 45% of the participants said that they do not know and/or are not sure of the impact assessment of HIV/AIDS that has been conducted on SASSA workforce. 40% said “yes” there have been impact assessments of HIV/AIDS conducted by SASSA on its workforce and, 15% said “no” there has been no impact assessments of HIV/AIDS conducted by SASSA on its workforce.

5.4 FINDINGS IN SECTION C

80% (16) of the interviewees said that they were not aware/sure of the risk management interventions that are in place to cater for organizational disturbance. 5% (1) of the
respondents said that there was no risk management intervention at all for SASSA organization. 15% (3) of the respondents interviewed confirmed the existence of risk management intervention for SASSA organization.

The study found that 55% of the interviewed respondents could not describe the monitoring and evaluation criteria to SASSA’s interventions. The remaining 45% could describe the criteria and processes to monitor and evaluate SASSA’s interventions. The statistics disapprove or do not correlate with the findings of the 80% which suggested a high degree of ignorance about risk management intervention taken by SASSA to cater for organizational disturbance.

70% of the participants interviewed did not know and/or are not sure how HIV/AIDS has affected SASS in terms of costs of employee benefits, labour productivity, absenteeism and labour demand, whilst the 30% of the respondents was aware of how SASSA has been affected by HIV/AIDS in terms of employee benefits, labour productivity, absenteeism and labour demand.

5.5 FINDINGS IN SECTION D

75% (15) of the respondents interviewed know/were familiar with the concept of social responsibility. 25% (5) of the remaining respondents confirmed as not knowing/unfamiliar with the concept of social responsibility.

Whilst the study found that 75% of the respondents interviewed said that they were familiar with the concept of social responsibility, only 20% could define social responsibility, while the remaining 80% did not know and/or were not sure of the appropriate definition of social responsibility.

55% of the respondents said that SASSA-KZN has involved itself on social responsibility programmes. 20% said that SASSA-KZN has never involved itself on any social responsibility programme. 25% of the respondents said that they do not know/not sure of any social responsibility programme that SASSA-KZN has involved itself in.

5.6 CONCLUSION

In this chapter the researcher has attempted to interpret the responses from the study participants according to what the researcher loosely referred to as themes. As pointed out earlier, the main aim of this chapter was to make an assessment of responses based on key themes, and not so much to indicate strict thematic categories. The findings in this chapter suggest that SASSA-KZN is not without blemish. It is also clear from the findings that despite
some of the weaknesses, SASSA-KZN is socially responsible towards HIV/AIDS management.
CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

The aim throughout this study project was to evaluate social responsibility initiatives towards HIV/AIDS in the workplace, with special reference to the KwaZulu Natal South African Social Security Agency (SASSA-KZN). A questionnaire was used to obtain responses that ended up as an “analysis and findings” in Chapter Five.

As mentioned before this study did not mean to be exhaustive; it was a general overview aimed at stimulating a more intensive investigation at a later stage.

The analysis and the findings of this study confirm the necessity to mitigate HIV/AIDS by SASSA-KZN whilst still at an early stage. This will be appropriate whilst SASSA is still in its infancy. If not, SASSA-KZN will in the long run sustain big problems associated with the pandemic.

6.2 RECOMMENDATIONS BASED ON “COMPANY STRATEGY, POLICY”

It is recommended that SASSA-KZN builds a robust awareness and knowledge around HIV/AIDS. This is the first step for any organization which wants to reduce HIV/AIDS in the workplace. This could entail inviting outside experts on HIV/AIDS to offer information, inviting People Living with HIV/AIDS (PLWHA) to come to the organization and talk to employees about positive living. This exercise can enlighten SASSA-KZN employees about a lot of HIV/AIDS issues, including the consequences of irrational sexual behaviour which incurs costs for both the company and its employees.

It is also recommended that SASSA-KZN workplace policies on HIV/AIDS should fully involve employees in their formulation and implementation. Policies are often among the easiest responses to HIV/AIDS within a workplace. For all that to happen, SASSA-KZN should proactively regard HIV/AIDS as one of the key labour concerns.

Through its proactive workplace HIV/AIDS policies and programmes, SASSA-KZN will

- be able to update HIV/AIDS information to its employees;
- dismiss unfounded fears about HIV/AIDS, among its employees;
- conduct regular impact survey of HIV/AIDS on its operational system;
- promote harmonious workplace environment and culture that protects HIV-positive employees; and
encourage the formation of different wellness programmes for HIV-positive employees.

It is recommended that partnerships between employees, employers and trade unions should be established to implement effective HIV prevention programmes within SASSA-KZN. The involvement of trade unions will ensure that policies are consistent with the SA Code of Good Practice and uphold the core principles of human rights and non-discrimination, as well as the government’s HIV/AIDS strategy.

6.3 **RECOMMENDATIONS BASED ON “EMPLOYEE-RELATED PROGRAMMES”**

SASSA management should constantly conduct surveys to determine employee needs, through HIV/AIDS awareness, education and treatment programmes.

In view of the above viewpoint, SASSA should

- recognize the severe impact of HIV/AIDS within its workplace and in its areas of operation by implementing training and awareness programmes (e.g. condom distribution, behavioural change programmes, etc.);
- seek to develop and constantly do helpful community outreach programmes to reduce the negative socio-economic effect of HIV/AIDS on its employees and their fellow communities; and
- initiate funding for proper disease management and counselling for its HIV-positive employees and their dependants. This can be in the form of providing medical aid and antiretrovirals (ARV) for its employees including dependants and families of employees.

6.4 **RECOMMENDATIONS BASED ON “RISK MANAGEMENT, MONITORING AND EVALUATION”**

With regard to risk management, it is advisable for SASSA-KZN to conduct an institutional audit (a toolkit which is used by organizations to examine or to assess the effects of HIV/AIDS on, for an example, absenteeism or productivity.)

An institutional audit will give SASSA-KZN a strategic response to HIV/AIDS, as well as, systems to measure its impact in the workplace. In other words, an institutional audit will give SASSA-KZN an idea of costs, including AIDS-related costs which are calculated to provide an estimate of current costs and then projected to give an estimate of future costs.
An institutional audit will give SASSA-KZN a personnel outline that verifies susceptibility of employees to HIV/AIDS infection, the different skills and their levels within the organization, the characteristics and the strategic importance of those skills to the company. An institutional audit is recommended for SASSA again, as a cost-benefit tool to use for recruiting, selection, training and placement of its employees, more especially the highly skilled employees on whom the operational system of the organization depends.

It is also recommended that SASSA-KZN does forecasting to estimate the prevalence of HIV within its workforce. Through forecasting, SASSA-KZN can monitor infection trends over time within its employees. Forecasting can also help SASSA-KZN to identify increased risks of HIV infection. From the information gathered through forecasting, SASSA-KZN can set HIV policies, programmes and priorities. Through forecasting, SASSA-KZN can plan and evaluate prevention programmes.

Forecasting can be conducted in statistical techniques (for projecting continuing trends) or by human judgement methods (based on group decisions-making techniques) which are used to sort out the important and unimportant aspects of a problem.

6.5 RECOMMENDATIONS BASED ON “SOCIAL RESPONSIBILITY”

It is recommended that co-operation between the civil society, governments, and SASSA-KZN needs to be emphasized to address the problem of HIV/AIDS among neighbouring communities and companies. This is because, both SASSA-KZN and other sectors do not always have the financial and human resources available to individually address all aspects of the response to HIV/AIDS. Partnerships have the power to increase the resource base to raise the social responsibility programmes and services for communities.

It is recommended further that HIV/AIDS social responsibility programmes should be driven by SASSA employees and their fellow communities. Social responsibility is for SASSA employees and local communities and it is therefore essential that both SASSA employees and local communities “own” the process and its outcomes, because they understand their fate better and without this ownership, commitment will wane and SASSA will struggle to implement its social responsibility strategies.

It is also recommended that HIV/AIDS social responsibility programmes may be executed along the idea of peer education. This is because people respond better to HIV/AIDS programmes as peer groups because they share a common cultural and communal background, and therefore communicate efficiently.
6.6 CONCLUDING REMARKS

As mentioned in Chapter Five, this study is very general. This is mainly due to the fact that the researcher had to treat a wide variety of aspects connected with social responsibility towards HIV/AIDS. Therefore a study like this tends to be superficial and do not go deep into each aspect. Hence, this study should be taken as a discussion aimed at stimulating a more strong awareness and investigation into social responsibility towards HIV/AIDS among SASSA personnel managers.
REFERENCES


ILO (International Labour Office (2000) HIV/AIDS: a threat to decent work, productivity and development, GENEVA.


“Unemployment makes people most susceptible to HIV” by Dominique Herman, in The Mercury, 2006 June, 14.


bartonknotts@unaids.org

csi@absa.co.za

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Legislation:

Employment Equity Act 55 of 1998

Labour Relations Act 66 of 1995

Medical Schemes Act No. 131 of 1998

Mines Health and Safety Act 29 of 1996

Occupational Health and Safety Act No. 85 of 1993


Social Assistance Act, 2004 (Act No. 13 of 2004)


The Basic Conditions of Employment Act No. 75 of 1997

APPENDICES

APPENDIX A

ORGANIZATIONAL ESTABLISHMENT: SASSA-KZN REGION

REGIONAL OFFICE: KWAZULU NATAL

- SUB-UNIT: INTERNAL AUDITING
- SUB-UNIT: RISK MANAGEMENT AND COMPLIANCE
- SUB-UNIT: EXECUTIVE SUPPORT

- DEPARTMENT CORPORATE SERVICES
- UNIT: INFORMATION AND COMMUNICATION TECHNOLOGY
- DEPARTMENT: FINANCE
- DEPARTMENT: GRANTS ADMINISTRATION
ORGANIZATIONAL ESTABLISHMENT: SASSA-KZN REGION

REGIONAL OFFICE: KWAZULU NATAL

- SUB-UNIT: INTERNAL AUDIT
- SUB-UNIT: RISK MANAGEMENT AND COMPLIANCE
- SUB-UNIT: EXECUTIVE SUPPORT

ORGANIZATIONAL ESTABLISHMENT: SASSA-KZN

DEPARTMENT: CORPORATE SERVICES

- UNIT: HUMAN CAPITAL MANAGEMENT
- UNIT: LEGAL SERVICES
- UNIT: FACILITIES MANAGEMENT AND AUXILLARY SUPPORT
- UNIT: COMMUNICATIONS AND MARKETING
ORGANIZATIONAL ESTABLISHMENT: SASSA-KZN REGION

DEPARTMENT: GRANTS ADMINISTRATION

UNIT: OPERATIONS MANAGEMENT
UNIT: CUSTOMER CARE
UNIT: CONTRACT / VENDOR MANAGEMENT
UNIT: DISABILITY MANAGEMENT
UNIT: BENEFICIARY MAINTENANCE
APPENDIX B: RESEARCH QUESTIONNAIRE

A. Company Strategy, Policy

1. Does your organization have an HIV/AIDS policy for employees? .............................................

2. Has the policy been endorsed by Top management? .................................................................

3. Upon what core principles is your organization’s HIV/AIDS policy based? 
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4. What are the key components of the policy? ............................................................................
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Does the organization have a custodian who is responsible for the implementation of the policy? (Please supply details of the person and level of authority within the organization)
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Are employees and labour bodies actively involved in policy development and implementation? Please outline how .................................................................
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5. How does the policy fit into the government’s HIV/AIDS strategy? ........................................
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B. Employee-related programme

1. What support (funding) does your organization have to accommodate people with HIV/AIDS in the workplace? Does this support extend to dependants and families of employees? .................................................................................................................................
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2. How does your organization’s policy address HIV/AIDS co-factors such as poverty and inequality, what resources are allocated to these initiatives? .................................................................................................................................
3. Does your organization have an employee training and awareness programmes in place concerning HIV/AIDS management? (e.g. awareness programmes, counselling medical aid, ARV, behavioural change programmes, condom distribution etc)? If yes, is this extended to external stakeholders?

4. Has your organization conducted some research to assess the impact of HIV/AIDS on your workforce?

C. Risk Management, Monitoring and Evaluation

1. Has the organization identified its key HIV/AIDS issues (risks and opportunities)? How has each of these been quantified, and what interventions been put in place for each one?

2. Describe the monitoring and evaluation criteria and processes to your organization’s interventions.

3. How has HIV/AIDS affected your organization in terms of costs of employee’s benefits, labour productivity, absenteeism and labour demand?

D. Social Responsibility

1. Do you know the concept of Social Responsibility?

2. What is your understanding of Social Responsibility?

3. Has your organization, according to your knowledge involved itself on any programme which may be referred to as Social Responsibility?
4. If yes, outline those programmes ..............................................................
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5. If not, what could be the reason? ..............................................................
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