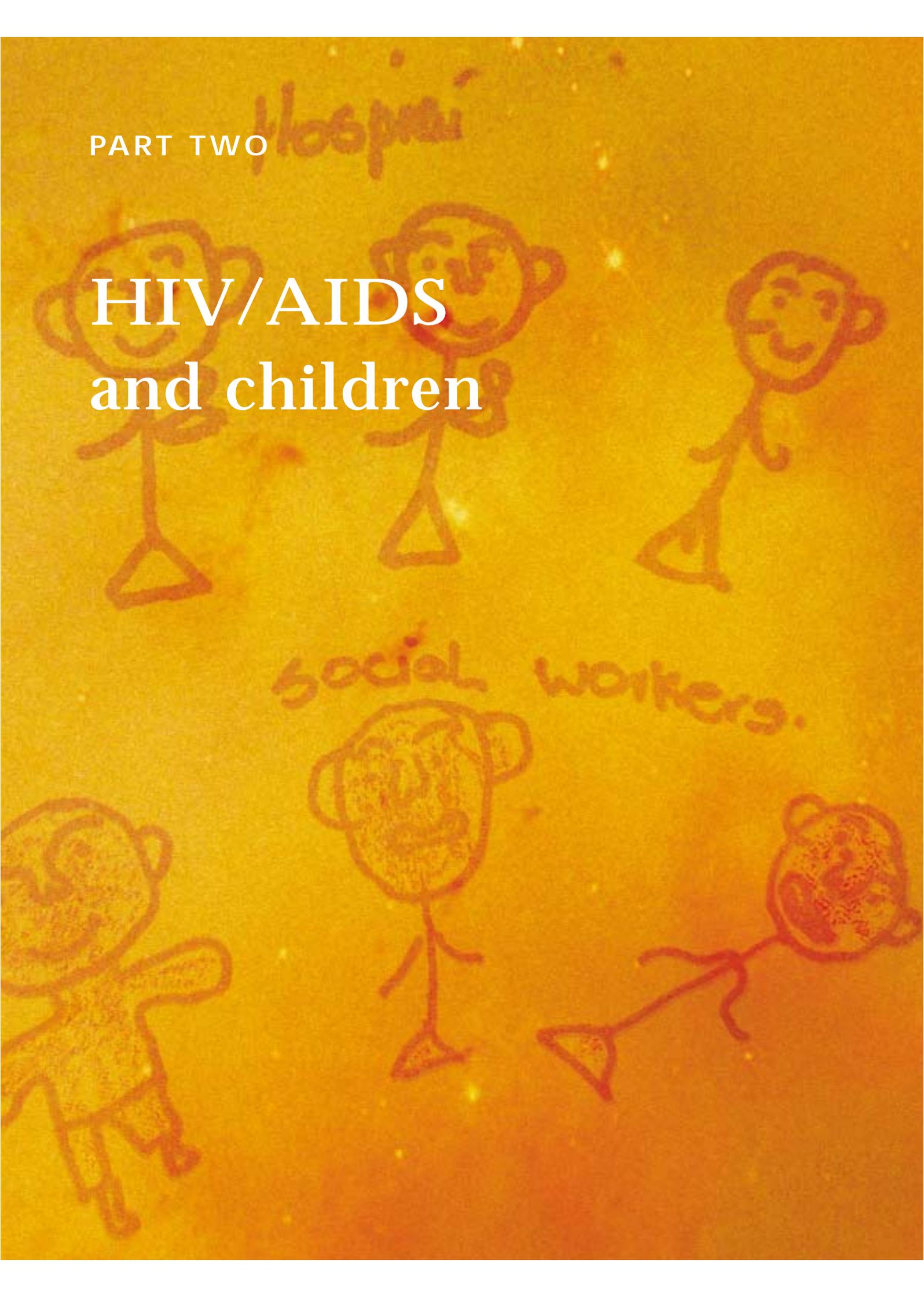


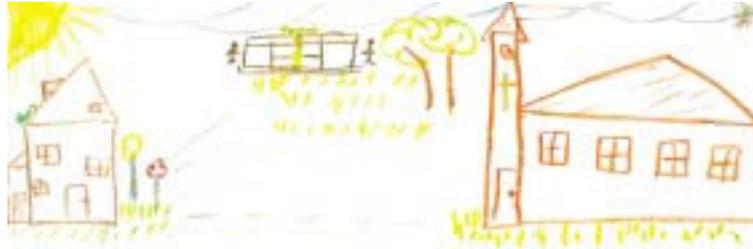
PART TWO

HIV/AIDS and children

social workers.



Introduction



According to the *General Household Survey 2004*, there are just over 18 million children living in South Africa. Of these, 260,000 children under the age of 15 years are HIV infected, making it the fastest growing chronic infectious disease amongst children. Research indicates that this figure is growing. The Actuarial Society of South Africa estimates that, in 2000, the rate of HIV infection amongst children was 1.0% and it almost doubled to 1.7% in 2005. The infection rate, as well as the infection growth, is much higher in children under five compared to older children – thus requiring greater efforts to reduce the transmission of HIV from mothers to their children. While these statistics only focus on infected children, many more are affected by the HIV/AIDS pandemic – therefore highlighting the need for a holistic and comprehensive response across all levels of government and civil society.

It is against this background that the emphasis of this first edition of the *South African Child Gauge* is on children in the context of the HIV/AIDS pandemic in South Africa. While there are numerous critical issues that could have been highlighted, the issues featured in this edition are those that have most recently received significant attention from both the government and civil society. These issues are also the focus of research at the Children's Institute, which has enabled us to draw on the most recent data and work in these areas. The four issues discussed in this section are: antiretroviral (ARV) roll-out for children; social security for children in the context of HIV/AIDS; the transformation of schools to be nodes of care and support for vulnerable children; and the involvement of children as active participants in law-making processes that affect them.

The first section, *Children and antiretroviral roll-out: Towards a comprehensive approach*, critically analyses the South African government's *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa*. It is

argued in this section that firstly, the plan does not adequately address children's general health rights and needs; and secondly, it does not meet the specific health needs of children with HIV. The authors call for the implementation of a more holistic and comprehensive approach for children infected with HIV (beyond simply administering ARVs) and for the widening of the parameters of care at policy, service delivery and advocacy levels.

The second section, *Social security for children in the time of HIV/AIDS: The (mis)use of foster care?* argues that the most equitable, accessible and appropriate mechanism for supporting children in the context of the AIDS pandemic would be through the extension of the Child Support Grant to all children and for the removal of the means test that restricts children's access to grants. The authors recommend that more children be brought into the social security 'safety net' not only on the basis of their orphan status but rather on the basis of their poverty levels and need.

Schools as nodes of care and support for children affected by HIV, AIDS and poverty examines the role that schools can play as a vehicle of service delivery to vulnerable children. This section calls for increased collaboration between different sectors and service providers; the mainstreaming of services to meet the needs of those most affected; and the integration of service delivery at the school site.

The final section, *Heroes in the context of vulnerability: The participation of children in the Children's Bill*, reminds us of the importance of facilitating children's rights to participate in processes that affect them, especially in the context of poverty and HIV/AIDS. The lessons learnt from the *Dikwankwetla* project reinforce children's agency and their abilities to participate in law-making processes, and show how this, in turn, assists law-makers to make informed decisions.