

THE ROLE OF SCHOOLS IN ADDRESSING THE NEEDS OF CHILDREN MADE VULNERABLE IN THE CONTEXT OF HIV/AIDS

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1. Background

In August 2001 the Children's Institute was awarded a tender from the National Department of Health to conduct research to inform an appropriate and co-ordinated national response to children experiencing orphanhood (i.e. children who had been orphaned or who were living in the care of a terminally ill caregiver). The research was designed as a multi-site qualitative research project, based in 6 sites in 5 Provinces. Information was collected through a combination of child participatory research activities, interviews, and focus group discussions with a range of research participants, including children and their caregivers (from 118 households), service providers and a number of other people identified as playing an important role in children's lives in the research sites. This paper is an adaptation of the education chapter contained in the full research report (Giese, Meintjes, Croke & Chamberlain, 2003). The research report and recommendations (submitted to the Department of Health in January 2003) have not yet been released by the Department for distribution. We therefore request that you not distribute this paper further.

2. Introduction

"We must deal urgently and purposefully with the HIV/AIDS emergency in and through the education and training system. This is the priority that underlies all priorities, for unless we succeed, we face a future full of suffering and loss, with untold consequences for our communities and the education institutions that serve them."

Minister Kader Asmal, July 1999¹

"It is not a good thing! Not going to school is not good for you. You remain alone and lack so much, you are even tempted to steal. I want to be educated like other people. If I am educated I will be able to get better paying jobs... School chased us away for not paying our fees. I don't feel good about it. I

¹See Department of Education (2001a).

would go back to school. If I go to school I will be able to work and therefore buy clothes and food.”

Solomon, 12 years old, Limpopo Province, 2002

The education sector has a fundamental role to play in prevention, care and support activities related to HIV/AIDS. The vast numbers of students and learners who educators reach constitute a significant proportion of the population of South Africa, including the groups most at risk of HIV infection and severely affected by rising adult morbidity and mortality. However, the capacity of the system to fulfil this role is compromised by the likely impact of the pandemic on education institutions².

Some argue that the greatest challenge to the system will be the numbers of children who will be orphaned. "Impact on this scale is beyond the experience of anyone in the system and certainly beyond the capacity of the limited counselling and support services available. This will arguably constitute the largest of the management problems to be faced" (Badcock-Walters, 2001). Badcock-Walters continues by saying that "the challenge is to see beyond the system turbulence that lies ahead and plan for the kind of change that can only be countenanced in crisis; in short, to recognise in this 'state of emergency' the opportunity to review and redesign the way we teach and learn, and redirect the education system to new and higher ground".

In his paper presented at the national conference on education and HIV/AIDS (June 2002), Professor Michael Kelly urged the education sector in South Africa to pay special attention to ensuring that children of school-going age in communities heavily affected by HIV/AIDS have the opportunity and financial means to receive education of good quality. He emphasised the need for the education sector to develop and maintain dynamic coalitions with other partners, and to ensure an enlarged cadre of guidance and counselling personnel qualified to provide the kind of support and assistance needed to address the trauma, loss and discrimination experienced by children affected by or infected with HIV/AIDS (Kelly, 2002).

With an emphasis to date on preventive programmes in schools, there has been no clear guidance in terms of the education sector's role in the social support of affected learners, including children experiencing orphanhood (Coombe, 2001).

This said, however, South Africa has a number of strengths on which to build a solid response from education, including the following:

- A strong commitment to children, evident in the existing policy and legislative framework;

²The impact of HIV/AIDS on the education system is complex with potential declines in learner enrolment combined with expected increases in educator morbidity and mortality, AIDS-related absenteeism, sick and compassionate leave, health benefit costs, etc., and a reduction in contact time with learners, performance and education quality. Experts predict that the high rate of attrition of educators will cancel out the reduction in demand (with lower enrolments), resulting in a demand for educators that outweighs the current supply (Badcock-Walters, 2001).

- Opportunities for collaboration between health, education and social development through for example, the National Integrated Plan for Children Infected and Affected by HIV/AIDS and the establishment of the Social Cluster;
- The provision in legislation of free education for children who cannot afford to pay;
- School-based nutrition programmes in primary schools;
- HIV/AIDS lifeskills programmes in schools;
- The fact that the country is not yet facing the full impact of HIV/AIDS on children, and therefore has the opportunity to put in place mechanisms to support learners and educators;
- Relatively high baseline enrolment in schools;
- Basic infrastructure surpassing that of most other Southern African countries.

Children who participated in the research expressed ambiguity about school. On the one hand they spoke positively about being with friends, having the opportunity to learn and get an education, and benefiting from school feeding schemes. On the other hand, they protested about being chased away for not paying school fees or for not having the correct uniform, and being punished for falling asleep in class as a result of hunger and exhaustion. Without exception, however, every child wanted the opportunity to complete their schooling, in the words of one “so that my future will be better”. In many instances children went to great lengths in order to access education, including finding ways to earn fees and uniforms in cash or in kind. It seems apt to begin this chapter with a description of just one such child, documented in the words of Sbongile Mthimkulu, the principal of the school he now attends (and indeed where he in fact now lives).

1. Thabiso’s story

“Thabiso was found at Mandeni when he was very young. A man who was working in Mandeni brought him to his house here, and Thabiso stayed with him until he was about 7 years old. Then he said Thabiso must go and live with the neighbour to look after his goats. The neighbour was paying R50 per month for him to look after the goats. The uncle said that he must work, and he would keep the money so that when Thabiso had earned enough he could use the money to pay school fees.

The boy worked for 3 years, by then he was 10 years, he said he wanted to go to school. The uncle said ‘Fine, go!’ – but Thabiso had no clothes, no books, no money. When he was at school, they asked him for uniform because he must look the same as others. He went to the uncle to ask for his money. Uncle kept promising, but never gave it to him. One day he went to the uncle’s house, he was not there, only the aunt. The aunt told him to stop coming there because there is no money. She told him that uncle had spent all of it on beers. ‘He didn’t even buy us something like food here’, she said.

Thabiso was fed up. He left school, and went elsewhere to look after someone's cows. He lived with them for 2 years. They didn't have money, so he was paid in goats, 1 per year. One day when trying to stop a cow from running off into the road, he threw a stone which broke a bypassing car's windscreen. The driver was angry and demanded compensation. The people he was living with wouldn't help – all Thabiso had was the 2 goats to give.

He then moved to *another* family to care for cows – they said they would pay his school fees [at Sbongile's school] in return for him spending his afternoons herding their cows. They didn't buy a uniform for the boy. He was a *big* boy, with a *tiny* uniform. So we [teachers] decided to help him – we asked him to make some wooden spoons for the school [for dishing up the feeding scheme food each day], and we would reimburse him with a uniform that fits!

Then at home, they said, 'Oh they have given you this uniform, now you are no longer going to behave because you think you are a better one. Why didn't they buy *you* shorts, and a shirt for the young one (their own child)?' Thabiso promised [his caregivers] that he would make more wooden spoons at school so that the teachers would buy a uniform for his brother. He came to us, he said, 'Here are some spoons. Please buy this boy some uniform because now they hate me, because this one doesn't have'. We said OK. We bought a shirt for the boy.

But Thabiso was having problems. One of the cows was always running away [disappearing from the rest of the herd during the day while Thabiso was at school]. Thabiso asked to keep this cow in the kraal during the day, but they refused. It got lost again, and [the caregivers] told him he was not going to get any food until he found the cow. For Seven days, he was without food. They sent him out of the house and that is how Thabiso came to sleep in the bushes near the school".

When Sbongile realised that Thabiso was homeless, sleeping in the bushes at school in order to keep attending, she spoke with the School Governing Body, and they decided to let the boy sleep in an old classroom. At age 16, Thabiso has just completed Grade 4 and, along with several other children, is cared for by the staff of the primary school and lives in a newly constructed brick house on the grounds of the school.

In this paper, we will examine the experiences at school of children who, like Thabiso, have been orphaned or are at risk of being orphaned. This will provide useful evidence and contribute to the debate regarding an appropriate response to orphans and other vulnerable children within the education sector in the context of the HIV/AIDS pandemic.

The paper begins with an overview of issues relating to children's access to education in the context of poverty, HIV/AIDS and orphanhood, followed by an exploration of the roles that schools could and/or do play in identifying and supporting children experiencing orphanhood.

Importantly, we do not advocate a response focused *only* on orphans, but rather argue that the needs and experiences of children experiencing

orphanhood be addressed within the context of all vulnerable children. Furthermore, while we highlight the importance of schools as vehicles through which many of the needs of vulnerable children can be addressed, we recognise the limited – but important – role that educators themselves can play in this regard. Hence it is argued that emphasis should be placed on schools as *nodes of service delivery* through collaborative partnerships with other service providers including social workers, health workers, and the non-governmental sector.

3. Impact of orphanhood and poverty on children’s access to education

In 2000 there were 27 760 public and independent schools in South Africa (of these 26 789 were public and 971 independent), accommodating 11 600 365 learners between Grades 1 and 12 – a gross enrolment rate³ of 94% (Department of Education, 2002c). This constitutes one of the highest enrolment rates in sub-Saharan Africa (Department of Education, 2002b).

Despite this, the prevalence of non-school attendance among children of school-going age remains high. In 1996, 16% of children aged 6-14 years were out of school, with the highest prevalence of non-schooling in rural areas (19.1%), and among black Africans and boys. The most affected provinces are Eastern Cape, Northern Province and North West (Department of Education, 2000a).

Access to education ranked as one of the top priorities for the children who participated in the research. “School”, said 14-year-old Jabulile during a children’s group activity in Cato Crest, “is where you learn so you can get a job and be able to stand on your own”. “Teachers teach you not to rely on other people, but to be able to help yourself,” agreed 12-year-old Mzamo.

In at least 19 out of the 113⁴ participating households in which children were resident, there were children between the ages of 7 and 18 years who were not attending school, and many more where children were attending school erratically. Table 1 shows the breakdown of out-of-school children by household type. The proportions should be viewed with caution given the non representative nature of the sample.

Table 1. School non-attendance rates by household type of participating households

Household type	N° of households with children not attending school	Total N° of this type of participant household	Proportion of household type with children not attending school
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³The gross enrolment rate refers to the number of learners enrolled, regardless of age, as a proportion of the total appropriate school age population.

⁴The remaining 5 households were households in which the children had been sent to live elsewhere as a result of the parent/s being too sick to care for them. We were not able to determine how many of these children were out of school.

Households in which a caregiver was sickly ⁵	Caring for orphans only or biological/other children only	5	25	20%
	Caring for orphans in addition to their own biological children ⁶	3	6	50%
Households in which caregivers were caring for orphans in addition to other children (excluding households in which a caregiver was sickly) ⁷		9	47	19%
Households in which children were living alone		2	5	40%
Households in which children were in the care of a healthy remaining parent after the death of one parent		0	2	0%
Households with healthy caregiver where the only resident children were orphans		0	28	0%
Total		19	113	17%

There are several possible factors contributing to the apparent increased vulnerability of children living in households with sick caregivers and those living in households with orphans as well as other children:

While orphans living with relatives who have their own biological children may be vulnerable to discrimination in the household (i.e. the education costs of the biological children may be given priority), it is also important to bear in mind that these households are likely to have greater numbers of dependents sharing limited resources, jeopardising the well-being of *all* the children in the household. The average number of household dependents (children and adults) across the 118 households in the study was 6.5. In contrast, 8 of the 9 households in which 'healthy' caregivers were caring for orphans in addition to other children had between 9 and 16 dependents each, with an average of 12. In the remaining household, the caregiver was 75 years old, with 5 dependents, the oldest of whom was 19 years.

Within the 8 households in which caregivers were sick and children were not attending school, the number of dependents ranged from 3 to 10, with an average of 6.25, suggesting that school attendance in these households was linked more to illness than to high dependency ratios.

While these figures may be suggestive of possible trends, they should be viewed with caution given the small number of participating households.

Of the 19 households in which children of school-going age were not at school, 10 households were receiving no state grant (i.e. no old aged pension,

⁵A caregiver was classified as a 'sick caregiver' if s/he was HIV-positive or very sickly/bedridden. Old age alone did not constitute being classified as a 'sick caregiver'.

⁶Either their own biological children and/or other children who were not orphans.

⁷Unfortunately it was not possible from the data collected to determine in every instance whether the children who were out of school were children who had been orphaned or children who's biological parents were resident in the household.

child support grant, adult disability grant, care dependency grant or foster care grant). Only 5 of these households were in receipt of a child support grant and none of the children in these households were in formal foster care.

Of importance too is the fact that organisations in the sites rendering support in the form of school fees almost always directed their support to children whose parents had died, and not towards children living with sick caregivers or other children living in households accommodating orphans.

3.1 Gender differences in enrolment among children who have been orphaned and who are at risk of being orphaned

Our research did not examine gender differences among children who were not attending school. However, other research has found that orphanhood does not appear to exacerbate gender differentials in enrolment and that the difference between school enrolment rates in orphaned boys and girls is the same as that of non-orphaned boys and girls (Ainsworth & Filmer, 2002). In a recent survey of the impact of HIV/AIDS on 728 AIDS-affected households in South Africa, researchers reported that 11% of girls and 6.5% of boys of school-going age had either dropped out of school or never enrolled (Steinberg et al., 2002b).

The difference between enrolment rates among boys and girls may, however, be found to be greater among children living with a sick caregiver (i.e. prior to the death of the adult). While we cannot make any conclusive comments about this, in most instances in our study where children were caring for a sick adult (or child) the bulk of the responsibility of care fell first on the oldest girls.

3.2 Impact of orphanhood vs. impact of poverty on access to education

While orphans have been shown to be at risk of delayed enrolment, poor performance and dropping out, there is no clear evidence to suggest that these rates are higher than in non-orphaned children living in poverty (Kingham, Coombe, McKay, & Johnson, 2002). In fact, a study conducted in South Africa in 1998 found no significant difference between enrolment of orphans and non-orphans (Ainsworth & Filmer, 2002).

Furthermore, in their analysis of the relationship between orphan status, household wealth and child school enrolment, using data collected from household surveys in 28 countries in sub-Saharan Africa, Latin America, the Caribbean and South-East Asia, Ainsworth and Filmer (2002) concluded that while in some countries there were large differentials between enrolment by orphan status, in most instances this difference was dwarfed by the gap between the enrolment of children from richer and poorer households. Their study pointed out that the extent to which orphans are under-enrolled in school is country-specific, and attributed this in part to the correlation between orphan status and poverty, which differs in different countries. Unlike some countries, such as Uganda, Zambia and Mozambique, where richer

households were more likely to have an orphan living in them than poorer households, nearly 15% of the poorest households in South Africa were estimated to be caring for orphans in 1995 vs. only 5% of less poor households.

While there are some additional factors impacting on school attendance among orphans (such as hefty domestic and/or caregiving responsibilities, and grief), most of the reasons that poor orphans are not in school are the same as those that prevent other poor children from attending school. “The large differentials between poor and non-poor enrolments in many countries suggest that policies to raise enrolment among the poor will have a large impact on the most disadvantaged learners” (Ainsworth & Filmer, 2002: 20).

Evidence of the success of large-scale ‘universal enrolment’ programmes can clearly be seen from the case of Uganda, where the government has managed to substantially reduce the gap in enrolment between children – including orphans - in poor and non-poor households through abolishing school fees in primary schools (Ainsworth & Filmer, 2002). Similarly, a study on the impact of adult mortality on primary school enrolment in Tanzania concluded that programmes aimed at addressing the impact of adult mortality on children must target children living in poverty (Ainsworth, Beegle, & Koda, 2002).

Therefore, in most countries – including, we argue, South Africa – orphan status is not a good targeting criterion for ‘traditional’ programmes aimed at raising enrolment rates, such as subsidised school fees, textbooks and uniforms. Research in fact cautions against this approach, arguing that “opportunistic redistribution of orphans is likely to occur when the benefits being channelled to orphans are things that other children or other household members lack” (Ainsworth & Filmer, 2002: 27)⁸.

3.3 Impact on education of living with and caring for a sick adult

What is absent from most of the literature regarding the impact of orphanhood on education is information and discussion around the impact of caregiver illness on children’s enrolment and school attendance.

This research (and others, see Giese et al. 2002) clearly shows that schooling opportunities for children living with sick caregivers can be compromised by the child’s living circumstances. This is often a result of the responsibilities placed on children, particularly girls, to care for the sick and the very young. Explained the concerned principal of a school in Ingwavuma:

“Sometimes they absent themselves from school because they have to care for a parent. Or you’ll notice sometimes that there are 3 in the family, but only 2 are coming to school each day. When you ask, ‘Where is your sister?’ they say ‘My sister is at home because my mother is sick, she can’t cook’”.

⁸See the full research report for more detailed discussion of the potential repercussions of directing aid at orphans to the exclusion of other vulnerable children, particularly in contexts of poverty.

According to Ainsworth and Filmer (2002), the factors most likely to differentiate between enrolment rates among children who have been orphaned and other poor children are grief and the demands on children's time at home. These factors are closely linked to the experiences of children living with sick and dying adults. It seems likely therefore that the impact of orphanhood on schooling will be at least as great, if not greater, during the period preceding the death of a child's caregiver.

Our findings are corroborated by other research. In a situational analysis of children living with sick caregivers in Ingwavuma, over half of the children in the sample reported that they sometimes missed school as a result of their parent's illness (Barnard, 2002b). Similarly, results of the recent survey of AIDS-affected households conducted by Steinberg & Johnson *et al.* (2002a) indicate that 20% of caregivers took time out from school or study to care for the sick and that 7% of the caregivers in the sample were children under 18 years of age.

It is during this period in the process of orphanhood, prior to the death of a sick adult, that differences between enrolment and attendance rates between children experiencing orphanhood and other poor children may be observed. Schools need to be aware of – and institute measures to accommodate – children who are absent during this period. The challenges to instituting mechanisms to support children during this phase in the process of orphanhood are exacerbated by the silence and secrecy surrounding HIV and AIDS, and reluctance on the part of children and caregivers to notify educators of illness in the home (see section 5 for discussion regarding the identification of these vulnerable children by teachers).

4. Barriers to education

Barriers to accessing education are very much embedded within the experiences of orphanhood and poverty described earlier. In its assessment report on Education for All (2000a), the national Department of Education emphasises the need to understand and address the barriers to school access, including “long distances to school and lack of transport, hunger, disability, household chores (e.g. care of younger siblings and herding), lack of parental guidance, homelessness, inability to pay school fees and inability to purchase uniforms”. All of these emerged as barriers to education for children experiencing orphanhood in the research sites. We turn now to discuss the study's key findings in this regard.

4.1 The costs of education

2. Mrs Mawisa cannot afford to send her children to school

Mrs Mawisa has 4 children: 8-year-old Mthimkhulu, 12-year-old Vuyokazi, 17-year-old Senako and her firstborn, 19-year-old Thembani. After the death of her husband in 2000, her 2 youngest children were sent to live with relatives who “feed and dress them” because, Mrs Mawisa explains “I could not afford to have all the children in my home ... It is better [that they live

with relatives] because then I do not see the extent of their suffering”. The only income to the household is the R10 she earns a day as a domestic worker for a family in Harding Township. “All these children are looking at me,” she sighs, but on the R10 a day she earns as a domestic worker she is unable to raise the R240 needed to send them to school. “And then there is the problem of uniforms. The children’s uniforms are old and too small for them. To replace them would cost about R250 each”. When Senako and Thembani dropped out of school, neither of them had completed Grade 5. “The children want to get employment,” explained Mrs Mawisa. “The fact that my children are needy makes me sick. All I want to do,” she adds, “is make sure that each of them has a future”.

In his closing address on the last day of the National Conference on HIV/AIDS and the Education Sector (May 2002), Minister Kader Asmal reiterated the commitment of the Education Department to ensuring access to quality education for all:

“I should say here categorically that the denial of any child to attend school because of not paying school fees is unacceptable and will not be tolerated. I urge my colleagues, the Members of the Executive Councils responsible for education, to ensure that this does not occur in any of our schools. I require and expect school governing bodies and school principals to comply with legislation, to act responsibly and compassionately to ensure that all children are able to remain at school, particularly those that are not able to pay school fees because of their circumstances”.

Clearly national rhetoric frequently does not match local experience. We turn now to consider the research findings in this regard.

4.1.1 School fees

“Research demonstrates that user fees continue to deny children’s rights to basic education and health care, despite international commitments to make these services free and universal” (The Coalition for Health and Education Rights, 2002). Similar to other research findings (Ainsworth & Filmer, 2002; Kinghorn et al., 2002; Steinberg et al., 2002b; The Coalition for Health and Education Rights, 2002), the most prohibitive and widely shared barrier to school attendance for the children who participated in this research was the requirement that all children pay school fees, unless exempt.

Section 39 of the South African Schools Act (SASA) of 1996 permits schools to charge fees when a majority of the parents attending the school’s budget meeting adopt a resolution to do so. In theory, the legislation prohibits school governing bodies (SGBs) from excluding learners who cannot pay fees, although parents who do not pay can be sued for failure to do so. SGBs are authorised to determine – with the input of parents - both the amount of the fees and equitable criteria to be used to exempt parents who are unable to pay. Under the regulations, the SGB must fully exempt parents whose monthly income is less than 10 times the annual fee and partially exempt parents whose income is less than 30 times the annual fee (Roithmayr, 2002a).

Accounts from children, caregivers, social workers, health workers, teachers, church leaders and NGO staff of children being turned away from school, intimidated or discriminated against at school, held back a grade (sometimes repeatedly), prevented from writing exams and having their report cards withheld for non-payment of school fees were numerous. This was consistent with the experiences of children who attended the National Children's Forum on HIV/AIDS in Cape Town in August 2001 (Giese et al., 2002).

Eighteen-year-old Sibongile Mlilo, living alone with her 3 younger siblings in a village in Umzimkulu, explained how "early in the morning as teachers and pupils gather for morning prayers and announcements, those children whose fees are outstanding are told to go back home to collect the outstanding fees. It seems to me," she continued astutely, "like schools are punishing pupils for being poor. It seems like if you are poor then you also lose the right to an education."

Ten-year-old Neo from Limpopo Province described similarly how "In 2000, I did not pay school fees and they sent me home ... Now I have paid school fees," but "those who have not paid school fees are written down and sent home, like it happened to me in 2000".

While some teachers openly admitted withholding report cards and exposing children and caregivers who do not pay fees, others denied any form of discrimination. This was a common area of discrepancy in the research – between the accounts of teachers/principals and the accounts of children and their caregivers. "Maybe I am too human or what!" exclaimed a school principal in KwaZulu describing how he would never exclude children from school on the basis of not having paid fees. Yet a number of the children who participated in the study and attended his school had been suspended on occasions in the past until they could muster up the cash to pay.

In Limpopo, a school principal insisted that children were never suspended and explained the exemption process in great detail. "Although there are some children who are not paying, they are certainly not discriminated against", she assured us. The principal's account of the school's exemption process and attitude to the non-payment of school fees contrasted starkly with the experiences of the caregivers we spoke to whose children attended the school, such as those of Charles Luthuli and his children.

3. Charles's struggle to enrol his children

Charles's wife and youngest child died of AIDS in 2000 and 2001 respectively. He is very sickly himself and the sole caregiver and breadwinner for his 4 remaining children. Charles spent his savings and mine pension on medication for his wife and child and, as a result, has nothing left. He earns a nominal income by making and selling brightly coloured rainbows as part of a small income-generating project run by a local faith-based organisation.

The money he makes from the rainbows is not enough to pay his children's school fees. His eldest child has had to repeat Grade 3 twice over, and, he said "none of the children have been given report cards in ages". Charles described how he had visited the principal of the school to explain their

circumstances and informed the principal that he was aware of the government policy on exemptions and would like to apply. Soon after this visit, his children were expelled from the school. Charles sought help from the organisation running the income-generating project. They intervened and the children were re-admitted.

School principals denied expelling or suspending pupils, insisting that while they threatened children with expulsion, they were not allowed to actually expel learners. “They need motivation in order to pay!”, explained one principal, with little sense of the irony. “Given that most pupils come from poverty-stricken homes, the school does not exclude learners on financial grounds,” explained another principal, this time of a school in Umzimkulu; “however, learners who owe fees are constantly threatened with dismissal”. In another site principals reported using debt collectors in an effort to get parents to pay.

Despite principals’ comments that threats of expulsion were never followed through, many children and caregivers we spoke to believed that they were real and several examples were documented of caregivers who kept children back at home because of these threats. A principal of a school in Ingwavuma described how, when following up on children who were absent, she found that they had been withheld from school because their caregivers believed that they would be sent home anyway if they arrived at school without fees and uniforms. “The most painful thing,” commented a teacher of a school in Cato Crest, “is that when the parent has not paid school fees, she prevents the child from coming to school the following year,” presuming that the school will not accept the child because of the outstanding fees.

Some research participants expressed disillusionment with the system in practice: “The government said we would get free education but now they oppress us with fees. They made a promise in 1994,” said Margaret, caregiver to an orphaned child in Phutaditjhaba. The extent of the battle she is likely to face in keeping the child in school despite her poverty is well captured by a comment made by the principal of a school in the same area: “There are many people who are under the impression that education is free”, he complained, “Some don’t want to pay – they feel entitled not to pay.”

Thus despite the fact that South Africa’s legislative framework makes provision for free basic education, problems related to school fees – largely based in a gap between rhetoric and practice – remain a major challenge to children living in poverty, many of whom also face the illness and death of caregivers.

4.1.2 Schools’ reliance on fees

Through targeted allocations, the Department of Education directs resources at those schools identified as being the poorest in the country. The Norms and Standards for Public School Financing stipulate that 60% of available recurrent non-personnel expenditure should go to 40% of the poorest schools. However, this provisioning is inadequate, and the need to secure additional funds in order to ensure a basic standard of education places pressure on school governing bodies to charge school fees (Roithmayr, 2002b).

Estimates of the number of learners with outstanding fees ranged from 30% to 80% in the schools that participated in the research. School principals complained how time-consuming and frustrating it is to constantly badger caregivers to pay fees, commenting that it took them away from their duties as educators and managers. "If school was free," said the principal of a school in Tzaneen, "the duty would be teaching and we wouldn't have to worry about administration."

Some principals who participated in the research were sympathetic to the poverty, sickness and hunger that prevented caregivers from paying fees, yet emphasised the necessity of obtaining school fees because they provide the only discretionary income the school has. This income is commonly used to maintain school buildings and services, pay electricity, water and telephone accounts and purchase equipment such as blackboards, chalk and paper.

A principal of a school in Umzimkulu explained the dilemma they face: "Our school relies on school fees for our own funds. We have electricity in the school but we must pay for electricity from our own funds." He described how he had approached the Department of Education about children who were unable to raise funds to pay their fees, but said that the Department's response was that they "do not have funds to pay for pupils who come from disadvantaged backgrounds". "We cannot afford to run the school if no-one pays," he said, a comment with which there was widespread agreement among principals across the research sites.

The potential shortfall in discretionary funds thus appears to be at the centre of why many of the schools were aggressive in collecting fees.

Teachers expressed frustration at the budgetary allocation and disbursement processes of the Department of Education. Shaking her head with annoyance at the difficulties of running the school effectively for the children, a principal from KwaZulu described how:

"Last year [the DOE] told us to order everything we want – like teaching aids and furniture ... but it never arrived. When we followed up, they told us that the money was no longer available. Then this year they promised that they'll give us but *still* we've seen nothing. Whenever we reach the end of the year we are told that there was a lump sum of money that was taken back because it hadn't been properly used – and yet we put in orders! So we don't trust that for now. Maybe it will work in the future. If it does, then there won't be a need for the children to pay school fees".

Several teachers commented on radio announcements that were made after the National Education and HIV/AIDS Conference in May 2002, stating that children could not be suspended on the basis of non-payment of fees. While in many instances supporting the idea of free education, teachers felt that there was a lack of insight on the part of the National Department of Education into the financial realities of their teaching circumstances. Said one:

"True, yes, if you look at it, it is ideal for learners not to pay. But realistically, how then are we going to run the school because there is no other money they are giving us? It's a problem... 20% of our pupils have paid, and we have to run with that little".

Others were considerably less sympathetic to the difficulties that caregivers and children were facing. “Parents have interpreted the government’s radio announcements as stating that children are entitled to a free education,” commented one principal, complaining that:

“The government said ‘Free education, free, free, free everything!’ And it’s not true! So we are looking at ourselves playing the part of the councillors as well as the government at the very same time, trying to make the people to understand that there is No Free Education. Absolutely not! Moreover, the Department have even cut off to pay the electricity and water for the schools. The schools have to pay for themselves ... in 1994, the Government was promising that there will be this free, this free, that free ... they [caregivers] remember those promises and they don’t pay. But it’s up to the school to decide. There are contradictions between the government and the school governing bodies. Because when you say you cannot deny a child an education, at the same time the governments of the school [SGB] must see to it that they run the schools effectively, everything being paid. Where are they going to pay from if they are not getting the parents to pay for their kids education?”

4.1.3 Exemption policy in practice

As a result of the pressure on schools (described above) to subsidise themselves, there is a disincentive to provide learners and their caregivers with information on the school fee exemption procedure, and the safeguards that do exist within the legislation to ensure that exemptions are granted for those unable to afford fees are often ignored.

In terms of the legislation, parents should be involved in decisions regarding whether fees are charged and the amount of the fees, and SGBs must inform parents of the criteria for exemptions and the exemption procedures⁹. However, research suggests that these procedures are not followed and fees are thus commonly unlawfully determined and collected¹⁰. Referring to the exemption policy, the principal of a school in Ingwavuma commented: “This policy is causing us a headache! We can’t accept it because it creates a financial burden”.

Very few caregivers at any of the sites were aware of the exemption procedure or had managed to successfully negotiate formal exemptions from fees. Caregivers reported that they either ignored the repeated requests for school fees, tried to arrange to pay in instalments or made (often false) promises regarding when they would pay in the hope that this would help to keep the child in school for a little longer¹¹.

Details of the formal exemption procedure varied, but typically caregivers were required to speak with the school principal and/or a teacher who would refer them to the SGB for an exemption application. The SGB, with

⁹South African Schools Act (1996).

¹⁰Personal communication, Education Rights Project, 2002.

¹¹The perceived need for caregivers to persuade school staff of their intention to pay is a possible disincentive to children and caregivers being open with educators about the gravity of their home circumstances.

questionable qualifications in this regard, would ostensibly visit the child's home to assess his/her circumstances.

Visits by SGB members could potentially be a very invasive procedure, particularly in contexts of HIV/AIDS. On the basis of the home visit, the SGB is tasked with determining whether or not the family can pay school fees or part thereof. If the SGB determined that the child's caregivers were unable to pay, some principals reported that the child's details were then given to a social worker to investigate. In other schools, principals relied entirely on social workers to inform them of whether or not a child should be exempt from payment.

Reliance on social workers to assess whether households qualify for school fee exemptions is problematic in contexts where there are few social workers with large caseloads. Social workers commented that these cases were usually referred to them at a late stage, after the child had already missed long periods of schooling or been repeatedly threatened with suspension. In several instances schools made it clear to the children and caregivers that they would only be exempt from paying school fees until such time as pending grant applications (from the Department of Social Development) were processed. At that stage the caregiver would be required to reimburse the school for the full amount.

In the few instances where caregivers or children reported that they were 'exempt' from paying school fees, the exemption was more often than not an informal one. For example, where teachers were alert to individual children's home circumstances or were especially sympathetic, children were simply never requested to pay fees. Commented Goodness (16) on her consistent school attendance despite having seldom paid fees:

"When I was still at primary school and because the teachers knew, they never spoke about paying, because they knew that I was an orphan ... And then a teacher [at my new school] was a friend of my mother [and therefore helped her and her brothers to register at the school without having to pay fees], because she understood our situation."

Frequently, however, informal exemptions were granted more reluctantly, with provisos that either the children or their caregivers provide some labour at the school in return – such as assisting with the gardens, cleaning the yard, or helping with building maintenance. A principal in KwaZulu explained his approach:

"The most desperate children, we give them odd jobs – like cutting the shrubs [in the school yard], or helping the builder on weekends. They do this in return for their fees being waived ... [Besides], it must not be manna from heaven! No! They must work for it! Able-bodied children must do piece jobs, and we help them to find them ... We can't accept [the exemption legislation] because it creates a financial burden, so we try to avoid it by using other methods."

4.1.4 Fee collection

As would be anticipated from the data presented so far, fee collection practices varied widely between schools. Generally caregivers were permitted

to pay fees in instalments, often timed in tandem with receipt of a grant or extra-household financial support. A teacher in Umzimkulu described the difficulties:

“An old woman who brings up her grandchildren will tell you that she will pay school fees when she receives her pension money. Sometimes she will say that she is waiting for a son or a daughter who is working in Port Shepstone or Durban to return home. In some cases you find that the old woman does not even know when her son or daughter is going to return home. We in the school cannot say no to the grandmother because if we do, we deny the child an opportunity to learn. All that we do is to keep reminding those children who have not paid school fees to do so. But it is difficult for us as we know that generally many people in Umzimkulu worked in the mines and many of them have been retrenched.”

Although demonstrating her sensitive understanding of children’s difficulties, this teacher highlights the frequent practice in schools of making children accountable for the non-payment of their fees. Teachers who participated in the study repeatedly described how they followed up on non-payment of fees by requesting explanations from the children in their classes. They characteristically badgered the children – as opposed to contacting their caregivers – to deliver outstanding fees.

In some schools teachers even publicised the identities of those children for whom fees had not been paid. For example, teachers at a school in Gugulethu explained how the names of children who had not paid school fees were called out in class every week for the duration of the year or until they paid. Their names are also noted publicly at parent-teacher meetings “so everyone knows who has not paid school fees,” commented the principal.

Other schools were more sensitive to the potential effects of this on children and explained how they purposefully avoided any process that would expose children who were unable to pay fees. In some instances this apparent sensitivity also seemed to be associated with teachers wishing to be discreet about the formal or informal granting of exemptions. “Many would dodge if they knew that some had not paid,” one school principal professed.

4.1.5 Uniforms

Joseph is 10 years old and lives in Limpopo Province. He poignantly described what it meant for him to be without a school uniform:

“My problem at home is that I do not have parents. I herd people’s cattle so that I can pay for school fees. The time I did not have a uniform, I used to stay at home and envied other children when they went to school. This year I have paid school fees and I have a uniform. I have paid with the money I earn ... I have uniform and I have books, and I am able to go to school in peace.”

School uniforms presented a further hurdle in accessing schooling for the children who participated in the research. Relative to other household expenses, the cost of uniforms is exorbitant. To compound matters, at many of the schools that children who participated in the research attended,

standard uniforms were being replaced with uniforms of different colours. Many of these needed to be bought from specialised shops at great cost.

In some instances children were refused admission or were sent home and told not to return until they had obtained a uniform or shoes. The lack of insight into children's home circumstances on the part of many teachers was striking. In response to questions regarding his school's policy on uniforms, one principal from KwaZulu proudly detailed what he perceived to be an innovative way of ensuring that his learners wear uniforms:

"I introduced a scheme whereby I emphasise at the end of the year – we do admissions in October, but the final admission is done towards the end of the year – what are the requirements for the final admission? *Uniform* is part of it. So I make them buy the uniform to confirm that the child has been admitted. So for you to buy the uniform is a token of confirmation that you need the child to be at this school. To put our signature on, to stamp the admission form, you need to show us the uniform of the child. Children don't get admitted without it."

Both children and caregivers expressed desperation at rigid uniform requirements.

#4 "I don't know where they expect me to get it from"

Nomsa is 34 and lives with her 2 children, Ayanda (11) and Zandile (3), and her sister's daughter Jabulile (14) who moved from rural KwaZulu after the death of her mother in 2001.

"It is nice staying with my aunt," says Jabulile, "She is kind to me. She treats me like her own child" - only now she is also very sick. Nomsa says she has TB. She lost her job as a security guard because she was missing work too regularly. She was too weak to work anyway, she said. Since then, the household has been relying on the money she had saved "but it is finished now", and they rely exclusively on her UIF payments of R380 per month, although these will terminate shortly. "I don't know what I'll do when it is finished", she lamented. "I'd like to be able to do something to help myself but I cannot work". Jabulile describes how "many times we don't have food to eat. At times we live without food for up to 3 days at a time. When the food is finished we don't eat at all".

"My aunt struggles a lot," Jabulile continues. She hasn't been able to pay Ayanda's and her school fees. "The teachers keep asking for fees and for uniform. It's very painful because I can't explain my situation to my teachers". On a separate occasion Nomsa adds that the teachers keep nagging for her to provide Jabulile with a school uniform but "*angazi ukuthi bathi ngiyithathephi*" ("I don't know where they expect me to get it from"). The children also don't have all the stationery they require at school, and have to borrow from other children.

Apart from the demands made by teachers, child participants also noted their embarrassment at being without uniforms, or having no alternative but to wear uniforms that were too small or worn through.

Children in some households reported sharing uniforms with neighbours or relatives, and in a couple of instances with siblings, attending school on alternate days. “The children use each other’s uniform wherever possible. The young ones use uniforms bought for the older ones, and children who have more than one shirt lend to those who do not have.”

Like the issue of school fees, principals and teachers rarely admitted to excluding children from school on the basis of their not having uniforms, although the research documented the contrary. Teachers were, however, frank about pressurising children to wear them. “We understand the big problem of poverty,” remarked a teacher in a focus group discussion. “We try and threaten these children [who don’t wear uniforms]. But we do not take any action.”

4.1.6 Stationery and textbooks

In two of the research sites instances were documented in which children were punished, beaten and/or sent away from school for not having the correct stationery, books and equipment. “Teachers shout at you if you don’t have books and they chase you away,” complained 10-year-old Sabelo. Describing a teacher’s repetitive demands (coupled with beatings) that he bring a dictionary to school, Bheki Tembe sighed, “he doesn’t listen when we try to explain that we can’t afford it.”

In all 6 sites research participants raised the fact that children whose fees had not been paid were frequently not provided with textbooks and exercise books from school. “I hate it when you are not given books because of not paying school fees,” said 16-year-old Linda from Gugulethu. “I feel it is not fair as pupils who are not able to pay suffer. You miss out a lot as teachers are busy with the syllabus - so by the time you get your books others are far already.”

4.2 Non-attendance linked to domestic chores, caregiving and breadwinning activities

The research documented several instances of children not going to school or attending school erratically because they were required to complete domestic chores, look after younger children or sickly adults, or to work or beg in order to support themselves and their households. Some children said that they were punished by their caregivers if they went to school and left their chores unfinished.

In particular, children, caregivers and teachers described the extent to which attempts to address their hunger kept children away from school. A deputy-principal working at a school in Cato Crest expressed his concern about the impact of hunger on children’s education in the area:

5. “Its better to go onto the streets...”

Mr Sangweni waves his arms expressively as he speaks. He is at his wits’ end with the difficult home circumstances the majority of his pupils face. “Like last year, and sometime this year we have been having problems of Grade 8 boys who just left school and they are begging down at the main road.” One day he and the principal went down to the traffic lights where the boys hang

out. “We asked them why they weren’t coming to school anymore. They said, ‘no, the thing is that when we were at school, we were hungry. We don’t have anything to eat.’” Mr Sangweni contested, were they not still hungry? “But now, they said, ‘there is a lot of money here, this is better than going to school, because we cannot concentrate. It’s a waste of time going to school, its better to go onto the streets and ask for money’. So the 3 of them, they are there...”

Teachers and other service providers cited many similar examples of children dropping out of school or attending erratically because they were begging on the streets, doing piece work or turning to petty crime to try and feed themselves and their families. Commented another of the teachers in Cato Crest:

“So because they are hungry they will end up doing all these things trying to get something to eat. You find that most of them, with the money they get from the street they can even buy bread at home, because the parents are not working and everyone is fending for him or herself.”

A nursing sister from Umzimkulu noted with concern her perception that:

“Things are becoming worse. Children of between 5 and 15 years of age are leaving school, involved in crime and drugs. This is worrying me ... and nobody seems to care. Today teachers were crying tears at the rate of school leavers in their classes which is due to hunger, because parents are not working; other children are orphans.”

Children’s school attendance was also commonly affected while caring for sick or elderly adults or siblings. Sindi’s story encapsulates many of the ways in which children’s roles as caregivers threaten their right to be educated.

6. Sindi can't attend school

Sindi was 12 years old when her mother died of AIDS in 2000. "I looked after my mother until she died and then I looked after the baby. She died of hunger." "The emotional impact of losing her mother and sister has devastated Sindi," comments Sister Grace, the manager of a local faith-based organisation that does what they can to help the struggling family. Sindi now lives with her father, her 3 remaining younger siblings and her father's 76-year-old mother, Pheladi - who moved to live with them after Sindi's mother died.

While her father collects the firewood and water, Sindi is responsible for all the other chores, the care of her siblings and, more recently, of her elderly grandmother. Sindi's drawings reflect her life. She wakes up at 6.00 am to make a fire and warm water for bathing herself and her siblings. While the others wash, she prepares porridge, then sweeps the house before going to school. When she returns from school, she is responsible for preparing the evening meal. "Sindi has had to take over the role of mother," explains her sickly father, "and her school has suffered".

Sindi has already been expelled from school once for not paying school fees and this, together with the responsibility she bears at home and the impact of the loss of her sister and mother, makes her continued schooling unlikely. "As soon as her father dies," Sister Grace fears, "Sindi will give up going to school and take on responsibility for the household full time."

Others have also found that the impact of HIV/AIDS-related illness in the home reduces access to education for a number of reasons, including increased economic hardship, the need for children to provide care to sick adults, the need for children to take on other household duties, the need to find employment, and the effects of grief and stress on children (Badcock-Walters, 2002).

4.3 Long periods of unsupported absence from school

Several children who participated in the research were reluctant to return to school or faced difficulties in doing so after being absent for long periods of time (often as a result of being sent home for some infringement, or as a result of caring for a sick or dying member of the household). Consider Alan's experiences:

7. Alan was too old to enrol in school

Sixteen-year-old Alan lives alone after experiencing the death of a series of family members. While living with his grandmother's younger sister, after the death of his parents and then his grandmother, he did not attend school for 2 years because she was unable to pay school fees. When she died, he returned to his natal home to live alone. The local school refused to accept him because of his age – he was 15 at the time and had only passed Grade 4.

Other children had perceptions that the point system – based on continuous evaluations as part of outcomes-based education – made catching up after long periods of absence extremely difficult, and hence were reluctant to return to school.

4.4 Transfer letters

Although some schools were documented as being somewhat flexible, the standard requirement of transfer letters in order to change schools was found to create difficulties for some children participating in the research. The issue is perhaps especially pertinent in the contexts of amplified mobility of children as a result of the illness and death of caregivers.

5. School as an environment for identifying and supporting vulnerable children

Having discussed some of the key barriers that disrupt access to education of orphans and many other vulnerable children, we turn now to explore the ways in which vulnerabilities faced by child participants at the research sites were or were not identified and supported by the school system.

Schools and individual teachers across the sites provided extremely varied degrees of support to learners. In some instances schools were exceptional in responding to the needs of pupils experiencing difficulties. Other schools were somewhat ambiguous spaces of variable sensitivity and support for children. And some school environments were nothing short of disinterested and abusive, discriminating against vulnerable children rather than assisting them.

Important to note is the fact that where support from individual teachers or school programmes did occur, it was not directed exclusively at orphans. In fact, teachers across the sites repeatedly reiterated their concerns about the identification of orphans as recipients of support over and above other poor children in their schools, arguing that most of the problems they observed orphans experiencing were shared by other learners living in poverty. Said one teacher from Cato Crest:

“We should be identifying learners who need support, not just those who are orphans, because really they have the same problems, those with and without parents. Sometimes you can find that a learner has both parents but they are abusing him or her. It tends to be the same as the one who doesn’t have parents at all”. Another agreed: “They are no different. They all experience poverty and hunger – even when they have parents.”

This section will examine teachers’ responses to children that were documented at the sites. The scope of responses to learners on the part of schools illuminates the central role that children’s school environments play in either significantly increasing or diminishing children’s experiences of vulnerability.

This research highlights the urgent need for systems and programmes to be put in place to make maximum use of the school environment and the time

that children spent at school for the identification and support of vulnerable children.

5.1 Identification of vulnerable children

Very few of the schools at any of the research sites had implemented any kind of formal mechanisms for identification of vulnerable learners. Although some basic information about children's home circumstances was routinely collected by most schools at the beginning of the school year, this tended to focus on determining who would be responsible for paying school fees¹².

In only a couple of instances did schools record any kind of detail regarding children's home circumstances. One school was in the process of developing a form in order to record this kind of information – “how many at home, whether anyone is earning, whether anyone is sick”, explained the teachers, “because we need to understand why the children might be struggling at school”.

In the absence of any formal identification mechanisms, teachers were seldom able to provide the researchers with numbers of children in their school who were either living with sick caregivers or who had been orphaned. “We haven't yet done that research,” said one school principal.

Regarding either the number of sickly HIV-positive caregivers or HIV-positive scholars, teachers were clear. “*Eish*, we can never know that!”, exclaimed one. “They will hide that one! It's impossible! Even if there is a teacher, they will hide it.” His statement was reiterated by teachers across the sites. “They [caregivers] won't be happy if this is known,” commented a teacher from Cato Crest. “Nobody talks about this disease openly,” agreed another, from a third site. Teachers are left in a position where they can only suspect a child's circumstances. “Sometimes we find out in retrospect [after a caregiver's death],” explained one.

A teacher in Tzaneen was outspoken regarding the identification of HIV-positive children:

“Parents never tell us whether they found out if their child is HIV-positive, they won't bring the report to us from the doctors. If the doctor tells the parent that the child has HIV the parents would never tell the school. They actually may stop the child from coming to school because they don't want people to know that their child is HIV-positive and for it to be a scandal.”

“Children would rather die in lonely coffins,” said a teacher in Gugulethu [than have their HIV status known]. Another commented how children are forced to hide their status: “Nobody wants to talk about ‘that thing’.” This makes it difficult for children to disclose to anyone outside of the home.

The silence and stigma so widely associated with HIV/AIDS present particularly difficult issues for the identification and support of affected or infected children.

¹²It is understood that the Inclusive Education Directorate of the National Department of Education is currently piloting the use of forms in schools, to identify children who have been orphaned with the aim of providing these children with some form of support. Further details were unavailable at the time of writing.

The reluctance on the part of teachers to identify vulnerable children was linked to the lack of available services to which teachers could refer such children for support, and the lack of support available for teachers themselves.

Where mechanisms were in place to support teachers and children, educators tended to be more proactive in identifying vulnerable children in general.

The principal of a very pro-active school in Ingwavuma described several mechanisms that her staff had developed to identify vulnerable children and to learn more about their home circumstances in unintrusive ways. These included: setting essay topics that provided children with opportunities to talk about personal experiences if they wanted to; using drawings and other forms of expression in the classroom to find out more about children's experiences and coping strategies; introducing a suggestion box at school where children could anonymously post letters to teachers about anything they wanted the school to know; introducing 'communication books' where caregivers and teachers could communicate with each other about concerns regarding the child¹³; and holding regular meetings with children's caregivers during which information and support is provided.

Interestingly, many service providers across the sites spoke about how difficult it was to get caregivers to attend meetings, and reflected on this as a barrier to identifying and referring vulnerable children. Teachers and principals consistently reported poor turnout of caregivers at parent-teacher meetings at most schools across the sites.

What emerged from the research is that one of the reasons for this poor turnout is that the meetings were perceived by caregivers, and were often used by teachers, as opportunities to chastise caregivers for non-payment of school fees and to publicly humiliate those who had not paid fees, in the hope that this would motivate them to pay. In contrast, a school principal in Ingwavuma described how meetings of caregivers were well attended when linked to some form of support/provision of information regarding access to grants, for example.

In the absence of any more formal mechanisms of identification, teachers across the sites were nonetheless quick to report a variety of indicators which they understood to be associated with vulnerability in children. These included signs of hunger (such as children vomiting water, shivering or collapsing in class, stealing food, lack of concentration or falling asleep in class, begging for food, and not playing with the other children); exhaustion; changes in behaviour; being dirty; not having a uniform or wearing a uniform that is too small or that is torn; decline in performance at school; appearing withdrawn and sad; repeated and prolonged absenteeism; regularly arriving late at school; and content of their work assignments.

Two indicators of vulnerability that were raised significantly more frequently than the rest were the appearance of the children's clothing, and children's hunger.

¹³ This obviously requires caregiver literacy and children's compliance; however, the school principal said despite low levels of caregiver literacy in her area, she found it a useful mechanism for identifying and supporting children needing support.

Explained a teacher at a school in Tzaneen:

“We once had a case where a child had been 4 days without food and she started shivering. She was living with her grandmother and her only income was her pension. There are many others like her.”

Teachers in Umzimkulu described a similar incident, where a child started vomiting water after not having eaten food for 4 days.

“The Grade R’s, they cry, they complain that they have hungry tummies. Sometimes so much so, that they are in a great deal of pain. Then I give them my own food,” explained a teacher participating in a focus group in Tzaneen. “If a child is hungry, they are passive,” commented another teacher:

“A boy fell asleep – he didn’t even go out in break to play. I asked him what was wrong with him. He told me he had a stomach ache and he said that he was hungry so I went to the principal to ask for some food to give him. The boy told me that he hadn’t eaten yesterday either”.

In the light of how predominantly the difficulty of paying school fees features in the discourses of the children and their caregivers who participated in the research, it is interesting to note how infrequently their non-payment was raised by the teachers as an indicator of vulnerability.

5.2 Responses to signs of vulnerability

Considering teachers’ prompt and fairly detailed responses regarding indicators of children’s vulnerability, the extent and manner in which they acted on them often proved surprising – and sometimes shocking. The vast contrast between schools and individual educators in terms of response to vulnerable learners is illustrated by the following two comments from educators: Said Sbongile, principal of a primary school in Ingwavuma, “you can easily see if the child has a problem... then you can follow the problem.”

In contrast, a teacher in Umzimkulu commented when asked what he felt the challenges were that faced children in his class, “I cannot tell you about the difficulties which these children face. I cannot also say I am interested in the difficulties they face. I only teach them and go.”

5.2.1 Missed opportunities for the support of children

While the school environment provides an ideal opportunity for the identification and support of vulnerable children (Wilson et al., 2002), this research documented numerous instances where teachers failed to respond to warning signals and thus missed opportunities to appropriately support or refer children.

On encountering children exhibiting indicators of vulnerability that they themselves identified, teachers were repeatedly documented as punishing the children rather than investigating the reasons for their behaviour. Tiko (aged 14) described her teacher’s response to her exhaustion at school:

#8 Too tired to learn

“It was last year when I was doing Grade 8 when my mom left to Gauteng without anyone knowing where she was. She left me behind with my 3 sisters – the first one was 6 years, the second one was 3 years and the last one was 2 months. Last year in September I discovered the younger ones are HIV-positive.

I couldn't sleep at night because the one who was 2 months was crying for my mother's breast-feeding. I would go to school very tired, feeling so ashamed and planning to kill myself. But I couldn't because I would ask myself who will take care of my sisters.

I was cleaning and cooking and caring for my sisters. There was no time for books. The teachers at my school will always shout at me because I didn't do my homework. And on top of that I sleep in class. Sometimes I didn't go to school because I was tired. I couldn't tell them what was wrong. I was scared to tell them.”

Thus, when children fell asleep or were late for class, failed to complete their homework, or struggled to concentrate, they were commonly reprimanded by teachers. Similarly, as documented above, in many of the schools the standard response to children who did not pay fees or did not have uniforms was to threaten the children with expulsion and to withhold report cards.

Corporal punishment also still appeared to apply in a few of the schools. Instead of school environments being supportive of vulnerable children, they were sometimes extremely abusive. As an NGO worker who interfaced with one of the schools commented, her impression was that the “objective of children is to get through the day without being noticed.”

In other instances teachers simply failed to act at all. For example, an NGO in Gugulethu described how their volunteers identified a 12-year-old child who had been absent from school for 4 months while caring for her sick mother. No-one had identified that the child had stopped going to school until a neighbour intervened.

In particular, there seemed to be hesitancy among some teachers to respond to evidence of child abuse. Consider the following instance of a teacher in Gugulethu, as documented by the researcher in her fieldnotes:

9. Falling on deaf ears

The teacher told me about a child who repeatedly wrote in her school assignments about being raped. “She wrote about this over and over,” the teacher explained, “until eventually I called her aside and told her to stop writing about this and not to write about it when she went to another school.” The teacher was unable to provide any information on what had happened to the child or on whether the child had received counselling for the rape. The same teacher lamented the fact that it was difficult to learn about children's home circumstances because children and their parents “don't want to talk – they won't open up”. The contradiction was lost on her.

A teacher at a primary school in Ingwavuma shared another example:

“In my class there is this child who came to me and said she wanted a place to stay as her mother - when she is drunk - asks the money from her neighbour and says she is going to give him her daughter, then the neighbour is sexually abusing her and saying ‘I have paid your mother’. I took this child and stayed with her. Her mother then came to fetch her and denied what this child has told me - there was nothing I could do but to let her go.”

A variety of responses to extended periods of absenteeism were documented at the research sites. In an attempt to assess reasons for absenteeism, some teachers made the effort to follow up on children by visiting their home, or sending other children to visit and report back to them. More commonly, however, very little or nothing was done. So, as one teacher put it, “children just disappear”.

“What gives us a problem is this movement,” said another, referring to the high degree of mobility of children from one school or area to another. “It’s difficult to keep track. So you never know if the child is at home or at another school”. It became clear during this conversation that if a child is a strong student, then the teachers were more likely to follow up: “You know, those kids that are top of the range ... we concentrate on the top achievers,” one said without a blink.

The costs in terms of opportunities lost, of not responding to signs of vulnerability in children, were brought into stark relief by stories of children who (like Sindi and Jabulile above) are likely to drop out of school unless their vulnerabilities are noticed and acted upon.

For many children who had been orphaned or who were at risk of being orphaned, being noticed by a perceptive and compassionate teacher represented their best chance of a referral to any other form of assistance.

The potential consequences of teachers being unaware of, or inattentive to, the difficulties and limitations of children’s home circumstances are illustrated by the following example, documented in fieldnotes about a school in KwaZulu:

10. Too great a cost... to whom?

Since the school is in debt and has no spare cash, the teachers – none of whom are resident in the area – hit upon what they thought was an innovative idea for increasing the stationery stocks. Every learner was to bring an A4 pack of photocopying paper as a contribution to the school. When two brothers – unable to afford a full pack each – arrived with one pack between them, they were beaten and sent away, and told not to return to school until they had a second pack.

One of the children has never returned to school and now works at the local taxi rank.

5.2.2 Understanding teacher's responses

Evidence that teachers were in general aware of warning signs of children's vulnerability but yet commonly failed to act or to act appropriately, requires some consideration.

Firstly, over-extension of the role of teachers in contexts where very little other support is available – either to them or to children – should be noted. Many expressed their sense of being overwhelmed by the high learner/teacher ratios and the vast numbers of needy children that they faced in their classrooms.

"It's really traumatising," commented a teacher in Cato Crest, in reference to the numbers of poor, hungry children she deals with every day. Said another: "Sometimes you feel like since so many children face the same problems, it is better if you just do not assist anyone." "I feel helpless and discouraged," said a third. "The fact is that most children we teach are from poor families." Teachers spoke about how difficult they found it in the context of such high learner-teacher ratios, to provide children with the individual attention needed to learn, let alone to know and assist in addressing the home circumstances of every child in the class.

Teachers expressed concern over the fact that they needed not only to be educators but also to perform extensive caregiving roles, particularly in the absence of sufficient support from other service providers: "We are parents 100% because we as teachers have to contribute in everything of the child." Or, as a teacher in Cato Crest commented during a focus group: "In this area, because of the problems we encounter, we become more like social workers than teachers." "Yes," his colleague added, "we end up being social workers, police, nurses...!".

Not only did teachers express their sense of being stretched too far, but many of them commented that they did not feel properly trained to deal with the difficulties that many of their learners are facing. Exclaimed a somewhat desperate teacher:

"All these learners, one finds that 50% come to school hungry, rape cases, they have live-in partners as young as Grade 8, a lot, a lot no money, nothing, parents passing away, HIV/AIDS, everything ... Now you need professionals to deal with those cases! But at the end of the day, you end up going [to your colleague] 'Noxolo, can you help me, this is a girl, can you deal with her in your office?'"

Teachers at all the sites repeatedly articulated their need for training in basic counselling skills in order to assist them to cope better with the difficulties learners experienced¹⁴.

Others, like this teacher in Umzimkulu, acknowledged how, in the light of their own personal challenges, they felt able to do very little:

"We are ashamed but there is little we can do. Our salaries have not been paid since we started work here in January this year".

¹⁴See also the discussion around the role of NGOs in supporting teachers with children's difficulties.

Many participating teachers felt that it was not their role as educators to be assisting children with their personal difficulties. “We are not here to probe,” said a teacher from Gugulethu, ‘we are here to teach.’

The attitude that “we have lot to do already and cannot be expected to help every child” was frequently documented. While teachers’ reluctance to bear the responsibility for single-handedly supporting vast numbers of vulnerable children is understandable – and justifiable – the attitudes of a number of the teachers who participated in the study were alarming. These have been well documented above in relation to teachers’ frequent inflexibility regarding the payment of school fees, the wearing of uniforms, and the provision of books and stationery.

In addition, however, the language which some of the teachers used to speak about the children in their schools was revealing of their often disparaging attitudes. A few examples: caregivers who were unable to pay school fees were labelled as “irresponsible”, “dishonest” and “lazy”, and caregivers on the school governing body were “uneducated”.

Where teachers were sensitive to the vulnerabilities of their learners, they often felt frustrated by the inadequacy of referral options to other services. Educators repeatedly complained that very few of the children’s caregivers attended meetings at the school or followed up on referrals, making it difficult for them to adequately support children. Furthermore, many teachers did not know who to refer children to, and some were not aware of the services provided by social workers, or of how to contact them if they needed to.

In a number of instances teachers complained that they felt it was of little use to refer children to social workers and sometimes even to particular NGOs for assistance because these support services were similarly overloaded or dysfunctional. “Even if we find a child that needs counselling, the referrals don’t work,” complained a school principal. With the exception of one school in Ingwavuma and one in Cato Crest, none of the schools reported being linked in any way to organisations providing home-based care.

Teachers’ descriptions of their inappropriate or lack of responses to children experiencing difficulties – particularly in relation to instances of sexual abuse – revealed concerns about fears for their own safety. Consider the following excerpt from fieldnotes, describing a school’s response when they discovered that a learner was being raped by the uncle she lives with:

11. “We had the fear of shooting”

Mr Khumalo said that the teacher who received the girl’s writing brought it to him and they called a meeting with the other teachers to decide what should be done about it. “We thought about reporting it to Welfare, but realised it would result in imprisonment,” he said, “so we opted not to. The school didn’t want that responsibility.”

He explained that the teachers were fearful of the ramifications if they reported the man – “there are many guns here, he said. Instead they called a meeting with the girl’s mother (who lives elsewhere) and her grandmother, and reported the rapes to them. He said that the girl remains living with the

uncle but that they haven't heard anything further – he seemed to be presuming all was well.

“I did not know how to handle it. Maybe ours was not the right approach, but we had the fear of shooting,” he said. I subsequently heard more of the story from another resident of the area who knows the girl and is concerned about her. She said that the girl had been beaten by the family for “telling lies” and reporting such information to the school because it made them look bad.

In the urban sites school staff indicated their reluctance to visit children at home. The main reason given was crime and/or anxiety about caregivers' responses for the intrusion. “Most of the children live in the shacks and it is dangerous to go there, you won't find them,” commented a teacher in Gugulethu. Said another from Cato Crest: “Rather than following up at the house, taking a walk over there, I decide to stay sitting here – because anything might happen to me.”

Children's disinclination to reveal their home circumstances to teachers also constrained the potential to identify them for support at school. “As humans it is degrading to always expose yourself that you are suffering,” explained 16-year-old Zamandelu expressively. Jabulile (14) described her aunt's struggles and pride - always being hungry, not being able to pay school fees or afford uniforms, yet being unable to explain her situation to teachers and to ask for help. Zwelethini, a 13-year-old who lives with her older siblings in Cato Crest, said:

“Sometimes I feel like a *imbungulu* [bed bug]. Teachers are okay and they like me because I do my work, but sometimes I go to school without having breakfast and I lose concentration. Teachers don't see that I lose concentration because I pretend to be listening. I don't like school when I am hungry and have to pretend to be okay. Sometimes I just miss school, when teachers ask why I was absent I just say I was sick. I can't tell them that we didn't have food at home in front of the whole class. It is not easy to find teachers alone, when they are not in classrooms they are in the staff room with other teachers so I can't speak with them privately, and besides I am scared to approach them when they are outside the classroom. Teachers are okay, it is just that I am shy and scared of them.”

Many teachers' identical perception that children were reluctant to speak about their home circumstances and “to be seen as needy” prevented them from following up on children who they suspected of experiencing difficulties. Similarly, for many children and caregivers reluctance to share their personal struggles prevented them from applying for exemptions from school fees. Instances of teachers lacking sympathy towards their struggles (like the school principal who told a caregiver that “she brought children into the world, she should be responsible [for them]”) diminished the likelihood of caregivers or children requesting assistance.

Other reasons cited for not being able to assist children more were the high mobility of children (mentioned earlier) and resource constraints within schools - exacerbated in many schools by repeated burglaries.

5.2.3 The effects of positive responses

Despite the many barriers to assisting and supporting children through schools, teachers and principals can – and very often do – play a positive and supportive role in the lives of children.

Frequently the motivation for teachers to assist children came from good leadership. In most schools in the research, where the principals were sympathetic towards children, the staff were also encouraged to be. “The head of the school can have an impact on the attitude of the staff and learners. The principal at my school tries by all means to help so the teachers get into the mood of helping out,” said 17-year-old Fekile. She told a room full of delegates at a national conference on HIV/AIDS and education in May 2002:

“I believe that teachers can have a huge impact on the lives of learners who are infected or affected by AIDS. I lost my mother and sister in 1999. And in 2000, I was raped by my father. A year later I discovered that I am HIV-positive and the first person who knew about this was a teacher. The attitude that she had is the cause of my positive thinking in life. They [the teachers] try to help financially, not only emotionally. My school governing body and teachers pay for my antiretrovirals and my boarding so that my granny can be secure that I will finish school.”

Across the sites there were examples of teachers who in their personal capacity loaned or gave children money, paid their school fees, purchased uniforms, bought food, and drove children to the clinic in their own vehicles. Said a teacher in Gugulethu:

“Sometimes you see a child come to school with a short sleeve shirt because they have nothing to put on and some of the teachers collect clothes in order to give to those who don’t have. We even take clothes from our kids to give and every one of us teachers does this.”

Individual teachers stood out for children as being kind and thoughtful, often despite a school’s negative and inappropriate response to non-payment of school fees. “When I did not have books”, said Linda, referring to the fact that she was not given workbooks by the school she attends in Gugulethu because she had not paid school fees, “she [my teacher] marked my things and she never embarrassed me at all.”

Teachers at a school in Cato Crest described how the principal refuses to allow children to wear anything other than the official school uniform. Children who can’t afford the school jersey bring another jersey to school in their bags and the teachers allow them to wear the jersey in the classroom, out of sight of the principal.

One teacher in Gugulethu gave an example of how she uses her classroom as a “safe haven”. She described how she accommodates the older brother of a child who attends the school. The 17-year-old, unable to afford school fees and uniforms, has not been allowed into high school. The teacher accommodates him in her classroom during the day so as to keep him off the streets. “Rather allow them to be at school so that they are safe, at least during the day,” explained the teacher.

Some schools also played a pivotal support role simply by increasing children's awareness of services available to them locally. The benefit of this form of support is evidenced in the following two examples.

A child in Cato Crest commented how:

"It is easy to get to the social workers because at school they gave us the number of the social workers so that if there is anything that we need from them, we can phone them."

In contrast, a 16-year-old who lives with her older sibling after the death of her parents noted how:

"I do not use the services and I don't know what it is like to be there. When I am sick I just stay at home until I get better. They must teach us about services available at schools so that we can know about them, because we don't know these services because no-one tells us about them".

For the most part, where educators in the sites were supporting vulnerable children it was on their own initiative, and very often at their own expense. Coombe (2001: 20) notes similarly that while "many teachers, especially women, are responding generously as individuals, the education service generally does not promote social support."

However, the research identified examples of schools that *had* vastly expanded their own roles in relation to the care and support of vulnerable children. Two schools, one in Ingwavuma and the other in Cato Crest - with vastly different access to resources and referral options - provide striking examples of the potential within the education system to expand upon the existing programme response to vulnerable children.

12. Principal and "mother to many"

Her feet are firmly planted on the ground, but Sbongile Kuzwayo is nothing short of a visionary. She is principal of a small school in the impoverished Majwayisa district of Ingwavuma. "Here," she smiles sadly in reference to neighbourhood poverty, "if you talk of bread, you are talking of a cake."

As she's come to realise more and more of the difficulties the children attending her school live through, she has leapt into action. The child who lay down, barely touching Monday morning's plate of food and clutching her stomach, alerted Sbongile to the weekend-long hunger of many of the children. The child had not eaten since the previous Thursday when the school feeding scheme last operated. Nor, it emerged, had several others.

After meetings with her staff and with children's caregivers (and with the financial assistance of a local charity), Sbongile instituted an extended feeding scheme on Fridays and over the weekends so that those children who receive no other food at home could be fed before leaving on Fridays, and return to the school on Saturdays and Sundays for a meal. "At least," says Sbongile, "if they come to the school, we know the children get the food."

Roughly one-quarter of the learners are fed by the extended feeding scheme. At first the project was funded out of the pockets of the staff, though Sbongile has subsequently managed to rein in random lump sums of funding.

I wondered how sustainable she thought the project is. “We don’t know,” she said calmly. “We don’t know whether it will continue or what, but for now, it is something that is helping the children.”

Alarm bells rang again when Sbongile found teenage learner Thabiso (whose story is documented earlier), sleeping under bushes at the school. The boy was orphaned, abandoned and had nowhere to go. Alert to the potential for neighbourhood gossip if she took him home with her (“they will say I want to make him work for me”), she and her staff, in consultation with the Department of Social Development, instead allowed him to move into a tiny disused wattle and daub structure, the original classroom building. Since then, 4 other boys in difficult circumstances have moved in too. A 3-roomed house has been built on the school property, and a neighbour is keeping an eye on them in the evenings. “There at least I know they are safe”, Sbongile says.

With an ever-increasing number of mouths to feed, Sbongile approached the Department of Agriculture for help in learning about food production. The school always grew a patch of mielies and vegetables to augment feeding scheme supplies, but this provided insufficient food for all the children. The result is a school fish pond, a clutch of hens that lay eggs and provide food for the fish, and a lone cow that wanders about the schoolyard and produces milk for the boys.

The first batch of fish died – Sbongile found them floating at the top of their buckets in her car boot before she completed the journey up the mountain to Majwayisa. We laughed about that though at the time, she said, she wept like nobody’s business. The second batch, safely installed, are reproducing at a rate. Sbongile cackles as she describes how she’s trying to convince neighbours of the school to dig ponds too, before the school pond is full to capacity. She’s delighted with the progress of the fish, and hopes that soon they will keep all the children fed and nourished.

“So we’re not just a school anymore these days,” she remarks, “we’re a school, a farm, a dairy, a fish farm, and a home...”. “Now that we have food for the children,” she adds, “the next thing we need is to find counsellors [to support children].”

When Sbongile comes to Cape Town to participate in a workshop with the Children’s Institute, I’m surprised when she rushes back immediately to Ingwavuma. I know she’s exhausted. When we suggest she rests here for a day or two, she smiles gently, “I cannot stay longer,” she says, “I am mother to many.”

13. Reining in resources

Cato Crest Primary is a new school in this neck of the woods. It stands out from the sea of shacks around it, and not only from an infrastructural point of view. Here the teachers are determined to provide the children not only with an education, but also with the support they need considering the context that they live in. The staff commend their principal for her attitudes: “She is

always motivating us to do something about the situation around us,” they say.

As a result, all the teachers are involved in trying to garner assistance from outside this impoverished area to better support the children. In the absence of a state feeding scheme (for which they applied 2 years ago), the Salvation Army provides sandwiches for all the children daily. The children, reiterate the teachers over and over again, are hungry. They are impoverished, and they live in a difficult, violent, neighbourhood.

St Johns Ambulance provides a nurse who visits the school once a week to treat any children who may need it. Similarly, the school has set in place a collaborative relationship with the University of Durban-Westville and an Assessment Centre linked with them which brings student social workers to the school once a week. “They work with groups and with individual learners,” explains the principal. “They do counselling with the children, and they also help the parents, they assist them with grants.”

Children have the additional opportunity to participate in support groups run for them twice-weekly by a home-based care organisation operating in the area. At the end of 2002 there were approximately 50 children – “who have lost parents, or are living with sick parents, or have been abused” – who regularly attended these groups. As children who live in the neighbourhood hear about the facilities, they filter through the school gates. The principal is delighted that the school can assist those beyond its boundaries.

In addition, NGO Youth for Christ runs a lifeskills programme that is incorporated into the school day for children in Grades 6 and 7. This functions in addition to the lifeskills classes which operate as part of the school curriculum. “It’s very meaningful,” says one of the teachers, adding that it is far easier for the children to talk to the youth workers from the project than for them to approach the teachers. Teachers expressed how they value the project not only for the ways in which it assists the children, but also because it provides them as teachers with support that they desperately need.

The nature of the neighbourhood makes it difficult for residents to grow food gardens, and so the principal, in collaboration with the local community health workers, has initiated a community garden project that is open for anyone who wishes to participate. In return she requests that some of the food that is grown be made available for “the learners who really need food”.

We wonder, as we talk to the principal, how she fits any teaching in. “You cannot teach when the children are not okay,” she rapidly retorts. “You’ve got to sort that out first.”

Each of these schools is an impressive example not only of individual initiative, but also of the capacity of collaborative efforts to facilitate remarkable support systems for children (and teachers) in the face of limited resources. They highlight the potential of schools to be “centres of community

life”, and the ways in which this can be achieved without placing unrealistic burdens on educators.

The importance of collaboration between education and other sectors cannot be stressed enough, and our research suggests that more effort is needed on the part of all relevant sectors to ensure that collaborative partnerships are realised.

5.2.4 Collaboration between education and other sectors

In contrast to the examples of the 2 schools described above, collaboration between educators and social workers at the sites was generally poor. Referrals to social workers from schools was usually linked to non-payment of school fees and seldom associated with any longer-term collaborative relations.

Despite the frequently cited need for social workers to be playing a more active role in the support of children through schools, the research found very few examples of teachers actively engaging with local social workers. As mentioned earlier, some teachers were confused about the exact role of social workers and about how they could be contacted. Others complained that their previous attempts to obtain assistance from social workers were fruitless – in part, it seemed, because social workers were simply too overburdened with caseloads to adequately perform their functions.

Social workers confirmed that they seldom received referrals of children from schools and commented correctly that “many teachers are not aware [of their services]. We need to network with the Department of Education to increase awareness and bring teachers on board.” Some social workers admitted that they had never visited a school in their professional capacity, and felt that this was a gap in their services. However, in the few instances where social workers were engaging with schools, they described the effectiveness of this as an entry-point into the homes of vulnerable families.

Collaborative relationships between education and health were generally limited to visits by school nurses to schools on an annual basis, although there were several examples of teachers who accompanied children to clinics. There was one example of a formal arrangement between a school in Cato Crest and the local clinic whereby children referred by the school were seen immediately and not required to wait in the queue. Across the sites, school nurses offered a limited range of services, from monitoring the state of school toilets to assessing learners’ health, hearing and vision, and there was general agreement among teachers that these services were inadequate and needed to be expanded upon and better resourced in order to properly benefit the children.

Collaboration between schools themselves provides an option for establishing support systems for educators, particularly in severely under-resourced areas. However, there was little evidence at the sites of schools supporting one another. Only one example emerged during the research of a group of principals who had formed an association – meeting on a regular basis to discuss problems and share innovative strategies for addressing these. The

'association' had forged strong links with the local social worker, who provided them with information and followed up on referrals of vulnerable children.

In 3 of the research sites, Ingwavuma, Gugulethu and Cato Crest, the research found evidence of NGO activities within schools directed at supporting vulnerable children. In some instances these links were limited to referrals, while in other cases NGOs were more active in the schools, providing lifeskills education and support to children during and after school hours.

Children as well as teachers reflected extremely positively on the role that these NGOs were performing in their schools. Not only did they provide much appreciated support to teachers struggling to help children ("the relationship with them is very much helpful – they come to my relief" said a grateful principal), but teachers in particular appreciated that the NGO workers were able to gain the trust of learners in a way that was less possible for them as authority figures. As a result, they said, NGOs were far better placed to provide appropriate and effective support for children in need: "The learners are more open with them, so they can handle the issues much better." In addition, some teachers argued that NGO-driven lifeskills programmes were able to achieve results which were not possible with the life orientation classes that are part of the school curriculum. Explained one:

"I think on Life Orientation, it's more like learning, it's in the curriculum. You go and teach it, then they write a test and so on, but when it comes to [NGO] Lifeskills, they talk real problems ... it's more practical, It's more action, it's not like a theory like 'don't do drug abuse because it will do this and this to you'."

NGOs reflected similarly positively about their work in schools. A co-ordinator of an NGO that had just completed its pilot term in operation commented on the changes the team had already observed in the children: "Imagine what could be done in 7 years!"

Her comment is endorsed by a 14-year-old who was having to cope with raising her younger siblings after the sudden disappearance of her mother. "Everything stopped to be painful when [NGO] (working through her school) came to my life. They lifted me up, they counselled me and they really helped me," she said.

5.3 School-based support programmes

"Educators are not social workers. Nevertheless they can work with others to provide care and support for those affected by HIV/AIDS, especially orphans, creating a culture of caring in schools, ensuring a secure environment, observing zero tolerance for violence or abuse in the school setting..." (Minister of Education, June 2002).

Education policy, legislation and leadership make provision for schools to play a more substantive role than they do currently in the identification, care and support of vulnerable children, and in collaborative partnerships with other sectors. At present, national school-based support programmes for children in the context of HIV/AIDS and poverty are limited largely to HIV/AIDS Lifeskills programmes and the school-based nutrition programme.

5.3.1 School-based nutrition programme

Ensuring that children are healthy and able to learn is an essential component of an effective education system. “When there is food, there is life to the kids,” said a teacher in Gugulethu, adding her support to this point. Poor nutritional status is an important underlying factor for low school enrolment, absenteeism, poor classroom performance and early school dropout (WHO, UNESCO, UNICEF, & World Bank, 2000).

South Africa has an Integrated Nutrition Programme (INP) designed to address nutritional deficiencies among women and children in South Africa through health facility- and community-based nutrition programmes. The responsibility for these is shared across government departments and the non-governmental sector. The National Food Consumption Survey makes several detailed recommendations for addressing nutrient deficiencies and hunger within the current framework of the INP, including the provision of substantially more resources to the Nutrition Directorate within the Department of Health - to attain the objectives of the INP (Walker, 2001).

Components of the INP that are currently operative within schools are implemented by the Departments of Health and Education, with Health as the lead department (although this is due to change in 2004). The programme has 4 key components: the primary school nutrition programme (PSNP); nutrition education; parasite control; and micronutrient supplementation.

An evaluation of the PSNP was undertaken by the Child Health Unit at the University of Cape Town in 1997. The evaluation report emphasises the importance of the programme and its value in improving school attendance and classroom performance. However, it points to a number of problems, including the management of the programme and the substandard quality and quantity of the food provided (Child Health Unit, 1997).

While our research does not constitute an evaluation of the PSNP, it does provide some anecdotal evidence to suggest that the problems identified during the 1997 evaluation persist. There were consistent complaints from caregivers and principals across the sites regarding late or non-delivery of food. Non-payment of suppliers continues to undermine the effectiveness of the feeding scheme. The principal of a school in Ingwavuma explained how the Department of Health had not paid out the feeding scheme subsidy money it owes the school since September 2001.

She despaired at how difficult this makes it to keep the programme afloat, since the suppliers get justifiably angry about not being paid – and not least because they themselves are small local businesses without much cash to spare. “The province is currently owing [the suppliers] over R8000 for last year, and R4000 for this year”. Commenting in April 2002, a principal of a school in Tzaneen said similarly that his school had not received money for the feeding scheme since January that year “so the children went without food until 2 weeks before Easter.”

Several schools commented on the link between the feeding scheme and school attendance. Since the feeding scheme had stopped at his school, a principal in Umzimkulu commented that absenteeism had increased. “Children

are hungry,” agreed a teacher at the same school. “They will not stay at school if they are not fed.” “Some of the kids do attend school regularly if there is a feeding scheme. If there isn’t one, they don’t come,” said the principal of a school in Tzaneen.

There was a general concern among educators over the quality and quantity of food available to meet the needs of all the children who needed food, as well as the fact that the scheme only operated 4 days of the week and only in primary schools. Commenting on how they decided on who would benefit from the scheme, the principal of a school in Phuthaditjhaba said: “It is tough to choose kids so we just say the older children are more able to cope. Younger ones are more vulnerable. We did not want some in a class eating and others not, so we choose the younger children.”

The narratives and case studies in the earlier chapters of the full report reiterate the frequent, persistent and severe hunger that many children face. Children and caregivers who were interviewed spoke about how they relied on the school feeding scheme. “Sometimes we don’t eat at home and [we] hope that we will get food at school,” said 11-year-old Sabelo. “When we ask food from aunt Nelly sometimes she tells us that we will get food at school. She does not understand that we do not get food every day.”

Several school staff commented on the need for feeding schemes in high schools, and some described their frustrated efforts at establishing such schemes in the absence of a government policy to do so. Said a teacher at a high school in Cato Crest: “I am so concerned about the kids that are starving. If they can supply us with food like primary schools have, we would be so pleased, really, because they are *starving*.” “The kids come to you,” continued another teacher, “and they tell you that they haven’t eaten for days.”

Teachers at this particular high school described their frustration at their lack of success in securing support from any charities or NGOs providing food:

“We’ve talked to Salvation Army, we’ve talked to the Red Cross, we talked to, I don’t remember the name, and they’ve all promised ... but now the problem is we are not a primary school. It is easy if you are a primary school.”

In recognition of the need for the programme as well as the shortcomings in current service delivery, Cabinet took a decision in September 2002 to extend the PSNP to Grade R learners (reception year, i.e. 5-7-year-olds) in targeted primary schools, to increase the funding allocated to the scheme, and to transfer the school feeding component of the INP from Health to the Department of Education by April 2004¹⁵.

The findings of this research suggest that the possibility of further extending the programme to high school learners should also be investigated.

5.3.2 HIV/AIDS lifeskills programme for educators and learners

The education system provides a “window of hope” (The World Bank, 2002) for the delivery of HIV/AIDS prevention efforts. Children between the ages of

¹⁵Presentation by the National Department of Education to the Education Portfolio Committee, October 2002.

5 and 14 years are the least likely to be infected with HIV, and can therefore be protected through education that promotes healthy lifestyles and avoidance of risky behaviour. Youth between 15 and 24 years of age are among the highest-risk groups, and the one where education efforts have the potential to yield maximum results.

The National Policy on HIV/AIDS for learners and educators (1999) seeks to promote effective prevention and care within the public education system in South Africa. The policy stipulates that a continuing lifeskills and HIV/AIDS education programme must be implemented at all schools – for learners and educators. Within such programmes learners must receive education about HIV/AIDS and abstinence, and acquire age- and context-appropriate knowledge and skills (Department of Education, 1999).

Several of the schools that participated in the study reported that one or more of their teachers had been trained through the schools lifeskills programme. Many felt that further and ongoing training and support was necessary and that more teachers needed to be trained. Others felt that too much time was spent on workshops and training and that more time and resources should be spent on “supporting children more directly”.

Teachers described the reluctance on the part of caregivers to speak to children about sex and to allow teachers to do so in schools. Many of the school staff themselves expressed a reluctance to talk about sex with their pupils. “I can’t manage to talk about sex – they can hear it on the radio or television,” said a principal at a school in Tzaneen. “The main problem is our culture is very difficult about it,” she continued. “AIDS means death,” said another principal. “AIDS is also associated with sex and we don’t talk about sex”.

Language was another barrier to teachers speaking about sex. Several teachers said that it was particularly difficult to teach about sex using a language other than English, and that they would struggle to find words that are not vulgar in Sotho or Zulu.

The policy makes provision for the education of educators as well as of learners. The research suggests that HIV/AIDS education directed at educators *is* needed. Teachers in Umzimkulu, Tzaneen and Phutaditjhaba for example spoke about being afraid of becoming infected if they touched an HIV-positive child.

5.3.3 Universal precautions

All schools are required to institute universal precautions to eliminate the risk of HIV transmission in schools. The National Policy on HIV/AIDS for learners and educators (1999) provides detailed recommendations on the nature of universal precautions, and stipulates that all schools must have available and maintain at least 2 first-aid kits containing particular provisions.

“This school does not have a policy on HIV/AIDS,” said a teacher in Umzimkulu. “No-one has ever come here to train us on this matter. What is the policy of the government? There is nothing.” When asked about existing

school policies, another teacher replied: “They do things in Parliament and do not care whether people on the ground understand them or not.”

Most of the schools reported that they do not have first-aid kits in stock. A couple of schools mentioned that they did have gloves but most did not, and some relied on using plastic shopping bags as a substitute.

5.4 HIV/AIDS-related discrimination in schools

Examples in earlier chapters of children being stigmatised and discriminated against illustrate the harmful effects of this, not only on children themselves but also on their desire and confidence to seek assistance.

The children who participated in the group activities spoke about the way in which HIV-affected children are treated at schools. “Other children at school and in the neighbourhood will think that they also have AIDS. Some children won’t want to come near them ... others will sympathise with them and give them love,” said Jabulile. Most children shared the perception that others would be scared of the child, that “they will think they will infect them too if they come too close,” and that as a result “other children won’t want to play with them” or “share their food”. “Even the teachers can talk to them and they will pretend as if they understand but the next day the whole school will know that their mother has AIDS. It will be a problem.”

Teachers’ attitudes towards and knowledge of HIV/AIDS often emerged through conversations with the researchers about children. For example, teachers in Gugulethu told the researchers about a child in their school who they had suspected of being HIV-positive. “That one skinny child,” said one, reminding the others about the child she was referring to. “We talked about him and pointed him out when he walked past. The other children teased him and called him Nkosi ... He just left, we don’t know what happened to him”.

Speaking about a 9-year-old girl in their school, teachers participating in a focus group in Tzaneen described how the child’s parents had died of AIDS and they suspected that the girl was HIV-positive herself. Some of the teachers in the group commented on their fear of becoming infected if they touched her. “She is in my class,” commented one of the teachers. “I was afraid at first that if I touch her, I will get infected ... I sometimes think that she could be dangerous.”

Several teachers in Umzimkulu suggested that children who had been orphaned be sent for HIV testing so as to determine the risk of infection for others. Most of the educators we spoke to asked for more information on what to do if they suspect or know that a child is HIV-positive.

Without exception, all of the schools were aware of the Department of Education’s policy on non-discrimination relating to HIV/AIDS, and were quick to point out that children could not be discriminated against on the basis of HIV status. While children and caregivers spoke about being discriminated against at schools for not paying fees or not having a uniform, there were very few reports from children or caregivers of educators openly discriminating against them on the basis of HIV status.

When children were asked during a group activity how teachers would respond to a child whose caregiver was dying of AIDS, many responded positively. “Teachers will advise them how to take care of their mother so that they won’t become infected,” and they “will treat them good because they know how bad it is if your parents are sick.”

5.5 Working conditions

The core of an education response to the care and support of children made vulnerable in the context of HIV/AIDS rests with good leadership and motivated and caring staff. It stands to reason therefore that a large component of the Department of Education’s strategy to address the needs of learners must be a strategy to improve the working conditions of staff.

The Department of Education identified low morale among teachers and principals as a massive problem in schools (Department of Education, 2000a). In the light of the roles and responsibilities that educators are being asked to assume in the context of HIV/AIDS and poverty, it is critical that this issue be addressed.

Educators who participated in the research expressed their anger and concern over the poor conditions in the schools in which they work, the fact that textbooks are not delivered on time, school feeding scheme supplies are erratic, and their own salaries are sometimes not paid for months.

The District Development Support Programme baseline study conducted in 4 Provinces in 1999 identified “poor physical infrastructure and lack of learning and teaching materials as key factors that hinder improvement in learning and teaching”. The South African Assessment report on EFA (Department of Education, 2000a) found that the condition of school buildings in many South African schools was not conducive to teaching and learning. The 1996 school register of needs dataset found that most primary schools had no access to adequate sanitation facilities (nearly half the schools had pit latrines), 56.2% of primary schools had no electricity supply, and 12.5% of schools had buildings that required urgent attention (Department of Education, 2000a).

“How do you cope?” we asked educators in Umzimkulu who had not been paid a salary in months. “You become happy to see that someone you taught holds a good job somewhere. It makes you feel proud. And I think that is what keeps you going. It makes you feel like you have produced something.”

6. Conclusion

The education sector plays a pivotal role in determining the well-being of vulnerable children. Of absolute priority is the fact that although South Africa’s legislative framework makes provision for free basic education through the school fee exemption process, numerous children experiencing orphanhood (and others) in the research sites were nonetheless finding themselves unable to access schooling.

The primary reason for this was related to the prohibitive costs of schooling – including school fees, uniforms and school equipment. Children who were

unable to pay their fees were repeatedly suspended from school, denied report cards or transfer letters, held back a grade or prevented from writing exams.

The possibility of fee exemptions was not widely known by children or their caregivers, not least because many of the (extremely poorly resourced) schools were reluctant to publicise the process because money earned through school fees constituted their only discretionary income.

Given evidence to support the fact that school fees reinforce and widen inequalities – for example, that poor children are less likely to complete schooling and schools in poor areas are less likely to be sufficiently resourced – broad international consensus favours free and universal education (The Coalition for Health and Education Rights, 2002).

While recognising the cost and complexity of its implementation, we nonetheless would argue on the basis of the evidence presented in the course of the full report that the provision of universal free education – including subsidised uniforms and books – is a crucial component of a response to widespread poverty and to addressing the impact of HIV/AIDS on children in South Africa.

A common response on the part of NGOs to the needs of orphans and other vulnerable children comes in the form of school fees. The widespread practice of NGOs paying children's school fees seems inappropriate and out of place in a context where access to free education is legislated for, and where NGOs' financial and human capacity is severely limited. This is particularly so given the immense need for NGOs to be supporting vulnerable children – and schools – through the provision of other important assistance.

If the basic needs of children – including access to schooling and food – were better met by the State, the huge gap in protection and psychosocial support for children might begin to be better addressed by NGOs. It is inexpedient that NGOs are spending valuable resources on addressing the school fee shortfalls rather than addressing areas of need where policies do not exist to address them.

In a similar vein, government-provided social security benefits are commonly used to pay children's school fees. The process of Education costs being paid for by a grant from the Department of Social Development essentially amounts to a transfer of funds between departments and warrants further debate.

Other barriers to school access included children's responsibilities related to domestic and income-earning tasks, or the care of younger children and sickly or elderly adults, and the long periods of absence that were not dealt with sympathetically on return to school.

Educators need to be alert to particular vulnerabilities associated with the process of orphanhood, and other risk factors amongst learners, and to be provided with the resources and skills to respond appropriately. The research findings documented in this chapter repeatedly demonstrate that the extent to which the school environment is supportive (or not) of vulnerable children is critical – and reaches beyond their experiences of education alone.

However, in many instances the role of schools in supporting vulnerable learners was not recognised by teachers participating in the research. A complex range of factors contributed to the widespread lack of action taken by teachers in response to the vulnerable children they encountered. This included a lack of alertness to individual children's home circumstances; high learner/teacher ratios; overwhelming numbers of needy children; lack of functional referral mechanisms; reluctance on the part of children and caregivers to reveal their struggles; teachers' attitudes; and their widespread perceptions of their role being limited to that of being educators and not social service providers.

As demonstrated, the consequences for vulnerable children of an inappropriate or absent response from teachers reveal the importance of reviewing the ways in which schools currently operate.

It is *crucial* that basic opportunities for the identification of vulnerable children – including children experiencing orphanhood – within schools be optimally utilised, and children referred appropriately wherever possible. The marked impact on children of active and appropriate identification and support mechanisms demonstrates how schools provide ideal vehicles through which the health and social needs of vulnerable children could be met. The extension of school-based feeding schemes and the provision of psychosocial support for example are ideally suited to the school environment, ensuring that support reaches children directly.

However, it was evident from the research that most schools lacked the human resource capacity to be taking on additional responsibility without substantial support and collaborative partnerships with a network of service providers. The strengthening of links with health, social development, and non-governmental services in particular would serve to take schools beyond the boundaries of institutions of learning, and realise one of the priorities of the Tirisano implementation plan, namely that “schools become centres of community life”.

Finally, the school-related difficulties of the children who participated in this research overlap significantly with other children's experiences in South Africa. This fact highlights the need for an approach by the Department of Education which does not target orphans *per se* but rather remains true to the call for education for all, ensuring quality and accessible education for every child in South Africa, including (and especially) the most vulnerable.

7. Recommendations for strengthening the role of schools in addressing the needs of children in the context of HIV/AIDS

The full research report contains a comprehensive set of recommendations for addressing the needs of orphans and other vulnerable children in the context of HIV/AIDS, including recommendations for:

- Conceptualising orphanhood in the South African context
- A basic package of services and support
- Addressing hunger
- Appropriate mechanisms for the identification and registration of orphans and other vulnerable children
- The role of health services in addressing the needs of orphans and other vulnerable children
- The role of social development services in addressing the needs of orphans and other vulnerable children
- The role of home- and community-based care and support services in addressing the needs of orphans and other vulnerable children
- The role of education in addressing the needs of orphans and other vulnerable children
- Co-ordinating structures and programmes
- Considerations with regards to the “public face” of orphanhood

For the purposes of this paper, we have included only those recommendations that relate directly to the role of schools in addressing the needs of children made vulnerable in the context of HIV/AIDS.

7.1 Recommendations for addressing school fees as a barrier to access

While South Africa’s legislative framework makes provision for free basic education through a school fee exemption process, problems related to payment of school fees were identified as one of the major challenges facing orphans and other vulnerable children.

We recommend that:

- a) **Free primary and secondary education** should be provided **at State schools** (including reception year) for all children - not subject to the granting of a school fee exemption and including subsidised uniforms.

Alternatively, we recommend that:

- b) Exemption from payment of school fees should be included in a **basic package of direct and indirect services and support** for children who qualify in terms of a needs-based assessment. (The existing provision that children in foster care and residential care are automatically exempt from

school fees is insufficient given the fact that most orphans and other vulnerable children are not living in either of these care options.)

Until such time as this 'package' of direct and indirect benefits is available to *all* children in South Africa, we recommend that the package be provided - with immediate effect - to the most vulnerable, and we suggest the following provisions:

- c) Eligibility for the package of services should be determined on the basis of a *single* needs-based assessment. At present caregivers applying for benefits such as school fee exemptions, exemptions from payment of health care fees, and child support grants, are subject to multiple application processes. These processes are often inaccessible and intimidating for the applicant and time-consuming and costly for the applicant and the service providers involved. Children and/or their caregivers applying for the recommended package should be eligible for the full range of exemptions and support services based on a single needs-based assessment.
- d) The assessment should include, but not be limited to, indicators of vulnerability linked to experiences of orphanhood. The use of a *needs-based* assessment ensures that children who are most in need of support receive support, rather than directing support inappropriately at particular categories of children.
- e) The package should be weighted towards the provision of services and support that are of *direct benefit to the child*, thereby reducing opportunities for misappropriation of support intended to benefit children and the likelihood of children being perceived and exploited as a route to resources.

7.2 The school fee exemption system in the absence of free education

Given the current approach to school funding, a reliance on the school fee exemption system to accommodate vulnerable learners is inadequate. In the absence of free education for all, we therefore recommend:

- a) **A review of the entire model of school funding** with a view to exploring alternatives to the current system. If school fee exemptions remain the only way in which orphans and other vulnerable children can access free education, then school governing bodies should be provided with incentives to process exemptions rather than the current alternative, where the incentive is to ensure that children pay their fees.
- b) The **procedure whereby school fees are collected needs to be reviewed** so as to prevent embarrassing and intimidating children who are unable to pay or exposing children's home circumstances in inappropriate ways.

7.3 Recommendations for addressing additional barriers to accessing education

Many of the barriers to accessing and benefiting from education cannot be addressed by the Department of Education alone, and addressing these barriers requires collaborative efforts on the part of a number of government departments.

We recommend the following mechanisms for addressing barriers to education:

- a) Providing appropriate school-based support and **creating school environments that do not contribute to children's vulnerability** will serve to remove some of the barriers to access. These are discussed in the next section on strengthening school-based support
- b) We recommend that the Department of Education reiterate and enforce the provisions in the South African Schools Act of 1996, in particular Section 5 **prohibiting discrimination against children on the basis of non-payment of school fees.**
- c) The inappropriate punishment of children by teachers was shown by the research to often be related to a lack of knowledge on the part of teachers of children's home circumstances. Teachers' knowledge of children's home circumstances could be improved through a variety of informal and formal mechanisms/systems that can be included in the teaching, communication and record-keeping systems within schools with little or no additional effort.
- d) Schools need to be cognizant of the fact that, largely as a result of HIV/AIDS, **children are increasingly assuming caregiving** and breadwinning responsibilities and may be unable to meet the expectations of the school system. **Allowances** to be explored include the following:
 - i) Educational support for learners who are absent for long periods of time during critical stages of their caregivers' illness. Peer educators could play an important role in this.
 - ii) Homework support for children who are unable to complete their work at home or who do not have adults or older siblings to assist them.
 - iii) Daycare facilities at schools for younger siblings of children who have primary caregiving responsibility for their siblings.

7.4 Strengthening school-based support for OVC

The school provides an excellent environment through which the health and social needs of children could be addressed by service providers and, where appropriate, educators. In addition to the recommendations already made, we suggest the following approaches to improving school-based support to orphans and other vulnerable children in the context of HIV/AIDS:

- a) The Department of Education should strive to ensure first and foremost that **school environments do not contribute to the vulnerability** of children and that they instead create atmospheres of acceptance, welcome and non-discrimination.
 - i) In order for schools to be supportive environments for children, **school staff must be supported.** Teachers at several of the sites

described feeling overwhelmed by the sheer numbers of vulnerable children they encounter, and spoke about feeling as if they had to be social workers, counselors and nurses despite feeling ill-equipped to perform these functions. **Improved collaboration** with other departments – in particular Health and Social Development – would serve to relieve some of the pressure on teachers and optimise the contact opportunities with children at schools.

- b) Schools as environments through which the psychosocial / emotional needs of children can be met:
- i) The development of **peer support programmes** within schools should be further explored, and should include good monitoring and support systems for the young counselors. Importantly, these programmes should supplement and not replace the support provided by teachers and other professionals.
 - ii) The involvement of **non-governmental organisations** in schools should be expanded and encouraged, provided that these programmes complement existing lifeskills education and are well integrated into school-based monitoring and support systems. Such programmes could serve to strengthen collaboration between schools and organisations rendering support to children, make support more accessible to children who may be too intimidated to speak openly with a teacher and reduce the burden on teachers.
 - iii) The **use of students** (such as social work students and psychology students) to provide support to children through schools should be explored.
 - iv) Many of the teachers who participated in the research requested **training on counseling of children** and recognising behavioural indicators of grief/depression in children. With such training, teachers could form an important link between vulnerable children and professional support services, where available, and fill an important gap where these services are non-existent.
- c) **Opportunities for the identification of vulnerable children** within schools should be **optimally utilised**. Teachers can draw on a range of creative (and non-intrusive) techniques in order to **facilitate opportunities for children** and caregivers to let them know about their home circumstances and what types of support are needed. Such techniques could include artwork, carefully selected class work assignments, memory box projects, the introduction of a suggestion box, supportive teacher-caregiver meetings, etc.
- d) There is an urgent need for **social workers to be posted within school clusters**. Teachers would be able to refer children they suspect as being vulnerable directly to the school social worker, who could in turn determine the appropriate course of action on behalf of and with the child. A school social worker would for example be in an excellent position to assess children for eligibility for the needs-based package of services and support.
- e) Schools can play a major role in **informing children and their caregivers of the various types of support** available, e.g. home based care services, child care grants, food parcels, Childline, the AIDS helpline, local non-

governmental services, etc., and how support can be accessed. Such information could be made available in display form, e.g. on posters, to ensure that the support is accessible to children who may be too afraid to ask for help.

- f) **A review of school feeding schemes** is required, in line with its stated objective in terms of not only improving the learning capacity of children but also alleviating the effects of poverty on children.
- i) There is a need to address problems related to, among other issues, irregular and inconsistent food supply, the late or non-payment of suppliers, corruption in the system, and the nutritional value of the meals that are provided.
 - ii) There is evidence to suggest that school feeding schemes improve school attendance and reduce absenteeism, and in some instances provide children with their only meal of the day. We recommend that, where possible and appropriate, **school-based feeding schemes be extended to provide nutritional meals 5 days of the week (possibly more than once a day) to children in both primary and high schools.**
 - iii) Criteria for determining which children benefit from a school-based feeding scheme should be as broad as possible.
- g) Health service provisions at and through schools need to be strengthened.
- i) Both the Health Promoting Schools and School Health Services programmes are absent in most provinces. We recommend that the Department of Health in collaboration with Education speed up and strengthen both services in order to confer the maximum health benefits to children in their schooling years, especially those that live in the context of poverty and HIV/AIDS.
 - ii) Schools could **provide children with information on relevant health issues** – to assist children involved in caregiving (caregiving responsibilities are not limited to children who have been orphaned or who are at risk of being orphaned). Such a programme could include information on immunisations, nutrition, basic health care, and how to care for an HIV-positive person.
 - iii) Schools - in collaboration with clinics – could **distribute basic equipment** needed to assist with the care of an HIV-infected person, e.g. gloves, soap and disinfectant.
- h) While there has been substantial progress to date, our research suggests that HIV/AIDS prevention, sexual and reproductive health, and **lifeskills education and support need** to be further integrated into the school curriculum. In addition to HIV/AIDS-related lifeskills other forms of lifeskills, such as gardening/food production, parenting and budgeting, could be introduced.

8. Bibliography (full research report)

- African National Congress. (2002). Resolutions of the 51st National Conference, 2002 : Resolution On Social Transformation.
- Aggleton, P. (2000). *Comparative analysis: Research Studies from India and Uganda. HIV and AIDS-related Discrimination, Stigmatization and Denial*. Geneva: UNAIDS.
- Ainsworth, M., & Filmer, D. (2002). *Poverty, AIDS and Children's Schooling: A Targeting Dilemma*: World Bank Policy Research Working Paper 2885.
- Ainsworth, M., Beegle, K., & Koda, G. (2002). *The Impact of Adult Mortality on Primary School Enrolment in Northwestern Tanzania*. Washington DC: The World Bank.
- Ainsworth, M., Ghosh, S., & Semali, I. (1995). *The impact of adult deaths on household composition in Kagera Region, Tanzania*. Geneva: Development Research Group, World Bank.
- Ali, S. (1998). Community Perceptions of Orphan Care in Malawi. Paper presented at the Conference on Raising The Orphan Generation, Pietermaritzburg, 9-12 June 1998.
- Ansell, N., & Young, L. (2002). *Young AIDS Migrants in Southern Africa*. London: DFID.
- Apt, N. (1997). *Ageing in Africa*. Geneva: World Health Organisation.
- Ardington, L., & Lund, F. (1994). *Pensions and development: the social security system as a complementary track to programs of reconstruction and development*. Centre for Social and Development Studies, University of Natal.
- Aspaas, H. R. (1999). AIDS and orphans in Uganda: Geographical and gender interpretations of household resources. *Social Science Journal*, 36(2), 201-226.
- AXIOS. (2001). *Needs Assessment of Orphans and Vulnerable Children in AIDS Affected areas in Bobo-Dioulasso, Burkina Faso*. AXIOS.
- AXIOS. (2002). *Designing Programs for Orphans and Vulnerable Children in AIDS Affected Areas*. AXIOS.
- Ayieko, M. A. (1998). *From Single parents to Child-headed households: The case of children orphaned by AIDS in Kisumu and Siaya districts*. New York: UNDP HIV & Development Programme.
- Badcock-Walters, P. (2001). *The Impact of HIV/AIDS on Education in KwaZulu-Natal*: KZN Provincial Education Development Unit and Health Economics & AIDS Research Division, University of Natal: PEDU Position Paper.
- Badcock-Walters, P. (2002). Education. In J. Gow & C. Desmond (Eds.), *Impacts and Interventions: The HIV/AIDS Epidemic and the Children of South Africa*. Durban: University of Natal Press.
- Badcock-Walters, P., Booyesen, F., Desmond, C., Dorrington, R., Ewing, D., Giese, S., Johnson, L., Gow, J., McKerrow, N., Motala, S., Smart, R., & Streak, J. (2001). *The Long Term Socio-Economic Impact of HIV/AIDS on Children and the Policy Response: South African Case Study for the UNICEF Global Study*. Durban: HEARD.
- Barnard, A. (2002a). *A Situational Analysis of Children Living with Terminally ill Parents*. Unpublished M(Phil), University of Cape Town, Cape Town.
- Barnett, T. (2002). The Challenge of HIV/AIDS for Food Security and Nutrition. Paper presented at the XIV International Conference on HIV/AIDS, Barcelona, 7-14 July 2002.
- Barnett, T., & Blaikie, P. (1992). *AIDS in Africa: Its present and future impact*. London: John Wiley & Sons Ltd.
- Barnett, T., & Whiteside, A. (2002). *AIDS in the Twenty First Century: Disease and Globalisation*. New York: Palgrave Macmillan.
- Baydar, N., & Brooks-Gunn, J. (1994). The Dynamics of Child Support & It's Consequences for Children. In I. Garfinkel & S. McLanahan & P. Robins (Eds.), *Child Support & Child Well-Being*. Washington DC: Urban Institute Press.
- Beall, J., & Kanji, N. (1999). *Households, Livelihoods and Urban Poverty*. London: DFID, Urban Governance, Partnership and Poverty Theme Paper 3.
- Bechu. (2000). *Economic Impact of AIDS in Africa: A Review of the Literature*. Paper presented at the African Development Forum, Addis Ababa.
- Beisel, W. (1996). Nutrition and Immune Function: Overview. *Journal of Nutrition*, 126(Supplement), S2611-S2615.
- Bharat, S. (1998). *Facing The HIV/AIDS Challenge: A Study on Household and Community Responses*. Health For The Millions, 24(1).
- Bharat, S. (2001). *India: HIV and AIDS related Discrimination, Stigmatization and Denial*. Geneva: UNAIDS.
- Black Sash. (2000). *Comprehensive Social Assistance for Children Including Children Infected with and/or Affected by HIV/AIDS: Submission to the Committee of Inquiry into a Comprehensive Social Security System for South Africa*. Black Sash.
- Blaikie, N. (2000). *Designing Social Research: The logic of anticipation*. Cambridge: Polity Press.
- Bledsoe, C. (1994). Children Are Like Bamboo Trees: Potentiality And Reproduction In Sub-Saharan Africa. In K. Kiessling & H. Landberg (Eds.), *Population, Economic Development and the Environment*. Oxford: Oxford University Press.
- Botswana Ministry of Local Government Lands and Housing: Social Welfare Division. (1999). *Short Term Plan of Action on Care of Orphans in Botswana: 1999-2001*.

- Boyden, J. (1990). Childhood and the Policy Makers: A Comparative Perspective on the Globalization of Childhood. In A. James & A. Prout (Eds.), *Constructing and Reconstructing Childhood: Contemporary Issues In the Sociological Study of Childhood* (pp. 184-215). London: The Falmer Press.
- Boyden, J., & Ennew, J. (1997). *Children in Focus: a manual for participatory research with children*. Sweden: Radda Barnen.
- Bradshaw, D., Johnson, L., Schneider, H., Bourne, D., & Dorrington, R. (2002). *Orphans of the HIV/AIDS Epidemic: The time is to act now: Medical Research Council Policy Brief, No 2*.
- Brandt, R. (2002). Review Paper on Infants and Children Affected by Caregivers/Mothers with HIV/AIDS (unpublished). Cape Town: Child Health Unit, University of Cape Town.
- Bredenkamp, C. (1999). *Falling through the Cracks? Income Security and the South African Social Security System*. Unpublished Masters, University of Stellenbosch.
- Budlender, D. (1998). *Women and men in South Africa*. Pretoria: Central Statistics.
- Burman, S. (1996). Intergenerational Family Care: Legacy of the past, implications for the future. *Journal of Southern African Studies*, 22, 585-598.
- Burman, S., & Reynolds, P. (Eds.). (1986). *Growing up in a Divided Society: The Contexts of Childhood in South Africa*. Johannesburg: Raven Press.
- Case, A. (2001). *Does Money Protect Health Status? Evidence from South African Pensions*. Princeton: Princeton University & NBER.
- Case, A., Paxson, C., & Ableidinger, J. (2002). *Orphans of Africa*. Princeton: Princeton University, RPDS Working Paper available at <http://www.wwww.Princeton.EDU/~rpds/working.htm>.
- CASE. (2001). *Survey of HIV/AIDS Service Organisations*. Johannesburg: CASE.
- Cassim, S., & Streak, J. (2001). *Budgeting For Child Socio-Economic Rights: Government Obligations and the Child's Right To Social Security and Education*. Cape Town: Idasa.
- Cassim, S., Perry, H., Sadan, M., & Streak, J. (2000). *Child Poverty And The Budget 2000. Are Poor Children Being Put First?* Cape Town: Idasa.
- Castle, S. E. (1995). Child fostering and children's nutritional outcomes in rural Mali: The role of female status in directing child transfers. *Social Science & Medicine*, 40(5), 679-693.
- Centre for Policy Studies. (2001). *AIDS Orphans in Africa: Building an Urban Response*, Johannesburg, July 2000.
- Child Health Policy Centre, Soul City, Children's Rights Centre, & The Committee of Inquiry into a Comprehensive Social Security System. (2001). *Children's Entitlement to Social Security: National Consultative Workshop Report, Cape Town, March 2001*.
- Child Health Policy Institute, & The Children's Rights Project. (2000). Policy and Legislation Framework. Children with Disabilities and Chronic Illnesses: Their Right to Social Security. Paper presented at the National Workshop Social Assistance for Children with Disabilities and Chronic Illnesses, Cape Town, 15 - 16 May 2000.
- Child Health Policy Institute. (1999a). *Children in South Africa: Their Right to Health*: Child Health Unit: University of Cape Town.
- Child Health Policy Institute. (1999b). *Chronic Diseases of Childhood*. Cape Town: Child Health Unit, University of Cape Town.
- Child Health Unit. (1997). *Evaluation of South Africa's Primary School Nutrition Programme*. Durban: Health Systems Trust.
- Children's Institute. (2002a). Social Assistance Provisioning for Children in South Africa: A Fact Sheet.
- Children's Institute. (2002b). *Social Security Benefits for Children and Families: Comment made to the Department of Social Development on the Report of the Committee of Inquiry into a Comprehensive Social Security System*. Cape Town: Children's Institute, University of Cape Town.
- Clacherty, G. (2001). *Children Speak Out on Poverty: Report on the ACCESS Child Participation Process*. Alliance for Children's Entitlement to Social Security.
- Clarke, E., & Strachan, K. (2000). *Everybody's Business: The Enlightening Truth about AIDS*. Cape Town: Metropolitan Group.
- Cohen, D. (1999). *Socio-economic Causes and Consequences of the HIV Epidemic in Southern Africa: A Case Study of Namibia*. Geneva: UNDP.
- Cohen, D. (2000). HIV and Development Programme, Issue Paper 26. Geneva: UNDP.
- Committee of Inquiry into a Comprehensive System of Social Security for South Africa. (2002). *Transforming the Present - Protecting the Future: Consolidated Report of the Committee of Inquiry into a Comprehensive System of Social Security for South Africa*.
- Cook, M. R. (2000). *Filling the Gap: Using a Rights-Based Approach to Address HIV/AIDS and its Affects on South African Children, Youth and Families. Care and Support Guidelines for Child Centered and Community Based Organisations*. Ottawa: ICRD & ICAD.
- Coombe, C. (2001). *Mitigating the impact of HIV/AIDS on education supply, demand and quality: a global review*: UNICEF, Innocenti Research Centre, Florence.
- Cornia, G. A. (2000). Overview of the Impact and Best Practice Responses in Favour of Children in a World Affected By HIV/AIDS. In G. A. Cornia (Ed.), *AIDS, Public Policy And Child Well-Being*. Florence: Innocenti Research Centre, UNICEF.

- Cornia, G. A., Patel, M., & Zagonari, F. (2000). The Impact of HIV/AIDS on the Health System and Child Health. In G. A. Cornia (Ed.), *AIDS, Public Policy And Child Well-Being*. Florence: Innocenti Research Centre, UNICEF.
- Cotton, M. F., Schaaf, H. S., Willemsen, E., Van Veenendal, M., Janse van Rensburg, A., & Janse van Rensburg, E. (1998). The burden of mother-to-child transmission of HIV-1 disease in a 'low' prevalence region - a five-year study of hospitalised children. *The Southern African Journal of Epidemiology and Infection*, 13(2), 46-49.
- Croke, R. (forthcoming). *Poverty, Inequality and HIV/AIDS in Malawi: The study of 'orphans' in Nguludi Mission Community*. Unpublished Masters, University of Cape Town, Cape Town.
- Cruse, D. (1997). *Community Health Workers in South Africa: Information for Provincial Policy Makers*. Durban: Health Systems Trust.
- Das, V. (2002, 27/3/2002). Stigma, Contagion, Defect: Issues in the Anthropology of Public Health. Paper presented at the Paper presented at Conference on Stigma and Global Health: Developing a Research Agenda, Bethesda, 5-7 September 2001.
- Data Analysis Unit. (2000). *HIV Antenatal Survey Report*. Bloemfontein.
- Dawes, A., & Donald, D. (2000). Improving Children's Chances : Developmental Theory and Effective Interventions in Community Contexts, *Addressing Childhood Adversities* (pp. 1-25). Cape Town: David Philips.
- De Cock, K. M., Mbori-Ngacha, D., & Marum, E. (2002). Shadow on the continent: public health and HIV/AIDS in Africa in the 21st century. *The Lancet*, 360, 67-72.
- Declaration of Alma-Ata at the International Conference on Primary Health Care*. (1978). USSR, 6-12 September.
- Delany, A. (2001). *The Children in Distress (CINDI) Network: A Critical Reflection*.
- Department of Education. (1999). *National Policy On HIV/AIDS, For Learners And Educators in Public Schools, And Students And Educators In Further Education And Training Institutions: National Education Policy Act, 1996 (No. 27 of 1996)*. Pretoria: Department of Education, South Africa.
- Department of Education. (2000a). *Education For All: The South African Assessment Report*. Pretoria: Department of Education, South Africa.
- Department of Education. (2000b). *Education White Paper 5 on Early Childhood Development*. Pretoria: Government Printer.
- Department of Education. (2001a). *Education in South Africa: Achievements since 1994*: Department of Education, South Africa.
- Department of Education. (2001b). *Education White Paper 6: Special Needs Education Building an inclusive education and training system*. Pretoria: Department of Education, South Africa.
- Department of Education. (2001c). Handbook: An Introduction to Whole-School Evaluation Policy. Government Gazette Vol 433, 22512. Pretoria: Department of Education, South Africa.
- Department of Education. (2002a). *Conference on HIV/AIDS And The Education Sector: Together The Education Coalition Against HIV/AIDS. Report and Sector Plan of Action*. Pretoria: Department of Education, South Africa.
- Department of Education. (2002b). *Draft Education For All Status Report 2002: South Africa incorporating country plans for 2002 to 2005*. Pretoria: Department of Education, South Africa.
- Department of Education. (2002c). *The HIV/AIDS Emergency: Guidelines for Educators*. Pretoria: Department of Education, South Africa.
- Department of Education. (2002d). *Education Statistics in South Africa at a Glance in 2000*. Pretoria,: Department of Education.
- Department of Education. (2002e). *Implementation Plan for Tirisano, January 2000 - December 2004*. Pretoria: Department of Education, South Africa.
- Department of Health. (1995). *Maternal, Child And Women's Health* (February 1995). Pretoria: Department of Health, South Africa.
- Department of Health. (1999a). *Health Sector Strategic Framework. 1999-2004*. Pretoria: Department of Health, Government of South Africa.
- Department of Health. (1999b). *Patients' Rights Charter*. Pretoria: Department of Health, South Africa.
- Department of Health. (2000a). *Managing HIV in Children: HIV/AIDS Policy Guideline*. Pretoria: National Department of Health, Government of South Africa.
- Department of Health. (2000b). *The Primary Health Care Package for South Africa - a set of norms and standards*. Pretoria: Department of Health, South Africa.
- Department of Health. (2002a). *Antenatal HIV and Syphilis Prevalence Survey 2001*. Cape Town: Provincial Administration of the Western Cape.
- Department of Health. (2002b). Integrated Nutrition Programme:A foundation for life. *Integrated Nutrition Programme(3)*.
- Department of Health. (2002c). *National HIV and Syphilis Sero - Prevalence Survey of Women Attending Public Antenatal Clinics in South Africa*. Pretoria: Department of Health, Government of South Africa.
- Department of Health. (2002d). *Results of the 2001 Annual HIV Antenatal Survey*. Cape Town: Department of Health, Provincial Administration of the Western Cape.
- Department of Health. (2002e). *Youth and Adolescent Health Policy Guidelines*. Pretoria: Department of Health, South Africa.

- Department of Health. (no date-a). *Health Sector Strategic Framework. 1999-2004*. Pretoria: Department of Health, South Africa.
- Department of Health. (no date-b). *HIV/AIDS and STD: Strategic Plan for South Africa 2000 - 2005*. Pretoria: Department of Health, South Africa.
- Department of Social Development, & Soul City. (2002). "Lend A Hand - Build A Better Life For Children" Campaign: Multi Stakeholder Business Plan. Pretoria: Department of Social Development, South Africa.
- Department of Social Development, Save the Children Alliance, UNICEF, & Nelson Mandela Children's Fund. (2002). *A Call To Co-ordinated Action For Children Affected By HIV/AIDS: Conference Report*. Pretoria: Department of Social Development, South Africa.
- Department of Social Development. (1999). *National guidelines for services to children infected and affected by HIV/AIDS*. Pretoria: Department of Social Development, South Africa.
- Department of Social Development. (2000). *Draft Strategy on Child Protection in South Africa*. Pretoria: Department of Social Development, South Africa.
- Department of Social Development. (2001a). Integrated Home/Community Based Care Model Options: Input into Cabinet Lekgotla, January 2001: Department of Social Development, South Africa.
- Department of Social Development. (2001b). *National Policy Framework For Families: Draft*. Pretoria: Department of Social Development, South Africa.
- Department of Social Development. (no date). *National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS*. Pretoria: Department of Social Welfare, South Africa.
- Department of Welfare. (1997). *White Paper For Social Welfare: Principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare in South Africa*. Pretoria: Department of Welfare, South Africa.
- Desmond, C., & Gow, J. (2000). The Current and Future Impact of the HIV/AIDS Epidemic on South African's Children. In G. A. Cornia (Ed.), *AIDS, Public Policy And Child Well-Being*. Florence: Innocenti Research Centre, UNICEF.
- Desmond, C., & Gow, J. (2001). *The cost effectiveness of six models of care for orphan and vulnerable children in South Africa. Report for UNICEF*: Health Economics and AIDS Research Division, University of Natal, Durban.
- Desmond, C., & Quinlan, T. (2002). Costs of Care and Support. In K. Kelly & W. Parker & S. Gelb (Eds.), *HIV/AIDS, Economics and Governance in South Africa: Key Issues in Understanding Response. A Literature Review*. Johannesburg: USAID/Cadre.
- Desmond, C., Michael, K., & Gow, J. (2000). The Hidden Battle: HIV/AIDS in the Household and Community. *South African Journal of International Affairs*, 7(2), 39-58.
- Dorrington, R., Bourne, D., Bradshaw, D., Laubscher, R., & Timaeus, I. M. (2001). *The impact of HIV/AIDS on adult mortality in South Africa*. Tygerberg: Medical Research Council.
- Dorrington, R., Bradshaw, D., & Budlender, D. (2002). *HIV/AIDS Profile In The Provinces Of South Africa: Indicators For 2002*. Cape Town: Centre for Actuarial Research, University of Cape Town.
- Dowling, T. (no date). UQedisiswe - The Finisher of the Nation: Naming and talking about HIV/Aids in African languages. Unpublished manuscript.
- Dray-Spira, R., Lepage, P., & Dabis, F. (2000). Prevention of infectious complications of paediatric HIV infection in Africa. *AIDS* 2000, 14, 1091-1099.
- Drew, R., Foster, G., & Chitima, J. (1996). Cultural Practices Associated with Death in North Nyanga District of Zimbabwe. *Journal of Social Development Africa*, 11, 79-86.
- Ennew, J., & Milne, B. (1989). *The Next Generation: Lives of Third World Children*. London: Zed Books.
- Farm Orphan Support Trust. (1998). *Farm Orphans: Who is Coping? An Exploratory Study of Commercial Farm Workers and their Responses to orphanhood and foster care in Mashonaland Central Province of Zimbabwe*. Harare: Farm Orphan Support Trust.
- Ferreira, M., & Brodrick, K. (2001). *Towards supporting older women as carers to children and grandchildren affected by AIDS: a pilot intervention project*. Cape Town: Institute of Ageing in Africa, University of Cape Town.
- Ferreira, M., Keikelame, M. J., & Mosaval, Y. (2001). *Older women as carers to children and grandchildren affected by AIDS: a study towards supporting the carers*: Institute of Ageing in Africa, University of Cape Town.
- Footner, L., Guthrie, T., & Giese, S. (2000). *Issue Paper on Social Security for Children in South Africa: Prepared for the Commission of Enquiry for a Comprehensive Social Security System in South Africa*. Cape Town: Child Health Policy Institute, Black Sash.
- Foster, G. (1999). Orphan care in Zimbabwe - a community response. *AIDS Analysis Africa*, 10(2), 14 - 15.
- Foster, G. (2000). The Capacity for the extended family for orphans in Africa. *Psychological Health and Medicine*, 5, 55-62.
- Foster, G. (2002). *Understanding Community Responses to the situation of children affected by AIDS: Lessons for External Agencies*: Geneva: United Nations Research Institute in Social Development.

- Foster, G., & Germann, S. (2002). The Orphan Crisis. In M. Essex & S. Mboup & P. J. Kanki & R. G. Marlink & S. D. Tlou & M. Holme (Eds.), *AIDS in Africa* (Second Edition ed., pp. 664-674). New York: Kluwer Academic/Plenum.
- Foster, G., & Jiwli, L. (2001). *Psychosocial support of children affected by AIDS: An evaluation and review of Masiye Camp, Bulawayo, Zimbabwe*. Bulawayo: The Salvation Army.
- Foster, G., Shakespear, R., Chinemana, F., Jackson, H., Gregson, S., Marange, C., & Mashumba, S. (1998). Orphan Prevalence and extended family care in a peri-urban community in Zimbabwe. In R. Bor & J. Elford (Eds.), *The Family and HIV Today: Recent research and practice*. London: Cassell.
- Fox, S. (2001). *Investing in Our Future: Psychosocial Support for Children Affected by HIV/AIDS. A Case Study in Zimbabwe and the United Republic of Tanzania*. Geneva: UNAIDS.
- Fox, S., Fawcett, C., Kelly, K., & Ntlabati, P. (2002). *Integrated Community-based Home Care (IHC) in South Africa: A review of the model implemented by the Hospice Association of South Africa*. Pretoria: National Department of Health, South Africa.
- Gannon, B. (Ed.). (1994). *Children and Youth at Risk: HIV/AIDS Issues, Residential Care and Community Perspectives. Papers from the First All-Africa Conference and Ninth Biennial Conference of The National Association of Child Care Workers*. Claremont: National Association of Child Care Workers.
- Giese, S., & Hussey, G. (2002). *Rapid Appraisal of Primary Level Health Care Services for HIV-Positive Children at Public Sector Clinics in South Africa*. Cape Town: Children's Institute, University of Cape Town.
- Giese, S., Meintjes, H., & Proudlock, P. (2002). *National Children's Forum on HIV/AIDS, 22-24 August 2001: Workshop Report*. Cape Town: Children's Institute, University of Cape Town.
- Gilborn, L. Z., Nyonyintono, R., Kabumbuli, R., & Jagwe-Wadda, G. (2001). *Making a Difference for Children Affected by AIDS: Baseline Findings from Operations Research in Uganda*: The Population Council.
- Goma, G. M. N., Ngoma, F. J., Kruger, C. H., Manda, C., Mwape, K., Chilangwa, M., Kampamba, C., Kasanka, E., & Kaviswile, U. K. (2000). Strengthening Community Home-based Care Programs. Paper presented at the The XIII International AIDS Conference., Durban, 9-14 July 2000.
- Gopal, N. D. (2002, July 2002). The Psychological Experiences of AIDS Orphans in a Rural Context in South Africa: Implications for a Community Based Approach to Support. Paper presented at the 14th AIDS International Conference, Barcelona.
- Goudge, J., & Govender, V. (2000). *A Review of Experience Concerning Household Ability to Cope with Resource Demands of Ill-health and Health Care Utilisation*. Harare: Regional Network of Equity in Health in Southern Africa (Equinet and Training and Research Support Centre(TARSC)).
- Government of Kenya. (2001). *The Children's Bill 2001: A Summary*.
- Government of Malawi. (1992). *Policy Guidelines for the Care of Orphans in Malawi and Co-ordination of Assistance for Orphans*.
- Government of Zambia. (1999a). *An Institutional Framework for the co-ordination of support to orphans and vulnerable children in Zambia: Recommendations from the Technical Task Force*.
- Government of Zambia. (1999b). *Orphans and Vulnerable children: A situation analysis*. Joint USAID/UNICEF/SIDA/Study Fund project.
- Gow, J., & Desmond, C. (Eds.). (2002). *Impacts and Interventions: The HIV/AIDS Epidemic and the Children of South Africa*. Scottsville: University of Natal Press.
- Grainger, C., Webb, D., & Elliot, L. (2001). *Children affected by AIDS: Rights and responsibilities in the developing world*. Save the Children UK.
- Guest, E. (2001). *Children of AIDS: Africa's Orphan Crisis*. Pietermaritzburg: University of Natal Press.
- Gugulethu Area Committee. (2001). *Gugulethu community profile, community needs assessment and resource list*. Cape Town.
- Guthrie, T. (2000). *Social Security for Children in South Africa: Options and Improvements. Submission to the Committee of Inquiry into a Comprehensive Social Security System*. Cape Town: Child Health Policy Institute.
- Guthrie, T. (2002a). *An Analysis of the CSG Uptake Rates for the Period Dec 01 to Oct 02*. Cape Town: Children's Institute, University of Cape Town.
- Guthrie, T. (2002b). *Family Benefits*. In M. Olivier & N. Smit & E. Kalula & G. Mhone (Eds.), *Introduction to Social Security Law*. Durban: Butterworths.
- Guthrie, T., Proudlock, P., Sait, W., Linder, P., Gcaza, S., Thompson, P., & Van Noordwyk, N. (2001). *Social Security Policy Options for People With Disabilities in South Africa: an International and Comparative Review*. Child Health Policy Institute, South African Federal Council on Disability.
- Haarman, C. (2000). *Social Assistance in South Africa: its potential impact on poverty*. Unpublished PhD. Thesis, University of the Western Cape.
- Harber, M. (1998). *Developing a Community-based AIDS Orphan Project: A South African case study*. Paper presented at the Conference on Raising the Orphans Generation, Pietermaritzburg, 9-12 June 1998.

- Harber, M. C. (1998). *Social Policy Implications for the Care and Welfare of Children affected by HIV/AIDS in KwaZulu-Natal*. University of Natal, Durban.
- Hart, R. (1998). *Children's Participation: The theory and practice of involving young citizens in community development and environmental care*. London: Earthscan publications with UNICEF.
- Hasewinkel, S. (1999). Proposed Model for Services to Children made Vulnerable by HIV/AIDS. Cape Town: Cape Town Child Welfare Society.
- Heald, S. (2001). It's never as easy as ABC: Understandings of AIDS in Botswana. Paper presented at the AIDS in context conference, Johannesburg, 4 - 13 April 2001.
- Health Systems Trust. (1998). *Health and Welfare Analysis of the Haenertsburg/Tzaneen/Letsitele/Gravelotte District*.
- Health Systems Trust. (2000). *The Equity Gauge*. Durban: The Press Gang.
- Health Systems Trust. (2002a). Eastern Cape Health Services Map. Available: <ftp://ftp.hst.org.za/pubs/isds/newsecmap.pdf> [2003, 6 January].
- Health Systems Trust. (2002b). *Health and Social Development Situation Analysis of the Greater Tzaneen Sub-District*.
- HelpAge International. (no date). Ageing Issues in Africa: A Summary.
- Henderson, P. C. (1999). *Living with Fragility: Children in New Crossroads*. Unpublished PhD, University of Cape Town, Cape Town.
- Henderson, P. C. (2003). Isolo Bantwana (Eye On The Children): Community Volunteers, Social Work and Surveillance In Processes of Child Protection. In S. Burman (Ed.), *The Fate of the Child: Legal Decisions on Children in the New South Africa*. Cape Town: Juta.
- Henderson, P. C. (2003). Questions on Fostering: An Anthropologist's Perspective. In S. Burman (Ed.), *The Fate of the Child: Legal Decisions on Children in the New South Africa*. Cape Town: Juta.
- Hendricks M, Fernandes, M., Roux, M. L., & Hussey, G. (1997). *An evaluation of the Protein Energy Malnutrition scheme in the Northern Cape province of South Africa*. Child Health Unit, UCT.
- HIV/AIDS and STD Directorate Department of Health. (2000a). Children in Distress (CINDI): HIV/AIDS Policy Guideline. Pretoria: National Department of Health, South Africa.
- HIV/AIDS and STD Directorate Department of Health. (2000b). Managing HIV in Children: HIV/AIDS Policy Guideline. Pretoria: National Department of Health, South Africa.
- Horizons. (2002). *Micro finance and Households Coping with HIV/AIDS in Zimbabwe: An Exploratory Study*.
- Human Science Research Council, Nelson Mandela Foundation, Medical Research Council, Centre for AIDS Development Research and Evaluation, & Agence Nationale de Recherches sur le Sida. (2002). *Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002*. Cape Town: Human Sciences Research Council.
- Hunter, S. S. (2000). *Reshaping Societies: HIV/AIDS and Social Change: A Resource Book for Planning, Programs and Policy Making*. New York: Hudson Run Press.
- Hunter, S., & Williamson, J. (2000). *Responding to the Needs of Children Orphaned by HIV/AIDS: Discussion Paper on HIV/AIDS Care and Support*. Arlington: Health Technical Services Project for USAID.
- Inter-Ministerial Committee on Young People at Risk. (1998). *Minimum Standards South African Child and Youth Care System*.
- International HIV/AIDS Alliance, & Family AIDS Caring Trust. (2002). *Expanding Community-Based Support for Orphans and Vulnerable Children*. Brighton: International HIV/AIDS Alliance.
- Jagwe-Wadda, G. (2001). A modified approach to outreach for AIDS-affected children in Uganda: Examining the responsiveness of two experimental interventions to community needs in Luwero and Tororo districts, Uganda. Paper presented at the Conference on Orphans and Vulnerable Children in Africa: Victims or Vestiges of hope, Uppsala, September 13-16, 2001.
- James, D. (2001). "To take the information down to the people": life skills, HIV/AIDS peer-educators, NGO's and the State in the Durban area. Paper presented at the AIDS in context conference, Johannesburg, 4 - 13 April 2001.
- Johnson, L., & Dorrington, R. (2001). *The Impact of AIDS on Orphanhood in South Africa: A Quantitative Analysis*. Centre for Actuarial Research (CARE), University of Cape Town.
- Johnson, S., Modiba, P., Monnagotla, D., Muirhead, D., & Schneider, H. (2001). *Home Based Care for People With HIV/AIDS in South Africa: What will it cost?* Johannesburg: Centre for Health Policy, University of Witwatersrand.
- Jones, S. (1992). Children on the move: parenting, mobility and birth-status among migrants. In S. Burman & E. Preston-Whyte (Eds.), *Questionable Issue: Illegitimacy in South Africa* (pp. 246-281). Cape Town: Oxford University Press.
- Jones, S. (1993). *Assaulting Childhood: Children's experiences of migrancy and hostel life in South Africa*. Johannesburg: University of Witwatersrand Press.
- Kalemba, E. (1998). The development of an orphans policy and programming in Malawi: A Case Study. Paper presented at the Conference on Raising The Orphan Generation, Pietermaritzburg 9-12 June 1998.

- Keatley, R. (2002). Law and Policy related to orphans in ESAR: Key Issues and Experiences (Draft): UNICEF Eastern and Southern African Region.
- Kelly, K., Parker, W., & Gelb, S. (Eds.). (2002). *HIV/AIDS, Economics and Governance in South Africa: Key Issues in Understanding Response*. Johannesburg: USAID/Cadre.
- Kelly, K., Parker, W., & Oyosi, S. (2002). *Pathways to action: HIV/AIDS, children and young people in South Africa. A Literature Review*: Cadre, Save the Children UK.
- Kelly, M. J. (2002). Defeating HIV/AIDS through Education. Paper presented at the National Conference on HIV/AIDS and the Education Sector, Gallagher Estates. Midrand, 31st May 2002.
- Kezaala, R., & Bataringaya, J. (1998). The practicalities of orphan support in East and Southern Africa: planning, and implementation of multi-sectorial social services for children and child carers. Paper presented at the Conference on Raising The Orphan Generation, Pietermaritzburg, 9-12 June 1998.
- Kinghorn, A., Coombe, C., McKay, E., & Johson, S. (2002). *The Impact of HIV/AIDS on Education in Botswana*: Ministry of Education Republic of Botswana & UNDP.
- Kola, S., Braehmer, S., Kanyane, M., Morake, R., & Kimmie, Z. (1999). *Phasing in the Child Support Grant: a social impact study*. CASE.
- Ledward, A., Kamowa, O., Kananji, F., Gandiwa, A., & Mkamanga, H. (2001). *Orphan Care Evaluation, Mchinji District, Malawi*. Save the Children.
- Leon, N., Bhunu, F., & Kenyon, C. (2002). Voices of Facility Managers. In A. Ntuli & F. Suleman & P. Barron & D. McCoy & C. Day (Eds.), *South African Health Review 2002*. Durban: Health Systems Trust.
- Levine, A. (2001). *Orphans and Other Vulnerable Children: What role for social protection?* World Bank/World Vision Conference, Washington D.C., 6-7 June 2001.
- Levine, S. (1999). Bittersweet Harvest: Children, work and the global march against child labour in the post-apartheid state. *Critique of Anthropology*, 19(2), 139-155.
- Liebenberg, S. (2001). *Children's Right to Social Security: South Africa's International and Constitutional Obligations*: Community Law Centre, University of the Western Cape.
- Lloyd, I. D. (2000). *Policy Performance of the Child Support Grant, 1 April 1998 to 30 June 1999*. Unpublished Masters thesis, University of the Witwatersrand.
- Loening-Voysey, H., & Wilson, T. (2001). *Approaches to caring for children orphaned by AIDS and other vulnerable children: Essential elements for a quality service*: Report for Unicef by the Institute for Urban Primary Health Care.
- Loudon, M. (1998). Raising the Orphan Generation. *AIDS Analysis Africa*, 8(5), 5-6.
- Lund Committee of Child and Family Support. (1996). *Report of the Lund Committee of Child and Family Support*. Pretoria: Government of South Africa.
- Lund, F. (1991). Women, Welfare and the Community. Paper presented at the Conference on Women and Gender in Southern Africa, Durban.
- Mabetoa, M. (2002). National Integrated Plan For Children Infected And Affected By HIV/AIDS. Paper presented at the Call to Co-ordinated Action For Children Affected By HIV/AIDS Conference, Eskom Conference Centre, Midrand, 3 June 2002.
- Mabetoa, M., & De Beer, N. J. (2002). Home/Community based care and support business plan for the financial year 2002/2003. Pretoria: Department of Social Development, South Africa.
- Mabille, A., & Dieterlen, H. (1961). *Southern Sotho - English Dictionary* (1961 edition, revised by RA Paroz ed.).
- Mabude, Z. (2001). *Bambisanani: Identification of children in distress*. Bambisanani Project/Equity.
- Mabude, Z., Ndubane, N. Z., Fipaza, N., Mfenyan, N., Ndukwana, Z., & Mabandla, S. (2001). *Identification of Children in Distress at Lusikisiki and Umzimkulu Districts of Region E - In the Eastern Cape Province*. Bambisanani Project.
- MacLeod, H. (2001). Residential Care. Paper presented at the Orphans and Vulnerable Children: What Role for Social Protection, World Bank/World Vision Conference, Washington DC, 6-7 June 2001.
- Madhavan, S. (2001). Fosterage patterns in the age of AIDS: Continuity and Change. Paper presented at the South African Sociological Conference, Pretoria, 1-4 July 2001.
- Makan, B., & Bachman, M. (1997). *An Economic Analysis of Community Health Worker Programmes in the Western Cape Province*. Duban: Health Systems Trust.
- Maluti-A-Phofung Local Municipality, & Spatial Solutions Incorporated. (2001). *Status Quo Report: Integrated development plan*.
- Maluwa-Banda, D., & Bandawe, C. R. (2001). A Rapid Appraisal of the Orphan Situation in Malawi: Issues, Challenges and Prospects. Paper presented at the Conference on Orphans and Vulnerable Children in Africa, University of Uppsala, 13-16 September 2001.
- Maman, S., Mbwambo, J., Hogan, M., Kilonzo, G., Sweat, M., & Weiss, E. (2001). *HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania*. Population Council.
- Manda, K. D., Kelly, M. J., & Loudon, M. (1999). *Situation Analysis of Orphans and Vulnerable Children in Zambia: Summary Report*.
- Marcus, T. (1999). *Wo! Zaphela Izingane: Living and Dying with AIDS*. Pietermaritzburg: CINDI.

- Marshall, A. (2002a). HIV/AIDS Conditional Grants 2001/2: The National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS. Prevention of Mother to Child Transmission.
- Marshall, A. (2002b). Integrated Plan Budget Split: Financial Year 2002/03-2004/05. Pretoria: Department of Health, South Africa.
- Mathambo, V., & Shung King, M. (1999). *An Investigation Into Primary Level After-Hours Services For Children In The Western Cape Metropolitan Region*. Cape Town: Child Health Policy Institute.
- May, J. (Ed.). (2000). *Poverty & Inequality in South Africa: Meeting the challenge*. Cape Town: David Phillip.
- McCoy, D., Besser, M., Visser, R., & Doherty, T. (2002). *Interim Findings on the National PMTCT Pilot Sites: Lessons and Recommendations*. Department of Health.
- McCoy, D., Saitowitz, R., Saasa, M., Sanders, D., Wigton, A., MacLachlan, M., Mokoetle, K., Swart, R., Kvalsig, J., Gordon, A., Hendricks, M., Dhansay, A., & Barron, P. (1997). *An Evaluation of South Africa's Primary School Nutrition Programme*. Durban: Health Systems Trust.
- McLaren, J. (1963). *New Concise Xhosa-English Dictionary*. Cape Town: Maskew Miller Longman.
- Meintjes, H. (2001). Women, Migration and Poverty in Mandela Park, Hout Bay: Interim Project Report. Centre for Southern African Studies, UWC.
- Menon, R., Wawer, M. J., Konde-Lule, J. K., Sewankambo, N. K., & Li, C. (1998). The Economic Impact of Adult Mortality on Households in Rakai District Uganda. In M. Ainsworth & L. Fransen & M. Over (Eds.), *Confronting AIDS: Evidence from the Developing World, Selected Background Papers for World Bank Policy Research Report, 'Confronting AIDS: Public Priorities in a Global Epidemic'*. Brussels: European Commission.
- Meyer, S. (2002). *The Influence of Parental Incomes on Children's Outcomes*. The Ministry of Social Development, New Zealand.
- Modiba, P., Schneider, H., Weiner, R., Gilson, L., Zondi, T., Kunene, X., & Brown, K. (2002). *The Integration of HIV/AIDS Care and Support into Primary Health Care in Gauteng Province*. Johannesburg. Centre for Health Policy, University of the Witwatersrand.
- Monico Mukasa, S., Tanga Otolok, E., & Nuwagaba, A. (2001). *Uganda: HIV and AIDS related Discrimination, Stigmatization and Denial*. Geneva: UNAIDS.
- Monk, N. (2000). *A Study of Orphaned Children and their Households in Luweero District, Uganda*. Association Francois-Xavier Bagnoud.
- Monk, N. (2001). *Underestimating the magnitude of a mature crisis: Dynamics of orphaning and fostering in rural Uganda: International Perspectives on Children Left Behind by HIV/AIDS*. Orphan Alert.
- Monk, N. (2002). *Enumerating Children Orphaned by HIV/AIDS: Counting a Human Cost. A Critique of Statistical Accounts of the HIV/AIDS Orphan Crisis*. Sion: Association Francois-Xavier Bagnoud.
- Morgan, J. (2000). Boxes and remembering in the time of AIDS. *AIDS Bulletin*, May 2001.
- Morgan, J. (2002). Memory Box And Memory Books. Centering The Child: Memory Work Involving Orphans And Vulnerable Children - Some Guidelines. (Draft). Cape Town: AIDS and Society Research Unit.
- Morgan, S. (2000). Response for all AIDS affected children, not AIDS orphans alone. *AIDS Analysis Africa*, 10(6), 3.
- Mumba, C. K. (1998). Community Based Care of Orphans and Vulnerable Children (OVC) in Rural Zambia - The Case of Chimasuko Children in Distress Project (CINDI) Family Health Trust. Paper presented at the Conference on Raising The Orphan Generation, Pietermaritzburg, 9-12 June 1998.
- Municipal Demarcation board. (2002). Maps and Demographics, [web site]. Available: <http://www.demarcation.org.za> [2002, December 2002].
- Mutangadura, G. B. (2000). Household welfare impacts of mortality of adult females in Zimbabwe: Implications for policy and program development. Paper presented at the AIDS and Economics Symposium, Durban, 7-8 July.
- Mwewa, L. (2000). Zambia: The potential of networks of child-focused organisations. *Orphan Alert: International Perspectives on Children Left Behind by HIV/AIDS(1)*, 24-25.
- Namosya-Serpell, N. (2000). Social and Economic Risk Factors for HIV/AIDS Affected Families in Zambia. Paper presented at the AIDS and Economics Symposium, IAEN, Durban, 7-8 July 2000.
- National Programme of Action Steering Committee. (1996). *National Programme of Action for Children in South Africa: Framework*. Pretoria: Government of National Unity.
- Nelson Mandela Children's Fund. (2001). *A study into the situation and special needs of children in child-headed households*: Nelson Mandela Children's Fund.
- Ntuli, A., Suleman, F., Barron, P., & McCoy, D. (Eds.). (2002). *South African Health Review 2001*. Durban: Health Systems Trust.
- Nyambedha, O. E., Wandibba, S., & Aagaard-Hansen, J. (2001). Policy Implications of the Inadequate Support Systems for Orphans in Western Kenya. *Health Policy*, 58(2001), 83 - 96.
- Panter-Brick, C., & Smith, M. T. (Eds.). (2000). *Abandoned Children*. Cambridge: Cambridge University Press.

- Phiri, S., & Webb, D. (2002). The Impact of HIV/AIDS on Orphans and Programme and Policy Responses. In A. G. Cornia (Ed.), *AIDS, Public Policy and Child Well-being*. Florence: Innocenti Research Centre, UNICEF.
- Pillay, K., & Proudlock, P. (2000). *South Africa's Constitutional and International Obligations With Regard To Children With Disabilities*. May 2000. Cape Town: Child Health Policy Institute, University of Cape Town.
- Pitayanon, S. (1995). AIDS Impact from an Economic Perspective in Thailand and Sri Lanka, and in Pacific Nations. Paper presented at the Presented at a Consultation on the Socio-Economic Impact of HIV/AIDS on Households.
- Piwoz, E. G., & Preble, E. A. (2000). *HIV/AIDS and nutrition: A review of the literature and recommendations for nutritional care and support in Sub-Saharan Africa*. USAID.
- Policy Project. (2002). *National And Sector HIV/AIDS Policies In The Member State Of The Southern Africa Development Community*: SADC/HSU.
- Posel, D. (2001). How Do Households Work? Migration, the Household and Remittance Behaviour in South Africa. *Social Dynamics*, 27(1), 165-189.
- Poulter, C. (1997). *A Psychological and Physical Needs Profile of Families Living with HIV/AIDS in Lusaka, Zambia*. Lusaka: UNICEF Research Brief No.2.
- Proudlock, P. (2002a). *Current regulations regulating the application process for the Child Support Grant and Social Relief of Distress*. Cape Town: Children's Institute.
- Proudlock, P. (2002b). Socio-Economic Rights in SA: Children's right to special protection. Paper presented at the Children's Institute's Open Day, Cape Town 26 September 2002.
- Rajaraman, D. (Unpubl.). *The Future of the Nation? HIV/AIDS and orphans in Botswana*. Oxford: Queen Elizabeth House.
- Ramphele, M. (1993). *A Bed Called Home: Life in the Migrant Labour Hostels of Cape Town*. Cape Town: David Philip.
- Rawlston, V. (2000). *The Impact of Social Security on Child Poverty*. Washington DC: National Urban League. Special Research Report (SRR-01-2000).
- Reid, E. (1993). *Children in families affected by the HIV epidemic: A strategic approach*. Issue paper 313. New York: UNDP.
- Republic of Botswana. (1998). *Report on the Conference on the Implications of Orphanhood in Botswana Organised by the Ministry of Local Government, Lands and Housing, Social Welfare Division in collaboration with SIDA. Gaborone, 14-16 September 1998*.
- Republic of South Africa. (1983). *Child Care Act No. 74 Of 1983*.
- Republic of South Africa. (1996). *The Constitution of the Republic of South Africa, 1996*. Pretoria: Government of South Africa.
- Republic of South Africa. (1997). *White Paper For The Transformation of The Health System in South Africa*. Pretoria: Ministry of Health.
- Republic of South Africa. (2002a). *Estimates of National Expenditure 2002*. Pretoria: National Treasury.
- Republic of South Africa. (2002b). *National Health Bill: Draft*.
- Republic of South Africa. *National Education Policy Act 27 of 1996*.
- Republic of South Africa. *Social Assistance Act No. 59 of 1992*.
- Republic of Uganda. (1996). *The Children Statute 1996*.
- Roithmayr, D. (2002a). *The Constitutionality Of School Fees In Public Education*. Johannesburg: Education Rights Project, Centre For Applied Legal Studies & Education Policy Unit, University Of The Witwatersrand, Issue Paper 1.
- Ross, F. (1996). Diffusing Domesticity: Domestic fluidity in Die Bos. *Social Dynamics*, 22(1), 55-72.
- Rugalema, G. H. R. (1999). *Adult mortality as Entitlement Failure: AIDS and the Crisis of Rural Livelihoods in a Tanzanian Village*. Unpublished PhD Thesis, University of East Anglia.
- Russell, M., & Schneider, H. (2000). *A rapid appraisal of community-based HIV/AIDS care and support programmes in South Africa*: Centre for Health Policy, University of Witwatersrand.
- Rwomushana, J. (2000). Political Leadership's Role in Breaking the Silence surrounding AIDS: Uganda's Success Story. *South African Journal of International Affairs*, 7(2), 67-72.
- Save the Children Alliance. (2002). Position of Residential Care: Final draft. Save the Children.
- Schneider, H., & Russell, M. (2000). Models of Community-based HIV/AIDS Care and Support in South Africa. *The Southern African Journal of HIV Medicine*, 1(1), 14 - 17.
- Sengendo, J., & Nambi, J. (1997). The Psychological Effect of Orphanhood: A Study of Orphans in Rakai District. *Health Transition Review*, 7(Supplement), 105-124.
- Shung King, M. (2000). *Child Health Services in South Africa. The Structural Organisation*. Cape Town: University of Cape Town.
- Skweyiya, Z. (2002). Keynote Address. Presented at the Conference on HIV/AIDS and the Education Sector: Together The Education Coalition Against HIV/AIDS, Eskom Conference Centre, Midrand, 30 May – 1 June 2002.
- Slater, R. (2002). Differentiation and Diversification: Changing Livelihoods in Qwaqwa, South Africa, 1970-2000. *Journal of Southern African Studies*, 28(3), 599-614.
- Sloth-Nielsen, J. (2002). Too Little? Too Late? Too Lame? The implications of the Grootboom case for state responses to Child Headed Households. Unpublished manuscript.

- Smart, R. (2000). *Children living with HIV/AIDS in South Africa: A Rapid Appraisal*. Pretoria: SCF (UK), NACCT.
- Smith, B. (2002). Access To Education, Care and Support in Schools for Children Affected And Infected With HIV/AIDS. Paper presented at the Department of Social Development: National HIV/AIDS Conference, Midrand-Eskom Centre, 4 June 2002.
- Soderlund, N., Zwi, K., Kinghorn, A., & Gray, G. (1999). Prevention of vertical transmission of HIV: analysis of cost effectiveness of options available in South Africa. *British Medical Journal*, 318(7199), 1650-1656.
- Sogaula, N., Van Niekerk, R., Noble, M., Waddle, J., Green, C., Sigala, M., Samson, M., Sanders, D., & Jackson, D. (2002). *Social Security Transfers, Poverty and Chronic Illness in the Eastern Cape: An Investigation of the relationship between social security grants the alleviation of rural poverty and chronic illnesses (including those associated with HIV/AIDS). A Case Study of Mount Frere in the Eastern Cape*. Cape Town: EPRI.
- South African Government. (2000). *Draft National Integrated Plan For Children Infected And Affected By HIV/AIDS*.
- South African Government. (no date). *National Integrated Plan For Children Infected And Affected By HIV/AIDS - Executive summary*. Pretoria: Department of Health, Welfare, Education & Finance, South Africa.
- South African Law Commission. (2002). *Children's Bill* (Draft, October 2002).
- Spatial Solutions Incorporated. (2002). *Maluti-A-Phofung Municipality Environmental Management & Assessment Plan*.
- Spiegel, A. (1995). Migration, Urbanisation and domestic fluidity: reviewing some South African examples. *African Anthropology*, 11.
- Spiegel, A., Watson, V., & Wilkinson, P. (1996). Domestic Diversity and Fluidity among some African Households in Greater Cape Town. *Social Dynamics*, 22(1), 7-30.
- Stadler, J. (2001). 'He has a heart of listening': reflections on a community-based care and support programme for people infected with HIV/AIDS. Paper presented at the AIDS in Context Conference, Johannesburg, 4 - 13 April 2001.
- Steinberg, M., Johnson, S., Schierhout, G., Ndegwa, D., Hall, K., Russell, B., & Morgan, J. (2002a). *Hitting Home: How Households Cope With The Impact Of The HIV/AIDS Epidemic. A Survey Of Households Affected by HIV/AIDS in South Africa*. Washington DC: The Henry Kaiser Family Foundation.
- Steinberg, M., Johnson, S., Schierhout, G., Ndegwa, D., Hall, K., Russell, B., & Morgan, J. (2002b). *A Survey of Households impacted by HIV/AIDS in South Africa: What are the priority responses?* Report submitted to Henry J. Kaiser Family Foundation.
- Stephens, S. (Ed.). (1995). *Children And The Politics of Culture*. Princeton: Princeton University Press.
- Streak, J. (2001). *Are we making progress in realizing the rights of children affected by HIV/AIDS?* Idasa Budget Briefs(68).
- Streak, J. (2002). *Child Poverty Monitor No. 1*. Cape Town: Idasa.
- Strode, A., & Barrett Grant, K. (2001). *The Role of Stigma and Discrimination in increasing the vulnerability of children and youth infected with and affected by HIV/AIDS*. Pretoria: Save the Children (UK).
- Strode, A., & Barrett-Grant, K. (2001). *Children, HIV/AIDS and the Law*. Pretoria: Save the Children (UK).
- Subbarao, K., Mattimore, A., & Plangemann, K. (2001). *Social Protection of Africa's orphans and other vulnerable children*: The World Bank: Africa Region.
- Swartz, L., Mbalo, M., & Ngenzi, I. (2001). *Final Rapid Appraisal Report on HCBC Projects*. Pretoria: Department of Social Development, Department of Health.
- The Coalition for Health and Education Rights. (2002). User Fees: the right to education and health denied. Paper presented at the UN Special Session on Children, New York, May 2002.
- The Enhancing Care Initiative. (2002). *The Enhancing Care Initiative: Improving HIV and AIDS Care in Resource-Scarce Settings*.
- The World Bank. (2002). *Education and HIV/AIDS: A Window of Hope*: The World Bank.
- Thomas, E. P., Seager, J. R., Viljoen, E., Potgieter, F., Roussouw, A., Tokota, B., McGranahan, G., & Kjellen, M. (1999). *Household Environment and Health in Port Elizabeth, South Africa*. Stockholm: Stockholm Environment Institute.
- Tolfree, D. (2002). *Roofs and Roots - The Care of Separated Children in the developing world*. Save the Children UK Position on Residential Care.
- Turok, M. (no date). Position Paper: Children and HIV/AIDS: Responding To The Crisis. Unpublished manuscript.
- UNAIDS, UNICEF, & BLCA. (1999). Call to Action for 'Children Left Behind' by AIDS: UNAIDS, UNICEF and BLCA.
- UNAIDS, UNICEF, & USAID. (2002). *Children on the Brink 2002: A Joint Report on Orphan Estimates and Programme Strategies*. Washington: The Synergy Project, USAID.
- UNAIDS. (2001). *Investing in Our Future: Psychosocial Support for Children Affected by HIV/AIDS: A Case Study in Zimbabwe and the United Republic of Tanzania*.
- UNAIDS. (2002). *Report on the Global HIV/AIDS Epidemic*.

- UNESCO. (2001). *Monitoring Report on Education for All*. Paris: UNESCO.
- UNFPA, & The Population and Family Study Center. (2002). *Situation And Voices: The Older Poor and Excluded in South Africa And India*. Population And Development Strategies (Number 2). New York: UNFPA.
- UNICEF, & UNAIDS. (1999). *Children orphaned by AIDS: Front-line responses from eastern and southern Africa*. New York: UNICEF.
- UNICEF. (1999). *Situation analysis of orphans and vulnerable children in Zambia*.
- United Nations. (2001). *Declaration of commitment on HIV/AIDS, United Nations General Assembly Special Session on HIV/AIDS*.
- USAID, & FHI. (2001). *Care for Orphans, Children Affected by HIV/AIDS and Other Vulnerable Children: A Strategic Framework*. Washington DC: USAID.
- USAID, UNAIDS, & UNICEF. (2000). *Principles to Guide Programming for Orphans and other Children Affected by HIV/AIDS*.
- Van Bueren, G. (1999). Alleviating Poverty through Constitutional Court. *South African Journal of Human Rights*, 15, 52-74.
- Van der Berg, S. (1996). *The Means-Test for Social Assistance Grants: its Application, Fiscal Risks and Some Recommendations*. Univ. of Stellenbosch: Dept. of Economics.
- Van der Berg, S., & Bredenkamp, C. (2002). *Devising Social Security Interventions For Maximum Poverty Impact*. Cape Town: Centre for Social Science Research, UCT, Working Paper No. 13.
- Viljoen, R., Heunis, C., Van Rensburg, E. J., Van Rensburg, D., Engelbrecht, M., Fourie, A., Steyn, F., & Matebesi, Z. (2000). *National Primary Health Care Facilities Survey 2000*. Durban: Health Systems Trust.
- Vitamin Information Centre. (2001). National Food Consumption Survey in Children Aged 1 - 9 years: South Africa 1999. *Medical Update*, 37.
- Vorster, J. H., Rossouw, H. M., & J. M. G. (2000). *Phasing out the State Maintenance Grant within the context of Developmental Social Welfare: Commissioned research for the national Department of Social Development*. University of Stellenbosch: Department of Sociology.
- Wakhweya, A., Kateregga, C., Konde-Lule, J., Mukyala, R., Sabin, L., Williams, M., & Heggenhougen, H. (2002). *Situation Analysis of Orphans in Uganda* Unicef, Kampala.
- Walker, A. R. P. (2001). The National Food Consumption Survey, 1999. *South African Journal of Clinical Nutrition*, 14(2), 40-42.
- Walker, L. (2002). "We will bury ourselves": A Study of Child-Headed Households on Commercial Farms in Zimbabwe. Harare: Farm Orphan Support Trust of Zimbabwe.
- Wekesa, E. (2000). The impact of HIV/AIDS on child survival and development in Kenya. *AIDS Analysis Africa*, 10(4), 12-13.
- WHO, UNESCO, UNICEF, & World Bank. (2000). *Focusing Resources on Effective School Health: A Fresh Start to Enhancing the Quality and Equity of Education*.
- WHO. (2000). *Community Home Based Care: Family care giving - caring for family members with AIDS and other chronic illnesses. The impact on older women and girls*. Botswana Case Study: World Health Organisation.
- WHO. (2002). *The Health Sector Response to HIV/AIDS: Coverage of Selected Services in 2001. Preliminary Assessment*. Geneva: World Health Organisation.
- Wigton, A., Makan, B., & McCoy, D. (1997). Health and Nutrition. In S. Robinson & L. Biersteker (Eds.), *First Call: The South African Children's Budget*. Cape Town: IDASA.
- Wild, L. (2001). The psychosocial adjustment of children orphaned by AIDS. *Southern African Journal of Child and Adolescent Mental Health*, 13(1), 3-22.
- Williams. (1998). *Abantu Abaafa (People are dying): Old age in contemporary Uganda*. University of Queensland, Australia.
- Williamson, J. (2000). *A Report on ESAR Orphan and Vulnerable Children Workshop, Lusaka, 5-8 November 2000*: UNICEF.
- Williamson, J. (2000). *What can we do to make a difference? Situation analysis concerning children and families affected by AIDS*. Displaced Children and Orphans Fund of USAID.
- Williamson, J. (2002). *Strategic Action for Children and Families Affected by AIDS*: USAID.
- Wilson, D., Naidoo, S., Bekker, L. G., Cotton, M., & Maartens, G. (Eds.). (2002). *Handbook of HIV Medicine*. Oxford: Oxford University Press.
- Wilson, T., Giese, S., Meintjes, H., Croke, R., & Chamberlain, R. (2002). *A Conceptual Framework for the Identification, Support and Monitoring of Children Experiencing Orphanhood*. Pretoria: Save the Children UK.
- World Bank. (1997). *Confronting AIDS: Public Priorities in a Global Epidemic: A World Bank Policy Research Report*.
- Wright, J. (2001). *Working on the Front Line: An Assessment of the Policy Context and Responses of AIDS Housing and Related Service Providers in the Durban Metropolitan Area*. Durban: Built Environment Support Group.
- Yin, R. K. (1993). *Applications of case study research*. Newbury Park, CA: Sage.
- Zimbabwe National Orphan Care Policy*, (no date).
- Zwi, K. J., Pettifor, J. M., & Soderlund, N. (1999). Paediatric hospital admissions at a South African regional hospital: the impact of HIV, 1992-1997. *Annals of Tropical Paediatrics*, 19, 135-142.