

**IMPACT OF DISABILITY GRANT FOR PEOPLE LIVING WITH HIV/AIDS IN
THE EASTERN CAPE OF SOUTH AFRICA**

Prof Nancy Phaswana-Mafuya, PhD, Research Director, Human Sciences Research Council, Port Elizabeth, South Africa

Prof Karl F Peltzer, PhD DrHabil, Research Director, Human Sciences Research Council, Pretoria, South Africa

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AIMS OF THE STUDY

- To establish how the Disability Grant (DG) is used by People Living With HIV/AIDS (PLWHA)
- To assess the impact of accessing and stopping access of the DG to PLWHA

SUMMARY OF METHODS

- A cross-sectional explorative descriptive qualitative/quantitative study was conducted in the Eastern Cape (EC) of South Africa.
- The total number of PLWHA included in the study was 607, sampled by all districts in the EC: Amathole (81, 13.3%), Cacadu (83, 13.7%), Chris Hani (120, 19.8%), Nelson Mandela (80, 13.2%), OR Tambo (120, 19.8%), Alfred Nzo (82, 13.5%) and Ukhahlamba (41, 6.8%).
- They were recruited through a health facility (42.0%), in the community through key informants (44.1%), and through a support group (13.9%) and interviewed using a structured questionnaire
- Total number of stakeholders was 38 and was interviewed telephonically using a semi-structured interview schedule.
- The study was approved by the HSRC ethics committee and the EC DOH.
- Data was analysed through SPSS Version 12.0 and Thematic Content Analysis

RESULTS

Demographics of PLWHA

- Most PLWHA were women (78.3%), black (96.9%), urban based (52%), aged between 26 to 45 years (75.6%),
- About 80 came from each of the seven districts in EC except for Ukhahlamba (n=41), had >Grade 7 education (74%), were never married (70.5%) and had 2.0 children on average

- The majority of PLWHA indicated that the DG Application process took 3-5 months (n=186, 79.5%) and 6 months and more (n =29; 12.4%). Only 8.1% (n=19) indicated that the application process took <3 months.

One of the respondents said: *"I went there in February and was given an appointment for May"*

Stakeholders attributed the long long waiting period to rejection of the first application, unavailability of doctors and social workers to assist with the completion of the forms, waiting for results of the CD4 count and waiting for affidavit from SAPS.

"Some people have to be put on endless waiting list" (SAP)

"The application process is bureaucratic, too long, by the time the PLWHA receives the grant, and they are almost dying (DOH)

Table 2: Perceived conditions and characteristics of the DG by PLWHA

Conditions and characteristics of the DG	
Have you ever been on a PLWHA DG?	237 (39.0)
Are you currently on a PLWHA DG?	213 (35.1)
Have you stopped being on a PLWHA DG?	78 (12.9)
Were reasons explained to you for withdrawal of the DG grant	37 (14.5)
<i>Were you told for how long the PLWHA DG was for?</i>	67 (25.0)
Up to 6 months	23 (12.9)
7-12 months	47 (29.8)
For life	11 (5.6)
Did you know that the DG was not forever?	77 (29.2)
Were you told about the procedure of renewing the DG	61 (22.7)
Were you told that you can only get one social grant	55 (20.6)
Were you sent a letter about renewing the PLWHA DG	54 (20.4)
Were you told about any obligation you had to fulfil to remain on DG	19 (7.2)
Were you told you are supposed to do to remain eligible for DG	19 (7.4)

The conditions and characteristics of the DG were not clearly explained to PLWHA.

Table 3: Impact of being on DG and of stopping DG

	PWA DG	No PWA DG	χ^2	DG not stopped	DG stopped	χ^2
	%	%		%	%	
Often without enough food in past 12 months	9.4	18.9	6.00**	12.0	15.4	.59
AIDS diagnosis	69.8	67.3	.22	70.5	66.2	.48
CD4 <200	39.0	30.6	11.81**	38.3	29.5	2.41
CD4 200-350	27.2	21.6		26.8	28.2	
CD4 >350	26.3	27.9		25.8	33.3	

administering agency to ensure that the turn around time for the DG application process is “one” day. This initiative is currently been piloted in the three districts of the Eastern Cape . It is anticipated that it will be rolled over to the remainder of the districts in the province.

Conditions and characteristics of the DG: It appears that the conditions and characteristics of the DG were not clearly explained to PLWHA. These need to be fully explained to recipients. Copies of the DG policy should be made available and accessible in local languages.

Impact of the DG:

Not being on a DG in the past 12 months was associated:

- With lower CD4 cell counts,
- Often without enough food
- Less often without needed medicines

Having the DG stopped in the past 12 months was associated with often:

- Not having enough medicines/ medical treatment that was needed

This implies that stopping the DG reverses the gains and directly lowers the QOL for PLWHA. It is recommended that once PLWHA no longer qualify for the DG, those who have no income to meet their basic necessities should be put on a nutritional support programme