

Universal Social Protection

Universal disability grants in South Africa



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Grant for Persons with Disabilities

According to its 2011 Census, 2.87 million people in South Africa or 7.5 per cent of the population lives with a disability. It is one of the only countries in sub-Saharan Africa to provide an allowance for people with disabilities (PWDs).

The South African National Development Plan 2010–30 emphasizes the need for an inclusive social protection system to address vulnerability and responds to the needs of persons with disabilities, older persons, children and particularly orphans.

The Disability Grant (DG) is provided to adults over 18 years of age and is the only non-contributory allowance provided to persons of working age in the country. The grant also covers persons with chronic illnesses such as HIV/AIDS, which has a prevalence of 18 per cent among people between the ages of 15 to 49 years.¹ The amount of the grant stands at 1,500 South African rands (ZAR) (US\$112) and is fairly generous, considering South Africa's status as a middle-income country.

Main lessons learned

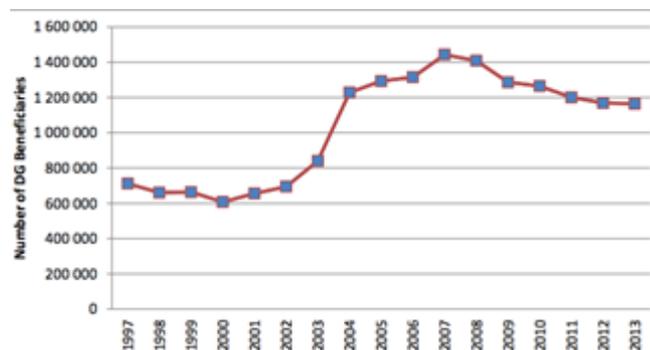
- South Africa has demonstrated that the extension of social protection to persons with disabilities is feasible and affordable for middle-income countries.
- Social grants for people with disabilities go beyond compensation for extra daily living costs caused by long-term ill health or a disability. They provide an income replacement for those unable to engage in paid work and compensate for the loss of income for those that have a partial loss of their earning due to their disability.
- It is essential to have political will and commitment of the government, particularly to increase public expenditures on social protection. Today, South Africa redistributes roughly 3.5 per cent of its GDP through social assistance programmes.

- The creation of a specialized management institution, namely the South African Social Security Agency (SASSA), made delivery of grants transparent and independent from political considerations and the payment channels made it easier to reach people in difficult situations and remote areas.

1. How did the Disability Grant develop?

The Disability Grant (DG) was one of the first social security schemes to be introduced as a means-tested benefit in 1937. It was initially targeting the poor white population. In 1947, the DG was extended to all South Africans, but with different benefit levels and different income thresholds depending upon race. Incremental harmonisation began in the 1970s and parity between races was reached only by way of the South African Social Assistance Act in 1992. Today, the DG covers nearly 1.2 million beneficiaries. It is paid to citizens, permanent residents and persons with “refugee status” in South Africa.

Figure 1. DG beneficiaries, 1997-2013



Source: Department of Welfare and DSD Annual Reports 1997-2013

In South Africa, two institutions are active in the design and delivery of social protection. The Department for Social Development (DSD) is responsible for policy-making and oversight while the South African Social Security Agency, created in 2006, administers and delivers all social grants. The creation of SASSA reduced fragmentation and inconsistency within the previous system, where the benefit levels and eligibility criteria for social

¹ People with chronic illnesses benefit from the Disability Grant but this is not legislated.

grants were decided by nine different regions and disbursed by different paymasters.

SASSA delivers benefits through fully equipped and well-staffed mobile units as part of its Integrated Community Registration Outreach Programme (ICROP). The ICROP facilitates beneficiary enrolment and registration, issues smart cards, maintains an online database, raises awareness, provides access to pay points, and conducts home visits by medical staff and social workers to ensure that individuals unable to go to the hospital or leave their homes—due to disability or sickness—have access to services and benefits.

In 2007, South Africa ratified and signed the UN Convention on the Rights of Persons with Disabilities (UNCRPD). The Convention facilitates the enforcement of the rights of persons with disabilities and requires states to actively take action to improve their living conditions, by providing support to help them to develop to their full capacities. Additional provisions are also contained in the Continental Plan of Action of the African Decade of Persons with Disabilities (2010-2019), the AU policy instrument on Disability.

Prevalence of HIV/AIDS in South Africa is 18 per cent among people between the ages of 15 to 49 years. Currently, a person living with HIV is eligible for the DG if it has resulted in some kind of activity limitation and if the CD4 count used to assess the immune system of a patient is below a certain threshold. For people living with HIV, the DG is the only non-contributory scheme that provides income security in case of loss of work capacity due to HIV infection and free health care. In 2003, 41 per cent of the DG beneficiaries were people suffering from ‘retroviral disease’ or ‘immuno-compromised’.

In 2004, the government introduced free anti-retroviral drugs (ARVs), which significantly improved the health conditions of people living with HIV. Many of those that had significant improvements in CD4 counts lost their eligibility to the DG. This may explain why the number of DG beneficiaries has steadily declined since 2007 (see Figure 1).

2. What are the benefits provided?

Persons living with a physical or mental disability which prevents them from working for more than six months can apply for a temporary or permanent DG. Their eligibility is determined through a medical assessment done by a doctor either from the Department of Health or contracted with SASSA.

Further eligibility criteria include an income-based means test and valid identification documentation. The grant may be paid temporarily for between six and 12 months or permanently. The monthly amount of the grant is ZAR1,500 (\$112) and lapses upon death of the beneficiary, failure to claim for three consecutive months, absence from South Africa or admission to a state institution for care. If the state institution has a contract with the state to care for beneficiaries of the DG, the DG is reduced to 25 per cent of the maximum amount for four months after admission to the institution. Upon discharge, the full DG is re-instated.

Eligibility for the grant is reassessed regularly for temporary Disability Grant payments. Coverage of the DG grew from 611,325 beneficiaries in 2000 to 1.24 million eligible persons in 2015. Complementary programmes for recipients include free health care, and being allowed to apply for “indigent status” to support households to pay for water, electricity and accommodation. The Reconstruction and Development Programme (RDP), provides free retrofit houses with accessible features to any South African citizen with disability and a monthly income of less than ZAR3,500 (\$288).

Two additional grants are available to support DG beneficiaries. The Grant-in-Aid aims to support persons in need of support or care by another person because of their physical or mental disability. It is available for the beneficiaries of the DG, the Older Person’s Grant and the War Veterans Grant. The Social Relief of Distress (SRD) programme serves as temporary assistance for applicants to overcome financial pressure during the application period (up to 21 days). Depending on how a disability has been acquired, beneficiaries may also be eligible for grants from the Road Accident Fund, the Unemployment Insurance Fund

or Compensation for Occupational Injuries and Diseases Fund.

South Africa still struggles with strong social inequality with a GINI coefficient of 0.69 after social grants have been disbursed to beneficiaries.



3. What is the impact on people's lives?

In a society where unemployment stands at 24.3 per cent, many PWDs report being stigmatized and experiencing severe barriers to access the labour market. The DG provides some level of support to facilitate inclusion in the labour market of PWDs. However, these protective measures need to be complemented by job creation strategies and campaigns to educate employers not to discriminate against persons with disabilities.

Research into the impact of the DG has so far been limited. According to studies, 77 per cent of recipients cite food as their first item of expenditure and 59 per cent say that food is the item on which they spend most of their money. Recipients also spend money on electricity and water bills, which varies with the infrastructure available in the regions. Other expenditure items are purchases of clothes, funeral policies, debt repayments, rent payments, payment of school fees and remittances. Receipt of the DG, like all other grants, facilitates financial inclusion of recipients because all beneficiaries have an electronic smartcard for identification and payments. The DG benefits the whole household of the person with disabilities or living with HIV, and therefore has direct or indirect impact on the livelihoods of a larger population.

4. What's next?

In future, links with employers and affirmative action policies to integrate persons with disabilities into the labour market should be pursued and prioritised to enable beneficiaries to graduate from poverty. This is already envisaged in the National Development Plan 2030 and required by the UNCRPD. To remove the barriers for PWDs, the policy framework for integration of PWDs exists and needs to be operationalized through pro-active and social understanding of disabilities.

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