

## **Orphans and vulnerable children: A social investor's basic guide**

Compiled for

**Tshikululu Social Investments**

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## 1. Context

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An orphan is defined as a child under the age of 18 years whose mother, father or both biological parents have died. The South African Child Gauge 2008/09 states that the total number of orphans in South Africa totals approximately 3.7 million<sup>1</sup>, which equates to 20% of South Africa's children (see Figure A). However, there are three categories of orphans and it is important to note these variances owing to the different implications for the children:

- A maternal orphan: A child whose mother has passed away but whose father is alive (3% of South Africa's children);
- A paternal orphan: A child whose father has passed away but whose mother is alive (13% of South Africa's children); and
- A double orphan: A child whose mother and father have both passed away (4% of South Africa's children).

A vulnerable child is defined as any child under the age of 18 years whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance that prevents fulfilment of his or her rights (The National Action Plan for Orphans and Other Children Made Vulnerable by HIV/Aids 2009–2012). Whilst there is no research to date that provides an estimation of the number of these vulnerable children, taking into account that there are approximately 5.7 million people infected with HIV in South Africa and almost 1 000 Aids deaths occurring every day, the number is likely to be significant.

In 1994, South Africa held its first democratic election. During this process, children's rights were brought to the forefront and the country ratified various international treaties (including the UN Convention on the Rights of the Child) and highlighted the issue in various government policies, including the Constitution. As per the Constitution, the government is obliged to do all in its power to "protect, respect, promote and fulfil" the rights of the child. This is mirrored by President Zuma's state of the nation address in 2009, whereby he stated: "... For as long as there are children who do not have the means or the opportunity to receive a decent education; we shall not rest, and we dare not falter, in our drive to eradicate poverty."

According to the United Nations Convention on the Rights of the Child (UN CRC), children's rights are being drastically violated, specifically as a result of HIV/Aids. These violated rights include: the right to family life and alternative care; the right to an adequate standard of living; the right to social security; the right to life and healthcare; the right to education; the right to play and recreation; the right to be protected from abuse and neglect; the right to be protected from exploitation; the rights of children with special needs; the right to participation, opinions and beliefs; and the right not to suffer discrimination.

This abuse of rights is being heightened owing to the HIV/Aids epidemic that is ravaging South Africa and the globe.

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<sup>1</sup> The most commonly used figure of 1.4 million orphans refers to the fact the before 2004 UNAIDS, Unicef and WHO defined an orphan as any child who had lost his or her mother to Aids before reaching the age of 15 years (i.e. referring to maternal and double orphans). Paternal orphans are now included in these estimates.

## Orphanhood

As of 2007 there are

# 3.7 million

orphans in South Africa

## 614,000

Maternal Orphans

## 2,364,000

Paternal Orphans

## 701,000

Double Orphans

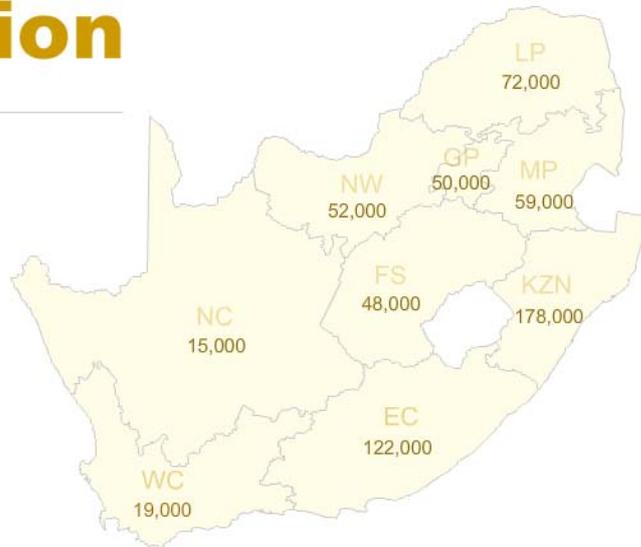


Figure A: The number of orphans per province in 2007 (Source: [www.ci.org.za](http://www.ci.org.za))

## 2. Statistics

<b>Children living with HIV</b>	Some 294 000 children below the age of 15 were living with HIV in 2006, and over one million young people between 15 and 24 years were infected.
<b>Mother-to-child transmission</b>	Some 6% of all children born in SA are infected with HIV during pregnancy, through birth or breastfeeding. This equates to approximately 64 000 babies every year.
<b>Increase in under-five mortality</b>	Every year in South Africa at least 75 000 children die before their fifth birthday. These deaths are as a result of five major health challenges i.e. pregnancy and childbirth complications, newborn illness, childhood illness, HIV/Aids and malnutrition.
<b>Child mortality</b>	In 2006, 71% of all deaths in the 15–49 age groups were due to Aids.
<b>Decrease in life expectancy</b>	In 1990, a 15-year-old had a 71% chance of surviving to the age of 60 years. In 2006, the likelihood of a 15-year-old reaching the age of 60 dropped to 41%.
<b>Orphanhood</b>	There are over 18 million children in South Africa; 3.7 million of these are orphans i.e. 20% of South Africa's children. In 2007, half of all orphans in South Africa lived in KwaZulu-Natal or the Eastern Cape and 79% of all orphans were school-going age (seven to 17 years). Furthermore, less than one third of African children were living with both their parents; however, over 80% of Indian and White children reside with their biological parents. By 2015, it is estimated that there will be five million orphaned children in South Africa.
<b>Child-headed households</b>	Whilst there is no robust research on child-headed households (i.e. a household in which all members are younger than 18 years), it is interesting to note that there have been no differences recorded in the figures related to this group between the period 2002 and 2007. In 2007, there were approximately 150 000 children living in a total of 79 000 child-headed households, that equates to 0.8% of all children and 0.6% of all households. This figure is expected to rise, owing to the fact that communities are stretched and no longer able to provide care and support for the orphaned children.

Sources: Giese (2009), Bradshaw et al (2008), Ramsden (2002)

### 3. Government

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The South African government has adopted the following plans, goals and strategies which impact the OVC sector:

**The National Action Plan for Orphans and Other Children Made Vulnerable by HIV/Aids 2009–2012** seeks to provide guidance and support to all government departments and civil society working with OVC. The five strategic goals of this plan include:

- Strategy 1: Strengthen and support the capacity of families to protect and care for OVC.
- Strategy 2: Mobilise and strengthen community-based responses for the care, support and protection of OVC.
- Strategy 3: Ensure that legislation, policy strategies and programmes are in place to protect the most vulnerable children.
- Strategy 4: Ensure access to essential services.
- Strategy 5: Raise awareness and advocate for the creation of a supportive environment for OVC.

**National Department of Health’s Strategic Plan (09/10–11/12)** will implement a package of key interventions to steer the health sector. This will be done by:

- Introducing two new vaccines to help prevent deaths from pneumonia and diarrhoea, namely Prevenar and Rotatrix respectively. Owing to resource constraints, these vaccines will be introduced in phased manner;
- Increasing the proportion of primary healthcare facilities with health workers trained in the integrated management and childhood illnesses (IMCI) to 80% by 2011/12; and
- Strengthening the implementation of the household and community component of IMCI as well as the Perinatal Problem Identification Programme (PPIP) in 18 priority districts across the nine provinces, namely: Amathole, Alfred Nzo, Ukhahlamba, Cacadu, OR Tambo and Chris Hani (Eastern Cape); Zululand, Illembe, Umkhanyakhude and Amajuba (KwaZulu-Natal); Bojanala and Bophirima (North West), Thabo Mofutsanyane (Free State); Metweding (Gauteng); Mopani (Limpopo); Ehlanzeni (Mpumalanga); Kgalagadi (Northern Cape) and Cape Metropole (Western Cape).

**The Millennium Development Goals (MDGs)** are eight international development goals that 192 United Nations member states and at least 23 international organisations have agreed to achieve by the year 2015. These are:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria, and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

The National Integrated Prevention of Mother-to-Child Transmission (PMTCT) of HIV Accelerated Plan aims to expand access to PMTCT and to improve the quality of these services. The plan states that over a million babies are born in South Africa each year. An estimated 300 000 of these babies are born exposed to HIV, based on the prevalence rate of 29% in 2007 among pregnant women. Without access to a programme to prevent mother-to-child transmission, approximately 90 000 (30%) of these babies will be born infected with HIV every year. However, it is said that a comprehensive PMTCT intervention has the capacity to reduce the neonatal infection rate to less than 5%, thus saving 75 000 babies annually.

Furthermore, the programme provides an entry point for strengthening health systems to improve maternal and child outcomes, thus assisting in meeting the MDGs 4, 5 and 6.

#### 4. South Africa – What has it been doing wrong?

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Research by Chopra et al (2009) shows that South Africa is developing negatively on MDG 4 – there is an increase in the child mortality rate and high levels of young children are malnourished. Furthermore, there is a rising adult mortality rate, causing an increased number of orphans and vulnerable children (OVC). This results in an increase in the need for prevention of mother-to-child transmission (PMTCT), anti-retrovirals (ARVs) and in-patient care. The social implications of this are that there is a lost generation of children and orphans, lost earning potential and opportunities for intellectual development, an increase in the care burden on elderly people and an increase in the incidence of non-communicable diseases and other chronic morbidities:

- HIV prevention is failing children, owing to the fact that most children are infected through mother-to-child transmission; however, interventions to promote PMTCT are not reaching enough people. Furthermore, statistics from JLICA (2009) show that, in 2007, only 33% of HIV-positive women in low- and middle-income countries received ARVs to prevent vertical transmission, whilst only 4% of the estimated 1.5 million children exposed to HIV during gestation and birth received co-trimoxazole prophylaxis by two months of age;
- Children with HIV have far less access to treatment than do adults in the same settings and, as a result, children are not being tested and they are not receiving preventative treatment or anti-retroviral treatment;
- All children living in extreme poverty and deprivation are vulnerable, not only those that orphaned. Thus, singling out specific groups may result in a missed opportunity for intervention and community-based responses;
- Families left to care for children affected by HIV/Aids are most often not reached by community-based or government support programmes. It is reported that families bear approximately 90% of the financial cost of responding to the impact of HIV/Aids on children. It is agreed that strong, capable families should be the foundation of any long-term response to children affected by Aids; however, governments have the responsibility to provide the necessary services and support to assist these families and their community-based responses; and
- Global political commitment and resources are insufficient, despite numerous advocacy campaigns and developments in policy.

## 5. Guidelines for interventions

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Policies and programmes need to be comprehensive, integrated and child and family-centred (see Figure B). The following principles should underpin all interventions:

- Mobilise and support community-based responses;
- Raise awareness to create a supportive environment for children affected by HIV/Aids;
- Empower families to educate their children and help children stay in school;
- Strengthen the capacity of families to protect and care for OVC by prolonging the lives of parents and providing economic, psychosocial and other support;
- Keep children and parents alive by preventing vertical transmission of HIV, including PMTCT and PCR testing;
- Address the psychosocial needs of children in order to help with their loss;
- Create livelihood opportunities for caregivers in order to care for children;
- Ensure access for OVC to essential services including education, healthcare and birth registration; and
- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to communities.

## 6. Indicators - Health

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– **Number of children accessing services from medical staff:**

Nationally, 6.9 million children live far from the nearest clinic. A clinic is regarded as far if a child would have to travel more than 30 minutes to reach it, irrespective of transport. ([www.childrencount.ci.org.za](http://www.childrencount.ci.org.za)).

– **Number of children accessing pre-natal care:**

At least 20% of the burden of disease in children below the age of five is related to poor maternal health and nutrition, as well as quality of care at delivery and during the newborn period. Goals of pre-conception care include providing education, family promotion, screening and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies. ([www.safesouthafrica.org.za](http://www.safesouthafrica.org.za)).

– **Number of children receiving nutritional support:**

The South African Constitution stipulates that “everyone has the right to have access to sufficient food” and that “every child has the right to basic nutrition” [Section 27 (1) (b) and Section 28 (1) (c) respectively]. The Children’s Institute states that, in order for government to support parents and families, it is their duty to ensure that families have physical and economic access to food. This can be done through providing families with water, skills and equipment to grow food; removing VAT from basic food products; subsidising basic food products (e.g. bread and maize) and providing skills development and job creation programmes so that caregivers can earn a regular income.

The Cotland’s nutrition programme, which the Fund supports in the Eastern Cape, is currently researching the orange-fleshed sweet potato (OFSP) in partnership with the Medical Research Council (MRC) and the Agricultural Research Council (ARC). The OFSP is a hardy, energy and beta-carotene-rich vegetable. Beta-carotene is the precursor of Vitamin A, the antioxidant that is essential for the immune system. In South Africa, one in three children suffer from Vitamin A deficiency, which can cause slow development, stunted growth, blindness, susceptibility and death. In 2006, 5.7% of South Africa’s children were classified as being severely malnourished, with the highest prevalence present in KwaZulu-Natal and the Northern Cape ([www.arc.agric.za](http://www.arc.agric.za); Dimant et al (2009)).

## 7. Indicators – HIV/Aids

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### – **Number of children being tested for HIV:**

It is stated that 29% of pregnant women attending public-sector antenatal clinics are HIV-positive, with the highest prevalence in KwaZulu-Natal, Mpumalanga and the Free State. Adult prevalence is critical for children, as children born to HIV-positive mothers are at risk of being born HIV positive or contracting HIV after birth. Furthermore, children born with HIV-positive mothers are at risk of becoming orphans. Children may also become infected through sexual intercourse, including abuse. Access to appropriate treatment is essential. Currently, there is a little reliable data to indicate the number of children who are infected. Research conducted by the Human Sciences Research Council in 2008 estimated the prevalence of HIV measure in children aged two to 14 years was 2.5% ([www.childrencount.ci.org.za](http://www.childrencount.ci.org.za)).

### – **Number of children accessing prevention of mother-to-child treatment (PMTCT):**

HIV transmitted from mother to child accounts for the majority of paediatric HIV infections occurring in South Africa. Children are infected in utero, during labour and delivery, or as a result of breastfeeding. PMTCT is a comprehensive health service intervention that includes preventing HIV infection among prospective parents, avoiding unwanted pregnancies among HIV-positive women, preventing the transmission of HIV from HIV-positive mothers to their infants and integrating care, treatment and support for HIV-positive women. PMTCT for children includes the use of antiretroviral drugs and safer infant feeding practices. The roll-out of PMTCT has expanded dramatically, with the proportion of pregnant women receiving HIV tests increasing from approximately 7% in 2001/2002 to 81% in 2007/2008 ([www.avert.org](http://www.avert.org); [www.childrencount.ci.org.za](http://www.childrencount.ci.org.za)).

### – **Number of children accessing ART:**

Without early treatment, more than 30% of children who were infected at birth will die before their first birthday. Over 96% of newly-infected children, eligible for ART, initiated treatment in the Northern Cape and North West provinces in 2007/2008. This is contrast to 22% and 29% in the Free State and Eastern Cape provinces respectively. Nationally, access to treatment for children has improved drastically from 2.1% in 2002/2003 to 36.9% in 2007/2008. Similarly, access to treatment for adults has increased from 3.8% in 2002/2003 to 42.8% in 2007/2008 ([www.childrencount.ci.org.za](http://www.childrencount.ci.org.za)).

## 8. Indicators - Education

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– **Number of children who are exempt from paying school fees:**

Forty-five percent of South Africa's children attend the 57% of South Africa's schools no-fee schools; with the highest proportion of these children from the Free State and Northern Cape (Dimant et al).

– **Number of children attending school:**

Ninety-seven percent of children of school-going age attend some form of school - this is a 1% increase since 2002. Whilst it is encouraging that attendance has increased in all population groups, attendance rates among African (97%) and Coloured (94%) groups remain lower than those of Indian (99%) and White children (99%). Unfortunately, attendance rates do not capture regularity of school attendance, progress in school or the quality of the learner-educator engagement. The average ratio of learner-educator in public schools is 32:1. Seventeen percent of primary-school age children travel far to the nearest primary school. Eleven percent of South Africans aged 15 and older cannot read and write ([www.CI.org.za](http://www.CI.org.za); Dimant et al).

## 9. Indicators – General services

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*Note: For further information and a reference list, please contact Tshikululu Social Investments.*