

Echo

Aids and housing: rising to the challenge

"THIS house belongs to my mother and father, but they are both dead and my mother's sister and her family [husband and child] are staying with my sister [aged nine years] and myself in this house.

"My aunt keeps asking Gogo to transfer the house to her name as she is staying here and how can she do improvements to the house if it is not hers?"

"I feel afraid, as when she gets the house then she won't look after us anymore," says Thokozani (15), who lives in a low-income housing community in Pietermaritzburg.

With an estimated 20-25% of South Africa's population being HIV-positive, the impact of the Aids epidemic on people's access to adequate shelter and basic services is likely to be serious and far-reaching.

Access to shelter for children is a particular concern. One of the most devastating impacts of the Aids epidemic is the massive numbers of orphans that are emerging, with some estimates suggesting that by 2005 there will be 800 000 children without parents in South Africa.

There are many complex issues that those concerned with housing delivery need to take into account if they are to

ensure that adequate shelter support is provided to households affected by Aids. Thokozani's story highlights one of these issues, namely the need to protect the inheritance rights of children, while at the same time addressing the need to provide community care for orphaned children.

In research conducted with children around South Africa by the Alliance for Children's Entitlement to Social Security (Access), problems with current shelter provision, which have implications for addressing the impacts of Aids, were raised.

A common complaint of children was that their houses are too small for their families:

"My problem is the slabs (foundations for building a shack on) here at Samora are small. My family is big and we don't fit in that house. Some of us do not have places to sleep." (Girl, aged 13).

"We are eight in our house. Children of my aunt and my sister. We live with my grandmother. There is no other adult. It is hard because she does not get a pension." (Girl, aged 11).

The size of most low-income houses is a key obstacle to households absorbing orphaned children and adults needing

care. Overcrowding also facilitates the spread of infectious diseases such as TB. The poor quality of many dwellings also contributes to an unhealthy living environment, which is serious for people living with Aids.

The lack, or unaffordability, of basic services such as water and electricity for poor households is another problem that impacts negatively on their ability to care for ill household members at home. This issue was raised by a 12-year-old girl from the Northern Cape: "The problem is the municipality is increasing the water every month. There are eight in the house and we get one grant (a foster care grant) for this child."

The cost of municipal services can be prohibitive for poor households with people living with Aids, where medical costs consume a large proportion of the household income.

The Built Environment Support Group (BESG) is confronting some of these issues in its HIV/Aids Supportive Housing Programme.

Two pieces of research have recently been completed as part of the programme. The first examined how households cope with and adapt to the death and

illness of household members and having to absorb orphaned children.

The second study attempted to understand the role HIV/Aids plays in pushing more children onto the streets and what shelter and other support is available to them there. In this study BESG spoke to children who are living, or have lived, on the streets.

One of the aims of the programme is to develop new models of housing to provide care to households affected by HIV/Aids. One of the models BESG is experimenting with, in partnership with the Durban Children's Society (DCS), is a model of care for orphaned children called Community Family Homes.

A major obstacle to providing shelter for orphans is the misalignment of different government department's policies. The Department of Social Development (DoSD) is only willing to fund family-centred, community-based care facilities for orphans, while the Department of Housing's Aids Housing policy provides for capital funding for building or upgrading institutions but no funding for operational costs.

The Community Family Home model attempts to

address this by using the Department of Housing's transitional subsidy to build houses which cater for a maximum of six children, who are cared for by community parents.

The running costs of the unit are then covered by the DoSD's Foster Care Grant, with a top-up from the DCS. The model provides a form of care that is both cheaper than that of institutional care, and offers a more family-oriented environment for orphans, while retaining them in their home communities. Two pilot units are to be constructed in Cato Manor in Durban early in 2003.

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BESG is a member of the Children in Distress Network Aids-Housing Working Group tasked with co-ordinating action in the region.