SEPATI a 14-year-old girl, who lives in Tlounane village, in North West province of South Africa, says she is battling with her home work.

At first glance, the orphan's claim seems no different from similar complaints leveled by reluctant pupils world wide. But Seipati is struggling to do her home work because she like increasing number of her friends is taking care of three siblings and a cousin.

According to Aids Foundation South Africa website, obtaining accurate statistics on the number of children orphaned as a result of AIDS is problematic: if orphans are defined as children under the age of 17 whose mothers have died, UNAIDS estimate 1,100 000 orphans due to AIDS were living in South Africa at the end of 2003.

Unofficial figures show that several house holds in North west are headed by children orphaned by HIV/AIDS. In some cases the house holds are being headed by girls.

For many years, the burden of care and support has fallen heavily on the shoulders of impoverished rural communities where sick family members return when they can no longer work or care for themselves. Community-based care has been promoted as the best option since it would be impossible to care properly for hundreds of thousands of people dying from AIDS in public hospitals. However, it is dangerous to assume that communities have limitless resilience and capacity to care for dying people and provide for those they leave behind.

There is an acute need for social protection and interventions to support the most vulnerable communities and households affected by this epidemic.

In Tlounane village, one such family (comprising 4 children) is led by a 14-year-old who introduces herself as Seipati. As both her parents are dead, ads the girl, she's raising her 1-year-old brother, two sisters and a cousin. But Seipati quickly admits that her responsibilities make it difficult for her to attend school.

She's not alone. Other households in the community are headed by children as young as eleven. And it is a phenomenon that's increasingly evident across the continent. The United Nations' Children's Fund (or UNICEF) says more than 13-million African children have been orphaned by HIV/AIDS.

Southern Africa remains the region worst-affected by the HIV/AIDS epidemic. A combination of factors seem to be responsible for this, including: poverty and social instability; high levels of sexually transmitted infections; the low status of women; sexual violence; high mobility (particularly migrant labour); and lack of leadership. South Africa has the fifth highest prevalence of HIV in the world, with 21.5% of the population estimated to be infected.

The UNAIDS Global Report, estimated the number of AIDS related deaths in South Africa in 2003 ranged anywhere between 270 000 and 520 000.

Given the numbers of people infected and dying, South Africa is regarded as having the most severe HIV epidemic in the world. This epidemic is still seven years away from peaking in terms of the numbers of projected AIDS related deaths. Government official indicates that about 5.6 million South Africans are living with HIV. Like Seipati the majority of those reside in sub-Saharan Africa.

Seipati Tinashe explains she cannot go to school, at the moment, because her brother's contracted both malaria and diarrhea. Although she claims she enjoys school, and wants to attend lessons daily, she says she cannot do so now as she has to nurse her ill sibling back to health. Tinashe says her mother briefly advised her on how to care for her siblings before she died. She's doing a good job, according to her one sister, Blessed. The 7-year-old says Seipati's treated her – as well as their other sister, Nokuthula , and Hope, their brother.

The frail-looking girl does not always miss class. When Blessed does go to school, however, she has to plan ahead to ensure her younger loved ones are safe. Usually, she hands over the reigns to Hope, who's ten. The boy then takes charge of domestic chores, including bathing his younger sisters and cooking. At other times, he helps Seipati with house hold chores. Seipati says she is one of the pupils at Ramapena Middle School. Ramapena Middle school made headlines in a weekly newspaper this week, after it emerged that the school has only four pupils.

According to the girl, other members of the community are also reaching out to orphans and HIV/AIDS affected households in their midst. Since late last year, for example, churches are donating food to the AIDS orphans – and child-head families, like the one headed by Seipati. Meanwhile the Principal of the school, Morake Ramotshabi, could not comment on the drop out of the pupils. Some people interviewed hinted that some house holds are being headed by HIV/ AIDS orphaned children and it was almost impossible for them to attend school at Ramapena Middle School.

By Dawn Eskelsen

Aids orphans more likely to contract HIV, says UN report

Sarah Boseley in Toronto
Wednesday August 16, 2006
The Guardian

More than 15 million children in sub-Saharan Africa will have lost one or both parents to Aids by 2010, according to a UN report which says the world has failed youngsters affected by the pandemic.

The neglect of these children, who have been largely invisible, is a double betrayal because without parents - particularly mothers - they are vulnerable to exploitation and abuse, and far more likely to become HIV-positive themselves, says the joint report by Unicef, UNAids and the US Agency for International Development.

There are 2.3 million children with HIV, most of whom were born to mothers carrying the virus - even though there are drugs that can prevent pregnant women passing it to their offspring.

Many of those children will die before they are two years old, according to Médecins sans Frontières, because drugs suitable for children have not been manufactured. MSF say the pharmaceutical companies have not acted because few children in rich countries have HIV.

At the launch of the report entitled Children Affected by Aids, at the International Aids conference in Toronto, Michel Sidibe of UNAids said children were "the missing face" of the pandemic. "There have been many successes in helping adults with the disease, but when it comes to helping children, the world has failed. We are all to blame," he said. In 2005, there were 570,000 child deaths from Aids.

"By 2010, if nothing is done to quicken the pace of action, some countries in the most affected part of the world will have 15 to 20% of their children orphaned. Rima Salah, the deputy executive director of Unicef, said that after 25 years of the pandemic, children were still largely excluded from the global response. Last year Unicef and others launched a campaign "to put the missing face of children at the centre of the HIV/Aids agenda".

There had been some promising initiatives as a result, she said. In Africa, extended families take in children who have lost their parents, but often do not have the time or resources to look after them properly. As a result, some children are exploited and many families cannot afford to send them to school. Kenya, which has 1.9 million orphaned and vulnerable children, is now subsidising about 9,500 families that have taken in orphans, on condition that they go to school, and intends to extend financial support to 29,000 families.

But children who have HIV in sub-Saharan Africa are likely to die, said MSF. Its doctors are struggling with unsuitable and expensive medicines to treat them. "Only 5% of those in dire need are getting treatment," said the organisation's Tobias Luppe.

FACT SHEET: BASIC INCOME GRANT

About five million people are infected with HIV in South Africa. AIDS is killing approximately 600 people a day. The HIV/AIDS epidemic is without doubt one of the biggest challenges for South Africa's reconstruction and development after the apartheid. A Basic Income Grant (BIG), a social grant of R100 a month for every South African (i.e., for example, R600 per month for a household consisting of six members), will greatly assist people living with HIV/AIDS and their families, including orphans and vulnerable children.

HIV/AIDS and Poverty: A Vicious Circle

There is a strong correlation between HIV prevalence and poverty. Poverty increases people's vulnerability to HIV/AIDS by increasing their likely exposure to unsafe sexual practices. Migrant workers, most of whom are from poor households, are often at greater risk because they cannot live with their families.

Some children see sex work as the only possible means of survival. Poor women and children living in overcrowded households are in greater danger of being sexually assaulted. Poverty can prevent women from gaining information about or access to means of protection, and it can further reduce women's ability to negotiate about condom use with sexual partners.

In turn, HIV infection compounds poverty. Studies have shown that households affected by HIV/AIDS are significantly poorer than non-affected households. A case study in the Free State shows adult equivalent per capita income in affected households represents only between 50% and 60% of the level of income in non-affected households. In another study, two thirds of AIDS-affected households reported a fall in income. This drop of income was exacerbated by the fact that most of the households studied were already poor: 44% of surveyed households were surviving on less than R1000 a month.

Household income can fall if household members lose their jobs due to illness or if they have to give up jobs to take care of the sick. Diminished income is often coupled with increased expenditure, particularly on medical care and funerals, further impoverishing the affected households. As a result, less money is spent on food, which leads to higher rates of malnutrition and increases the danger of contracting opportunistic infections. Children are often taken out of school to assist in caring for the sick or to earn supplemental household income; this cuts their education short, reduces their future employability, and increases their vulnerability to the HIV/AIDS in future.

Policy interventions to address the HIV/AIDS crisis must break the vicious circle of HIV/AIDS and poverty through effective poverty reduction initiatives, just as they must also prevent new infection and provide appropriate treatment and care for people living with HIV/AIDS.

As early as 1994, the government recognized how poverty, inequality, migrant labour and gender subordination all contribute to higher HIV transmission in poor communities (National AIDS Plan). The government's HIV/AIDS/STD Strategic Plan in 2000 again stated a commitment to addressing poverty and other socio-economic factors.

Current Social Security Provision for Households affected by HIV/AIDS

Social grants, especially the Old Age pension (R700 a month), significantly reduce poverty in the recipient households. Currently there are 3.6 million individuals receiving social grants, of which 1.9 million are receiving Old Age pension. However, 11.8 million of the poorest 23.8 million South Africans - including many people living with HIV/AIDS - still live in households that receive no social grants. Despite of the huge needs of the individuals and households affected by HIV/AIDS, the current social security provision is far from sufficient.

Disability Grant

Adults (18 years or older) living with HIV/AIDS are eligible for the Disability Grant (R700 a month) only in the advanced stages of the disease, when their CD4 cell count falls below 50. However, there is sufficient evidence to recommend earlier intervention in relation to medical treatment and nutritional needs. Moreover, even those who are eligible often have difficulty in accessing the grant due to the complicated application procedure.

Grants for Children

Currently there are an estimated 300,000 AIDS orphans in South Africa. By 2015, their numbers are likely to swell to almost 2 million. Under the current social security system, however, there is no social assistance specifically intended for orphans. The Foster Care Grant (R500 a month) can be accessed by a child's carers if they are legally foster parents. However, the legal process to become foster parents is extremely lengthy and cumbersome. Thus, those caring for AIDS orphans who are members of their extended family are not often able to access the grant.

The scope of the Care Dependency Grant (R700 a month) for disabled children (up to 18 years old) is also limited, as it is only for those "who due to their severe mental and/or physical disability, need full-time care".

Children with moderate disability or chronic illness (including HIV/AIDS) are excluded. Some HIV positive children receive the Care Dependency Grant when they reach the later disabling stages of the illness. However, in most cases the assistance comes too late as young children with HIV often die quickly if they are not supported with correct nutrition and health care.

The Child Support Grant (CSG, R160 a month) for children under the age of 9 years is so far the most accessible grant for children. Although take up rates have been low, the government and NGOs are undertaking a national campaign to register more children. The recently announced gradual extension of the CSG up to 14 years old is certainly good news, but falls short of the recommendation by the Taylor Committee that CSG be immediately extended to all children up to 18 years old (i.e., without a means-test).

The BIG is the answer

There is an obvious need to reform existing grants to provide more appropriately for people living with HIV/AIDS and other special needs. It is also important that all persons eligible for existing grants be registered. Although it is possible to imagine a targeted intervention, this would not be sufficient to address poverty in general. A much more comprehensive and effective approach would be to introduce a universal, non-means-tested Basic Income Grant to prevent people from falling into destitution even if they do not have access to other grants.

A BIG would ensure that households have a small, but regular income with which to buy nutritious food. This is especially important to maintain the health of people living with HIV/AIDS. It will also reduce the need for children to drop out of school, and diminish the burden on households that take care of AIDS orphans. A BIG can help to break the vicious cycle of HIV/AIDS and poverty and reverse the trend of the HIV/AIDS crisis in South Africa.

Register for social grants by contacting your nearest Welfare Office or call **0800 601 011** (toll free number for Department of Social Development). If you need any assistance, contact the Black Sash Advice Office in your area.

You can contact the BIG Coalition at (021) 461-7804

References

Booysen, F le R, "HIV/AIDS and Poverty: Evidence from a Household Impact Study conducted in the Free State province, South Africa," paper presented at DPRU Conference, Johannesburg, 22-24 October 2002.

Hitting Home - How Households Cope with the Impact of the HIV/AIDS Epidemic: A Survey of Households Affected by HIV/AIDS in South Africa, The Henry J. Kaiser Family Foundation, October 2002.

Below are statistics of AIDS orphans collated by the AIDS Committee of Actuarial Society of South Africa and downloaded from the following web site:
http://www.assa.org.za/scripts/file_build.asp?id=100000213&pageid=1000000050

Summary of the definitions used:

- ASSA 2000 - maternal orphans less than 15 years
- ASSA 2002 - maternal orphans less than 18 years
- ASSA 2003 - maternal orphans less than 18 years

	EC	FS	GP	KZN	LP	MP	NC	NW	WC	ZA
AIDS orphans										
2000 ASSA2000 change/no change	10 654	6 238	16 384	37 683	8 806	11 868	683	7 147	1 876	124 989
2002	38 222	20 854	58 100	120 167	30 498	36 541	2 672	24 645	7 133	338 932
2004 ASSA2002	-	-	-	-	-	-	-	-	-	626 000
2005 ASSA2000 change	-	-	-	-	-	-	-	-	14 682	684 364
2005 ASSA2000 no change	75 038	36 913	104 449	202 277	57 898	59 098	5 474	45 084	-	685 354
2006 ASSA2003	124 055	69 265	203 287	360 026	78 569	106 895	7 884	78 262	29 830	1 018 548
2007 ASSA2003	148 125	81 572	243 785	416 347	94 208	123 233	9 579	92 749	36 677	1 201 675
2010 ASSA2000 change	-	-	-	-	-	-	-	-	44 358	1 502 457
2010 ASSA2000 no change	219 634	89 647	245 470	437 651	157 259	124 073	16 571	112 708	-	1 531 229

EC: Eastern Cape **FS:** Free State **GP:** Gauteng **KZN:** KwaZulu-Natal **LP:** Limpopo **MP:** Mpumalanga **NC:** Northern Cape **NW:** North West **WC:** Western Cape **ZA:** South Africa