

- 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.

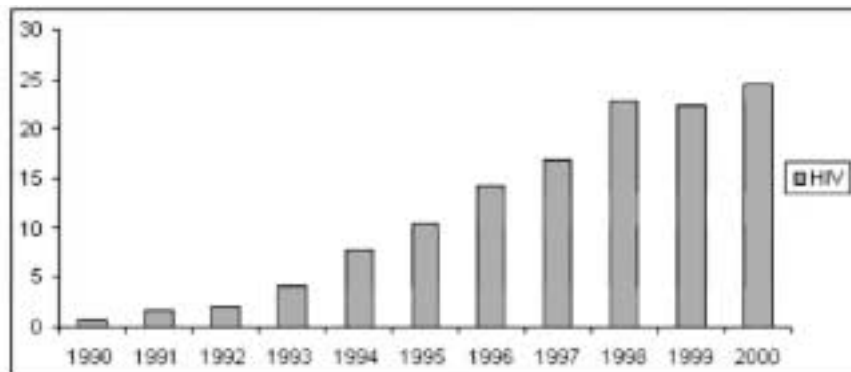
#### **4.5 Impact of HIV/AIDS**

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.

**Figure 3: National HIV prevalence trends among antenatal clinic attendees in South Africa 1990–2000**



Source: Department of Health

There has been no comprehensive research on the impact of HIV/AIDS on older persons in South Africa. Much of what we know about the impact is based on observation in the field and in the Home/Community-Based Care for Children and Families affected by HIV/AIDS. Generally, older women bear the social and economic consequences of HIV/AIDS at household level.

- Older women become the caregivers of adult children who are ill and the caregivers of grandchildren. They bear the costs of medical expenses for ill children, food and clothing for the household, as well as schooling expenses (books, fees, uniforms).
- According to the National Food Consumption Survey, 40% of households are headed by older persons mostly due to the HIV/AIDS epidemic.
- Awareness campaigns tend to target youth and adults and there are no large scale awareness campaigns targeting older people. Although older people are aware of HIV/AIDS, they do not necessarily understand how the virus can be transmitted. They do not always have the necessary protective equipment in caring for infected people.
- The Department of Health has a focussed project to inform older persons on HIV/AIDS. Tapes with HIV/AIDS messages in all 11 languages are distributed in all provinces as well as playing cards with HIV/AIDS messages in 4 languages.
- Social isolation may increase as most of their time is taken up with providing care and support. Social isolation may also increase as a result of stigmatisation.
- Providing care and support under stressful conditions can have a negative impact on

the physical health of older persons. In addition to long hours of work, they are likely to have less food to eat.

- There is a general expectation that parents die before children do. Older persons are faced with the trauma of loss of their children and having to care for their grandchildren.

The Departments of Health and Social Development, at national and provincial level, initiated the implementation of the Home/Community-Based Care Programme for HIV/AIDS. The programme targets vulnerable children and their caregivers, who in many instances are grandmothers. The objectives of the programme are:

- To develop and implement effective and affordable home/community-based care and support models
- To integrate poverty alleviation programmes in the selected sites in order to meet the overall basic needs of families with children infected and affected by HIV/AIDS
- To build capacity on different levels of service provision
- To ensure access to care and follow-up through a functional referral system
- To integrate a comprehensive care plan into the informal and formal health and social development system
- To empower the family /community to take care of their health and welfare
- To reduce unnecessary visits and admissions to health facilities
- To ensure that children, youth, women and families who are affected by HIV/AIDS have access to social development services in the community

By February 2002, fifty-five sites had been established. The programme provides material support (food, clothing and shelter) to affected families, health care, counselling and referral to other programmes. Caregivers in the programme are also assisted to access social grants such as the Child Care Grant, the Care Dependency Grant and the Foster Care Grant. Volunteers and caregivers receive training in caring for people who are ill. A small stipend is paid to volunteers.

In addition to the joint programme with the Department of Health, the Department of Social Development provides support to other community-initiated projects. These projects provide material and social support to families affected by HIV/AIDS. They also encourage women to participate in income-generation projects or establish food gardens. By February 2002, the Department of Social Development had provided funding and technical assistance to 130 projects.

It is necessary to scale up the community-based care programme to meet the needs of many vulnerable children and their families. The Departments of Health and Social Development therefore commissioned a rapid appraisal to identify other community-initiated projects that were already in existence. The rapid appraisal identified 466 projects, most of which were operating with little or no financial assistance from government. These projects will be assessed with the view to provide such assistance.

The Department of Social Development also uses other networks such as the religious sector to extend the reach of its HIV/AIDS programme.

Training and capacity building is an important component of the HIV/AIDS programme. In July 2001, the Department of Social Development launched the Primary Capacity Building Programme for Government Planners. The aim of the one-week course is to equip planners to integrate HIV/AIDS issues into their work. Community-based organisations have requested that the programme be adapted and extended to local communities and the Department has agreed to do so.