A CASE OF NATIONAL CHILD NEGLECT?

An immediate and full roll-out of antiretroviral drugs in the public sector could halve the number of maternal orphans in South Africa over the next dozen years, simply by prolonging the lives of over one million women.

This is the estimate of Jacques van Zuydam, Chief Director for Population and Development in the national Department of Social Development (DSD).

Van Zuydam bases his figures on Medical Research Council (MRC) projections that the current figure of 600 000 maternal orphans will soar to two million by 2015.

The MRC figure is premised on no ARV interventions having taken place.

Van Zuydam said that if a 100% ARV roll-out began immediately, the current maternal orphan figure would only increase by 400 000, giving one million children the chance of growing up in a family environment. The longer it took for the intervention to be put in place, the more the fatality figure would burgeon.

Dr Maria Mabetoa.

He said the extent of the AIDS 'orphan problem' was illustrated by an ambitious survey in the Eastern Cape last year when 12 440 orphans were identified in less than 4 months by social workers and volunteers in the Qumbu, Tsolo and Umtata districts.

Van Zuydam estimates the Eastern Cape has 100 000 of the estimated 600 000 orphans in the country, but says he will know better when the latest Census data are adjusted and released.

Without ARVs the Eastern Cape was expected to have 200 000 orphans in just 7 years, according to a joint report published by the poverty alleviation NGO, Care, the MRC and the Actuarial Society of SA.

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Dr Maria Mabetoa, the director of the Children and Families Directorate in the DSD, told a session on Orphans and Vulnerable Children at the national AIDS conference in Durban in August that she expected one million AIDS orphans under 15 years old within 2 years.

She freely conceded that there were large gaps in co-ordination of care, especially between provinces and said stakeholder representatives had little authority to act or endorse actions. There was poor co-ordination among NGOs which competed for scarce resources and often duplicated services.

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Papers presented at the same session by two researchers in the HIV/AIDS programme of the Children's Institute at the University of Cape Town fundamentally challenged current government practices. Helen Meintjies and Sonja Giese warned of a mismatch between international and local notions of orphan-hood after qualitative research of six sites in five provinces, interviewing children with terminally ill caregivers, their substitute caregivers and service providers.

Meintjies found that the notion of orphan-hood was an ineffectual barometer of vulnerability for children in poverty-stricken environments while Giese discovered a 'disproportionate' government focus on orphans.

They said the official approach to children infected and affected by HIV/AIDS needed urgent shifting to a policy and service response to the needs of all vulnerable children.

In KwaZulu-Natal a respondent had told them that, 'if the parents are useless (poor), you could call yourself *intandane* (Zulu term for orphan) because they are not supporting you'.

'Orphan or no orphan, its just the same. They are needy, all of them,' another told.

A Gugulethu respondent told Meintjies that even if children had lost both parents but had found care, they were not considered to be orphans.

'That's why if you go out asking for “orphans” in this township you'll find very few,' she added.

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A KwaZulu-Natal urban schoolteacher reported feeling helpless and discouraged because most of her pupils were from poor families. She questioned how a line could be drawn between those who had both parents and those who did not.

A clerk of a KwaZulu-Natal children's court said many husbands had died and the mothers were not working and

could not afford to feed their children. There was no foster grant for these people.

Meintjies said HIV/AIDS amplified poverty at household level and across neighbourhoods. It was 'crucial' that the needs of children living with terminally ill caregivers be taken into account in constructing any official response.

Giese said the government relied on community-based organisations and NGOs to deliver services — but few managed to access state support. There was an official over-reliance on (usually poor) volunteers. Within government, care and support of children was seen largely as the responsibility of the Department of Social Development.

Helen Meintjies and Sonja Giese.

Far more 'out of the box' thinking was needed in terms of the potential (expanded) role of service providers, simply because of the scale of the problem, resource limitations, the urgency and the infrastructure that existed.

Giese recommended using the existing 28 000 schools which reach 11.5 million children because they were central and relatively accessible and children spent several years there.

Addressing children's social needs would alleviate the burden on educators. She emphasised that it was not necessary that school staff deliver services although teachers could help identify changes in children's lives which made them vulnerable, such as mental or physical conditions.

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School-based feeding schemes should be extended, information on available community services should be disseminated and NGO programmes could be integrated into schools. Psychosocial support and broader life-skills training could also be given.

All this would introduce new elements into the training of professionals and lay workers, require a review of performance indicators and facilitate early identification of vulnerable children, thus minimising the risk of any child falling through the service gaps. It would also demand and facilitate improved collaboration and create networks for service providers.

Giving examples of the host of problems children faced, Giese quoted an Ingwavuma clinic manager.

He told her surveyors that children under the age of 16 who arrived alone were not admitted to the clinic unless they required immediate urgent treatment.

'But the community doesn't listen — they keep coming alone and being sent away.'

Home-based carers from several locations across the country told researchers that they did not look after children with HIV/AIDS or TB, only adults.

'We hope that other organisations are focusing on children, but it doesn't seem to work like that,' one said.

Dr Eddie Mahlanga, a director focusing on women and children in the DSD, told the Durban AIDS conference session during question time: 'If children were to give us a score on our scorecards, I think we'd get a zero. We've been talking since last year's (multi-sectored) conference (on children).

We have wonderful policies, but on the ground nothing is happening. We need to look at ourselves and even review our policies. It is time to say it's war on our children and we've done nothing.'

Mabetoa replied that it was impossible to roll over a programme in one day. 'It's a process. We have to build the capacity of people before we fund them.'

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She revealed that last year's conference had proposed a national action committee on children and recommended fast-tracking a process for accessing social grants. She said a national process for identifying orphans, vulnerable households, 'duty bearers' and establishing a data base would soon be launched with civil society involvement.

Chris Bateman