AIDS ORPHAN TOURISM
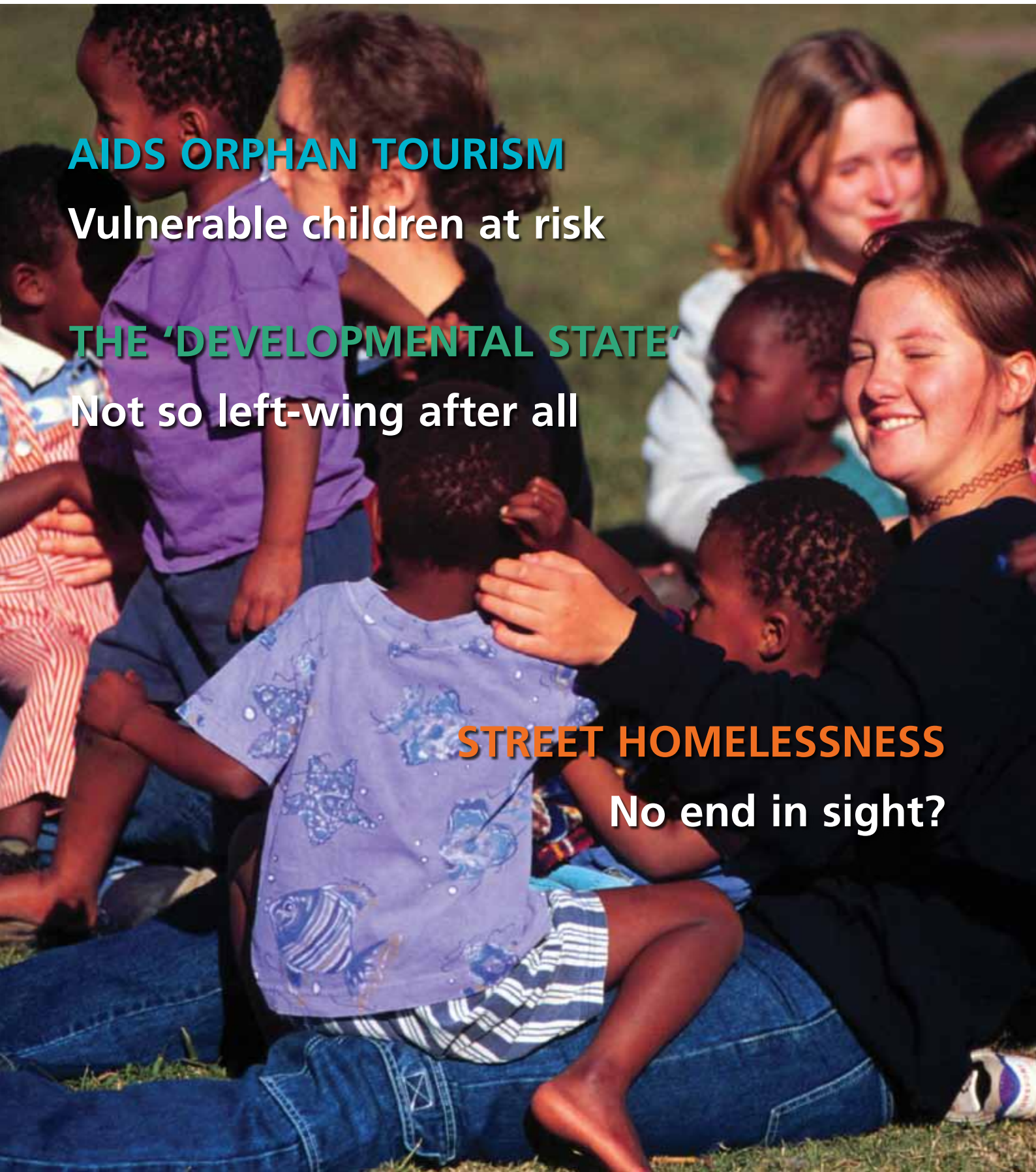
Vulnerable children at risk

THE 'DEVELOPMENTAL STATE'

Not so left-wing after all

STREET HOMELESSNESS

No end in sight?

CONTENTS

THE CEO NOTES

Over the past twelve months the HSRC executive team and I have considered and discussed how best the organisation should be reconfigured to better align its research thrusts with national priorities as spelled out in policy statements by the President, the government's Medium Term Strategic Framework for the period 2009–2014, and the national Ten-Year Innovation Plan.

The HSRC has grown significantly over the past ten years and one of our objectives has been to ensure that the reconfiguration leads to clear distinctions between portfolios and reduced duplication among research programmes.

The new structure is an institutional response to the wishes and directions of the HSRC Board and parallels the introduction of the new financial model, which will allow researchers more time for reflection and publishing. It allows us to build on existing research expertise, consolidate areas of excellence that were scattered across various research programmes, and develop niche areas of research and research dissemination.

With respect to the six new research programmes, they will all be incorporating the following into their research:
• a multi-disciplinary approach;
• diversity (gender, class, race, ethnicity, etc.);
• a focus on basic (theoretically founded) and applied research;
• insights from the humanities;
• attention to monitoring and evaluation; and
• an emphasis on developing new methodologies to advance social and human sciences.

The six new research programmes that have been established at the HSRC are:
1. Education and Skills Development;
2. Population Health, Health Systems and Innovation;
3. Economic Performance and Development;
4. Democracy, Governance and Service Delivery;
5. Human and Social Development; and
6. HIV/AIDS, STIs and TB.

This restructuring of the programmes introduces a specific focus on health systems; gives attention to the social and environmental determinants of health; and broadens our research on economic issues to include the macroeconomic dynamics of structural change and developmental social policy. It gives more emphasis to issues of crime, corruption and violence; and introduces a new programme of work on social movements and tuberculosis.

In summary we are fine-tuning the focus and expanding the remit of the research programmes that have been the drivers of the HSRC's growth and success over the past ten years.

On behalf of the HSRC and in my own right I extend sincere gratitude to the executive directors of the various research programmes. They have lived up to their reputations as internationally recognised and productive scientists; as visionary, entrepreneurial, and dedicated leaders; and as accomplished managers of research teams working on policy and community-relevant projects. They possess a set of competencies that are rare and much sought after.

I would like to thank particularly the outgoing executive directors:
• Dr Anil Kanjee for the very good work he has done in various areas, especially in establishing the Centre for Quality Education. After an extended stint at the HSRC he is leaving to pursue other opportunities;
• Professor Linda Richter, who has led numerous large-scale and path-breaking research projects in the previous Children, Youth, Families, and Social Development (CYFSD) programme, will apply her excellent skills as a distinguished research fellow, mentoring researchers but also continuing with large-scale research projects and help with science communication;
• Dr Miriam Altman, whose innovative work on employment scenarios has had a big impact on policy debates in our country, whose contract will expire soon and will be appointed as a distinguished research fellow, leading a team in support of monitoring and evaluation in the National Planning Commission in the Presidency.

As part of the restructuring we have also consolidated work in various areas into a new unit called Research

NEWSROUNDUP

Use and Impact Assessment. The unit will improve data curation, map and work to enhance research uptake, expand the organisation's research dissemination, enhance our utilisation of new media, and work together with the HSRC Press to increase its reach. This unit will lead the expansion of the HSRC's portfolio of work in impact assessment.

The following executive directors will be leading the new research programmes and units:
• Dr Udesh Pillay – Democracy, Governance and Service Delivery;
• Dr Temba Masilela – Research Use and Impact Assessment;
• Dr Vijay Reddy – Education and Skills Development;
• Prof Demetré Labadarios – Population Health, Health Systems and Innovation;
• Prof Leickness Simbayi – HIV/AIDS, STIs and TB; and
• Prof Arvin Bhana – Human and Social Development (acting).

The top management structure has also been bolstered in order to introduce a more workable span of control, ensuring greater efficiency and effectiveness, and enabling a greater focus on staff development and researcher training.

We will now have two deputy CEOs – one for research and one for operations and capacity enhancement. This will enable the office of the CEO to strengthen its focus on strategic initiatives as detailed in the strategic plan and on longer-term imperatives and prospects.

A noteworthy feature of our restructuring has been the engagement with staff and the trade union at the HSRC. On behalf of the executive team I express our appreciation of the way in which our staff has embraced the restructuring and our collective commitment to human and social sciences that make a difference.

We are confident that we are now better able to address the priorities of our country.

PLEASE NOTE: UNTIL THE REALLOCATION OF ALL STAFF HAS BEEN FINALISED, THE OLD RESEARCH PROGRAMMES ARE STILL REFLECTED IN THIS EDITION OF THE HSRC REVIEW.

INTENSE INTEREST IN STUDY ON HUMAN TRAFFICKING

An HSRC report on human trafficking in South Africa, commissioned by the National Prosecuting Authority (NPA), created huge local and international interest in the light of the FIFA 2010 World Cup and fears that this type of crime would increase during this period.

The report, *Tsireledzani: Understanding the dimensions of human trafficking in southern Africa*, said victims were mostly women, girls and boys trafficked for purposes such as prostitution, pornography, domestic servitude, forced labour, begging, criminal activity (including drug trafficking), and trafficking for the removal of body parts (or *muti*). Young boys are trafficked to smuggle drugs and for other criminal activities.

The study identified a number of trafficking flows into South Africa, including intercontinental trafficking from outside of Africa; trafficking to South Africa from other African countries; and domestic trafficking.

It found that the largest movement of trafficked people was from rural areas to cities. The albino community was also identified as vulnerable to human traffickers for the harvesting of body parts, due to the belief of a 'white' skin having potent powers.

Trafficking of South Africans out of South Africa is less of a problem, but eight cases were identified between January 2004 and January 2008 where destination countries included Ireland, Zimbabwe, Israel, Switzerland, the Netherlands and Macau. In all cases, the victims were women trafficked for either sexual exploitation, labour exploitation or forced marriage.

The full report is available on request from media@hsrc.ac.za.

NEW@THEHSRC

MS CHARLOTTE IMANI has been appointed as editorial project manager in the HSRC Press. She holds an MA in English Literature at the University of Johannesburg (formerly the Rand Afrikaans University). Before joining the HSRC in April 2010, she was the education publishing manager at Pearson Southern Africa.

MS FAITH KOBO, who has been appointed as chief risk officer, previously held the position of enterprise risk analyst and deputy director of risk management at the National Treasury. She holds a post-graduate qualification in governance, risk and compliance from the University of Johannesburg.

DR ZANDILE MCHIZA, a post-doctoral fellow in the Population Health, Health Systems and Innovation unit, holds a PhD in Nutrition and Dietetics from the University of Cape Town (UCT). Before joining the HSRC, she was a lecturer and researcher at UCT's Nutrition and Dietetics Unit and also facilitated the problem-based learning curriculum for 4th year UCT MBCHB students.

MS YOLISWA NOTSHE, previously the HIV/AIDS coordinator at ActionAID International, Johannesburg, has been appointed as a research manager in the HIV/AIDS, Sexually Transmitted Infections and TB programme. She holds an MA in Social Work at the Nelson Mandela Metropolitan University (formerly the University of Port Elizabeth).

DR DORINA ONOYA, who obtained her PhD in Public Health from Maastricht University in the Netherlands, has been appointed as a senior research specialist in the HIV/AIDS, STI and TB programme. Before joining the HSRC, she was a project coordinator at the Health Promotion Research and Development Unit of the Medical Research Council.

PROFESSOR IVAN TUROK, accorded a B1-rated scientist by the National Research Foundation, has been appointed as a deputy executive director in the Economic Performance and Development division. He obtained a PhD in Economics from the University of Reading in the UK (1997). Before joining the HSRC he was professor and research director in the department of urban studies, University of Glasgow (UK). He is also an honorary professor at the Universities of Cape Town and Glasgow.

NUTRITIONAL STATUS AND FOOD SECURITY OF ZAMBIANS

One of the first projects of the new HSRC Centre for the Study of the Social and Environmental Determinants of Nutrition, commissioned by the Food and Agriculture Organisation (FAO), involves working with the Zambian Food and Nutrition Commission in assessing the mean daily food intake of children and adults.

The research will include a questionnaire to assess the scarcity of indigenous foods. Semi-structured questions will be used to collect data on agricultural biodiversity, and the Household Food Insecurity Access Scale (HFIAS) will be used to assess food security. This assessment is based on the principle that the experience of food insecurity causes predictable reactions and responses that can be captured and quantified through a survey and summarised in a scale.

Available information on the nutritional status of the Zambian population in 2007 is disturbing: 45% of children under five were stunted, 19% were underweight and 5% were wasted; 30% of schoolchildren had goitre; and sub-clinical vitamin A deficiency was 54% in pre-school children.

This comprehensive study will serve to prepare a nutrition policy for the country as a whole. A pilot study was conducted to test the actual questionnaires to see if they were clear and understood by all.

Dr Nelia Steyn demonstrating the concept of body circumference during the research in Zambia.

SUSTAINABLE CITIES
Comparing China with South Africa

The question of how developing countries can provide sustainable infrastructure to accelerate services for their populations was the subject of seminar research teams from the HSRC and the Chinese Academy of Social Sciences (CASS).

The seminar was coordinated by the department of science and technology (DST), and formed part of the Shanghai Expo with its overall theme of Better Cities: Better Life.

The preliminary work of the comparative study highlighted the need to showcase good practice models used within cities in both countries so as to bridge the gap between the maintenance of existing infrastructure and the development of new infrastructure that could ultimately accelerate service delivery, alleviate poverty and meet international goals, such as the Millennium Development Goals (MDGs). The implementation of good practice models can be used as a tool to inform cities within developing countries on how to develop sustainable cities.

Discussions were informed by dominant trends in service delivery within the specific context of local government in developing countries. The question of whether China and South Africa fit within or outside of these trends was determined through providing the context of progress and challenges in both countries.

EARLY GROWTH INFLUENCES EVERYTHING IN LATER LIFE

How much you earn as an adult may depend on how you grow in your early childhood. The Consortium of Health Oriented Research in Transitioning Societies (COHORTS), a collaboration between the five largest and longest running birth cohorts in low- and middle-income countries, included studies done in Pelotas in Brazil, Guatemala, Cebu in the Philippines, New Delhi in India and our local *Birth to Twenty* study. By pooling data from these five studies, new information was gathered about the role of early growth in predisposition to health and disease, and human capital development, including education and earnings.

COHORTS analyses have found that growth during the first two years, specifically height, predicts age at school entry, whether a child would get a fair grade, and their highest grade attained; but growth from two to four years has little relationship to schooling outcomes. Stunting (low height) is associated with a reduction in attained schooling of about one year. Weight gain between birth and two years is associated with about a half an additional year of schooling respectively.

Given an estimate of about a year of schooling lost, stunting in early childhood is estimated to decrease lifetime income by about 10% in low- and middle-income countries. The recommendations from the study are clear – we need to improve the nutrition of pregnant women and children between birth and two years to achieve clearly demonstrated benefits to adult education and income.

COHORTS

A paper from the group, outlining the long-term consequences of poor growth in the first two years of childhood as a determinant of adult well-being and human capital development, was published in the leading medical journal *The Lancet's* special issue on maternal and child under-nutrition.

NEW CENTRE FOR
RESEARCHING NUTRITION

The HSRC's Centre for the Study of the Social and Environmental Determinants of Nutrition, launched on 15 March by the health minister, is ideally placed to become an important tool to undertake research, leading to policy recommendations that could improve the nutritional status of the population, explains DEMETRÉ LABADARIOS.

Nutrition issues, perhaps more than any other, affect all of us on a daily basis and range from the common and overwhelming desire to remain healthy to the daily fear of not having adequate amounts of food to eat.

NUTRITION AT THE MOLECULAR LEVEL

Nutrition as a science has experienced tremendous growth over the recent two decades, primarily at the molecular level. The better understanding of the role and impact of inflammation (ranging from healing to chronic disease to aging) together with the documented role and the impact of nutrients on the genome (the so-called personalised nutrition) have opened immense possibilities in the field of well-being, disease prevention and disease management.

However, it is increasingly being realised that better knowledge and understanding at the molecular level on its own is rather inadequate in understanding the underlying causes of, for instance, the increasing prevalence of obesity, diabetes and other chronic diseases of lifestyle.

What is perhaps of greater interest, and complexity, is the inadequate success, or rather major failure, in our interventions to combat the ills of under- and over-nutrition, which do actually coexist in a given household in South Africa and other developing countries.

SOCIAL AND ENVIRONMENTAL ASPECTS

This tremendous growth in studies in nutrition, however, has largely defocused the equally crucial importance of the social and environmental determinants, social mechanisms and social consequences of food and nutrition. The understanding of the mechanisms that link social determinants to nutrition outcomes, rather than outputs, therefore, is in urgent need of innovative investigation, which can only be achieved by the extensive integration of the molecular and social aspects of nutrition.

Unless such an approach is developed and more extensively investigated, we won't be effective in our interventions or understand the mechanism(s) of distal determinants of nutritional status such as education, income, gender and ethnicity. For example, better education is associated with a decreased risk of undernutrition (stunting) but an increased risk of obesity. This is where the Centre will focus its research, namely on the full spectrum of data on nutrition-related diseases and conditions, and their social and environmental determinants.

THE CENTRE'S PLANS

The Centre is still in the early stages of development and planning, but the task lying ahead is well defined. It will focus on social and environmental determinants of nutritional status and behaviour, particularly food insecurity and malnutrition (both over and under nutrition). Furthermore, one of the objectives is to network and undertake relevant research with other African countries and to build strong links with the Food and Agricultural Organisation (FAO).

In this regard, the Centre held a workshop in March where the African Taskforce on Obesity Research (AfriTOR) was created. Five African countries sent delegates to attend the workshop and specific projects have already been highlighted for joint research. Dr Mciza, who did her PhD research on obesity in adolescents and their mothers, will monitor the taskforce.

Professor Demetré Labadarios, who heads up the Centre for the Study of the Social and Environmental Determinants of Nutrition, meets health minister Aaron Motsoaledi at the launch of the centre, with Dr Olive Shisana looking on.

Professor Demetré Labadarios is the executive director of Population Health, Health Systems and Innovation.

SKELETONS AT THE FEAST

a review of street homelessness

Homelessness on the streets has been of concern to governments and civil society for hundreds of years, and the number of homeless people tends to rise when economic conditions take an adverse turn. Emphasising questions of access to housing, livelihoods and services, CATHERINE CROSS, JOHN SEAGER et al question whether in South Africa street homelessness can be eliminated in the foreseeable future.

Homelessness on the streets in South Africa is a slow-moving tragedy that arouses anxiety in government and civil society, but one that is overshadowed by the size of the population in shack housing. As unemployment has risen, larger numbers of the poor are living on the margins and are dependent on temporary work or social grants; from there, many have descended into true homelessness.

The study suggests that there may be from 100 000 to 200 000 truly homeless street people in South Africa's urban and rural districts, including adults and children.

South Africa is not well prepared for increasing homelessness. Compared to the situation of people in shack settlements, little is known about the street homeless and there are no formal statistics. In their extreme poverty, isolation and loss of societal resources, the truly homeless exactly fit the description 'the destitute', and are worse off than people living in shacks.

A PROFILE OF HOMELESSNESS

The HSRC study on homelessness, conducted over the last four years, adopted a definition of homelessness that emphasises living 'on the street'.

The destitute street homeless are a small and particular group as compared with the much larger, and less poor shack population. The study suggests that there may be from 100 000 to 200 000 truly homeless street people in South Africa's urban and rural districts, including adults and children. Johannesburg has the largest and most differentiated population. Estimates of street children suggested more than 3 000 live on the streets, which is a significant number.

A previous HSRC study noted that not all people on the streets are actually homeless in the sense of having no shelter of their own. Street livelihoods can be surprisingly effective, pulling in people from surrounding settlements. These include piecework for local businesses, begging, foraging activity and sub-survivalist informal sector work, which all need business activity and a moneyed passing clientele.

Interviews with local administrators underline the point that South African cities have tended to take uncompromising positions on suppressing visible street homelessness.

This study also identified street people who live on the city streets temporarily for street trading, and before commuting home to distant rural settlements. These non-homeless categories represent a significant share of the visible street population.

HOMELESSNESS, POLICIES AND THE CITY

Policy-makers regard the effect of visible street homelessness on the prospects of economic investment in the metro core zones as negative. The resulting clash between the rights and needs of the urban homeless poor to access street livelihoods in the central business district (CBD) where they concentrate, and the cities' demand for a poverty-free CBD to encourage investment, has made a consistent homelessness policy difficult to find.

Together with the lack of basic information, this conflict has led to societal paralysis when it comes to addressing the homelessness problem. There is no consensus on what the effective options for intervention would be, and little information on the homeless population itself, leading to a gap in formal policy.

Interviews with local administrators underline the point that South African cities have tended to take uncompromising positions on suppressing visible street homelessness.

Our study has shown that government welfare grants reach some homeless, preventing some from falling into street life and supporting others to live in shelters, but so far there is no clear sign that free housing and infrastructure are reducing the numbers of street people already homeless.

Besides asking whether poverty is the only cause, we also need to ask why the street homeless are not living in shacks, which should offer a cheap and generally available alternative.

THE INTERNATIONAL PICTURE

It is vital to note that few, if any, nations have succeeded in eliminating homelessness, regardless of the size and reach of their social safety net.

Homelessness remains a problem in the European Union, Canada, Japan and Australia – all highly developed countries which provide wide-ranging social care and work strenuously to eradicate poverty.

It therefore seems clear that poverty alone is not the problem. Urbanisation in the developing world, touched off by urban industrialisation, rural poverty and population growth, is leading to large urban-directed population shifts comparable to South Africa's. For the destitute homeless in India and elsewhere, very large street populations receive some official tolerance.

The critical issue is regular access to the central cities' livelihoods: failing this, homeless people cleared out of the cities simply continue to return.

Such approaches raise issues of how far, given improved management, South Africa's metro urban centres might be able to tolerate a street homeless presence of the kind sustained in, for example, California cities.

HOMELESSNESS AND HOUSING

South Africa's street homeless do not appear to have the same access to employment and to government benefits as does the shack population. Other studies identify a resisting core group which commonly rejects attempts at help.

The usual tools of household accumulation in the form of secure housing and incomes are not easily available to the street homeless. Very few said they had grants or were on housing lists. Though entry to a shelter would provide an address and most have tried shelters in the past, most respondents said they had no identity documents and few had any ongoing relation with government programmes.

Meanwhile, the cities' administrative stance tends to remain distant or hostile, relying largely on police clearances to deal with the sector of the homeless population who are unwilling or unable to accept civil society help and enter shelters.

Without more social workers specifically tasked with outreach and support for the street homeless in dealing with administrative offices, it is not easy to see how the street constituency would be able to become regular beneficiaries of subsidy housing, and the requirement of a residential address is a barrier for those street homeless who reject shelters. Moreover, spatial location is a barrier: it is why the street homeless do not live in shacks.

The critical issue is regular access to the central cities' livelihoods: failing this, homeless people cleared out of the cities simply continue to return. California's experience suggests it is possible to provide easy-access homeless support that helps the homeless to live in ways the cities can tolerate.

Overall, it seems clear that the homelessness question is not limited to shelter, and is not a simple matter of poverty either. For the developmental state, the street homeless are the proverbial skeletons at the feast, the excluded poorest who enter unobserved and stand by gaunt and starved, terrifying to the invited guests but deprived of any capacity to join the party.

If South Africa has a street population unable to benefit from shelter or housing programmes, their situation will need to be managed while they remain on or near the streets. If so, total abolition of the homeless condition may not be a realistic option under any policy dispensation, and management then becomes the key concern.

Overall, it seems clear that the homelessness question is not limited to shelter, and is not a simple matter of poverty either.

This article is an extract from 'Skeletons at the feast: a review of street homelessness in South Africa and other world regions', in *Development Southern Africa*. 27(1):5–20, by Cross, C, Seager, J, Erasmus, JC, Ward, C, and O'Donovan, M.

Catherine Cross is a chief research specialist, Centre for Poverty, Employment and Growth, HSRC; and Professor John Seager is a research director in the Social Aspects of HIV/AIDS and Health.

Inside the thriving industry of
AIDS orphan tourism

The global perception that sub-Saharan Africa is experiencing a burgeoning 'AIDS orphan crisis', coupled with growing trends in volunteer tourism as reported in *Time* of 26 July (Vacationing like Brangelina), has produced a potentially high-risk situation for already vulnerable young children in the region, asserts LINDA RICHTER.

The term 'AIDS orphan tourism', describes tourist activities consisting of short-term travel to facilities, primarily in sub-Saharan Africa, that involve volunteering as caregivers for 'AIDS orphans'.

Well-to-do tourists enrol for several weeks at a time to build schools, clean and restore river banks, ring birds and other useful activities in mostly poor but exotic settings.

In recent decades, the tourism industry has thrived, grown and diversified to encompass a wide array of travel activities, with alternative volunteer tourism leading the way. Well-to-do tourists enrol for several weeks at a time to build schools, clean and restore river banks, ring birds and other useful activities in mostly poor but exotic settings. AIDS orphan tourism has become a niche market, contributing to the growth of the tourism industry.

AIDS orphans 'have economic valence' and 'orphanhood is a globally circulated commodity', as some researchers have phrased it.

ORPHANS AS COMMODITIES

Human beings and their contexts make up landscapes that tourists want to visit through the meanings ascribed by visitors and tour operators. In this case, southern Africa is represented as a place where 'outside' volunteers are needed to help countless abandoned children by sustaining charitable operations and giving love and support to desperate young children.

'AIDS orphan tourism' is one aspect of the global 'voluntourism' industry and an emotional connection with needy young children is at the core of what voluntourists want to experience.

... there is a real danger of voluntourists crowding out local workers, especially when people are prepared to pay for the privilege to volunteer.

In general, the flow of volunteer tourists tends to be from the global North to the global South, with all age groups participating. Volunteer tourism is a burgeoning industry, and searches for such holidays online and in bookshops unearth a staggering array of options. Travellers can add between a week or a month to their pleasure itineraries to work on a range of projects.

Concern about these forms of volunteering have been raised in recent years by academics, activists, and volunteer organisations. Because 'voluntourist' contributions are often brief, the work that can be done is usually low-skilled. As a result there is a real danger of voluntourists crowding out local workers, especially when people are prepared to pay for the privilege to volunteer.

Further, volunteer work is costly to host organisations because of the large overheads needed to host voluntourists. One often-cited report in the international media warned that gap-year students in the UK risked 'becoming the new colonialists', with organisations increasingly catering to the needs of volunteers rather than the needs of the communities they claim to support.

Volunteers come at a cost; institutions frequently provide voluntourists with accommodation and meals, and staff are allocated to guide volunteers around and organise their activities.

THE 'AIDS-ORPHAN' TRAVEL EXPERIENCE

As in other countries undergoing social or other changes, non-family residential group care (orphanages) in southern Africa has expanded, perversely driven by the availability of funds for such facilities, and the glamour that media personalities have brought to setting them up. However, many orphanages are not registered with welfare authorities as required by law, and most face funding uncertainties and high staff turnover, making them unstable rather than secure environments for children. Moreover, children taken in by orphanages are usually from desperately poor families rather than orphans – the case of David Banda in Malawi is a case in point.

Under the misapprehension that volunteers will benefit children, some residential care facilities have opened up their institutions to global volunteers for short periods of time. Young people are targeted, some by commercial operators, to seek personal fulfilment through encounters with destitute and disadvantaged children. In some instances, intermediary organisations might link affluent travellers with local organisations for the purpose of conscientising and fund-raising.

VOLUNTEERS COME AT A COST

Programmes which encourage or allow short-term tourists to take on primary care-giving roles for very young children are misguided for a number of reasons. Volunteers come at a cost: institutions frequently provide voluntourists with accommodation and meals, and staff are allocated to guide volunteers around and organise their activities.

Given the level of unemployment and poverty among young people in many parts of sub-Saharan Africa, and their desperate need for training and work skills, these opportunities should best be given to local youth, many of whom would be grateful for regular meals, some training and a testimonial to their work experience.

ADVERSE EMOTIONAL AND PSYCHOLOGICAL EFFECTS

Aside from economic and employment questions, there are serious concerns about the impacts of short-term caregivers on the emotional and psychological health of very young children in residential care facilities. The formation and dissolution of attachment bonds with successive volunteers is likely to be especially damaging to young children. Unstable attachments and losses experienced by young children with changing caregivers leaves them very vulnerable, and puts them at greatly increased risk for psychosocial problems that could affect their long-term well-being.

Consistently observed characteristics of children in institutional care are indiscriminate friendliness and an excessive need for attention. Children in orphanages tend to approach all adults with the same level of sociability and affection, often clinging to caregivers, even those encountered for the first time only moments before. Children in more orthodox family environments of the same age tend to be wary towards newcomers, and show differential affection and trust towards their intimate caregivers and strangers.

Institutionalised children will thus tend to manifest the same indiscriminate affection towards volunteers. After a few days or weeks, this attachment is broken when the volunteer leaves and a new attachment forms when the next volunteer arrives. Although there is little empirical evidence on children's reactions to very short-term, repeat attachments over time, evidence from the study of children in temporary or unstable foster care indicates that repeated disruptions in attachment are extremely disturbing for children, especially very young children.

... many of the children they leave behind have experienced another abandonment to the detriment of their short- and long-term emotional and social development.

Short-term volunteer tourists are encouraged to 'make intimate connections' with previously neglected, abused, and abandoned young children. However, shortly after these 'connections' have been made, tourists leave – many undoubtedly feeling that they have made a positive contribution to the plight of very vulnerable children. And, in turn, feeling very special as a result of receiving a needy child's affection. Unfortunately, many of the children they leave behind have experienced another abandonment to the detriment of their short- and long-term emotional and social development.

Voluntourism is potentially exploitative of children suffering adversity as a result of poverty and HIV/AIDS. Child advocates should protest these practices and welfare authorities should ensure they are stopped. Thus far, no formal regulations exist in any sub-Saharan African country to protect children from such practices. The weight of current evidence suggests that these activities are not in the best interests of children and those working to protect children and children's rights should be deeply concerned.

... and the first line of response should be to support those who can look after children best.

FAMILIES ARE BEST

Historically, residential care has increased during periods of social change and crisis – colonialism, communism in Eastern Europe, wars and natural disasters. HIV/AIDS also constitutes a crisis, but it is a long-wave event, and the first line of response should be to support those who can look after children best – their own families. Instead, some international agencies, donors, and local groups are contributing

to the ever-increasing number of orphanages being established for children affected by poverty and HIV/AIDS.

Together, a lack of support for families, increasing institutionalisation of vulnerable children, and a growing international volunteer tourism industry are placing very young affected children at increased risk. The important points are these:

- Every available resource should be utilised to support families and extended kin to enable them to provide high quality care for their children. Out-of-home residential care should not be an option when support can be given to families to take care of their own children.

- Children out of parental care have a right to protection, including against experiences that are harmful for them. In particular, they have a right to be protected against repeated broken attachments as a result of rapid staff turnover in orphanages, exacerbated by care provided by short-term volunteers.

- Welfare authorities must act against voluntourism companies and residential homes that exploit misguided international sympathies to make profits at the extent of children's well-being.

- Lastly, well-meaning young people should be made aware of the potential consequences of their own involvement in these care settings, be discouraged from taking part in such tourist expeditions, and be given guidelines on how to manage relationships to minimise negative outcomes for young children.

... well-meaning young people should be made aware of the potential consequences of their own involvement in these care settings, be discouraged from taking part in such tourist expeditions ...

This article is based on Richter, L. & Norman, A. (2010) 'AIDS orphan tourism: A threat to young children in residential care', in Vulnerable Children and Youth Studies (in press).

Professor Linda Richter is the executive director of the research programme on Child, Youth, Family and Social Development.

Stressful pregnancies linked to behavioural problems in children

Findings from a number of studies suggest that there is an association between mothers who had stressful pregnancies and behavioural problems in their children. In the first study conducted in a developing country, **PAUL G. RAMCHANDANI, LINDA RICHTER, SHANE NORRIS** and **ALAN STEIN** set out to examine whether maternal prenatal stress is associated with an increased risk of subsequent child behavioural problems in a developing country.

The study aimed to explore associations between stressors (i.e. situations that are experienced as a perceived threat to one's well-being and survival) experienced by pregnant women in their third trimester and the effect it had on child behavioural and emotional development. It also investigated whether particular types of stressors in the period before birth were more predictive of later child problems.

BACKGROUND TO THE STUDY

The 953 participants were from *Birth to Twenty*, a study conducted in Soweto since 1990 and designed to map the physical and psychosocial development of a group of urban children. The vast majority were from socio-economically disadvantaged families.

Those women who were exposed to higher levels of maternal prenatal stress were associated with more than a doubling of the odds of behavioural problems in their children.

The participating mothers were pregnant and delivered their babies during an extremely volatile time in South Africa's history, both politically and socially, as the country made the transition from apartheid to an inclusive democratic system.

The children in the study have become known as Mandela's Children, as they were born in the seven-week period after the release from prison of Nelson Mandela. The participants were thus exposed to significant environmental changes, including high levels of political violence.

The study used data from assessments completed during the third trimester of pregnancy and then at six months, two years, and four years after birth.

BEHAVIOURAL PROBLEMS AT FOUR YEARS

The authors found that children whose mothers had high stress levels while they were pregnant did not have an increased risk of behavioural problems at age two years, but they did at age four.

Exposure to increased levels of stressors could increase levels of stress-responsive hormones within the mother, exposing the foetus to these and resulting in an increased latent risk for psychopathology.

Although the study cautions against extending these findings to the whole population (population-attributable risk, or PAR), it gives an indication of the potential importance of prenatal stress for children's development.

The researchers grouped stressful events into four groups to investigate whether specific types of stressors were associated with child behavioural outcomes. The four groups were marital stress (partner violence or relationship breakdown); family stress (fight with family, family member with a drug problem, family member with disability); economic stress (in serious debt, too little money, have to support family in financial need); and societal stress and violence (in danger of being killed or witness to a violent crime).

Those women who were exposed to higher levels of maternal prenatal stress were associated with more than a doubling of the odds of behavioural problems in their children. This is despite controlling for socio-economic status, other prenatal toxic influences, and postnatal depression.

A second key finding was that of the many stressors to which mothers were exposed, those involving families or partners appeared to be the most predictive of later child problems. Estimates from studies in developed countries suggest that up to 10–15% of the PAR for behavioural problems in children may be due to prenatal maternal stress.

Child behavioural difficulties were assessed using a questionnaire. It included items such as eating, faecal incontinence, attention seeking and dependency, relations with other children, activity, concentration, control, tempers, mood, worries, and fears.

There were no significant moderating effects seen of either the children's gender or socioeconomic status.

EXPLANATIONS FOR STRESS TRANSFER

The finding of an increased level of behavioural problems in children whose mothers were exposed to higher levels of stressors raises important questions about possible mechanisms of transmission.

The study points to several likely mechanisms that could account for the associations between maternal stress and child behavioural problems. The following mechanisms are mentioned, which are also likely to interact with each other:

• Shared environmental factors, such as a hostile environment, to which socioeconomic factors might contribute.

• Exposure to increased levels of stressors could increase levels of stress-responsive hormones within the mother, exposing the foetus to these and resulting in an increased latent risk for psychopathology in the child as it develops; antenatal stress and postnatal depression, and other difficulties after birth and whether such difficulties are chronic.

The authors say the study highlights the importance of the prenatal psychological health of mothers in developing country settings in areas of high adversity, both for the well-being of the mother and her offspring. Further research is required to elucidate the mechanisms by which risk may be transmitted from parents to children; however, it is important to note that a potential opportunity for preventive psychological intervention exists.

These findings were reported in an article in the Journal of the American Academy of Child & Adolescent Psychiatry, vol. 49, no 3, March 2010. The full article is available on www.jaacap.org.

Dr Paul G. Ramchandani is a senior research fellow, Department of Psychiatry, University of Oxford; Professor Linda Richter is executive director, Child, Youth, Family and Social Development, HSRC; Dr Shane Norris is senior researcher, Department of Paediatrics, University of the Witwatersrand; and Professor Alan Stein heads Child and Adolescent Psychiatry, University of Oxford.

Looking for empathy in the public service

An evaluation of service plans

The Transformation of Public Service Delivery – Batho Pele White Paper (1997) – stipulates eight principles as quality standards for public service delivery. Reviewing the service delivery improvement plans for the 2006/07 financial year, ZWELAKHE TSHANDU reveals that while the plans speak to the framework, the absence of meaningful implementation and monitoring is a jarring reminder of a policy gap that imperils our developmental state objectives.

Batho Pele, a Sotho translation for 'People First', is an initiative to get public servants to be service orientated, to strive for excellence in service delivery and to commit to continuous service delivery improvement. It is a simple and transparent mechanism, which allows citizens to hold public servants accountable for the level of services they deliver *(Batho Pele Handbook – A Service Delivery Improvement Guide)*.

There are eight principles or guidelines for Batho Pele:
- Consultation
- Service standards
- Access
- Courtesy
- Information
- Openness and transparency
- Redress/dealing with complaints
- Best value.

THE HISTORY AND FUTURE OF OUR PUBLIC SERVICE

Our public service has throughout history preoccupied itself with the implementation of exclusive practices and preferential treatment and uneven standards of service across the different population groups in accordance with the doctrine of separate development. Given this emphasis, it has always been administrative in nature, which amounted to an uncritical acceptance and implementation of the status quo with due disregard to human rights considerations and the impact of those policies on the recipients.

In line with constitutional provisions, the transformative agenda has been characterised by representativeness and participation with respect to the form and substance of the public service. The first order of business was the amalgamation of the disparate administrative systems into a unified public service premised on a different value set (inclusive as opposed to exclusive), with 176 departments rationalised into one system under the same norms and standards.

The manner in which the Constitutional Court has interpreted these provisions in various cases has placed pressure on government to improve the performance of the public service.

In addition, citizens' rights, including socio-economic rights, were also enshrined in the Constitution, with the state required to take 'reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of these rights'.

The manner in which the Constitutional Court has interpreted these provisions in various cases has placed pressure on government to improve the performance of the public service. This point becomes even more poignant when one considers that in South Africa, service delivery is most needed by those components of the population that constitute its largest proportions.

Following from the Constitution, a series of legislative measures were undertaken to bring about a shift in terms of how the public service views its functions and, in turn, is viewed by its beneficiaries.

The White Paper on the Transformation of the Public Service (1995) spoke to the need to improve the efficiency and effectiveness of the public service and its overall quality, while the White Paper on Transformation of Public Service Delivery (1997) went further and outlined a service delivery framework of eight principles for implementation across the public service.

In the same manner, the Integrated National Disability Strategy White Paper (1997) called for the integration of disability issues into government planning processes, including the delivery of services. The Public Service Regulations (2001) took this process forward and vested control of the service delivery improvement process and the modalities thereof on the executing authority (EA).

Several departments pointed to the need to expose staff members to customer care and public relations training.

The thread tying all of these legislative initiatives together was the idea of a societal entitlement to good quality public services as the key principle along which services should be arranged with the necessary accountability arrangements. A key provision here is the drawing up of an annually reviewed service delivery improvement plan which serves as a contractual basis between the service delivery point and the service recipients.

DELIVERY IMPROVEMENT PLANS REVIEW

In this study we analysed service delivery improvement plans for the 2006/07 financial year, evaluating their efficacy to the quality, quantity and time (QQT) and simple, measurable, attainable, realistic, and time-bound (SMART) standards. The sample of departments constituted 82% of the public service and the findings were aggregated and presented at the cluster/sector level, with each principle analysed separately, given the performance variations.

Access:

The most common standards used were signage, internet and intranet usage, websites, meetings and one-on-ones.

Innovations included the extension of business hours, mobile unit introductions, regional offices and staff deployment in rural areas for improved access. But there was a general lack of clear, measurable standards, with good intentions used as a substitute.

The principle was conceptualised in narrow technical terms as opposed to a manner that integrates language, culture and disability.

Courtesy:

The most common standards used were response times for correspondence, the answering of telephones and name tags.

This principle is one of the most misunderstood across the public service. Several departments pointed to the need to expose staff members to customer care and public relations training.

Information:

The most common standards used were pamphlets, circulars, posters and flyers on their services and the listing thereof on their departmental websites.

The standards provided were however vague as they were not measurable. Service charters were not reflected as a standard for this principle by any of the departments. No institutional provisions alluded to the Promotion of Access to Information Act (PAIA).

Openness and transparency:

The most common standard used was the publication of the annual report and other departmental publications.

The standards provided were general and not measurable. There was an overemphasis on departmental websites as a standard, which showed

insensitivity to the exclusionary realities of the digital divide. The cognisance of language policy and the need to accommodate the various official languages were both insufficient.

Redress:

The most common standard was the provision and management of complaints and/or help desks.

The standards provided were not altogether adequate in terms of the need to keep careful records and document trends. Only 6% of redress mechanisms provided met the Promotion of Administrative Justice Act, 2000 (PAJA).

The standard of furnishing citizens with a reason within 90 days of receipt of request by the administrator was largely ignored. Standards provided tended to overlap with those of courtesy and consultation, suggesting the need for consistency of usage throughout the departments.

There was an overemphasis on departmental websites as a standard, which showed insensitivity to the exclusionary realities of the digital divide.

Value for money:

Standards provided here include operating within the approved budget for relevant services, the development of standards related to unit costs and the provision of better services through the more effective use of human resources.

The majority of departments were unclear on how to operationalise this principle and to subsequently embed it into their service processes. Overall, we recommend that departments provide relevant 'cost-benefit' analyses as a standard for this principle. There

was also a need for more focus on this principle across all clusters, given that this is a key principle of good governance.

Consultation:

The most common standards used by departments were discussion groups, forums, izimbizos, meetings, one-on-ones, surveys, suggestion boxes and workshops.

The standards provided lacked specificity and were generally unmeasurable. Other departments tended to define the audience of the consultations rather than the process itself. And very few departments have engaged in consultative processes with their beneficiaries, making their service delivery improvement plans 'inside-out' as opposed to 'outside-in'.

GRAPPLING WITH CHANGE

The picture that emerges is that of a public service struggling to come to terms with its desired public management characteristics. While the mere understanding of the empirical representation of the framework is the right step (however limited), it is in the realm of implementation where it really matters.

The sad reality is that the interface between public servants and citizens is still characterised by unempathetic public servants and disempowered citizens. In the absence of rigorous monitoring and penalties for non-compliance, this dreadful past and present is also the disconcerting future.

Dr Zwelakhe Tshadu is a chief research manager in the Democracy, Governance and Service Delivery programme. The paper is available on request from media@hsrc.ac.za.

Sick children suffer greatly from pain and other symptoms, but we do not know enough about the needs of sick children and their families caring for them at home in southern Africa. LAURA CAMPBELL, JOAN MARSTON, LINDA RICHTER and ALAN STEIN are conducting a study on children`s home-based palliative care in order to develop a programme for home care.

SHIELDING CHILDREN FROM SUFFERING

Palliative care is a relatively new field in medicine and nursing, and focuses on care of those who have an illness that may shorten or limit their life, such as AIDS or cancer. Palliative, meaning a cloak or a shield, aims to cloak patients with care and shield them from suffering.

But there is growing recognition that the needs of children who have a life-limiting illness differ in significant ways from those of adults.

Palliative care originated in the hospice movement in the United Kingdom in the 1970s as a response to the realisation that the symptoms of those who faced death were severe, frequent and largely unmet by healthcare providers. It is a holistic, humanistic approach to care that is known to improve the quality of life of patients and their families. It also can improve the morale of healthcare providers through their active involvement in alleviating suffering and providing support.

Traditionally, palliative care centred on adults. But there is growing recognition that the needs of children who have a life-limiting illness differ in significant ways from those of adults. As a result, children's palliative care is evolving rapidly as a sub-specialty in South Africa and elsewhere in southern Africa.

WHAT PALLIATIVE CARE DO CHILDREN NEED?

Children are more likely to face illness and death in Africa than anywhere else in the world and, in southern Africa, the magnitude and impact of the AIDS epidemic on young children is well documented. Many children who require antiretroviral therapy, cannot access it and as their disease advances, they may suffer greatly with symptoms such as pain, diarrhoea, nausea, sores and rashes.

Young children with AIDS may be confused, frightened, neglected and shunned in their homes because their families fear that their disease will spread and because of stigmatisation by neighbours. There is unquestionably an urgent need to improve the care of sick children.

WHAT IS HOME-BASED CARE?

This project builds on a prior study to improve the hospital care of young children with life-threatening illnesses, who experience repeated hospitalisations and worsening pain and discomfort. In an attempt to enhance healthcare coverage in South Africa, the government has adopted a strategy of home-based care premised on the belief that families, with support, are best placed to deliver the continuum of palliative care from HIV-infection through to illness and death. In 2008, the health department estimated that there were over 800 organisations offering home-based care. Home-based care workers are generally a cadre of informal healthcare providers and are in a unique position to provide holistic, humanistic care for suffering children and their families. Some home-based care workers offer palliative care or components of palliative care. However training in palliative care, especially in palliative care for children, is not usually comprehensive or standardised.

The study aims to review the needs of sick children and those who care for them in order to develop a child palliative-care support and training package for home-based care workers.

CONTINUING A LEGACY OF CARE

The study aims to review the needs of sick children and those who care for them in order to develop a child palliative-care support and training package for home-based care workers. It is based on a collaboration between the HSRC, the Hospice and Palliative Care Association and Oxford University and is funded by the Diana, Princess of Wales Memorial Fund.

The study has used innovative methods such as 'story telling' and 'photovoice' to elicit knowledge and experience from home-based care workers and from caregivers of sick children. The questions we are addressing are:

- What care do sick children at home need?
- How can families be best supported to provide this care?
- What training and support do home-based care workers need?

DISSEMINATING THE FINDINGS

It is envisaged that our findings will guide palliative care providers throughout southern Africa. We will develop a support and training package for home-based care workers to facilitate their care of sick children at home and give support to their families. The package will be written from the perspective of a home-based care worker and the message will be simple: cloak the children with your care and shield them from suffering. The written materials are being supplemented with films to illustrate principles of care and support.

Dr Laura Campbell is a project coordinator, Child, Youth, Family and Social Development (CYFSD); Sister Joan Marston is a paediatric palliative care coordinator, Hospice Palliative Care Association; Professor Linda Richter is the executive director (CYFSD); Professor Alan Stein heads Child and Adolescent Psychiatry, University of Oxford.

THE *who &*
why

OF ANTIRETROVIRAL TREATMENT ADHERENCE

Successful antiretroviral (ARV) treatment depends on whether patients take their medication consistently and over a long period. This means taking the correct dosage, on time and in the correct way – either with or without food. KARL PELTZER et al looked at which patients unfailingly take their medication and why.

More potent ARV regimens can allow for effective viral suppression at moderate levels of adherence, but if patients take the medication irregularly, it can lead to the development of drug-resistant strains of the virus. In countries where resources are limited and where clinics provide older first-line therapies, the development and transmission of drug-resistant strains of HIV will greatly limit the treatment options available.

The aim of this study was to assess those factors, including the information, motivation and behaviour that contributed to patients consistently adhering to the strict regime required when taking HIV/AIDS medication.

In countries where resources are limited and where clinics provide older first-line therapies, the development and transmission of drug-resistant strains of HIV will greatly limit the treatment options available.

Using systematic sampling, 735 HIV-positive patients were selected from outpatient departments at three public hospitals in Uthukela health district, KwaZulu-Natal, before they commenced with ARV treatment, and then followed up six months afterwards. HIV treatment is provided free of charge. The treatment programme provides patients with access to counselling, nutritional assistance, psychosocial support and social welfare evaluation.

After six months, the patients were interviewed using an anonymous questionnaire. Questions included socio-demographic characteristics, clinical history, health-related characteristics and health beliefs. Clinical data was obtained from their medical charts.

WHAT WAS FOUND?

Of the 735 patients (29.8% male and 70.2% female) who completed assessments before starting on ARVs, 519 were able to complete the assessment at the six months follow-up. Of these, 411 patients (79.2%) received combinatons of Lamivudine (3TC), Stavudine (d4T) + Efavirenz (Stocrin) and 108 (20.8%) Lamivudine (3TC), Stavudine (d4T) + Nevirapine. Fixed-dose combinations of ARVs were not available for patients.

Nearly three-quarters (73.5%) of the 519 patients who had initiated ARVs in this sample were female, 62.2% of whom were between 30 and 49 years old.

Nearly three-quarters (73.3%) were never married, 61.9% had Grade 8 or higher formal education, almost all (98.8%) were Zulu and the largest religious affiliation was to charismatic churches (38.5%).

Those participants who lived in urban areas took their medication almost three times more faithfully than those living in rural areas.

The majority of the sample (61.7%) lived in rural areas and was unemployed (59.6%). Only 31.7% of respondents had a formal salary as their main source of household income and 52.5% received a disability grant.

... adherence was lower in people with depression and those who scored low on questions about their environment.

The minimum level of adherence required for ARVs to work effectively is 95%. Of the study group, 427 patients (82.9%) were 95% adherent in the
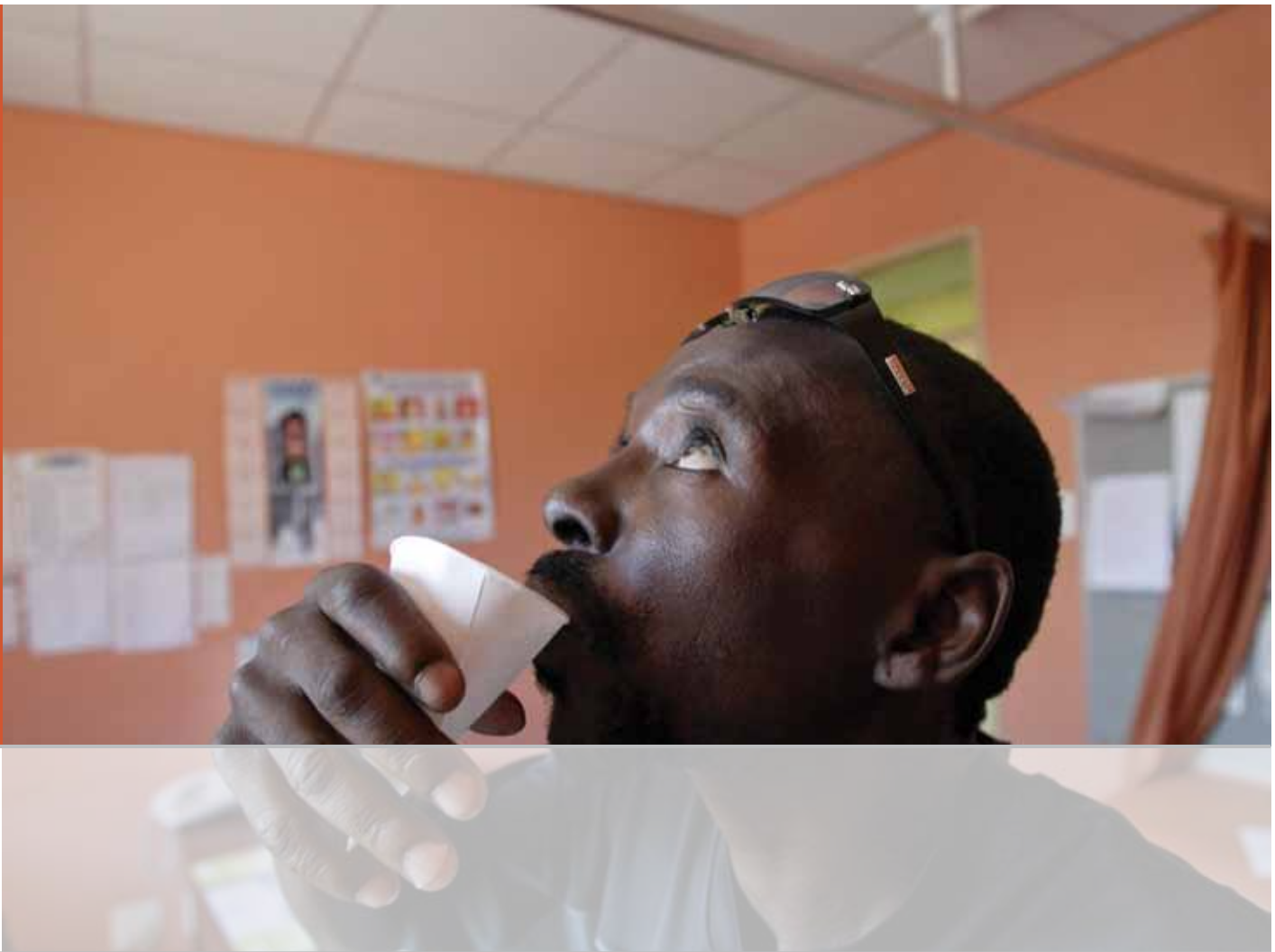
month prior to the survey; 15.5% of patients were non-adherent (having missed at least one full day of medication in the past four days) and 70.8% of patients were adherent on all parameters (dose, schedule and food).

WHAT DETERMINES ADHERENCE?

Those participants who lived in urban areas took their medication almost three times more faithfully than those living in rural areas. Living in an urban area is likely to be associated with lower transport costs and fewer disruptions in access to medication. Patients taking herbal medicine were less adherent, and those with lower levels of education, or single, separated, divorced or widowed, adhered better to their treatment than those who were married or were living together.

The adherence rate found in this study seems to be good.

When considering health-related variables, adherence was lower in people with depression and those who scored low on questions about their environment (safety, healthy physical environment, employed, access to information, transport, access to health services).

The dose, schedule and food adherence indicator found that adherence was 3.3 times higher among patients with a CD4 count above 200 cells/uL, and 4.6 times greater among patients with the 3TC, d4T + Nevirapine regimen.

The 'spirituality/religion/personal beliefs' domain contained items about whether the respondent considered their lives to be meaningful; to what extent they are bothered about others blaming them for their illness; and whether they fear for the future or worry about death and dying because of HIV. Higher scores (more positive attitudes about life and fewer worries about dying) in this domain were associated with lower adherence. These patients may have a lower perceived need for antiretroviral therapy than other patients.

POLICY IMPLICATIONS

The adherence rate found in this study seems to be good. For the patients in this study, particularly those not living in urban areas, additional support may be needed to ensure patients are able to attend appointments or obtain their medication more easily. Adherence information and behavioural skills should be strengthened to improve adherence.

Although caution is urged in generalising findings to other districts and provinces in the country, the results generally support the findings from other adherence studies in southern Africa.

This is an abbreviated version of an open access article that appeared in BMC Public Health 2010, 10:111e, available on http://www.biomedcentral.com/1471-2458/10/111.

Karl Peltzer, Social Aspects of HIV/AIDS and Health, HSRC; Natalie Friend-du Preez, Department of Psychology, University of the Free State, Bloemfontein; Shandir Ramlagan, HSRC; and Jane Anderson, Centre for Population Studies, London School of Hygiene and Tropical Medicine, UK.

THE REAL MESSAGE OF THE 'DEVELOPMENTAL STATE'

The term 'developmental state' does not enjoy any clear consensus about its meaning. It may help avoid some false dichotomies (and false hopes) to remember where this term came from, when it was invented by political economists back in the mid-1990s and became a hot topic in social science and policy circles. Because in those days, it had nothing to do with socialism, democracy, nationalism or pro-poor anything, says VIRGINIA TILLEY.

Soweto citizens are taking a shortcut over the golf course at the Soweto Country Club.

THE REAL DEAL

Neither interpretation fits the term's history. Of course, that may not worry us: any term can be changed to suit new needs, and if 'developmental state' serves debates about reducing economic inequality in South Africa, fine.

As a term, 'developmental state' first arose in academic studies of the East Asian Tigers (the booming economies of Taiwan, South Korea, Hong Kong and Singapore) when political economists, like Robert Wade, Meredith Woo-Cummings and Alice Amsden, set out to debunk the Washington Consensus and its hyperbolic claims about the virtues of free markets and minimalist states.

Critical of these claims on empirical grounds, they pointed out that all the Tigers had benefited from strong state roles in the economy. Some of this celebratory analysis wandered into cultural essentialism – 'Confucianism' was briefly praised.

However, these 'developmental states' were far from market-averse. On the contrary, they were drawing attention precisely because they were playing the global market so well. They were in fact ruthless capitalists, as their US alliance might suggest.

The same US connection might expose another misconception – that these 'developmental states'

were nationalistic. Lying across the West's geopolitical fault-line with communist Asia, all were transparently tools of US policy in the Pacific as well as forcibly open markets for US exports. Yet all were growing like mad.

However, these 'developmental states' were far from market-averse. On the contrary, they were drawing attention precisely because they were playing the global market so well.

EMBEDDING STATE AUTONOMY

The big question for political economists in the 1990s was why the Tigers were growing so dramatically when other strong states were faring badly. Dictatorships and post-socialist states during the same period, for example, were creating the kind of economic and social ruin that caused their populations to detest them.

However, these 'developmental states' were far from market-averse. On the contrary, they were drawing attention precisely because they were playing the global market so well.

One answer came from Peter Evans, who identified two linked factors that distinguished successful 'developmental states' from economically failing ones, which he called 'embedded autonomy'. 'Embeddedness' he defined as good communication and ties with the private sector — the factor stressed by those promoting a 'developmental state' in South Africa regarding pro-poor inclusion. But this factor was bound up with 'autonomy', defined as political autonomy or insulation, which would simultaneously allow state officials to make policy professionally and independently of special private-sector interests.

In Evans' analysis, the interdependency of these factors was crucial. Social embeddedness without political autonomy would leave state officials vulnerable to private pressures, leading to corruption and cronyism. Autonomy without embeddedness would leave state officials isolated from real events, prone to bad decision-making and, in the worst scenarios, ruinous miscalculations.

Social embeddedness without political autonomy would leave state officials vulnerable to private pressures, leading to corruption and cronyism.

For embedded autonomy to work, Evans observed, the state must create a meritocratic bureaucracy of highly skilled people who can freely combine their close contacts with the private sector with their independent understanding of the global market to help steer economic planning in directions good for the national economy as a whole.

… if early authoritarianism enabled the East Asian Tigers to overcome entrenched private interests, then South Africa is therefore hampered in this respect.

Notably, a meritocratic bureaucracy has nothing necessarily to do with democracy. South Korea, Taiwan and Singapore were, until recently, repressive dictatorships (as was Brazil). These states used the peasantry (as long as it lasted) for agriculture to drive growth; they did not look out for peasant interests or any interests that didn't serve central state growth. Not until the 1980s were the rising middle classes in these states able to launch effective struggles for greater political voice, precisely because the states were so strong.

Hence a tangential debate about developmental states is that if early authoritarianism enabled the East Asian Tigers to overcome entrenched private interests, then South Africa is therefore hampered in this respect.

MONEY AND AUTONOMY

While authoritarianism may be a necessary condition, it is not a sufficient one. Even pro-authoritarian development analysts admit that other necessary conditions are needed: notably, the financial power that supported strong states in Asia.

Where did that power come from? The answer clarifies that the key factor for the Tigers was not authoritarianism but yet another conspicuously neglected truth about the developmental-state model that should give its admirers pause: for several decades, the US shovelled billions of dollars straight to the East Asian Tigers' governments in order to consolidate their compliance and capacity in the Cold War. This massive external funding greatly strengthened these states in relation to their private sectors, allowing them to operate with unusual independence and autocracy. Yet, oddly, this enormous financial and political factor is entirely overlooked by many who enthuse about the capacity of South Africa and other states to blossom economically simply by emulating some South Korean policy regarding the bureaucracy.

This massive external funding greatly strengthened these states in relation to their private sectors, allowing them to operate with unusual independence and autocracy.

The same factor explains why authoritarian Latin American states have been unable to follow the East Asian Tigers' model: because their states lacked that external funding and even by the late 1970s were running aground on debt. Instead, extensive direct foreign investment in Latin America (again mostly from the US) strengthened the private sector in relation to governments, and effectively made the 'developmental state' model unworkable on most of the continent. Generally, entrenched oligarchies and repressive landed elites stifled development in the rest of Latin America precisely because they were in control of the state.

In other words, these states were socially 'embedded' but profoundly lacked insulation from private elite interests — indeed, they were composed of those interests and existed entirely to serve them. In these conditions, which endure today, leftist revolutions and democratic reforms have had disappointing impact in improving the lot of the poor.

That this vital finding of the 'developmental state' literature is not even heard is perilous to the South African debate. For it boils down to this: it's no good including more people in the nation's development project (even poor people who clearly deserve more voice in state planning) if the state bureaucracy lacks sufficient political insulation, because otherwise this lauded 'inclusion' will just foster more sweetheart deals, clientelism and tender abuse.

The challenge for South Africa is the same challenge that faces countries everywhere: to insulate the state from private political pressure enough to allow 'inclusion' to be a positive form of 'embeddedness' rather than just another distortion. Only then can the state play a genuinely positive role in relieving South Africa's endemic poverty and inequality and truly serve the nation as a whole.

Professor Virginia Tilley is a senior research specialist in Democracy, Governance and Service Delivery.

the politics
OF HOUSING

Housing in South Africa is a serious political issue around which communities have rallied continuously, accompanied by violent protests. CATHERINE NDINDA, UFO OKEKE UZODIKE and LOLITA WINNAAR examine the changing housing landscape by discussing issues of access and mobility.

The data used for this article is derived from the 2006 to 2008 South African Social Attitudes Survey (SASAS), a nationally representative survey that targets adults living in households aged 16 years and older. The question that was analysed reads as follows: 'Indicate the type of dwelling that the household occupies'.

A breakdown of access to housing suggests that the residential landscape is still divided according to race.

TYPES OF HOUSING

An analysis of the residential patterns from 2006–2008 indicates the proportion of the population that lives in the different housing typologies and the concentrations in these typologies in terms of race. Figure 1 shows that in 2006, 66% of the population lived in brick structure dwellings on a separate stand, compared to 67% in 2007 and 70.2% in 2008. This suggests that over a period of three years the proportion of the population living in formal brick structure dwellings on a separate stand has been steadily increasing.

This suggests that over a period of three years the proportion of the population living in formal brick structure dwellings on a separate stand has been steadily increasing.

A breakdown of access to housing suggests that the residential landscape is still divided according to race. The proportion of those who live in brick structures on a separate stand increased across race between 2006 and 2007. However the pattern of access changed in 2008 when the proportion of Africans and whites living in brick structures continued to increase whereas that of coloureds and Indians slightly declined.

Informal shack dwellings are the most common form of accommodation after the formal brick structure dwellings. Between 2006 and 2008, the proportion of residents living in informal shack dwellings, whether in an informal settlement or outside, seems to have declined from 14.2% in 2006 to 11.8% in 2007 and 10% in 2008.

While there appears to be a steady decline in the proportion of residents living in informal housing, 10% still represents a large section of the population that is inadequately housed. The rapid delivery of housing for such residents, either through in-situ upgrading or the provision of alternative housing, remains critical.

The proportion of residents living in traditional dwellings indicates that in 2006 about 6% lived in traditional dwellings (hut structure), about 10% of the population lived in similar housing in 2007, and in 2008 the proportion was 6%. This suggests that the proportion of those living in the traditional type of housing has been fluctuating within the three year period. In terms of race, the only group shown to be living in the traditional type of dwelling is African.

Figure 1: Proportions of the population living in different housing typologies, 2006–2008

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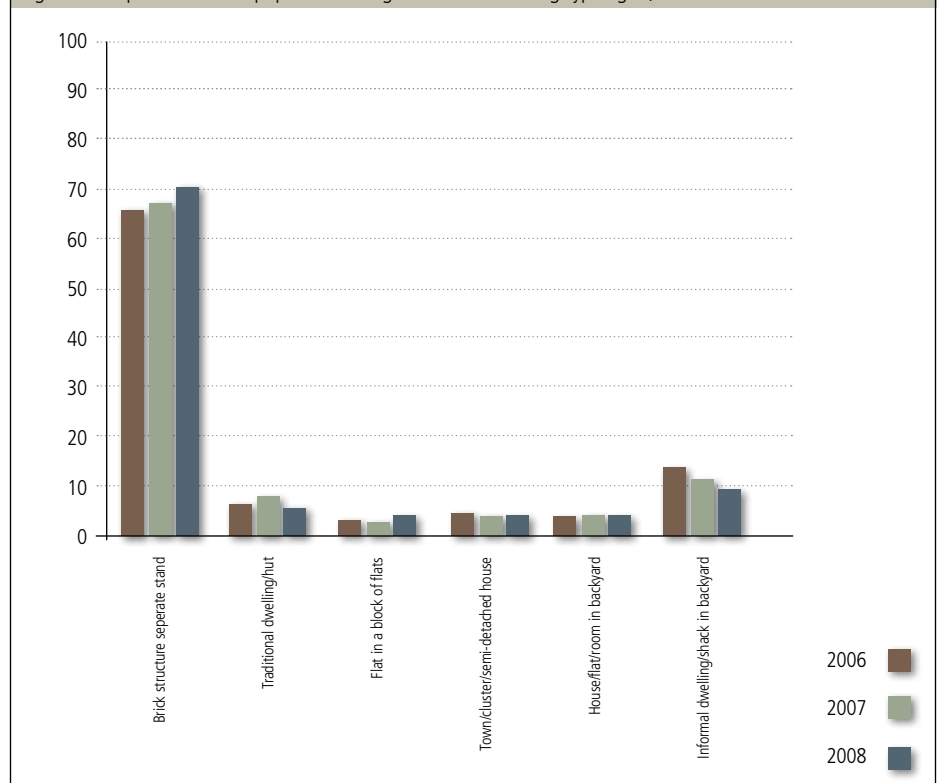
stands, whereas coloureds and Asians show a tendency to move into flats or apartments.

In 2006, about 1.4% of coloureds lived in flats or apartments and this proportion rose to 2.7% in 2007 and again in 2008 to 2.9%. The same upward trend is observed for Asians, of whom 7% lived in flats and apartments in 2006, increasing to 9% in 2007 and in 2008 to 10.6%.

SHAKING UP OR SHIPPING OUT

Black Africans and coloureds are the only two race groups represented in the informal, or shack housing typology, with the former group constituting the majority in informal shack housing, whether in a backyard or in an informal settlement.

Yet, the inconsistent pattern of housing mobility into and out of informal shack housing suggests that this type of dwelling will be with us for a long time...

The proportion of black Africans in informal shack housing increased from 12.2% in 2006 to 17.3% in 2007 and then declined to 14.3% in 2008. This data is comparable to the Statistics South Africa General Household Survey, which indicates that the proportion of Africans living in informal, or shack housing, was 19.9% in 2006, 18.7% in 2007 and 14.1% in 2008.

The decline in the proportions of Africans and coloureds living in informal settlements during the last SASAS survey in 2008 may be an indicator of local government efforts to eradicate the growth of informal settlements through fast-tracking upgrading programmes in these areas. Yet, the inconsistent pattern of housing mobility into and out of informal shack housing suggests that this type of dwelling will be with us for a long time unless drastic measures are taken to address housing poverty among black Africans and coloureds.

Although all race groups are represented in the dominant form of housing – brick structures on a separate stand – the concentrations of certain race groups in specific types of dwellings point to the persistence of race in housing patterns in post-apartheid South Africa.

Municipalities are required to set their housing delivery targets, and to ensure that they allocate land for housing development.

This decline points to some gains in removing people from inadequate and insecure housing into improved housing. The decline in the proportion of those living in informal housing and the increase in the proportion of those living in formal brick structure dwellings may partly be attributed to state spending on subsidised housing. Over the same period the policy of the department of human settlements has been to reduce the growth of informal settlements and provide better quality subsidised housing for households whose total combined income is below R3 500 a month.

WHOSE JOB IS IT ANYWAY?

In terms of Housing Act 107 of 1997, the function of the provincial government is to formulate provincial housing policy and to capacitate municipalities to deliver on their mandate of ensuring that there is progressive development of adequate housing for

residents within the jurisdiction of each municipality. Municipalities are required to set their housing delivery targets, and to ensure that they allocate land for housing development.

Post-apartheid housing mobility in South Africa appears to be a result of state intervention and market forces.

RESIDENTIAL MOBILITY

Post-apartheid housing mobility in South Africa appears to be a result of state intervention and market forces. The purpose of state intervention in housing provision is to provide adequate shelter, security and comfort to the poor, while market forces are at play in the upwardly mobile residents.

The data on the racial breakdown of the population groups that live in the different housing typologies suggests more Africans are moving into brick structures on separate stands and into flats and town houses or cluster housing. Whites appear to be moving in greater numbers into brick structure dwellings on separate

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YOUTH (in)SECURITY
LESSONS FROM KENYA

Kenya's post-election crisis manifested itself in one of the worst political turmoils experienced in the country since independence, opening up wounds of historical injustices, inequalities in society, and issues related to ethnic identity. But the central role young people played in the ensuing chaos should hold valuable lessons for South Africa, writes PRISCILLA WAMUCII.

After the political settlement which led to the establishment of a government of national unity, two major standpoints emerged pertaining to youth involvement in the violence. The first, premised on the idea that the youth were young men and women exercising their democratic rights, advocated for a blanket amnesty.

A historical analysis indicates that the violence exhibited by the youth could be attributed to deteriorating socioeconomic developments in the country.

The second perspective argued that implicated youth should face prosecution if found guilty by local courts. While these issues are yet to be addressed, the Kenyan experience might be an instructive case study for South Africa as the country continues to struggle with high levels of youth unemployment in a highly unequal society.

POOR, UNEMPLOYED YOUTH

A historical analysis indicates that the violence exhibited by the youth could be attributed to deteriorating socioeconomic developments in the country. The plight of young people has been documented with the Kenya National Youth Policy (2006), placing the unemployment rate for this group at 75%. What is more, a number of those who find employment are often over-qualified and get jobs that are not consistent with personal goals.

Other challenges include a 75% HIV/AIDS infection rate for people in the 20–45 year age group. And many young people drop out of school and college due to the high cost of education and increase in overall poverty levels, poor returns on investment in education and the lack of a re-admission policy for teenage mothers.

BOREDOM AND FRUSTRATION

The energy embodied in the huge numbers of idle and frustrated youth has been channelled towards multiple avenues. Some young people choose to participate in community development activities, such as volunteers in local NGOs. The Mathare Youth Sports Association located in the Mathare slums (informal settlements) is an illustration of such ventures. The organisation uses sports as an entry point to community activities by requiring its members to put in a number of community service hours, channelled through involvement in environmental clean-ups or by engaging in HIV/AIDS awareness campaigns, among other activities.

Gangs function as socialising institutions when other institutions fail, some leading to participation in violent and criminal activities.

JOINING GANGS

The second category of youth directs its energy towards less constructive activities. In Kenya, as in many other countries, cities, and informal settlements in particular, are hot spots for gang-related activities. Gangs function as socialising institutions when other institutions fail, some leading to participation in violent and criminal activities.

The emergence of gangs throughout Kenya in the 1990s was largely in response to economic rather than political stimuli and formed the foundations for the 'privatisation' of violence. Many gang activities were geared towards providing some of the public services that would ordinarily be provided by government, thereby earning the groups the label of 'shadow governments'.

A number of gangs emerged as private security forces in the form of vigilante groups. These groups were not permanent formations but rather loose associations of idle unemployed people who are easy to mobilise at short notice. They became a preferred option to ineffective responses by police in a number of cases. Their presence was sometimes authorised by local residents. The Taliban vigilante group, for instance, was often invited by local leaders in Nairobi's informal settlements to help protect residents and their property. The same group, however, has also been accused by residents of extortion.

Gangs as sources of insecurity are embedded in societal discourses. Battles over turf or control of certain areas are not uncommon. In 2001, for example, Mungiki gang-members fought with a rival group, the Kamjesh gang, over control of Matatu (taxi) city routes. And then landlords are also known to hire gangs as a way of ensuring that tenants comply with rent payment.

THE YOUTH AS A POLITICAL FORCE

Political parties emerged as a means of consolidating political power. As early as the 1960s, the Kenya

were precipitated by previous grievances that revolved around human security issues.

The utilisation of the youth in politics has been located within patron-client relationships, evident in election violence.

Youth violence in the 2007 election conflict reveals government ineffectiveness in protecting its people both physically and in the provision of basic human rights. The sheer growth of youth gangs has made it difficult for government to adequately address their advancement. Likewise, it could also be argued that the marginalisation of the youth has led to poverty, and the lack of mechanisms for upward mobility makes it difficult to address development issues; such a task would require tremendous resources.

Previous government interventions that have dealt with gangs – including the imposition of bans, extra-judicial killings of gang members by specialised criminal investigation squads and the arrest of leaders – have failed to limit gang activities. This failure could be attributed to the fact that the real issues, which include economic empowerment and a space for youth engagement in politics, have not been addressed. Kenya's experience suggests that the quest for economic and political security is the key to unlocking youth instability.

LESSONS FOR SOUTH AFRICA

Many similarities can be drawn between Kenya's youth and their South African counterparts who face high unemployment rates, significant numbers of school dropouts and various forms of social inequality. This situation accentuates youth vulnerability and their propensity to engage in social unrest. Implicit in this is a social construction of young people that is heavily influenced by material circumstances. Although many young people are involved in development activities, the proliferation of gangs and youth unrest is an issue of concern that is a threat to national security.

Recently, South African defence and military veterans minister Lindiwe Sisulu, unveiled a plan to recruit the youth to a National Youth Service, but it remains to be seen if such efforts will provide long-term solutions to the plight of the youth.

As highlighted by the Kenya predicament, unless human security issues are addressed by focusing on the youth with the objective of complementing national security, African countries facing similar challenges are likely to continue experiencing sociopolitical tensions and conflicts.

African National Union (KANU) used its youth wing to intimidate political opponents, while in the 1980s it became commonplace for politicians to have their own (violent) gangs of supporters, generally of the same ethnic group.

The utilisation of the youth in politics has been located within patron-client relationships, evident in election violence. According to various reports by commissions established to investigate ethnic clashes during elections, for example the Waki Commission Report (2008), young people were paid and offered land and jobs as tokens for evicting certain ethnic groups. While it is not clear if they were duly rewarded, the promises were sufficient to engage them.

The 2007 election violence was, of course, a culmination of previous conflicts. Various groups, including well organised and established groups, spontaneous groups and ethnic militias situated in various parts of the country, took arms after the final results were announced. Not surprisingly, the attacks

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THE RACE TO TRANSFORM: SPORT IN POST-APARTHEID SOUTH AFRICA

Ashwin Desai (ed.)

The Race to Transform: Sport in post-apartheid South Africa takes stock of sport in South Africa, and provides a pioneering exploration of how sport reflects matters such as enduring inequality, racial transformation and the making (or otherwise) of a common South African destiny.

With the lens focused on national teams in global events there has been less emphasis on how South Africa's transition has impacted on township sport. This book provides a view on the relationship between elite and grassroots sport in the context of growing economic disparities and the emergence of an influential black middle and super-rich class.

The contributors, a mix of activist intellectuals and those directly involved in the game, outline an agenda for both theory and practice in the ongoing debate about sport and transformation in South Africa. Written in a style that is accessible and interesting, this book is essential reading for all South Africans including sport enthusiasts, administrators, social scientists and people with an interest in social change.

*Soft cover, 264pp, ISBN 978-07969-2319-6, R 190.00, 2010*
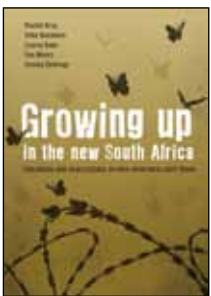
GROWING UP IN THE NEW SOUTH AFRICA: CHILDHOOD AND ADOLESCENCE IN POST-APARTHEID CAPE TOWN

Rachel Bray, Imke Gooskens, Sue Moses, Lauren Kahn & Jeremy Seekings

How has the end of apartheid affected the experiences of South African children and adolescents? This pioneering study provides a compelling account of the realities of everyday life for the first generation of children and adolescents growing up in a democratic South Africa. The authors examine the lives of young people across historically divided communities at home, in the neighbourhoods where they live, and at school.

Growing up in the new South Africa is based on rich ethnographic research in one area of Cape Town, together with an ana lysis of quantitative data for the city as a whole. It is a must read for everyone interested in the well-being of young South Africans and the social realities of post-apartheid South Africa.

Soft cover, 448pp, ISBN 978-07969-2313-4, R 270.00, 2010
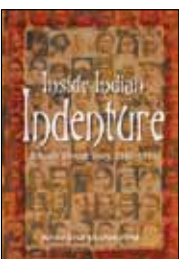
INSIDE INDIAN INDENTURE: A SOUTH AFRICAN STORY, 1860–1914

Ashwin Desai & Goolam Vahed

Inside Indian Indenture is a timely and monumental work which makes a significant contribution to our understanding of South African Indian history. It tells a story about the many beginnings and multiple journeys that made up the indentured experience. The authors seek to trespass directly into the lives of the indentured themselves. They explore the terrain of the everyday by focusing on religious and cultural expressions, leisure activities, power relations on the plantations, the weapons of resistance and forms of collaboration that were developed in conflicts with the colonial overlords.

Inside Indian Indenture is a special commemorative edition published by the HSRC Press which marks the 150th anniversary of the arrival of the first ship of indentured Indian labourers in South Africa in November 1860.

Soft cover, 512pp, ISBN 978-07969-2144-1, R 295.00, 2010

### CONSTRUCTING A DEMOCRATIC DEVELOPMENTAL STATE IN SOUTH AFRICA: POTENTIALS AND CHALLENGES

Omano Edigheji (ed.)

The social and economic successes of Asia have drawn global attention to the developmental state as a possible model for developing countries. In South Africa, many, including government, see this as a possible panacea to the country's social, economic and institutional crises. However, a government committing itself to constructing a developmental state is one thing; actually implementing the necessary institutional and policy reforms to bring that into reality is another.In this seminal collection, an interdisciplinary team of distinguished scholars examine how South Africa could go about building a democratic developmental state, while drawing on relevant conceptual models and useful comparative experiences from other countries.

An authoritative and comprehensive volume that illuminates the political economy of economic development, *Constructing a democratic developmental state in South Africa* is a must read for anyone interested in the political and economic future of South Africa.

Soft cover, 336pp, ISBN 978-07969-2333-2, R 220.00, 2010
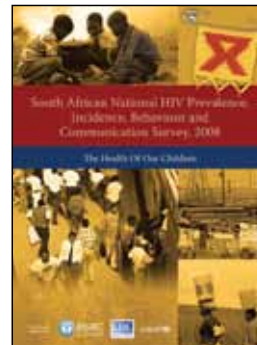
SOUTH AFRICAN NATIONAL HIV PREVALENCE, INCIDENCE, BEHAVIOUR AND COMMUNICATION SURVEY, 2008: THE HEALTH OF OUR CHILDREN

Research Consortium (Olive Shisana – Principal Investigator, Thomas Rehle – Principal Investigator and Leickness Simbayi – Co-Principal Investigator)

Understanding the general health status of children aged 18 years and below in relation to the HIV epidemic is paramount in South Africa – a country that has both the highest number of adults and children living with HIV/AIDS in the world.

In this cardinal report, research findings from a population-based household survey are presented on the general health status of infants, children, and adolescents in South Africa including morbidity, utilisation of health facilities, immunisation coverage, HIV status and associated risk factors. This compelling study also investigates the exposure of children and adolescents to HIV communication programmes and presents essential data on male circumcision as well as the acceptability of the practice.

This report will play a vital role in assisting policy makers and stakeholders in targeting and prioritising key issues in planning and programming efforts focusing on the broad health issues of South African children. It will also be invaluable to health professionals, the media, researchers and academics.

Soft cover, 104pp, ISBN 978-07969-2325-7, R 160.00, 2010