



THE GRANT-IN-AID IN SOUTH AFRICA SUPPORT FOR OLDER PERSONS IN NEED OF CARE



IN NEED OF REGULAR ASSISTANCE



26% of older persons have difficulty seeing



13% of older persons have difficulty hearing



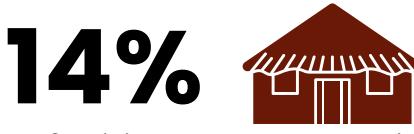
25% of older persons have difficulty walking



8.8% of older persons have difficulty washing and dressing



72% of older persons' households are living in a detached brick dwelling



14% of older persons' households are living in a traditional dwelling



7% of older persons' households are living in a room in a backyard of a dwelling



3-10% of older persons' households are living in informal settlements



Kusinda Kwehlela: A Heavy Burden

1st Aug 2023

My name is Nonzuko Mbokazi I am a senior researcher on the Family Caregiving of Older in South Africa programme. A part of my responsibilities is sampling participants for the research study. One of the research study site: KwaZulu-Natal, Nkanyazi. Nkanyazi is a rural settlement under the traditional leadership of Ngwenya. What has made me familiar with Nkanyazi is that my father was raised here. I frequently visited my paternal grandmother in this area throughout my life until her passing away in 2011. Nkanyazi can be considered a disadvantaged rural settlement; and provides us with a rural

[READ MORE »](#)



WATER:

- 63% of households have access to piped water on their property

TOILET:

- 53% of households make use of a pit latrine toilet

LIGHTS:

- 88% of households have access to electricity for lighting

COOKING:

- 74% of households make use of electricity for cooking

Estimates on the number of older persons living in community settings in South Africa who need assistance with at least one Basic Activity of Daily Living (BADL) vary from in one rural area (Harling et al., 2020) to between 38 percent and 49 percent of those aged 65-74 and 75+ respectively (WHO, 2015).

One study estimated around 88 percent of South Africans aged 50+ had ADL difficulties, when instrumental criteria (i.e. Instrumental Activities of Daily Living) such as catching public transport, concentrating and remembering things, or learning a new task, were included (Yaya et al., 2020).

NORTH WEST

Population Size: 368,909
OPG only: 301,334
OPG & GIA: 16,652
%GIA of OPG: 6%

FREE STATE

Population Size: 315,573
OPG only: 231,238
OPG & GIA: 13,667
%GIA of OPG: 6%

NORTHERN CAPE

Population Size: 139,909
OPG only: 99,593
OPG & GIA: 13,667
%GIA of OPG: 12%

WESTERN CAPE

Population Size: 818,398
OPG only: 415,646
OPG & GIA: 15,062
%GIA of OPG: 4%

GAUTENG

Population Size: 1,284,987
OPG only: 779,388
OPG & GIA: 9,404
%GIA of OPG: 1%

OLDER PERSON GRANT BENEFICIARIES &

the grant in aid

SOUTH AFRICA

Population Size: 6,099,726

OPG only: 4,088,989
OPG & GIA: 291,487
%GIA of OPG: 7%

LIMPOPO

Population Size: 671,671
OPG only: 529,393
OPG & GIA: 54,681
%GIA of OPG: 10%

MPUMALANGA

Population Size: 418,859
OPG only: 295,243
OPG & GIA: 20,913
%GIA of OPG: 7%

KWAZULU-NATAL

Population Size: 1,195,130
OPG only: 800,328
OPG & GIA: 87,887
%GIA of OPG: 11%

EASTERN CAPE

Population Size: 886,965
OPG only: 628,981
OPG & GIA: 43,585
%GIA of OPG: 7%

Own calculations based on
SOCOPEN data requested by researcher and
provided by SASSA, and Census 2022
OPG: Older Person's Grant. GIA: Grant-in-Aid

METHODS: WHAT WE DID

NATIONAL | PROVINCIAL | LOCAL | HOUSEHOLD



NATIONAL

Reviewed national reports, SASSA data, information on the application process. Called national hotline.



PROVINCIAL

Attended and observed Grant in Aid initiatives. Conducted key informant interviews.



LOCAL

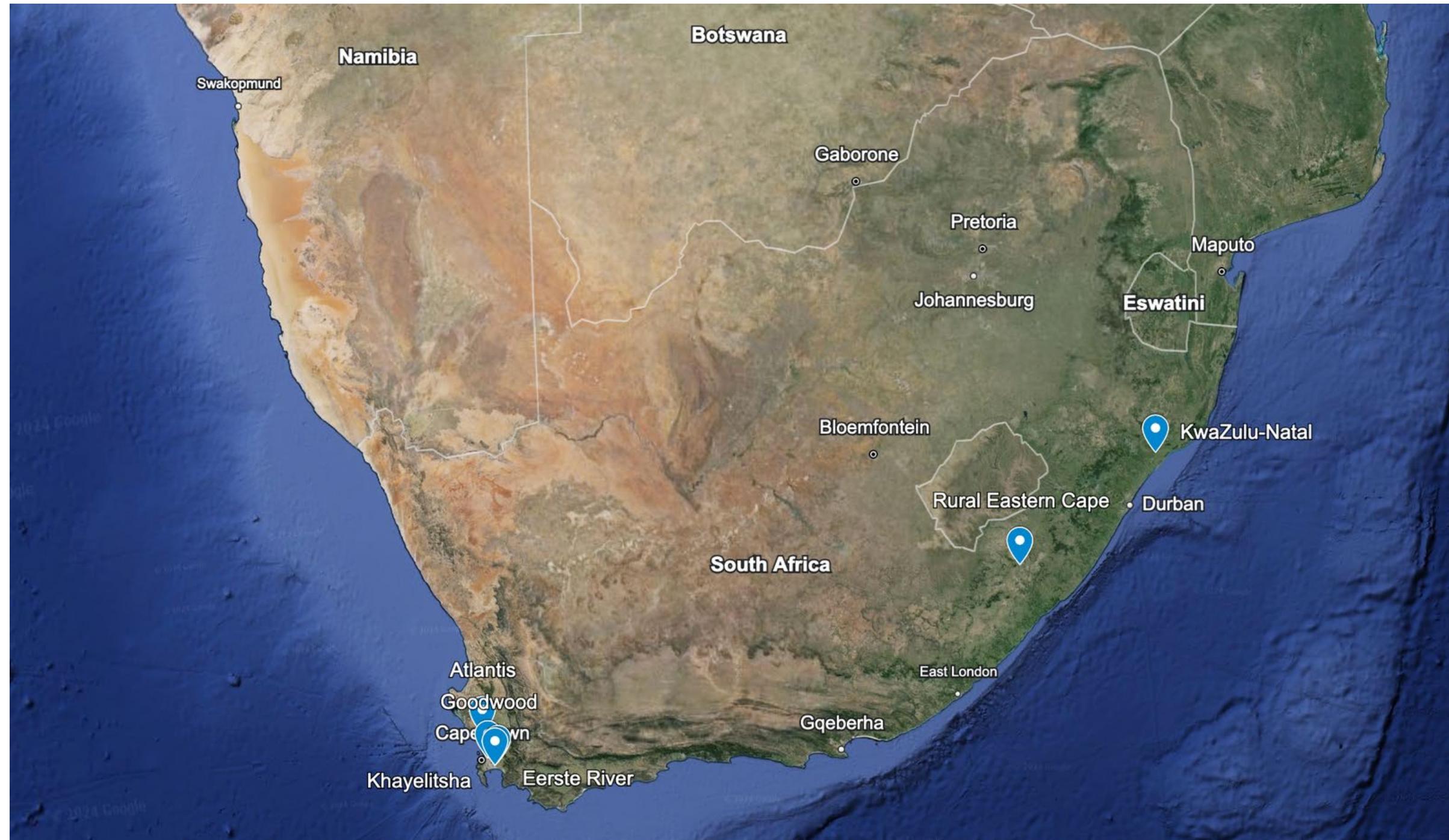
Learnt from 100 interviews with older persons and their caregivers across South Africa.



HOUSEHOLD

Assisted 15 older persons across 6 sites and investigated the specific application process at local SASSA offices.

RESEARCH SITES IN SOUTH AFRICA



KWAZULU - NATAL

- 2 RESEARCH SITES
- RURAL AND URBAN
- ISIZULU

WESTERN CAPE

- 4 RESEARCHER SITES
- RURAL AND URBAN
- BLACK, WHITE AND COLOURED

EASTERN CAPE

- 1 RESEARCH SITE
- RURAL
- ISIXHOSA

WESTERN CAPE PROVINCE



INFORMATION

Visit the local office to find out what day they receive GIA applications, especially from older persons and who can apply if the older person can't do it. Do they permit a proxy representative and does that person have to be a family member?

APPLYING

Attend on the allocated day, with the ID and clinic card of the older person. If the older person doesn't have a clinic card, they can use the day hospital card. If the older has only been to a regional or tertiary hospital in the last six months, you will have to start the GIA process at the regional hospital (at the OPD unit). You will receive a medical assessment appointment at the clinic. If you attend the day hospital, they may request a medical report and you will just have to wait for this (This is the pre-screening step).

ASSESSMENT

Attend the clinic for the medical assessment. Whilst we were told some SASSA offices do call out assessments, this is very rare and best avoided.

PAPERWORK

Go back to SASSA to obtain the "papers" (the forms) including 1. A cover sheet which lists the documents you are required to submit 2. The affidavit for a Grant in Aid and 3. The consent form for bank payment. You will be told which additional documents are required which can include copies of marriage/death certificate, certified copy of ID, proof of address, rates bill (with value of house); three months bank statements; affidavit explaining why there is additional sums (beyond the receipt of the monthly OPG payment) of money received into your account. You will be informed of when to return to SASSA for this step - either informed of the date in the first visit when the medical assessment date is provided, or informed by the clinic/day hospital on the day you get the medical assessment done.

SUBMISSION

Return to SASSA to complete this paperwork with the official who reviews the documents and medical report. If successful, the older person signs and a letter of receipt is issued.



NATIONAL HOTLINE: WHAT IS A LETTER OF AUTHORISATION?

CALL US

We were informed that if we want to act as a proxy representative for the older person, we will need to obtain an affidavit from the older person or a doctor's note explaining why the older person can't visit the office themselves. No letter of authorisation was required at the local SASSA offices. Local offices allowed us to apply on behalf of the older person, as long as we had their ID, clinic card and had detailed knowledge of the person. The hotline should have asked us: where is the older person living? Does he/she have a clinic card or a day hospital card?



WHAT DAY CAN I MAKE ENQUIRIES AT THE LOCAL SASSA OFFICE?

If you go to the local SASSA office on the wrong day, you will not be helped and you may queue only to be told that they can't see you as they only do Grant in Aid applications and queries on a specific day. You need to know which days are Grant in Aid application and query days at the local SASSA office.



I DON'T HAVE A CLINIC CARD OR A DAY HOSPITAL CARD WHAT AM I TO DO?

Older persons who do not have a clinic card or a day hospital card will need to open a file at the local clinic or day hospital. However older persons who were seen recently (in the last six months) at a regional or tertiary hospital, need to go to the OPD unit of the regional/tertiary hospital to start the process there.



WILL THEY DO AN ASSESSMENT AT HOME?

Whilst we were informed that some local SASSA offices arrange home medical assessments it is very difficult and takes very long. This is best avoided.



BUT I DON'T HAVE A BANK ACCOUNT, HOW WILL THE FORM BE STAMPED?

If you don't have a bank account, you will have to open one as some local offices including Atlantis and Khayelitsha are only accepting bank payments for GIA applications. At this meeting you will get a return date appointment for SASSA where the older person must attend.



DO I NEED A CERTIFIED COPY OF SPOUSE'S ID AND SPOUSE'S BANK STATEMENT TOO?

For married applicants, they are required to bring a certified copy of their spouse's ID and a copy of the spouse's bank statement. This is not listed on the form but is expected by the local office. The documents required in the Western Cape are

- Marriage certificate or death certificate of spouse
- Certified copy of ID
- Municipal Bill (which include value of property)
- 3 months bank statements (you will need to open a bank acc if you don't have one)
- An affidavit explaining any income being received by the older person, apart from the OPG

NAVIGATING INSTITUTIONS



- South African Social Security Agency
- Department of Health
- Department of Home Affairs
- Banks
- Police Station
- Library

KWAZULU-NATAL PROVINCE



health
Department:
Health
REPUBLIC OF SOUTH AFRICA



sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY



home affairs
Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA



INFORMATION

You have to find out about the GIA at the local office.

REFERRAL FORM

Go to the clinic and obtain the Referral form for the Grant in Aid which is completed by a nurse at the clinic.

APPLY

Go to SASSA with the referral form and all the required documents. You are required to bring a certified copy of your ID, Clinic Card and Marriage Cert / Death Cert and proof of address (letter from ward counsellor if rural area). You are not required to bring recent bank statements. If you have these documents. You are given a date for a medical assessment which takes place at the SASSA office (in most cases).

ASSESSMENT & SUBMISSION

You go to SASSA for the medical assessment and complete the application with the official following the assessment. After the assessment, you are seen by a SASSA official who issues the award based on their review of the medical report and the submission of all necessary documents.

ACCESSIBILITY

as part of The Right to Social Security

National Law

- **2006 Older Persons Act**
- **Section 12 of the Social Assistance Act 2004**, “a person is, subject to section 5, eligible for a grant-in-aid if, that person is in such a physical or mental condition that he or she requires regular attendance by another person.”
- **Section 27 of the South African Constitution** recognises the right to social security including the right to “appropriate social assistance.”

International Law

- **The Committee on Economic, Social and Cultural Rights states** that, *inter alia*:
 - **(b) Eligibility**
 - **(d) Participation and information**
 - **(e) Physical access**

UNITED
NATIONS



Economic and Social
Council

Distr.
GENERAL
E/C.12/GC/19
4 February 2008
Original: ENGLISH

COMMITTEE ON ECONOMIC, SOCIAL
AND CULTURAL RIGHTS
Thirty-ninth session
5-23 November 2007

GENERAL COMMENT NO. 19¹
The right to social security (art. 9)

¹ Adopted on 23 November 2007.

VIOLATION OF RIGHT OF PERSONS WITH DISABILITIES TO LIVE INDEPENDENTLY

National Law

2006 Older Persons Act which enshrines the rights of all older people.

International Law

Article 19 of the Convention on the Rights of People with Disabilities. No 5 on independent living – articles 54 – 68 lay out state obligations including around access.

United Nations



Convention on the Rights of Persons with Disabilities

CRPD/C/GC/5

Distr.: General
27 October 2017

Original: English

Committee on the Rights of Persons with Disabilities

General comment No. 5 (2017) on living independently and being included in the community

I. Introduction

1. Persons with disabilities have historically been denied their personal and individual choice and control across all areas of their lives. Many have been presumed to be unable to live independently in their self-chosen communities. Support is either unavailable or tied to particular living arrangements, and community infrastructure is not universally designed. Resources are invested in institutions instead of in developing possibilities for persons with disabilities to live independently in the community. This has led to abandonment, dependence on family, institutionalization, isolation and segregation.

2. Article 19 of the Convention on the Rights of Persons with Disabilities recognizes the equal right of all persons with disabilities to live independently and be included in the community, with the freedom to choose and control their lives. The foundation of the article is the core human rights principle that all human beings are born equal in dignity and rights and all life is of equal worth.

3. Article 19 emphasizes that persons with disabilities are subjects of rights and are rights holders. The general principles of the Convention (art. 3), particularly respect for the individual's inherent dignity, autonomy and independence (art. 3 (a)) and the full and effective participation and inclusion in society (art. 3 (c)), are the foundation of the right to live independently and be included in the community. Other principles enshrined in the Convention are also essential to interpret and apply article 19.

4. Independent living and inclusive life in the community are ideas that historically stemmed from persons with disabilities asserting control over the way they want to live by creating empowering forms of support such as personal assistance and requesting that community facilities be in line with universal design principles.

5. In the preamble to the Convention, States parties recognize that many persons with disabilities live in poverty and stress the need to address the impact of poverty. The cost of social exclusion is high as it perpetuates dependency and thus interference with individual freedoms. Social exclusion also engenders stigma, segregation and discrimination, which can lead to violence, exploitation and abuse in addition to negative stereotypes that feed into a cycle of marginalization of persons with disabilities. Policies and concrete plans of action for social inclusion of persons with disabilities, including through the promotion of their right to independent living (art. 19), represent a cost-effective mechanism to ensure the enjoyment of rights, sustainable development and a reduction in poverty.

6. The present general comment aims at assisting States parties in their implementation of article 19 and fulfilling their obligations under the Convention. It concerns primarily the obligation to ensure every individual's enjoyment of the right to live independently and be included in the community, but it is also related to other provisions of the Convention.

GE.17-19008(E)



* 1 7 1 9 0 0 8 *

Please recycle A small recycling symbol consisting of three chasing arrows forming a triangle.

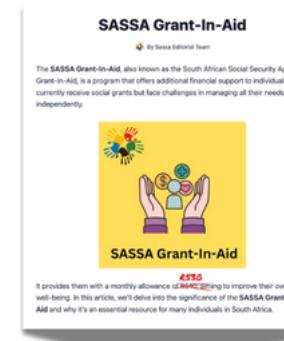


WAYS FORWARD (1)

Improve Awareness and Correct Information Independently

ONLINE GIA MISINFORMATION

NATIONAL LEVEL: SRDSASSAGOV.CO.ZA/GRANT-IN-AID



How to Apply for the SASSA Grant-In-Aid?

Step 1: Gather Necessary Documents

Before you start the application process, make sure you have the following documents ready:

- Identification: Your valid South African ID or Birth Certificate.
- Proof of Address: A recent utility bill or a letter from your local chief or councillor.
- Medical Assessment Report: A report from a healthcare professional confirming your need for full-time care.

Step 2: Visit Your Nearest SASSA Office

~~ON THE CORRECT DAY TO BE ASSISTED.~~

- Locate your nearest South African Social Security Agency (SASSA) office. You can find this information on the official SASSA website or by asking at your local government office.

Step 3: Collect an Application Form

- Once you're at the SASSA office, ask for an application form for the Grant-In-Aid. They will provide you with the necessary paperwork.

Step 4: Complete the Application

- Take your time to fill out the application form carefully. Make sure all the information is accurate and complete.

Step 5: Attach Required Documents

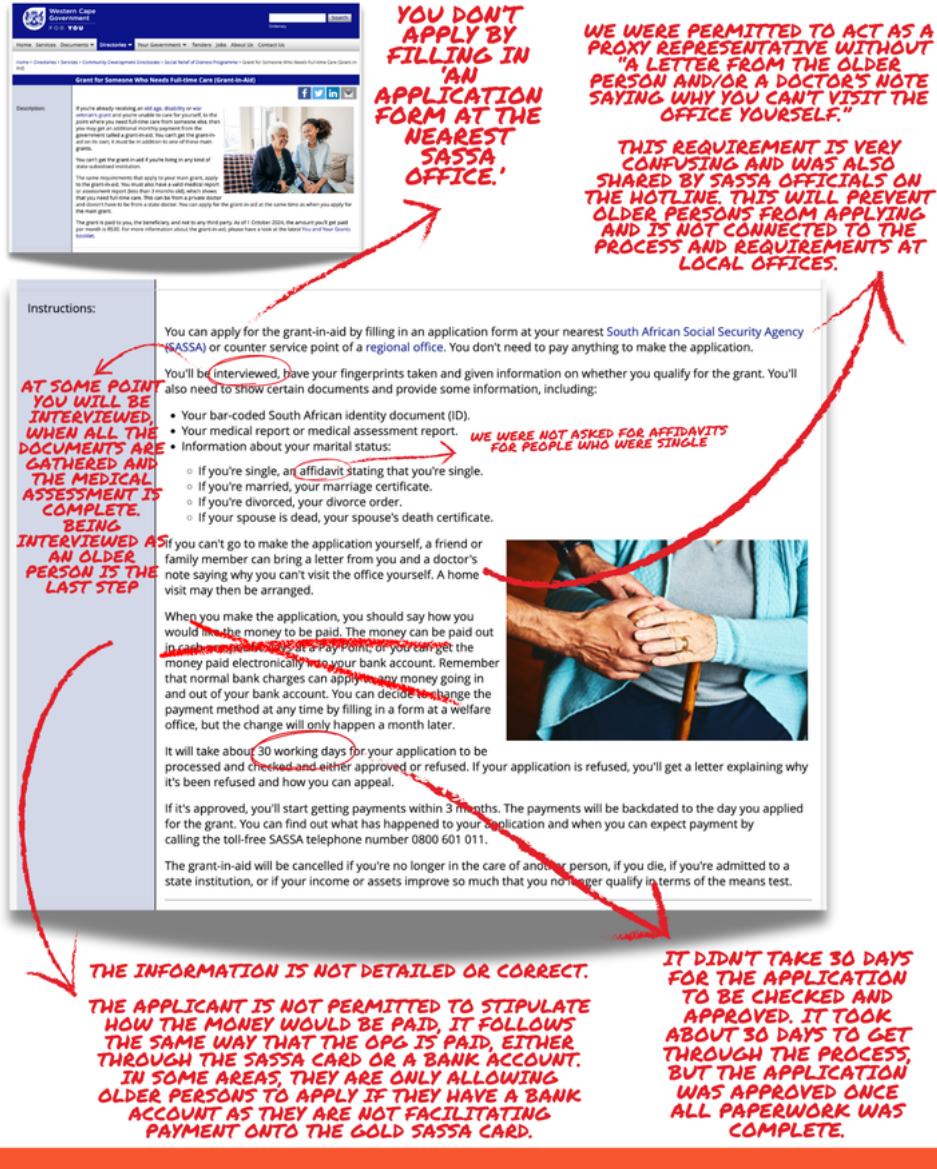
- Attach the documents you gathered in Step 1 to your completed application form. Double-check to ensure you haven't missed anything.

Step 6: Submit Your Application

- Return the completed application form along with the attached documents to the SASSA office staff. They will review your application to ensure it's complete.

ONLINE GIA MISINFORMATION

PROVINCIAL LEVEL: D7.WESTERNCAPE.GOV.ZA/SERVICE/GRANT-IN-AID/SOMEONE-WHO-NEEDS-FULL-TIME-CARE-GRANT-AID



- Display days allocated to GIA applications and queries.

- Display accurate information about the documents required.

- Insert a ticket system for queuing, especially for GIA days.

- Have a wheelchair available on GIA days.

- Review queueing and safety mechanisms for all local offices.

- Have at least one commissioner of oath in each office.

WAYS FORWARD (2)

Streamline Application Process and Encourage GIA Drives

- **Consistency and support for the use of proxy representatives**
- **Make the WC process and KZN process a 3-step process**
- **Review and revise the restrictive requirements for a Grant in Aid, especially in the Western Cape. Review and amend all paperwork accordingly.**
- **Review practicalities of GIA drives and proactive targeting for all provinces.**
- **Better coordination and information sharing between SASSA and Dept. of Health (especially regional and tertiary hospitals) regarding the processes for GIA applications.**
- **Review the medical assessment booking and reporting system, especially the logistics and the ways in which errors can be minimised.**
- **Train security officers working at the SASSA offices about the grant in aid and best practices for assisting older persons with their application**



WAYS FORWARD (3)

National Reviews and Prioritisation

- Remove all unfair treatment/discrimination of older persons living with disabilities
- Embark on a thorough review of the Grant in Aid processes and rules
- across all provinces
- Set up a multi-disciplinary team to advise on the guidelines for assessing 'regular need of assistance.'
- Review the DMM and the operation of SASSA doctors operating at clinics compared to operating at SASSA offices.
- Develop a plan to improve the uptake Grant in Aid over the coming 10-20 years.
- Review whether the Grant in Aid sum is enough to offer 'assistance.'
- Provide extra funding for greater information dissemination on Grant in Aid



Family Caregiving Programme



WWW.FAMILYCAREGIVING.ORG.ZA

THANK YOU

