

Many people have experienced problems in accessing the Disability Grant. This is primarily due to difficulties in finding District Surgeons in rural areas. The regulations governing social grants were amended in December 2001 to provide for assessment by panels. Panels will include community members and professionals with broader expertise and will therefore shift disability assessments from the narrow medical model. Beneficiaries with permanent disabilities are no longer required to undergo medical reviews every five years unless there is an indication on their medical report that their condition is likely to improve.

According to the Department of Health, blindness in 66 percent of cases is caused by cataracts and there are approximately 100 cases of cataract blindness per 100 000 population. Cataract blindness can have a devastating social and economic impact on older persons. The state supports cataract surgery and in excess of 100 000 operations have been performed since the introduction of the programme in 1997. An estimated 90 percent of patients for this surgery are older persons. Traditional healers are being trained to diagnose basic cataracts and refer older persons for treatment.

Health departments also provide assistive devices (wheelchairs, hearing aids, spectacles, walking frames and canes) to older persons. The National Department of Health is providing financial assistance to provincial departments to increase the supply of these devices so as to meet the demand. Many donor donated wheelchairs are solely distributed to older persons.

4.4 Nutrition

Information obtained in the course of the Poverty Relief Programme and the Home/Community-Based Care Programme for HIV/AIDS suggests that older persons in poor households may be vulnerable to food insecurity and that their daily nutritional intake was considerably lower than the recommended daily allowance. This may be a consequence of older persons having to support families on their social grants. The immobility of older persons who are isolated also has a bearing on their access to food.

Towards the end of 2001, the government developed a national integrated food security and nutrition strategy. The strategy aims to improve food security and the nutritional status of vulnerable groups through:

- Food fortification
- Support to small scale farmers involved to increase agricultural outputs

- Improving the efficiency of the Primary School Nutrition Programme
- Expanding the food garden poverty relief projects of the Departments of Health, Agriculture and Social Development
- Mobilising communities around issues of nutrition and food security

Food security and nutrition form an important component of Home/Community-Based Care HIV/AIDS programmes. Provision is made for food parcels for affected families and participants are encouraged to grow nutritious vegetables.

Non-governmental organisations play a critical role in ensuring that older persons have nutritious meals. Meals form part of the programmes offered by service centres and clubs for older persons. Volunteer pension committees also run soup kitchens and provide food at pension pay points.

4.5 Impact of HIV/AIDS

The prevention and intervention on HIV/AIDS is captured in the National Strategic Plan for HIV/AIDS and Sexually Transmitted Diseases. The National Strategic Plan requires all departments in all spheres of government to incorporate HIV/AIDS in their service delivery as well as in the workplace. The National Strategic Plan also calls for a multi-sectoral approach to HIV/AIDS, in partnership with civil society. In addition to normal departmental budgets, the government has established a Special HIV/AIDS allocation to support initiatives of the Departments of Health, Education and Social Development.

The prevalence of HIV/AIDS in South Africa is based on ante-natal surveys. The South African Survey utilises a scientifically selected (large) sample of sentinel sites, which are representative of the entire country.

Based on the 16 548 blood samples tested in October 2000, it is estimated that nationally, 24.5 percent of the women who presented at the public health facilities (for the first time during that current pregnancy) would be infected with HIV by the end of year. There has been no exponential increase in the national prevalence trends since 1998.