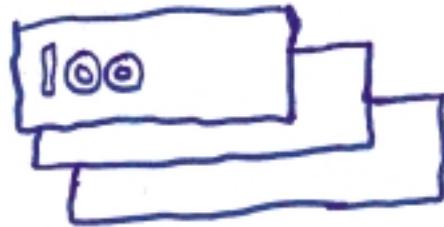


Conclusion



11

Money



Water



Conclusion

Section 28 of the Bill of Rights in the South African Constitution outlines the special rights of children to, among other things, family care, basic nutrition, shelter, basic health care, social services, and protection from exploitative labour practices, maltreatment, neglect, abuse or degradation. Since 1994 a number of policies and other pieces of legislation have been developed which build on the principles enshrined in the Constitution. In addition, South Africa ratified the United Nations Convention on the Rights of the Child in 1995, committing the state to facilitating children's participation in decisions that affect them, and to providing children with opportunities to be heard.

One of the greatest threats to the realisation of children's rights in South Africa is the HIV/AIDS pandemic. The National Children's Forum was primarily designed as an advocacy process to allow HIV/AIDS-affected children to introduce their voices into the debate around HIV/AIDS in South Africa - a debate from which they have largely been absent until very recently.

The children who attended the forum spoke poignantly and articulately about their personal experiences as children affected - in a range of ways - by HIV/AIDS. Drawing on the children's shared experiences, this workshop report documents the extensive violation of the rights of HIV-infected children, children living in HIV-affected households, children caring for sick and dying parents or siblings, and children who have been orphaned.

The children described the multiple difficulties they face accessing services and other forms of support. Like other children (and adults) living in contexts of poverty, they face infrastructural hurdles such as long distances to service points and inadequate, expensive or non-existent public transport facilities. The poor quality of services was striking in the children's accounts of their experiences of health facilities and schools. As an example, many of the clinics used by the children were reported to lack

sufficient staff and pharmaceuticals to treat basic illnesses (see *Chapter Two*), particularly in rural areas. In addition, the children face other HIV-specific service-related barriers in the form of discrimination and abuse linked to their HIV status or the status of a family member. The children recounted numerous experiences of breaches of confidentiality and discriminatory treatment within schools, health facilities, religious institutions and other services.

This abuse and discrimination is not limited to children's accounts of their experiences of services. Although in numerous instances children attending the forum spoke of the crucial - and loving - support provided to them by parents, grandmothers, aunts, and other relatives, one of the key issues to emerge from the children's discussions was the fact that 'families' are not always safe spaces. In Chapter Four on stigma and discrimination, the report captures children's accounts of their families' responses to their disclosure of their HIV+ status. They spoke of being rejected, of being called names, having to use separate utensils, not being allowed to touch younger children in the household, and being locked up away from others, among other things. Chapter Eight highlights the abuse, neglect and maltreatment faced by many of the children while in the care of substitute carers after the death of their parents. For example, these children described being fed left-overs, being expected to complete the bulk of household chores, and being beaten more readily than, in the children's words, "the ones who belong to the house".

The children expressed anger at their powerlessness to prevent sexual abuse both within their home contexts and elsewhere. They argued that the death of a mother, in particular, increased their vulnerability to all forms of abuse.

AIDS is usually associated with a long period of suffering. Children expressed their struggles and anxieties related to living with and often caring for sick family members. One

of the consequences of living in an AIDS-affected household is that children have difficulty concentrating at school and are often unable to fully participate because of their caregiving duties.

With the illness and death of young adults, more and more households are losing income and income-generating capacity, increasing their vulnerability to severe poverty. Many of the problems described by the children indicate the way in which their increased poverty hampers their abilities to access support services, such as schools and other services requiring the payment of fees - this despite the fact that legislation prohibits the exclusion of children on these grounds.

South Africa has a social security safety net designed to protect and support poor children. However, it was clear from the children's stories that the existing social security system is inadequate and inaccessible for a number of reasons. The inadequacy of the system is highlighted in Chapter Three which contains the children's accounts of their frequent hunger, their need for clothing, housing, and water, and the work that they do to generate an income - sometimes the only income for the household (see Chapter Seven).

Many of the children who attended the forum are reliant on non-governmental and community-based organisations for school fees, clothing, food and, in many instances, emotional support. Isolated examples of teachers, nurses, religious leaders and other service providers (both formal and informal) who were aware of and responsive to the needs of children, highlight the missed opportunities and demonstrate the potential for all services to be playing a greater role in identifying and supporting vulnerable children.

The children's stories and experiences point clearly to the need for radical policy shifts as well as more stringent monitoring and evaluation of existing policies. While the National Children's Forum focused on the impact of HIV/AIDS on children, many of the challenges presented in the report are not unique to children affected by HIV/AIDS and are shared by the millions of other children in South Africa. It is crucial that policies and programmes to address the needs of children not be directed at HIV-affected children to the exclusion of other categories of vulnerable children.

Key policy changes that are urgently required include the extension of poverty alleviation mechanisms (such as the introduction of a Basic Income Grant), full implementation

of programmes to prevent the transmission of HIV from mother to child, a comprehensive treatment plan for children and adults living with HIV/AIDS, and accessible free basic education and health care for all children.

Research is currently underway at the Children's Institute to guide an appropriate response to the issues raised by the children at the forum regarding service availability, access and quality.

The children's experiences demonstrate the gap between the intentions of existing policy and their implementation, and highlight the need for more emphasis to be placed on the implementation of existing policies. This will require increases in human resource and budget allocations to state and non-governmental services for children. A critical component of improved service delivery is an active commitment to inter- and intra-sectoral collaboration at national, provincial and local levels.

The children who attended the National Children's Forum were courageous to share their life stories publicly. They expressed the hope that their experiences would increase awareness of the impact of HIV/AIDS on children, and contribute to changing the realities of children in South Africa.



Children can make a change-
hear our voices

