



Children's Rights Centre

28th November 2008

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News-bytes on Children's Rights

SOUTH AFRICA & WORLD AIDS DAY

The South African National Aids Council (SANAC) makes a call to all individuals, communities, business, trade unions, NGOs and FBOs to demonstrate that HIV can be prevented and that treatment works.

- SANAC calls on all people in South Africa to ensure that from now on all mothers with HIV remain healthy and all babies are born free of HIV. We call on all people in South Africa to stop the spread of HIV by having safer sex, which means reducing the number of sexual partners and consistently using condoms.
- SANAC also calls on every person in South Africa to ensure that they know their HIV status and get treatment before they get sick. ART (anti-retroviral therapy) works and with good nutrition will greatly prolong and improve the lives of those living with HIV.
- SANAC calls on adults who are HIV positive to take their children for HIV testing too. Children have a right to receive antiretroviral therapy, children like adults respond well to ARVs.
- SANAC calls on all people in South African to ensure that children from households affected by HIV and AIDS are protected and enabled to complete their schooling.

SANAC PRESS RELEASE



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We gratefully acknowledge the support of the Bernard van Leer Foundation in the production and distribution of this newsletter.

Focus on AIDS: at 12h00 on Monday 1st December we call on all of South Africa to observe a moment of silence.

[The day will start with a 2 hour *Morning Live* broadcast on HIV.]

'GETTING IT RIGHT FOR CHILDREN'

At the RIATT Children's Conference in October the delegates from 19 East and Southern African countries recommended the following actions:

1. **Keep parents and children alive:** early diagnosis and treatment and ongoing care and support, and prevention of Mother-to-Child transmission (PMTCT).
2. **Strengthen the family as a unit of care** with support that includes poverty alleviation, skills training for caregivers and children in life-skills providing effective ECD, & employing community healthcare workers
3. **Increase effectiveness of services and funding** through aligning all responses and improving coordination among all stakeholders. Monitoring and evaluation mechanisms should be strengthened and data collection should be improved, including all civil registration systems.
4. **Uphold human rights for 'vulnerable' children** (including but not limited to those affected by HIV) in legislation, programmes and services.

4th Regional Inter-Agency Task Team (RIATT) held in Tanzania 29 September to 2nd October, 2008

MEETING THE NEEDS OF CHILDREN INFECTED & AFFECTED BY HIV/AIDS

The resolutions of the **ACCESS (Alliance for Children's Entitlement to Social Security)** and **CHANN (Children's Sector HIV/AIDS National Network)** at a conference on **Building Consensus on Meeting the Comprehensive Social Security Needs of Children Infected and Affected by HIV/AIDS:**

- 1. Social Security and Social Insurance rights** will be met when all children living in poverty and the families with whom they live, are guaranteed access to a range of cash grants and social insurance benefits which meet their specific needs.
- 2. The right to an identity** will be met when the birth of every child is registered accurately, at the time of birth or within 1 month, and they are issued with a free unabridged birth certificate.
- 3. The right to education, learning and development** will be met when all children have access to integrated ECD services and programmes and to free quality inclusive pre-primary, primary and secondary education all of which take into account their basic and specific needs.
- 4. The right to healthcare and services** will be met when all expectant mothers, children and their caregivers have access to age appropriate and timeous, sustainable, quality treatment, wellness programmes and support, which must include the following:-
 - i) An effective sustainable PMTCT+ programme for all HIV positive expectant mothers and HIV exposed infants, which must include the timeous provision of all treatment (including HAART), care and support necessary to prevent the transmission of HIV to the infant and ensure the well-being of all mothers and their infants in the pre-and-post natal stages,
 - ii) The PMTCT+ programme must provide all expectant mothers with routine opt-out ante-natal HIV testing with post counselling services, and appropriate routine opt-out HIV testing for all infants at 6 weeks after birth,
 - iii) Access to quality, age appropriate counseling for all children and their caregivers,
 - iv) Access to Post-Exposure Prophylaxis (PEP) together with counselling and support for all children who have been exposed to sexual violence.
- 5. The right to basic services (including water, sanitation, and electricity)** will be met when all children and adults have access to sufficient, clean, safe water and sanitation, bearing in mind the special needs brought on by HIV/AIDS, all schools, ECD centres, clinics and other public facilities that provide services to expectant mothers, children and their caregivers have appropriate and adequate water and sanitation facilities, all households have access to a safe and affordable energy source.
- 6. The right to food and nutrition** will be met when all children and expectant mothers have access to daily balanced food and nutrition to ensure their health and well being, all children and expectant mothers infected with HIV/AIDS have access to a combination of food and nutrition which is sufficient to protect and repair their bodies from the further progression of the disease, and/or to aid in recovery from an infection.
- 7. The right to transport** will be met when all children and their caregivers are guaranteed access to safe, affordable public transport so that they can access all relevant sites of service delivery to realise their rights to social assistance, food and nutrition, health care, education and development, enabling documents and basic services.
- 8. The right to safety and security is recognised as a fundamental right** and depends on Government and all civil society organisations strengthening and coordinating their activities to protect children from abuse, exploitation and degradation.
- 9. The right to full comprehensive package of rights recognised in this statement** depends on functional and accountable co-operative governance structures with representation from all relevant duty bearers, harmonised policies and programmes governed by shared norms and standards, access for children to integrated comprehensive social security from multiple entry points, one national support telephone line for children in crisis with direct link to services / support or immediate response which does not require the caller to make another call, integrated Management Information Systems and shared data.

The realisation of all of the rights in this statement depends on the South African government fulfilling a number of minimum obligations to all children made vulnerable by HIV/AIDS and their families and caregivers.

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CHILDREN—LOVE THEM! TEST THEM! TREAT THEM!

Early diagnosis and treatment , and ongoing care and support,
saves children's lives and helps them live positively!

Monitoring and Advocacy alert on ARV sites for children

If a site is accredited to provide ARVs, this means it can
treat CHILDREN and well as ADULTS.

Background:

There have been reports of a misunderstanding amongst many that there is a special accreditation process for sites to be able to treat children. This issue was raised via SANAC processes and a circular was issued by the Department of Health clarifying that the accreditation of sites to provide ARVS means that they are accredited to provide anti-retroviral treatment to all, (children and adults)

Action:

Monitor what is happening at accredited sites in your area and inform the network of what is happening so that this may be raised in the appropriate channels.

- Are children being denied treatment and is 'accreditation' being used as a reason?
- Are adults and children from the family being treated on the same day? Or are people having to make multiple separate trips to the same facility in order to access treatment for adults and then for children?
- Is treatment provided for adults and children in different parts of the health facility even if it is provided on the same day?

Please send any information you have on this including the name of the site to Meera meera@crc-sa.co.za or via fax at 031 307-6075.

NOTE:

A circular was written and circulated by the Department of Health during October in order to address any confusion regarding the ARV site accreditation in terms of providing services to children. The circular was from Dr. David Kalombo the director of the Comprehensive Care, Management, and Treatment of HIV and AIDS (CCMT) and we can forward it to you if you apply to [Meera](mailto:meera@crc-sa.co.za)

HELPING SURVIVORS OF RAPE TO AVOID HIV

Survivors of rape need ARV treatment within 72 hours to reduce the chances of their being infected with HIV by the assault. This is called PEP (post-exposure prophylaxis). It will only be given to someone who does not already have HIV, but a starter-pack will be given if there is a delay in getting the results of the HIV test. The ARVs must be taken for a month to work.

Children can also take these medicines.

Download the excellent little booklet 'Preventing HIV after rape' (Gertholtz L and others) from the GRIP website <http://www.grip.org.za/> - it covers the rights of survivors, where and how to get the treatment they need, and other good advice.

As they say:

Rape can happen to anyone – woman or man, girl or boy.

If rape happens to you, remember it is not your fault. This pamphlet tells you about steps you can take to protect your health if you have been raped



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A PAGE FOR AND ABOUT CHILDREN

Dance4Life

Dance4Life invites the world to support 50,000 youth in 19 countries by watching them on the 29th of November at 4 P.M. GMT, when their events are connected live by satellite. Watch the live connection on the internet link: www.dance4life.com.

The worldwide Dance4Life movement is growing rapidly. This year 150,000 extra youth were reached with Dance4Life Schools Projects and the number of participating countries has almost doubled since 2006. In 2014, Dance4Life wants to have involved at least 1 million youth (Agents of Change) in actively pushing back the spread of HIV and AIDS. The Dance4Life initiative is supported by world leaders like Kofi Annan and Archbishop Desmond Tutu, who will kick off the worldwide live event.

About Dance4Life in South Africa

The programme uses interactive techniques such as drama, dancing and drumming, in combination with Life Skills and Sexual Reproductive Health Training, to facilitate a reduction in the prevalence of HIV, as well as an increase in better sexual reproductive health knowledge and practices.

D4L is aligned with the National Strategic Plan

The overall prevention focus on young people is directly linked to the following goals:

- Prevent - with a 50% reduction in HIV incidence by 2011
- Reduce vulnerability to HIV infection and Impact of AIDS
- Reduce sexual transmission of HIV

Dance4Life Programme

D4L actively involves young people to move their minds & bodies - to move their futures. The ongoing Schools4Life Project (Life Skills, Sexual Reproductive Health & Advocacy Training) culminates every other year with a 4-hour interactive, informal, cultural and educational Dance4Life Event for schools. This mobilising, rewarding and informative performance event (on the Saturday before World AIDS Day) unites young people in becoming vocal 'agents of change'

KIDZPOSITIVE:

FUN WEBSITE FOR CHILDREN

<http://www.kidzpositive.org/projects/g25/>

This is linked to the GROOTE SCHUUR WARD G25 - a model of healthcare for children living with HIV.

Ward G25 at Groote Schuur Hospital is an example of good practice for child-friendly health services. This emphasis is on continuity of care and a comprehensive, holistic in- and out-patient service for HIV-infected children:

- a 24 hour 'walk-in' facility
- a 'no wrong days' policy for out-patients and
- a conscious effort to be positive in the care of children with HIV/AIDS.

This WARD G25 model raises the morale of families and health care staff alike.

Visitors have included health care workers from France, the United States, Britain, the Netherlands and Belgium, and from regions in South Africa (Gauteng and Kwa-Zulu Natal) where no such model exists.

ONE TO ONE FUND & 'TREKKING'

Groote Schuur G25 benefits from the One to One Fund whose innovative fund-raising projects include 'treks' through many different parts of the world. Each participant of a 'trek' must pay his or her own way and also raise two thousand British pounds in sponsorship. The Fund runs a number of projects across South Africa that treat and provide support to HIV-infected children.

EXTRA: WORLD AIDS DAY EVENT IN DURBAN

Come and here speeches by the Deputy President (on the theme *Leadership and Unity*), the Minister of Health (on the theme of *Prevention* and then *launching the PMTCT campaign*); the UNAIDS Executive Director Peter Piot; and a person living with HIV representing civil society

Sahara Stadium in Durban at 11h00.