



DCES
Developmental, Capable
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MILITARY VETERANS' NEEDS ASSESSMENT REPORT

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**Stephen Rule, Yul Davids, Gregory Houston, Konosoang Sobane, Kombi Saussi, Johan Viljoen,
Namhla Ngqwala, Ngqapheli Mchunu and Cyril Adonis**

Human Sciences Research Council

Developmental, Capable and Ethical State Research Division

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List of Abbreviations

ADG	Acting Director General
ANC	African National Congress
APLA	Azanian People's Liberation Army
AZANLA	Azanian National Liberation Army
BDF	Bophuthatswana Defence Force
BMATT	British Military Advisory and Transformation Team
CDF	Ciskei Defence Force
CMV	Concerned Military Veterans
CPR	Certified Personnel Register
DMV	Department of Military Veterans
DoD	Department of Defence
DPME	Department of Performance Monitoring and Evaluation
FGD	Focus group discussion
HSRC	Human Sciences Research Council
LSWV	Liberation Struggle War Veterans
MK	uMkhonto we Sizwe
MKMVA	uMkhonto we Sizwe Military Veterans Association
MTSF	Medium-Term Strategic Framework
MV	Military Veteran
MVA	Military Veterans' Act (no. 18 of 2011)
MVD	Military Veteran Dependent
NDP	National Development Plan
NPC	National Planning Commission
NSF	Non-Statutory Forces
PAC	Pan Africanist Congress
PTSD	Post-Traumatic Stress Disorder
SADF	South African Defence Force
SAMHS	South African Military Health Service
SANDF	South African National Defence Force
SANMVA	South African National Military Veterans Association
SASSA	South African Social Security Agency
SDM	Service Delivery Model
SDU	Self Defence Unit
SRD	Social Relief of Distress
TDF	Transkei Defence Force
UDF	Union Defence Force
VDF	Venda Defence Force
WV	War Veteran
ZNLWVA	Zimbabwe National Liberation War Veterans Association

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Executive Summary

Introduction

In October 2020, the Department of Military Veterans (DMV) of the Republic of South Africa commissioned the Human Sciences Research Council (HSRC) to assess the current needs of military veterans (MVs) and military veteran dependents (MVDs). The assessment was necessary because no comprehensive research had hitherto been done to determine the extent to which the DMV has facilitated delivery and coordinated all activities that recognise and entrench the restoration of dignity and appreciation of the contribution of MVs to freedom and nation building in South Africa. Although much effort has been dedicated to achieving the delivery of such services in the past decade, a lot remains to be done. High profile protest activity by MVs added urgency to this research.

The Military Veterans Act (Number 18 of 2011) (MVA) places an obligation on the state to provide a range of services and benefits to MVs and MVDs. These include a military pension; housing; free access to military health services; free or subsidised access to public transport; skills acquisition and education support; job placement; burial support; entrepreneurial support services; and counselling. In addition, the objectives of the MVA are to:

- Establish a framework for the implementation of the national policy and standards governing MV affairs;
- Improve the quality of life of MVs and MVDs so they may realise their socio-economic progress; and
- Recognise and honour MVs in life and remember them in death for their sacrifices on behalf of the nation.

Aims and objectives of the study

The study aimed to interrogate the extent to which the needs of MVs and MVDs are being met in general, and with particular reference, but not limited to the services and benefits to which the MVA entitles them. In addition, the aim was to: (i) gain an understanding of who the key stakeholders of the department are, i.e., the military veterans and their dependents, (ii) what the real needs of these key stakeholders are, and (iii) whether the department is the correct mechanism to provide for these needs. It was envisaged that such an understanding would go beyond what is already known by delving deeper into these three critical areas.

Project implementation and methodology

The needs assessment was carried out in two phases between 2017 and 2021. In Phase One, a review was conducted of relevant reports and secondary literature, and new primary data was collected. In the desktop work done during Phase One of the needs assessment, several relevant studies conducted by academics in the 2000s were reviewed. The focus was on the conditions the military veterans were in, the challenges they faced, their most important needs, and recommended interventions. Desktop research was also conducted to review existing reports and relevant documents on the topic. To this end, the HSRC obtained copies of several documents, such as the Report of the Ministerial Task Team on Military Veterans (November 2009) and the Report on Study Tours by the Advisory Council (November 2018). The focus areas here were the same as those found in the review of relevant secondary literature.

The new primary data was obtained by means of in-depth interviews with officials in the DMV and key informant interviews with selected MVs, as well as focus group discussions (FGDs) with MVs and their dependents. The interviews and FGDs sought to determine: (i) the extent to which benefits have been or are currently being received by MVs; and (ii) the most urgent needs of MVs and MVDs. Interviews and FGDs were held with the latter in three provinces.

During this phase, primary data collection began with meetings and telephonic discussions with officials of the DMV, while interviews (see Appendix 1 for the research instrument) were conducted with five military veterans (one former member of the South African Defence Force (SADF); and one military veteran drawn from each of the non-statutory military formations – uMkhonto weSizwe (MK), the Azanian Peoples' Liberation Army (APLA) and the Azanian Liberation Army (AZANLA)); and two focus groups discussions were held, one with a mixed-gender group of military veterans from the non-statutory forces and the other with a mixed-gender group of military veterans from APLA, MK, the SADF and the South African National Defence Force (SANDF). Owing to the constraints of the COVID-19 pandemic, as well as current tensions between MV organisations and the resultant understandable hesitancy amongst MVs, these discussions were difficult to coordinate.

The second phase of the project comprised a survey of military veterans (see Appendix 3 for the survey instrument) with a focus on the three critical areas indicated in the aims and objectives above. A questionnaire was distributed to MVs and MVDs in all nine provinces. A total of 719 responses were collected, constituting a satisfactory response rate of 55% of the target, and a minimum of more than 30 responses from each of the nine provinces. In most cases, targets were not achieved owing to resistance from military veterans because of the ongoing tensions between their organisations and the DMV. Most of the 719 responses were from males (77%), while 14% were from females and 9% did not provide information on their gender. The

respondents were largely military veterans (86%), while 7% were dependents of veterans, and 7% did not indicate their status.

The survey respondents were affiliated with the full range of statutory and non-statutory forces, namely the SADF (23%), MK (22%), APLA (22%), AZANLA (19%) and the SANDF (7%), as well as the Bophuthatswana Defence Force (BDF), Ciskei Defence Force (CDF), Transkei Defence Force (TDF) and Venda Defence Force (VDF), with small numbers aligned directly to the African National Congress (ANC), Pan Africanist Congress (PAC) or a self-defence unit (SDU). The respondents had served in the various military forces starting in the 1960s (3%), 1970s (7%), 1980s (51%), 1990s (38%) or 2000s (1%). They served in all ranks, the largest proportions as privates, riflemen, corporals or lance corporals, and fewer as sergeants, warrant officers, lieutenants, commanders, captains, majors or colonels. Most (77%) of the respondents undertook their military service only within the borders of South Africa, while 7% served in South Africa as well as other countries, and 16% had been based in one or more other countries, especially Tanzania (8%), Angola (4%), Zimbabwe (4%), Namibia (3%), Botswana (3%), Lesotho (2%), Uganda (2%) and Zambia (1%).

Findings

The desktop research conducted during Phase One of the needs assessment looked at several studies of the needs of military veterans conducted by researchers during the 2000s, i.e., prior to the release of the Report of the Task Team on Military Veterans and the establishment of the DMV and passage of the MVA. These studies found that, among the MVs that participated in the research:

- many were poorly educated and were keen to acquire further education;
- many were unemployed;
- many were drawn to crime because of unemployment and unrealised expectations;
- many suffered from psychological problems while none had been provided with any form of professional psychological assistance by the state;
- most were in dire need of accommodation;
- the overwhelming majority had dependents; and
- many had attempted to start their own businesses.

Among the most important challenges faced by military veterans indicated in the literature were lack of skills; lack of recognition; lack of treatment for post-traumatic stress; lack of organisation in the sector; and lack of opportunities. The most pressing needs of MVs of the non-statutory forces were employment, housing, financial assistance and access to health care, while it was

found that most interventions suggested by MVs related to economic empowerment, ensuring recognition, providing psychosocial assistance and supporting strengthening the sector.

The analysis of relevant reports and documents during Phase One revealed that there had been recognition in official circles of the dire straits that many MVs were in by the end of the 2000s, and that the state should play a role of providing services and benefits to military veterans. The Ministerial Task Team on Military Veterans was motivated by the destitution in which former members of liberation armies were found to be living at that time. The Advisory Committee that toured Algeria, Namibia and Zimbabwe in 2018 found that these countries differed vastly in their definition of military veterans, the state agencies responsible for MVs, organisation within the sector, and the services and benefits provided to MVs.

The DMV's 2020-25 Strategic Plan signals the importance of a new Service Delivery Model (SDM) to be implemented in addressing the needs of MVs. The review of Annual Performance Plans indicates the department's priorities and goals for each year. For instance, the Annual Performance Plan 2020/21 includes a range of targets with respect to the provision of socio-economic benefits such as housing, compensation, pension, subsidised public transport, bursaries, access to health care services, and access to dedicated counselling services and treatment. However, the government's response to the Liberation Struggle War Veterans' Memorandum of Demands made on 22 December 2020 indicate a range of issues that MVs feel are relevant, including:

- the demand for payment of a R4,2-m gratuity to individual MVs from the former non-statutory forces in four tranches;
- a whole range of demands related to improved socio-economic benefits, including ring-fenced procurement allocations, land allocation, preferential job reservation, access to health care for the whole family, educational assistance, small business development, ring-fencing of 30% for companies of MVs of the former non-statutory forces, preferential access to mining licenses, and subsidisation of all transport;
- full access to Pension and Housing benefits;
- database verification, cleaning and enhancement;
- review of Military Veterans Act and Defence Act;
- restructuring of Department of Military Veterans;
- reopening of re-integration; and
- demands around heritage, including the repatriation of remains.

A wide range of views and perspectives were expressed by MVs during the Phase One data collection process. Primarily, the interviews and FGDs revealed that a high level of demand exists amongst MVs and their dependents for the services and benefits that are listed in the Military Veterans Act. This verified what is found in several academic research studies as well as official

reports of the DMV that are in the public domain. However, the interviews and FGDs revealed that MVs found:

- challenges with the roll-out of healthcare benefits in general, as well as with the provision of specialist healthcare in particular;
- challenges with regards to access to counselling;
- challenges with the provision of educational benefits;
- challenges with the provision of housing benefits;
- challenges with the provision of military pensions;
- challenges with the provision of business opportunities to MVs;
- challenges experienced in the process of integrating back into civilian society; and
- challenges with the repatriation of the remains of those members of the military forces who had died abroad.

MVs who participated in the research identified challenges in virtually every area in the mandate of the DMV. In addition, it was found that there was:

- dissatisfaction with the MV database processes;
- dissatisfaction with the apparently dysfunctional and chaotic way in which the DMV operates;
- dissatisfaction with the pace at which the DMV deals with requests for services and benefits;
- dissatisfaction with corrupt activities in the department, as well as in some military veterans' associations;
- dissatisfaction with the apparent bias of the DMV towards members of some military veterans' associations;
- dissatisfaction with of the DMV's lack of, or poor communication with MVs;
- dissatisfaction with the provision of services and benefits in some provinces; and
- dissatisfaction with the disunity prevailing between the eight existing organisations affiliated to the South African National Military Veterans Association (SANMVA).

The research for Phase One also identified several needs not included in the MVA, as well as a lack of awareness among MVs and MVDs of the benefits in the Act. The former includes bursaries for military veterans older than 36 years of age, funeral benefits for the dependents of military veterans, the expungement of the criminal records of military veterans and access to healthcare facilities other than military hospitals. The latter was demonstrated by statements made by some of the MVs who participated in the FGDs.

Research for Phase One also led to two other conclusions that are significant for the needs assessment:

- There are concerns among MVs about the way the two key stakeholders of the DMV, the MVs and MVDs, are treated differently in terms of service and access to benefits.
- Despite significant frustration felt by MVs about the DMV, and high levels of disgruntlement expressed often through protest action, there does not appear to be any alternative government agency envisaged to replace the department in the performance of the mandate assigned to it.

These findings provided a basis for the roll-out of Phase Two of the project that explored in greater detail the needs of military veterans. The questionnaire developed for this phase was guided by the findings. Among the key findings that arose from the analysis of responses to the questionnaire administered during the survey of 719 respondents conducted in Phase Two are that:

- Almost half (48%) of the survey respondents indicated that they or their dependents had received healthcare benefits. However, just 31% said that they had received financial support for their medical expenses, less than one in five (19%) had received financial support for out-patient treatment, and only 15% had ever received financial support for treatment in hospital. Almost two-fifths (39%) of the respondents indicated that they need medical aid for their dependents.
- Less than a third of the respondents (29%) had received a housing benefit. However, almost two-thirds (65%) of the recipients of houses said that they were either dissatisfied or very dissatisfied with the house. Less than a quarter (22%) actually expressed satisfaction. Amongst the majority (71%) who had not been recipients of a housing benefit, almost two out of five (39%) said that they had applied for housing but had not yet been told of the outcome of their application. Almost three-quarters (71%) of the respondents indicated that they or their dependents required other forms of housing support.
- Approximately one in eight (12%) respondents or members of their family had received financial support for studies at school or tertiary level. Almost two-thirds (62%) of the respondents indicated that they or their dependents require other types of education, training and skills support. Two-thirds (67%) of these indicated their desire for tertiary education of some type.
- A small proportion (3%) of respondents said that they had received training or financial support in starting or running a business. A large proportion (62%) indicated that they or their dependents required other business empowerment support.
- A small minority (5%) indicated that they were currently receiving counselling and treatment for a mental health condition. A further 11% said that they had previously received such counselling but that it was no longer happening. The majority (84%) had never been the beneficiaries of counselling.

- A small minority (4%) said that they had received financial compensation for an injury, trauma or disease. Almost one-third (31%) of respondents said that they or their dependents require other types of compensation for injury, trauma or disease.
- Just 4% of respondents said that they receive a regular monthly pension as a military veteran, while 96% said that they did not. Only 11% of the few that do receive military pensions said that it was adequate for their needs.
- Although subsidised public transport is a benefit that is envisaged in the MVA, but not yet provided, 2% indicated that they have received such a benefit.
- Almost 2% of the survey respondents said that they had received support for burial expenses.
- Just less than 1% had received support to cover the cost of a tombstone for a military veteran in their family.

The survey conducted in Phase Two has shown that of the ten specific benefits listed in the MVA, only two, namely health care and housing, have been provided at any scale. Even these benefits have reached less than half of the eligible households, namely 48% for health care and 29% for housing. In respect of the other eight benefits, much smaller proportions have actually reaped any advantage.

A concluding question in the survey was for any further comments about each of the benefits in order to assist the Department of Military Veterans to prioritise improvements. The three most common issues that emerged were that: (i) the inefficiencies, delays and inadequacies in the delivery of the prescribed benefits should be addressed and resolved; (ii) the dependents of military veterans should also be recognised as potential beneficiaries of the list of benefits prescribed in the MVA; and (iii) more adequate information about the benefits should be accessible in the public domain.

The survey also provided some useful data on some aspects of the current circumstances of the MVs and MVDs who participated in the study. This type of data is critical for developing an understanding of the extent of the need among military veterans for the existing benefits and services provided by the DMV in terms of the provisions of the MVA, or others that are not accommodated in the MVA. In addition, they are necessary for planning and budgeting.

- Just over half (51%) of the respondents had some secondary education, while 24% had completed matric, 13% had a degree or diploma and just over 4% had some vocational training. The rest (8%) had no formal education or only a few years of primary education. Thus, 59% of the respondents had not completed their schooling by obtaining a matric.
- Just over one in every ten respondents (11.6%) was in full-time employment, while more than one in every three (37.1%) was unemployed and still looking for work. Only slightly

more than 7% were employed part-time and just under 7% had casual or piece jobs. A mere 0.2% of the respondents were students or learners, while over one in every five (20.8%) were pensioners, permanently sick or disabled. Only 6.5% were self-employed.

- More than a third (34.4%) of respondents earned less than R1,000 a month, while a further 40% earned between R1,001 and R5,000 a month. Just under 8% had an average personal monthly income between R5,000 and R10,000 and a mere 4.4% of the respondents earned above R10,000 every month. About 6% don't know what they earn every month, and a further 9.4% refused to indicate their monthly earnings.
- Only 1% of the respondents considered themselves to be wealthy. Just over 3% felt they were very comfortable or reasonably comfortable. By contrast, just under a quarter (23.4%) said they were just getting along and under a third (31.4%) that they were poor. A significant 41% of the respondents considered themselves to be very poor. Thus, 72.4% felt that they were poor.
- The overwhelming bulk (50.4%) of respondents lived in township or RDP houses, while just under 10% lived in a backyard shack or room in a township and just under 8% in an informal settlement. Only slightly more than 17% lived in a suburban house, cottage, flat, apartment or townhouse. While 10% of the respondents lived in a rural area, 4.6% did not live in any of the types of residences listed above.
- Only 13.4% of the respondents lived alone, while 28% of them lived in a household with 2 adults older than 18 years of age. A further 21% lived in households with 3 adults and 18% with 4 adults living in the house. A total of 12% of the respondents lived in households with between 5 and 15 adults.
- While 17% of the respondents had no children living with them, about 29% had one child and another 29% had two children aged 18 years or less living in their household. A further 12% had three children and 6.6% had four children in their homes. Just under 7% of the respondents lived in households with between 5 and 18 children aged 18 years or less.

Conclusions

The study demonstrated that the MVs have been able to access some benefits they are entitled to in terms of the MVA, in particular healthcare and housing, but that limited support has been provided to them for every other benefit. There are several reasons given for this, including a poorly-performing department, corruption, favouritism, poor communication about benefits and services, and lack of knowledge of the benefits among military veterans. Added to this are several benefits that military veterans feel they, and their dependents, should be entitled to but are not accommodated in the MVA. This study clearly demonstrates that the needs of MVs and MVDs are not being met. In addition, the study has demonstrated the following:

- (i) *the key stakeholders of the department*: that the overwhelming majority of the military veterans who participated in this study have not completed their matric, are unemployed, pensioners, permanently sick or disabled, earn less than R5,000 a month, consider themselves to be poor, live in township or RDP houses, and live in households with between two and four adults and between one and two children;
- (ii) *what the real needs of these key stakeholders are*: that there is significant need among MVs and MVDs for every benefit and service listed in the MVA, benefits MVs are entitled to should be extended to MVDs as well, and the MVA should be amended and new regulations and/or programmes introduced to include other benefits that MVs and MVDs need which are not accommodated; and
- (iii) *whether the department is the correct mechanism to provide for these needs*: that there does not appear to be any alternative government agency envisaged to replace the department in the performance of the mandate assigned to it.

These conclusions and the findings of Phases One and Two formed the basis for recommendations for enhanced delivery of legislated benefits and several strategically focused research projects to follow the Needs Assessment study to enhance and expedite the delivery of such benefits.

Recommendations

Phase One recommendations

A series of different recommendations can be gleaned from the review of documentation and secondary literature, as well as interventions suggested by the military veterans interviewed for Phase One of the project: Among the key recommendations found in the secondary literature on studies of the needs of MVs conducted in the early 2000s were the following:

- encouraging MVs to make use of existing housing support schemes;
- establishing a veterans' bursary;
- establishing a veterans' education and training scheme to provide vocational training to former MK and APLA combatants;
- placing former combatants in various public works employment programmes and in employment in other state institutions, and introducing mechanisms to oblige or encourage private companies to employ former combatants;
- encouraging and supporting small business initiatives of military veterans;
- creating a land distribution programme for, and providing training and assistance to those former combatants interested in farming; and

- initiating a MVs' medical assistance programme to provide free and accessible healthcare to impoverished former MK and APLA.

In 2009, the Task Team on Military Veterans recommended the provision of benefits to MVs pertaining to pension, housing, health care, burials, education, employment placement, transport, compensation, business opportunities, and counselling. A month after the Task Team submitted its report, the DMV was established. In 2011, the MVA was passed, and regulations gazetted subsequently. These actions accommodated some of the recommendations made in the secondary literature and the report of the Task Team. Relevant recommendations that emerged from the Study Tour of the Advisory Committee in 2018 include:

- making a distinction between liberation and statutory MVs in respect of benefit eligibility;
- extending benefits to first generation dependents, but not second generation dependents;
- establishing rehabilitation centres and sanatoria for MVs nationally;
- paying pensions to war veterans as soon as possible; and
- establishing independent museums.

Areas where the department has indicated priority actions and proposed changes are found in various official documents. For instance, in its 2020-25 Strategic Plan, the DMV indicated that it plans to focus on six priority areas during the 2020 to 2025 period:

1. Strengthening governance and oversight protocols to give effect to the provisions of the Military Veterans Act.
2. To provide comprehensive support services to MVs and MVDs where applicable in respect of education, training and skills development, access to health support, acquisition of a health care and wellness centre, facilitation of employment placement, facilitation of or advice on business opportunities, subsidisation or provision of public transport, housing, compensation, pension and burial support.
3. Promotion of empowerment programmes for and of MVs.
4. Promotion of MVs' heritage, memorialisation and honouring.
5. Maintenance of the credibility and security of the national MV database.
6. Implementation of a high impact communication and marketing strategy and plan.

Suggested interventions made by MVs who were interviewed in Phase One of this needs assessment project include:

- implementing professional management and administration at the DMV;
- cleaning the database of MVs;

- improving implementation of the means testing system to enable better identification of MVs who are eligible for benefits;
- amending the MVA, particularly with regards to clarification of the definition of MVs and the status of MVs who died before 2011, and the eligibility of their dependents for housing and medical care;
- decentralising services so that they are not only available in Pretoria;
- improving the DMV's communication with MVs and MVDs;
- improving the capacity of provincial offices of the DMV that are incapable of dealing with all the problems that exist amongst the MVs in their areas; and
- implementation of service delivery to MVs and MVDs equally in all provinces.

The research conducted during Phase One of the needs assessment gave rise to the following preliminary recommendations:

- That the department consider developing a framework to facilitate delivery of services to address the needs of military veterans;
- That the department conduct a study to determine the demographics of MVs and MVDs.
- That the department consider conducting a study that identifies the factors that account for its effective performance in some areas, and those that lead to the failure to deliver in others.
- That the Department consider conducting research into mechanisms to alleviate poverty and bring about poverty reduction for indigent military veterans and their families.

Phase Two recommendations

Specific broad guidelines for each of the benefits are provided below to facilitate future development and implementation of policy. In each case, a series of workshops should be convened by the DMV with the relevant line departments responsible for delivery of the particular services concerned to strategise methods of streamlining access to the best possible quality of the benefits.

1. *Health care:* An urgent requirement is for the DMV to engage with the Department of Health in order to harmonise databases of eligible military veterans and dependents. A further critical need is to interrogate methods of improving access to medical facilities in poorly-serviced districts. Widespread and effective impact will be achieved by focusing resources on the treatment of the most common ailments that have been identified amongst the target group.

2. *Housing:* The DMV should engage with the Department of Human Settlements to harmonise databases of eligible military veterans and dependents. Applicants who have been waiting the longest should be prioritised without favouring members of any of the military veterans' organisations. Furthermore, the DMV should survey the perspectives of existing beneficiaries of housing with a view to extending dwellings of inadequate size and repairing defects that have emerged since construction of the houses.
3. *Education:* The Departments of Basic Education and Higher Education should be engaged and re-alerted to the specific needs of the DMV target group. The demand for education at the foundation, primary, secondary, FET and tertiary levels should be highlighted to the relevant directorates. The DMV database should be provided to these departments so that applicants for educational bursaries can be treated with the necessary urgency and professionalism to facilitate ongoing studies without disruption owing to delays in payment.
4. *Counselling:* The Department of Social Development should be engaged urgently to address the widespread demand for professional counselling. The DMV database should be made available to the DSD such that access to social workers and counsellors is streamlined and expedited.
5. *Burial support:* The DMV should provide clearer information about the nature of burial support that is offered to military veterans. The requisite human and financial resources should be budgeted for the DMV to be able to enhance the dissemination and quality of this benefit.
6. *Pensions:* The Department of Social Development should be given the opportunity to harmonise its database of pensioners with the DMV database to ensure that all eligible military veterans and dependents are registered to receive an Old Age Grant and/or Disability Grant, contingent on their individual age and disability status. Members of the military organisations for previous non-statutory forces should be prioritised.
7. *Compensation:* Clear guidelines on eligibility for compensation should be updated and disseminated to all military veterans. The DMV database should then be updated to note all incidences of medical conditions or personal histories that might constitute eligibility. The relevant screening should be done with assistance where necessary by the Departments of Health and Social Development to verify each case. Adequate budgetary provision should be made for the disbursement of compensation to eligible military veterans, and payments should be made with urgency.
8. *Memorialisation:* Clear guidelines regarding eligibility should be issued, with specifications for maximum disbursements. Guidelines should be disseminated to all military veterans.

9. *Transport:* The Department of Transport should be engaged to assess the feasibility of issuing a public transport pass for military veterans.
10. *Business support:* Clear guidelines should be formulated on the nature of business support that can be offered to military veterans and dependents. Budgetary constraints are likely to rule out business loans or subsidies. However, skills training in management, finance and bookkeeping should be offered by the relevant SETAs.

Recommended projects

- **Follow-up of Needs Assessment project – Co-ordination of State Support for Military Veterans project:** Given the high levels of need and low levels of access to many benefits by MVs identified in this needs assessment, it is proposed that a research project be conducted to develop a framework to facilitate delivery of services to address the needs expressed in the survey. It is anticipated that this will require a complex series of prioritisation exercises pertinent to specific categories of MVs and MVDs located in different regions of the country aimed at gauging the potential for collaboration in the roll-out of benefits for military veterans with other departments, including the Departments of Basic Education, Higher Education, Human Settlements, Health, Social Development and Transport (refer to Appendix 4 for more details).
- **Demographics of Military Veterans project:** Given the high levels of need and low levels of access to many benefits by MVs identified in this needs assessment, it is proposed that a research project be conducted to develop a demographic profile of the over 81,000 MVs on the DMV's database to enable it to plan and budget for the services and benefits it is required to provide to MVs and MVDs. Such a project would give rise to a scientifically sound quantitative profile on the department's key stakeholders in terms of age, gender, marital status, number of dependents, education level, education needs, employment status, income level, pension needs, business support needs, home ownership and need for housing, access to means of communication (cell phones, email, etc.), transport needs, health needs, compensation needs, memorialisation needs, etc. (refer to Appendix 5 for more details).
- **Model of Service Delivery project:** Given the high levels of need amongst MVs and MVDs and the high levels of dissatisfaction with the performance of the DMV amongst MVs identified in this needs assessment, it is proposed that a research project be conducted to develop the DMV as a model of service delivery. The aim of such a project would be to enhance the effectiveness of the department by reviewing its financial management practices; its mechanisms for public participation; its mechanisms for key stakeholder engagement; its mechanisms to ensure transparency and for dissemination of information to the public; its responsiveness to citizens' requests and to accountability

institutions; its institutional management and governance structures, personnel and financial resources, staff morale, and intergovernmental relations, as well as its oversight role; and its management of corruption, as well as the public's opinion of the department. This research will result in the identification of areas in which the department is performing effectively, areas where improvement is required, and recommendations to enhance the effectiveness of the department (refer to Appendix 6 for more details).

- **Poverty Alleviation and Reduction project:** Given the high levels of need and of poverty amongst military veterans, and low levels of access to many benefits by MVs identified in this needs assessment, it is proposed that a research project be conducted to develop a framework for poverty alleviation and reduction to bring the most destitute families of MVs out of poverty. Such a pilot study would focus on the needs of the families of 20 of the most disadvantaged military veterans in a particular part of the country to identify the most appropriate poverty alleviation and reduction measures for them, and to develop a framework to bring them out of poverty (refer to Appendix 7 for more details).

Introduction

1.2 Background

The Human Sciences Research Council (HSRC) was commissioned by the Department of Military Veterans (DMV) of the Republic of South Africa to assess the current needs of military veterans¹ (MVs) and military veteran dependents (MVDs). The HSRC is cognisant that the mission of the DMV is to facilitate delivery and coordinate all activities that recognise and entrench the restoration of dignity and appreciation of the contribution of MVs to freedom and nation building in South Africa. However, no comprehensive research has hitherto been done to determine the extent to which such delivery has taken place.

The Military Veterans Act (Number 18 of 2011) (MVA) places an obligation on the state to provide a range of services and benefits to MVs and MVDs. These include a military pension; housing; free access to military health services; free or subsidised access to public transport; skills acquisition and education support; job placement; burial support; entrepreneurial support services; and counselling. In addition, the objectives of the MVA are to:

- Establish a framework for the implementation of the national policy and standards governing MV affairs;
- Improve the quality of life of MVs and MVDs so they may realise their socio-economic progress; and
- Recognise and honour MVs in life and remember them in death for their sacrifices on behalf of the nation.

Much effort has been dedicated to the achievement of these aims in the past decade; but much remains to be done. The budgetary constraints of the state are a major factor impeding the dissemination of benefits. However, other complex technical issues such as the ongoing wishes of some MVDs to trace family members who never returned to South Africa and are presumed

¹ The current definition of a military veteran in the Military Veterans Act (MVA) (Act No 18 of 2011) is:

- Any South African citizen who rendered military service to any of the military organisations, statutory or non-statutory, which were involved on all sides of military conflict from 1960 to 1994;
- Or who served in the Union Defence Force before 1961.
- Or who became a member of the SANDF after 1994, and has completed his or her military training and no longer performs military service, and has not been dishonourably discharged;
- Persons who could not complete military training due to an injury sustained during military training or a disease contracted or associated with military training are also included.

The definition excludes individuals who were involved in non-military organisations that engaged in the lengthy anti-apartheid struggle for political freedom before 1994. Our project will engage with the definition to determine the feasibility for modification to include such persons.

to have perished abroad. In some instances, they are known to have died and their families are keen to exhume, repatriate and rebury the remains of their MV family members in South Africa.

High profile protest activity² by MVs adds urgency to this research. In recent years, groups of MVs and their dependents have approached government at the highest level to express grievances about their perceived marginalisation and impoverishment in spite of the provisions of the MVA. A group of members of uMkhonto we Sizwe (MK), the Azanian Peoples' Liberation Army (AZAPO) and Azanian National Liberation Army (AZANLA), which is known as the Concerned Military Veterans (CMV), has claimed that although they had sent letters to President Ramaphosa no assistance had been forthcoming to address their complaints. Inter alia, these grievances expressed in the letters include a perceived lack of access to military pensions, housing, vocational training and support for the exhumation of fellow cadres who had died in exile. The CMV said: "Despite having made sacrifices by contributing to the liberation of this country, we now often have to go begging to the Gift of the Givers and to SASSA (South African Social Security Agency) for food parcels".³ The group listed several demands:

- A procedurally fair integration of all qualifying MVs into the South African National Defence Force and other state departments;
- Accelerated implementation of service delivery in terms of the Military Veterans Act 18 of 2011 with all the listed 11 benefits, including database verifications and listing of all qualifying MVs' beneficiaries without fear, favour and/or prejudice;
- Linking MVs to business opportunities to access their designated 7.5% stake from the 30% to alleviate poverty and eradicate the dependency syndrome;
- An overhaul of the Department of Military Veterans' senior management staff and the institution of an independent and impartial board of inquiry to determine their fitness to hold public office, as well as a thorough investigation into alleged rampant mismanagement, abuse of authority, lack of accountability, fraud and corruption;
- Access to medical treatment facilities situated near all members; and
- The review of presidential pardon applications for all qualifying MVs.

1.2 Aims and objectives of the study

Accordingly, the aim of the project is to interrogate the extent to which the needs of MVs and MVDs are being met in general, and with particular reference, but not limited to the services and

² *The Citizen*, 18 November 2019; *Daily Maverick*, 5 November 2020; *News24*, 6 January 2021; *News24*, 2 March 2021.

³ *The Citizen*, 18 November 2019.

benefits to which the MVA entitles them. Thus, in addition to what is already reflected in earlier studies about the needs of military veterans and concerns raised by military veterans about the performance of the department, the study aims to: (i) gain an understanding of who the key stakeholders of the department are, i.e. the military veterans and their dependents; (ii) what the real needs of these key stakeholders are; and (iii) whether the department is the correct mechanism to provide for these needs. Such an understanding required going beyond what is already known to delve deeper into these three critical areas.

1.3 Project implementation and methodology

The project comprised two phases. Phase One entailed a review of relevant reports and literature and the collection of new primary data. The new data was obtained by means of in-depth interviews with officials in the DMV and key informant interviews with selected MVs, as well as focus group discussions (FGDs) with MVs and their dependents. The interviews and FGDs were conducted using guidelines (Appendix 1) that sought to determine:

- (i) the extent to which benefits have been or are currently being received by MVs; and
- (ii) the most urgent needs of MVs and MVDs.

The second phase of the project, which comprised a survey of military veterans, focused on the three critical areas discussed above. The key methodology used was a survey of military veterans and their dependents across the nine provinces. The intention was to distribute the survey to as many MVs and MVDs as possible in order to generate sufficient responses to facilitate scientific conclusions. The ideal method would have been to select a systematic random sample from the MV database, arranged in a predetermined sequence such that all MVs had an equal probability of being selected. In order to ensure that the realised sample of the 82,168 MVs would be of sufficient magnitude to be 99% confident of being within a 1,5% confidence interval of the views of the total population of MVs, information was required of the provincial, military force type, gender, geographic type (urban/rural) and population (race) group distribution of MVs on the database. The DMV was able to provide information about the provincial and military force type distribution of registered veterans on its database. Owing to the provisions of the Protection of Personal Information (POPI) Act, however, the HSRC was prevented from obtaining access to the DMV database, as well as the contact details of persons listed in it.

The best practical method of obtaining a survey sample was therefore to tap into the personal networks of military veterans based in each province. The HSRC, with guidance from the DMV, therefore appointed a military veteran in each province to serve as a fieldworker in that province. The appointees were former members of various military organisations, which was aimed at

ensuring representativity. Following their appointment, an HSRC researcher met with each fieldworker to brief them on the process required. Each fieldworker was asked to make contact with their networks of military veterans within a radius of about 100 kilometres of their home, and to distribute hard copies of the questionnaire for completion by the military veterans and dependents (one respondent per household) from November 2021 to February 2022. The target number of responses was 200 in each of the four most populated provinces (Gauteng, KwaZulu-Natal, Eastern Cape, and Western Cape) and 100 in each of other five provinces (Limpopo, Mpumalanga, Free State, Northern Cape, and North West). Completed responses were collected by the fieldworkers and dispatched to the HSRC for electronic data capturing. In most cases, targets were not achieved owing to resistance from military veterans because of the ongoing tensions between their organisations and the DMV. Nonetheless, a total of 719 responses were collected, constituting a satisfactory response rate of 55% of the target, and a minimum of more than 30 responses from each of the nine provinces. The analysis in this report is only at a national level and should not be disaggregated to provincial level owing to the relatively small numbers realised in some provinces.

Table 1: Distribution of survey respondents by province (N=719)

	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	Total
Female	45	2	5	8	6	17	5	1	12	101
Male	79	29	86	89	30	78	44	22	93	550
Unspecified	26	2	9	3	3	4	7	12	2	68
Total	150	33	100	100	39	99	56	35	107	719

Most of the 719 responses were from males (77%), while 14% were from females and 9% did not provide information on their gender.

Table 2: Distribution of respondents by military organisation

	SANDF	MK	AZANLA	SADF	APLA	BDF	ANC	CDF	TDF	VDF	PAC	SDU	Unspecified	Total
N	52	157	139	167	160	14	8	1	4	2	3	4	8	719
%	7.2	21.8	19.3	23.2	22.3	1.9	1.1	0.1	0.6	0.3	0.4	0.6	1.1	100.0

The respondents were mainly actual military veterans (86%), while 7% were dependents of veterans, and 7% did not indicate their status. They were affiliated with the full range of veterans' organisations, namely SADF (23%), MK (22%), AZANLA (19%), APLA (22%) and SANDF (7%), as well as the BDF, CDF, TDF, VDF, with small numbers aligned directly to the ANC, PAC or an SDU. The respondents had served in the various military forces starting in the 1960s (3%), 1970s (7%),

1980s (51%), 1990s (38%) or 2000s (1%). They served in all ranks, the largest proportions as privates, riflemen, corporals or lance corporals, and fewer as sergeants, warrant officers, lieutenants, commanders, captains, majors or colonels. Most (77%) of the respondents undertook their military service only within the borders of South Africa, while 7% served in South Africa as well as other countries, and 16% were based in one or more other countries, especially Tanzania (8%), Angola (4%), Zimbabwe (4%), Namibia (3%), Botswana (3%), Lesotho (2%), Uganda (2%) and Zambia (1%).

Table 3: Distribution of respondents by age group and military status (% of total (N=719))

Veteran Status	Unstated	20-40	41-50	51-60	61-70	71-91	Total
Military Veteran	4.5	0.6	27.5	37.8	11.4	3.9	85.7
Dependent Status	0.4	1.1	1.5	1.8	1.0	1.1	7.0
Status unstated	5.6	0.0	0.6	1.1	0.1	0.0	7.4
Total	10.4	1.7	29.6	40.8	12.5	5.0	100.0

Most of the respondents were in the 51 to 60 years (41%) or 41 to 50 years (30%) age groups, with smaller proportions either older (18%) or younger (1%). Ten percent did not provide their age.

Phase One

2.1 Literature and document review

In order to inform the needs assessment, it was essential to review existing reports and literature on the topic. The brief review of relevant literature below focuses on the conditions the military veterans were in, the challenges they faced, their most important needs, and recommended interventions.

2.1.1 *Relevant secondary literature*

Several studies were conducted in the 2000s prior to the passage of the Military Veterans Act. These studies drew attention to the specific challenges faced by MVs and their needs. The first of these, a study published in 2001 by Liebenberg and Roefs conducted among demobilised soldiers from the SANDF, provides useful insights into the conditions and needs of ex-combatants at the time. A survey was conducted among 307 ex-combatants, including 154 (50%) former members of MK, 50 (16%) former members of APLA, 43 (14%) former members of the SADF and 15 (5%) former members of SDUs. By far the majority of respondents were black, male, less than 40 years old and former MK soldiers. The study found that:

- 14% of the demobilised ex-combatants had a tertiary educational qualification, 26% had completed Grade 12, 35% had a Grade 9 to 11 education, 14% had an education between Grades 6 and 8, and 11% had completed Grade 5 or less;
- 3% were studying at a technikon at the time the survey was conducted, 27% were being trained for a skill, 10% were employed full-time, 13% were employed part-time, 6% were self-employed, 37% were unemployed and looking for work, 2% were unemployed and not looking for work, and 1% were unemployed and unfit to work;
- 88% were interested in receiving further training that would enable them to become self-employed, 7% were somewhat interested in receiving such training, 3% were uncertain, and 2% were not interested.⁴

A study Gear conducted in 2002 among ex-combatants of MK provides some insight into the conditions at the time of members of non-statutory forces who were demobilised. Although not reflective of the conditions of all or most of the MVs of the non-statutory forces, the study into the conditions of these MVs draws attention to conditions facing the most destitute veterans. The study is based on a series of in-depth interviews and focus groups with former members of the SADF, MK, APLA and SDUs. The study reached the following conclusions:

⁴ Liebenberg, Ian and Roefs, Marlene, (2001), *Demobilisation and its aftermath II: Economic reinsertion of South Africa's demobilised military personnel*, Monograph.

- Many former combatants were drawn to crime because of unemployment and unrealised expectations.
- Many former combatants were concerned about high levels of domestic violence, relationship difficulties, substance abuse, and suicide and felt that they would benefit from professional support.
- None of the respondents had received any form of professional psychological assistance. The only support that a minority of respondents (amongst MK/SDU respondents) received was through the generosity of a few individuals in their communities who acted in their own capacity in an attempt to assist the ex-combatants.⁵

A similar study published in 2003 by Mashike and Mokalebe conducted among MK and APLA members who had been demobilised found that:

- 39% of ex-combatants interviewed lived with their parents, just under 14% lived in rented accommodation, and just under 39% had their own accommodation, which was mostly shacks;
- Just over half were not married, over a third were married, and just under 5% were widowed or divorced;
- 77% had at least one child, 23% had only one child, 26% two children, close to 16% had three children, 12% had four children or more, while 23% had no children;
- 26% had completed Grade 12, close to 60% had not completed Grade 12, 26% had completed Grade 10 and a diploma, 2% had a postgraduate degree or diploma;
- 33% had received some form of educational or skills training opportunities while serving in MK and APLA, 61% were eager to pursue further education, and 34% were not interested in studying further owing to old age, ill health, lack of interest or lack of sufficient schooling foundation;
- 66% were unemployed, 9% were directly dependent on some form of pension or government grant, 3% were supported by family or friends, 16% were involved in income generating projects, such as waged/salaried employment or as entrepreneurs, and a very small minority were engaged in volunteer work or enrolled as students.
- 7% were in waged or salaried employment in the formal sector, 46% had made efforts to start their own businesses, 48% had not considered the entrepreneurial option because of limited skills and access to resources, and 9% were running their own businesses, with a relatively even split of location within the formal and informal sectors in fields such as catering, construction, transport, selling groceries, liquor and agricultural products, cutting hair, hawking and providing security services; and

⁵ Gear, Sasha, (2002), “Wishing Us Away: Challenges facing ex-combatants in the ‘new’ South Africa”, *Violence and Transition Series*, Volume 8, Centre for the Study of Violence and Reconciliation.

- 38.7% suffered from psychological problems.⁶

Finally, a 2009 study by Bandeira conducted among individuals who worked within organisations addressing the needs of MVs of the non-statutory forces as well as ex-combatants concluded that:

...the most pressing challenges facing ex-combatants are: lack of skills; lack of recognition; and isolation. Both internal factors, (such as ex-combatants not being healed or being stuck in self-destructive cycles; poor self-image; poor relationship skills; inability to set personal goals and plans to achieve these; not acknowledging that they are wounded; anger; post-traumatic stress symptoms; and the inability to see opportunities) and external factors (such as lack of organisation in the sector; lack of opportunities from government; different stakeholders viewing ex-combatants as the sole responsibility of the Department of Defence; and the patriarchal nature of the society) were identified that prevent ex-combatants achieving their goals. When asked what interventions were needed for ex-combatants, most mentioned interventions related to economic empowerment, creating recognition, psychosocial assistance and support in strengthening the sector.⁷

The most pressing needs of MVs of the non-statutory forces, according to Bandeira, were employment, housing, financial assistance and access to health care. One of the consequences of these challenges was that they feel they have no other option but to turn to crime. Women MVs of the non-statutory forces had the same needs of their male counterparts, but were also concerned about the welfare of their children, other ex-combatants and domestic violence and prostitution.⁸ These MVs also recognised the need for psychosocial treatment, and their main areas of concern included: suicide; trauma; depression; lack of hope; anger; alcohol abuse; and relationship problems.⁹

2.1.2 Relevant documents

The HSRC obtained copies of several documents, the contents of which are briefly summarised in this section to establish the background and context for this research on the needs of MVs and MVDs. The summaries of relevant documents are given here in chronological sequence of their publication in order to trace the succession of policy developments. The focus areas here were the same as those found in the review of relevant secondary literature, i.e., the conditions the

⁶ Mashike, Lephophotho and Mokalobe, Mafole, (2003), 'Reintegration into Civilian Life: The case of former MK and APLA combatants', *Track Two*, Vol. 12, Nos. 1 and 2, September, 8-38.

⁷ Bandeira, Monica, (2009), 'Ex-combatants in South Africa: how to address their needs', *Intervention 2009*, Volume 7, Number 1, p 62.

⁸ Bandeira, 'Ex-combatants in South Africa', p 63.

⁹ Bandeira, 'Ex-combatants in South Africa', p 65.

military veterans were in, the challenges they faced, their most important needs, and recommended interventions.

2.1.2.1 Report of the Ministerial Task Team on Military Veterans, November 2009

More than a decade ago, a confidential report was compiled by the Task Team on MVs to recommend policies on how to support MVs, eligibility for benefits, and administrative structures. The report utilised best practice examples from the United States and Algeria as guidelines. An underlying motivation for the report was the destitution in which former members of liberation armies were found to be living at that time, in some cases as a consequence of perceived unjust dismissals during the phase of integration of all forces into a unified SANDF. Once-off demobilisation payouts were found to have been inadequate to sustain livelihoods. The report indicated the disjointed processes of accessing benefits owing to inadequacies of the then Military Veteran Affairs Act, no. 17 of 1999. It was pointed out that the Department of Defence and Military Veterans had a budget that limited its functionality to administrative activities, but with no provision for the distribution of actual benefits. Additionally, the SANMVA established in 2008 was not yet recognised in the Act.

The Departments of Human Settlements, National Treasury, Social Development, Arts and Culture, Public Works, Water Affairs and Forestry, and the Department of Defence's Services Corps each held responsibility for a specific MV benefit. The report signalled that the needs of MVs of former liberation armies differed from those of former statutory security forces, as well as those of future MVs of the SANDF (p.8), and that 'individuals whose degree of involvement made them sacrifice more must get more assistance from government' (p.9). Benefit policies pertaining to pension, housing, health care, burials, education, employment placement, transport, compensation, business opportunities, and counselling were proposed. The intention was that a newly constituted DMV would be tasked to coordinate and ensure implementation of benefits. Proposals were also made for the establishment of an Appeals Board, Advisory Council, and a National Veterans Association.

2.1.2.2 Military Veterans Act, No. 18 of 2011, Government Gazette 5th December 2011, vol. 558 No. 34819

The next milestone was the gazetting of a new Military Veterans Act in 2011. The Act makes explicit mention of eleven benefits for MVs, as follows: compensation for sustained disabling injuries, trauma or disease resulting from participation in military activities; dedicated counselling; honouring and memorialisation; education, training and skills development; facilitation of employment placement; facilitation of or advice on business opportunities; subsidisation or provisioning of public transport; pension; health care; housing; and burial

support. The DMV is, inter alia, required to provide administrative services and infrastructure to an Advisory Council and Appeals Board; establish and regularly update a database of MVs; submit programmes for MVs for Cabinet approval; and negotiate and establish Memoranda of Understanding (MoUs) with any other department or organ of state relating to benefit distribution. The DMV is obliged to establish an association to represent MVs' organisations nationally, to conduct its affairs in a free, fair and transparent manner, and report at least annually to the Minister. The Advisory Council is required to comprise 10 to 15 members (50% of whom are MVs), to serve terms of renewable five-year terms, with relevant knowledge to advise the Minister and to initiate or make recommendations pertaining to MVs. The Appeal Board is required to consider any appeal lodged by a MV against any decision taken in terms of the Act which adversely affects the rights of the MV, and to make decisions related thereto.

2.1.2.3 Military Veterans Benefits Regulations, Government Gazette 19 Feb 2014 vol. 584 No. 37355

In order to implement the MVA, the technical regulations were published in 2014. A MV convicted of rape, murder, robbery, theft or high treason committed after 27 April 1994 is disqualified from receiving any benefits. To receive compensation or counselling and treatment for injury, trauma or disease resulting from participation in military activities, a medical assessment must be conducted at a public or private health care facility. The payment amount must be approved by the Minister and paid within three months of approval. An unemployed MV qualifies for facilitation of employment placement after submission of a CV and supporting documents. Existing and potential business entities owned or partially owned by MVs qualify for facilitation of business opportunities by means of information, training, funding, market linkages, and skills transfer. A 100% subsidy on public transport is available to an unemployed MV with an income of less than R125,000, and the DMV may issue an appropriate card or voucher for this purpose. Health care is available to an MV if unemployed, or not covered sufficiently or at all by an employer's medical aid subsidy. A MV qualifies for a housing benefit not exceeding R175,000 if unemployed or employed with an annual income of less than R125,000. The proviso is that he/she or his/her spouse does not own or has not previously received a housing benefit from the state. Burial support of up to R25,000 is available to a MV not employed by the state or on a state pension or employed with an annual income of less than R125,000. A completed application form MVBR-01 for any benefit must be accompanied by original identity documents of the MV and spouse, where applicable, proof of spousal relationship, birth certificates of MVDs, and where applicable, a MV identity card.

2.1.2.4 Report on Study Tours by the Advisory Council, November 2018

The findings of a study tour by members of the Advisory Council to Algeria (Dr Snuki Zikalala, Ms Dudu Phama, Mr Ntsikelelo Kwezi), Namibia (Dr Pumza Dyantyi, Mr Obbey Mabena, Col Papi

Kubu, Ms Twala) and Zimbabwe (Mrs Thandi Lieta, Mr Andile Apleni, Brig-Gen-retired Mbulelo Fihla) during November 2018 made several findings of pertinence to MVs in South Africa. All three countries had lengthy histories of colonisation and freedom struggles.

In Algeria, members of the Mujahidin retained this status after joining the National Defence Force. The opposing French forces all returned to France and are not regarded as war veterans in Algeria. The Mujahidin Act and Ministry of Mujahidin facilitate an Association of Liberation War Veterans and maintains a database, and each registered member is issued with a certificate and unique ID number. All government departments have access to this database. There are also organisations for children of war veterans, orphans of the liberation war, and an Association of Political Activists who were never exiled. Members are provided with free housing, health benefits (rehabilitation centre, free hospital treatment), business support, universal free education, pensions, public transport, and separate graveyards. There are still demands from war veterans, including that their dependents run the affairs of the Mujahidin. Female members were only listed in the database sometime after the independence of Algeria.

In Namibia, veterans are defined as 'members of liberation forces' excluding those who deserted the liberation struggle. After independence in 1990, the government embarked on eight projects to reintegrate and resettle war veterans and refugees. These were registration, education and training grant, housing, individual veterans' projects, resettlement, financial assistance, medical assistance, and funeral grant and tombstone erection. The Office of Veteran Affairs established in 2006, and the Department of Military Veterans reside in the Office of the Vice President. Local government offices distribute benefits. The benefits entail monthly financial assistance for veterans with incomes of less than N\$36 per annum; once-off gratuities of N\$50k for veterans whose activities began in 1959 or 1987, and N\$20k for those who started in 1988; and an improvement welfare grant. Housing valued at N\$500k (110m²); medical assistance and counselling; business projects (maximum N\$200k); higher education for veterans and dependents aged under 22 years on application; funeral and tombstone erection (N\$10k) are among the other benefits.

The Zimbabwe National Liberation War Veterans Association (ZNLWVA), established in 1990, gave impetus to the enactment of the War Veterans Act in 1992. Compensation provided to veterans after independence in 1980 was not sustainable to meet WV needs. Until 1997, the Department of Defence managed war veteran affairs. Thereafter, the Department of War Veterans was formed, and is run and controlled politically and administratively by war veterans. An Investigation and Vetting Inspectorate ensures stringent verification of applications such that only bona fide liberation war veterans are registered and allocated a war veteran number and a pension number. A Management Committee of knowledgeable WVs was established to prevent many bogus applications and to consider appeals against decisions. The War Veterans Act

provides for a War Veterans Fund and War Veterans Board to maintain the register, hear appeals and complaints, and prepare budgets. Former Rhodesian Security Force members are not beneficiaries, except for a scheme under the War Victims Act. Members of the Zimbabwe National Defence Force are not considered war veterans if they were not in the liberation war pre-independence. Benefits for war veterans are memorialisation, health care, business empowerment, education and skills training for WVs and dependents, pensions (reduced to 55% for surviving spouse), burials, interest-free loans, and grants. Power Zimbabwe Pty Ltd is a special purpose vehicle to promote business activities for WVs, with JV endeavours currently in energy, mining, commodities, infrastructure development and agriculture.

Recommendations that emerged from the tour were (Algeria) that differentiation between liberation and statutory MVs should be made in respect of benefit eligibility; benefits should extend to first generation dependents, but not second generation; rehabilitation centres and sanatoria for MVs should be established nationally; independent museums should be established; pensions should be paid to war veterans as soon as possible; (Namibia) there should be regional cooperation between war veterans in SADC countries; and (Zimbabwe) bilateral trade and heritage agreements pertaining to MVs should be signed.

2.1.2.5 Progress on cleaning the DMV database, February 2020

On 6 February 2020, the Acting DG of the DMV (Lt Gen (Ret) D.M Mgwebi) presented an update on the cleaning of the DMV database to the Joint Standing Committee of Defence, following a previous presentation to the Committee on 31 October 2019. Whereas during the 1994 Integration Process the lists of membership of the various MV organisations were submitted and combined into the CPR list, other MVs raised their concerns in 2003 about being omitted from this list. For this reason, an opportunity was created to supplement the list with the missing names on the basis of three affidavits to corroborate the bona fide status of the applicant. Once again, subsequent to the establishment of the DMV and passage of the MVA in 2011, there were many more requests from non-statutory force (NSF) MVs to be included. The DMV then started to verify the bona fides of NSF MVs who had been neither integrated nor demobilised in 1994. It was discovered that the Department of Defence's (DoD) records contained many inconsistencies and errors in personal details and misalignments between MVs and MVDs. The DMV worked with the DoD and MVs to update the records, and with SANMVA to improve the communication strategy. The cleansing of the database entailed categorisation of MVs into either SADF conscripts or career soldiers, categorisation of the SADF battalions, and checking of service certificates that were not signed by mandated signatories. It was decided to establish a DMV Verification Committee, with plans, timelines and capacity requirements. The Portfolio Committee on Defence and Military Veterans was briefed on the Integrated Database Management System and ongoing interaction with SITA to ensure procurement of the tool. The DMV is testing the current

tool and the procurement process with SITA. The utilisation of the DoD ICT infrastructure and application system is being investigated; discussions are being held with Armscor's Cyber Security division; engagement with the Department of Home Affairs is ongoing; the filling of strategic positions is underway; and the data cleansing process is progressing as per timelines indicated in the table.

Table 4: Timelines for database cleansing process

Activity	Resource	Date	Status
The memorandum requesting DMV personnel to access the DoD records was signed By the Acting Director General (ADG) of DMV and submitted to Chief of South African Defence Force (SANDF)	DMV A/ DG	08 th August 2019	
Of the master list provided by the DoD of over 76 000 analysed records to identify and review gaps on the DMV Database is underway	BSS Team	Ongoing	
36 000 was identified as fully populated with accurate data (47%)			
44045 was send to DoD for Cleansing on the 22 Aug 2019			
38 638 was checked and updated (98%) upon			
The Project scope, approach and the high level Project break down structure presentation was presented to the Ministry for further advice	BSS Director	23 rd August 2019	
DMV DoD Data Cleansing Project Kick off meeting and discussion of the project expectations, milestones was held	DMV BSS & DoD DHRSS team	43710	
Preparations of the files, Printing of the labels to generate files and numbering in preparation of the DMV filing Process has commenced	DMV BSS team	43711	
Information Categorisation attributes were discussed with DoD team	Joint Project team DoD & DMV	43712	
80 000 records were submitted to DHA for comparing with the Population Register. Future collaborated efforts on information sharing systems were discussed	BSS Dir & A/ GITO	43719	
Check and align records from DoD	BSS team	Ongoing	
Benchmark exercise on digital Security and integrated Tool prototype analysis was conducted	BSS Dir & A/ GITO	43720	
A formal DMV, DHA , DoD, Armscor, SITA discussions on possible technological collaborations are being arranged	BSS Dir & A/ GITO	43770	
The plan to formalise the MoU and SLAs between DMV, DHA , DoD, Armscor, SITA is underway	DMV and DHA teams	43770	
Review Database records against Benefits dispensers lists to identify any anomalies. Also use the work done on the military Veterans that benefited	BSS Dir & Team	43770	
BSS Archiving project – This is an activity of creating archiving sequence of the files.	BSS Dir &Team	Ongoing	
Identify the secured space			
Merge and Sort the different lists to come up with one cleansed, credible and secured database	A/ Gito and team	Ongoing	
Finalise all Verifications instruction, Terms of Reference and the Framework Documentations for ADG Sign off.	BSS Dir & A/ DDG	End October 2019	
Sort all outstanding 4108 files; check attachments; DMV filled form; ID document; certificate of service from MVA; military biography; v3 affidavits	Verification Committee	End October 2019	
Check applicant was older than 15 years in 1994; military training pre-94; training course; colleagues trained with; commanders pre-94; operations experience; formal work experience; reasons for not integrating.	Verification Committee and the BSS team	Ongoing	

Approval/ Disapproval of applications; capturing of approved applications; consolidation of reports learnt presented to Review Committee; project closure.	Verification Committee and the BSS team	November 2019 – March 2020	
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2.1.2.6 Department of Military Veterans, Strategic Plan 2020-2025

In her introduction of the department's 2020-25 Strategic Plan, Minister of Defence and Military Veterans, the Honourable Ms Nosiviwe Mapisa-Nqakula, signals the importance of a new Service Delivery Model (SDM) to be implemented in addressing the needs of MVs. To this end, the Director-General of the department, Lieutenant-General (retired) Mgwebi indicates the critical focus on enhancing inter-governmental protocols, guided by The Public Administration Management Act (no. 11 of 2014), in order to facilitate 'a seamless transition from active military duty to civilian life' (p.7). The report invokes relevant sections of the Constitution pertaining to human dignity, access to property, housing, health care, education, information held by the state, justice and transparency, and range the legislation and policies insofar as they relate to MVs. The DMV confirms its vision of 'a dignified, unified, empowered and self-sufficient MV's community' (p.18), comprising in March 2020 of a total of 80,778 individuals as listed in the table that follows.

Table 5: Number of military veterans by provincial distribution and military force, March 2020

PROVINCE	SADF	SANDB	MK	APLA	TDF	BDF	CDF	AZANLA	UDF	VDF	Total
Gauteng	12225	5164	4350	1911	103	187	22	136	80	21	24199
Western Cape	8018	2567	585	288	58	5	31	48	86	0	11686
Eastern Cape	1880	785	1527	614	1645	70	715	66	42	2	7346
KwaZulu-Natal	3009	1269	2414	173	71	2	5	37	17	1	6998
North West	2543	856	558	351	7	1201	9	17	14	2	5558
Free State	3244	1014	454	219	32	114	7	69	12	0	5165
Northern Cape	3519	858	287	117	6	79	7	13	27	0	4913
Limpopo	2572	829	792	220	3	4	0	95	30	227	4772
Mpumalanga	1863	597	593	108	3	2	1	5	10	0	3182
Outside South Africa	170	30	11	4	0	0	0	0	0	0	215
Unknown	2403	835	1902	1279	52	130	18	92	12	21	6744
Total	41446	14804	13473	5284	1980	1794	815	578	330	274	80778

The largest concentration of 41,446 MVs is in Gauteng, comprising 30% of the total. A further approximately one-third of MVs are based in three other provinces: Western Cape (14.5%), Eastern Cape (9.1%) and KwaZulu-Natal (8.7%), with another 29% spread across the other five provinces, 8% whose whereabouts is not known, and 0.3% outside of South Africa. More than half of the MVs (51.3%) are former members of the statutory SADF. The other major groupings are the post-1994 SANDB (18.3%), MK (16.7%) and APLA (6.5%). The smaller groupings comprise former members of the 'homelands' forces of Transkei (TDF), Bophuthatswana (BDF), Ciskei (CDF) and Venda (VDF) (total 6%), AZANLA (0.7%) and the Union Defence Force (UDF) (0.3%). The largest group within each province is former SADF MVs, ranging from 71.6% of MVs in the Northern Cape to 25.6% of MVs in the Eastern Cape. Most (79.1%) of the MVs outside of the country are also former SADF members. Across the provinces, the relative proportions of each

grouping vary, with MK making up more than one-third of MVs in KwaZulu-Natal. Members of the former homeland forces tend to be most concentrated in the provinces where these homelands were previously located, namely Eastern Cape (TDF and CDF), Limpopo (VDF) and North West (BDF). Former statutory force members comprise more than three-quarters (76.1%) of MVs, while the remaining 23.9% are former non-statutory forces (i.e., MK, APLA and AZANLA). By gender, 82.8% are male and 17.2% are female. The disaggregation by race is 43.8% black African, 29.3% white, 11.6% coloured, 0.1% Indian, 0.2% other, and 9.9% unconfirmed.

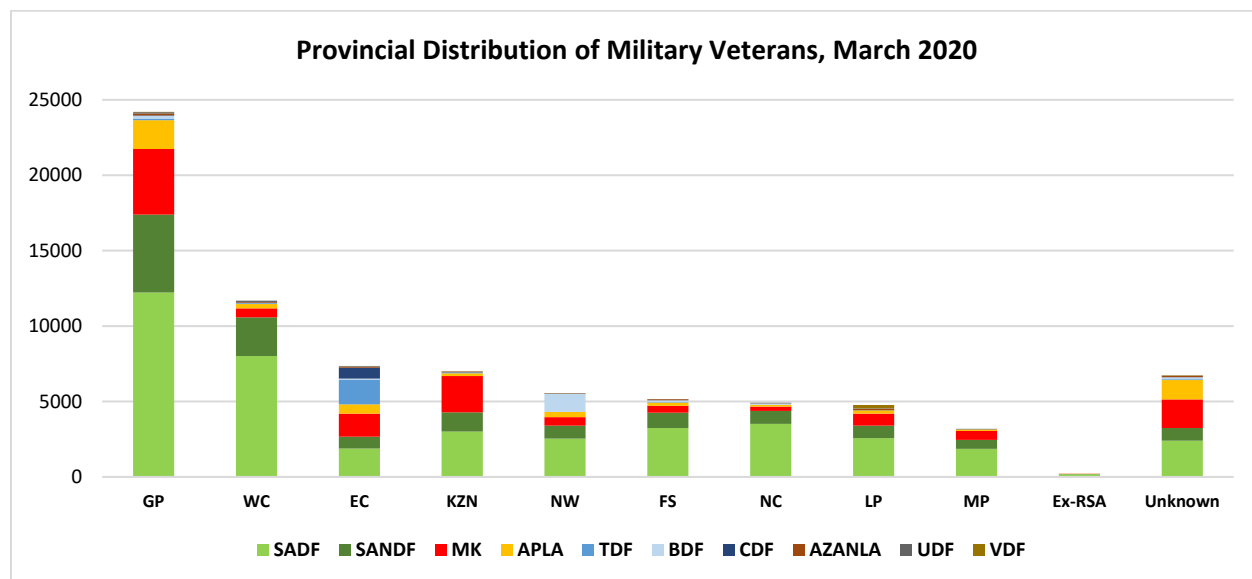


Figure 1: Provincial Distribution of MVs by Statutory and Non-Statutory Force, 2020

During the period 2020 to 2025, the DMV plans to focus on six priority areas as follows:

1. Strengthening governance and oversight protocols to give effect to the provisions of the Military Veterans Act.
2. To provide comprehensive support services to MVs and MVDs where applicable in respect of education, training and skills development, access to health support, acquisition of a health care and wellness centre, facilitation of employment placement, facilitation of or advice on business opportunities, subsidisation or provision of public transport, housing, compensation, pension and burial support.
3. Promotion of empowerment programmes for and of MVs
4. Promotion of MVs' heritage, memorialisation and honouring.
5. Maintenance of the credibility and security of the national MV database.
6. Implementation of a high impact communication and marketing strategy and plan.

2.1.2.7 Department of Military Veterans, Annual Performance Plan 2020/21

Signed on 17 March 2020 by the Minister of Defence and Military Veterans, the Honourable Ms Nosiviwe Mapisa-Nqakula, Director-General of the department, Lieutenant-General (retired) Mgwebi, Chief Financial Officer S.I. Ndlovu and Acting Deputy Director-General Advocate N. Ntsaluba, the APP outlines the mandate, strategic focus for 2020/21, information about the programmes, and lists the output indicators. It is pointed out that global economic growth expectations are low (even before the start of the COVID-19 pandemic) and expected to constrain the DMV's interventions. The report links the list of MV deliverables to the National Development Plan Vision for 2030 and sets out expected budget allocations to parliamentary Vote 26 for the DMV's programmes for the next three financial years, as summarised in the next table. Despite gloomy expectations, the projected expenditure is increased by 3 to 4% in each subsequent year, a decrease from the mean of 9% in the four preceding financial years. In each year, the bulk of the allocation (59%) is to socio-economic support, with smaller proportions to empowerment and stakeholder management (21%) and administration in the DMV (20%).

Table 6: Medium Term Expenditure Framework of the DMV, 2020-2023

Medium Term Expenditure Framework allocation (R-million)	2020/21				2021/22	2022/23
	Total	Current payments	Transfers and subsidies	Payments for capital assets	Total	Total
Administration	138.5	134.6	0.0	3.9	142.3	146.7
Socio-economic Support	401.4	141.3	256.4	3.7	420.0	436.8
Empowerment and Stakeholder Management	143.1	129.6	4.5	9.1	148.7	151.4
Total expenditure estimates	683.1	405.5	260.9	16.7	711.0	735.0

Targets for the DMV are set in respect of a range of indicators pertaining to the functionality of the DMV and the disbursement of benefits to MVs. For the financial year 2020/21, in respect of socio-economic benefits, the intention was to verify the details of an additional 5,325 MVs on the National Military Veterans' Database; provide 710 newly built houses for MVs; 200 MVs with compensation benefits; 200 with pension benefits; 600 with subsidised public transport; 7,400 with bursaries; 19,000 with access to health care services; and 1,000 with access to dedicated counselling services and treatment. Regarding empowerment and stakeholder management, the targets were 9 memorial activities to be coordinated for MVs; 1,000 to be provided with skills development programmes; 110 to be given access to business facilitation programmes; 20 to be provided with employment opportunities; and 3 MV memorial sites to be erected. These numbers were to be repeated for each of the two subsequent financial years.

2.1.2.8 Response to the Liberation Struggle War Veterans' Memorandum of Demands, 22 December 2020

A Task Team was directed by the President to engage with the demands of the Liberation Struggle War Veterans (LSWV). The Task Team comprised the Deputy President of the Republic David Mabuza, the Minister in the Presidency for Planning, Monitoring and Evaluation (DPME) Jackson Mthembu, Minister of Defence and Military Veterans Nosiviwe Mapisa-Nqakula and Deputy Minister of Defence and Military Veterans Thabang Makwetla. The team acknowledged that prevailing difficulties amongst MVs and MVDs had been exacerbated by the COVID-19 pandemic, and the “shrinking revenue base that has forced all of us to re-evaluate how we respond to the multitude of challenges that we face”. All government ministries had been told to design “pragmatic and sustainable solutions to the grievances and the genuine challenges that our people face”. The team concluded that some of the challenges required more detail, time and resources to resolve effectively. A specific response was given to each of the listed twelve demands, as summarised in the table below.

Table 7: List of demands of Liberation Struggle War Veterans and government response

	LSWV Demand	Task Team Response
1	Payment of a R 4 200 000 gratuity per member (negotiable), in four tranches over three financial years.	Inadequate government resources currently available to meet this demand.
2	Processing of Social Relief of Distress (SRD) grant in DMV, backdated from March 2020.	Will implement control measures to facilitate payment of SRD as provided within DMV budget.
3	<p>Socio-economic integration:</p> <ul style="list-style-type: none"> • Ring-fenced procurement allocations • Inter-departmental MOUs • Land allocation • Preferential job reservation • LSW Ambassadorial positions • Recognition of prior learning • Board membership in all MV-related organisations • Access to health care for the whole family • Educational assistance • Business support (financial and technical), no means tests • Small business development • LSWV recognition as designated group for procurement • Big company partnerships LSWV companies • Ring-fencing of 30% for LSWV companies • Enable LSWVs to access mining licenses, supply coal to Eskom; produce alternative energy; supply fuel and crude oil; maintain government fleet; refurbish government buildings; provide security services to departments; provide security to all key points • Facilitate MV ownership of dams; opportunities in water purification industry • Subsidisation of all transport • Opportunities in train manufacturing; conversion of train carriages for heritage purposes • Provision of train-based clinics in all provinces 	<ul style="list-style-type: none"> • Government to continue to consider LSWVs for opportunities in minerals, mining, water, farming and other opportunities by ensuring application of BBBEE codes, Preferential Procurement regulations and Public Private Partnerships. Government acknowledged that implementation is currently not at desirable levels but can be improved. To this end, Section 41 of Constitution will be invoked to promote cooperation and mutual support between all government departments. • Prioritisation of capacitation of South African Military Health Services to cater for expanded patient population that includes spouses and children of MVs. • DMV to address complaints about delayed disbursement of educational benefits, to lift moratorium on new applications, to extend support to all children of MVs, subject to proof of eligibility. Grants to be capped at R20k for basic education and R88k for tertiary education. • Means tests to be waived. • Consistent periodic feedback to be given to the Executive Authority.
4	Full access to Pension and Housing benefits	<ul style="list-style-type: none"> • Military Pension already separate from Special Pension and Gratuity, MV Pension payments to be initiated in consultation with DMV and Treasury.

		<ul style="list-style-type: none"> Resources limit housing provision to R110k from Department of Human Settlements and R78k from DMV for a 50m² house. DMV to facilitate allocation of houses to families of deceased MVs. Bond rescue benefit of R188k for MVs whose house are attached by banks. MVs are a designated group in terms of Preferential Procurement Regulations of 2017, for opportunities in housing construction.
5	Database verification	Minister will explore institutionalisation of a consultative platform representing all MV associations to enhance integrity of processes. Recognition of AZANLA to be addressed by Minister in January 2021.
6	Database cleaning and enhancement	Government agrees to backward and forward process examination, as expounded in Serial Number 5. Incidences of wrongdoing to be investigated. MVs must provide documentation to assist data capturing.
7	Review of Military Veterans Act & Defence Act	Ministers of Justice & Correctional Services, and Defence & Military Veterans will constitute a team to do so.
8	Restructuring of Department of Military Veterans	DMV will request Ministers of Public Service & Administration, and Defence & MV to constitute a restructuring team to conduct a comprehensive organisational redesign exercise to enhance capacity to deliver its mandate.
9	Reopening of re-integration	No persuasive evidence to justify reopening, but MVs to be assisted in finding jobs.
10	Reinstatement of unfairly dismissed soldiers	Grievances to be submitted to Chief of the Defence Force or the Military Ombudsman.
11	Presidential pardons of criminal records	Investigate business case for DMV section to process applications for pardon.
12	Heritage	Repatriation of remains of deceased members if possible, otherwise erection of memorials, diplomatic assistance to visit graves in other countries.

2.2. Empirical data

During this phase, primary data collection began with meetings and telephonic discussions with officials of the DMV, while interviews were conducted with five military veterans (one former member of the SADF; and one military veteran drawn from each of the non-statutory military formations – MK, APLA and AZANLA); and two focus groups discussions were held, one with a mixed-gender group of military veterans from the non-statutory forces and the other with a mixed-gender group of military veterans from APLA, MK, the SADF and the SANDF. Owing to the constraints of the Covid-19 pandemic, as well as current tensions between MV organisations and the resultant understandable hesitancy amongst MVs, these discussions were difficult to coordinate.

2.2.1 Discussions with officials in the Department of Military Veterans

With the objective of assessing the environment and obtaining inputs and suggestions pertaining to the survey questionnaires to be utilised in Phase Two of the project, a series of exploratory discussions were held with officials in the Department of Military Veterans.

A meeting with two senior officials of the DMV on 9 December 2020 served to clarify the terms of reference of the Needs Assessment project and resulted in practical suggestions on the way forward for the first phase lasting until March 2021. The focus was to be on a review of available documents and reports, and initiation of a small number of qualitative interviews with officials and MVs. In preparation for the second phase, the current state of the MV database was discussed at length with officials of the DMV. It emerged that a national database is kept at the national office in Hatfield, Pretoria, while each of the provincial branches of the DMV maintains its own database. The provisions of the Protection of Personal Information Act (No. 4 of 2013), implemented partly in 2014 and partly in 2020, precludes access to the details of registered MVs unless they have given explicit permission for their details to be shared with a specific party. The implication for the national survey of MVs is that other methods of recruiting potential participants had to be utilised in order to acquire a representative sample. The DMV undertook to assist with and to facilitate such methods accordingly, subject to discussion with the HSRC research team. One method was to identify broad settlements in which MVs and MVDs are known to be domiciled so that fieldworkers could target such areas and select randomised convenience samples of prospective respondents. Convenience sampling is employed when participants are selected because they were the easiest to recruit for the study. In the present study it was decided that areas where we know military veterans are clustered or live together in one space would be selected. Once these convenient clusters were selected, the respondents were selected randomly from them. Each population member has a known and typically equal probability of being selected. In other words, to select the military veterans randomly from the areas or clusters where they reside, we needed to know about the population characteristics of these areas.¹⁰

Owing to the COVID-19 pandemic, other conversations with DMV officials were conducted telephonically. An official who manages databases in the DMV indicated that a single database exists for DMV-registered military veterans comprising MVs from all organisations who have registered. He was not able to provide details of the specific contact person who manages membership lists within each MV organisation. In terms of the development of the DMV database, compilation commenced with a certified personnel register (CPR) of members of the statutory forces. Subsequent thereto, some MVs claimed not to have been part of the CPR process. Their details were added to the register. It is widely known, however, that not all previous members of the different forces have registered themselves in the database. The primary motivation for registration is so that MVs and their dependents can access benefits in respect of healthcare and educational support. The total number in the database, including deceased members, is 82,168.

¹⁰ Sedgwick P. (2013) Convenience sampling *BMJ* ; 347: f6304 doi:10.1136/bmj.f6304.

A verification process exists to check the military credentials of applicants. Additionally, there are walk-ins who register using their force numbers and are able to follow required processes without verification. Verification procedures are applied on applicants who claim membership of MK, AZANLA or APLA. This entails interviewing and recording of applicants by the DoD-appointed Verification Panel to check on their bona fides. The database is kept on the DMV's own servers. The data comprises name, identification number, physical address, gender, details of dependents, contact number (half of these might have changed by now), and email addresses (low proportion according to the official). An attempt to update the database revealed that the majority of registered members do not have a valid email address. The DMV communications division helped with this; but the result was that many more applications were submitted.

The Offices of the Premier are the custodians of the databases in each province. These offices have the discretion to use or share the data. However, the DMV official said that the number of military veterans registered on the database increases daily. We calculated that the change since the published March 2020 total of 80,778 has been an additional 1,389 in the subsequent 16 months. This amounts to an average of 87 new registrations per month.

Table 8: Number of military veterans by provincial distribution and military force, July 2021

Province	MK	SANDF	TDF	VDF	APLA	SADF	BDF	CDF	AZANLA	UDF	TOTAL
EC	1580	2045	1696	2	640	717	2	837	68	42	7629
FS	484	3417	37		235	987	121	7	71	12	5371
GP	4461	12808	120	25	2000	5114	204	33	140	81	24986
KZN	2476	3101	76	1	179	1236	2	5	40	16	7132
LP	813	2680	4	253	222	765	5	1	98	30	4871
MP	613	1965	3		114	544	4	1	5	10	3259
NC	296	3649	6		120	835	78	11	13	29	5037
NW	562	2648	4	2	352	817	1286	12	18	14	5715
WC	611	8658	64		311	2517	2	37	48	91	12339
Outside RSA	11	173			4	29					217
Still to update	1835	1525	34	16	1241	748	87	27	86	13	5612
TOTAL	13742	42669	2044	299	5418	14309	1791	971	587	338	82168

2.2.2 interviews with Military Veterans

Interviews were conducted with five military veterans (one former member of the SADF; and one military veteran drawn from each of the non-statutory military formations – MK, APLA and AZANLA); and two focus groups discussions were held with a mixed-gender group military veterans from the non-statutory forces in Cape Town and a mixed-gender group of military veterans from APLA, MK, the SADF, and the SANDF. Owing to the constraints of the Covid-19 pandemic, as well as current tensions between MV organisations and the resultant understandable hesitancy amongst MVs, these discussions were difficult to coordinate. The

assistance of DMV officials in Gauteng, the Western Cape and Mpumalanga with making contact with MVs and convening some meetings is deeply appreciated. Without their proactive engagement, some of these contacts would not have been possible.

2.2.2.1 Interview 1

A brief meeting with a former SANDF officer, now a MV, on 18 December determined that his involvement with the integration of the various forces during the period 1995 to 1996 had been largely cordial and cooperative. The British Military Advisory and Transformation Team (BMATT) had been contracted to advise and assist with the process from an impartial perspective. The process was deemed to have been successful, leading to the formation of the SANDF. The respondent commented that the medical benefits to MVs were of high quality but characterised by delays in service provision.

2.2.2.2 Interview 2

During a meeting on 16 February 2021, a former APLA member based in the Western Cape indicated that MVs were not being registered on the MV database owing to a lack of proper identification. This was attributable to a number of factors. One is that participation in some of the non-statutory forces had often commenced when recruits had been aged less than 18 years and did not possess any official identity document. Another reason was that AZANLA had initially refused to integrate with the new SANDF, which has complicated subsequent changes of policy in this regard. Similar disagreements had occurred in other groupings, including the SA Cape Corps. Thirdly, the SADF had issued force numbers to some individuals who had been ineligible. Fourthly, former members of battalion 32 which had operated in Angola were reluctant to identify themselves owing to fear of retribution for their activities during the 1980s.

Other complications that exist in meeting the needs of MVs are that some members of MK or APLA never returned to South Africa when the conflict ended. Some of these subsequently died in other African countries, and their families have requested that their remains be repatriated. It appears that the DMV struggles to deal with such requests. Similarly, applications are received for educational bursaries for MVs or MVDs who are over the age of 36, which is the cut-off age for this benefit. The original bursary limit of R42,000 has been reduced to R20,000 owing to budgetary constraints.

In respect of benefit dissemination, the former APLA member reported that the Western Cape DMV has nevertheless proactively forged a link with an industrial training college in Cape Town, which resulted in 6 job placements in 2020, and another 42 anticipated during 2021. He added that housing for MVs and MVDs has been provided within six areas of the province, namely Blue Downs (73 houses), Highbury Kuilsrivier (100), Belhar (102), Beaufort West (13), Prince Albert (4) and Riebeeck West (4). The cost of funding the housing is shared by the DMV and the Department

of Human Settlements. In addition, clusters of MVs are known to be settled in George, Paarl, Mossel Bay, Piketberg and Lambert's Bay. Regarding counselling, this has been provided to a small number of MVs.

2.2.2.3 Interview 3

An informal discussion with a retired senior officer of the SANDF, and previously the SADF, took place in Cape Town on 3 March. He had served in the SADF before and after 1994, and in the SANDF until 2005, primarily in military intelligence. He described the transition from pre-1994 to post-1994 as efficiently executed, with mutual collaboration between the leadership of MK and SADF. He recalled a meeting near Pretoria at which a SADF general had said to a group of officers of MK, SADF, APLA and the former homeland forces: *"Listen gentlemen, all of you are officers. All of you are accepted as is. Now, may I ask you, let's work and look forward. Forget about the past, and let's make this thing work."* The perspective of this MV was that the request was very well accepted by them.¹¹

His perception was that tensions exist between some current senior politicians who are also MVs, but whose military ranks were lower than some non-political MVs when they were members of MK. Mutual recognition and respect are sometimes absent, and there is reluctance to accept decisions or take orders from persons in the 'other' category. In respect of database verification, however, he was of the view that experienced and trustworthy MVs from the different forces should be asked to check details and ask questions of MVs whose registrations were unverifiable by documentary evidence. The questions could pertain to the places of service and the specific activities that took place at different times. Satisfactory responses to such questions could then constitute grounds for registration of MVs.

He opined that the greatest needs of MVs were an adequate monthly income, medical coverage, and funeral assistance. He suggested that better implementation of the means testing system would correctly identify MVs who were eligible for pensions. Regarding medical benefits, his view was that MVs and MVDs should be able to access the services of private hospitals in areas where state facilities did not exist. Another option would be to allocate a monthly allowance to MVs for medical expenses thus allowing them to access medical services wherever they could, given the uneven spread of such services across the country.

Asked about the distribution of MVs across the country, he indicated that he was aware of clusters of MV settlements in the Western Cape in areas such as Hermanus, Danabaai, Grootbrakrivier, Oudtshoorn, Simon's Town, and Da Gama Park. In the Free State there were groups residing in the Bloemfontein airport area, and in Gauteng at Thaba Tshwane

¹¹ This view should be compared with the study by Noel Stott (2002) "From the SADF to the SANDF: Safeguarding South Africa for a better life for all?" *Violence and Transition Series*, Vol. 7, 2002.

(Voortrekkerhoogte), Centurion, Valhalla, Mamelodi, and Hammanskraal. He also mentioned a cluster settled in Kimberley (Jack Hindon area) in the Northern Cape, and in the North West, at Potchefstroom.

2.2.2.4 Interview 4

An official of the MKMVA interviewed in Parkhurst, Johannesburg on 17 June 2021, told us that he grew up in Alexandra and began work as a copywriter. He joined the ANC in 1975, and was acquainted with Thabo Mbeki, Jacob Zuma, John Nkadimeng, and others. The official shared his struggle history, which included training in Angola and East Germany.¹²

The official recalled a meeting with Nelson Mandela at his house in Houghton in 1998, regarding the role of the MKMVA. Mandela had said: "Don't come here to me and ask for money, because you won't get it. I gave your predecessors R10-million and I don't know what happened to it, *bayitya* (isiXhosa = they ate it)". He stated that until he received a report back on the use of the initial sum, no further funds would be forthcoming.

His view is that the MVA is very important, but that it has failed in terms of the provision of health benefits. He said that no support was provided for MV dependents. He suggested that local clinics should be able to meet this need, rather than all MVs having to report to a military hospital. He asked why there were no military veterans' hospitals as in the USA with its history of many wars. Far more should be done to address the psychological impact of wars and to differentiate between actual war veterans and other military veterans.

In respect of education benefits, he had received some funding. He indicated that these have been good but in need of improved administration. He was aware of corruption in the allocation of bursaries. He alleged that the educational bursary funds are used as a "*cash cow for personal contacts*". The housing benefits are poorly managed owing to corruption and the "*scoring of political points between the ANC's Zuma and Ramaphosa factions*". He had no knowledge of the transport benefits.

This respondent had similar misgivings about medical benefits. He indicated that he receives a monthly grant in respect of injuries incurred during the war. He had never received any post-traumatic stress counselling and asked what he needed to do to receive the full benefit thereof. He said that the DMV had sent him to a young lady, who started asking him questions, but the

¹² When working in Johannesburg, he became aware of differentials in response to the Soweto uprising, and went home early on 16 June 1976. His family moved to Tembisa. His parents were intimidated, and fled to Swaziland, Mozambique, Angola (1976 to 1979). East Germany for political training for 10 months, Radio Freedom in Angola, 1982 to Tanzania, returned to Angola. MK was with FAPLA fighting UNITA in Mulanje. On 15 Feb 1984, met at Vienna, 40km from Luanda. Taken hostage. Worked for Angolan news agency as well. Went to Ghana in 1985. Studied in UK, lecturer at SA institutions, DPLG. Retired 2016. [This respondent is participating in the autobiography project].

session was not satisfactory. His view is that in order to make progress with such benefits one needs to have a personal contact at the DMV. Again, he made a plea for the implementation of professional management and administration. He urged the DMV to define clearly and prioritise three sets of benefits for MVs and MVDs: (1) education and skills development, then (2) health, and then (3) housing.

Regarding the database of MVs, his perception is that it is corrupted and that as many as 60% of those on the list are ineligible because they are not actual MVs, but members of SDUs¹³ or other non-military organisations. He said that several private sector donors had provided funding for the cleaning of the database and that it should be independently done.

2.2.2.5 Interview 5

In an interview with a senior member¹⁴ of the AZANLAMVA in Klipspruit, Soweto, on 17 June 2021, he expressed regret regarding the disunity between the eight existing organisations affiliated to the SANMVA. He is of the opinion that it is important that SANMVA is seen as a voluntary lobby group rather than a vehicle for delivering services. The service delivery function is the role and mandate of the DMV. He indicated that the MV organisations are not endowed with financial resources and the current divisions are “*all about money and power*”, as highlighted recently by the LSWV grouping. Their demand presented in 2020 at the Union Buildings replicate the previously stated demands of SANMVA. The only new demand is the expungement of the criminal records of MVs. The respondent indicated that Kebby Maphatsoe¹⁵ had been the original president of SANMVA and had resigned when he became Deputy Minister. A court ruling in 2001 held that the establishment of other MV organisations had not been legal. The current Minister and Deputy Minister are also members of MK, which complicate things in his view.

The respondent indicated that he sits on the MVA amendment committee. He has observed that: “*Our proposals are not included, including clarification of the definition of MV and the status of*

¹³ “During the 1980s, the tensions between the ANC and the Inkatha Freedom Party (IFP) escalated and took on an increasingly violent form. Especially after the beginning of the peace negotiations in 1989, these conflicts escalated into open warfare and the arming of Self-Defence Units (SDUs) and Self-Protection Units (SPUs) within ANC and IFP areas, respectively. These units were armed and received basic combat training, but were subject to very little formal control. While the conflict was ostensibly between the ANC and IFP, the state security forces were directly implicated in supplying arms and other support to the IFP.” (In Hugo van der Merwe and Guy Lamb (2009). *Transitional Justice and DDR: The Case of South Africa*, p.5. <https://www.ictj.org/sites/default/files/ICTJ-DDR-South-Africa-CaseStudy-2009-English.pdf>.)

¹⁴ He left home in 1988 for Harare, and then spent 8 months undergoing special forces training in Libya. On his return to the country he was shot at Mafikeng in 1990. He was involved in the constitutional negotiations in which AZANLA rejected the proposals.

¹⁵ Mr Maphatsoe served as Deputy Minister of Defence from 2014-2019. In June 2021, he commented publicly on the dynamics between the ANC and the MKMVA, see <https://www.youtube.com/watch?v=RROhGRZQBhk>. He became the National Chairperson of the MKMVA in 2007.

MVs who died before 2011, and the eligibility of their dependents for housing and medical care". He said that apart from medical treatments at Lenz and Doornkop (Johannesburg), he had not received any other benefits. He said that the MVA does not cover MV dependents, who are required to go to local clinics rather than military health facilities. He had never received a transport allowance and that subsidised public transport has *"never been rolled out in any way"*. He has never applied for personal education benefits. However, he had been subjected to a twelve-month delay in accessing the unabridged birth certificates that were required for him to access educational benefits for his three children studying for a nursing diploma, Grade 11, and Grade 8, respectively. In respect of housing, he applied to the DMV about seven years ago. He submitted the requisite hard copies of the application in Pretoria. Subsequent telephonic and face-to-face enquiries have not borne fruit. For him, these visits to the DMV in Pretoria entail R250 for the return fare. Similarly, he applied for a military pension, and for trauma and disability and counselling benefits seven years ago. He has never received a response. When he follows up with queries, he is told that they are *"starting with elders"*; but his observation is that *"even elders have not been paid"*. His organisation (APLA) declined to integrate with the SANDF post-1994, and he suspects that this has been one of the causes of subsequent problems. His perception is that support from business has not been rolling out, and that MK has been advantaged in receiving benefits owing to their dominance in DMV. He pointed out that *"there have been 46 MV marches to the DMV offices since 2011"* as a consequence of these sorts of delays and inefficiencies.

In his view, the databases of MVs are a problematic area. He knew an MV who was angry because an extra (unknown) name had been registered in his family. He alleged that the control of the database by DMV officials involves cadre deployment, which is characterised by incompetence and a lack of consequence management. His perception is that all officials and interns are MK-aligned. He said that a skills audit involving checking the qualifications of all officials is essential. He said that he hoped the new DG would proceed with this because *"previous Acting DGs have been afraid to take decisions independent of the Ministry. The Ministry interferes in such practical issues. There is political meddling and interference"*. Although the term of office of SANMVA lapsed three years ago, the DMV says that a new conference and election of council cannot be held until MK internal issues are resolved. For this reason, the LSWV discredits MK.

He indicated that the Secretary-General of APLA is the custodian of the organisation's database of about 3,500 members. Membership is mainly in Gauteng (especially Soweto), Limpopo (Mokopane, Vhembe, Polokwane), Free State (Botshabelo, Welkom, Bothaville), with far fewer in the other provinces. In the event of a survey of these members, the organisation has access via WhatsApp groups and could potentially distribute a survey questionnaire.

2.2.3 Focus Group Discussions

2.2.3.1 Focus Group Discussion 1

Six out of seven participants at the FGD held in central Cape Town on 29 June 2021 said that they had received at least one of the benefits for which the MVA provides. A female participant (F1) said that she receives health services but, owing to lack of public transport, she has to make use of Uber to access the hospital. She receives a R850 SRD, but no other pension. A male participant (M2) has received housing and health care benefits. He admitted to knowing many MVs who struggle to access these though. He said that many of them rent out the rooms once they have acquired a house in order to boost their incomes. He also knows of some who are forced *“to live, for example, in a bakkie”*. Some MVs receive bursaries but their interactions with the DMV *“are characterised by promises and lies”*. He said that he had recently officiated at three funeral where the deceased had received benefits. He also knew of some for whom contributions towards memorials had been received. Another participant said that his existing salary disqualifies him from housing benefits and that he receives medical aid from his employer, the Department of Public Works. His cousin applied for a bursary that was approved but had not yet been paid this year.

A male participant (M3) appealed for the MVA to be revisited because *“it does not enforce delivery of the benefits”*. He complained that MV dependents *“are not covered for funeral benefits”*. He further said that military hospitals are too far away and that the implementation of education benefits is poor, giving the example that his child’s 2019 school fees had still not been paid. He opined that housing policy for MVs is too complex, that disabled people receive no help, and that there is no assistance for businesses. He characterised DMV offices as *“post offices, with piles of applications being processed by two officials”*, and warned that the *“DMV is fueling anger about unmet expectations”*.

Participant M4 (male) brought up the topic of PRASA business opportunities, claiming that these are not being allocated equitably and that the DMV’s Cape Town office *“is not helpful”*. He suggested that the MVA should introduce a system of crediting points for business opportunities to MV applicants. He further alleged that there is no monitoring of allocated benefits, giving the example of an 18-month course funded for him without any follow-up. Mention was made of the Service Corps that previously provided skills training for office administration, driving licenses, carpentry, electrics, and fitting and turning, although the certification was sometimes inadequate to access job opportunities. The Service Corps had been closed down. This participant said that he had *“accessed some benefits, but it has not been easy”*.

A female participant said that courses in assessing and facilitation had also been provided. She expressed the view that *“the R650-million that has been allocated to the DMV is not being*

correctly spent". A male participant (M4) complained that he has to rent property in Belhar even though he is an APLA member. He said, *"Genuine cadres like me cannot access housing... because APLA opted not to integrate with the SADF in 1994. The DMV is run by cliques"*. Participant M3 alleged that benefits are being 'sold' to military veterans by the fraudulent allocation to them of the force numbers of deceased veterans. This provoked comment from a DMV official who was present at the FGD. She indicated that *"DMV officials are not allowed to identify individuals using force numbers"*. She said that the DMV had experienced MVs who had registered their partners as veteran dependents, and who had later attempted to deregister them because relationship had broken down.

A male participant (M2) asked the question, *"Why are educated MVs not employed in the DMV? There are many well qualified MVs whose skills could be used for the good of the country. Many DMV employees are not MVs themselves. All we want is to access our housing, medical and other benefits. The police receive more benefits than do MVs"*. Another (M1) expressed the view that:

Whereas internationally MVs are highly honoured, the reverse is true in SA. We are treated as an afterthought, like an orphanage. The country is in dire need of skills. In the DMV the right hand does not know what the left hand is doing. For two years my son was out of school because no payments were made for his fees. If you don't fight, you don't get any benefits. The frustration is causing a pressure cooker that will erupt. I know of someone who is in a mental institution because of this department. He was supposed to get a house in Eerste River, but his name was suddenly no longer on the list. Eventually he got the house when he found an official who apologised that he had forgotten to capture the housing commitment letter. He self-funded a trip to Pretoria to solve this challenge.

A male participant (M5) expressed frustration that statutory force members have access to health care, but members of other forces do not. Another (M4) was equally frustrated that: *"Some MVs know how to secure or 'buy out' their medical benefits but others do not know how to do this"*, suggesting the need for more information on this issue. He was adamant that *"Former salary-earning members of the SADF cannot be compared with MK and APLA"*. Another (M3) said that he had applied for a senior position in the DMV in 2011 but was later called for an interview for a help desk post. The appointee for the senior post did not even last two years. He suggested that *"the Minister and his Deputy seem to be unaware of such complications in the DMV"*.

Touching on the politics of SANMVA, participant M1 said that SANMVA had *"pushed for the implementation of the MVA but the Minister is antagonistic towards SANMVA. The previous acting DG of the DMV was unable to deliver and had to protect himself by telling lies. There is a lack of political will to provide benefits to MVs. Responses to our multiple emails are always just 'noted'."* He claimed that a Member of Parliament had tried to silence him and *"seemed to be blocking specific applications"*. Participant M3 pointed out that most SANMVA officials are

volunteers. Whereas those at national level receive payment, those at provincial level do not. M1 agreed, stating that *“many do this work using their own funds”*. He further alleged that *“Minister Makwetla seems to be trying to maintain divisions within MK”*.

Again, on the topic of employment and business opportunities, F2 said that the projects of Armscor *“are not equitably allocated”*. M3 said that *“some MVs receive small tenders for supplying screws, while others get tenders worth millions”*. Another (M5) alleged that: *“Those who are awarded tenders produce poor quality work, such as the unqualified housing developer at Belhar”*.

M3 said that out of desperation some MVs *“accept house allocations in the ‘wrong’ location because they need the money that can be earned by renting them out to tenants. Some MVs don’t apply owing to poor education; some applicants are liars because they already have houses”*. He pointed out the influence of political connections in accessing housing: *“MK members apply in the Eastern Cape with support from the ANC”*, and *“SACC members are applying in large numbers now, supported by the DA”*. He complained that much of the DMV budget is spent on conferences. He said that Director-General Mgwebi had *“held meetings in all provinces in 2019, collecting and documenting MV issues and grievances, to no avail”*. He appealed for the DMV to endeavour to provide more jobs for MVs in the security and guarding of premises sector, in which they organise. He suggested that PRASA should be able to provide far more such jobs.

M6 claimed that *“The DMV is not representative of all MV organisations. There is a bias in favour of MK and the ANC”*. He pointed out that *“Most people do not know how to register on the DMV database, and that each benefit entails a separate application process. I have personally assisted six MVs to access education benefits this year. The DMV should train its officials, improve its mission and vision, and stop discriminating against some organisations”*. He further indicated that *“Databases of organisations were supposed to be submitted in the period 1993-6 by all forces. If a name was on one of those lists, the person was eligible for MV benefits. But those lists seem to have disappeared”*. He said that *“SACC is not yet registered at the DMV as an MV organisation”*.

Participant M7 expressed much frustration:

The DMV is dysfunctional. I know of a member who has just received a WhatsApp message that a house has been allocated to him. There is no further detail. Processing of applications for housing, medical, employment and training benefits is 15 months behind schedule. I am lost for words to hear that a survey of MVs is being conducted. We have been having meetings with the DMV for several years and they have documented our needs extensively. It takes a year for an applicant to be added to the database. DMV officials work with boxes of 100 hard copy applications. MVs want speedier services from

the DMV. Housing benefits are in chaos. Medical benefits are going ok. MVs are unfavourably disposed towards the DMV owing to poor delivery of benefits.

2.2.3.2 Focus Group Discussion 2

A FGD was convened in Mbombela, Mpumalanga on 6 July 2021. The discussion was attended by ten MVs, comprising four from APLA (two females, two males), three from MK (males), two from the former SADF (males) and one from the SANDF (male). The age range was from 52 to 81 years old.

The participants articulated several challenges that they had experienced in the process of integrating back into civilian society. Most said that when they were repatriated they were simply “dumped” at OR Tambo international airport. They were given payments ranging from as low as R50 to a high of R12,000. They were given the impression that the country just forgot that most of them had lost contact with their families during their time in exile. They requested the DMV to explain what had happened to the UN Repatriation Fund. It seemed to them that there were inconsistencies in how it had been allocated.

Most indicated that they suffer from PTSD.¹⁶ This was attributable to multiple difficulties that they experienced during their stay in countries such as Yugoslavia, Tanzania, Zambia, Mozambique and Zimbabwe. Many of their comrades had died after being bombed or as a consequence of illness. One said, *“With traumatic stress it is like you are trapped somewhere, the mind is not settled. Our government is strange, and does not care about us. This is painful for we are only being used”*. In order to treat the disorder, they all need mental health support. One of the MVs indicated that he had paid for the support himself: *“I still have flashbacks of what happened when we were in the war. When I sit alone it all comes back. But I cannot get any help with counselling from the DMV. I had to use my own money to pay and could not pay much. So, I was not helped properly.”* Others are still in need and have not been able to obtain help. Having gone into exile at a young age, or even as an adult, they agreed that they had not been psychologically prepared for the war.

Most of those that were taken out of school to join the war received assistance when they returned home. A few managed to get scholarships, but payments are not received on time, which results in refused admissions or withheld certificates. There was a request for better explanation of educational benefits that are available. Some MVs are known to have ended up

¹⁶ Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>.

destitute on the streets of Johannesburg and resorted to criminal activities (peddling drugs, cash heists, rhino poaching) or addiction (alcohol, drugs).

Regarding reintegration, no counselling was ever received. One participant said: *“Most of us Sizase traumatised and angry, that’s why abanye ba enza icrime-ba betha amaheist, bathengisa isidrugs cos silambile”*. Disappointment was expressed about the lack of recognition by awarding medals as is the practice in other countries.

Some MVs lamented the poor treatment meted out, claiming that they were aware of MVs who died in exile and whose bodies were never repatriated. One repatriation was said to have cost multi-millions of Rand from a distant country, yet others in much closer countries *“are buried in shallow graves and no one thinks about them”*. *“U Moses Kotane Bekayi-one, ba mo repartriata nge 100 million from Russia he even got a special recognition order, le mali leyo benga yenza onke lomsebenzi wako repratriata abanye e Mozambique, Lesotho”*. Conversely: *“One family I know had a son who passed away in Yugoslavia. They reported this matter to the department but got no assistance”*.

There was also general dissatisfaction about the DMV in respect of lack of, or poor communication with MVs. One said, *“I Department yethu ayi ncete abanye bahlala kude, ku ne iformation yenye a baithole ngoba ba kude. (our department is not useful to those who live far. There is some information they do not get because they are far...)”*.

Another allegation was that housing services or other benefits are provided for MVs in Gauteng but not in Mpumalanga, i.e.: *“Kuna-a maform sea cwalisile ku thiwa sizothola ama5000 and something, e-Gauteng batholile la mali thina a siaya tholanga (there are some form that we filled (from the department) and they said they will give us around R5,000. Gauteng MVs got the money, and we didn’t. Other comments that emerged were: “I still occupy a family house and its painful because other siblings are complaining”; and, “Mina endlungiyitholile but lesindlo betinga akhiwaka kahle, bekuna Makey, amafastele a old. So ngayithengisa bengelambile, so I couldn’t get one again I was disqualified”*.

Business empowerment appeared also to be lacking. One participant said: *“I am personally busy trying to acquire land and I want the DMV to assist me with funding. It’s moving at a snail’s pace. I try to push, but no!!!”* Another said: *“I started my recycling business without support. I also created jobs for people. I have been to all different government departments but I have had no help.”*

Healthcare is another issue of concern. Although basic healthcare is obtainable, specialist care is difficult to access. One participant indicated: *“We do have primary care. But if you need more deeper healthcare they book for you in Pretoria. And then on the day i-transport ayikho, even now*

ngine-spine problem ifuna i-operation. But ngiyasaba, what if they make wrong operation there at public hospital?"

The interviews and FGDs reveal that MVs found:

- challenges with the roll-out of healthcare benefits in general, as well as with the provision of specialist healthcare in particular;
- challenges with regards to access to counselling;
- challenges with the provision of educational benefits;
- challenges with the provision of housing benefits;
- challenges with the provision of military pensions;
- challenges with the provision of business opportunities to MVs;
- challenges experienced in the process of integrating back into civilian society; and
- challenges with the repatriation of the remains of those members of the military forces who had died abroad.

MVs who participated in the research identified challenges in virtually every area in the mandate of the DMV. In addition, it was found that there was:

- dissatisfaction with the MV database processes;
- dissatisfaction with the apparently dysfunctional and chaotic way in which the DMV operates;
- dissatisfaction with the pace at which the DMV deals with requests for services and benefits;
- dissatisfaction with corrupt activities in the department, as well as in some military veterans associations;
- dissatisfaction with the apparent bias of the DMV towards members of some military veterans' associations;
- dissatisfaction with of the DMV's lack of, or poor communication with MVs;
- dissatisfaction with the provision of services and benefits in some provinces; and
- dissatisfaction with the disunity prevailing between the eight existing organisations affiliated to the SANMVA.

Suggested interventions made by MVs who were interviewed in Phase One of this needs assessment project include:

- cleaning the database of MVs;
- implementing professional management and administration at the DMV;
- improving implementation of the means testing system to enable better identification of MVs who are eligible for benefits;

- amending the MVA, particularly with regards to clarification of the definition of MVs and the status of MVs who died before 2011, and the eligibility of their dependents for housing and medical care;
- decentralizing services so that they are not only available in Pretoria;
- improving the DMV's communication with MVs and MVDs;
- improving the capacity of provincial offices of the DMV that are incapable of dealing with all the problems that exist amongst the MVs in their areas; and
- implementation of service delivery to MVs and MVDs equally in all provinces, as apparently is the case in Zambia, Zimbabwe and Angola.

2.3 Conclusions

A wide range of views and perspectives were heard during our data collection process in three provinces. Several conclusions and associated guidelines emerge from Phase One of the Needs Assessment project. These can be summarised as follows:

- There is no doubt that considerable demand exist amongst MVs and their dependents for the services and benefits that are listed in the Military Veterans Act (no. 18 of 2011). This is verified by several research studies and official reports of the DMV that are in the public domain, as well as confidential documents which engage with these demands and substantially and emphatically confirmed by the new primary data that has been collected in this phase of the project.
- There also appear to be a number of needs not included in the MVA or a lack of awareness of the benefits in the Act, e.g., bursaries for military veterans older than 36 years of age, funeral benefits for the dependents of military veterans, the expungement of the criminal records of military veterans and access to healthcare facilities other than military hospitals.
- The research for Phase One confirms the already existing evidence found in the occasional public protests, utterances and publications by groups of MVs in recent years that military veterans are deeply concerned about the capacity of the DMV to provide for their needs.

Research for Phase One also led to two other conclusions that are significant for the needs assessment:

- There are concerns among MVs about the way the two key stakeholders of the DMV, the MVs and MVDs, are treated differently in terms of service and access to benefits.
- Despite significant frustration felt by MVs about the DMV, and high levels of disgruntlement expressed often through protest action, there does not appear to be any

alternative government agency envisaged to replace the department in the performance of the mandate assigned to it.

The preliminary findings in Phase One provided a basis for the roll-out of Phase Two of the project that explored in greater detail the needs of military veterans. The findings about specific needs in Phase One, e.g., improved access to medical facilities, housing and counselling, providing funeral benefits for dependents of military veterans, etc., informed the survey questions on specific needs that was used in Phase Two, which allowed for the identification of needs that are not accommodated in the list of benefits in the Military Veterans Act.

Finally, these preliminary findings, and the recommendations that arose during the second phase of the project, form the basis for preliminary recommendations for several research projects that should follow the Needs Assessment study.

2.4 Phase One preliminary recommendations

- In view of the preliminary conclusions about the needs of military veterans, and in anticipation of similar views about military veterans' needs that will arise in Phase 2 of this project, the HSRC research team proposes that the findings of the Needs Assessment be used to form the basis for the development of a framework to facilitate delivery of services to address the needs expressed in the survey. It is anticipated that this will require a complex series of prioritisation exercises pertinent to specific categories of MVs and MVDs located in different regions of the country (concept note attached as Appendix 4).
- Appendix 5
- In view of the comments about the Department's achievements in some areas and lack of achievement in others arising in the preliminary research, and the likelihood that similar perceptions will arise during the second phase of the Needs Assessment project, the HSRC research team makes the preliminary recommendation that the department consider conducting a study that identifies the factors that account for its effective performance in some areas, and those that lead to the failure to deliver in others. Such a review should be a comprehensive study of the department's performance and challenges and arrive at recommendations that would improve its ability to deliver services to military veterans. It is with this in mind that the HSRC "Department of Military Veterans Model of Service Delivery Project Proposal" is attached as an Appendix (Appendix 6) in this report.

- In view of the several statements in the preliminary phase of the research on the broad range of needs of the most indigent of the military veterans as well as the review of prior studies on military veterans' needs, and the likelihood that the second phase of the Needs Assessment project will give rise to similar perceptions, the HSRC research team makes the preliminary recommendation that the Department consider conducting research into mechanisms to alleviate poverty and bring about poverty reduction for indigent military veterans and their families. It is with this in mind that the HSRC Concept Note on a "Poverty Alleviation and Reduction Project" is attached as an Appendix (Appendix 7) in this report.

Phase Two

The results of the survey are presented below. Respondents were asked to indicate which of a list of statutory benefits they or their dependents had received. The most common benefits received were health care (48%), housing (29%) and/or education (12%). Conversely, much smaller proportions said that they or their dependents had received military veteran benefits in the form of counselling (7%), burial support (4%), pension (4%), compensation (3%), memorials (2%), transport (2%) or business support (1%). The finer details of the experiences of respondents with regard to the benefits are discussed separately under the relevant headings in the sections that follow.

Table 9: Receipt of benefits (N=719)

BENEFIT	Health	Housing	Education	Counselling	Burial	Pension	Compensation	Memorial	Transport	Business
%	47.8	29.3	11.7	6.7	4.2	4.0	3.3	2.1	1.5	0.8

3.1 Health care

Almost half (48%) of the survey respondents indicated that they or their dependents had received health care benefits. However, just 31% said that they had received financial support for their medical expenses, and less than one in five (19%) had received financial support for out-patient treatment, and only 15% had ever received financial support for treatment in hospital.

Amongst those who had received financial support for medical treatment, the most common condition for which such treatment had been received was hypertension or high blood pressure. This was the case with more than a third (36%) of those who had received financial support for medical treatment. Second most common (21%) was one or more of the following conditions: acute diarrhea, fever, flu, headache, cough. Third in prominence (20%) was treatment for an ailment of the mouth or teeth. Fourth was arthritis or pain in the joints (12%), followed by sleep problems (11%), diabetes (11%), a military injury (10%), some form of surgery (10%), or depression/anxiety (10%).

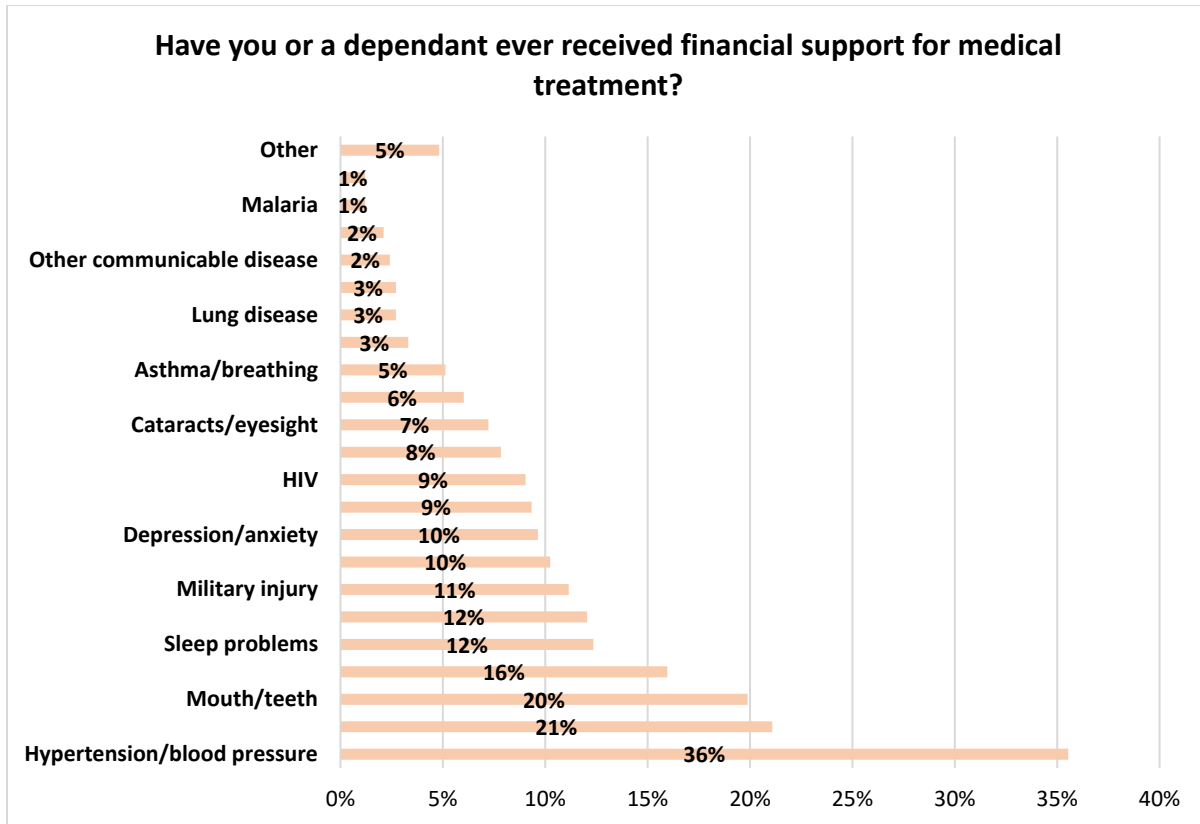


Figure 2: Conditions for which MVs and MVDs who have received health financial support

More than three-quarters (78%) of the respondents indicated that they received the treatment at a military medical facility. Of these, 39% received the treatment from one of the three main military hospitals in Thaba Tshwane, Wynberg or Tempe. A further 39% from other military health facilities such as sickbays or clinics situated across the country, including localities such as Kimberley, Klerksdorp and Nelspruit. The other 22% were treated by doctors at other non-military hospitals, clinics or other medical facilities.

Almost half (46%) said that the hospital or clinic that they had used most recently was very inaccessible and/or far from their home, and more than a quarter (27%) said that the facility was inaccessible or far from their home. Conversely, only 21% said it was accessible and/or close, and 6% that it was very accessible and/or close. Age group had no significant effect on responses, with minimal variation ($X^2=17.890$; $df=12$; $sig.=0.119$) between those aged under 50 and those older than 60 years. In other words, there were no significant differences in how various age groups experienced access to health facilities.

Amongst the 52% who indicated that they had not received any medical benefits owing to their military veteran or dependent status, more than two-thirds (70%) said that it was because they had not registered with the South African Military Health Service (SAMHS). A further 20% had registered but not had a decision about their application. Another 4% said that they did not need

or want to receive financial support for medical expenses, and 4% said that their family or dependents were not covered. Small proportions said they could not register (2%), or that they had not been sick (1%).

Respondents were also asked: “Do you or your dependents require other types of health care support? If yes, please give details”. Almost two-fifths (39%) of respondents indicated that they need medical aid for their dependents. The following sample of comments illustrate some perceptions regarding the lack of cover provided for the dependents of military veterans:

- Children don't receive any health care*
- Cover my family please before I die*
- Yes, treatment for cervical cancer my wife*
- Yes, my two daughters have eyesight problem*
- I am the only one who receives medical support and not my dependents*
- My dependents are not registered with SAMHS*
- My spouse and children are not covered*
- Yes, my wife is not well and is not covered*
- Yes, one daughter requires counselling as she is a survivor of rape*
- The act must be amended to cover our dependents in terms of health care*

3.2 Housing Benefits

Almost half of the 29% who said that they have received a housing benefit estimated that the size of their house was 50m². Others said that it was 40m², or larger than 50m².

Table 10: Size of house received as a military benefit

	40m ²	50m ²	70m ²	80m ²	100m ²	Don't know	Total
%	21.6	47.0	3.1	3.6	13.6	11.1	100.0

However, almost two-thirds (65%) of the recipients of houses said that they were either dissatisfied or very dissatisfied with the house. The most frequently mentioned reasons for dissatisfaction were defective materials or workmanship (50%), expressed in comments such as:

- Cracks on walls; ceiling leaks*
- Plumbing is not right; geyser did not work from the beginning*
- The house has a lot of mistakes: cracks on the wall, sink not in good condition, taps are all broken, roof is leaking, when it rains water runs on the walls, cracked tiles*
- The quality of materials is cheap*

Others complained about the inadequate size of the house (27%):

The house is too little for my family

The yard is very small and the rooms

One room is too small, and the tiles are breaking, the bulbs keep bursting

A smaller proportion said that the structure did not comply with the required specifications (6%):

The houses we got are not one the one we were promised to get according to the plan

Not what we agreed upon in MK conference

Less than a quarter (22%) actually expressed satisfaction (satisfied or very satisfied), and amongst these, more than half were grateful just to have somewhere to live permanently:

The fact that the military provided me with shelter

Because I was homeless

Restoration of dignity, privacy and in dependence

Table 11: How satisfied are you with the house?

Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know	Total
6.5	15.7	10.8	35.6	29.2	2.2	100.0

However, amongst those who had received a house, only 7% were very satisfied with it, and 16% satisfied. More than half were either very dissatisfied (29%) or dissatisfied (36%).

Table 12: If no, what is the reason that you have not received housing support?

I have not applied	I applied but have not had a decision	I applied but it was declined	I do not want a house	I already have my own house	No reason given	Total
31.4	39.0	5.7	0.4	8.9	14.6	100.0

Amongst the majority (71%) who had not been recipients of a housing benefit, almost two out of five (39%) said that they had applied for housing but not yet been told of the outcome of their application. Almost one third (31%) had not applied and 6% had applied and the application had been declined.

A very small proportion (1%) indicated that they or their family had received assistance to pay the mortgage on their house in the form of a 'bond rescue'. These respondents had received amounts ranging from R7,000 to R300,000, which in almost all (98%) cases did not cover the full outstanding amount on their mortgage bond. Again, around half of the others had not applied for a bond rescue, had applied but not had a decision, or had not applied because they did not have a mortgage bond to pay.

Asked whether they or their dependents required other forms of housing support, almost three-quarters (71%) made a response. The comments reinforced the views expressed in the earlier questions. The main issues that re-emerged pertained to:

(i) the complete lack of an adequate place to live:

- Yes, because I am squatting at my sister's house*
- Yes, because I stayed in my husband's parents' house. I need my own house urgently*
- Yes, we need house as we are homeless*
- Yes, I need a house because I am renting in someone's house*
- Yes, I am a back-yarder not in a safe healthy environment*

(iii) the size of existing houses in relation to household needs:

- I need a house. We are too many in the house*
- Top up to build another room*

And (iii) the poor quality of houses that had been provided:

- Fence and title deed, fixing of cracks in the wall*
- Upgrade because of poor workshop*
- Yes, wooden floor (for health reasons) because the place is watery*
- The house is too old, and the roof has been swept by wind*

3.3 Education, training, skills development

Approximately one in eight (12%) of the respondents or members of their family had received financial support for studies at school or tertiary level. About half (49%) of the beneficiaries had been studying at school and about one-quarter in each of the trade (23%) or university (28%) sectors. For two in five (40%) of the recipients, the duration of the financial support was one year, while some (9%) had received two years of support, 30% had received three years of support, and 39% had received support for studies lasting more than three years. Note that these proportions total to more than 100% because some recipients received support for more than one course, diploma or degree. The size of the educational grants received varied from R2,900 to R320,000.

Table 13: Educational grants received by military veterans and dependents

	R2900-R17000	R17001-R32500	R32501-R85000	R85001-R320000	Total

Number	12	11	15	18	56
%	21%	20%	27%	32%	100%

Asked whether they or their dependents require other types of education, training and skills support, 62% gave affirmative responses, clearly signaling the demand for this form of empowerment. Two-thirds (67%) of these indicated their desire for tertiary education of some type, without being specific. A small proportion (8%) said that their need is for basic education. One-quarter (25%) mentioned a wide range of specific skills or courses that they or their dependents would like to pursue. These included:

Boilermaker / driver's license

Computer Skills, farming and business skills

Fashion design and spray painting

Logistics and transport degree or diploma, catering diploma

Yes, my child finished matric, need to do further studies. I'm a welder without certificate, and I need to go qualify as a welder

Yes, I need skills so I can open up my business and create employment

Yes, to become a security officer

3.4 Business empowerment and support

A small proportion (3%) said that they had received training or financial support in starting or running a business. The specific training was related to farming (33%), security (28%), generic business skills (27%), coffin making (6%) or construction (6%). Almost two-thirds (63%) of the training service providers were private, while 37% were government-funded, such as SETAs. The extent of the financial support ranged from R4,500 to R20,000.

A large proportion (62%) indicated that they or their dependents required other business empowerment support. These responses were predominantly (73%) non-specific and pertaining to the need for training and/or funding, such as:

Any business empowerment support is welcomed in my family that can put wolves far away from us

I registered a business and I need business support

My wife is not working [and] she needs to start a business

We require business empowerment support any as we are a family of hustlers

Yes, financial support; marketing support

Yes, I am planning to register my own business

Yes, if they can give me funding

Yes, we need business empowerment support so that we can feed ourselves

The rest (27%) were more specific, indicative of forethought, about agricultural/farming, construction/plumbing/electrical, retailing, catering, security, creche or other businesses.

I am planning to do livestock farming

Farming business in a form of co-operative in crop and animal farming

Yes, my daughters need empowerment catering

Yes, start my own tshisanyama

Registration of Karoo art gallery

Yes, defence film facilitation, office, online grocery delivery app

We want to sell fruits, vegetables and clothes

Yes, hiring out stoves, chairs, tents, pots, catering equipment

3.5 Dedicated counselling and treatment

A small minority (5%) indicated that they were currently receiving counselling and treatment for a mental health condition. A further 11% said that they had previously received such counselling but that it was no longer happening. The majority (84%) had never been the beneficiaries of counselling. Amongst the latter group, their family (42%) was named most frequently as the normal outlet for talking about traumatic events. Others said that they spoke to comrades (18%), friends (17%), their spouse (15%), religious leaders (9%) and/or qualified medical or social work practitioners. However, a disturbingly large proportion (19%) said that they did not talk to anyone about traumatic events or situations that they had experienced.

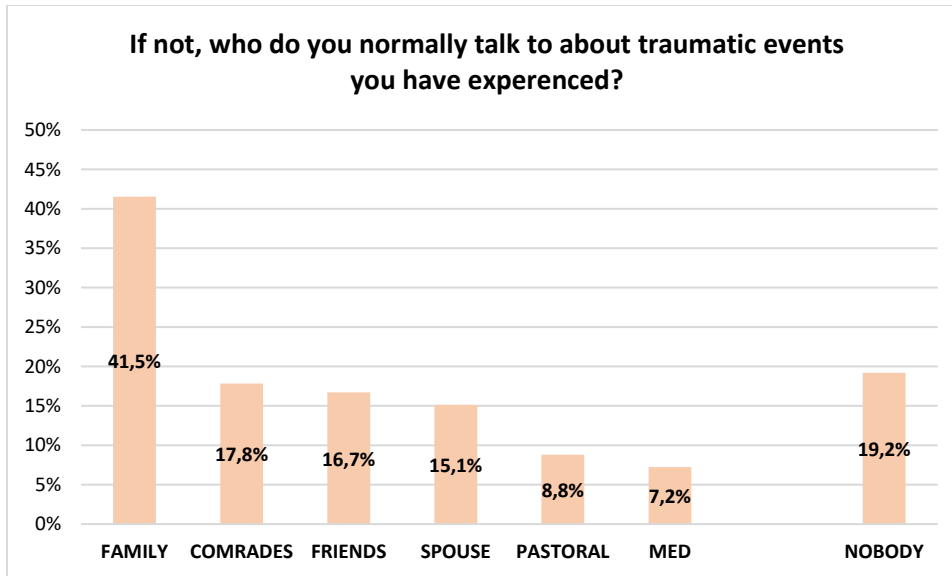


Figure 3: Alternative counselling of those MVs who do not receive counselling support

3.6 Compensation for injury or trauma or disease

A small minority (4%) said that they had received financial compensation for an injury, trauma or disease. This had mostly (94%) been for military veterans themselves, with few dependents having received compensation. The reasons for the compensation had primarily been for physical injuries (83%), with smaller proportions having received financial compensation for mental (14%) or other (3%) conditions. The amounts received varied very widely from a low of R2,000 to a high of R225,000.

Respondents were asked whether they or their dependents require other types of compensation for injury, trauma or disease. Almost one-third (31%) said that they did. The rationale for their requests covered the physical and mental conditions, as exemplified by a sample of comments:

I got a spinal cord injury and can't perform heavy duty

I need more money to pay for my medication

Injury in 1983 in Rundu en Suid Wes Afrika

Its 7 years since I applied for compensation for trauma and injuries; till to date nothing has happened. MVs are a dying community. They must fast track their benefits

Post traumatic disorder due to military activities one underwent through and perpetual stress of being unemployed at age of 55. And since I came back from exile I never worked. So, there is no restoration

Yes, because I have a condition with my left ear I cannot hear properly because of incidents I have come across

Yes, because I was tortured by the special branch and Lokowa bantustan police

Yes, I can't sleep at night because of trauma and my back is painful

Yes, I suffer from trauma caused during things happened while I was doing border duties

Yes. PTSD counselling

Yes, for trauma, depression and injury

3.7 Pension

Just 4% of respondents said that they receive a regular monthly pension as a military veteran, while 96% said that they did not. The amounts received ranged from R350 to R15,000.

Table 14: Monthly pensions received by military veterans

Amount	No pension	R350 to R2000	R2001 to R3500	R3501 to R6000	R6001 to R15000	Total
%	96%	1%	1%	1%	1%	100%

Even amongst the few that do receive military pensions, only 11% said that it was adequate for their needs. Respondents were requested to provide details about their normal expenses. Only a few (6%) made detailed responses to this question, a summary of which is listed in the following table. This information illustrates the pressure of living costs on military veteran households, given the limitations of their average income levels.

Table 15: Major monthly expenses of military veteran households

Major expense item	Number of respondents	Average monthly cost
Food, groceries	38	R2,353
Electricity, water, rates, rent	32	R852
Transport, fuel	18	R850
Burials, insurance	13	R588
Clothes	9	R869
Education	7	R1,320

3.8 Subsidised public transport

Subsidised public transport is a benefit that is envisaged in the MVA, but not yet provided, although 2% indicated that they have received such a benefit. This is probably a misunderstanding of what such a benefit would entail. Nonetheless, in anticipation of a rollout

of the benefit, respondents were asked about their normal use of public transport. Almost one-third (31%) said that they made daily use of public transport. A further 16% use it a few times per week. The rest were less frequent users: 10% weekly; 15% a few times per month; 15% monthly; 2% less than once per month; and 11% rarely or never.

Table 16: How often do you use public transport?

Frequency	Daily	A few times per week	Weekly	A few times per month	Monthly	Less than once per month	Rarely or never
% of respondents	31.0	16.3	9.9	14.8	14.8	2.6	10.6

By frequency, most (85%) trips were taken by taxi. Few (12%) were taken by bus or a combination of bus and taxi or by the respondents' own cars (3%). The trips were either daily (to work or sometimes to look for work) or less frequently (for shopping, hospital visits, veterans' meetings), and over varying distances. Depending on the frequency and distance of the taxi trips, the expenditure varied from R52 per day for daily commuters, to R390 per month for those who make return taxi trips only once per month, as shown in the table below. These trends give an indication of the potential demand for subsidised public transport for military veterans, although the demand would be likely to increase should the transport subsidy benefit be implemented.

Table 17: Mean expenditure on return trips by minibus taxi, by frequency of trips

Frequency	Daily	A few times per week	Weekly	A few times per month	Monthly	Less than once per month	Rarely or never
Mean taxi expenditure	R52	R146	R210	R153	R390	R156	R218

3.9 Burial

Almost 2% of the survey respondents said that they had received support for burial expenses. The amount received ranged from R17,000 to R35,000. Although 43% said that the amount had been sufficient, while more than half (57%) of the recipients indicated that the amount received had not been adequate for their needs. This is not surprising, given the importance of funerals and the large expenses incurred on funerals in the South African culture.

3.10 Memorialisation

Just less than 1% of respondents had received support to cover cost of a tombstone for a military veteran in their family. Asked about other types of support that they might require for burial or

memorialisation, the most common request was for their dependents to be included as beneficiaries of this service.

3.11 Further comments

A concluding question in the survey was for any further comments about each of the benefits in order to assist the Department of Military Veterans to prioritise improvements. The three most common issues that emerged were that: (i) the inefficiencies, delays and inadequacies in the delivery of the prescribed benefits should be addressed and resolved; (ii) that the dependents of military veterans should also be recognised as potential beneficiaries of the list of benefits prescribed in the MVA; and that (iii) inadequate information about the benefits is made accessible in the public domain. The table below highlights specific quotes from respondents to illustrate the gist of their concerns.

Table 18: Comments focused on prioritisation of each benefit

Housing	<i>Dependents should be considered My house is falling apart I need top up to fix my house Need a house urgently</i>
Education, training, skills development	<i>Bursary be paid on time I need the DMV to assist my children</i>
Business empowerment, support	<i>DMV had empty promises for this service Please assist me financially to improve my company</i>
Health care	<i>Bring mobile clinic to the veterans Family members must be covered as well It must include our dependents Military hospital is too far from my place</i>
Dedicated counselling and treatment	<i>All veterans need counselling Not enough information - DMV</i>
Compensation for injury, trauma, disease	<i>I must be compensated for injury and the trauma I went through Long overdue, needs to be implemented</i>
Pension	<i>As soon as possible to alleviate poverty Must be given to all veterans</i>
Subsidised public transport	<i>DMV must speed the process I need it as a veteran</i>
Burial	<i>More clarity as to who is covered Expand to the whole family</i>
Memorialisation	<i>Include our dependents DMV should do outreach in this regard</i>

Respondents were also asked to indicate any other needs that had not been mentioned in the questionnaire or in their previous comments. More than two-fifths (42%) took advantage of this opportunity to highlight a range of issues, in particular the need for employment (8%) or job

opportunities for military veterans and their dependents, a reflection of widespread lack of sufficient income. Typical comments were:

Employment opportunities for all veterans

Job placement for dependents and military veterans

A further 8% made specific mention of the need for greater efficiency in the operations or responsiveness of the DMV to their queries and applications. This comment was most frequent amongst respondents in Limpopo, which warrants an enquiry into the reasons for this complaint. The frustrations were expressed in comments such as:

The DMV should clarify the role of coordinators in the province because we do not see them anywhere

Speeding up of the database and force number allocation because it is a requirement

People who got the hearts of military should be hired as provincial coordinators

Coordinators must be given [training in] customer care. Their job description must be made clear to us because we don't know what they are coordinating. They just collect their salary

Coordinators of my DMV are not available for us

DMV cars should be taken away from provincial coordinators because they are being used for their personal interests and they are not even shy to say they are doing military vets a favour in trying times

Another 5% reiterated the issue of dependent exclusion that had emerged in earlier questions. This complaint took the form of comments such as:

The family of the deceased military veterans is not taken into consideration

Deceased family are left out. They should be considered

And 2% mentioned their need for transport, particularly for accessing medical care facilities.

3.12 Mutual assistance

More than half (52%) of the respondents gave affirmative answers to the question: "Can you please provide us with examples of how you or any other military veteran that you know has helped a fellow veteran in need?" This signals a widespread culture of ubuntu and mutual support. The most common type of assistance given, as identified by 11% of respondents, was the provision of information or aid in completing official application forms pertaining to military veteran or other matters. Second most frequent (10%) was the sharing or donating of food to

comrades and their families. Others donated or lent money (5%), or provided moral and emotional support, sometimes in the form of counselling (4%); or transportation (4%); or assistance during a time of illness (4%), with medication or hospital visits; or support on the occasion of a funeral (3%). A further 12% mentioned that mutual support had been experienced or given without specifying the nature of the support.

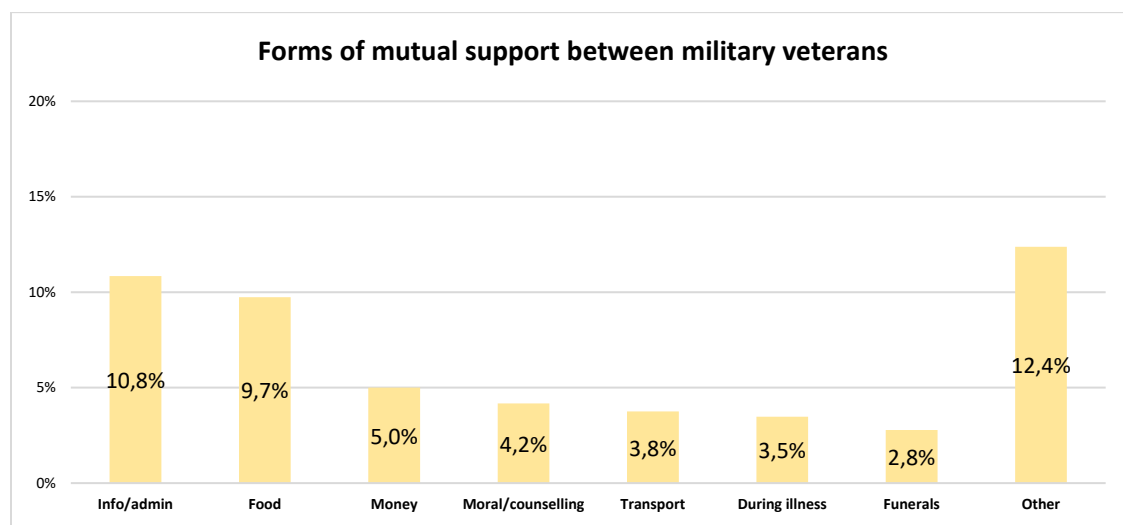


Figure 4: Forms of mutual support between military veterans

3.13 Current situation of military veterans

The survey also provided some useful data on some aspects of the current circumstances of the MVs and MVDs who participated in the study. This type of data is critical for developing an understanding of the extent of the need among military veterans for the existing benefits and services provided by the DMV in terms of the provisions of the MVA, or others that are not accommodated in the MVA. In addition, they are necessary for planning and budgeting.

Just over half (51%) of the respondents had some secondary education, while 24% had completed matric, 13% had a degree or diploma and just over 4% had some vocational training. The rest (8%) had no formal education or only a few years of primary education. Thus, 59% of the respondents had not completed their schooling by obtaining a matric.

Table 19: Employment status

Current Occupation	Employed full-time	11.6	Permanently sick or disabled	2.9
	Employed part-time	7.4	Student or learner	0.2
	Self-employed	6.5	Pensioner	17.9
	Employed in casual work or piece job	6.9	Looking after household, children, others	1.2
	Unemployed, looking for work	37.1	Other occupation	1.2

	Unemployed, not looking for work	7.1	Total	100.0
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Just over one in every ten respondents (11.6%) was in full-time employment, while more than one in every three (37.1%) was unemployed and still looking for work. Only slightly more than 7% were employed part-time and just under 7% had casual or piece jobs. A mere 0.2% of the respondents were students or learners, while over one in every five (20.8%) were pensioners, permanently sick or disabled. Only 6.5% were self-employed.

Table 20: Average personal monthly income

Average personal monthly income	< R1000	R1001- R2500	R2501- R5000	R5001- R10000	R10001- R20000	R20001- R40000	> R40000	Don't know	Refuse to say	Total
%	34.4	27.3	10.7	7.9	3.0	0.7	0.7	5.9	9.4	100.0

More than a third (34.4%) of respondents earned less than R1,000 a month, while a further 40% earned between R1,001 and R5,000 a month. Just under 8% had an average personal monthly income between R5,000 and R10,000 and a mere 4.4% of the respondents earned above R10,000 every month. About 6% don't know what they earn every month, and a further 9.4% refused to indicate their monthly earnings.

Only 1% of the respondents considered themselves to be wealthy. Just over 3% felt they were very comfortable or reasonably comfortable. By contrast, just under a quarter (23.4%) said they were just getting along and under a third (31.4%) that they were poor. A significant 41% of the respondents considered themselves to be very poor. Thus, 72.4% felt that they were poor.

Table 21: Self-assessed wealth status

Self-assessed wealth status	Wealthy	Very comfortable	Reasonably comfortable	Just getting along	Poor	Very poor	Total
%	1.0	0.9	2.3	23.4	31.4	41.0	100.0

The overwhelming bulk (50.4%) of respondents lived in township or RDP houses, while just under 10% lived in a backyard shack or room in a township and just under 8% in an informal settlement. Only slightly more than 17% lived in a suburban house, cottage, flat, apartment or townhouse. While 10% of the respondents lived in a rural area, 4.6% did not live in any of the types of residences listed above.

Table 22: Type of residence

Type of residence	Township or RDP house	Backyard shack or backyard	In an informal settlement with a yard	In an informal settlement	Suburban house or cottage	Flat, apartment or townhouse	Rural area	Other	Total

		room in a township		without a yard					
%	50.4	9.9	5.4	2.4	16.7	0.6	10.0	4.6	100.0

Only 13.4% of the respondents lived alone, while 28% of them lived in a household with 2 adults older than 18 years of age. A further 21% lived in households with 3 adults and 18% with 4 adults living in the house. A total of 12% of respondents lived in households with between 5 and 15 adults.

While 17% of the respondents had no children living with them, about 29% had one child and another 29% had two children aged 18 years or less living in their household. A further 12% had three children and 6.6% had four children in their homes. Just under 7% of the respondents lived in households with between 5 and 18 children aged 18 years or less.

Table 23: Number of children in household aged 18 years or less

Number of children in household aged 18 or less	0	1	2	3	4	5	6	7	8	9	13	18	Total
%	17.0	28.9	28.9	11.9	6.6	2.1	2.5	1.2	0.3	0.2	0.2	0.2	100.0

3.13 Recommendations

A national sample of military veterans and their dependents have made their voices heard in respect of the benefits to which they are entitled in terms of the Military Veterans Act. The Needs Assessment survey has provided valuable insights into their lived experience and perceptions of these individuals and households who have made massive sacrifices in order to procure the democratic freedoms that prevail in South Africa. It is therefore imperative that adequate provision be made to deliver the promised benefits. This will entail budgetary provision as well as proactive and collaborative interdepartmental initiatives to facilitate widespread and efficient attention to this critical matter.

The survey has shown that of the ten specific benefits listed in the MVA, only two, namely health care and housing, have been provided at any scale. Even these benefits have reached less than half of the eligible households, namely 48% for health care and 29% for housing. In respect of the other eight benefits, much smaller proportions have actually reaped any advantage, ranging from 12% for educational benefits to only 7% for counselling, and even less for the other benefits, namely burial support (4%), pension (4%), compensation (3%), memorials (2%), transport (2%) or business support (1%). These findings reflect and authenticate the levels of dissatisfaction that have been robustly aired by the various veterans' organisations in recent years.

The greater focus on health and housing is correct and justifiable in terms of the normal human hierarchy of needs, and especially in the face of numerous other demands on the Treasury. It is imperative that these two benefits be delivered to all military veterans and their dependents and that the reach, efficiency and quality of the health care and housing which they receive should be continually enhanced. Nonetheless, the other benefits are also of critical importance, given the particular combat experiences and subsequent integration of military veterans into civilian society and the growth and expansion of their households since the democratic changes of the 1990s.

Specific broad guidelines for each of the benefits are provided to facilitate future development and implementation of policy. In each case, a series of workshops should be convened by the DMV with the relevant line departments responsible for delivery of the particular services concerned to strategise methods of streamlining access to the best possible quality of the benefits.

1. *Health care:* An urgent requirement is for the DMV to engage with the Department of Health in order to harmonise databases of eligible military veterans and dependents. A further critical need is to interrogate methods of improving access to medical facilities in poorly serviced districts. Widespread and effective impact will be achieved by focusing resources on the treatment of the most common ailments that have been identified amongst the target group, namely hypertension or high blood pressure; acute diarrhea, fever, flu, headache or cough; ailments of the mouth or teeth; arthritis or pain in the joints; sleep problems; diabetes; military injuries; and depression or anxiety.
2. *Housing:* The DMV should engage with the Department of Human Settlements to harmonise databases of eligible military veterans and dependents. Applicants who have been waiting the longest should be prioritised without favouring members of any of the military veterans' organisations. Furthermore, the DMV should survey the perspectives of existing beneficiaries of housing with a view to extending dwellings of inadequate size, and repairing defects that have emerged since construction of the houses.
3. *Education:* The Departments of Basic Education and Higher Education should be engaged and re-alerted to the specific needs of the DMV target group. The demand for education at the foundation, primary, secondary, FET and tertiary levels should be highlighted to the relevant directorates. The DMV database should be provided to these departments so that applicants for educational bursaries can be treated with the necessary urgency and professionalism to facilitate ongoing studies without disruption owing to delays in payment.
4. *Counselling:* The Department of Social Development should be engaged urgently to address the widespread demand, whether explicitly acknowledged or not by military

veterans and dependents, for professional counselling. The DMV database should be made available to the DSD such that access to social workers and counsellors is streamlined and expedited, especially for military veterans who have lived for decades without being able to express their frustrations and receive help with issues of their mental health.

5. *Burial support:* The DMV should provide clearer information about the nature of burial support that is offered to military veterans. The requisite human and financial resources should be budgeted for the DMV to be able to enhance the dissemination and quality of this benefit.
6. *Pensions:* The Department of Social Development should be given the opportunity to harmonise its database of pensioners with the DMV database to ensure that all eligible military veterans and dependents are registered to receive an Old Age Grant and/or Disability Grant, contingent on their individual age and disability status. Members of the military organisations for previous non-statutory forces should be prioritised, given the history of non-integration of some of their members into the SANDF.
7. *Compensation:* Clear guidelines on eligibility for compensation should be updated and disseminated to all military veterans. The DMV database should then be updated to note all incidences of medical conditions or personal histories that might constitute eligibility. The relevant screening should be done with assistance where necessary by the Departments of Health and of Social Development to verify each case. Adequate budgetary provision should be made for the disbursement of compensation to eligible military veterans, and payments should be made with urgency.
8. *Memorialisation:* Clear guidelines regarding eligibility should be issued, with specifications for maximum disbursements. Guidelines should be disseminated to all military veterans.
9. *Transport:* The Department of Transport should be engaged to assess the feasibility of issuing a public transport pass for military veterans. This would entail the establishment of electronic mechanisms for recording the use of public transport by veterans, such that the operators of the transport can make claims for the trips made. It may initially be more feasible to implement the scheme on government-owned buses and trains, than on privately-owned minibus taxis. However, taxis should be included in medium term implementation, given their ubiquity and popularity over other forms of public transport. The Department of Transport should be provided with an appropriate budget to operate the scheme.
10. *Business support:* Clear guidelines should be formulated on the nature of business support that can be offered to military veterans and dependents. Budgetary constraints

are likely to rule out business loans or subsidies, however skills training in management, finance, bookkeeping should be offered by the relevant SETAs.

References

- Bandeira, M. (2009), 'Ex-combatants in South Africa: how to address their needs', *Intervention* 2009, Volume 7, Number 1.
- Gear, S. (2002), "'Wishing Us Away: Challenges facing ex-combatants in the 'new' South Africa'", *Violence and Transition Series*, Volume 8, Centre for the Study of Violence and Reconciliation.
- Liebenberg, I. and Roefs, M. (2001), Demobilisation and its aftermath II: Economic reinsertion of South Africa's demobilised military personnel, Monograph.
- Mashike, L. and Mokalobe, M. (2003), 'Reintegration into Civilian Life: The case of former MK and APLA combatants', *Track Two*, Vol. 12, Nos. 1 and 2, September, 8-38.
- Sedgwick, P. (2013) Convenience sampling *BMJ*; 347: f6304 doi:10.1136/bmj.f6304.
- Van der Merwe, H. and Lamb, G. (2009). Transitional Justice and DDR: The Case of South Africa, p.5. <https://www.ictj.org/sites/default/files/ICTJ-DDR-South-Africa-CaseStudy-2009-English.pdf>.

Appendix 1: Research Instrument for Data Collection



HSRC
Human Sciences
Research Council

DCES
Developmental, Capable
& Ethical State

ASSESSMENT OF NEEDS OF MILITARY VETERANS 2021– focus group guideline

Introduction

The Department of Military Veterans has commissioned the Human Sciences Research Council to conduct an assessment of the needs of military veterans and their families. Thank you for agreeing to participate in this discussion. We would like to find out about the lives and needs of people like yourself, so that government can prioritise policies that will be most effective in assisting you in meeting the needs of you and your dependents.

1. **Please describe your experience in the military environment and your transition into civilian life once you left the military? If you are not a military veteran, please describe your experience as a dependent of a military veteran.**
2. **Have you or your family received any benefits because you are a military veteran or the dependent of a military veteran?**

Facilitator, probe for each of the following benefits, asking for details about the value or quantity of the benefit, and the duration or dates of receipt of the benefit. If the benefit has not been received, probe regarding attempts to access the benefit.

2.1 Housing
2.2 Subsidised public transport
2.3 Pension
2.4 Health care
2.5 Dedicated counselling and treatment
2.6 Compensation for injury/trauma/disease
2.7 Education, training, skills development
2.8 Business empowerment, support
2.9 Burial
2.10 Memorialisation
2.11 Other benefits

3. **What are the current most urgent needs of you and your family?**

Facilitator, especially probe regarding any of the following needs

3.1 Housing
3.2 Subsidised public transport
3.3 Pension
3.4 Health care
3.5 Dedicated counselling and treatment
3.6 Compensation for injury or trauma or disease
3.7 Education, training, skills development
3.8 Business empowerment, support
3.9 Burial
3.10 Memorialisation

- 3 **Let's talk about any other comments or suggestions that you may have for improving the well-being of military veterans and their dependents.**

BACKGROUND INFORMATION: (separate form to be completed by each participant)

To guide our analysis of this discussion, we would like you to give us some background questions about you and your household.

1 Please provide details of the military force in which you or your family member was involved.

Name of military force	Duration (from...to)	Final rank or capacity	Countries & regions where you were based

2 Please provide the following details about yourself:

Are you personally a Military Veteran or a Military Veteran Dependent?	Location of residence	Age (in years)	Gender	Population Group

3 What is your highest level of education?

No formal education	Primary education	Some secondary education	Completed matric	Higher education (degree or diploma)	Vocational training

4 Which of the following best describes your current occupation? (select the relevant box)

Employed full-time		Permanently sick or disabled	
Employed part-time		Student or learner	
Self-employed		Pensioner	
Employed in casual work or piece job		Looking after household, children or other persons	
Unemployed, looking for work		Other occupation (specify)	
Unemployed, not looking for work			

5 In which province do you live?

Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	Outside South Africa

6 What is the name of the township or suburb or village where you live?

7 Which of the following best describes the kind of place where you live?

Township or RDP house	Backyard shack or backyard room in a township	In an informal settlement with a yard	In an informal settlement without a yard	Suburban house or cottage	Flat, apartment or townhouse	Hostel or student residence	Rural area	Other

8 How many adults aged 18 years and older are currently staying in your household? _____

9 How many children younger than 18 years are currently staying in your household? _____

10 Where do you mostly get the drinking water used by this household?

Tap inside my house	Tap in my yard or on site	Public tap nearby	Water tanker or carrier nearby	Another more distant source	Other

11 Do you personally know anyone who currently has coronavirus? (Select all that apply)

Yes, myself	Yes, a member of my family	Yes, a close friend	Yes, someone else I know	Yes, someone else	No, I do not know anyone

12 Would you say that you and your family are...?

Wealthy	Very comfortable	Reasonably comfortable	Just getting along	Poor	Very poor

13 What is your household monthly income on average? Please include income from all sources, including social grants. If you are unsure, please give your best guess.

Less than R1000 pm	R1001-R2500	R2501-R5000	R5001-R10000	R10001-R20000	R20001-R40000	More than R40000	Don't know	Refuse to say

Appendix 2: Sample demographics

A summary of the biographical characteristics of the survey sample is provided in this section.

Status	Military Veteran	Military Veteran Dependent	Undeclared	Total
%	85.6	7.0	7.4	100.0

Age Group	20-40	41-50	51-60	61-70	71-91	Undeclared	Total
%	1.7	29.6	40.8	12.5	5.0	10.4	100.0

Population Group	Black African	Coloured	White	Other	Undeclared	Total
%	74.4	6.4	0.4	0.6	18.2	100.0

Highest level of education	No formal education	Primary education	Some secondary education	Completed matric	Higher education (degree or diploma)	Vocational training	Total
%	2.2	5.8	50.7	23.8	13.2	4.2	100.0

Current Occupation	Employed full-time	11.6	Permanently sick or disabled	2.9
	Employed part-time	7.4	Student or learner	0.2
	Self-employed	6.5	Pensioner	17.9
	Employed in casual work or piece job	6.9	Looking after household, children, others	1.2
	Unemployed, looking for work	37.1	Other occupation	1.2
	Unemployed, not looking for work	7.1	Total	100.0

Province	Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	Total
%	20.7	4.5	14.0	13.9	5.4	13.9	7.8	4.9	14.9	100.0

Type of residence	Township or RDP house	Backyard shack or backyard room in a township	In an informal settlement with a yard	In an informal settlement without a yard	Suburban house or cottage	Flat, apartment or townhouse	Rural area	Other	Total
%	50.4	9.9	5.4	2.4	16.7	0.6	10.0	4.6	100.0

Number of adults in household aged 18+	0	1	2	3	4	5	6	7	8	9	11	12	15	Total
%	7.8	13.4	28.0	20.9	18.0	5.2	2.8	1.7	0.8	0.9	0.2	0.2	0.2	100.0

Number of children in household aged 18 or less	0	1	2	3	4	5	6	7	8	9	13	18	Total
%	17.0	28.9	28.9	11.9	6.6	2.1	2.5	1.2	0.3	0.2	0.2	0.2	100.0

Do you personally know anyone who currently has coronavirus? (Select all that apply, i.e. multiple response)	Yes, myself	Yes, a member of my family	Yes, a close friend	Yes, someone else I know	Yes, someone else	No, I do not know anyone	No response	Total
%	2.2	5.4	1.9	5.3	5.0	69.4	14.2	103.4

Self-assessed wealth status	Wealthy	Very comfortable	Reasonably comfortable	Just getting along	Poor	Very poor	Total
-----------------------------	---------	------------------	------------------------	--------------------	------	-----------	-------

%	1.0	0.9	2.3	23.4	31.4	41.0	100.0			
Average personal monthly income	< R1000	R1001-R2500	R2501-R5000	R5001-R10000	R10001-R20000	R20001-R40000	> R40000	Don't know	Refuse to say	Total
%	34.4	27.3	10.7	7.9	3.0	0.7	0.7	5.9	9.4	100.0

Appendix 3: Survey questionnaire



SURVEY OF NEEDS OF MILITARY VETERANS: 2021/22

Introduction

The Department of Military Veterans has commissioned the Human Sciences Research Council to conduct a survey of the needs of military veterans and their families. We kindly request that you complete this survey/ or consent to be interviewed. The intention is to find out about the lives and needs of people like yourself, so that government can prioritise policies that will be most effective in assisting you in meeting your needs.

4. Please provide details of the military force in which you or your family member was involved.

Name of the military force in which you served (SANDF, MK, AZANLA, SADF, APLA, CDF, TDF, BDF, VDF)	Duration (from...to)	Final rank or capacity	Countries & regions where you served

5. Please indicate if you or any of your dependents have ever received any of the following benefits.

Benefit	Housing	Health	Counselling	Transport	Pension	Compensation	Business	Burial	Memorial	Other
Yes										
No										

6. If other, please specify

HOUSING BENEFITS

7. Have you or your dependents received a house as a military benefit?

 YES
 NO

8. If yes, can you estimate the size of the house?

 40m²

 50m²

 Other, specify

 Don't know

9. If yes, how satisfied are you with the house?

Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know

10. What is the reason for your response in the previous question?

11. If no, what is the reason that you have not received housing support? (select all that apply)

I have not applied	I applied but have not had a decision	I applied but it was declined	I do not want a house	I already have my own house	Other (specify)

12. Have you or your family received assistance to pay the mortgage bond on your house (bond rescue)?

YES

NO

13. If yes, what was the total amount you received to pay the mortgage bond?

R

14. If yes, did this amount cover the full outstanding amount of your mortgage bond?

YES

NO

15. If no, what is the reason that you have not received a house bond rescue? (select all that apply)

I have not applied	I applied but have not had a decision	I applied but it was declined	I do not have a mortgage bond	My house is already paid off	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Do you or your dependents require other forms of housing support? If yes, please give details.

EDUCATION, TRAINING, SKILLS DEVELOPMENT

17. Have you or any of your family members received financial support for studies at school or post-matric level?

YES

NO

18. If yes, please indicate the family member, type of studies, number of years of support, and the approximate total amount received so far.

	Family member	Type of studies	Number of years of support	Total amount received
15.1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

19. Do you or your dependents require other types of education, training and skills support? If yes, please give details.

BUSINESS EMPOWERMENT AND SUPPORT

20. Have you received training or financial support in starting or running a business?

YES

NO

21. If yes, please indicate the type of business and the total amount received so far.

	Type of business	Training service provider (if applicable)	Financial amount received
18.1	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.2	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. Do you or your dependents require other business empowerment support? If yes, please give details.

HEALTH CARE

23. Do you and your dependents receive financial support for your medical expenses?

YES	<input type="checkbox"/>
-----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

24. Have you or a dependent ever received financial support for treatment in hospital?

YES	<input type="checkbox"/>
-----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

25. Have you or a dependent ever received financial support for out-patient treatment?

YES	<input type="checkbox"/>
-----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

26. If yes, for which of the following conditions have you or a dependent received financial support, and where did you receive the treatment? (select all that apply)

Condition	If yes, specify place/ service
Covid-19	
Tuberculosis (TB)	
HIV	
Other sexually-transmitted	
Malaria	
Other communicable disease	
Diabetes	
Lung disease	
Sleep problems	
Maternal/pregnancy	
Arthritis/pain in joints	
Asthma/breathing	
Depression/anxiety	
Surgery	

Condition	If yes, specify place/ service
Hypertension/blood pressure	
Cataracts	
Mouth/teeth	
Stomach/muscle pain	
Stroke	
Angina/heart disease	
Nutritional deficiency	
Acute diarrhoea/ fever/ flu/	
Cancer	
Work/occupational injury	
Military injury	
Other injury	
Other (specify)	

27. Please indicate the name of the hospital/s or clinic/s where you received treatment.

--

28. How accessible is the hospital/clinic that you used most recently?

Very inaccessible and/or far from my home	Inaccessible or far from my home	Accessible and/or close to my home	Very accessible and/or close to my home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. If no, what is the reason that you do not receive medical benefits?

I have not registered with SAMHS	I have registered with SAMHS but not had a decision	I do not need or want to receive financial support for medical expenses	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Do you or your dependents require other types of health care support? If yes, please give details.

--

DEDICATED COUNSELLING AND TREATMENT

31. Have you received counselling and treatment for any mental health condition?

YES, currently		YES, but no longer		NO	
----------------	--	--------------------	--	----	--

32. If not, who do you normally talk to about traumatic events or situations that you have experienced?

--

COMPENSATION FOR INJURY OR TRAUMA OR DISEASE

33. Have you or your dependents ever received financial compensation for an injury, trauma or disease?

YES		NO	
-----	--	----	--

34. If yes, what was the nature of the condition, and what amount did you receive?

	Self or dependent	Type of injury, trauma, disease	Amount received
31.1			
31.2			
31.3			
31.4			

35. Do you or your dependents require other types of compensation for injury, trauma or disease? If yes, please give details.

--

PENSION

36. Do you receive a regular monthly pension as a military veteran?

YES		NO	
-----	--	----	--

37. If yes, what is the amount that you receive?

R

38. If you receive a monthly pension as a military veteran, is it adequate for your needs?

YES		NO	
-----	--	----	--

39. If you receive a pension, please indicate the main expenses which you pay.

Expense item	Approximate cost	Frequency (weekly/monthly)
	R	
	R	
	R	
	R	
	R	

SUBSIDISED PUBLIC TRANSPORT

This benefit is not yet provided but we would like to know about your normal use of public transport.

40. How often do you use public transport?

Daily	A few times per week	Weekly	A few times per month	Monthly	Less than once per month	Rarely or never

41. Please provide details of your usual trips by public transport.

	Place of destination	Purpose	Frequency (daily/weekly)	Type (taxi/train/bus)	Return cost
38.1					R
38.2					R
38.3					R
38.4					R

BURIAL

42. Has any deceased military veteran in your family received support for burial expenses?

YES

NO

43. If yes, please indicate the details of the burial support.

	Family member	Date	Place	Amount received
40.1				
40.2				
40.3				

44. If you have received support for burial services for a family member or dependent, was it adequate for your needs?

YES

NO

MEMORIALISATION

45. Have you received support to cover the tombstone of a military veteran in your family?

YES

NO

46. If yes, please indicate the details of the memorial.

	Family member	Date	Place	Amount received
43.1				
43.2				
43.3				

47. Do you or your dependents require other types of support for burial or memorialisation of a military veteran in your family? If yes, please give details.

--

FURTHER COMMENTS

48. Please indicate any further comments about each of the benefits. This will assist the Department of Military Veterans to prioritise improvements.

Housing	
Education, training, skills development	
Business empowerment, support	
Health care	
Dedicated counselling and treatment	
Compensation for injury, trauma, disease	
Pension	
Subsidised public transport	
Burial	
Memorialisation	

49. Please indicate any other needs that are not mentioned above or comments that you have.

--

50. Can you please provide us with examples of how you or any other military veteran that you know has helped a fellow veteran in need?

--

BACKGROUND INFORMATION

We would like to ask you some background questions about you and your household.

51. Please provide the following details about yourself:

Are you personally a Military Veteran or a Military Veteran Dependent?	Location of residence	Age (in years)	Gender	Population Group

52. What is your highest level of education?

No formal education	Primary education	Some secondary education	Completed matric	Higher education (degree or diploma)	Vocational training

53. Which of the following best describes your current occupation? (select the relevant box)

Employed full-time		Permanently sick or disabled	
Employed part-time		Student or learner	
Self-employed		Pensioner	
Employed in casual work or piece job		Looking after household, children or other persons	
Unemployed, looking for work		Other occupation (specify)	
Unemployed, not looking for work			

54. In which province do you live?

Western Cape	Eastern Cape	Northern Cape	Free State	KwaZulu-Natal	North West	Gauteng	Mpumalanga	Limpopo	Outside South Africa

55. What is the name of the township or suburb or village where you live?

56. Which of the following best describes the kind of place where you live?

Township or RDP house	Backyard shack or backyard room in a township	In an informal settlement with a yard	In an informal settlement without a yard	Suburban house or cottage	Flat, apartment or townhouse	Hostel or student residence	Rural area	Other

57. How many adults aged 18 years and older are currently staying in your household?

58. How many children younger than 18 years are currently staying in your household?

59. Do you personally know anyone who currently has coronavirus? (Select all that apply)

Yes, myself	Yes, a member of my family	Yes, a close friend	Yes, someone else I know	Yes, someone else	No, I do not know anyone

60. Would you say that you and your family are...?

Wealthy	Very comfortable	Reasonably comfortable	Just getting along	Poor	Very poor

61. What is your individual monthly income on average? Please include income from all sources, including social grants. If you are unsure, please estimate.

Less than R1000 pm	R1001-R2500	R2501-R5000	R5001-R10000	R10001-R20000	R20001-R40000	More than R40000	Don't know	Refuse to say

62. Please provide a contact number or email address for fieldwork checking purposes:

THANK YOU FOR PARTICIPATING IN THIS SURVEY.

Appendix 4: Follow-up of Needs Assessment Project – Co-ordination of State Support to Military Veterans project

It is proposed that the next logical step – Phase 3 – would be to utilise the findings of the Needs Assessment to form the basis for the development of a framework to facilitate delivery of services to address the needs expressed in the survey. It is anticipated that this will require a complex series of prioritisation exercises pertinent to specific categories of MVs and MVDs, located in different regions of the country. The HSRC research team will harness its collective research skills to engage with the relevant government departments to determine how the needs of MVs and MVDs can be accommodated within the programmes and budgets of each department. This will be achieved by two methods. Firstly, the team will review departmental performance plans, annual reports and budgets as a preliminary assessment of the potential for inclusion of MV needs. Secondly, the team will conduct in-depth interviews with relevant senior officials in each affected department to table the needs of MVs and to gauge the potential for collaboration in the roll-out of benefits for military veterans. The interviews will involve at least the Departments of Basic Education, Higher Education, Human Settlements, Health, Transport or other benefits as listed in the Military Veterans Act (MVA) (Act No 18 of 2011), as well as heads of relevant units at provincial and local government level.

Timeline

It is anticipated that the envisaged Phase 3 would be completed over a six-month period as indicated in the Gantt chart below.

Project Activity	1	2	3	4	5	6
Confirmation of Project Brief						
Research Ethics Approval process						
Analysis & Prioritisation of Needs Assessment Findings						
Interviews with relevant Government Departments						
Development of Framework for Delivery of MV/MVD Needs						

Appendix 5: Demographics of Military Veterans project

Introduction

The Needs Assessment study was necessary because no comprehensive research had hitherto been done to determine the extent to which the DMV has facilitated delivery and coordinated all activities that recognise and entrench the restoration of dignity and appreciation of the contribution of MVs to freedom and nation building in South Africa. In assessing the needs of the MVs, it became clear that reliable and up to date data is needed to plan for the needs of the MVs and MVDs. The need for socio-demographic data and other related development indicators is critical for developing an understanding of the extent of the need among military veterans for the existing benefits and services provided by the DMV in terms of the provisions of the MVA, or others that are not accommodated in the MVA. In addition, they are necessary for planning and budgeting.

In specific, the needs analysis study recommended several other crucial interventions in terms of building a comprehensive MVs and MVDs database.

- 1) The DMV should engage with the Department of Human Settlements to harmonise databases of eligible military veterans and dependents.
- 2) The Department of Social Development should be given the opportunity to harmonise its database of pensioners with the DMV database to ensure that all eligible military veterans and dependents are registered to receive an Old Age Grant and/or Disability Grant, contingent on their individual age and disability status.
- 3) Clear guidelines on eligibility for compensation should be updated and disseminated to all military veterans. The DMV database should then be updated to note all incidences of medical conditions or personal histories that might constitute eligibility.

There is an urgent need to implement a project to develop a more comprehensive, reliable, and representative database. Such a project would give rise to a scientifically sound quantitative profile on the department's key stakeholders in terms of age, gender, marital status, number of dependents, education level, education needs, employment status, income level, pension needs, business support needs, home ownership and need for housing, access to means of communication (cell phones, email, etc.), transport needs, health needs, compensation needs, memorialisation needs, etc. Having a demographic profile of the over 81,000 MVs on the DMV's database would improve the department's ability to plan and budget for the provision of the services and benefits it is required by law to provide to MVs and MVDs, and to identify other pressing needs of MVs and MVDs not included in existing legislation.

Access to the MV database is restricted because of the provisions of the Protection of Personal Information Act (No. 4 of 2013), implemented partly in 2014 and partly in 2020. Accessing the personal details of registered MVs is difficult unless they have given explicit permission for their details to be shared with a specific party. Therefore, in phase 2 of this needs assessment study the HSRC research team was obliged to employ other selection methods to administer a survey. Essentially, the team decided to identify broad settlements in which MVs and MVDs are known to be domiciled so that fieldworkers could target such areas and select randomised convenience samples of prospective respondents. Convenience sampling is employed when participants are selected because they are the easiest to recruit for the study. In other words, the research team decided to select areas where it knew military veterans are clustered or live together in one space. Once these convenient clusters were selected, the respondents were selected randomly from them. Each population member had a known and typically equal probability of being selected. While this survey approach is rigorous and sound, it did not yield a representative survey of MVs and MVDs.

Consequently, the HSRC is proposing a national representative survey approach for the DMV Demographic Survey. A more comprehensive survey is needed to develop a demographic profile of the over 81,000 MVs on the DMV's database to enable it to plan and budget for the services and benefits it is required to provide to MVs and MVDs.

Objective and scope of the study

The objective is to carry out a national representative survey to determine the demographic profile of the country's MVs and MVDs to assist with planning and budgeting. The specific objectives of the DMV Demographic Survey are to:

- Obtain demographic data in terms of age, gender, marital status, number of dependents, education level, education needs, employment status, income level, etc.
- Measure the level of satisfaction with the services received/rendered such as pension, business support, housing, etc.
- Identify gaps and opportunities to enhance and improve the lives of MVs and MVDs.

Proposed research methodology

This study proposes a systematic random sample from the MV database, arranged in a predetermined sequence such that all MVs will have an equal probability of being selected. The aim is to have a realised sample with a sufficient magnitude to be 99% confident of being within a 1,5% confidence interval of the views of the total population of MVs. The realised sample will be stratified according to province, military force type, gender, geographic type (urban/rural) and population (race) group in order to be nationally representative of the military veteran population.

To select the sample, the HSRC research team will use information on the DMV database on the provincial and military force distribution of registered veterans (indicated in the table below) that it already has access to, as well as request the DMV to provide it with similarly anonymised data about the gender, geographic type (urban/rural) and population (race) group distribution of MVs, if such information is available in the existing database.

Number of military veterans by provincial distribution and military force, March 2020

PROVINCE	SADF	SANDF	MK	APLA	TDF	BDF	CDF	AZANLA	UDF	VDF	Total
Gauteng	12225	5164	4350	1911	103	187	22	136	80	21	24199
Western Cape	8018	2567	585	288	58	5	31	48	86	0	11686
Eastern Cape	1880	785	1527	614	1645	70	715	66	42	2	7346
KwaZulu-Natal	3009	1269	2414	173	71	2	5	37	17	1	6998
North West	2543	856	558	351	7	1201	9	17	14	2	5558
Free State	3244	1014	454	219	32	114	7	69	12	0	5165
Northern Cape	3519	858	287	117	6	79	7	13	27	0	4913
Limpopo	2572	829	792	220	3	4	0	95	30	227	4772
Mpumalanga	1863	597	593	108	3	2	1	5	10	0	3182
Outside South Africa	170	30	11	4	0	0	0	0	0	0	215
Unknown	2403	835	1902	1279	52	130	18	92	12	21	6744
Total	41446	14804	13473	5284	1980	1794	815	578	330	274	80778

The methodology that the HSRC has in mind for this project is outlined in somewhat more detail as follows:

1. **Inception.** If this Concept Note is accepted, the HSRC research team will request an **inception meeting** with the DMV. All aspects and expectations in respect of the project will be discussed and clarified, including the drafting of a Project Proposal, Work Plan, Budget and Timeline to guide the implementation of all activities. The details of these jointly determined study design and process-related activities will be documented in an **Inception Report**.
2. **Accessing the DMV database.** The HSRC team will work closely with the DMV Project Management Team to prepare the required information from the updated DMV database. Once the HSRC research team receives the updated anonymised information from the database it will prepare it for the random selection of participants. The intention would be to select a national representative survey that will yield statistically sound and valid results.
3. **Questionnaire.** The research team suggests that the research instrument used in the Needs Assessment project be replicated, but with appropriate edits and well-designed additional questions. This will ensure that previously collected data are comparable to the new data that will be collected. The questionnaire finalisation process will

be undertaken consultatively with the DMV Project Management Team, and the final version submitted for final review and approval.

4. **Fieldwork:** *The survey design will yield a representative sample of MVs. The total sample will be based on the MV Central Database. The selected sample will be stratified by province, geography type, type of military force and other key demographic data such as gender, age and population group. Households will be selected randomly based on the type of information contained in the DM database. The interviews will be conducted face-to-face at the households of the selected MV and MVDs.*
5. **Data capture and validation:** *Every effort will be made to ensure that that process is accurate, and, to assist in this, handheld PDA technology will be employed to eliminate errors wherever possible. The DMV will be given access to the data capture portal to see results as they are captured. The DMV project team will be trained to use the web portal.*
6. **Data analysis and report writing:** *A variety of different analyses will be done on the data. A comprehensive report will be written up with illustrative graphs and charts to ensure that clear and actionable policy, planning and budgeting imperatives are defined from the data. The reports will also be in language that DMV staff will understand. The data will also be modelled and mapped. Quantitative data will be analysed using statistical analysis packages that would be agreed upon with the DMV such as SPSS, STATA and MS Excel.*

Timeline

It is anticipated that the proposed project would be completed over an 18-month period as indicated in the Gantt chart below.

PROJECT ACTIVITY	MONTH																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
<i>Inception</i>																		
<i>Database preparation and sample selection</i>																		
<i>Development of research tools</i>																		
<i>Implementation of Survey</i>																		
<i>Data capture and validation</i>																		
<i>Data analysis</i>																		
<i>Report writing</i>																		

Appendix 6: Department of Military Veterans Model of Service Delivery Project Proposal

Introduction

The research for this project will be guided by: (1) the Diagnostic Report and the National Development Plan of the National Planning Commission on a developmental, capable and ethical state; (2) relevant sections of the Medium-Term Strategic Framework on a developmental, capable and ethical state; and (3) relevant literature on effective institutions.

In its Diagnostic Report submitted in June 2011, the National Planning Commission recognised several challenges facing South Africa. Among the most important of these was that the country's public services were uneven and often of poor quality. Above all else, the NPC concluded that:

...there is often a significant gap between the aspirations set out in official policy and what happens on the ground. The uneven performance of the public service results from the interplay between a complex set of factors, including tensions in the political/administrative interface, instability of the administrative leadership, skills deficits, the erosion of accountability and authority structures, poor organisational design, inappropriate staffing and low staff morale (NPC 2012: 22).

Another challenge directly related to the public service was corruption, which the NPC identified as a factor behind legitimacy and poor service delivery. It was noted that: "Corruption can arise from weak systems and institutions inside government, the quality of oversight and accountability institutions, the competence of the audit authorities, and the transparency of procurement, budgeting and payments systems (NPC 2012: 25). The NPC concluded that corruption weakens government's ability to deliver services, among other things.

The National Development Plan: Vision 2030 (NDP), subsequently developed by the Commission, recognised the need to build "the capability of the state to play a developmental, transformative role". The NDP identified several steps that were to be taken to reach this objective:

- Build a professional public service that serves government, but is sufficiently autonomous to be insulated from political patronage. This requires a clearer separation between the roles of the political principal and the administrative head.
- Build a skilled and professional public service from both the top and the bottom.
- Reinvigorate the state's role in producing the specialist technical skills to fulfil its core functions.
- Strengthen delegation, accountability and oversight.
- Improve interdepartmental coordination; and
- Take a proactive approach to improving relations between national, provincial and local government.

These steps, among other things, would go a long way to building "a developmental state that is capable, professional and responsive to the needs of its citizens".

The Medium-Term Strategic Framework (MTSF) for 2019-2024 includes several priorities. Priority 1 is: A capable, ethical and developmental state. In this regard, what is of relevance here is the objective of: "An efficient, effective and development oriented public service". This is a vision of strong leadership, a focus on people and improved implementation capability. The MTSF provides the following definitions:

- **Capable State:** A capable state has the required human capabilities, institutional capacity, service processes and technological platforms to deliver on the NDP;
- **Ethical State:** An ethical state is driven by the constitutional values and principles of public administration and the rule of law, focused on the progressive realisation of socio-economic rights and social justice as outlined in the Bill of Rights; and

- **Developmental state:** A developmental state aims to meet people's needs through interventionist, developmental, participatory public administration. Building an autonomous developmental state driven by the public interest and not individual or sectional interests; embedded in South African society leading an active citizenry through partnerships with all sectors of society.

In summary, the literature on effective institutions emphasises accountable, inclusive and transparent public sector institutions capable of delivering responsive policies, effective resource management, and sustainable public services. This accords well with the three definitions of capable, ethical and developmental state found in the MTSF. The literature also indicates that such a state would have institutions that:

- **Have sound financial management practices:** adhere to sound financial principles and legislation such as King IV and the Public Finance Management Act;
- **Are inclusive:** inclusive in their policy-making, planning, budgetary, implementation and monitoring processes, and are responsive to citizens' needs;
- **Are representative:** have processes for participation by key stakeholders and key sectors of society (youth, women, etc.);
- **Are transparent:** have transparent policy-making, planning, budgeting, public procurement, and monitoring processes; and disseminate information to the public;
- **Are accountable:** are responsive to citizens' requests for information, complaints and enquiries, are responsive to accountability institutions, and are proactive in their fiscal disclosure, disclosure of private interests, and disclosure of procurement spending;
- **Have institutional capacity:** have appropriate institutional management and governance structures, the requisite personnel and financial resources, high staff morale, and effective intergovernmental relations and engage in effective oversight; and
- **Have integrity:** are trusted by their clients and the public, resolves complaints timeously, pays service providers timeously and have measures to protect whistle-blowers.

Background

The national Department of Military Veterans (DMV) was established in 2010 after it became clear that the country's military veterans were a sector of society that had not been given sufficient attention in government programmes up to that period. Military veterans were thus recognised as a special category of society that deserved particular forms of attention that needed to be directed at a national level by a department under the political leadership of a minister. The department's establishment followed a Presidential Proclamation in 2009, and it was launched on 30 March 2010. The initiative to form the department was part of the "government's commitment to support and recognise military veterans for their contribution to bring about the realisation of a peaceful, democratic and prosperous South Africa". The department's vision is to promote the development of "a dignified, unified, empowered and self-sufficient military veterans' community", while its mission is: "to facilitate delivery and co-ordinate all activities that recognise and entrench the restoration of dignity and appreciation of the contribution of military veterans to our freedom and nation building".

The DMV derives its mandate from the Military Veterans Act 18 of 2011, wherein it is mandated to provide benefits to military veterans and their dependents. In addition, it derives its mandate from Proclamation 92 of 28 December 2009 and the 1996 White Paper on Defence. Other legislation that impacts on the DMV's mandate include the Constitution of South Africa Act (No. 108 of 1996), the Public Finance Management Act (No. 1 of 1999) (PFMA), the Public Service Act (No. 103 of 1994), as amended, the Labour Relations (Act No. 66 of 1995) (LRA), the Basic Conditions of Employment Act (No. 75 of 1997) (BCEA), as amended, the Employment Equity Act (No. 55 of 1998) (EEA), the Promotion of Administrative Justice Act (No. 3 of 2000) (PAJA), the Promotion of Access to Information Act (No. 2 of 2000) (PAIA), the Protection of Personal Information Act (No. 4 of 2013) (POPIA), the Public Service Act (No. 103 of 1994), the Broad Based Black Economic Empowerment Act (No. 53 of 2003) (BBBEE) and the Preferential Procurement Policy Framework Act (No. 5 of 2000) (PPPF), while the lives of military veterans is impacted by the following legislation: the Military Pensions Act (No. 84 of 1976), as amended, the Special Pensions Act (No. 69 of

1996), as amended, the Transitional Executive Council Act (No. 151 of 1993), the Housing Act (No. 107 of 1997), the National Heritage Act (No. 25 of 1999), the National Health Act (No. 61 of 2003) and the Social Assistance Act (No. 13 of 2004).

The Military Veterans Act obliges the Minister in charge of the department, subject to available resources and any regulation that may be prescribed in this regard, to ensure that benefits are paid or provided to military veterans, either through the Department or through other organs of state. In terms of the latter, all organs of state that are responsible for the payment or provisioning of benefits to military veterans are obliged to cooperate with the Minister and the Department in respect of the payment or provisioning of those benefits. The benefits relating to a military veteran are as follows:

- (a) compensation to military veterans who sustained disabling injuries or severe psychological and neuro-psychiatric trauma or who suffer from a terminal disease resulting from their participation in military activities;
- (b) dedicated counselling and treatment to military veterans who suffer from serious mental illness, post-traumatic stress disorder or related conditions;
- (c) honouring and memorialising fallen military veterans;
- (d) education, training and skills development;
- (e) facilitation of employment placement;
- (f) facilitation of or advice on business opportunities;
- (g) subsidisation or provisioning of public transport;
- (h) pension;
- (i) access to health care;
- (j) housing; and
- (k) burial support.

Subsection (b), (d) and (h) also applies to a dependent of a military veteran. The Act defines the powers and duties of the department. Without derogating from its general powers and duties as a national department of state, the Department:

- (a) must provide the required administrative services and infrastructure to the Advisory Council on Military Veterans and the Military Veterans Appeal Board and may provide such services and infrastructure to the Military Veterans Association;
- (b) must collect and keep data and information regarding state-controlled and privately administered schemes or programmes dealing with any aspect of the affairs of military veterans;
- (c) must collect data and information regarding all existing benefits of military veterans and their dependents, and establish a data base on military veterans and military veterans' affairs, which must be updated regularly;
- (d) must include, in the data base contemplated in paragraph (c), information collected and compiled as provided for in that paragraph, and data regarding persons qualifying as military veterans or dependents;
- (e) must submit programmes which seek to promote the affairs of military veterans to the Minister-
 - (i) for submission to Cabinet Committees for their approval; or
 - (ii) for his or her approval, and must publish all approved programmes in the *Gazette* for public notification, whereupon such programmes become binding on all persons and bodies to which they refer and must be implemented according to their terms;
- (f) may negotiate with departments of state, provincial executive authorities and non-governmental organisations to act as agents for the Department to carry out duties regarding military veterans;
- (g) may, through the Director-General, enter into a memorandum of understanding or conclude a service level agreement with any organ of state which is concerned with military veterans' affairs or which administers any law relating to benefits of a military veteran in order to achieve the objects of this Act; and
- (h) may exercise any power and perform any duty that may be prescribed.

The Act set out the following principles that govern affairs relating to military veterans:

- (a) sacrifices made by military veterans in the service of or for their country or their role in the democratisation of South Africa are honoured;
- (b) compensation to which military veterans may be entitled for disablement constitutes reparation and is, despite any provision to the contrary contained in any law, not a welfare benefit;
- (c) in the event of a military veteran or category of military veterans being considered for possible non-contributory aid by the State, such military veteran or category of military veterans must be subjected to a means test to determine their eligibility;
- (d) special consideration must be given to benefit and relieve military veterans who suffer from physical or mental disability arising from military service rendered by them;
- (e) disparities, inequalities or unfair discrimination as regards the benefits of military veterans and their dependents must be identified and, where possible, remedied;
- (j) all organs of state or governmental entities involved with military veterans' affairs must cooperate with the Department to ensure the achievement of the objects of this Act and, within their available resources, take reasonable legislative and other measures to achieve the progressive realisation thereof; and
- (g) no organ of state is committed or obliged to provide state aid or any other assistance to any military veteran other than through the existing legislative and administrative channels.

Finally, the Act set policy objectives. Any policy regarding the affairs of military veterans must be aimed at:

- (a) recognising and honouring military veterans in life and remembering them in death for their sacrifices on behalf of the nation;
- (b) ensuring a smooth and seamless transition for military veterans from active military service to civilian life;
- (c) restoring the capability of military veterans with disabilities to the greatest extent possible;
- (d) improving the quality of life of military veterans and of their dependents;
- (e) providing a comprehensive delivery system of benefits and services for military veterans;
- (j) ensuring that military veterans as a resource enhance the national work force and contribute to the prosperity and development of the country; and
- (g) contributing toward reconciliation and nation building.

Objective

To develop the Department of Military Veterans as a model for state service delivery. The secondary objectives include:

- Enhancing financial management capabilities;
- Enhancing inclusivity;
- Enhancing representivity;
- Enhancing transparency;
- Enhancing accountability;
- Enhancing institutional capacity; and
- Enhancing integrity.

Scope of the project

The project will cover two broad areas of research: a comprehensive review of the department to determine its effectiveness in the seven key indicators of effective institutions; and to make recommendations to enhance the effectiveness of the department. In the first, a review will be conducted of the department's financial management practices; its mechanisms for public participation in policy-making, planning, budgetary, implementation and monitoring processes and its responsiveness to the needs of military veterans; its mechanisms for key stakeholder engagement; its mechanisms to ensure transparency and for dissemination of information to the public; its responsiveness to citizens' requests for information, complaints and enquiries, and to accountability institutions, its fiscal disclosure, disclosure of private interests, and disclosure of procurement spending; its institutional

management and governance structures, personnel and financial resources, staff morale, and intergovernmental relations, as well as its oversight role; and its management of corruption and measures to protect whistle-blowers, responsiveness to complaints and record on payment to service providers, as well as the public's opinion of the department. This research will result in the identification of areas in which the department is performing effectively, and areas where improvement is required.

The second area of the scope of the project will involve research into national, regional and international best practices to guide the development of recommendations to enhance those areas where improvement is required.

Methodology and research activities

The project will adopt a mixed-methods approach making use of a document and secondary literature review, interviews (one-on-one and focus groups), and a survey.

Desktop research

Desktop research will be conducted in two areas: document review and review of relevant secondary literature.

Document review: Table 1 below provides in detail the type of documents that will be reviewed and the objective of their review.

Literature review: Desktop research will also focus on relevant secondary literature on best practices in financial management; inclusivity; representivity; transparency; accountability; institutional capacity; and institutional integrity.

Interviews:

One-on-one interviews will be held with 5 staff members, while two focus groups will be held with relevant staff of the department to obtain their views on the performance of the department in some aspects of the seven key indicators, and to obtain recommendations for improvement.

One-on-one interviews will be held with 5 representatives of key stakeholders, while one focus group will be held with military veterans.

Survey:

An electronic survey will be conducted with all staff members to obtain their views on the performance of the department in some aspects of the seven key indicators, and to obtain recommendations for improvement.

Table 1: Indicators and relevant documentary sources of data

INDICATORS	SUB-INDICATORS	EVIDENCE	SOURCES OF DATA
1. Sound financial management	1. Adherence to sound financial management – PFMA, King III, etc.	Audit outcomes, irregular expenditure, wasteful expenditure, accruals, revenue collection, debt levels, credit rating, levels of under expenditure; Management Performance Assessment Tool rating on the management of finances and supply chain, GRAP compliance	Reports of the Auditor-General; Annual Reports; Parliamentary Monitoring Group web-site; Reports of the Public Service Commission;
2. Inclusivity	1. Inclusion in policy-making, planning, budgetary, implementation and monitoring processes,	Processes for public participation, e.g. petitions, memoranda and public hearings,	Annual Report; Parliamentary Monitoring Group web-site; Reports of the Public Service Commission;
	2. Response to citizens' needs	Satisfaction indices for counter services, telephonic replies and written replies to customer-driven complaints, enquiries, requests, quotations and forums that reflect inclusivity	Annual reports, reports of call centres; Reports of the Public Service Commission;
3. Representativeness	1. Participation by all key stakeholders	Partnerships with civil society	Annual Reports; Reports of the Public Service Commission;
	2. Participation by key sectors (e.g. women, youth, etc.)	Partnerships with civil society organisations representing women, youth, etc.	Annual Reports; Reports of the Public Service Commission;
4. Transparency	1. Transparent policy-making, planning, budgeting, public procurement, and monitoring processes	Processes for submission of relevant planning, etc. documentation for public comment and response to public inputs; public engagements on planning, etc. documentation	Survey of country experts, Annual Reports; Reports of the Public Service Commission;
	2. Dissemination of information to the public	Use of news media, institutional publications, electronic media, social media, and marketing and information campaigns	Annual Reports; Reports of the Public Service Commission;
	3. Comparison of budget process with other countries	Review of budget process against best practices in other countries	The International Budget Partnership
5. Accountability	1. Access to information	Responsiveness to requests for information under the existing legislation; Number of PAIA applications submitted and how many have been successful	Survey of country experts; Annual Reports; Reports of the Public Service Commission;
	2. Response to citizen requests	Response times and satisfaction indices for counter services, telephonic replies and written replies to customer-driven complaints, enquiries, requests, quotations and forums	Annual reports, reports of call centres and customer service centres; Reports of the Public Service Commission;
	3. Proactive disclosure	Fiscal	Budgets, Annual Reports; Reports of the Public Service Commission;
		Procurement spending	Budgets, Annual Reports; Reports of the Public Service Commission;
		Private interests	Annual reports; Reports of the Public Service Commission;
	4. Responsiveness to accountability institutions	Parliamentary committee meetings	Parliamentary Monitoring Group website; Annual Reports
		Response to matters raised by the Auditor General	Reports of the Auditor-General; Annual Reports;
Response to concerns raised by Chapter 9 Institutions		Reports of Chapter 9 Institutions; Annual Reports, Media reports	

6. Institutional capacity	1. Appropriate institutional management and governance structures	Oversight structures (councils or boards), implementing departments, risk management structures, internal audit structures, etc.	Annual Reports; Reports of the Public Service Commission;
	2. Requisite personnel	Number of vacancies, shortage of technical skills	Annual reports; Reports of the Public Service Commission;
	3. Required financial resources	Funds allocated compared to financial needs to be effective	Annual reports; Reports of the Public Service Commission;
	4. Staff morale and loyalty	Percentage of staff who are proud to work for the institution, are loyal, fully engaged, disgruntled, etc.	Annual Reports; staff climate surveys; Reports of the Public Service Commission;
	5. Degree of oversight activity	Number, nature and outcome of oversight visits/meetings	Annual Reports; Reports of the Public Service Commission;
	6. Intergovernmental relations	Nature and effectiveness of intergovernmental relations	Annual Reports;
7. Integrity	1. Resolution of complaints	Number of corruption cases; Resolution of corruption cases	Annual Reports; Reports of the Public Service Commission; Reports by Special Investigating Unit
	2. Attitude to whistleblowing	Measures to protect whistle-blowers	Annual Reports,
	3. Trust in institutions	Public's opinion of the institution	National social attitudes surveys; community satisfaction surveys; Annual Reports; Reports of the Public Service Commission;
	4. Payment for services	Payment of service providers within 30 days,	Annual Reports; Reports of the Public Service Commission;

- **Activity 1: Document analysis**
 - Method and purpose: Desktop review of relevant documents to determine the effectiveness of the department in the seven indicators.
 - Timeframes: Six months.
 - Milestones: A report on the document analysis.

- **Activity 2: Interviews**
 - Method and purpose: One-on-one interviews and focus groups with members of the department to obtain their views on the performance of the department in some aspects of the seven key indicators, and to obtain recommendations for improvement.
 - Timeframes: Six Months
 - Milestones: A report on the qualitative research.

- **Activity 3: Survey**
 - Method and purpose: An electronic survey administered to all staff members to obtain their views on the performance of the department in some aspects of the seven key indicators, and to obtain recommendations for improvement.
 - Timeframes: Eight months.
 - Milestones: A report on the quantitative research.

- **Activity 4: Literature review**
 - Method and purpose: Desktop research on relevant secondary literature to determine best practices in financial management; inclusivity; representivity; transparency; accountability; institutional capacity; and institutional integrity.
 - Timeframes: Three months.
 - Milestones: A report on best practices.

- **Activity 5: Drafting of the final report**
 - Purpose and methods: Desktop work to draft a report on the performance of the department in the seven key indicators of effective institutions; and recommendations to improve performance.
 - Timeframes: Three months.
 - Milestones: A final report.

Outcomes

- A report on the document analysis;
- A report on the qualitative research;
- A report on the quantitative research;
- A report on best practices; and
- A final report.

Work Plan

	MONTHS											
High level Project Tasks	1	2	3	4	5	6	7	8	9	10	11	12
PROJECT MANAGEMENT												
INCEPTION												
DEVELOPMENT OF RESEARCH TOOLS												
CAPACITY BUILDING & RE-ORIENTATION												
DOCUMENT ANALYSIS												
INTERVIEWS												
SURVEY												
LITERATURE REVIEW												
DRAFTING OF FINAL REPORT												

Appendix 7: Concept note on Poverty Alleviation and Reduction project

The national Department of Military Veterans (DMV) was established in 2010 after it became clear that the country's military veterans were a sector of society that had not been given sufficient attention in government programmes up to that period. Military veterans were thus recognised as a special category of society that deserved particular forms of attention that needed to be directed at a national level by a department under the political leadership of a minister. The department's establishment followed a Presidential Proclamation in 2009, and it was launched on 30 March 2010. The initiative to form the department was part of the "government's commitment to support and recognise military veterans for their contribution to bring about the realisation of a peaceful, democratic and prosperous South Africa". The department's vision is to promote the development of "a dignified, unified, empowered and self-sufficient military veterans' community", while its mission is: "to facilitate delivery and co-ordinate all activities that recognise and entrench the restoration of dignity and appreciation of the contribution of military veterans to our freedom and nation building".

Although military veterans have been recognised as a special category of South African society, many suffer the same challenges that a large proportion of the society face: unemployment and poverty. The Needs Assessment Project has demonstrated just how widespread need is among military veterans. It is proposed that the Department of Military Veterans commission the HSRC to work on a Poverty Alleviation and Reduction project that aims at developing a framework for poverty alleviation and reduction for the poorest families of military veterans. Such a framework could then be used to pilot a poverty alleviation and reduction programme in a small group of such families.

Poverty alleviation measures include free housing, school feeding schemes and child support grants, among others, while poverty reduction schemes include bursaries for the children of poor families, state procurement that targets small businesses created by the poor, etc. that aim at pulling poor families out of poverty. However, it appears that most programmes aimed at the poor are really about poverty alleviation – i.e., making it slightly easier for the poor to survive – than poverty reduction – i.e., taking people out of poverty. Evidence of this is the fact that poverty levels remain very high and there is little evidence that large numbers of people are moving out of poverty.

The military veterans population is relatively small, and there are probably quite a few that are living in extreme poverty. The envisaged study could foreground a pilot programme on poverty reduction among military veterans, where the HSRC research team – together with various NGOs engaged in poverty reduction/alleviation research – develops a poverty alleviation and reduction framework for the DMV. The research the HSRC would conduct includes:

- (1) a study of poverty alleviation and reduction measures and programmes in South Africa, regionally and internationally aimed at determining appropriate measures for poverty alleviation and reduction;
- (2) a study of the situation and needs of a select group of the most vulnerable and poor families (about 20 based in urban and rural areas identified in collaboration with the department) among the military veterans that would determine appropriate poverty alleviation and reduction measures for them; and
- (3) recommending various measures (a) to alleviate poverty, i.e., that make life easier for some military veterans who are poor; and (b) to reduce poverty, i.e., takes some military veterans out of poverty.

The framework arising from this study would enable the department to pilot a poverty alleviation and reduction programme in which a few military veterans and their families are selected for the poverty alleviation measures; and another group of families for the poverty reduction measures.

A study such as the Needs Analysis project conducted by the HSRC for the DMV forms a background to such a study by providing an idea of military veterans' needs. However, the Need Analysis study provides a sense of the general needs of military veterans, and not of the specific needs of a particular military veteran and his/her family. By making the family the unit of analysis for poverty alleviation and reduction it might be possible to deal comprehensively with the needs of the families of military veterans who are poor until they have been taken out of poverty. The study would also indicate if the existing measures for poverty alleviation and reduction are sufficient to bring poor families out of poverty, or if new measures need to be introduced. The proposed study will provide baseline information that

will allow us to do a follow-up study in future years to track the poverty status of families and whether they have indeed moved out of poverty and have become more resilient to shocks such as temporary unemployment or illness.

The study would have as its objective: **The creation of a framework for poverty alleviation and reduction**. It would be a mixed-method study, with the following key activities:

- Desktop research: a review of national, regional and international poverty alleviation and reduction measures and programmes;
- Qualitative research to identify the challenges and needs of the families of 20 of the most disadvantaged military veterans to identify the most appropriate poverty alleviation and reduction measures for them; and
- Drafting and finalisation of a framework for poverty alleviation and reduction for the families of military veterans.

Timeline

It is anticipated that the proposed Poverty Alleviation and Reduction project would be completed over a 12-month period as indicated in the Gantt chart below.

PROJECT ACTIVITY	MONTH											
	1	2	3	4	5	6	7	8	9	10	11	12
<i>Inception</i>												
<i>Development of research tools</i>												
<i>Orientation of research team</i>												
<i>Desktop research</i>												
<i>Qualitative research</i>												
<i>Drafting of the framework</i>												