

EQUAL

treatment

Magazine for the Treatment Action Campaign

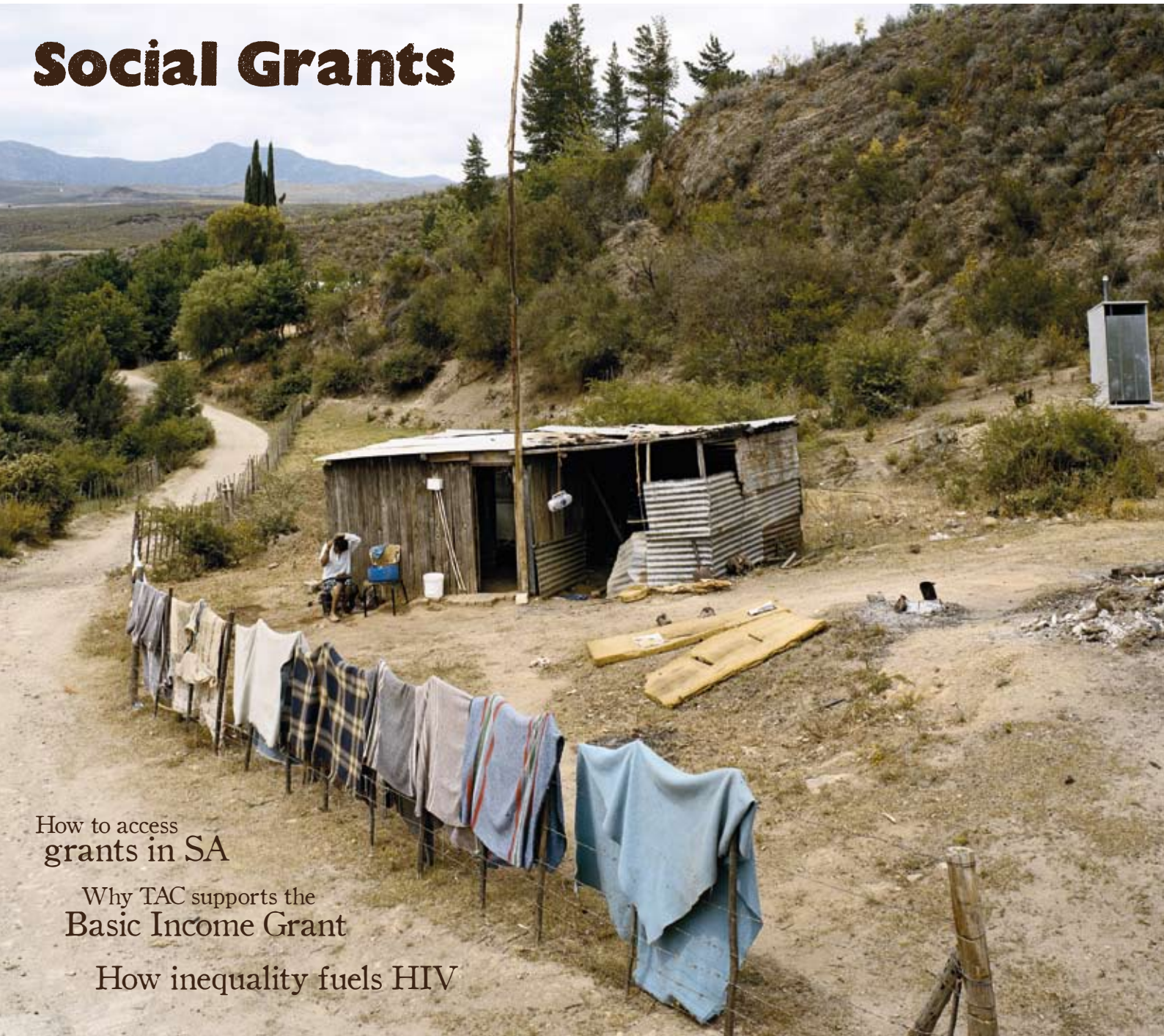
June 2009

Social Grants

How to access
grants in SA

Why TAC supports the
Basic Income Grant

How inequality fuels HIV



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TAC is committed to providing people with HIV, their families and caregivers accurate information about life-saving medicines and treatment. TAC and its leaders are independent of the pharmaceutical industry as well as of the natural and alternative medicine industries and have no financial interests with them.

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In the first section of this issue of *Equal Treatment* we look at problems with the social welfare system and ways to fix it.

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Guide to Social Grants

Applying for grants can be confusing and involve a lot of paperwork. We bring you an extensive guide on everything you need to know about accessing grants.

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Poverty, inequality and HIV

In the focus section, we take a look at how poverty and inequality is holding back the fight against HIV.

A pilot study on the basic income grant (where everyone receives a small grant from government) in Namibia is throwing up some very interesting findings. It seems that those who said such a grant would make people lazy were wrong. As expected, people used the money to improve their lives. As many of our readers will know, grants help pay for food, taxi fares to the clinic, your child's education, and



Adverts on the base of the telecommunications tower, Hillbrow, Johannesburg, 18 January 2002. Photo by David Goldblatt.

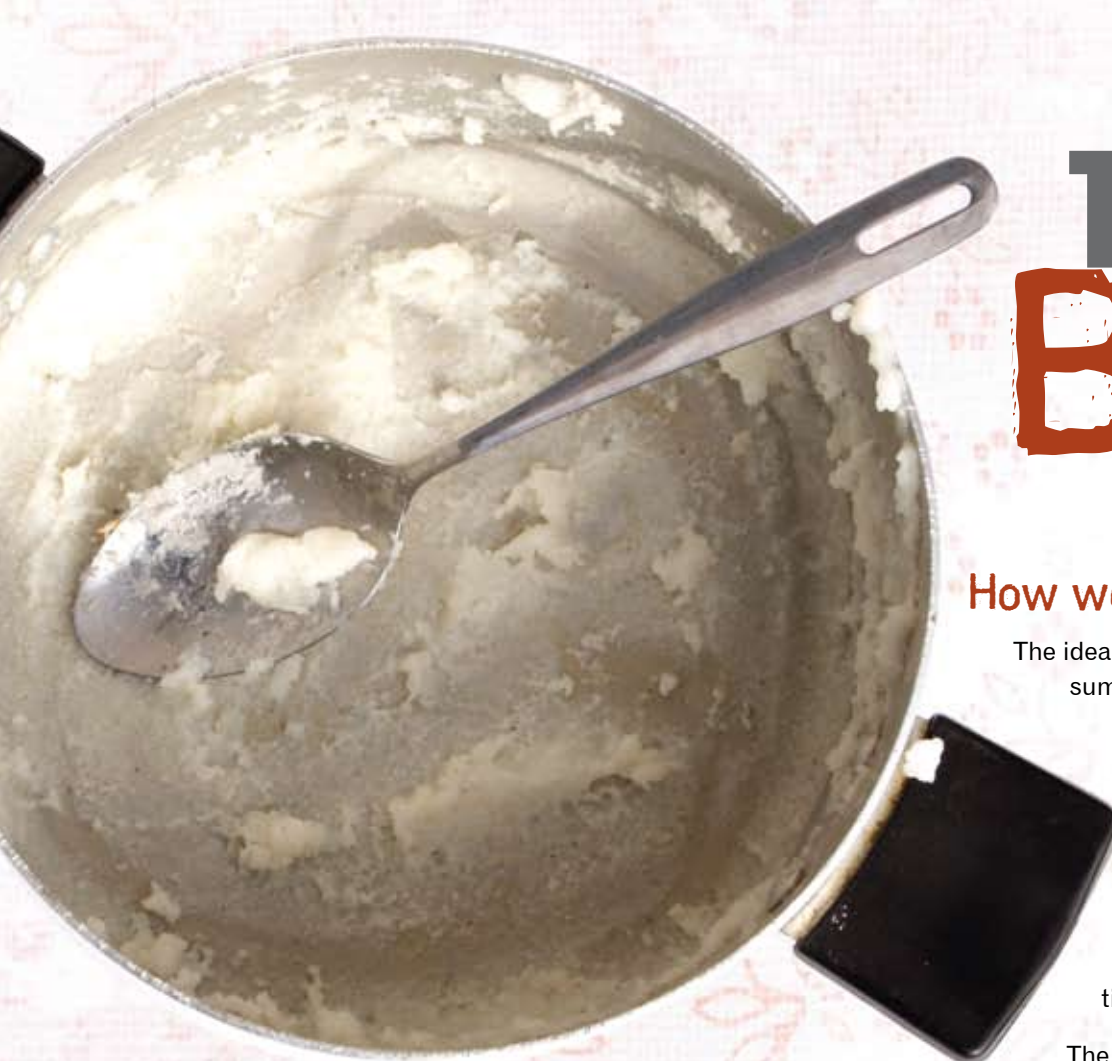
much more. Grants are empowering and we need more of them.

In this issue of Equal Treatment we take a look at social grants and how they help overcome some of the inequalities in our extremely unequal society. Those who need it have a legal right to receiving social assistance. To this end, we bring you a guide to what all the various grants are and how exactly you can access them. See our in-depth guide from pages 14 to 19.

Even though the social welfare system in South Africa reaches over 12 million people through seven different grants, there is no grant that

provides long-term financial support specifically for people living with chronic diseases such as HIV. In some provinces people with HIV are receiving the Disability Grant, but this is not ideal. (For more on this situation, see the article on page 8.)

Because of the shortcomings with the current social welfare system, TAC is supporting the implementation of two new grants. Be sure to read John Ashmore and Gavin Silber's articles on why TAC is campaigning for the Basic Income Grant and a Chronic Disease Grant. If put in place, these grants could make a huge difference to the lives of our people and the fight against HIV.



TAC supp Basic

How would a BIG work?

The idea behind the grant is that a small sum of money would help pay for basic living (food, clothing, health, education, electricity, etc.), enabling poor people to live healthier, more fulfilling lives. No means tests or applications would be required, which would save government time and money.

The BIG could redistribute income from rich to poor, for example, if it were funded by an increase in value-added tax (VAT). Rich people pay more VAT than poor people, as they spend more on shopping. In this scenario, anyone who spends over R1,000 a month would automatically pay more to government through taxes than they would receive through the BIG.

A Basic Income Grant (BIG) is a grant of equal size paid to all citizens, regardless of how much money they have. Currently South Africa does not have a BIG, but many organisations, including TAC, believe the idea should be seriously considered.

What is a Basic Income Grant?

A Basic Income Grant (BIG) simplifies the grant system by giving a small amount of money to everyone. This reduces bureaucratic costs of deciding who needs the grant, and gives millions of people a basic monthly income. In a pilot project in Otjivero, Namibia, each citizen is receiving R100 per month for two years, and it seems to be working well. If South Africa introduced such a grant, it would probably work in a similar way, giving everyone about R100 per month. Government's Taylor Committee recommended this in 2001, when policy makers first started taking the BIG more seriously.

Why is it important?

TAC believes the grant is important as it would reduce inequality. It would provide a secure and basic income to give people opportunities to attend school, adhere to treatment for chronic diseases like HIV, and start up their own businesses. This could lift millions of poor and unemployed people out of poverty, potentially transforming society. Such action is long overdue in South Africa.

Political background

When the Taylor Committee originally suggested the idea to government in 2001, the response was mostly negative. The Minister of

ports the Income Grant

By John Ashmore

Social Development was supportive, but most of government considered the BIG to be the same as “hand-outs”. They believed it would not encourage people to “enjoy the opportunity, the dignity and the rewards of work”. They thought a BIG would create dependency and make people lazy.

These fears are biased and untrue. The BIG pilot study in Namibia has shown that people did not sit back and spend their money on beer (as feared by government critics), but instead used it to reduce their debt, feed their children and even start up small businesses. Reports show that after only six months there had been a dramatic improvement in people’s lives. Most notably, child malnutrition dropped from 40% to almost zero. More people started working and poverty-related crimes dropped significantly.

Can South Africa afford it?

The challenge of funding a BIG for all South Africans is, however, a big one. This is because although it would be smaller than current grants, there would be roughly a fourfold increase in the number of recipients. This kind of increase would be difficult to pass through parliament in the current economic climate, though it is needed even more as economic growth slows.

Funding a BIG through new taxes on income or wealth would require a massively increased tax burden on the rich, to which the government has been strongly opposed for a long time. One alternative might be to fund it through VAT and the so-called “sin taxes” – those on alcohol or tobacco, for instance. Even this approach would require raising VAT and sin taxes by one

half, at a time when there are other pressing claimants on the budget (including AIDS-related health care). Government continues to discuss the BIG as a pro-poor policy option among others.

Sources: Musgrave, A. and Brown, K. “South Africa’s social welfare system revisited” *Business Day* (21 October 2008) • Namibia Non-Governmental Organisation Forum “Basic Income Grant Assessment report” (2008) http://www.bignam.org/Publications/BIG_Assessment_report_08a.pdf • *The Sunday Times* (28 July 2001).



Left: A TAC member helps advertise for a 2002 march for a Basic Income Grant. TAC and allies have been working on a BIG for South Africa for many years.

Below: As a result of the BIG pilot project in Namibia, child malnutrition dropped from 40% to almost zero. Photo by Dirk Haarmann.





People living with HIV need access to good quality food and housing in order to stay healthy. This is a picture of an HIV patient in Lusikisiki who is suffering from wasting syndrome. Photo by Nick Fletcher, courtesy SING.

Section 27 of the South African Constitution:

Everyone has the right to have access to: (a) health care services, (b) sufficient food and water, (c) social security, including, if they are unable to support themselves and their dependants, appropriate social assistance. The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.

Ch. 13 of The HIV&AIDS and STI Strategic Plan for South Africa (NSP 2007-11):

“The NSP [HIV National Strategic Plan] recommends strengthening systems to provide food support to children and adults on chronic medication and the introduction of a Chronic Diseases Grant [as a requirement for the effective implementation of the NSP].”

A Chronic Disease Grant for South Africans

By Gavin Silber

What is a Chronic Disease Grant?

The Chronic Disease Grant, also known as the Chronic Illness Grant, would be a grant available to all people living with chronic diseases. A chronic disease is one that is long-lasting but manageable with the right treatment and lifestyle. HIV is a chronic disease because antiretroviral drugs (ARVs) allow people to live long and healthy lives. Other examples of chronic diseases are diabetes and heart disease.

Why do we need a Chronic Disease Grant in South Africa?

Income Support: Currently there is no grant that provides long-term financial support for people living with chronic diseases such as HIV. As we will discuss in this issue, people with HIV often face loss of income together with increased food, transport and medical costs.

The Disability Grant is not enough: The Disability Grant has been used in some provinces to provide relief for those facing the added costs of HIV, but it is not a long-term solution. The purpose of the Disability Grant is to provide for those with a disability, whereas a Chronic Disease Grant would especially cover costs associated with *illness*. As

As we will discuss in this issue of Equal Treatment, the current social assistance programme does not do enough to support people with chronic illnesses like HIV. For this reason, our HIV National Strategic Plan (NSP) recommends the introduction of a Chronic Disease Grant. To date, no such grant has been implemented. In this article, we explore how this might look, why it is necessary for people living in South Africa, and how TAC is working with government to make it happen.

illness is not a disability, the Chronic Disease Grant would not only help to reduce misunderstanding and stigma, but would provide income support for many more people in need.

Fulfilling our right to health: The Chronic Disease Grant would strengthen people's rights to health because it would allow them to properly manage their HIV through good nutrition, regular visits to clinics and medication. Evidence shows that grants are indeed spent on such essentials in our country, despite common beliefs that people waste their grant money. If people are able to properly take care of themselves, the growing burden on the public health system will decrease. The social welfare system will also benefit by the reduction in the current massive demand for disability grants from people with chronic illnesses.



“People infected and affected by HIV/AIDS made specific reference to food insecurity. While their testimonies indicate that access to treatment has improved significantly, they are often unable to take their treatment because they have no food to eat. ARV treatment demands a balanced diet. Most of them depend largely on the disability grant for survival.” – Archbishop Njongonkulu Ndungane, Chief Commissioner during the 2008 Poverty Hearings.

Supporting People on ARV treatment: The Chronic Disease Grant would allow people to stay healthy and access their treatment – both important in fighting opportunistic infections. It would also encourage people to stay on ARV treatment as well as get tested. Although it is not official policy, many people are denied a disability grant if their CD4 counts are too high. In some cases, people stop taking their treatment so they can continue to collect money. Studies have also shown that people have a more difficult time adhering to treatment once their social grant has been cancelled.

How could a Chronic Disease Grant work?

TAC believes the Chronic Disease Grant should be in the form of a cash transfer. Receiving cash allows people to prioritise their own needs. TAC is currently participating in a South African National AIDS Consortium lead process to engage scientists, economists, legal experts and others to envision how the grant might take shape. The former Director of the Department of Social Development, Zola Skweyiya, the Director-General of Health, Thamsanqa Mseleku, and others have expressed support for the project.

This grant, like others, would be provided by the Department of Social Development. This is important, as it means spreading responsibility for the health rights of South Africans beyond the Department of Health. In this way, more resources could be provided, and we could move towards a broader and more suitable developmental strategy for tackling AIDS and other chronic illnesses. This is in line with the recommendations of international agencies such as the World Health Organisation and UNAIDS.

The 2008 Poverty Hearings, held in cities and towns throughout South Africa, were meant to give people the opportunity to speak out on issues of poverty, including healthcare. Photo by HWB and the African Monitor.



Sources: Booth, P. and Silber, G. South Africa National AIDS Consortium – Treatment, Care and Support Technical Task Team “A Draft Briefing Document for the Establishment of a Chronic Diseases Grant” (2008). • Gough, D. “Understanding the Causal Relationship between ARV Treatment Failure and receiving a Temporary Disability Grant: A Practical Study.” (2008). • Schneider, H. and Goudge, J. Human Sciences Research Council “Developing a policy response to provide social security benefits to people with chronic diseases.” (2007).



People living with HIV and TB need money to access transport so that they can receive medical care and medicines. Here, a Lusikisiki community healthcare worker carries a TB patient to receive her drugs. The patient cannot afford transport, and the Chronic Disease Grant would help her to do so. Photo by Tooni Mahto, courtesy SING.

TAC is calling for the introduction of a Chronic Disease Grant!

The Chronic Disease Grant is one of the most direct ways to assist people in overcoming poor health, poverty and inequality. TAC believes wider access to grants is vital in ensuring the rights enshrined in our Constitution, and we have chosen this as an immediate and viable solution.

It is important for civil society to lobby government and particularly the Ministry of Health to stick to its promises, as well as to ensure this is a priority for the new government.

An increasing number of civil society groups are behind this, including the AIDS Law Project, AIDS and Rights Alliance for Southern Africa, Black Sash, AIDS Consortium and many others. We urge other NGOs to join us. In the meantime, it is important to learn about your and others' rights to health and social grants under the current system. This edition of *Equal Treatment* is a great start!



A Chronic Disease Grant would allow people to properly manage their HIV through good nutrition, regular visits to clinics and medication. Photo by Mara Kardas-Nelson.



The Disa

The increase in the number of people who receive Disability Grants can be explained by the high rates of poverty and unemployment and the high incidence of illnesses such as TB and HIV in this country. This article looks at specific problems with the Disability Grant and the confusion over policy.

The Disability Grant is meant to provide extra income for people with a disability that leaves them unable to work. It is the only grant available to adults in their working years. There are two types: the permanent grant, which lasts five years, and the temporary grant, which lasts for six months to a year.

In the past few years, there has been a rapid increase in the number of people receiving Disability Grants. Only 600,000 of these were awarded in 2000, but by 2007 the figure had risen to 1.4 million. The increase can be explained partially by the high levels of poverty and unemployment in South Africa. Because

of widespread poverty, many people have applied for a grant when they would not have done so in the past. In other words, the grant is currently often used as a form of poverty relief rather than a measure to address a specific disability. This has put enormous pressure on the grant system.

The high incidence of illnesses like TB and HIV/AIDS is another reason behind the increased uptake of the grant. Adults living with illnesses such as these are only able to access social welfare through this grant. Many sick people have increased costs, for example transport to clinics and nutritious food to stay

Disability Grant

healthy. People with HIV/AIDS now make up nearly half of those who receive Disability Grants.

Shortcomings of the Disability Grant

Confusion about eligibility requirements:

There is confusion over the definition of a disability and no specifications as to when this would prevent a person from working. This makes it difficult for doctors to assess whether someone should receive a Disability Grant.

Doctors are also often unsure whether to award a permanent or temporary grant to applicants. The regulations of these categories are changed frequently. As a result, doctors often exercise caution and award temporary rather than permanent grants. This means that many people who should be getting permanent grants are given temporary ones.

Inadequate health facilities:

Community health facilities often suffer from a shortage of staff and resources. At clinics such as Site B in Khayelitsha, doctors must assess an average of 20 patients per hour (an average of three minutes per patient). This puts doctors under a lot of pressure, and compromises their ability to adequately assess each patient.

CD4 Count

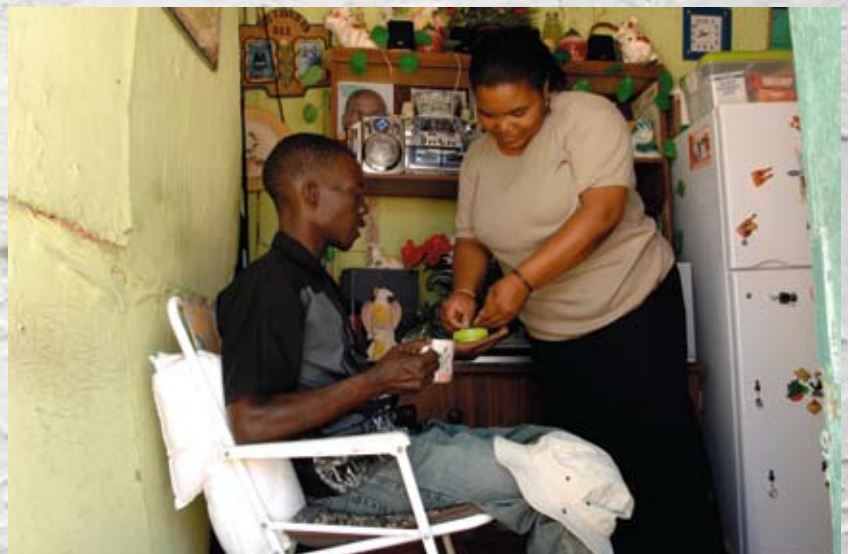
Because of a general lack of communication within government, there has been much confusion over policy. For example, the practice of withdrawing an HIV positive person's

Disability Grant when their CD4 count rises above 200 continues to occur, even though it has been made illegal. This means that sometimes people will not adhere to their ARV treatment for fear that if their CD4 count increases, they will lose their grant.

TB and the disability grant

Until recently, to be eligible for a Disability Grant you could not be cared for in a state institution. This meant that patients with multi-drug resistant or extensively drug resistant TB who went into isolation could not receive their grant. This has now changed, although some problems remain in getting the grants to them. (See article on page 11.)

Sources: Booth, P and Silber, G. South Africa National AIDS Consortium – Treatment, Care and Support Technical Task Team “A Draft Briefing Document for the Establishment of a Chronic Diseases Grant” (2008). • Natrass, N. Centre for Social Science Research, University of Cape Town “Disability and Welfare in South Africa's Era of Unemployment and AIDS.” Working Paper No. 147. (2006). • Social Assistance Act (2004).



Treatment supporter Nomvume Nkumanda (right), of the TB/HIV Care Association, gives TB patient Vusumuzi Ngoma his daily medication. Lots of people sick with TB and HIV apply for the Disability Grant because it is the only grant available for adults in their working years. Photo by David Harrison.

Who deserves grants or food parcels?

Lindiwe Motsa speaks to Equal Treatment writer Sibongile Mashele about being denied a Disability Grant.

My name is Lindiwe Motsa. I am 28 years old and HIV positive. I stay with my aunt and her kids at KaMsogwaba in Mpumalanga. I am unemployed and currently taking TB treatment for the second time.

I first found out about my HIV status in 2006 after I was diagnosed with TB. At my TB test I was advised to take an HIV test and I tested positive. I took a CD4 count test and it was 450. Although this is quite a high CD4 count, I was still very sick. I could not work because I was so sick and had to quit my job.

I asked my doctor to recommend me for a grant but he told me that my CD4 count was too high, so I did not qualify. I took my TB treatment for six months until I was cured.

Two years later I was having chest pain. I was again diagnosed with TB and told I would have to take treatment for eight months. At this time, I was very sick and very weak. Again I asked the doctor to recommend me for a grant but he told me again that my CD4 count was too high.

All of this makes me wonder what kind of people qualify to receive this money. I have had TB two times and am very weak and sick. I cannot work and each morning I have to wake up early and walk for miles to get my streptomycin injection at the clinic. This means even if I was healthy enough I could not work because of the time it takes to get to the clinic.

For now, the only thing that keeps me going is the emotional and financial support I receive from my family. My biggest challenge is that I cannot support myself when I have TB.

Drug Resistant TB and grants update

By Lesley Odendal

According to the national policy, all drug resistant TB patients must be hospitalised at provincial “Centres of Excellence”. Patients are often required to stay long distances from their homes and families for up to two years. Adding to these hardships, patients are unable to work, which often robs families of breadwinners and sometimes the only source of income.

Up until very recently, patients who were hospitalised would also have their social grants cancelled because, in accordance with the Social Assistance Act, people were only eligible for a social grant if they were not in a state institution, including a care treatment centre.

However, this reading of the Act was unconstitutional, as Section 27 (1) (c) of the Constitution extends the right to the social assistance grant to everyone and their dependents.

Patients hospitalised for drug resistant TB have to face the additional burden of not being able to provide for their families economically. Until recently, patients' social grants would be cancelled while they were in hospital. While this practice has been stopped, many challenges remain.

Cancelling the social grants of patients whose families are reliant on them creates increased difficulties and anxiety for the family and the patients. This often leads to the patients leaving the hospital and refusing treatment as they feel that caring for their family financially is more important than treating their drug resistant TB.

To address this, TAC and the AIDS Law Project held a press conference in September 2008 and sent a memorandum to the Department of Social



TB/HIV Care treatment supporter Nonceba Ophila (centre) has been working with TB patients in her community for more than eight years. Drug resistant TB patients now have access to grants when they are undergoing treatment in hospital and afterwards if they are unable to work, helping them to access adequate food, housing and medical care, and support their families. Photo by David Harrison.

Development (DSD), outlining our concerns. We asked that grants not be cancelled, and that all patients who are hospitalised for drug resistant TB should receive grants, including those who develop severe side effects from the medication, such as loss of hearing and eyesight.

Patients can now receive grants

At a meeting held in October 2008, the DSD agreed that the social grants of patients should not be cancelled. It was decided that the DSD would order the South African Social Security Agency (SASSA), which administers the grant payments, to establish mobile pay points at each of the drug resistant TB hospitals to ensure that patients receive their grants on time.

The DSD agreed that all hospitalised drug resistant TB patients should receive social grants for the duration of their hospitalisation or for as long as they would

be unable to work. SASSA was ordered to assist in facilitating the application for grants of all newly admitted patients.

Implementation problems

However, there have been numerous problems in the implementation. Most patients have to wait for up to three months for their application to be processed before they receive the first payment of the grant. Patients who are hospitalised far from their homes face additional difficulties, as their family members have to travel long distances to submit documents that may have been left at home when the patient was admitted to hospital.

Given that patients are hospitalised for long periods of time without a source of income, it is critical that the DSD and SASSA implement measures that ensure that patients and their families can receive grants easily while hospitalised.



What does the law say about social grants?

By Ludgera Ewers

Our Constitution

According to section 27(1)(c) of the Constitution, everyone has the right of access to social security, including social assistance if they are unable to support themselves. The Constitution requires government to take reasonable measures within its resources to realise this right.

International Law

According to the International Covenant on Economic, Social and Cultural Rights, which South Africa signed in 1994, everyone has the right “to social security, including social insurance”.

The Covenant recognises that “[t]he widest possible protection and assistance should be accorded to the family, which is the natural and fundamental group unit of society, particularly for its establishment and while it is responsible for the care and education of dependent children”.

Further, “[s]pecial protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits”.

The HIV/AIDS and STI National Strategic Plan for South Africa 2007-2011 (NSP)

The NSP recommends strengthening social assistance for those with chronic illness. To provide food and medical support, and to aid children, the NSP recommends the introduction of a Chronic Disease Grant. The NSP was adopted by government. It therefore endorses this recommendation and must follow it.

The National Health Act of 2003

The National Health Act of 2003 requires government to “regulate national health and to provide uniformity in respect of health services across the nation by [...] protecting, respecting, promoting and fulfilling the rights of [...] vulnerable groups such as women, children, older persons and persons with disabilities”.

Sources: Constitution of the Republic of South Africa, § 27 (1) (c), 27 (2). • International Covenant on Economic, Social and Cultural Rights, Article 9. • International Covenant on Economic, Social and Cultural Rights, Article 10. • National Health Act, 2003, Chapter 2, 2 (c) (iv). • The HIV/AIDS and STI National Strategic Plan for South Africa 2007-2011.

How to get **social grants** in South Africa

Applying for grants can be confusing and involve a lot of paperwork. In this guide, we hope to simplify the process a bit, hopefully making it easier for you to access the grants you need.

South Africa's social welfare system helps reduce inequality between the rich and the poor. But this has not always been the case. Social welfare was originally introduced by the apartheid government to protect the living standards of white people. Over time, the benefits of social security were extended to other racial groups. Today, the social welfare system can no longer discriminate on the basis of race.

South Africa's social welfare system reaches over 12 million people. In 2008, the government spent R70.7 billion on social grants, which amounted to 10.8% of total government expenditure. In 2000, social grants made up 66.8% of the total income of the poorest 20% of the population.

There are seven different social grants: the Grant for Older Persons, Disability Grant, War Veteran's Grant, Foster Care Grant, Care Dependency Grant, Child Support Grant, and Grant in Aid. Each grant is subject to a means test. This means that in order to receive a grant, your financial level must be below a certain amount.

Where can I apply for a grant?

You apply at your nearest branch of the South African Social Security Agency (SASSA). If there is no office close to where you live, try a Welfare Office or Magistrate's Court.

What are the methods of payment?

Grants are paid monthly. The dates and times of grant payments are different in different areas. You can get the cash at a specific pay point on a particular day. Please ask at the nearest SASSA office for the day and pay point.

You can also get an electronic deposit into your bank account. The bank may charge you for this service.

Besides these two options it is also possible to get an electronic transfer into your Postbank account or to get the money at certain institutions, for example a home for disabled people.

How do I get the money?

You have to take proof of identity when collecting the money. You should count the money to check that it is the right amount and then sign or thumb print the card. If something is wrong, you should not sign and you should complain immediately to the person who makes the payouts.



Tandeka Vinjwa (right) of TAC Lusikisiki, speaking to a woman who cares for her orphaned great-grandchildren. People like this great-grandmother can benefit greatly from accessing social grants. This extra money will help her great-grandchildren live healthy lives. Photo by Nick Fletcher, courtesy SING.

What documents do I need when applying for a grant?

- ☐ A 13 digit bar-coded South African identity document (ID) book.
- ☐ Proof of residence.
- ☐ Proof of marital status: affidavit stating that you are single, marriage certificate, divorce order and agreement or a death certificate of a late spouse.
- ☐ Proof of your income and assets as well as those of your spouse.
- ☐ Bank statements for a period of three consecutive months.
- ☐ Proof of private pension.
- ☐ Proof of interest or dividends earned on investments and bank accounts.
- ☐ Explanation of any deposits and credits in your bank account(s).
- ☐ If unemployed, an Unemployed Insurance Fund (UIF) card (blue card) or discharge certificate from your previous employer.



Child Support Grant

Who can apply for the Child Support Grant?

Parents and primary caregivers can apply for a Child Support Grant if they have children under the age of 14 whom they cannot support.

In order to be eligible, if single your income should not be more than R28,800 per year; if married not more than R57,600 per year jointly.

Both the child and the caregiver have to be South African citizens and both must be living in South Africa when the application is made. Unless the children are yours biologically or through legal adoption, you can only receive a grant for up to six children in your care.

Who is a primary caregiver?

A primary caregiver is anyone who is mainly responsible for looking after the child, such as a parent or grandparent. If you are not the parent of the child and want to receive the grant, you need the consent of the child's parent, guardian or custodian.

How much money will I get?

The Child Support Grant is R240 per month.

What documents do I need to apply for the Child Support Grant?

Besides the required documents listed in the box, you will need the following documents and information for the application:

The 13 digit ID or birth certificate of the child or children that you want to apply for

If you are not the child's parent or guardian, a written note of permission from the parent or guardian confirming that you are taking care of the child

If you are not the child's parent or guardian, information about how you have tried to get the parents to pay maintenance

Information that shows that you are the child's primary caregiver

In August 2008, 8,304,635 Child Support Grants were given.



Care Dependency Grant

Who can apply for the Care Dependency Grant?

To be able to apply for this kind of grant you must be a parent, primary caregiver or foster parent of a disabled child. You have to be a South African citizen unless you are a foster parent, but both the applicant and the child must live in South Africa. You can only apply if the child is not older than 18 years and if you have a medical assessment that confirms the disability of the child. If he or she was permanently cared for in a state institution for more than six months, the grant will not be approved.

If single, your income should not be more than R121,200 per year; if married, not more than R242,400 per year jointly.

How much money will I get?

Once your application has been approved, you will receive R1,010 per month.

What documents do I need to apply for the Care Dependency Grant?

Besides the required documents mentioned in the box, you will need a medical assessment confirming the disability of the child, and his or her birth certificate. If you are the foster parent of the child, you will also need to bring the current valid court order.



Due to HIV and malnutrition, this young Lusikisiki patient is severely disabled. His mother is eligible for a Child Dependency Grant, which can help her to pay for his extra food, medical and educational costs. Photo by Nick Fletcher, courtesy SING.

In August 2008, 104,440 Care Dependency Grants were given.



Foster Child Grant

Who can apply for the Foster Child Grant?

The income of the foster parent(s) and child(ren) is not taken into consideration. You and the child do not have to be South African citizens, but you must be residents of South Africa at the time of the application.

Who is a foster child?

A child who is removed from his or her parents and legally placed in the care of foster parents is called a foster child. Reasons for being removed are that the child has become an orphan, or that he or she has been abandoned, at risk, abused or neglected.

If you are not a legal foster parent yet, you can apply for this at a Children's Court.

How much money will I get?

If your application has been approved, you will get R680 per month.

What kind of documents do I need to apply for the Foster Child Grant?

Besides the general documents mentioned in the box earlier, you will need a court order that indicates that you are the foster parent of the child. You must also have the child's valid 13 digit ID number. Finally, you will need a document that shows the income of the child if he or she already has a job, or the child's school certificate if he or she is still in school.

In August 2008, 484,924 Foster Child Grants were given.



Grant for Older Persons

Who can apply for the Grant for Older Persons ?

If you are a man, you have to be older than 63 years, and if you are a woman, you have to be older than 60. You must be a South African citizen and live in this country when you apply for the grant. If single, your income should not be above R29,112 per year; if married, your combined income should not be above R 58,224 per year.

You won't get the money if you live in a state institution or if you receive another grant for older people.

How much money will I get?

If your application is approved, you will get R1,010 per month.

What documents do I need to apply for the Grant for Older Persons?

You will need all the documents listed in the box in order to apply for the grant.



This Lusikisiki woman cares for her great-grandchildren. Her access to the Grant for Older Persons and other grants helps her to care for herself and her family. Photo by Nick Fletcher, courtesy SING.

In August 2008, 2,309,679 Older Persons Grants were given.



Disability Grant

Who can apply for a Disability Grant?

You have to be a South African citizen or permanent resident. If you are a woman, you have to be between 18 and 59 years old and if you are a man, between 18 and 63 years old. You need to have a medical assessment that confirms your disability and you must not be cared for in a state institution. You are not allowed to receive another social grant. If you are a single person, your annual income must not be more than R29,112. For a married couple, the income level should be at or less than R58,224 per year.

How much money will I get?

If the disability grant is approved, you will get R1,010 per month.

What kind of documents do I need for the application?

Besides the general documents listed in the box, you will need a medical assessment confirming your disability.



People who have difficulty getting work because of a physical or mental disability are eligible for a Disability Grant. Photo by Sofia Tosolari.

In August 2008, 1,377,466 Disability Grants were given.



War Veteran's Grant

Who can apply for a War Veteran's Grant?

In order to apply for the grant, you have to be a South African citizen or permanent resident and living here at the time of application. You have to be aged 60 years or older or disabled and have fought in the First (1914-1918) or Second World War (1939-1945), or the Korean War (1950-1953). If you are not married, your assets must not be more than R484,800 per year, and your income must not be above R29,112 per year. If you are married, the combined assets of you and your spouse must not be more than R969,600 per year and your combined income not more than R58,224 per year. Finally, you must not be cared for in a state institution and you must not receive another social grant except for the Grant-in-Aid.

How much money will I get?

If your application has been approved, you will get R1,030 monthly.

What kind of documents do I need for the application?

Besides the required documents listed in the box you will need your spouse's ID book, proof of your war service (this could be a certificate of the war service or your war medals), and if you are under 60 years old, a medical assessment or report confirming that you cannot work.

In August 2008, 1,727 War Veteran's Grants were given.



Grant-in-Aid

Who can apply for the Grant-in-Aid?

If you already receive an Older Person's Grant, a Disability Grant or a War Veteran's Grant and you need full time care because of your physical or mental disabilities, you can apply for a Grant-in-Aid. In order to get the grant, you must not be cared for in an institution that receives subsidy by the State for your care or housing.

How much money will I get?

If your application has been approved, you will get R240 monthly.

What kind of documents do I need to apply for a Grant-in-Aid?

Besides the required documents listed in the box, you will need to bring a medical report confirming your disability.

In August 2008, 41,017 Grants-in-Aid were given.

Social Relief of Distress

Who can apply for Social Relief of Distress?

You can get social relief of distress in various crisis situations. This could include the following:

- You need help while your children's grants are being processed.
- Your house burnt down or the area you live in has been struck by a disaster.
- The breadwinner in the family has recently died.
- You have a short-term medical problem that prevents you from working.

What will I get?

Depending on how it works in your province, you will receive cash, a food parcel or a voucher to buy food. Social Relief of Distress is usually given for three months only, although sometimes it will be given for six months.

What documents do I need to apply for Social Relief of Distress?

You need to have your ID book and your children's birth certificates. You will also have to show proof of your crisis. This could be something like a police report if your house burnt down, or proof that you have applied for a grant, have tried to get maintenance, or have a short-term medical disability.

FAQ's on social grants:

When can I apply for a grant?

You can apply on any working day, although some offices are only open for grants on certain days of the week or month.

How long does it take to start getting the grant?

It will take about 30 working days for your application to be processed and checked and either approved or refused. If your application is refused, you will get a letter explaining why it has been refused and how you can appeal the decision. If your application is approved, you will start getting payments within three months. The payments will be backdated to the day of the application.

Can I appeal against a rejection?

Yes, you have the right to appeal against a rejection. You have to do this within 90 days from when you receive the rejection letter.

Can the letter be printed in my language of choice?

If you wish, the letter can be printed in your language of choice.

What documentation will I receive from the office as proof of application?

The office will provide a receipt as proof of application. You have to keep the receipt as it is the only proof of your application.

Can someone else apply for a grant on my behalf?

All adult beneficiaries must apply for themselves. If you are too old or sick to travel to the office, ask someone else to request a home visit for you. This person must bring a letter from you or a doctor's note explaining why you are not able to come to the office.

Who cannot get a grant?

A grant can be refused in the following cases: if you already get another social grant; if you are a mineworker who receives money in accordance with the Occupational Diseases in Mines and Works Act; if you get money for permanent disablement in accordance with the Compensation for Occupational Injuries and Diseases Act; if you are kept and cared for in a state institution (like a

state-run nursing home, a hospital or a prison); or if you don't pass the means test.

What is a means test?

The financial position of the applicant is the most important factor if he/she wishes to receive a social grant. Only those whose income is below a certain level will get the grant. In determining whether an applicant qualifies for a grant, the income and assets of the applicant and spouse are assessed. This is called a means test.

Can you apply online?

Not at the moment. For security reasons, application forms can only be obtained at the local and district offices of SASSA and should be completed in front of a SASSA official.

What can lead to a suspension of the grant?

A grant may be suspended because of changes in circumstances of the applicant, the outcome of a review, failure to cooperate when a grant is reviewed or because of committing a fraudulent activity.

What about the restoration of grants?

An application must be made for restoration of a grant within 90 days of the suspension.

Can I apply without an ID book?

Yes, you can. You will be advised to get a sworn affidavit commissioned by a Commissioner of Oaths on a prescribed form that will be given to you by the SASSA official. You will also need a sworn statement by a reputable person (like a counsellor, traditional leader, social worker, priest, school principal) who can verify that he or she knows you.

Sources: Appropriation Bill (2008). • Armstrong, P. and Burger, C. Development Policy Research Unit, School of Economics, University of Cape Town "Poverty, Inequality, and the Role of Social Grants: An Analysis through Decomposition Techniques." Conference. (2008). Accessible online at http://www.commerce.uct.ac.za/research_units/dpru/Conference2008/Conference2008_Papers/Poverty,%20Inequality%20and%20the%20Role%20of%20Social%20Grants,%20Cobus_Burger.pdf • Booth, P. and Silber, G. South Africa National AIDS Consortium – Treatment, Care and Support Technical Task Team "A Draft Briefing Document for the Establishment of a Chronic Diseases Grant" (2008). • Blacksash www.blacksash.org.za • Department of Treasury "Budget Summary for the Department of Social Development" (2008). Accessible online at <http://www.treasury.gov.za/documents/mtpbs/2008/adjustments/Vote%2016%20-%20Social%20Development.pdf> • South African Government Services <http://www.services.gov.za>; www.welfare.gov.za/Documents/2003/April/ugrant.htm • South African Social Security Agency www.sassa.gov.za

Inequality

and HIV

By Joan Leavens

Recent research shows how the spread of HIV can be linked to inequality in society. Inequality leads people to behave in ways that increase their risk of being exposed to HIV. At the same time, sick people often have added costs and reduced income – thereby worsening the inequality. This article, introducing the focus section of this issue of Equal Treatment, explores the links between inequality, poverty and HIV, and examines what we can do to help stop the cycle.



Victoria Cobokana, housekeeper, in her employer's dining room with her son Sifiso and daughter Onica, Johannesburg, June 1999. Victoria died of AIDS on 13 December 1999, Sifiso died of AIDS on 12 January 2000, Onica died of AIDS in May 2000. Photo by David Goldblatt.



What is inequality?

Inequality in society is where one group of people has greater control of resources or more power than another group. One type of inequality has to do with income. In this regard, South Africa is one of the most unequal societies in the world. In 2007, the poorest 20% of South Africans earned an average of R1,478 per month, while the richest 20% earned R64,049, according to government statistics. In addition, The World Fact Book states that the poorest 10% of the population account for only 1.4% of South Africa's total household income, while the richest 10% accounts for 44.7%. Thus, most of the country's resources are clearly controlled by a small group of wealthy people.

Income inequality leads to other types of inequality, such as unequal access to good education, nutrition, good housing, proper medicines and health care.

There is a link between inequality and HIV prevalence worldwide. Countries with large income inequalities have high rates of HIV.

Why does inequality make us vulnerable to HIV?

According to researchers, income inequality causes people to behave in ways that put them at risk of contracting the virus.

Göran Holmqvist, writing for the International Policy Centre for Inclusive Growth (United Nations Development Programme), explained the link between inequality and risky sexual behavior as follows: In an unequal society, people living

in poverty have unfavourable life opportunities compared with others. This is likely to increase their chances of taking risks, including having unprotected sex.

Income inequality can also undermine social unity, making it difficult to mobilise people and money to control risks, such as the spread of HIV.

Income inequality has specific effects on women. When women have to rely on their partners for social and economic wellbeing, they are less able to make their own choices. This means they cannot easily refuse to have sex or ask their partners to wear a condom. Income inequality, therefore, puts women at increased risk of rape by their partners, increasing their chances of contracting HIV.

Many women also engage in transactional sex. This is when someone enters into a sexual relationship with a partner in exchange for money or other basics such as transportation, clothing and household items.

HIV increases inequality

While inequality increases the risk of HIV infection, HIV infection also increases inequality.

When people with HIV do not access treatment or have good health, they have to take days off from work or even quit their jobs. This causes loss of income, often for whole families. Unlike wealthy people, households without large incomes do not have social security such as insurance or credit that can provide income when they are unable to work. People must get tested early and go on treatment before they are sick if they are to stay healthy and able to work.

At the time that HIV positive people fall sick and need to stop working, they have added costs, for instance to pay for taxis to get to clinics, and for their medication. While people are on treatment, they need a good amount of healthy food, which can be expensive.

The impact of HIV is felt deeply amongst children. There are 1 million children in South Africa who have been orphaned by HIV. There are 65,000 child-headed households. Many of these children are poor, do not go to school and do not have proper support. If these children remain uncared for, the cycle of poverty and inequality will continue.

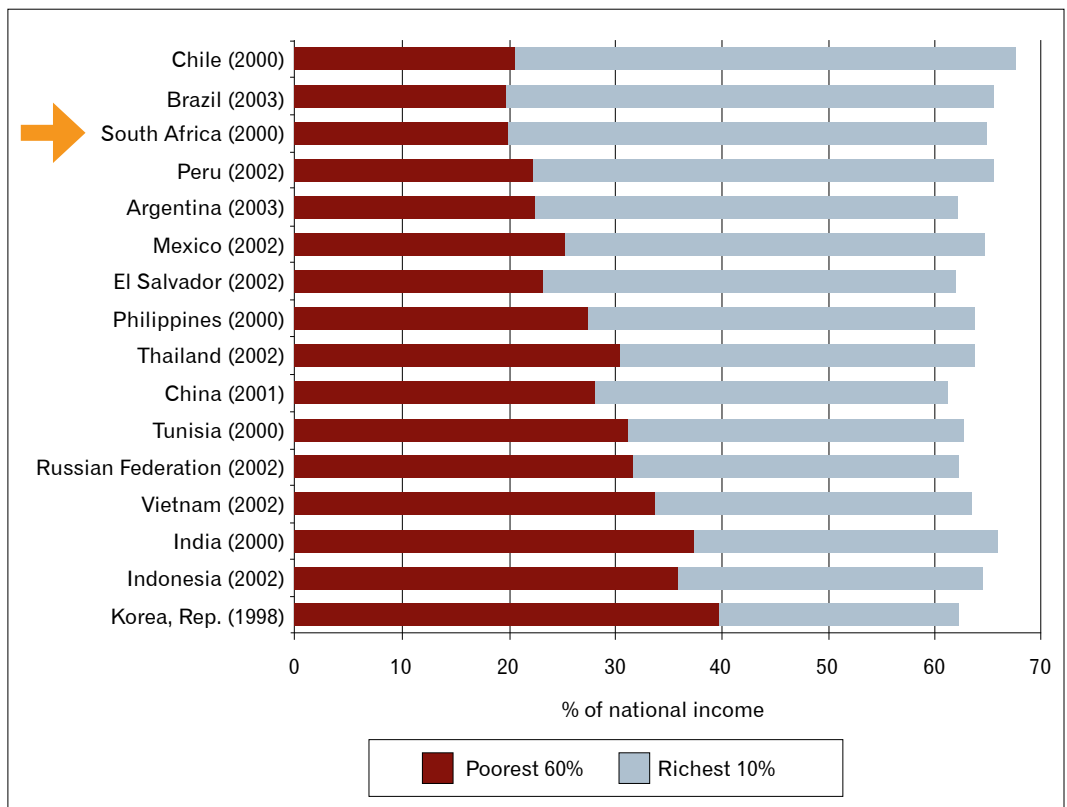
What can we do?

Inequality is created and supported by economic, social and political policies. One way that we can lessen inequality is by improving people's access to services like healthcare, education and

insurance. We can also reduce inequality through policies that help people affected by illnesses like HIV. This means providing treatment, care and support for HIV affected people. It also requires giving sick people and their families a social safety net for when they fall ill.

Sources: Children Count – Abantwana Babalulekile. "Children living in child-headed households." <http://www.childrencount.ci.org.za/content.asp?TopLinkId=6&PageID=19> (Site last updated October 2008). • Holmqvist, G. The International Policy Centre for Inclusive Growth (United Nations Development Programme) "HIV and Income Equality, if there is a risk, what does it tell us?" Working Paper No. 54 (2009) <http://www.ipc-undp.org/pub/IPCOnePager83.pdf> • Piot, P. et al. "Squaring the Circle: AIDS, Poverty, and Human Development." Plos Medicine. Vol 4, Issue 10 (2007). • Policy Coordination and Advisory Services in the Presidency, Republic of South Africa "Development Indicators"(2008). • "Substance Abuse in South Africa: Country Report Focusing on Young Persons." Report prepared for the WHO/UNDCP Regional Consultation on the Prevention of Substance Abuse among Young People, Feb 1998. Report found online at <http://www.sahealthinfo.org/admodule/countryreport.pdf> • Green, Duncan, "A conversational blog. From Power to Poverty" <http://www.oxfamblogs.org/fp2p/?p=247#more-247> • The World Bank "World Development Report 2006: Equity and Development" (2006). • The World Factbook <https://www.cia.gov/library/publications/the-world-factbook/geos/sf.html>

Inequality: South Africa compared to the rest of the world



According to the World Bank, the richest 10% of South Africans control nearly 80% of the country's total national income. South Africa is therefore one of the most unequal country's in the world.

Source: World Bank. 2007. World Development Indicators. Downloaded from www.worldbank.org

Housing and HIV

HIV/AIDS is a housing issue! Not only are people who live in inadequate housing more likely to contract HIV, they are also at a higher risk of contracting opportunistic infections caused by poor sanitation.

by Poppy Riddle

Section 26 of the Bill of Rights of the South African Constitution states that, “Everyone has the right to have access to adequate housing”.

According to the Department of Housing (now the Department of Human Settlements), however, 1.8 million South Africans are in urgent need of housing. According to Abahlali baseMjondolo, or the South African shack dwellers’ movement, the housing backlog in the Western Cape alone stood at 360,000 in February last year and was increasing by 18,000 yearly – while only 10,000 houses a year were being built.

One thing is clear: The government must address this problem in order to help stop the spread of HIV. HIV prevalence and poor housing are linked: HIV prevalence is highest in informal urban settlements (17.6%, compared with 9.1% in formal urban settlements).

Poor housing and housing services cause many problems for people living with HIV and for



George Nkomo, hawker, Fourways, Johannesburg. 21 August 2002. Photo by David Goldblatt.



Stalled municipal housing scheme, Kwezinaledi, Lady Grey, Eastern Cape, 5 August 2006. Photo by David Goldblatt.

their carers. A survey of home-based carers in Johannesburg found that the most common housing and housing service problems experienced by carers included lack of water or difficulty in accessing water, poor-quality sanitation facilities and lack of ventilation.

Decent housing is also important in the prevention of opportunistic infections. According to a Centre for Health Systems Research and Development report, "A lack of access to basic services such as electricity, potable water, refuse removal and proper sanitation are directly related to high prevalence rates of preventable diseases, such as diarrhoea, TB and other respiratory diseases." As opportunistic infections reduce the body's CD4 count, poor

housing can also shorten the period between HIV infection and the onset of AIDS.

All the more reason why the South African government must act now to speed up its building programme and ensure that all South Africans have adequate housing. In this way, they can help reduce the spread of HIV/AIDS and lessen the problems associated with it.

Sources: Department of Housing "Breaking New Ground, housing policy amendments" (2004). • Nelson Mandela/Human Sciences Research Council "South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey, 2005." (2005). • Tomlinson, R. "HIV and AIDS in the City of Johannesburg." Consultant report (2003). www.joburg.org.za/corporate_planning/aids.pdf2003 • Van Rensburg, D. et al. Centre for Health Systems Research and Development "Strengthening Local Government Responses to the HIV and AIDS Epidemic in South Africa" (2002). • Wilson, D. et. al. "Handbook of HIV Medicine" (2002). <http://www.abahlali.org/node/3354>



Photo by Mara Kardas-Nelson.

TRANSPORT AND HIV

By Adam Malapa ◀.....

Most people in need of antiretroviral (ARV) treatment at public health facilities are poor and unemployed. As with malnutrition and poor housing, a lack of access to transport has an impact on the fight against HIV/AIDS. In the Mopani district in Limpopo, this is no less of a problem.

People in this district often need to travel long distances to access treatment, but many have minimal or no means of transport. They can't afford to travel because they are unemployed and do not receive sufficient funds from social grants. Also, no arrangements are made by the health care providers for them to get to the ARV sites. As a result, many people stop taking the treatment.

One patient told me he is unable to get to the hospital as his grant is suspended. For

him, however, lack of transport is not the only obstacle. "I don't have money to buy food. I can't take the medication without food," he told me.

Still no end to the complexities. In 2008 this patient was arrested, and while awaiting trial, he received treatment in a police cell. "For me it was better to be at the police cell than here at home," he told me.

This man has now stopped his treatment and his health is deteriorating daily.

He is not alone.

Since January this year about 20 people at the Dr. C.N. Phathudi Hospital here have stopped their treatment for travel-related and other complex reasons. More than 60 have stopped their treatment in the past year.

Malnutrition and HIV

By *Émilie Shuh*

What is malnutrition?

Malnutrition occurs when the body does not get the right amount of vitamins, minerals and other nutrients for it to function properly. This causes the immune system to be suppressed, and results in the body taking longer to fight off infections.

Who is most at risk of malnutrition?

Poor people are more likely to be malnourished because they cannot afford enough healthy food.

Poor women may be particularly at risk because they may not have money to buy food, may put their family's needs before their own and often carry out physically demanding work. Women also have increased nutritional needs during pregnancy and breastfeeding, which may not be met if they are poor.

Like women, children are particularly at risk of malnutrition because they depend on adults to provide them with food. This can be difficult in a poor household. Children also require a high intake of proteins, vitamins and minerals to meet the needs of their growing bodies. Malnourished children are often thin, short for their age, have little energy, and have difficulty concentrating at school. This makes it hard for them to reach their full potential, and the cycle of poverty continues.

People who drink alcohol regularly or take drugs also have an increased chance of being malnourished. The more money spent on alcohol, the less remains to be spent on food – especially nutritious food, which is often more expensive. Heavy alcohol or drug use also makes it harder for the body to absorb nutrients because of the effect of the alcohol or drugs on the body's tissues.

What do people living with HIV need to know about nutrition?

Good nutrition is a key factor to staying healthy. Many people may be eating enough to keep their bellies full, but not enough of the right foods to keep them healthy.

Fast foods are full of “empty kilojoules”: They might satisfy hunger but they lack all sorts of nutrients that people need to stay healthy. People living with HIV are especially in need of these nutrients to keep their immune systems strong. In addition to taking ARVs, a strong immune system can help delay the progression of HIV and fight off infections.

For people who are taking ARVs or have AIDS, symptoms and side-effects can make eating even harder. Nausea, vomiting, diarrhoea and depression can cause appetite and weight loss. When food does not stay in the body long enough, nutrients cannot be absorbed by the body, putting people at risk of malnutrition.

For example, when an HIV positive person experiences symptoms like vomiting, it is important for her/him to drink enough fluids to prevent dehydration. S/he should also eat small, frequent meals that are easy to digest and avoid spicy and fatty foods, alcohol and coffee.

Oral and oesophageal thrush (candidiasis) is a fungus that causes white-yellow patches or red sores in the mouth, tongue and throat and can make eating, drinking and swallowing very painful. It is an opportunistic infection commonly seen in HIV-positive people. To treat thrush, it is recommended to take medicine as well as to eat soft foods like cooked butternut, peas, mealies, potatoes, fruits, fish, eggs, yoghurt and lentils.

Alongside ARVs, nutrition should be an essential part of an HIV treatment plan, but it is often overlooked. Efforts should be made to support people living with HIV/AIDS to ensure they are receiving proper nutrition – especially if they are poor. The vicious cycle of poverty, HIV, and malnutrition must be stopped!

There are places to go for help:

Food parcels are available at government HIV care centres. Disability grants are also available for people living with HIV/AIDS. (See page 8 for more on the Disability Grant.)

Umgusho

Nutritiously balanced Recipe No 1.

Ingredients

400 g samp
200 g sugar beans
salt and pepper
15 ml oil
2 onions, sliced in rings
1 green pepper, sliced in rings
4 cloves garlic, crushed
12 pieces sheep's neck
2 tomatoes, peeled and chopped
6 small potatoes, peeled
100 g carrots
15 ml curry powder
25 ml turmeric
1 chicken stock cube

Method:

Soak the samp and sugar beans overnight in cold water. Drain and place in a heavy-based saucepan with 1 litre of water. Boil until soft and season with salt and pepper. Heat the oil in a pan and fry the onion, green pepper and garlic until soft. Season the sheep's neck pieces with salt and pepper and add to the onion mixture. Fry until fully browned. Add all this to the samp and sugar bean mixture. Also add the tomatoes, potatoes and carrots. Add the curry powder and turmeric to the chicken stock cube dissolved in 500 ml boiling water and pour this over the mixture. Simmer until the meat is tender. Add extra water, salt and pepper if necessary.

Remember

No vitamin or mineral
pill cures or treats
HIV/AIDS

Examples of nutritious foods:

	Examples	Especially for people living with HIV/AIDS	Note
Fruits and Vegetables	Apples, bananas, avocados, guavas, spinach, peppers, cauliflower, onions, melons, beetroot, grapes	Vitamin A: carrots, butternut, pumpkin, apricots, broccoli Vitamin C: citrus fruit, cabbage, tomatoes Wash well before eating raw	Try to eat at least 5 servings per day Cheaper to buy in season
Carbohydrates	Brown bread, mealie meal, rice, pasta, oats, potatoes, phutu, cereal		Try to eat 6-11 servings per day Brown and whole grain breads and rice are more nutritious than white
Proteins	Eggs, beans, peas, lentils, soya mince, fish, meat, milk, yoghurt, cheese, nuts and seeds	Add powdered milk to milk, maas or oatmeal and cheese to pap or mealie meal if you are trying to gain weight	Try to eat 1 serving with each meal Tinned fish can be cheaper than fresh It is cheaper to replace red meat with soya mince or beans in stew
Fats and Extra Energy foods*	Butter, margarine, peanut butter, sugar, honey, jam, cream	May need to adjust intake if taking some kinds of ARVs – check with your doctor or nurse	Avocados are full of "good fat" and vitamin E – and cheap in season!

* In moderation



NATIONAL HEALTH INSURANCE

By Catherine Tomlinson

Photo by Samantha Reinders.

Note: Under Section 27 of the Constitution all people who live in South Africa have access to healthcare, not just South African citizens.

At the 52nd ANC National Conference in Polokwane a resolution was made to proceed with the implementation of National Health Insurance (NHI) in South Africa. Following the conference, the ANC created an NHI task team which has developed initial proposals for implementation.

Why have NHI?

The objective of NHI is to address the inequities of the current healthcare system inherited from the apartheid era. The unfair distribution of resources that prioritises the lives of the rich over the lives of the poor remains today. While only 14% of South Africans are covered by private medical insurance, the private sector consumes roughly 60% of the 8.1% of GDP spent on health. Human resources are also disproportionately distributed between the public and private sectors. Roughly two thirds of South African physicians and half of the nation's nurses are working in the private sector, serving only 14% of the population.

Under NHI, a package of healthcare services will be covered for all South Africans and permanent residents. The package is still being worked out

but it will likely include primary services, such as inpatient and outpatient hospital care. NHI will no longer require patients to pay fees upon entering the clinic or hospital. NHI will instead purchase services for patients within a timeframe for a flat fee. Funding for NHI will come from general tax allocation and a mandatory health tax for all South Africans above the income tax threshold. Through this mandatory health tax, NHI will promote social solidarity by having those that can afford it pay for those who cannot. Spending for healthcare from general tax will be increased.

Government is constitutionally obliged to improve access to healthcare. NHI proposals are a welcome recognition of this duty by government. There are many concerns, however, about government's ability to provide effective healthcare through NHI given the crisis of health systems in South Africa. The scale up of services under NHI may overburden and further weaken our crippled health system unless they are properly planned and implemented. Health systems must be strengthened immediately, which in itself will increase access to healthcare and lay the groundwork for successful NHI in the future.

Sources: Warlick, A. and Lewis, J. "Advocacy and Service Provision: Improving Human Resources for Health and Scaling Up of HIV/AIDS Prevention, Treatment Care and Support Services" (2007).
• Health Systems Trust, "South African Health Review" (2006).

We will give a R200 Pick n' Pay gift voucher to the first crossword drawn from a hat with all the correct answers. The answers can be found in this issue of *Equal Treatment*.

The winner of last issue's crossword was Stephanie Frans, Kuilsriver.

Fax or post your completed crossword, with your name, address and contact number.
Address: Equal Treatment,
PO Box 2069, Cape Town 8001
Fax: 021 422 1720



Crossword Puzzle

Down:

1. TAC is in favour of a ____ grant, which will provide support for people with chronic illnesses like HIV and diabetes.
2. What occurs more often in poor people because they cannot access enough food, or healthy food?
3. In a crisis, you can apply for ____ of distress.
6. How regularly are grants paid?
7. NHI stands for National Health ____.
9. The Permanent Disability Grant lasts for how many years?

Across:

4. If implemented, a Basic Income Grant will be available to ____ South Africans.
5. A Basic Income Grant seems to be working well in a pilot study in what country?
8. SASSA is the South African Social ____ Agency.
10. In determining whether an applicant qualifies for a grant, the income and assets of the applicant and spouse are assessed. This is called a ____.

Equal Treatment's

THE RIGHT TO HEALTH IS WORTH MORE THAN GOLD

MINES + TB



We call for improved management of occupational TB in the mining sector and timely compensation for those who contract it.

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