

TERRAVIVA

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Regional Parliamentary Workshop Children and AIDS: The Social Protection Response



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Children and AIDS: The Social Protection Response and the Role of Parliamentarians.



Members of ten parliaments from East and Southern Africa will meet in Windhoek from 20-22 October for a regional gathering on child sensitive social protection. It is an important event. In a region, where 9.7 million children have lost one or both parents to HIV and AIDS, and millions more have seen their childhood altered by the harsh economic and social consequences of the HIV pandemic, social protection policies

can make the difference between going to sleep with a full or empty stomach, spending the day in a classroom or dropping out and between staying healthy or being sick.

Parliamentarians – representing the citizens of their country and tasked with the responsibility of shaping laws, policies and regulations as well as influencing budget allocations and holding governments accountable to their commitments and obligations – play a critical role.

The potential of social protection schemes such as cash transfers in Africa are finally beginning to be realised. Mounting evidence from existing projects and policies demonstrate that they do have a measurable and significant impact. Safety nets for the poorest, especially children, are no longer a policy tool reserved for the rich developed countries. They are also affordable in Africa.

In this region there are plenty of examples of cash transfer programmes, removal of user fees in health and education and other social policy interventions that are not just alleviating the worst impact of poverty and the devastation caused by more than two decades of HIV and AIDS, but that are also playing an important role in preventing new HIV infections.

The benefits of child sensitive social protection are not just to the individual child or their families but also serve to mitigate the worst extremes of inequity that breed social tension and

instability. They can be an important instrument to help to forge a fairer more just society that cares for its most vulnerable and marginalised – particularly in Southern Africa, the region most affected by HIV and AIDS which at the same time has the highest levels of income disparities between the poorest and the richest.

African Governments have already signed on to declarations and commitments to make social protection a priority in national strategies and budgets.

The Livingstone Accord, signed by 13 governments in 2006 under the auspices of the African Union, agreed that social protection strategies should be a priority. This was followed by the Social Policy Framework for Africa, developed in Windhoek in 2008 which signaled increased support by the African Union. The Southern African Development Community also recently finalized its Strategic Framework for Orphans and Vulnerable Children and Youth, which provides a further roadmap for providing basic services to these often, excluded groups.

But without the pressure from civil society and the work of members of parliament to engage their constituents in public debate to shift these commitments into concrete action, the tangible and large scale benefits of social protection will never be realised.

The Inter-Parliamentary Union and UNICEF have a long standing global partnership to promote a child rights agenda amongst parliamentarians. This regional parliamentary workshop, hosted by the Namibian Parliament, and focused on social protection, comes at an opportune moment.

The financial crisis has added to the fiscal constraints of governments, yet it has also clearly highlighted the role social protection can play in protecting the most vulnerable, reducing inequity and building social cohesion. The workshop aims to not only explore the benefits of child-sensitive social protection schemes in the context of HIV and AIDS but also to emphasize the crucial role parliamentarians can and must play to scale up social protection in the region.

A message from the Inter-Parliamentary Union, UNICEF and the Namibian Parliament.

TERRAVIVA

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Front page picture caption: In 2008 in Zimbabwe, children dance at a school in Harare, the capital. UNICEF assists the school and its AIDS club, an extracurricular programme that promotes HIV/AIDS awareness and prevention and supports children affected by HIV/AIDS.

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Sub-Saharan Africa continues to register high levels of HIV prevalence. By focusing on the most vulnerable and marginalised children who remain largely invisible in the epidemic, "Children on the Frontline" seeks to ensure that it can help shape policies and inform Africa's leadership on the specific needs and issues facing children effected and affected by HIV/AIDS. With support from UNICEF, IPS Africa reporters in East and Southern Africa seek to humanise the impact of the HIV/AIDS pandemic by demonstrating challenges and highlighting solutions that can contribute to improving children's lives. Visit the project website for updates.
http://www.ipsnews.net/new_focus/children-frontline/index.asp

Small Amounts of Cash Make a Big Difference



Social cash transfers could reduce dependence on food aid in Southern Africa.

Pic: Busani Bafana / IPS

By Busani Bafana

TSHWANE, South Africa - After being diagnosed HIV-positive Margaret Bikyele could not even manage the simplest of household chores, let alone being able to work to generate an income for her and her two sons.

Since her diagnosis in 2005 and in the years that followed, the Bikyele family's prospects in life had looked bleak. That is until Bikyele became the recipient of a social cash transfer scheme in 2007 and began receiving 10 dollars a month.

The small amount of extra money made a world of difference to Bikyele. It meant that Bikyele, who is from Lilongwe, Malawi, could now pay for transport to the nearest health centre to receive free antiretroviral therapy. The therapy has greatly improved her health and she once again has the strength to work and support her family.

And now her sons can attend school as well. "The cash transfers have renewed my hope in the children's future. In the past I could not (afford to) send them to school. Today I am able to send my kids to school with food in their stomachs, and books in their hands. I know that with proper education they will be fine," said Bikyele of her children's future without her.

And with an estimated 15.2 million children worldwide having lost one or both parents to HIV/AIDS to date, social protection is one of the solutions that has shown to make a difference in their lives.

While the world took stock of the Millennium Development Goals (MDGs) at the United Nations meeting on MDGs on Sep. 22, development and research organisations point out that small cash transfers are making a big difference for poor and vulnerable groups.

But only a few Southern African countries will be able to halve extreme poverty, according to the Regional Hunger and Vulnerability Programme (RVHP). The organisation says social cash transfers remain the last window of opportunity to eradicating poverty when other programmes have failed.

The RVHP, together with the Southern African Development Community Parliamentary Forum (SADC PF), and the Studies in Poverty and Inequality Institute co-hosted a high-level policy dialogue on Eradicating Extreme Poverty and Hunger in Southern Africa in Tshwane from Sep. 16 to 17.

The two-day dialogue looked at the role of social protection as a way of eradicating extreme poverty ahead of the U.N. meeting on MDGs.

According to the coordinator of the Grow up Free from Poverty Coalition, Angela Penrose, one criticism of social transfers has been the general feeling that giving cash causes dependency and that people will misuse it.

"We are finding (that) evidence is increasing all over Africa that small injec-

tions of cash really make an incredible difference, not just to individuals, but to the community and the economy as a whole," Penrose told IPS.

"Why shouldn't people be able to use money intelligently to buy food, help their children get to school, get on the bus, buy good clothes (and) get a job?"

Penrose said small amounts, varying from 15 to 25 dollars a month, have been proven to make an impact on communities, especially on vulnerable groups such as children with HIV/AIDS and the elderly.

According to RVHP, South Africa and Lesotho have succeeded in helping their citizens out of hunger and poverty using instruments such as old age pensions and child grants and have shown that small regular amounts of cash in the hands of the poor can make a huge difference.

In South Africa, the government introduced the Child Support Grant of about 28 dollars, which is given to any adult who takes care of a child under the age of 14 years. The country's Foster Care Grant is given to foster parents and the Care Dependency Grant is for people who care for children who have disabilities, are seriously ill and need special care all the time.

The Lesotho Old Age Pension has helped address chronic poverty and vulnerability in the country because it reached all citizens over the age of 70. The high number of HIV/AIDS-affected children living with older people who did not have a secure income motivated the introduction of the pension in 2004.

"While cash transfers alone are not the solution, they can be an important element of an overall care package for children," A 2008 Working Group Report on Social Protection for the Inter-Agency Task Team (IATT) on Children and HIV and AIDS said.

The report highlighted that regular, predictable cash transfers can have a long-term positive impact on children affected by HIV/AIDS as well as on families.

Parliamentarians have a key role in advocating for social protection as social and economic development remains a key priority in Southern Africa, said SADC PF Secretary-General, Esau Chiviya.

"Up until now, the MDG initiative has been running for 15 years and to this day only two of the 13 Southern African states are likely to achieve the first MDG - which is to halve the level of extreme hunger and poverty. And those are South Africa and Zambia," RVHP director, John Rook, told IPS.

"The question is not really if this will happen but when it will happen. And the challenge we have at the moment is to make that process happen today (rather) than tomorrow."

Stronger Will Needed from Governments to Save Poorest Children

By Susan Anyangu-Amu

NAIROBI, Kenya - "Herding goats is tough with the thirst, sun, loneliness and hunger each day. And it can last forever. You herd as a girl, then as a wife, as a pregnant woman, as a mother and even as a grandmother," says Rukia Ibrahim whose 13-year-old younger sister was married off to a herdsman.

Ibrahim comes from a poor nomadic family in North Eastern Province in Kenya. It is a region that has a significant shortage of qualified professionals and where, between 1991 and 2005, only two girls from the province attended degree programmes at state universities. It is also a province where a high level of apathy towards girls' education by both parents and primary school girls exists.

But a life of herding goats is not what Ibrahim wants. And in order for her and other disadvantaged children around the world to have a better future, governments and aid agencies need to invest first in the poorest and most disadvantaged children and their communities.

This is according to two global reports on the state of the children released by the United Nations children's agency (UNICEF). The report states that countries can achieve the Millennium Development Goals (MDGs) for children quicker this way.

The UNICEF reports titled 'Narrowing the Gaps to Meet the Goals and Progress for children: Achieving the MDGs with Equity', unearthed glaring disparities among children born in poor families compared to those from richer families in sub-Saharan Africa and South Asia.

The reports state these widening disparities will derail the achievement of MDGs and governments will need to refocus their investment priorities to focus on those who need it most in order to

change the odds facing the world's most disadvantaged children.

Ibrahim is one of those children able to benefit from such an investment that will lift her from the cycle of poverty. She is a beneficiary of a scholarship program for bright and needy girls.

The program, started in 2006 by UNICEF and the ministry of education, aims to address the low performance of girls in schools in North Eastern Province. Since its inception, the scholarship program has admitted 300 girls, thus increasing the transition rate of girls from primary to secondary school.

While between 1991 to 2005 only two girls from North Eastern Province joined regular degree programs at state uni-

versities, of those who sat for final year school exams in 2009, 59 percent scored a grade of C+ and above - which is the requirement for joining a state university.

For Ibrahim, the oppor-

tunity to receive an education has been profound difference. She says seeing her sister get married at such a young age gave her a clear picture of what her destiny would be like if she did not have an education. "Education has an end which could lead to better livelihood... so I have decided to give my very best to books (studying) to change my future," the grade 10 pupil says.

But a stronger commitment from governments is needed in order to effect change. Hellen Tombo, Pan African advocacy advisor for Plan International - a children's organisation working with communities in 48 developing countries to alleviate child poverty - says in sub-Saharan Africa a lack of political will and

bad governance is hindering the achievement of MDGs aimed at children.

"Heavily rooted, biased, traditional attitudes on age and gender are delaying the emancipation of children and women and our governments are not responding well," Tombo says. Edward Ouma, chief executive officer of Children's Legal Action Network - a non-governmental organisation working to promote high quality legal aid services that improve the lives of children, agrees. He says governments in sub-Saharan Africa have focused on the wrong priorities such as heavy spending on military to the detriment of the health sector, education and infrastructure such as roads and hospitals.

"Countries in sub-Saharan Africa need to invest heavily in the education sector. This is in order to increase access to all children, especially the poor. They also need to invest in poverty reduction and come up with initiatives such as direct cash transfers to vulnerable families," Ouma says.

Tombo says national budgets, plans and policies need to cater for the MDGs that still lag behind, like maternal health. "We need girl-friendly schools with safe learning environments and gender-sensitive curriculums. Countries such as Rwanda and Ghana have been very strategic and prioritised women empowerment and gender equality...they have outlawed child marriages and enforced compulsory school attendance," she says.

For example, Tombo says, additional meals have been provided in schools in Rwanda and Ghana. Costs like examination fees and uniforms have been scrapped. Special schools have been set up for children from marginalised communities like the mobile schools for pastoral communities in Northern Kenya and Uganda.

Ethiopia has also focused on its health sector by increasing the number of community health workers to 30,000, says Michael Klaus the regional chief of communications UNICEF Kenya.

“

Education has an end which could lead to better livelihood...so I have decided to give my very best to books (studying) to change my future”

Free Maternal and Child Care Needed From Government



Pic: Claire Ngozo/ IPS

By Busani Bafana

BULAWAYO, Zimbabwe - Mother-to-be Agnes Ncube budgets up to 100 dollars each month from her informal roadside business just so she can pay for the maternal services at her local government clinic.

Ncube usually pays a maximum of 20 dollars for each consultation, depending on the service. But sometimes there are other costs that emerge, such as a referral – usually to a private doctor – where she has to pay cash upfront for a consultation.

Even though the City Council Clinic is a government facility, Ncube has to pay for each consultation because currently the Zimbabwean government does not provide free maternal care. This is because the money is needed to resuscitate a health care system that has been dysfunctional after years of underinvestment and massive staff exodus.

"I think maternal services should be provided freely for unemployed mothers-to-be," Ncube said. "At times it is difficult to meet the cost of such services when you do not have a job and depend on selling tomatoes or some informal trade."

Bulawayo's government clinics charge a fee of about 83 dollars, a figure many expecting mothers can ill afford. These costs have been attributed to one of the contributing factors to the country's high maternal mortality rates. According to the Zimbabwe Maternal and Prenatal Mortality Study of 2006, the country has one of the highest rates of maternal mortality estimated to be 725 deaths per 100,000 live births.

"The cost for maternal care is not affordable to many. And many women opt to give birth at home and often there are complications, some fatal, especially when they have no assistance," Sipiwe Ndlovu, a midwife, told IPS.

But the ministry of health and child welfare hopes to save the failing system and, most importantly, to curb child and maternal mortality rates.

On Oct. 8 the Zimbabwe government revealed the 'Zimbabwe Health Sector Investment Case (2010 – 2012): Accelerating progress towards the

Millennium Development Goals' which outlines plans designed to: provide access to health services to the poorest citizens; ensure safe motherhood; and save lives.

The report launched by the Deputy Prime Minister, Thokozani Khuphe, outlines the 700 million dollar investment needed for Zimbabwe to meet the Millennium Development Goals, particularly those on reducing child mortality and improving maternal health. The investment plan is backed by the United Nations Children's Fund and the World Health Organisation.

In the last decade as Zimbabwe witnessed a dramatic decline in primary health care services it led to a striking increase in maternal and child mortality. Currently one in three children are stunted, 100 children die daily due to easily preventable diseases while maternal mortality is more than double what it was in 1990.

According to the ministry of health and child welfare, the costs of health care are shifting to the end user as health institutions struggle to survive, keeping even the most basic services out of reach of the poorest people. For example, to deliver a baby in an urban public facility costs between 10 and 50 dollars.

The percentage of deliveries attended by trained medical personnel has declined over the last 10 years. And the poorest mothers are the ones who bear the brunt of this. The number of trained medical personnel attending births of poor women has dropped by 30 percent.

This, the ministry said, has directly contributed to the increase in maternal deaths as many poor rural women, unable to afford the government clinic fees, end up delivering at home. This has put them at risk of death and other serious complications.

Preliminary estimates indicate that 20 million dollars will be urgently required per annum to abolish user fees.

"The Inclusive Government of Zimbabwe has committed that by the end of 2011, no pregnant woman or child under five will be deprived of their right to health care because they cannot afford the fees," said Khupe at the launch of the investment report in Harare.



Welfare of Poverty-Stricken Families Depends on New Policy

By Dingaani Mithi

LILONGWE, Malawi - For HIV-positive Tereza Chatsilizika, the monthly cash grant of 10 dollars she receives means that she can educate her disabled daughters and put food on the table. Chatsilizika lost her husband in 2000 to an HIV-related illness, only to be diagnosed with HIV a few years later. Since then she has struggled to look after her two daughters, Aida, 14, and Eneless 12. Both girls are suspected of having contracted polio and as a result cannot walk.

"Both of my children were not able to go to school and there was very little food on the plate," says Chatsilizika.

But when a social cash transfer programme was piloted in her home district of Mchinji in 2006, life changed for Chatsilizika and her children.

The monthly cash grant of 10 dollars meant that both girls could attend school and even hire someone to push them there in their wheelchairs. "With the cash grants, both of my children have now re-entered school. My girls hope to do office work and eventually become top officials," says Chatsilizika.

Since the 2006 introduction of a social cash transfer scheme by the United Nations Children's Fund (UNICEF), National AIDS Commission (NAC) and the Malawian ministry of economic planning and development cooperation, thousands of Malawians like Chatsilizika have benefited. However, experts caution that the Malawian government's delay in endorsing a draft social protection policy could place all current and future cash transfer programmes at risk.

Through the scheme, some 16,810 individuals from 4,106 households in Mchinji, Likoma Island, Salima and Machinga districts have benefited. In addition, government and UNICEF hope to reach 300,000 households with 900,000 children in all 28 districts of the country by 2015.

However, the lack of government guidelines on administering the grants has led to cases where households that are not in need have become beneficiaries.

A monitoring and evaluation study conducted by NAC discovered that the district council in Salima erred and ended up offering cash transfers of 16 dollars to households that earned significant salaries instead of orphans and the



Esnaro Kunika's grandchildren enjoy games and dance together in a circle while Esnaro and another of the children look on. Esnaro provides for 10 of her grandchildren who were orphaned when their parents died of AIDS.

UNICEF/NYHQ2006-0942/Giacomo Pirozzi

poverty-stricken. As a result about 5,000 orphans still have not received the support initially intended for them.

"The district council really made a mistake in the identification of beneficiaries. It was found that teachers, who are not poor, have been benefiting from the social cash transfer programme," said Blessings Nkhoma, the Salima district council planning and development coordinator.

It is not clear when the NAC will lift the suspension of the programme in the district.

But donors feel that with the appropriate policy in place, errors like this will be avoided. Currently the Malawian government is yet to endorse a draft social protection policy which provides guidelines to reducing poverty and providing poor households with welfare.

A social protection expert at UNICEF Malawi, Tayllor Spadafora says government needs to sustain the social cash transfer programme by endorsing the social protection policy through cabinet which, if not done, could scare donors away.

"Development partners are willing to support and contribute funding as long as there is government commitment, (they) also depend on it to provide fiscal support for sustainability," says Spadafora.

According to Blessings Chinsinga, a development expert based at the University of Malawi, the lack of a policy makes it difficult for government to be accountable. He adds that the policy formulation process was donor driven, led by the World Bank and Department of International Development, and government needs to start debating it.

"Politicians are yet to be engaged in the process. Neither the lower level government structures nor the grassroots have been consulted or meaningfully involved in the process as yet," says Chinsinga.

Meanwhile, Ernest Chikuni, district social welfare officer in Mchinji district supports the continued existence of the social cash transfer programme.

"It does not make people lazy, in fact the beneficiaries know how to budget the cash, they do not mis-use the resources," says Chikuni.

Vulnerable children get a helping hand



Ntsebeni Tlokotsi is one of the first 5,000 beneficiaries of Lesotho's new child grant. *Pic: Letuka Mahe /IPS*

By Letuka Mahe

MASERU - Fifteen-year-old Ntsebeni Tlokotsi* sighs with relief as she is given 140 dollars. Along with it she receives a bag of maize meal and cooking oil. It is a government handout, and she qualifies for this only because both her parents are dead.

Tlokotsi's mother died four years ago, and her father in August 2009. Both were HIV positive.

In the face of growing vulnerability and chronic poverty among its children, the Lesotho Government launched in 2009 a child-grant programme. Tlokotsi is one of the first 5,000 beneficiaries.

Tlokotsi has been living with her aunt Tisetso (23) in Semonkong in the Maseru district. It is some 130 km and three hours of hard driving on a poor gravel road from the country's capital.

“We should regard this effort (by UNICEF and the EC) as a temporary measure, and an encouragement for us to start helping these orphans ourselves”

The difficult access to Semonkong is a hindrance in providing services to the community. Semonkong, like many rural areas, has very limited health care, with only three clinics. The government and Roman Catholic Mission clinics are both free, while the private clinic is not.

This hard-to-reach district is one of the three areas of Mafeteng, Qacha's Nek and Maseru where the programme will be piloted.

One local council was selected in each district based on its proximity to services; the number of orphans and

vulnerable children who live there; and the area's level of development. The government programme also receives financial assistance from the European Commission (EC) in collaboration with the United Nations Children's Fund (UNICEF).

It gives beneficiaries an unconditional quarterly payment of about 46 dollars. Through the World Food Programme, commodities such as maize meal, cooking oil and pulses are also provided.

A dollar in Lesotho can only buy a loaf of bread, or a can of soft-drink. But for Tlokotsi, 46 dollars every three months helps. Because the programme

is officially in its third quarter, children in Semonkong also received a back payment for the first two quarters bring their first payment to about 140 dollars.

“It makes some difference in our lives as there is nowhere we could receive any form of cash to make our lives better,” she says.

But there remains concern for how long the orphans and vulnerable children in Lesotho can expect handouts from donors. Semonkong's chief, Morena Mathibeli, says Basotho communities should devise their own sustainable projects to support these children, without relying on donors.

“We should regard this effort (by UNICEF and the EC) as a temporary measure, and an encouragement for us to start helping these orphans ourselves,” he says.

The ministry of health and social welfare says the main objective of the programme is to assist the ever-increasing number of children affected by HIV/AIDS. National AIDS Commission statistics show that the number of AIDS orphans in Lesotho has increased from 108,000 in 2007 to 120,000 in 2009.

“We expect to reach a total of 60,000 orphans and vulnerable children through grants, counselling, guidance on safety measure against HIV/AIDS, as well as decreasing food insecurity,” says the ministry's deputy principal secretary Moliehi Khabele. Khabele says the aim is to ensure that, at the very least, each child attends school and has three meals a day.

High levels of poverty, chronic food insecurity and the high prevalence of HIV have seriously endangered the children of Lesotho. Many leave school early to look after their siblings, or fend for themselves after their HIV positive parents die.

Tlokotsi was fortunate she had family to rely on after her parents passed on.

“I do not know how long we are going to survive this way, and I do not know how long my uncles will keep supporting me with (school) fees,” she says.

So there is no doubt the child grant will help pay for her school fees and other necessities. And Tlokotsi says she is glad for the extra money. With it she can buy herself a second uniform. She will no longer have to use the same one every day.

*Not her real name

More Mothers Survive Childbirth



A baby sleeps in his mother's lap in the health centre in the town of Cacuaco, about 18 kilometres from Luanda, the capital. The health centre provides essential drugs, routine immunization, growth-monitoring and other services. UNICEF provides vaccines and vitamin A (to boost children's immunity), immunization cards for children and women, and cold-chain and other equipment for health centres, and supports routine and mass immunization campaigns.

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By Louise Redvers

LUANDA, Angola - As darkness falls on a cool evening in Luanda, a group of women sit huddled under threadbare blankets outside one of the city's few maternity hospitals. "I have to be here," Paula Silva, 45, said, shivering slightly.

Silva's daughter was inside the hospital while Silva waited outside in case she got a message that they needed a medication (which was not in stock at the hospital) that she might need to buy at the pharmacy over the road.

"I also have to take in some food (to her daughter), otherwise my daughter will get nothing to eat." The hospital has inadequate catering.

Silva gave birth to most of her children without any medical assistance. One was stillborn, and another died at six months. She is lucky to be alive after complications during her last pregnancy.

Nine years ago Silva may not have been so lucky. Preliminary results of a government study yet to be finalised, Inquerito Integrado Sobre o Bem Estar da Populacao (IBEP) or Well Being Survey, shows that both maternal and child mortality have decreased since 2001.

Angola, which lived through three decades of civil war that ended in 2002, may be rich in oil and diamonds and have one of the fastest growing economies in Africa, but the country struggles to supply basics like water, sanitation and electricity to its people.

However, the Well Being Survey shows that some progress is being made.

Compiled from interviews with 12,000 families across the country, it analyses results according to levels of education, age and sex and looks at the differences between life in rural and urban areas. It is the most comprehensive set of social statistics to be compiled about Angola since 2001 (before the end of the war) and it has been welcomed by policy makers.

The report was compiled by Angola's Ministry of Planning and National In-

stitute of Statistics, and supported by the United Nations Children's Fund (UNICEF) and the World Bank.

The good news of the survey showed that maternal mortality has fallen to 600 deaths in 100,000 live births, compared to 1,400 in the last count in 2001, and the overall child mortality rate is down to one in five from one in four.

According to the IBEP two-thirds of expectant mothers had at least one pre-natal consultation with a health attendant during their last pregnancy but less than 50 percent of births were in health facilities or attended by a qualified health worker.

Allan Cain, head of the NGO Development Workshop, which specialises in urban poverty issues, said the study was "remarkable". He praised the government's "honesty" in reporting frank statistics like the fact that 90 percent of the urban population were living in unsuitable conditions and revealing the extent of the gap between the rich and the poor. According to the report the 20 percent of the "most rich" had an income which was 19 times that of the 20 percent "most poor".

Hans Lunshof, Chief of Social Policy and Child Protection for UNICEF in Angola, added: "It gives a clear indication about where the poverty is, the different poverty factors, therefore it will be very helpful in developing policies and implementing policies that better target the poorest and the most vulnerable."

The IBEP notes that just over 36 percent of the country live in poverty, although this figure is higher in rural areas - around 58 percent. This is a significant reduction from the former World Bank estimate that two-thirds of Angolans live in poverty.

"There have been significant improvements since 2001, the time of the last data collection. Some of the economic development has trickled down and we can see that from the results of this survey," Cain said, but added there remain big challenges ahead.

Trauma of Children Caring for HIV-Positive Parents

By Laure Pichegru

JOHANNESBURG, South Africa - Nine-year-old Nomasonto* had no choice but to switch roles with her mother and care for the HIV-positive woman who gave birth to her. Instead of worrying about homework and going out to play with her friends, Nomasonto's daily concerns were now a matter of life and death.

Suddenly the child had to wash her mother, change and feed her. She even had to take her ill mother to hospital for checkups and to collect her medication.

Nomasonto cared for her mother until she was 10. That year her mother died of an AIDS-related illness. It is now four years later, but when she still remains traumatised by suddenly having to care for her parent.

But sadly Nomasonto is not the only child in South Africa traumatised after being forced into the role of becoming a care-giver to HIV-positive parents. According to the preliminary results of a pioneering study conducted by Oxford University's researchers in South Africa, children caring for parents sick with HIV/AIDS report similar levels of psychological distress as those orphaned by AIDS.

The study is being conducted across the country in collaboration with three South African universities, a number of NGOs, and with the support of the South African government.

By interviewing 6,000 children and teenagers, and 1,500 adults, parents or guardians who live with them, researchers are investigating the educational, mental and physical health of children taking care of HIV-positive relatives.

The Young Carers South Africa Project aims to build a database to inform governments, NGOs, hospital staff and social workers about

the needs of these children and identify potential areas of intervention.

"There has been much work on AIDS-orphaned children in the past decade, but these particular groups of children, whose parents are still alive but sick, are very little understood," said Dr. Lucie Cluver, project leader, whose doctoral research at Oxford's Department of Social Policy and Social Work has led to the national study.

Cluver said it was really important that policies and programmes are based on accurate information, so that issues can really be addressed. "We didn't even know whether these kids were more at risk, or what kind of risks they had, or what we can do to help them."

“
At school, when I made a mistake or was late, because I have had to take care of my mother, the teachers used to hit me”

According to the study these children face significant hurdles. When Nomasonto was caring for her mother, she was still required to

attend school daily.

"At school, when I made a mistake or was late, because I have had to take care of my mother, the teachers used to hit me," Nomasonto said. "I tried to explain to my teachers that my mother was sick but they did not want to listen to me."

Eventually she had to drop out of school because the burden of caring for her mother. Nomasonto is now HIV-positive after being raped by her uncles and two of her elder sister's boyfriends. She has since been informally adopted by a welfare worker.

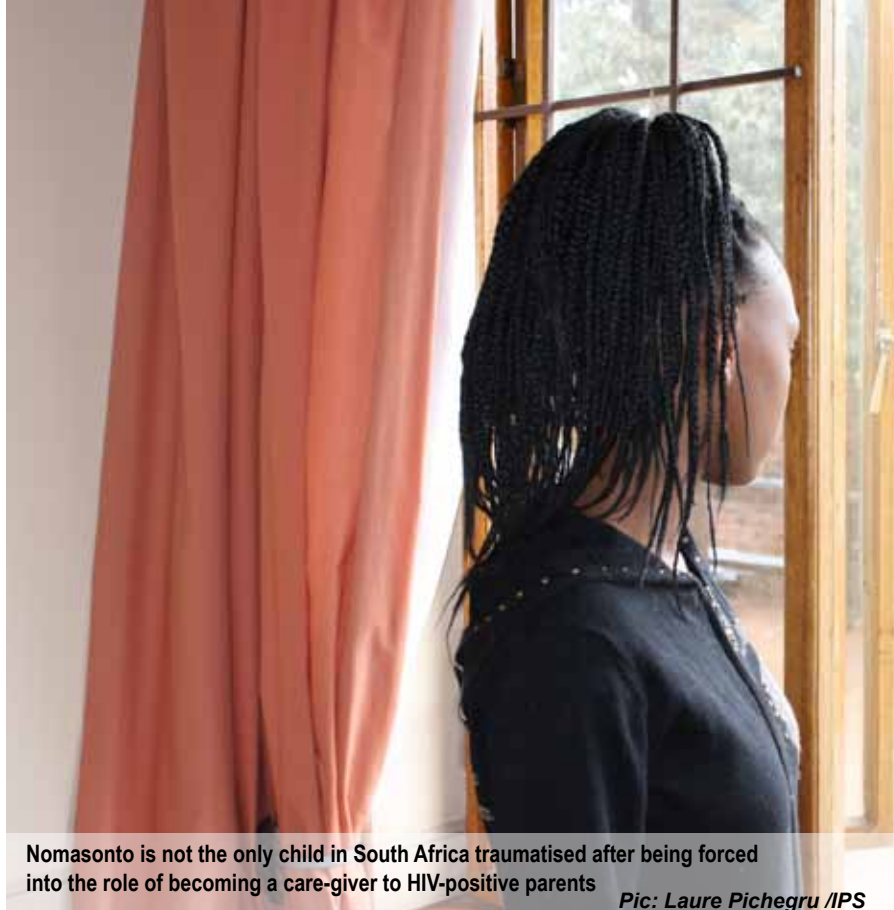
Previous research reveals that a quarter of children caring for adults with AIDS provided over three hours of care per day. Nearly a third of the children said they helped adults to the toilet, cleaned wounds or dealt with soiled bedclothes.

"Aside from these physical demands, we have indications that the emotional demands are more lasting. In particular, should a parent pass away, this may lead these children to believe that they have contributed to this, impressing on them a sense of guilt that is unwarranted," said Johriaan de Beer, the chief executive officer of Tholulwazi Uzivikele, an NGO which works with orphans and vulnerable children.

One major part of the Young Carers study is to determine whether a parent becoming sicker with AIDS can be directly linked to the children feeling more depressed or more traumatised. According to Cluver, stigma associated with AIDS is one of the major causes of the children's distress.

The study will be completed in 2011.

*Names have been changed.



Nomasonto is not the only child in South Africa traumatised after being forced into the role of becoming a care-giver to HIV-positive parents

Pic: Laure Pichegru /IPS



Government is failing to provide free HIV treatment for many poor people and children according to NGOs.

Governments Failing to Take the Threat of HIV Seriously

By Chris Stein

JOHANNESBURG, South Africa - Experts worry that African governments are failing to take the threat of HIV seriously enough by not dedicating enough of their resources to prevention of mother-to-child transmission (PMTCT) efforts.

For Graça Machel, Chair of the Campaign to End Pediatric AIDS (CEPA) Council, the struggle to stop the spread of the disease is a matter of inequality.

"A child born in a developed country has all the chances for having a full, healthy, long life," Machel said at a CEPA press conference on Sep. 10. "In Africa and Asia, they have much less of a chance."

Machel and other East African council members of CEPA spoke about the challenge of stopping the spread of paediatric AIDS in the continent, which accounts for 90 percent of the world's population of children born with HIV.

While funding remains a key issue in terms of combating paediatric AIDS, the experts were concerned about the lack of progress made on the Abuja Declaration, an agreement signed by African Union member nations to allocate at least 15 percent of their budgets to the improvement of their healthcare systems.

So far only six African countries have met that pledge, according to CEPA. But while African Union countries have fallen short of their pledge, Machel said the issues to curbing the spread of the disease are systemic.

"I think we need to reprioritise," Machel said. "We need to solve the problem of the health system."

Thrifty nations need to be reminded that fighting AIDS will save money in

the long term, said Peter Mugenyi, a specialist in HIV/AIDS and a member of the CEPA Council.

"[Preventing HIV/AIDS] is not a program that is taking money away," Mugenyi said. "It is saving huge amounts of money."

With only five years left to meet the Millennium Development Goals, Machel said progress over the last ten years had been modest, but that was no reason to back down.

"We cannot pledge to do this then five years down the road say we did not," Machel said.

In the face of the inadequate healthcare system in many African countries, Dorothy Mbori-Ngacha, United Nations Children's Fund (UNICEF) Regional Advisor on prevention of mother-to-child transmission for Eastern and Southern Africa, another obstacle to getting expecting mothers to take antiretrovirals is stigma. Education and community are key to ending the stigma of HIV/AIDS, Mugenyi said.

"The crisis is that one of the biggest drives of stigma is fear of death," Mugenyi said. "When people know that the death rate can be reduced, it reduces stigma."

There was reason to be optimistic, Mugenyi said: for the first time in history, recent advances in preventative medicine make it possible for a future generation to be free from HIV/AIDS.

"There was no possibility of having an AIDS-free generation in the past," Mugenyi said. "Now it is here."

Increase in Social Grants Will Benefit Children

By Kristin Palitza

CAPE TOWN - South Africa's children, the country's most vulnerable population group, will benefit through the increase in social grants outlined in the 2010 national budget by finance minister, Pravin Gordhan.

Experts say children will benefit in two ways - through the increase of the Child Support Grant (CSG) as well as the old age pension, which has shown to have a positive knock-on effect for the livelihoods of all members of a family.

The CSG increased to 32.7 dollars per month and was extended to include children up to 18 years from 15 years. At the same time, the old age pension was raised by 9 dollars to 141 dollars per month.

"This move shows government's ongoing commitment to its extensive system of social grants and that social grants have become part of the country's development orthodoxy," believes David Neves, researcher at the Institute for Poverty, Land and Agrarian Studies of the University of the Western Cape.

The age extension means that caregivers of about 2.4 million more poor children will be able to access the grant, according to calculations by the South African Children's Institute, which will help them feed, clothe, house and educate their children.

The latest Department of Social Development statistics show that more than 12.8 million children benefited from the CSG at the end of January 2009.

Regional Hunger and Vulnerability Project policy advisor Josee Koch agrees with Neves that the increase in monthly grant payments is a positive development, but questions what impact it will have on individual recipients.

"Although in terms of fiscal increase it's a significant amount of money, the extra R10 (1.3 dollars) per CSG recipient will be quickly eaten up with very basic necessities," she reckons. "If you take inflation into account, it's virtually no increase at all."

However, Koch suggests that in the currently difficult financial times caused by the global economic downturn, it makes sense to spend cautiously.

Grants have been playing an important role in redistributing wealth in South Africa and proven to be successful in reducing some of the income inequality.

"Although concerns about the misuse of cash transfers keeps coming up, all our evidence suggests that it's not true," says Neves. Quite the opposite is the case, he argues. Grants soften the effects of poverty by improving children's health, reducing malnutrition and enabling better access to schooling, among other benefits.

Children whose parents receive the CSG are on average two centimeters taller than those who do not, says Koch. This indicates that grant recipients spend the extra money on more and better food, because stunting is one of the main results of malnutrition.

Moreover, households that receive a pension have a 12 percent higher work participation rate, Koch explains, which points to the fact that cash transfers free up family members to look for work – and if household income increases, children are generally better off, too.

"Families know very well what they need to spend the grant on," highlights Koch. "Cash transfers are very empowering and have shown to motivate recipients to break the cycle of poverty."

Social grants increase poor people's spending power which, in turn, stimulates the local economy. "For every Rand (0.13 dollars) you pay out in social grants, you gain three Rands (0.4 dollars) in local economy," notes Koch.

Still, there is a lot more that could be done to make sure South African children and teenagers are ensured their rights to education, health and a happy childhood. But when comparing South Africa's welfare system with that of other developing countries in the region, South Africa is clearly making the strongest commitment to social grants.

"This shows that the South African government is on track. Comparatively, its welfare system is fairly proficient," believes George Laryea-Adjel, chief of social policy and economics at the United Nations Children's Fund in South Africa. "There are challenges in some areas, but government is trying hard to decrease operational bottlenecks through action plans and expanding capacity."

About 2.4 million more South African children will benefit from the Child Support Grant.

Pic: Kristin Palitza /IPS

