FOREWORD

In April 2002 I led the delegation to the 2nd World Assembly in Madrid where South Africa signed the declaration on the implementation of the Madrid Plan of Action. It is during this World assembly that we committed ourselves to develop and implement the National Plan of Action on Ageing.

The South African Plan of Action on Ageing focusses on the three key priority areas as outlined in the Madrid Plan of Action on Ageing namely; Older Persons and Development, Advancing Health and well-being into old age; and Ensuring an enabling and supportive environment. It has also incorporated the fourth priority area that is based on the recommendations of the investigation committee on abuse, ill-treatment and neglect of older person, a committee that I put in place to investigate the extent of abuse of older persons in the country. These priorities have also been incorporated into the Older Persons Act, Act 13 of 2006 that has been passed by parliament in June 2006.

The South African Plan of Action on Ageing will among others strengthen intersectoral collaboration amongst government departments. It will also clearly define roles and responsibilities of government departments and civil society in the provision of services to older persons. This plan will be used as a mechanism to strengthen partnership between government and civil society.

This plan clearly indicates that the protection, care, support and development of older persons is a joint responsibility between government, civil society and the corporate sector. It presents us with an opportunity to put older persons issues high on the agenda in the country.

The plan spells out monitoring and evaluation mechanisms for implementation and effective service delivery which will ensure better life for our older persons.

The country will be measured in 2007 in New York on interventions that have been put in place to deliver on the commitments made.

I would like to take this opportunity to acknowledge the civil society, the private sector and officials from my department, nationally and provincially for their contribution towards the finalisation of this plan.

DR Z.S.T. SKWEYIYA
MINISTER FOR SOCIAL DEVELOPMENT

1. INTRODUCTION

In April 2002, South Africa was amongst the countries that signed the declarartion on the implementation of the Madrid Plan of Action on Ageing. Each country was expected to develop a Plan of Action on Ageing, to ensure intergration of issues raised in the declaration in the country's programme of action and to adress country specific challenges.

In August 2004, South Africa hosted an Africa conference on Ageing. The aim of the conference was to develop an African framework for implementation of the Madrid Plan of Action. The conference was attended by representatives from African countries, NGOs, Private Sector, Institutions of Higher Learning and older persons This serverd as a basis for the African and the South African Plan of Action.

The country engaged in consultative processes with government departments and civil society organisations both at national and provincial level to clarify roles and responsibilities of stakeholders on issues affecting older persons. The draft Plan of Action was developed based on the inputs derived from the consultative workshops. The draft was finally consulted with government departments to confirm roles assigned to them by the sector and in terms of their constitutional mandate; as well as organs of civil society including business, the South African Older Persons Forum(SAOPF). The Plan covers a period of ten years.

2. PURPOSE OF THE SOUTH AFRICAN PLAN OF ACTION ON AGEING

The purpose of the South African Plan of Action on Ageing is to ensure coordination and integration of services to older persons. It also seeks to clarify roles and responsibilities of different stakeholders in the provision of services to older persons. Older persons will be afforded and opportunity to remain independent, active and contributing citizens in the community for as long as possible while receiving quality service.

3. SITUATION ANALYSIS

3.1 OLDER PERSONS AND DEVELOPMENT

Older persons must be full participants in the development process and also share in its benefits. No individual must be denied the opportunity to benefit from development. Older persons have been previously marginalised, as ageing has been perceived as a

problem rather than a natural process. This has resulted in older persons having very little status, neither is there recognition for the worthy contribution that they make and continue to make as caregivers and in other roles (volunteerism) that they fulfil. Older persons are seldom given the opportunity to participate in the critical issues such as the development of policies and legislation about the services that they need or receive. Their voice, even though it is a voice of experience and wisdom is rarely taken into account.

3.1.1 Older Persons and Work

Most older persons are engaged in informal employment, either as hawkers, child minders and domestic workers. They also volunteer as caregivers for frail older persons and other persons suffering from chronic diseases. However there is little or no recognition for their contribution neither is such effort recognised as work. No financial equivalent is placed on the work that they do.

3.1.2 Rural and Urban development

Most older persons live in rural areas without basic services, thus increasing their vulnerability. Most of these older persons are women. Agricultural pursuits appear to be the only opportunity that they engage in. No information nor resources are available to older person to increase their access to a host of other opportunites.

3.1.3 Empowerment

The majority of older persons experience the sense of dis-empowerment. They feel isolated, discarded, and not useful to society. This is because of the manner in which ageing is perceived in the country. The worth of the older person is measured on an economic basis, and once they retire, it appears as though they are worthless citizens.

South Africa would not be able to develop as a country if it was not for older persons performing all sorts of roles and tasks that allow others to achieve. They continue to contribute, even though it is not a direct economic contribution, and they should be

empowered to take their rightful place in society as the "voice of wisdom", the carers of others and mothers and fathers of the nation.

3.1.4 Access to Knowledge, Education and Training

The majority of older persons did not have the opportunity to be educated, which increases their vulnerability as they have to rely on others for information. Educational programmes have been put in place to ensure that basic education as a right is made available to all those who need it. However there is still a challenge for older persons to access such programmes.

3.1.5 Eradication of Poverty

The government has made efforts to support poverty relief programmes that target older persons. These programmes are insufficient to cater for all older persons who are vulnerable and are not sustainable.

3.2 ADVANCING HEALTH AND WELLBEING INTO OLD AGE

Health is a state of complete physical, mental, and social well-being, not merely the absence of disease and infirmity (World Health Organisation).

Older women play an important role in caring roles. Therefore, they need to be healthy in order to fulfil these challenging roles. There are few geriatric programmes available in Primary Health Care Centres to address the specific needs of older persons.

3.2.1 Health Promotion and Wellbeing

The Department of Health has developed and is implementing health promotion programmes targetting both rural and urban areas. However, there is a need to strengthen these programmes and assess impact.

3.2.2 Universal and equal access to Health care

The Department of Health provides free health care services to older persons as they are part of the vulnerable groups. There is still a challenge of access to these services especially in rural areas due to lack of appropriate transport and information on the availability of the service.

3.2.3 Older Persons and HIV / AIDS

There is an increase in the number of older persons who are infected with HIV and Aids. In the past most older persons were affected by the disease through their children and grandchildren. The exposure to the risk of infection as they provide care to their sick and children is of great concern. Yet current awareness and preventative programmes still focus on the youth, and do not target older persons.

3.2.4 Mental Health Needs of Older Persons

Older Persons because of their advancing age need mental health services more than any other group (other than the psychiatrically ill), and yet these services are not accessible to older persons.

3.2.5 Health Services and Home Based Care

The government's home based care programme needs to be strengthened to reach to all frail older persons in the community. The government cannot deliver this service on its own, partnersship with the civil society is critical for effective service delivery to older persons. Capacity building programmes and other means of support need to be put in place to enable both government and civil society to provide quality and yet affordable Home Based Care services.

The health professionals carry out their function of caring adequately, but many still need training on geriatrics. There are few health professionals that have specialised in geriatrics.

3.3 ENSURING ENABLING AND SUPPORTIVE ENVIRONMENT

This priority area is in line with the Copenhagen commitment on social development. Among others, the commitment calls for recognition of the important interaction between environmental, economic and social policies. The Second World Assembly acknowledged the shortfalls in resources required in order to achieve the internationally agreed development goals. Policies that empower older persons, support their contribution in society, promote access to basic services, support lifelong development independence and support, social institutions based on principles of reciprocity and interdependence are required.

3.3.1 Legislative and Policy Framework

These past few years have seen a plethora of legislation and policies being developed to ensure that older persons are catered for. South Africa has passed the legislation for older persons that promote and maintain the status, rights, well-being, safety and security of older persons.(Older Persons Act 13 of 2006). Efforts are being made to solicit commitment of other government departments in the implementation of the legislation.

3.3.2 Housing and Living Environment/Accomodation

Older persons are not prioritised in the allocation of houses. They are treated like any other citizen. There is also no policy framework that guides housing provision for older persons. New housing stock is built according to general plan, and does not take into consideration the specific need of older persons, who wants to live on their own with very little assistance. There is however provision made within the housing legislation for people with special needs, this information is not made accessible to older persons, with the result that they accept a house that does not meet ageing needs.

The White Paper for Social Development advocated a shift towards community based care for all vulnerable groups, and whilst there has been tremendous growth in community based care and support services for older persons, most residential facilities

are in advantaged areas and are too far for the vulnerable groups who are in need of these services.

3.3.3 Transport

Public transport in the country has not reached the acceptable standard. Where there is some sort of system in place, this usually does not take the needs of older persons into account. Older persons, just like the general public have to rely on buses and taxi's which are not suitable for transportation of older persons especially those with disabilities. There are no policies in place that ensure that transport for older persons is subsidized, so that they can enjoy the freedom to go where they want and at times suitable to them.

3.3.4 Social Security

The Department of Social Development has ensured that all those who are entitled to an old age pension receive it, the challenge is the payment system. In some cases it is not older person friendly. Grant in Aid has been available for people in need but very few older persons make use of it, because of lack of information. The role of the older person has changed in society. The state is making efforts to ensure that they receive all the information pertaining to old age grant, the information on other grants is not reaching older persons in rural areas. However, in order for them to perform the role of caregivers they need to have sufficient information about types of grants available for them to carry out their added responsibilities.

3.3.5 Community Based Care and Support Services

A large number of Non Profit Organisations manage community based care and support services exist in most urban areas in the form of day care centers, service centres and luncheon clubs. Some of these Non Profit Organisations also provide counselling services to older persons. There has been shift from institutional care to community based care and support services.

3.3.6 Civil Society Participation.

Government has created an enabling environment for participation of older persons in decision making on issues affecting them. The South African Human Rights Commission together with the Department of Social Development have put in place mechanisms for the establishment of a National Forum for older persons. It's main objective is to ensure that older persons participate in civil society matters.

3.3.7 Volunteerism.

Many older persons are volunteers at pay points, assisting with social security pay-out, taking care of orphans, people with disabilities, other frail older persons and their sick children. Older persons are carrying out these responsibilities with little or no support. Their efforts are also not recognised.

3.3.8 Inter-sectoral Collaboration

Services to older persons demand a collaborative effort. However services are still fragmented, with the different departments each providing services to older persons that they deem fit, or if the budget allows them to provide a service. Ageing cuts across the different spheres of government as well as across government departments. Minimal Intersectoral collaboration takes place between the departments. The Department of Social Development takes the major responsibility for service delivery to older persons. There is a need to plan and thus implement collaboratively to create greater impact.

3.3.9 Image of Ageing

South Africa as a country has always perceived older persons as a vulnerable and marginalised group. "Ageing is a natural process of development, and should be embraced. Individuals as well as the society should make adequate preparation for it". There is a need for the provision of comprehensive programmes that cover ageing from cradle to grave. The Social Development White Paper also moves from this premise, and urges us to develop programs that are aimed at the development stages rather than the pathologies that are experienced. Just as children need protection when they are

born, the youth need protection and support during their youth years, adults require skills and empowerment for their development, Older persons also need protection, care, empowerment and the enabling environment, which will allow them to continue living a fulfilling life.

3.4 PROTECTION OF OLDER PERSONS

3.4.1 Protection Mechanisms

The Older Persons Act 2006(Act 13 of 2006) provides for the maintenance and protection of older persons. Mechanisms need to be put in place to ensure implementation and compliance.

3.4.2 Prevention of Abuse, Neglect and Violence to older persons

The Minister for Social Development, Dr Z.S.T. Skweyiya appointed a committee to investigate abuse, neglect and ill-treatment of older persons in the country in 2000. The findings revealed that there is extensive abuse of older persons in both residential facilities and in the community. Furthermore, it was discovered that older persons were abused by people they trust.

The Older Persons Act 13 of 2006 has incorporated the recommendations of the investigation report. The Department has developed a protocol on the management of elder abuse. Awareness programmes on elder abuse have been developed and implemented in all provinces.

3.4.3 Victim Empowerment

Older persons have become easy prey for criminals. The government has put in place Victim Empowerment Programmes, however older persons are not aware of them. A strategy to intensify the marketing of the programmes needs to be put in place.

3.4.4 Advocacy

The South African Older Persons forum is a mechanism that has been put in place to advocate for older persons on issues affecting them.

3.4.5 Access to Services

The Department of Social Development made efforts to take services to the people in line with the Batho-Pele principles. Social Security pay points have been made available in many of the poorer communities although there are still challenges that need to be addressed in those pay points. Efforts to extend Social Work services to areas of need is in process, however services are still not accessible to older persons in rural areas. The Department of Home affairs has developed a system to fast track the issuing of identification documents .Access to transport remains a challenge.

The different government departments are engaged in programmes to make their services accessible to communities; however there is still a need to intensify services delivery.

4. PLAN OF ACTION

4.1 PROTECTION OF THE RIGHTS OF OLDER PERSONS

ISSUE:

Changing structures of families and traditional patterns of care resulting in weakened support systems

Changing roles of older persons, older persons are pillars of families. The HIV/AIDS has worsened the situation.

Family structures are unable or unwilling to care for older persons and cases of abuse are increasing.

RECOMMENDATION 1: Recognition of the fundamental rights of older persons by ensuring the rights of older persons are protected.

ACTION	OUTCOME	RESPONSIBILITY
1. Develop and	Protection of	DSD SAHRC
implement legislation	the rights of	All government
to protect older	older persons	departments
persons.		
2. Facilitate the	Older persons	SAHRC (Lead)
establishment of	represented at	DSD
representation groups	national and	
for older persons	provincial level	

ACTION	OUTCOME	RESPONSIBILITY
	Active	
	participation of	
	older persons	
	on issues	
	affecting them	
3. Facilitate the	Rights of older	DSD
development of the	persons	SAHRC
South African Charter	protected	
on the Rights of older		
persons		
4. Provide legal	Protection of	Dept. of Justice
support to older	the rights of	Legal Aid Board
persons in need	older persons	SAHRC
5. Train older persons	Older persons	Justice
to provide information	empowered on	DSD
and advise on legal	their legal	DPLG
rights relating to older	rights	SAHRC
persons rights		SAOPF
6. Ensure	Psychosocial	Dept of Justice
implementation of	and financial	
legislation for	support for	
maintenance of	older persons	
children who are left		
under the care of		
older persons		
L	1	l .

RECOMMENDATIONS II: Undertake necessary measures to ensure that older persons access their rights.

ACTION	OUTCOME	RESPONSIBILITY
1. Develop data on	Information on	DSD
older persons who	elder abuse cases	NPOs
are abused	available	
2. Implement	Communities	SAHRC (Lead)
programmes of civic	empowered	All Departments
and public education		NPOs
to raise awareness		
on the rights of older		
persons		
3. Capacitate service	Service providers	SAHRC & DSD(Lead)
providers on the	empowered and	All Depts
rights of older	capacitated	NPOs
persons		SETA
4. Develop and	Integrated	Academic institutions
review curricula for	curricula inclusive	DSD
social workers and	of older persons	SAOPF(South African
other service	issues	Older Persons Forum)
providers working		
with older persons to		
include the rights and		
issues of older		
persons		

RECOMMENDATION III: Develop and implement appropriate strategies that address the concerns of older persons

ACTION	OUTCOME	RESPONSIBILITY
1. Develop,	Responsive	DSD
implement and	strategies	DoH
review strategies		NPOs
that emphasises		Private sector
community support		
and care		
mechanisms for		
older persons		
2. Develop	Community based	DSD
programmes that	programmes in	NPOs
ensure that older	place	DoH
persons remain in		Other government
communities for as		departments
long as possible		Private Sector
3. Provide and	Accessible social	SASSA
enhance access to	assistance	DSD
social assistance	schemes	Private Sector
schemes for older		
persons		
4. Promote the	Active participation	DSD
involvement and	of older persons in	Fora
contribution of	families and	NPOs
older persons in	communities	
families and		
communities		
5. Develop systems	Older persons	DPLG (Lead)
that ensure that	prioritized in	Presidents office
older persons are	provision of	Premiers office
given priority when	services	NPOs

they seek services		Private Sector
		All government
		departments
6. Create	Change in	DSD(Lead)
awareness on the	perception on	All government
roles and	ageing	departments
contributions of		NPOs
older persons in		Fora
the society		Presidency
		Premier's offices
7. Ensure provision	Accessible active	Sports and recreation(
of adequate and	ageing	Lead)
accessible	programmes	Education
recreational and		Private Sector
leisure facilities		NPOs
both in urban and		
rural areas to		
promote active		
ageing.		
8. Strengthen	Well functioning	Arts and culture(Lead)
traditional and	traditional support	House of traditional
community support.	mechanisms	leaders

4.2 INFORMATION AND COORDINATION

ISSUE:

The absence of comprehensive information about ageing and poor coordination has resulted in inadequate resource allocation.

RECOMMENDATION 1: Ensure that comprehensive data on the status of older persons is compiled, available and accessible.

ACTION	OUTCOME	RESPONSIBILITY
1. Ensure that the	Issues of older	Statistics South
National census	persons highlighted	Africa(Lead)
data includes	in National census	DSD
issues specific to	data	
older persons		
2. Conduct	Availability of the	DSD
research on the	baseline	NPOs
status of older	information on the	Institutions of Higher
persons in the	status of older	Learning
country	persons	HSRC
		MRC
		Statistics South Africa
3. Develop	Information on	DSD
directory of	services to older	GCIS
services for older	persons available	
persons	and accessible	

RECOMMENDATION 2: Ensure that the needs and rights of older persons are integrated into all existing and new policies.

ACTION	OUTCOME	RESPONSIBILITY
1. Ensure that	Active participation	Office of the President/
older persons are	of older persons in	Premier's office(Lead)
actively involved in	policy and strategy	DSD
policy and strategy	formulation,	All departments
formulation; and	monitoring and	NPOs
monitoring and	evaluation	
evaluation.		

2. Develop,	Policies that are	Office of the
implement and	responsive to the	Presidency/Premier's
review existing	needs of older	office(Lead)
policies to ensure	persons	DSD
that the specific		All Departments
needs of older		NPOs
persons are		
included		
3. Integrate issues	Policies	Office of the
of older persons	responsive to the	Presidency/Premier's
with disabilities	needs of older	office(Lead)
into existing and	persons with	DSD
new policies; and	disabilities.	All Departments
programmes		

RECOMMENDATION 3: Ensure establishment of coordination and monitoring mechanisms at all levels, to effectively address issues affecting older persons

ACTION	OUTCOME	RESPONSIBILITY
1.Establish office	Office on the status	South African Older
on the status of	of older persons in	Persons Forum
older persons in	Presidency and all	(SAOPF)(Lead)
Presidency and	premiers offices	Presidency office
Premiers offices		Premiers offices
2.Establish national	Coordinating	SAHRC (Lead)
and provincial	structures for older	DPLG
coordinating	persons both	Presidency office
structures for older	nationally and	Premiers offices
persons	provincially	DoL
		DSD
		Private Sector
		NPOs
3. Develop and	Provincial	Presidency office

implement	Integrated Plans	Premiers office
Provincial	implemented	
integrated plans		

4.3 POVERTY

ISSUES

Older Persons are consistently among the poorest of the poor, yet their needs are seldom acknowledged in poverty reduction initiatives.

Older persons are systematically denied access to employment, credit, training and other services that would enable them to increase their income.

RECOMMENDATION 1: Ensure that the rights and needs of older persons are comprehensively addressed in poverty reduction strategies.

ACTION	OUTCOME	RESPONSIBILITY
1. Integrate older	Socio-economic	DoA - Lead
persons in poverty	status of older	DTI - Lead
reduction	persons improved	All government
programmes		departments
		NPOs
		Private Sector
2.Involve older	Active participation	DoA (Lead)
people in the	of older persons in	DTI (Lead)
assessment,	poverty reduction	All government
planning,	programmes	departments
implementation,		departments
monitoring and		Fora
evaluation of poverty		Private Sector
alleviation		
programmes		
3. Review anti-	Positive impact of	Department of Arts and

poverty programmes	anti-poverty	Culture(Lead)
to ensure that they	programmes on	DTI
support, rather than	traditional support	DoA
contribute to the	structures	Traditional Leaders
decline of, traditional		NPOs
support structures		Private sector
4. Create awareness	Informed and	SAHRC
on policies that	empowered older	DSD
enable older persons	persons	Housing
to access basic		Transport
services		DPLG
		Traditional leadres
		Water Affairs and
		Forestry
		All government
		departments
		NPOs
		Private Sector

4.4 HOUSING AND LIVING ENVIRONMENT

ISSUES

The majority of older persons are denied access to housing or decent shelter as a result of socio-economic changes and belief systems.

The majority of older persons live in rural areas where in many cases land ownership is governed by customary law. Property disputes affect older persons as family and community members strive to take control.

Building designs limit older person's access to services as well as reducing their access to political and civic representation.

Lack of infrastructure for community based care services to older persons.

Public transport and communication systems need to be responsive to the needs of older persons.

Older persons are vulnerable and susceptible to criminal activities both at pay points and in communities.

RECOMMENDATION 1: Ensure that older persons have access to safe, durable and affordable shelter.

ACTION	OUTCOME	RESPONSIBILITY
1. Review and	Policies responsive	Housing (Lead)
update housing	to the needs of older	GPLG (Lead)
policies to ensure	persons	
that they reflect the		
needs of older	Older persons have	
persons(Quota)	access to housing	
2. Ensure that	Older persons have	DLA (Lead)
policies and	equal access to land	Housing
legislation governing		Office of the
land rights and		Presidency
security of tenure do		Premiers office
not discriminate		NPOs
against older		Private sector
persons		
3. Monitoring of	Provision of quality	DSD(Lead)
compliance to norms	of service to older	DoH
and standards in	persons	DPLG
residential and		
community based		
facilities to protect		
the rights of older		
persons		

4. Provision of basic	Acceptable	DPLG (Lead)
infrastructure for	conditions for	DPW (Lead)
community based	provision of services	House of Traditional
care and support	to older persons	Leaders
services to older		Private sector
persons		
5. Preferential	Appropriate	All Departments
allocation of ground	accessible	NPOs
floor accommodation	accommodation for	Private sector
for older persons	older persons	
6. Implementation of	Basic services	DPLG(Lead)
policies exempting	accessible to	Housing
qualifying older	qualifying older	Traditional leaders
persons from rates	persons	SARS
and taxes		

RECOMMENDATION 2: Ensure that public infrastructure accommodates the needs of older persons.

ACTION	OUTCOME	RESPONSIBILITY
1. Design accessible	Public buildings	DPW(Lead)
public buildings to	accessible to older	DPLG (Lead)
accommodate the	persons	
needs of older		
persons		
2. Modify existing	Public buildings	DPW (Lead)
public buildings to	accessible to olde	DPLG
ensure access for	persons	
older persons		
3. Ensure equitable	Basic services	DPLG (Lead)
distribution of basic	accessible in rural	Water affairs and
services (Water	and urban areas	Forestry
Electricity		DPW

Telecommunication		Presidents office
roads and sanitation)		Premiers Office
in urban and rural		All government
areas		departments
		Eskom
		Telkom
4. Provide efficient,	Older persons	DoT (Lead)
accessible, safe	have access to	SAPS(Lead)
transport to older	efficient, safe and	DPLG
persons	accessible	
	transport	
5. Subsidise costs for	Older persons	DoT (Lead)
older persons using	have access to	DPLG
public transport	subsidised	
	transport	

RECOMMENDATION 3: Ensure safety and security of older persons

ACTION	OUTCOME	RESPONSIBILITY
1. Develop,	Protection of older	Safety and Security
implement and	persons	SAPS
review strategies		
that ensure safety		
and security of older		
persons in		
communities		
2. Develop and	Access to psycho-	SAPS
strengthen existing	social therapy by	Safety and Security
Victim	abused older	
Empowerment	persons	
Programmes for		
abused older		
persons		

3. Develop and	After care and	DCS
implement	rehabilitation	
rehabilitation and	programmes	
after care	responsive to the	
programmes for	needs of elderly	
elderly offenders	offenders	

4.5 FAMILY

ISSUES

The family is an important source of support to older persons.

Urbanization and chronic diseases such as HIV and Aids pandemic has weakened the structure of the family.

RECOMMENDATION 1: PROMOTE AND STRENGTHEN THE ROLE OF FAMILY IN THE CARE OF OLDER PERSON

ACTION	OUTCOME	RESPONSIBILITY
1. Identify, support	Well functioning	DSD (Lead)
and strengthen	traditional support	House of traditional
traditional support	system accessible to	leaders
systems to enhance	older persons and	DPLG
the ability of families	their families	Arts and Culture
and community to		Fora
care for older		NPOs
persons		Private sector
2. Include issues of	Culture on	DoE (Lead)
older persons and	responsibilities to	Institutions of higher
family responsibilities	older persons	Learning

in the curricula of all	cultivated to all	DSD
educational	members of the	Fora
institutions	society	SETA
		Private sector
3. Establish and	Preservation of	DSD (Lead)
strengthen	culture	Arts and Culture
intergenerational and	Transfer of	NPOs
cultural programmes	knowledge to the	
	younger generation	
4. Establish and	Well functioning and	DSD (Lead)
strengthen the	resilient families	NPOs
existing family		
preservation		
programmes		
5. Establish and	Well functioning	DoH (Lead)
strengthen existing	support systems for	DSD
respite care services	frail older persons	NPOs
to ease burden for	and their families	Private sector
families taking care		SETA
of frail older persons		
6. Strengthen	Well established	DoH (Lead)
caregiver support	caregiver support	DSD
programmes	programmes	NPOs
7. Build capacity of	Empowered older	DSD (Lead)
older persons on	persons	SAPS
their right to		SAHRC
protection within the		NPOs
family		Fora
		Private sector

8. Promote	Active participation	DSD (Lead)
involvement and	of older persons in	NPOs
contributions of older	decision making	Fora
persons in families		Premiers offices

4.6 SOCIAL SECURITY

ISSUE:

Social security has become the main source of income to meet the needs of vulnerable older persons and their families.

RECOMMENDATION 1: ENSURE THAT ELIGIBLE OLDER PERSONS AND THEIR FAMILIES HAVE ACCESS TO SOCIAL GRANTS

ACTION	OUTCOME	RESPONSIBILITY
1. Create	Informed older	SASSA (Lead)
awareness on	persons	NPOs
available social		
grants, requirements		
and how to access		
them		
2. Facilitate access	Access to legal	Home Affairs (Lead)
to documents	documents	Traditional leaders
(identity documents,		SAPS
birth certificates)		DoH
		DSD
		NPOs
		DPLG
3. Develop and	Access to	SASSA (Lead)

ceptable levels	DPLG
service to older	For a
ersons	
ess queing of	SASSA
der persons	
asic needs of	DSD (Social Security)
der persons	
ovided	
	service to older resons ess queing of der persons asic needs of der persons

4.7 EMPLOYMENT AND INCOME SECURITY

ISSUES:

Older persons are among the poorest of the poor and often do not have access to regular income.

Older persons are employed in the informal sector and did not have the opportunity to contribute to the formal social security programmes

RECOMMENDATION 1: ENSURE ESTABLISHMENT AND IMPLEMENTATION OF FORMAL AND INFORMAL SOCIAL SECURITY SYSTEMS

ACTION	OUTCOME	RESPONSIBILITY
1. Create	State of readiness for	DoL (Lead)
awareness on	retirement	All government
individual		departments
responsibility for		Private sector
social security		
issues so that		
people understand		
the need to plan for		
their old age		
2. Develop social	Accessible	DoL (Lead)
security systems	comprehensive social	Private sector
that allow for	security system for all	
contributions by all		
those in the formal		
and informal sectors		
3. Ensure	Employees	DoL (Lead)
participation of	capacitated on social	SASSA
younger and older	security issues	
persons in the		
design and		
implementation of		
strategies and		
policies related to		
social security		
4. Provide support	Well	DoL (Lead)
to informal social	functioning/sustainable	Private sector
security	social security system	
programmes.		
5. Develop and	Capacitated older	DoL (Lead)

implement pre-	persons	Private sector
retirement		NPOs
programmes to		
enable older		
persons to develop		
the necessary		
coping skills that will		
prepare for the		
challenges of		
retirement.		
6. Develop and	Protection of older	DoL (Lead)
implement policies	persons from forceful	DLA
to protect older	evictions in farms	Labour movements
persons from		(Unions)
forceful evictions		NPOs
from farms		
7. Lobby for the	Older persons remain	Fora
review of legislation	in the workforce for as	
to accommodate	long as possible	
older persons who		
need to work for as		
long as possible		

4.8 CRISES, EMERGENCIES AND PANDEMICS

ISSUES

Emergency situations often result in rapid changes in social patterns and the status accorded to older persons in stable situations is undermined.

Older persons as the main providers of care to those affected and infected by HIV and AIDS are at risk of contracting HIV and AIDS pandemic.

RECOMMENDATION 1: ENSURE THAT THE NEEDS OF OLDER PERSONS IN EMERGENCY SITUATIONS ARE PROVIDED FOR

ACTION	OUTCOME	RESPONSIBILITY
1. Develop, review	Accessible	DPLG (Lead)
and implement	emergency	Premiers' offices
policies related to	services to older	SANDF
emergency	persons	DSD
situations to ensure		DoH
that the rights of		Private sector
older persons are		NPOs
protected		Fora
2. Ensure	Programmes	DPLG(Lead)
participation of older	responsive to the	Premiers' offices
persons in the	needs of older	DSD
design and	persons	DoH
implementation of		SANDF
emergency		Private sector
programmes		NPOs
		Fora
3. Prioritise older	Non discriminatory	DPLG (Lead)
persons in	service	SANDF
emergency		Fora
situations		Private sector
		DSD
		DoH
4. Identify and	Responsive	DPLG (Lead)
address the social	mechanisms to the	DSD
and psychological	needs of older	NPOs

needs of older	persons	Private sector
persons		DoH
5. Design and	Resilient families	DPLG (Lead)
implement		DSD
programmes that		NPOs
strengthen and		Private sector
sustain family		
structures during		
periods of		
displacement and		
rehabilitation faces		
of a disaster		
6. Ensure that older	Property recovered	DPLG (Lead)
persons who have		SAPS
been forced to leave		
their homes are able		
to recover their		
property upon return		

RECOMMENDATION 2: ENSURE PROTECTION AND EMPOWERMENT OF OLDER PERSONS ON CHRONIC DISEASES SUCH AS HIV AND AIDS; AND OTHER EPIDEMICS

ACTION	OUTCOME	RESPONSIBILITY
1. Conduct research	Responsive	DoH (Lead)
to determine the	programmes	MRC
nature and extent of		Institutions of Higher
the impact of		Learning
HIV/AIDS and other		HSRC
epidemics on older		DSD

2. Develop and review policies relating to HIV/AIDS and other epidemics to ensure that they	HIV/AIDS and other epidemics policies responsive to older persons needs	Premiers offices Presidency Office Stats South Africa DoH (Lead) DSD Premiers offices Office of the presidency
include issues affecting older persons		F. 33.33.13)
3. Develop and implement intergenerational public programmes relating to HIV/AIDS and other epidemics	Moral regeneration and intergenerational solidarity promoted	DSD (Lead) DoH Youth Commission
4. Create awareness on HIV and AIDS and other infectious diseases	Informed choices	DoH(Lead) DSD NPOs All government departments
5. Provide support to older persons caring for those affected by HIV and AIDS; and other chronic diseases	Support programmes implemented	DoH(Lead) DSD(Lead) Private sector
6. Strengthen community based	Support structures in place	DoH(Lead) DSD(Lead)

care and support		NPOs
services to ensure		
that older persons		
who are caregivers		
of those affected by		
HIV/AIDS and other		
epidemics receives		
support		
7. Involve older	Active participation of	DoH(Lead)
persons as	older persons in	DSD
educators and	HIV/AIDS	NPOs
learners in	programmes	
programmes on		
HIV/AIDS		

4.9 EDUCATION AND TRAINING

ISSUES:

There is high illiteracy rate amongst older persons.

Inaccessible medium of communication to public awareness programmes.

Lack of recognition of older persons skills and experience in the development of educational programmes.

Issues relating to older persons are not reflected in the training curricula.

RECOMMENDATION 1: ENSURE THAT OLDER PERSONS HAVE ACCESS TO EDUCATION AND TRAINING

ACTION	OUTCOME	RESPONSIBILITY
1. Strengthen and	Literate older	DoE
extend Adult Basic	persons	
Education Training		
(ABET) to include		
older persons		
2. Ensure that	Accessible and	All government
public education	acceptable	departments
campaigns are	educational	NPOs
culturally sensitive	campaigns	Fora
to the needs of		Media
older persons		
3. Ensure that	Informed older	All government
public education	persons	departments
campaigns are		GCIS
accessible in		NPOs
terms of language		For a
and literacy levels		
of older persons		

RECOMMENDATION 2: PROMOTE OLDER PERSONS PARTICIPATION AS EDUCATORS AND TRAINERS

ACTION	OUTCOME	RESPONSIBILITY
1. Recognise and	Data base on older	DoE (Lead)
acknowledge skills	persons skills	DSD
of older persons		DoL
and create a data		Private sector

base of their skills		
2. Provide	Older persons'	DoE (Lead)
opportunities for	skills maximally	Other government
older persons to be	utilised	departments
trained as Peer		DoL
Educators and		
Trainers in all		
sectors.		

4.10 GENDER

ISSUES:

Majority of older persons in the country are women with the women to men ratio increasing with age, older women are more vulnerable than older men.

RECOMMENDATION 1: Mainstream ageing in policies relating to Gender.

ACTION	OUTCOME	RESPONSIBILITY
1. Conduct research	Gender issues	Commission on
on differential ageing	mainstreamed in	Gender Equality(Lead)
in women and men	older persons	MRC
	policies	HSRC
		Institutions of Higher
		Learning
		Statistics South Africa
		Premiers' offices

4.11 HEALTH

ISSUE:

Older people are denied access to essential health services.

RECOMMENDATION I: Ensure that older person's rights to appropriate health care are legally constituted and guaranteed.

ACTION	OUTCOME	RESPONSIBILITY
1. Develop, implement and	Policies,	DoH
review all national health	strategies and	
policies and strategies to	guidelines	
ensure they respond to	responsive to	
specific needs of older	older persons	
persons	needs	
2. Involve older persons in	Active	DoH (Lead)
the development, review of	participation of	Private sector
health policies and strategies	older persons in	
	the development	
	of legislation and	
	strategies	

RECOMMENDATION II: Ensure the delivery of health services that meet the specific needs of older persons.

ACTION	OUTCOME	RESPONSIBILITY
1. Undertake research on	Services that are	DoH (Lead)
older persons needs	aligned to older	HSRC
	persons needs	MRC
		Institution of Higher
		Learning
2. Develop and review	Free Health	DoH
health budgets to ensure	Services	
adequate funding is devoted	accessible to	
to the provision of services	older persons	

for older people		
3. Ensure in-service training	Knowledgeable	DoH
for health professionals on	health	
health needs of older	professionals	
persons		
4. Ensure appropriate and	Knowledgeable	DoH
continuous training on	community health	
ageing issues for community	workers	
health workers		
5. Ensure national coverage	Informed	DoH
of comprehensive health	communities	Media
services, including HIV and		
AIDS service for older		
persons		
6. Strengthen integrated	Medical Tertiary	DoH
geriatric services and	Institutions	Tertiary Institutions
training at all levels of the	offering a	of Higher learning
health care system	programme for all	
	health	
	professionals	
7. Provide free health	Access to free	DoH
services to older persons,	Primary Health	
especially those with	Care	
disability who are unable to		
meet the costs		
8. Develop and implement a	Traditional	DoH
strategy for the provision of	Medicines	
safe traditional medicine	regulated	

ACTION	OUTCOME	RESPONSIBILITY
9. Provide comprehensive	Reduced	DoH (Lead)
ophthalmic services for	ophthalmic	Private sector
older persons	ailments for older	
	persons	
10. Provide comprehensive	Comprehensive	DoH (Lead)
oral health services for older	oral services	Private sector
persons	accessible to older	
	persons	
11. Subsidised the costs of	Free access to	DoH (Lead)
assistive devices for older	those eligible	Private sector
persons		
12. Develop and implement	Well controlled	DoH
a strategy for the	chronic health	
management of chronic	conditions	
health conditions that are		
more prevalent in old age		
13. Implement national	Healthy and active	DoH
programmes on healthy	ageing	
lifestyles		

5. RESOURCE MOBILISATION

The implementation of the South African Plan of Action on Ageing will have resource implications. There will be a need to provide the following resources:

- Provision of technical skills and appropriate human resource
- Capacity building on issues of ageing and the Plan itself
- Allocation of budget to implement the Plan

Although this plan has resource implications, it is important to note that some activities do not require additional resources. It is also critical that all stakeholders including private sector should embark on resource mobilisation to ensure successful implementation of this Plan.

6. MONITORING AND EVALUATION

The Department of Social Development will take a lead in the implementation of the Plan. The South African Older Persons Forum (SAOPF), the premiers' office and the office of the presidency will monitor the implementation by all government departments. Stakeholders will be expected to develop detailed implementation plans at provincial and local level and to report progress on a quarterly basis.

ANNEXURE A

ACRONYMS

AIDS -Acquired Immune Deficiency Syndrome

CBOs – Community Based Organisations

DCS - Department of Correctional Services

DLA - Department of land Affairs

DoA – Department of Agriculture

DoE – Department of Education

DoH – Department of Health

DoL – Department of Labour

DoT – Department of Transport

DPLG – Department of Provincial and Local Government

DPW – Department of Public Works

DSD – Department of Social Development

DTI – Department of Trade and Industry

EAP – Employee Assistance Programme

FBOs - Faith Based Organisations

FOR A - Plural of Forum

GCIS – Government Communications Information Systems

HIV - Human Immune Deficiency Virus

HSRC - Human Science Research Council

MRC - Medical Research Council

NGOs - Non- Governmental Organisations

NPOs - Non Profit Organisations

SAHRC – South African Human Rights Commission

SANDF - South African National Defence Force

SARS - South African Revenue Service

SAPS - South African Police Service

SASSA - South African Social Security Agency

SETA – Sector for Education and Training Authority