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SOUTH AFRICAN SOCIAL SECURITY AGENCY

# **NORMS AND STANDARDS**

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# Norms and Standards

## For Social Assistance Service Delivery

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### Target Audience

The contents of this policy document apply to all SASSA Employees, its contractors and any other person undertaking work for or on behalf of SASSA

### NOTICE

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The first version of norms and standards for social assistance service delivery was developed by the National Department of Social Development prior to the establishment of SASSA. These norms and standards were approved by Cabinet in 2003. Since the establishment of SASSA the social assistance business has evolved and the current version (i.e. version 1.0) needed to be reviewed to be inline with the latest developments in the social assistance service delivery environment.

To ensure a common understanding among the stakeholders, it is imperative to define the terms norms and standards. The same definitions on norms and standards as initially presented in the first version will be repeated in this document for the sake of consistency.

**Norm:** Is something we all agree upon to act in a particular manner, a set of agreed principles and procedures.

**Standard:** Minimum measures or levels at which we have to operate, these measures have a time, cost, quality, equity or quantity dimension.

To provide different definitions from other sources:

Department of Environmental Affairs and Tourism; norms and standards for BMP-S:-

A norm describes the desired situation. A standard provides the measurable information on what is expected of the norm.

For example:

- The norm: Every boardroom in our office must have water and glasses.
- The standard: There must be a minimum of 1 litre of water per boardroom and not fewer than 6 glasses. The water must be replaced with fresh water daily.

Norms and standards can either be enforceable (decisive) or not (guidelines).

A **norm** is a generally accepted standard that describes the actual normal situation.

A **standard** is the level of qualities required that would be set according to norms.

(Source: Oxford English Dictionary)

From the above definitions, it is clear that each norm defined must be linked to a standard/s set so that the achievement of the norm can be measured. Therefore, the presentation of norms and standards in this document will follow this format.



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[ *paying the right social grant, to the right person,  
at the right time and place. NJALO!* ]

## A. Application Process

1	Customer engagement	<ul style="list-style-type: none"> <li>An identifiable SASSA Official must meet and greet customers at a point of entry in local offices, service points and pay points.</li> <li>SASSA official should also perform queue walking to ensure customers are in the right queue.</li> <li>Service needs of the customers will be identified, registered (intake register) and customers directed to the right service queue/ counter.</li> <li>Priority to be given to heavily pregnant, mothers with very young babies and the frail or sick customers.</li> <li>Where follow-up action is required, the customer will be provided with a full explanation as to what to expect next and what is expected from the customer.</li> </ul>	<ul style="list-style-type: none"> <li>Name tags will be displayed by all officials at all times in local offices, service points and pay points.</li> <li>Customer engagement will not take more than 6 minutes including completion of the Customer Engagement/ Disengagement (intake) Register.</li> <li>A customer service desk per local office and service point supported by a telephone and fully functioning ICT system.</li> </ul>
2	Application process	<ul style="list-style-type: none"> <li>All applicants of social grants must be screened to ensure availability of all required critical and supporting documents.</li> <li>Application form must be completed for all applicants.</li> <li>The application must be correctly and accurately completed.</li> <li>All applicants' information collected must be validated and verified.</li> <li>Approval of all the applications must be done by designated and delegated official.</li> <li>All applicants must be informed in writing of the outcome of their applications within a prescribed time frame.</li> </ul>	<ul style="list-style-type: none"> <li>Screening of one applicant should not take more than 15 minutes to complete.</li> <li>No missing critical documents, 100% accuracy should be achieved.</li> <li>An application should not take more than 20 minutes to attest.</li> <li>An application should not take more than 10 minutes to quality control.</li> <li>100% of all applications should be quality controlled.</li> <li>An ICT system should be available to validate and verify the information collected during an application process before a decision is made.</li> <li>A designated and delegated official must be appointed in writing to perform approval of applications with the approved delegations of authority.</li> <li>Any applications resulting in a large amount should be approved inline with the 2nd layer verification delegations.</li> <li>An application should not take more than 10 minutes to verify on the system.</li> <li>Ensure 100% correctness of applications processed for verification.</li> <li>Completion of the application process from start to finish, will not take longer than 55 minutes per application.</li> </ul>

		<ul style="list-style-type: none"> <li>The letter of outcome will be posted via registered mail to the applicant, if applicant fails to collect in person.</li> <li>A register of registered mail to be maintained and all returned letters followed up. RTS letters to be placed on file.</li> </ul>	<ul style="list-style-type: none"> <li>Every applicant must be informed in writing of the outcome of his/her application.</li> <li>Finalisation of applications taken from service points to be done within 21 working days.</li> <li>No application must take more than 21 days from date of application to verification.</li> </ul>
		<ul style="list-style-type: none"> <li>Home visits must be conducted for grant applicants who need this service.</li> <li>Required documents for grant applications and date and time of the visit must be confirmed prior to visit.</li> </ul>	<ul style="list-style-type: none"> <li>Home visit to be done within 5 working days of request.</li> </ul>
3	Application phase and Customer disengagement (exit)	<ul style="list-style-type: none"> <li>The content of the outcome letter must be explained to the applicant in the language he/she understands.</li> <li>Where necessary, customer must be assisted to lodge request for reconsideration.</li> <li>Customer must be provided with an opportunity to provide customer service feedback after a service is rendered.</li> </ul>	<ul style="list-style-type: none"> <li>Customer disengagement will not take more than 6 minutes.</li> <li>Implement customer satisfaction questionnaires at exit (disengagement).</li> </ul>
4	Post-Verification Quality Assurance	<ul style="list-style-type: none"> <li>Applications of different grant types must be quality assured post-verification. This includes priority cases such as alternative identification applications and applications which generate large amounts for the first payment.</li> </ul>	<ul style="list-style-type: none"> <li>A sample of 5% of all completed applications to be quality assured post-verification.</li> <li>Quality assurance of one file should not take more than 10 minutes to complete.</li> <li>100 % of all applications resulting in large amounts as stipulated in large amount policy, as well as applications using alternative identification (Regulation) 11(1) and applications by refugees must be quality assured post-verification.</li> </ul>
5	Maintenance functions	<ul style="list-style-type: none"> <li>System modifications performed in accordance with time frames.</li> </ul>	<ul style="list-style-type: none"> <li>Performing system modifications, such as: Address or paypoint change, method of payment, etc.; is to be conducted, using full 4 step or 3 step process, within 15 minute time frame, as follows: <ul style="list-style-type: none"> <li>- Screening = 3 minutes,</li> <li>- Attesting = 4 minutes,</li> <li>- Quality control = 4 minutes,</li> <li>- Verification = 4 minutes</li> </ul> </li> </ul>

**B. Disability Management Process**

6	Booking of medical assessments	<ul style="list-style-type: none"> <li>All customers who need to apply for disability related grants i.e. disability grant, care dependency grant, and grant-in-aid must be booked for medical assessment.</li> <li>Booking official to adhere to booking guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>It must not take more than 15 minutes for booking a customer for medical assessment.</li> <li>Medical assessment should be done within 30 days from the date of booking.</li> </ul>
7	Medical assessments	<ul style="list-style-type: none"> <li>Assessments to be conducted in line with medical guidelines.</li> <li>Doctors trained by SASSA on Social Assistance requirements are to conduct assessments.</li> <li>A register of sample signatures, Medical Practitioner (MP) numbers and Practise (PR) Numbers of assessing doctors to be maintained.</li> </ul>	<ul style="list-style-type: none"> <li>A maximum of 40 medical assessments per doctor per day.</li> <li>Assessment by the doctor to take not more than 12 minutes per customer.</li> </ul>
8	Collection of medical assessment forms	<ul style="list-style-type: none"> <li>Medical assessments must be captured on the master list.</li> <li>Medical forms must correlate with medical bookings.</li> </ul>	<ul style="list-style-type: none"> <li>Completed assessment forms to be collected by SASSA officials and returned to the relevant SASSA office latest by the close of business the day after the assessments were conducted.</li> </ul>
9	Quality assurance of medical forms	<ul style="list-style-type: none"> <li>All completed medical assessment forms must be administratively quality assured.</li> <li>A technical quality assurance must be conducted post-application, after an application has been finalized.</li> </ul>	<ul style="list-style-type: none"> <li>100% of all completed assessment forms to be administratively quality assured</li> <li>It should not take more than 3 minutes to administratively quality assure a completed medical assessment form.</li> <li>Administrative quality assurance to be completed within 48 hours following the collection of completed assessment forms.</li> <li>Post application technical QA conducted within 6 weeks of application being concluded.</li> <li>10% of all new medical assessments to be technically quality assured.</li> </ul>

No.	Area	Requirement	Standard
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**C. Customer Care and Communication**

10	Access to services	<ul style="list-style-type: none"> <li>SASSA officials dealing with the public must be accessible / available during all working hours.</li> <li>Multiple access channels available to address customer service needs.</li> </ul>	<ul style="list-style-type: none"> <li>No SASSA office to close over the lunch hour – staff availability to be staggered to ensure that offices are open from 08h00 to 16h30 daily.</li> <li>Implement schedule for staff availability through multiple channels, to improve accessibility.</li> <li>Location of fixed offices should be within 40kms radius of major residential areas.</li> <li>Counter service points served by mobile team/s should be available to respond to social assistance needs in communities where a SASSA office does not exist.</li> </ul>
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			<ul style="list-style-type: none"> <li>Customers should be provided with a call centre number and/or a local office number where enquiries can be lodged.</li> </ul>
11	Call Management	<ul style="list-style-type: none"> <li>Analysis of dropped calls to be undertaken to identify how service can be improved.</li> <li>System should have "call back" option.</li> </ul>	<ul style="list-style-type: none"> <li>All calls to be answered within 3 rings.</li> <li>Wrap up calls within 3 minutes, if possible to resolve telephonically.</li> <li>If referral is necessary, then the matter to be resolved within 5 working days.</li> </ul>
12	Complaint handling	<ul style="list-style-type: none"> <li>Local offices and service points must have a formal complaints procedure management process implemented.</li> </ul>	<ul style="list-style-type: none"> <li>Complaints or queries received should be resolved on the same day. Where a complaint or query is referred, it should be resolved within 5 working days from the date of receipt.</li> <li>Suggestion boxes should be opened on a weekly basis. The complaints lodged to this channel, should be attended to and resolved within 5 working days.</li> </ul>
13	Customer Satisfaction	<ul style="list-style-type: none"> <li>Provide opportunities for customers to express opinions about the quality of the service.</li> <li>Conduct customer surveys annually.</li> <li>"Mystery shopper" surveys</li> </ul>	<ul style="list-style-type: none"> <li>Customer satisfaction questionnaires at exit (disengagement).</li> <li>Customer satisfaction survey report must be submitted by the end of each financial year.</li> <li>Work towards 95% customer satisfaction.</li> </ul>
14	Customer service standards	<ul style="list-style-type: none"> <li>Customer service standards should be communicated to customers in all local offices and service points in the language they understand.</li> </ul>	<ul style="list-style-type: none"> <li>Customer care charter will be displayed in all SASSA offices in the languages the customers understand.</li> </ul>
15	Coverage	<ul style="list-style-type: none"> <li>Implement robust communication and marketing strategy to create awareness on SASSA services</li> </ul>	<ul style="list-style-type: none"> <li>Increase penetration or coverage rates to +90%.</li> </ul>
16	Branding	<ul style="list-style-type: none"> <li>There must be branding and marketing of SASSA in order to promote its services to the community.</li> </ul>	<ul style="list-style-type: none"> <li>All SASSA offices must be branded in line with SASSA branding strategy.</li> <li>All paypoints and counter service points must at all time display SASSA branding.</li> <li>Relevant and updated promotional and marketing material on SASSA in all SASSA offices and pay points should be available for distribution.</li> </ul>

#### D. Internal Reconsideration

17	Internal reconsideration system	<ul style="list-style-type: none"> <li>Implement effective internal reconsideration system to reconsider contested social assistance administrative decisions.</li> <li>Internal reconsiderations applications should be quality assured.</li> </ul>	<ul style="list-style-type: none"> <li>100% of applications for internal reconsideration finalized within 90 days.</li> <li>Quality assurance of a 5% sample of reconsidered decisions.</li> </ul>
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			<ul style="list-style-type: none"> <li>• Every application/beneficiary who requested reconsideration to be informed of outcome in writing as well as his/her right to lodge an appeal. All reconsideration cases, where the decision is to uphold the original decision will be scanned and emailed to <b>ITSAA</b> immediately upon finalisation of the decision.</li> </ul>
18	Appeals	<ul style="list-style-type: none"> <li>• Implement effective management of all requests for appeal lodged at local offices and appeal outcomes received from the Independent Tribunal for Social Assistance Appeals (ITSAA).</li> </ul>	<ul style="list-style-type: none"> <li>• All appeals lodged at Local Offices or Service Points to be forwarded to the Records Management Centre within 5 working days of receipt.</li> <li>• Records Management Centre to retrieve file, copy all required documentation and forward appeal to Independent Appeals Tribunal within 10 working days of receipt.</li> <li>• Outcomes received from the Independent Appeals Tribunal implemented on Socpen within 5 working days of receipt.</li> </ul>

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### E. Paypoint and Payment Management

19	Paypoint management (Historical cash pay points only)	<ul style="list-style-type: none"> <li>• Cash pay-points must have accessible facilities and equipment.</li> <li>• Adequate equipment to ensure a beneficiary does not spend more than an hour waiting in a queue.</li> <li>• Adherence to the agreed payment times.</li> <li>• SASSA pay points to be easily identifiable and secure.</li> </ul>	<ul style="list-style-type: none"> <li>• All pay points shall have basic facilities such as seating, toilets, water, medical first aid kits, wheel chairs, and shelter during payment times.</li> <li>• The number of machines at a pay point must be deployed according to number of beneficiaries to be paid within the set time from 8:00 – 16:00</li> <li>• Down time of equipment not to exceed 1 hour then the work station must be fixed or another backup machine set up as a replacement.</li> <li>• Repair or replacement of payment equipment within 1 (one) hour of failure or breakage.</li> <li>• Cash Payments must start at 8:00 in morning and must be finalised by 16:00.</li> <li>• Payment made to beneficiary within one hour of joining the queue (between 8:00 to 16: 00).</li> <li>• No person to stand in a queue for longer than 1 hour.</li> <li>• SASSA staff to wear branded clothing and name tags, to ensure that they are visible at pay points. The minimum standard being that every staff member will wear a name tag.</li> <li>• Contractor staff to wear name badges at all times.</li> <li>• Pay points to only carry SASSA branding.</li> </ul>
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20	Paypoint help desk function	<ul style="list-style-type: none"> <li>Effectively and efficiently address beneficiaries' administrative queries at the pay point.</li> </ul>	<ul style="list-style-type: none"> <li>SASSA help desk supported by telephone and ICT facilities to be available at every cash pay-point.</li> <li>At least 1 SASSA staff member trained in social assistance, regulations, customer care, elementary first aid and queue management must be deployed in each cash paypoint.</li> <li>Complaints or queries received should be resolved on the same day. Where a complaint or query is referred, it should be resolved within 7 working days from the date of receipt.</li> </ul>
21	Paypoint location	<ul style="list-style-type: none"> <li>Implement infrastructure strategy</li> </ul>	<ul style="list-style-type: none"> <li>Mobile pay-point within 5 km radius, and 20 km distance to a fixed pay point.</li> </ul>
22	Paypoint monitoring	<ul style="list-style-type: none"> <li>Ensure effective and efficient monitoring of payment services.</li> <li>Monitor compliance to Service Level Agreement.</li> </ul>	<ul style="list-style-type: none"> <li>Compliance to the agreed service standards as spelt out in the Service Level Agreement.</li> <li>Penalties to be invoked in cases of non-compliance as specified in the monthly payment reports which must be submitted within the first week following the payment month. Specific incidents with dates, times, issues and action taken must be spelt out.</li> </ul>
23	Beneficiary payment channels	<ul style="list-style-type: none"> <li>Beneficiaries must have multiple payment channels to access their social grants everywhere in the country during the calendar month of payment.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries will receive their social grants through one or more of the following channels: <ul style="list-style-type: none"> <li>- Cash paypoints;</li> <li>- ATMs;</li> <li>- Merchants</li> <li>- Commercial banks.</li> </ul> </li> </ul>
24	Payment and reconciliation of time schedules	<ul style="list-style-type: none"> <li>All data transfers should be automated.</li> <li>Service Level Agreement must be standardised and strictly managed.</li> <li>Interface between systems of contractor and SASSA established, strict adherence to Service Level Agreement, give effect to penalty clauses, monitoring system.</li> </ul>	<ul style="list-style-type: none"> <li>100% payments and reconciliation within monthly time schedules.</li> <li>Number of times a payment schedule should be changed, Zero. If extremely necessary, notice to be given to beneficiaries 3 months prior to change of payment schedule date.</li> </ul>

## F Registry Management

25	Local office files management	<ul style="list-style-type: none"> <li>All files should be batched and sent to records management centre within stipulated timeframe.</li> <li>All files should be reconciled against SocPen system to ensure files captured and verified on Socpen are all sent to records management centres.</li> </ul>	<ul style="list-style-type: none"> <li>Files to progress from back office to record management centre within 5 days.</li> <li>Ensure 0 missing critical documents on files before batching and transporting to records management centre.</li> <li>No files should be stored at local offices or service points.</li> <li>Files to progress from service points to local office for capturing daily. Files can be transported on a weekly basis if personnel only return to local office once per week.</li> </ul>
26	Function of Records Management Centre (RMC)	<ul style="list-style-type: none"> <li>Filing of files</li> <li>Shelving of files</li> <li>Retrieval of files</li> <li>Transfer of files</li> <li>Archiving of files</li> <li>Destruction of files</li> <li>Continuous tracking and monitoring of RMC normative functions.</li> </ul>	<ul style="list-style-type: none"> <li>A minimum of 350 main files must be captured on the registry system per day per official.</li> <li>Filing and capturing of loose correspondence at a rate of a minimum of 450 loose correspondence items per official per day.</li> <li>All files captured should be filed in the box and the boxes should be shelved daily after quality assured.</li> <li>A minimum of 8 boxes of files should be quality assured (i.e. registry-related QA) per official, per day.</li> <li>70% of Loose Correspondence boxes captured must be quality assured (i.e. registry-related QA).</li> <li>A second quality assurance (i.e. registry-related QA) to be done by Supervisor and it should equal 30% of the daily work (all work done) by the registry officials.</li> <li>A minimum of 450 files should be retrieved per official per day.</li> <li>Transfer of files to other regions should be a minimum of 500 files per person per day. This is on the specific day when transfer of files should be done.</li> <li>Transfer of files to be done on a monthly basis.</li> <li>Booking-in of Archive files should be a minimum of 350 files per day per official.</li> <li>Archiving requests to be finalised within 24 hours. Archiving should be done on weekly basis.</li> <li>Files should be destroyed on quarterly basis. This should be in line with SASSA policy guidelines on destruction of files.</li> <li>A minimum of 200 files should be prepared per day per registry official for destruction.</li> <li>No missing files, regular reconciliation between Registry system and Socpen should be done and all exceptions escalated to manager immediately.</li> </ul>



[The body of the document contains approximately 20 lines of text that are completely illegible due to extreme noise and scan artifacts.]

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