Child Protection and Children Affected by AIDS

A Companion Paper to *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*

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EXECUTIVE SUMMARY

The past six years have seen increasing engagement by the international community on HIV, AIDS and children. One of the eight Millennium Development Goals set by governments in 2000 relates directly to HIV and AIDS. In 2001, at the United Nations General Assembly Special Session on HIV/AIDS, governments pledged to protect children affected by the disease. Global commitment to combat the impact of HIV and AIDS on children was again outlined in 2002 in 'A World Fit for Children', the outcome document of the UN General Assembly Special Session on Children. More recently, in June 2006, the UN General Assembly adopted the Political Declaration on HIV/AIDS, which reiterated government commitment to "addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS…and building, where needed, and supporting the social security systems that protect them."

Many international and non-governmental organizations have endorsed *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (*The Framework*), which outlines key strategies and actions. In October 2005, the *Unite for Children. Unite against AIDS* global campaign was launched. Among the central goals of the campaign is the protection, care and support of children affected by AIDS. Many countries heavily affected by the pandemic have responded by developing their own plans of action for orphans and vulnerable children, creating a mechanism for coordination and oversight for governments to work closely with civil society. This companion paper to *The Framework* provides additional information and outlines recommended actions for protecting affected children from increased vulnerability, and for reducing the higher risks they face of abuse, exploitation and neglect. While this paper discusses the protection issues facing children globally, its actions speak directly to the findings of the publication, *Africa's Orphaned and Vulnerable Generations: Children affected by AIDS,* which incorporates new research on the vulnerability of orphans in the region hit hardest by the pandemic.

All children have a right to protection. A child whose family is wealthy can still be raped or beaten. A girl in a loving family may still be married against her will when this is the social norm. Nevertheless, the risks for children increase when they or their families are poor, lack access to basic services, or are stigmatized within their communities. Parents are children's first line of protection; risks increase when parents are absent due to illness, death or abandonment.

Children affected by AIDS are particularly vulnerable to protection violations because these problems are more likely to cluster in their lives. Reaching this group of children can be difficult because they may be hidden from view due to the stigma around HIV and AIDS. Children affected by AIDS share many vulnerabilities with children who have disabilities, children who are discriminated against due to the colour of their skin or children who have lost their parents as a result of armed conflict.

Protecting children affected by AIDS requires strengthening national and community-level responses for all vulnerable children. Governments, civil society and their partners can make real progress towards this goal by enhancing social protection, legal protection and justice and alternative care. This work must be underpinned by efforts to address the silence and stigma that allow both HIV- and AIDS-related discrimination, abuse and exploitation of children to continue. It also requires strengthening government authorities that hold the bulk of responsibility for protection, to more effectively provide oversight and coordination. This responsibility often falls to government social welfare agencies, but may also include health, education and other agencies. Priority actions needed in each of these areas are detailed in this document and are summarized in the matrix on the following page.

MATRIX OF ACTIONS AND RECOMMENDATIONS	
Action Area	**Action**
Social Protection	**Implement social transfer** programmes to ensure the most vulnerable families are able to meet their basic needs.
	Invest in family support services and ensure appropriate links with social assistance programmes for maximum impact.
	Involve communities in the provision of social transfers and family support services
Legal Protection and Justice	**Combat disinheritance** by amending legislation, sensitizing community leaders to existing laws, making the process of registering and executing wills easier and promoting public education on wills and trusts.
	Improve civil registration systems by eliminating fees, making civil registries more accessible through decentralization and linking birth registration with other commonly accessed services.
	Strengthen and/or develop specialized child protective services in police, justice and social welfare systems that provide a safe environment and sensitive procedures for child victims of abuse and exploitation.
	Strengthen, develop and implement legislation and enforcement policies on child labour, trafficking, sexual abuse and exploitation that are in line with international standards to protect child victims and criminalize and penalize offenders.
	Support community-based monitoring mechanisms, which include building the capacity of teachers, health and community workers to identify children at risk, report on cases of abuse and exploitation and provide referrals.
Alternative Care	**Find appropriate ways of supporting and monitoring informal care arrangements** to ensure children are protected in extended families and other settings where parents are not present.
	Improve the formal care system to reduce overuse**,** guard against protection violations, encourage appropriate permanence planning, and provide opportunities for children and caregivers to express their preferences.
	Develop government and community-based protection and monitoring mechanisms that are supported by national guidelines and standards for care providers.

Cross-cutting recommendations
Address stigma related to HIV, AIDS, abuse and exploitation • **Facilitate open discussion** to promote community-owned social change for children. • **Sensitize the media to issues of HIV and AIDS and protection risks**, and develop guidelines for reporting abuses. • **Train national and community leaders to stimulate discussion on child protection issues and HIV and AIDS**
Strengthen the state's social welfare sector • **Increase budgetary allocations to government agencies responsible for social welfare, alternative care and protective services within national frameworks,** to a level adequate, at minimum, for providing statutory services and coordinating and regulating services provided by local government and non-government agencies. • **Invest in human resources within the social welfare system** to increase the size, competency and reach of staff from both government and non-governmental service providers. • **Develop regulations, guidelines and coordination mechanisms** aimed at improving implementation of social protection policies and ensuring more effective service provision.

RÉSUMÉ

Depuis six ans, la communauté internationale s'investit de plus en plus dans les questions du SIDA, du VIH et des enfants. L'un des huit Objectifs du Millénaire pour le développement que se sont fixés les gouvernements en 2000 est directement lié au SIDA et VIH. En 2001, lors de la Session extraordinaire de l'Assemblée générale des Nations Unies sur le VIH/SIDA, les gouvernements se sont engagés à protéger les enfants affectés par la maladie. L'engagement de la communauté internationale à lutter contre les effets du VIH et du SIDA sur les enfants a été une nouvelle fois mis en lumière en 2002 dans « Un Monde digne des enfants », le document final de la Session extraordinaire de l'Assemblée générale des Nations Unies consacrée aux enfants. Plus récemment, en juin 2006, l'Assemblée générale de l'ONU a adopté la Déclaration politique sur le VIH/SIDA qui réaffirmait l'engagement des gouvernements à « examiner, à titre prioritaire, les vulnérabilités des enfants vivant avec le VIH, à fournir un soutien à ces enfants et à leur famille, aux femmes et aux personnes âgées, notamment dans leur rôle de pourvoyeurs de soins, afin de promouvoir des politiques et programmes en matière de VIH/SIDA axés sur l'enfant et une protection encore plus grande des enfants infectés et affectés par le VIH/SIDA (…); et à mettre en place, là où c'est nécessaire, des systèmes de sécurité sociale qui les protègent, et à appuyer ces programmes ».

De nombreuses organisations internationales et non gouvernementales ont approuvé *Le Cadre pour la protection, le traitement et l'accompagnement des orphelins et autres enfants vulnérables dans un monde marqué par le VIH et le SIDA (Le Cadre)*, qui présente les grandes lignes des principales stratégies et mesures à mettre en œuvre. En octobre 2005, la campagne mondiale *Unissons-nous pour les enfants, contre le SIDA* a été lancée. La protection, le traitement et l'accompagnement des enfants affectés par le SIDA y font partie des objectifs prioritaires. De nombreux pays durement éprouvés par la pandémie ont décidé de développer leurs propres plans d'action pour les orphelins et enfants vulnérables, en créant un mécanisme de coordination et de surveillance qui permet aux gouvernements de collaborer étroitement avec la société civile. Ce document, qui accompagne Le Cadre offre des informations supplémentaires et esquisse les mesures recommandées pour empêcher les enfants affectés de devenir encore plus vulnérables et diminuer les risques qu'ils soient victimes de maltraitance, de négligence ou d'exploitation sous quelque forme que ce soit. Ce document examine les questions de protection auxquelles font face les enfants du monde entier et les mesures qu'il propose abordent sans détour les conclusions de la publication *Les générations orphelines et vulnérables d'Afrique : les enfants affectés par le SIDA*, qui incorpore de nouvelles recherches sur la vulnérabilité des orphelins de la région, la plus éprouvée par la pandémie.

Tous les enfants ont le droit d'être protégés. Un enfant dont la famille est riche peut quand même être violé ou battu. Une fille que sa famille aime peut quand même être mariée contre son gré si c'est ce qu'imposent les normes de la société. Néanmoins, les risques pour les enfants augmentent lorsqu'ils sont pauvres, manquent d'accès à des services de base, ou sont en butte à la stigmatisation sociale au sein même de leur communauté. Les parents représentent le premier périmètre de protection des enfants et les risques courus par ces derniers augmentent lorsque les parents ne sont pas là, que ce soit parce qu'ils sont malades, décédés ou qu'ils les ont abandonnés.

La protection des enfants affectés par le SIDA en particulier risque d'être prise en défaut en raison de l'accumulation des problèmes auxquels ils se heurtent. Il peut être difficile d'atteindre ce groupe d'enfants parce qu'ils sont dissimulés des regards à cause de la stigmatisation liée au VIH et au SIDA. Les enfants affectés par le SIDA ont bien des points communs, sur le plan de la vulnérabilité, avec les enfants handicapés, les enfants qui sont victimes de la discrimination en raison de la couleur de leur peau ou les enfants qui ont perdu leurs parents suite à un conflit armé.

La protection des enfants affectés par le SIDA exige un renforcement des interventions menées à l'échelle du pays et de la collectivité en faveur de tous les enfants vulnérables. Les gouvernements, la société civile et leurs partenaires peuvent véritablement progresser vers cet objectif en améliorant la protection sociale, la protection juridique, la justice et les soins alternatifs. Ces mesures doivent être consolidées par des efforts visant à combattre le silence et la stigmatisation sociale à cause desquels la discrimination liée au VIH et au SIDA, les mauvais traitements et l'exploitation des enfants se poursuivent. Cela exige aussi le renforcement des organismes gouvernementaux chargées de l'essentiel de la protection, afin qu'ils puissent mieux s'acquitter de leurs tâches de surveillance et de coordination. Cette responsabilité incombe souvent aux agences gouvernementales chargées de la sécurité sociale, mais elle peut également incomber à des institutions chargées de la santé, de l'éducation et autres. Les actions à prendre en priorité sont présentées dans leurs grandes lignes dans ce document et résumées dans la matrice de la page suivante.

MATRICE D'ACTIONS ET DE RECOMMANDATIONS

Domaine d'action	Action
Protection sociale	**Mettre en œuvre des programmes de transfert social** pour veiller à ce que les familles les plus vulnérables soient à même de répondre à leurs besoins de base.
	Investir dans des services d'aide à la famille et veiller à l'existence de liens appropriés avec des programmes d'assistance sociale pour un impact maximum.
	Mobiliser les communautés dans les transferts sociaux et les services d'appui aux familles.
Protection juridique et justice	**Combattre la privation d'héritage** en amendant la législation existante, en sensibilisant les dirigeants des communautés aux lois en vigueur, en facilitant l'enregistrement des testaments et leur exécution et en encourageant l'éducation du public en matière de testaments, legs et fidéicommis.
	Améliorer les systèmes d'état-civil en éliminant les frais d'enregistrement, en facilitant l'accès aux registres civils par le biais de la décentralisation et en liant la déclaration des naissances à d'autres services souvent consultés.
	Renforcer et/ou développer des services spécialisés dans la protection de l'enfance au sein de la police, de la justice et des services d'assistance sociale, chargés de mettre en place un environnement sûr et des procédures empreintes de tact pour les enfants victimes de mauvais traitements et exploités.
	Renforcer, développer et appliquer la législation concernant le travail des enfants, la traite d'enfants, les abus sexuels et l'exploitation des enfants, dans le cadre des normes internationales visant à protéger les victimes qui sont des enfants et poursuivre les auteurs de ces crimes dans le cadre du droit pénal.
	Soutenir des mécanismes de surveillance au sein de la communauté, comprenant entre autres une formation à destination des enseignants, agents de santé et agents de la communauté qui leur permettra de reconnaître les enfants en situation de risque, signaler les cas de maltraitance et d'exploitation et offrir des références.
Soins alternatifs	**Trouver les moyens appropriés de soutenir et surveiller les dispositions informelles concernant la prise en charge,** pour s'assurer que les enfants sont protégés lorsqu'ils vivent dans leur famille élargie et autres environnements d'où sont absents leurs parents.
	Améliorer le système de prise en charge conventionnel pour diminuer son utilisation excessive, protéger contre la violation des droits, encourager la planification en vue d'un état de permanence approprié, et donner aux enfants et aux pourvoyeurs de soins l'occasion d'exprimer leurs préférences.
	Développer des mécanismes de protection et de suivi, aux niveaux du gouvernement et de la communauté, sur la base de principes directeurs et normes nationaux pour les pourvoyeurs de soins.

Recommandations intersectorielles
Aborder les problèmes de la stigmatisation liée au VIH et SIDA, de la maltraitance et de l'exploitation • **Faciliter de franches discussions** pour encourager la communauté à développer des changements sociaux en faveur des enfants. • **Faire prendre conscience aux médias des questions de VIH et de SIDA et de protection et** mettre au point des directives pour signaler les cas de maltraitance. • **Former des dirigeants, à l'échelle nationale et communautaire, chargés de stimuler le débat sur les questions de protection de l'enfance et le VIH et le SIDA.**
Renforcer le secteur d'assistance sociale de l'Etat • **Augmenter les allocations budgétaires aux agences gouvernementales responsables de l'assistance sociale, des soins alternatifs et des services de protection au sein des cadres de travail nationaux,** pour, au minimum, offrir des services statutaires et coordonner et régulariser les services offerts par le gouvernement local et les agences non gouvernementales. • **Investir dans les ressources humaines dans le cadre du système d'assistance sociale** pour augmenter le nombre, la compétence et la portée du personnel chargé d'assurer le traitement, qu'ils viennent de services gouvernementaux ou non. • **Développer des règlements, directives et mécanismes de coordination** visant à améliorer la mise en œuvre des politiques de protection sociale et assurer de meilleures prestations de services.

I. INTRODUCTION

The AIDS pandemic has affected millions of children and is placing increasing numbers at risk. AIDS weakens traditional protective mechanisms such as parental care and support, intensifies vulnerability and income poverty, and provokes stigma and discrimination. This increases children's risk of exposure to abuse, exploitation and neglect.

Realizing children's right to protection requires systemic action by governments and protective attitudes and practices by all those who have an impact on children. The Declaration of Commitment from the 2001 United Nations General Assembly Special Session on HIV/AIDS explicitly recognizes the role of governments in protecting children affected by AIDS. In it, states pledged to "protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance."

This paper serves as a companion piece to the widely endorsed *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS.*[1] It aims to help translate government commitment into practice, building on the strategies laid out in the *Framework*. Specifically, this paper articulates the vulnerabilities and protection risks of children affected by AIDS and proposes specific actions to address them, including:

> **Children affected by AIDS**
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> The terms 'children affected by AIDS' and 'affected children' are used to refer to:
>
> - Children and young people under 18 years of age living with HIV or AIDS.
> - Orphans who have lost one or both parents due to AIDS.
> - Vulnerable children whose survival, well-being or development is threatened or impacted by HIV and AIDS.
>
> Globally, an estimated 15.2 million children under 18 have lost one or both parents to AIDS*, and countless others are affected in other ways.
>
> * UNAIDS, *2006 Report on the Global AIDS Epidemic*, UNAIDS, Geneva, p. 509 (table).

- Recognizing social welfare as part of basic social services, and detailing ways to strengthen this sector to better address vulnerability, abuse and exploitation.

- Backing up protective laws and policies with the capacity to implement them, so that they can make a real difference in children's lives.

- Improving the formal care system, and supporting and monitoring the well-being of children in informal care.

- Involving other sectors such as justice, health and education, that can reduce and respond to protection risks.

- Mobilizing and equipping communities to work with government to protect children.

To be successful, these actions will need to be integrated into existing development frameworks, including poverty reduction strategies, national plans of action for all children and specifically for orphans and vulnerable children, sector wide approaches and emergency response plans such as the Consolidated Appeal Processes. In addition, these actions must be accompanied by addressing the stigma due to HIV and AIDS and the strengthening of state social welfare systems. Like *The Framework* and the Declaration of Commitment on HIV/AIDS, this paper recognizes that all actions should occur within the globally agreed human rights framework set forth in the Convention on the Rights of the Child and other human rights instruments.

A. Child protection and the protective environment

Children whose right to personal safety and well-being is violated are at increased risk of lifelong developmental challenges, HIV infection and other physical, emotional and social problems. These outcomes compromise national and international development goals, including those set in the Millennium Declaration and the Millennium Development Goals, Education for All and 'A World Fit for Children'. Recognizing these risks, the *Unite for Children. Unite against AIDS* campaign, launched by UNICEF and UNAIDS in October 2005, highlights the protection and support of children affected by AIDS as one of four priority areas.

Children require special safeguards and care because of their evolving physical and mental maturity[2], their reliance on adults, and the complex and often criminal nature of protection violations. While all children require protection, greater vigilance is needed to protect those at greatest risk – including children affected by poverty, orphaning or other loss of parental care, disability, natural disaster and conflict – and special attention is needed to the particular risks girls in these situations face. Clearly, these categories overlap, and children affected by AIDS are frequently found in many, if not all, of them.

The Protective Environment Framework (*see Figure 1, page* 15) applies a human rights approach to child protection by recognizing governments' obligations to protect children while acknowledging the responsibilities and potential contributions of others.[3] Putting this framework into practice requires an increased focus on the capacities, systems and structures needed for protection, and recognition of children's resilience as well as the importance of their participation. All such efforts need to be underpinned by better monitoring, including disaggregation of data to reflect the different experiences of boys and girls and at various ages.[4]

This paper utilizes the concept of a protective environment:

(1) To identify the full range of actions needed to improve the protection of children affected by AIDS;

(2) To situate these actions within a broader framework, recognizing that the same actions are needed to protect all children, regardless of the source of their vulnerability.

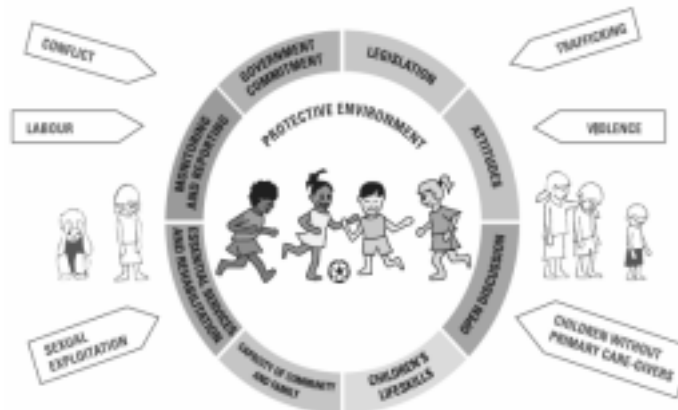## Figure 1: Key actions related to the Protective Environment Framework

Enhancing <u>government commitment and capacity,</u> including increased budgetary provisions and appropriate administrative action for child protection and assistance.

Developing adequate <u>legislation and enforcement</u> for prosecution of violations, procedures that include mechanisms for redress, and accessible, confidential and child-friendly legal aid.

Implementing <u>monitoring, reporting and oversight</u> activities, including systematic collection and transparent reporting of data, review by policy makers, and facilitating access by independent observers to children in traditionally marginalized groups.

Modifying <u>culture and customs</u> to build an environment where women and girls do not face discrimination, sexual exploitation of children is socially unacceptable, and children with disabilities or affected by AIDS are not stigmatized.

Providing <u>essential services</u> such as free education and health care for all children within each nation's borders, and maintaining a functioning and adequately staffed system that provides social welfare assistance and child protection services.

Facilitating <u>open discussion</u> so that protection failures are acknowledged, and civil society and the media are engaged to recognize and report harmful treatment of children.

Building the <u>capacity of families and communities</u> to observe protective child-rearing practices and monitor protection, and supporting families in meeting their childcare needs.

<u>Life skills, knowledge and participation</u> to build an environment in which children know that they have rights, are encouraged to express their views, are taught problem-solving skills and are listened to within the community and government.

B. *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*

The Framework was developed by a range of partners [†] to provide guidance on how best to address the multiple vulnerabilities faced by children living in a world with HIV and AIDS. The document describes five key strategies (*see Annex 2, page 37, for a complete list of recommended interventions*):

1. Strengthening the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.

2. Mobilizing and supporting community-based responses.

3. Ensuring access for orphans and vulnerable children to essential services, including education, health care and birth registration.

4. Ensuring that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.

5. Raising awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS.

Echoing the approach of the protective environment, *The Framework* recommends the integration of action for children affected by AIDS, interventions reaching all vulnerable children and other programmes that promote child welfare and reduce poverty. Particularly relevant for protection are

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[†] Partners include Association François-Xavier Bagnoud (FXB), UNICEF, Regional Psychosocial Support Initiative, International HIV/AIDS Alliance, UNAIDS, University of Zambia, World Food Programme, Save the Children UK, USAID's Africa Bureau, HIV/AIDS Office and Displaced Children and Orphans Fund, Family Health International and World Vision.

strengthening the social welfare system and civil registration, both of which also emerged as key recommendations from the 2006 Global Partners Forum.[‡]

The Framework also provides a list of legislative actions needed to protect children affected by AIDS (s*ee Annex 3, page 38*). However, legislation will have an impact on children's lives only if translated into action. Increasing the capacity of relevant sectors to implement and enforce the laws, and addressing the barriers of stigma and resource constraints will facilitate such action.

II.   HIV, AIDS AND INCREASED CHILD VULNERABILITY

"When dad was ill, he said he would leave everything to us. But when the relatives came from the village, they got everything. They refused to leave things. But dad said nothing should be taken before he died."
-Child orphaned in Zambia [§]

Children whose families are poor, who are excluded from services due to stigma and discrimination or who have lost the protection and care of their parents are at increased risk of violence, abuse, exploitation and neglect. HIV and AIDS increase the likelihood that children will experience any one of these forms of vulnerability, and many affected children contend with all of them simultaneously.

A. Income poverty

In addition to placing children at physical and emotional risk, AIDS increases children's economic vulnerability. The disease increases income poverty when parents and caregivers lose their wages or other income, when they divert their time into caregiving and when families face increased health care costs. The burden of caring for sick and dying parents, coupled with loss of household income, perpetuates poverty by preventing children and young adults from attending school,[5] or developing a trade.[6] This lack of education and income-generating capacity puts children at increased risk of exploitation and abuse. In countries where the AIDS pandemic has struck hardest, traditional family and community coping mechanisms for orphans and vulnerable children are under considerable strain.[7] When parents – especially fathers – die, children often lose assets.[8] Traditional laws, lack of access to civil registration, and poor enforcement of property rights all worsen their already difficult situation. Orphans

> **Circles of Care: Community protection in South Africa**
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> From 2002–2005 the Canadian International Development Agency supported the project Circles of Care: Community Child Protection in South Africa, which aimed to strengthen local government to be more responsive to children's protection needs. Funded by CIDA's Child Protection Research Fund, and led by the University of Victoria and the Child and Youth Care Agency for Development, the project found that children's vulnerability is influenced by different factors at different ages. Some children experience multiple and overlapping vulnerabilities.
>
> *At ages 0 to 2 years,* children's vulnerability is influenced by parental neglect, lack of nutritious food and lack of proper child-care training for those caring for orphaned children.
>
> *At ages 3 to 10 years,* vulnerability is influenced by a lack of affordable preschool services, hunger and children being orphaned and subsequently forced to move within the community.
>
> *At ages 11 to 17 years,* vulnerability is influenced by poverty, which causes boys to engage in crime and girls to engage in prostitution; the breakdown of initiation ceremonies, which restricts the transition from childhood to adulthood; and a lack of government services to break the cycle of risk and self-harm among adolescents.

[‡] The Third Global Partners Forum was held in London from 9–10 February 2006. The forum, which includes major donors, academics, civil society and international organizations, is a mechanism through which collective actions and objectives for children affected by HIV/AIDS are agreed.

[§] Family Health International, *Voices from the Communities: The impact of HIV/AIDS on the lives of orphaned children and their guardians*, Family Health International, 2003, p. 40.

living in extended family households have fewer assets and lower income than non-orphans, and earning adults in such households sustain more dependents.[9] Orphans in sub-Saharan Africa often live in households that are headed by older caregivers (usually female) who have low levels of education and are thus unlikely to have a regular source of income, which may result in orphans receiving inadequate care and food. In some high prevalence countries, AIDS also increases vulnerability to food insecurity.[10]

HIV and AIDS can increase income poverty, discrimination and abuse in lower prevalence settings as well.[11] In Russia and Ukraine, intravenous drug use accounts for over 60 per cent of all officially reported cases of HIV, and most drug users are among the poorest in society.[12] HIV-positive pregnant women, mothers and their children suffer widespread discrimination and abuse in both countries, which can occur due to lifestyle and/or HIV status.[13]

Income poverty, no matter the cause, increases protection risks for children. Children living in income poor households lack access to basic services and are more likely to seek or be sent to work, including in the most hazardous forms of child labour.[14] Although violence and abuse are not limited to families living in poverty, economic stress can increase the risk. Poor children are overrepresented among those in conflict with the law and are more likely to be treated harshly by police or the justice system.[15] Income poverty itself is often stigmatizing, a situation that further compounds each of these risks.

B. Lack of access to health, education, birth registration and social services

As AIDS erodes household and community earning power, families may agonize over which child to send to school or to the health clinic. Some studies have shown that children with sick parents and orphaned children have lower rates of school attendance[16] and reduced access to health care as caregivers find it more difficult to provide for the health needs of all children in the household. Lower rates of school attendance and poor grade progression, which are exacerbated by AIDS, have been linked to a distant relationship between a child and the head of household.[17]

Children may miss out on health care or school due to high service and transportation costs, overburdened caregivers or inadequate or discriminatory public sector services. Emergencies also deprive children of an education, including opportunities to learn about basic health and HIV prevention. AIDS-affected children who may lack parental support and care are at increased risk of protection violations during emergencies.

Ensuring access to basic, integrated services that are free of discrimination and stigma and address gender equity helps build a protective environment for all children, including those affected by AIDS. Providing children with adequate water and shelter alleviates their burden, and lessens their risk of resorting to survival sex[18], which exposes girls in particular to HIV infection, trafficking, violence and other protection violations. Education provides children with the knowledge and skills needed to prevent HIV infection. Adequate and accessible health care services are protective in that they prevent and treat illness and may provide links to other services for children who suffer abuse and violence. Birth registration establishes a child's legal identity and is often essential for accessing social services and entitlements.[19] When a child is not registered, it is difficult to enforce legal protections relating to inheritance, juvenile justice, trafficking, child labour, child recruitment, child marriage, and sexual exploitation.[20]

C. Loss of parental care

Children affected by AIDS are at increased risk of losing the care of parents, often even before one or both have died. They are more likely than other children to be living with a step-parent, within an extended family or with an unrelated family. While these traditional community coping mechanisms are

often protective, studies have shown that children in these arrangements are less likely to receive an equal share of household resources compared to biological children.[21] This was particularly the case when resources were scarce. Children living in households without either parent are also less likely to attend school and are at greater risk of exploitation, abuse and neglect.[22]

Care arrangements both during and after a parent's illness impact on children's well-being. Girls often take on significant responsibilities in running the household as their parents sicken, increasing their likelihood of missing out on education. In some countries, boys are pulled out of school in order to work. Without support and monitoring, poor households and communities that absorb orphans and vulnerable children are likely to make decisions that favour biological children, especially boys. Children who have lost their parents are also more likely to be separated from siblings, compounding their sense of loss, displacement and emotional distress.[23]

Research over the past 50 years has demonstrated that institutional care has a negative effect on children.[24] Yet, many children currently in institutional care do not need to be there. Available data from Asia, Eastern Europe and sub-Saharan Africa demonstrate that the majority of children in institutional care have a surviving parent or contactable relative.[25] Poverty is a frequently cited reason for placing and admitting children into institutions, which suggests that the majority of children are placed there because families and communities are having trouble meeting the children's basic needs.[26] Despite the known problems with institutional care (both it's negative effect on children's development, and the problems outlined above) the number of privately funded facilities for orphaned and vulnerable children – including in countries heavily affected by AIDS – has increased.[27] These factors further underscore the need for countries to develop appropriate social welfare systems.

> **Challenges posed by institutional care**
>
> Children raised in institutional care often have difficulty forming meaningful, lasting relationships. Inadequate staff-to-child ratios, the lack of training for caretakers and high staff turnover negatively affect the mental and physical development of children, especially very young children. Raising a child in an institution is often up to 10 times more costly than alternative family-based arrangements.
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> Children who are not orphans may be placed in institutions due to family poverty. For example, a recent study by Save the Children and funded by CIDA's Child Protection Research Fund* found that 80 per cent of children in orphanages in Sri Lanka were placed there by parents or guardians who felt that they could not provide them with material necessities.
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> * Save the Children Canada, *Annual Report 2004-2005*, Save the Children, Toronto, 2005.

In lower prevalence countries, where HIV-positive parents are often already marginalized, parents may be implicitly or explicitly encouraged to place their children in institutional care, especially when the children are also living with HIV or AIDS. Once institutionalized, children living with HIV or AIDS are often separated from other children, leading to further stigmatization.[28]

Children affected by AIDS are also at risk of heading their own household, and while it appears that the number of child-headed households has remained small,[29] their particular vulnerabilities merit mention. Children may head households to avoid sibling separation and property-grabbing.[30] Those at the greatest risk of heading their own households are children from families with deteriorating structures: children from regions where urbanization has separated extended families, and children of deceased single mothers, especially mothers who were sex workers.[31]

D. Stigma

Children may face stigma due to HIV and AIDS in the family, their own status, or their AIDS-related poverty or orphanhood. This stigma can prevent children and families from seeking help or prevent others

from offering assistance. Stigma can prevent equal access to financial opportunities and block the development, approval or implementation of protective legislation and policies, increasing children's risk of experiencing violence and abuse. Breaking the silence surrounding HIV and AIDS, and promoting open discussion is key to addressing stigma and discrimination, and helping children gain access to basic protections, services and financial opportunities. This requires that harmful attitudes and behaviours are recognized and named.[32] Stigma is addressed in more detail in Section V of this document (*see page 22*).

III.   VIOLENCE, ABUSE, EXPLOITATION AND NEGLECT

"I went to stay with an older lady in Mathare who introduced me to … commercial sex. I never made any money. When I didn't do what the clients wanted, the lady would get mad."
- Josephine A., Kenya (who dropped out of school after her mother's death, started sex work at age 14 and tested HIV positive two years later)[**]

Compounded vulnerabilities increase a child's likelihood of experiencing violence, abuse and exploitation. For children in AIDS-affected communities, these same violations also translate into an increased risk of contracting HIV themselves.

A. Exploitation, trafficking, child labour and child marriage

Children who are deprived of the means for survival and development are at high risk of sexual and economic exploitation.[33] Due to a lack of social welfare assistance and community-based support, orphans and children with sick parents are often forced to leave school in order to work, or are compelled to seek out employment on their own to help support siblings, sick parents or grandparents. And in child-headed households, the oldest child may also have to care for younger siblings.

Children who are pressured to generate income are particularly vulnerable to exploitation, trafficking and the worst forms of child labour,[34] including dangerous work environments.[35] In places where girls are viewed as not being equal to boys, girls are more likely to be trafficked for sexual exploitation or used as domestic labourers. Lack of parental support and supervision as a result of AIDS also increases children's vulnerability to trafficking. In some of the worst cases, girls as young as ten are forced to engage in prostitution.[36]

> **Gender inequality and the vulnerability of girls**
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> In sub-Saharan Africa, three quarters of 15- to 24-year-olds newly infected with HIV are female.[*] Rising infection rates among girls and young women are linked to gender-based violence in homes, schools and the workplace.[**]
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> While both boys and girls are at risk of protection failures, due to power imbalances between men and women, girls are more vulnerable to sexual violence and exploitation. Many girls face gender-based discrimination in households and communities, and are therefore less likely to receive basic health care, education and social services.[***] Lacking legal and economic resources, crimes such as sexual violence and assault against girls are often under-reported and unpunished.
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> * UNAIDS, *2006 Report on the Global AIDS Epidemic*, UNAIDS, UNAIDS, Geneva, May 2006.
> ** UNICEF, *The State of the World's Children 2006*, UNICEF, New York, 2005.
> *** UNICEF, *The State of the World's Children 2004*, UNICEF, New York, 2003.

Early and forced marriage for girls and young women often leads to school dropout and increases the likelihood of them becoming infected with HIV.[37] Girls in AIDS-affected communities are vulnerable to child marriage.[38] Child marriage, whether in an emergency or non-emergency context, can be used as a

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[**] Source: Human Rights Watch, 'Letting Them Fail: Government Neglect and the Right to Education for Children Affected by AIDS', Human Rights Watch, vol. 17, no. 13, October 2005.

'protective' strategy either for the child (who is perceived to be better off in another family), or for the child's family (who may be tempted by material compensation). Child marriage removes girls' ability to negotiate whether or not they want to *have* sex at all, much less negotiate *safe* sex, and may place them at risk of abuse by other members of the husband's household.

B. Violence and sexual abuse

Women and girls are particularly vulnerable to sexual violence, which is both a cause and a consequence of HIV.[39] Young women and girls that are sexually violated cannot demand safe sex; in every way their fundamental human rights are violently denied. Sexual violence experienced at a young age has also been associated with sexually risky behaviour later in life.[40]

Children affected by AIDS may be vulnerable to violence and sexual abuse, especially when they are forced to work. The International Labour Organization estimates that there are more than 200 million working children. We don't know how many of these children are affected by AIDS, but we know that illness and death as a result of the pandemic often forces children to work. Hidden from public scrutiny, domestic workers (usually girls and women[41]) are highly vulnerable to physical, psychological and sexual abuse.[42]

There is need for more rigorous research and evidence-based knowledge around the connections between HIV and AIDS and child protection risks such as trafficking and child labour. Research must be strengthened in order to translate into improved and scaled up responses that can transform the prospects of millions of children. Evidence-based strategies can improve prevention efforts, produce programmes tailored to local needs and realities, and ensure an integrated and sustainable response.

> **Violence and children affected by AIDS**
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> In Uganda, orphans in foster homes reported being treated violently by both caregivers and the other children in the home. Orphans felt that their guardians were angry and frustrated due to the increased burden of care and concerns about their limited resources. Violence from other children was motivated by anger at having to share their parents and fear of the orphans' association with AIDS.*
>
> In Zimbabwe in 2004, a community organization recorded some 4,000 cases of sexual abuse of girls in its area of operation.** Most of the country's cases of abuse were committed against primary school children. Such crimes are usually perpetrated by trusted authority figures, including school staff and family members. The consequences for girls may include unwanted pregnancies, sexually transmitted infections, including HIV infection, and devastating psychological harm. In addition, the myth that having sex with virgins can rid infected men of HIV has caused an increase in the rape of young girls and older children with disabilities, who are assumed to be virgins.
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> * World Vision, 'Violence against children affected by HIV/AIDS: A case study of Uganda', World Vision International, Nairobi, 2005.
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> ** Girl Child Network, 'Gravity of Girl Child Sexual Abuse in Harare, 2005; and 'UNICEF, 'UNICEF: End the Abuse in Zimbabwe', News Note, 23 January 2006.

IV. PRIORITY ACTIONS

AIDS has reshaped childhoods, leaving children inadequately protected and cared for and growing up in increased poverty. Building a protective environment for children, and addressing the particular vulnerabilities of girls and women, is crucial. This will make a big difference in the lives of children, especially children affected by AIDS whose needs are often the most urgent. This requires implementing measures that prevent children from becoming vulnerable in the first place and strengthen protective mechanisms for all children.

Governments and implementing partners – including international agencies, civil society and service providers – can protect children affected by AIDS by taking the priority actions outlined below. These actions aim to support change by developing policy, building capacity and supporting implementation within nationally owned, planned and scaled-up programmes. The priority actions should take into account gender and age. Together, these actions all help support the psychosocial well-being of children whose lives have been disrupted.

Many countries already have national plans of action for orphans and vulnerable children or for children generally, which may include many of the initiatives listed here. Providing support for these actions – and refining plans to address any gaps – will reduce the vulnerability of children affected by AIDS and ensure that protection violations are addressed.

States have responsibilities to those within their jurisdiction in this area: at a minimum, states must develop, communicate and enforce legal standards; ensure that services are integrated and provided without gaps; and oversee and support non-state actors. Some states are able and choose to do more, but in all cases close

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Psychosocial well-being

"[There is increasing] emphasis being placed on psychosocial interventions for children affected by HIV and AIDS. But the pendulum may have swung too far. There is now concern that some approaches address only psychosocial needs and overlook the educational, health, material and physical needs of children and families. By placing an excessive emphasis on externally provided, stand-alone psychosocial programmes, we are in danger of discounting the importance of everyday love, support and reassurance that children receive from families and communities. Many caregivers, families and communities need support to be able to provide these conditions for young children. Young children affected by HIV/AIDS and other major disruptions in their lives, have critical psychosocial needs that are best addressed when embedded in their everyday lives."

Source: Richter, L., Foster, G. and Sherr, L., *Where the Heart Is: Meeting the psychosocial needs of young children in the context of HIV/AIDS,* Bernard Van Leer Foundation, The Hague, July 2006.

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cooperation with all actors, including non-governmental, faith-based and community-based organizations, should be a goal. Many states would like to do more to address the situation of orphans and other children made vulnerable by AIDS. But government capacity varies greatly among countries working to address the pandemic. Often the ministries responsible for the care and support of children are marginalized and under-funded.

ACTION AREA 1: SOCIAL PROTECTION

Implement social transfer programmes that benefit children
Social transfers, including conditional cash transfers and means-tested social assistance, are part of social protection. Effective social transfers alleviate income poverty and enable vulnerable households to meet their basic needs. Social transfers can also relieve families of the pressure to place children in institutions, lessen the risk of child labour, and can reduce the stress that contributes to domestic violence and the likelihood of children living on the street. Many countries already have some form of social transfer. For example, Brazil, India, South Africa and Uganda have benefits for sickness and death and old-age pensions, which benefit households financially and reduce the vulnerability of children.[43] Recent experience demonstrates that even in resource-poor countries, it is possible and affordable to provide vulnerable households with such services. In Zambia, for example, the Government, with support from the German Technical Cooperation, has implemented a pilot scheme that aids the poorest 10 per cent of households with high dependency ratios and no able-bodied workers.[44] If scaled-up for the nation, the programme is projected to cost an estimated 0.5 per cent of gross domestic product.[45]

In the Livingstone Call to Action in 2006, the governments of 13 African countries committed to devising costed national social protection plans within the next two to three years.[46] These plans will be integrated in national development plans and budgets and can be supplemented by development partners. This commitment represents an important opportunity for those agencies and organizations interested in supporting national social protection programmes.

Governments should work with civil society organizations to plan social protection programmes that include social transfers and family support services. Effective planning must include estimating need, developing coordinating mechanisms and securing budget sources, including funding for programme evaluation.

Each country will need to make decisions about the specifics of social transfers. Issues to be considered include: targeting, means tested, the appropriateness of conditionalities, the economic vulnerability of children and their caregivers, the particular vulnerabilities of girls and young women, the potential stigma associated with assistance, and possible perverse incentives for taking in or abandoning children in the case of fostering grants.[47] Monitoring mechanisms must be established and tied to community participation to ensure that support reaches the intended recipients.

The World Bank has consistently highlighted the need to implement protection mechanisms for children when designing social transfer interventions in countries heavily affected by HIV and AIDS[48], a call echoed in an

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Social protection improves security and access to basic services and is affordable

In Kenya, the Ministry of Home Affairs and the National AIDS Control Council developed a social assistance scheme providing households with orphans US$0.50 per day. Analysis of a pilot programme in three districts revealed that households spent the money on food, clothing, medical expenses and other minor household purchases. Positive effects of the scheme included children's increased school attendance and access by some children to antiretroviral treatment.[*]

Recent research from Central Asia, Latin America and South Africa shows that social protection provided by governments can be affordable.[**] Providing a pension for everyone over 65 in the United Republic of Tanzania would cost 3.7 per cent of government expenditure and 0.8 per cent of the country's gross domestic product. In Mexico, a wide-reaching programme costs an estimated 0.32 per cent of gross domestic product.[***]

[*] Department for International Development, 'Social Transfers and Chronic Poverty: emerging evidence and the challenge ahead: A DFID practice paper', Department for International Development, London, October 2005, p. 15.
[**] 'DFID, 'Social Transfers and Chronic Poverty', op. cit., and HelpAge International, Save the Children UK and Institute of Development Studies, *Making Cash Count*', Save the Children UK, Help Age International, and Institute of Development Studies, 2005, p. 25.
[***] World Bank, 'Social Protection of Africa's Orphans and Other Vulnerable Children', *Africa Region Human Development Working Paper Series*, Washington, D.C., 2001.

evaluation of social transfers in eastern and southern Africa.[49] Strong interrelationships with other social welfare services and staff can help reduce risks of protection violations and provide links to sustainable economic strengthening programmes.

> *"Everyone, as a member of society, has a right to social security... to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services."* **Declaration of Human Rights** *(*articles 22 and 25)
>
> "The States Parties recognize the right of everyone to social security, including social insurance."
> **International Covenant on Economic, Social and Cultural Rights (article 9)**
>
> *"States Parties shall recognize for every child has the right to benefit from social security, including social insurance, and requires States to take the measures necessary to achieve full realization of this right."*
> **Convention on the Rights of the Child (article 26)**

Strengthen family support

Family support services also fall under the umbrella of social protection and can help address income poverty and other challenges faced by families affected by AIDS. As discussed in the original *Framework* document, family support services include day care, respite care, parenting programmes and home visits.[!] An additional key service is helping families' access comprehensive information about social protection services and assistance in filling out paperwork. Social transfer programmes will have a greater impact on children and families when these key non-cash services are also available to help families cope.

The social welfare sector and non-governmental organizations can support local community groups in providing these services, or stimulate the formation of new groups as needed. Training that can help local actors recognize the fundamental causes of abuse, such as poverty, discriminatory laws and practices, mental illness among perpetrators or lack of law enforcement, are critical. Government oversight and support of these services will help ensure that social protection services are coordinated and efficient.

ACTIONS

- **Implement social transfer** programmes to ensure the most vulnerable families are able to meet their basic needs.[*]

- **Invest in family support services** and ensure appropriate links with social assistance programmes for maximum impact

- **Involve communities** in the provision of social transfers and family support services

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[!] These interventions are described in greater technical detail in a number of documents, including the World Bank/UNICEF/UNAIDS Operational Guidelines for Supporting Early Child Development, documentation from the Regional Psychosocial Support Initiative (REPSSI) and others.

[*] 'Needs' include school and health fee waiver programmes, as well as more systemic efforts at fee abolition.

ACTION AREA 2: LEGAL PROTECTION AND JUSTICE

Combat disinheritance

Children who have been orphaned by AIDS are often vulnerable to property- and land-grabbing by relatives or others who were supposed to care for them. Disinheritance is commonly caused by outdated legislation, contradictions between codified laws and customary systems of justice, and insufficient public awareness and local application of laws. Developing, implementing and enforcing specific protections for inheritance and property rights, marriage and divorce and the treatment of widows and orphans can reduce economic vulnerability among families and children affected by AIDS.

Governments, professional legal organizations and academic partners are encouraged to form working groups to review laws and policies regarding land ownership and private property. They can ensure that the language used in statutes, codes and regulations clearly articulates the rights of women and children to own property under national law and that related procedures address gender and age inequities.

Focusing only on legislative obstacles is insufficient to ensure equitable property protection and transfer. Where customary law dictates community decisions, local leaders, with support from governments, non-governmental organizations and human rights groups, must be equipped to help protect orphans and widows from losing their inheritance. Legal working groups can provide training on will writing and succession planning, taking into account the particular vulnerability of girls. Where customary law may

jeopardize the well-being of citizens, governments should be responsible for enforcing national law. This may entail providing additional support to local civil courts, making legal practitioners aware of the legislative changes, and taking further steps to make legal aid and the court system accessible to poor families, including children.

Improve civil registration systems

Registering a birth is integral to a child realizing the right to a name, nationality and legal identity. All children who are not registered at birth are vulnerable. However, the situation of children who are not registered *and* lack parental protection is even more precarious. They may have added difficulty establishing their identity and family ties, and thus be denied the right to inherit parental property. In most countries, civil registration – including registration of a parent's death – can help guarantee the inheritance rights of orphaned children.[50] Birth certificates help facilitate access to basic services, including schooling, social assistance, and can help protect children against child marriage, hazardous labour, trafficking and recruitment into armed forces/groups.[51]

Countries that have civil registration systems must reduce barriers to access. Where civil registration systems are centralized, families are often required to

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Child abuse and exploitation in Malawi

In Malawi, where an estimated 1.4 million children are engaged in child labour and a significant number are thought to be affected by HIV and AIDS, activities are underway to develop interventions that will encourage the support of wills and inheritance rights, bridge the gap between law and traditional practices, and ensure women and vulnerable children are protected.[*]

Child marriages, which impact children affected by HIV and AIDS, are still legal for children aged 15 to 18 with parental consent. The government is working on proposed legislation would make 18 the minimum age of marriage.[**] But communities must be sensitized to the rights of children, given that many marriages follow traditional customs, rather than civil law.

* Government of Malawi, National Plan of Action for Orphans and Other Vulnerable Children 2005-2009, June 2005.

** CEDAW/United Nations, 'Malawi's legal structure must be harmonized with international standards, say experts on women's anti-discrimination committee', United Nations, Committee on the Elimination of Discrimination against Women, New York, 19 May 2006.

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travel long distances and commit scarce resources to a process they are unsure of.[52] Another barrier to birth registration is a lack of understanding of its importance as a child rights issue, both at the level of government and at the household. Another is a lack of political will, which results in an inadequate legislative framework, lack of coordination and cooperation between the relevant sectors, and insufficient infrastructure and financial allocations.[53] Families also face practical problems related to accessing registration, including geographic barriers, and lack of fees, information and travel costs.

The 2006 Global Partners Forum on Children Affected by HIV and AIDS recommended increased advocacy and concrete steps to remove barriers to civil registration, including calling on governments to eliminate fees. To achieve this, governments should review and amend national laws and policies that bar eliminating fees and/or decentralizing registration services. A proven method of increasing registration is by involving other sectors such as health and education. In Afghanistan, for example, where AIDS prevalence is low, the government has linked birth registration to their polio campaign, which reached almost every household.[54] High-prevalence countries can learn from this example.

Other innovations include making registration a condition for social assistance* or combining health and birth registration cards. Special initiatives are also needed to register children who were missed in infancy. Local governments should be given authority, resources and accountability to improve registration levels in their area. Local and international partners can assist by advocating for including registration in national development plans and budgets. For those children who remain unregistered, governments are encouraged to change policies and practices that prevent them from accessing education, health care and other social services.

Strengthen protective services in police and justice systems

Governments must ensure that perpetrators of abuse or exploitation are held accountable and that those who experience abuse, especially girls and young women, have access to appropriate services. Governments can support the establishment of child protection teams/units that provide safe settings and sensitive procedures for victims of exploitation and abuse. Police stations are an appropriate setting for such units, but confidential methods of reporting can also be integrated into community centres or other locations frequented by families and children. It is critical that social workers (or social work paraprofessionals) are involved in the investigative and follow-up stages to help ensure appropriate referrals and linkages to services.

Reporting systems and services must be child-friendly, confidential and gender-appropriate. Referrals should be made to services such as safe houses, counselling, medical care and reintegration support. Reports of abuse must be thoroughly investigated without causing further harm to the child. This is particularly important for girls and young women, who may feel uncomfortable reporting abuse and exploitation to men.

Widespread campaigns can be used to raise community awareness of these reporting mechanisms. Cooperation between government agencies – including law enforcement and social welfare agencies – is crucial to ensure non-discrimination and protect children's rights throughout the process.

To create systemic change for children, training for law enforcement and legal professionals must include modules on legal frameworks and the appropriate response to child abuse and exploitation. Such training should focus on the development of a protective environment that anticipates and prevents abuse,

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* This condition should be contemplated only when services are available and accessible; otherwise it will serve as a barrier to obtaining social assistance.

especially for girls and young women. Policies are encouraged to make civil servants accountable and clearly articulate a zero tolerance message for child protection violations.

Strengthen or develop new legislation and policies

It is recommended that governments strengthen rights-based legislation for child protection, ensuring that child soldiering, trafficking, harmful labour and sexual abuse are explicitly made illegal. Laws should clearly articulate the protection of children and criminalize and penalize offenders. National legislation should seek to codify child protection-related laws in sufficient detail for children's rights to be justiciable and enforceable. Legal frameworks ought to reflect entitlements to appropriate services and recognize the rights of girls and young women to equal protection and access. Non-governmental organizations and human rights groups may then advocate for legislation in line with international standards and provide technical support, as needed.

Civil society organizations should be involved in all legal reform and enforcement efforts to ensure changes to legislation are widely disseminated, implemented and upheld. Civil society can also gauge whether policies, programmes and administrative practices are consistent with laws. Governments are responsible for ensuring that police, armed forces, judges and legal service providers are fully aware of the laws, have sufficient training and resources for enforcement and are held accountable for consistency and transparency.

New and existing legal child protection frameworks may be integrated into child protection campaigns, wherever possible and appropriate. Communities can actively advocate for implementation of legislation, monitor the response and suggest amendments. Governments and implementing non-governmental organizations are encouraged to think creatively about how to leverage private sector funds for campaigns. Efforts should be made to promote social responsibility among business leaders and to link these efforts to legislation and enforcement.

Mobilize and support communities in supporting the enforcement of legislation

Existing community child protection committees and networks and coordination mechanisms for orphans and vulnerable children can help enforce legislation protecting children affected by AIDS. Teachers, health care workers, religious leaders and others who work closely with children can best identify and respond to situations of child abuse and exploitation. They can be mobilized to help identify, address and refer cases where children have been abused or exploited. And, using their leverage in the community, they can stimulate discussion of the issues, as well as encourage women's groups to assume leadership roles to help ensure that issues of gender and age are adequately addressed in protection strategies.

Strong linkages with law enforcement and legal groups will help ensure vigorous investigation and prosecution of violations. National guidelines for responding to cases of suspected child abuse, as well as training should be developed for communities. In some countries, local child protection committees have been established to ensure proper coordination of these initiatives. For example, in Rwanda, 333 child protection networks were established. Members were trained to identify and respond to children at risk, and to inform district authorities of any vulnerability and protection issues. In Brazil, 3,729 child protection councils were operating in mid-2004. The councils, which include civil society and government representatives, provide referrals to services for families and children whose rights are threatened or violated.[55]

Several countries have launched child-friendly school campaigns aimed at preventing and addressing violence and abuse of children.[56] Ensuring additional protections for children can be achieved by involving parent-teacher associations in training and awareness-raising activities. Communities should

also be empowered to respond to abuses perpetrated by teachers and other community-based actors who are meant to be protecting children. Methods for reporting abuses at all levels should be confidential.

ACTIONS

- **Combat disinheritance** by amending legislation, sensitizing community leaders to existing laws, making the process of registering and executing wills easier and promoting public education on wills and trusts.

- **Improve civil registration systems** by eliminating fees, making civil registries more accessible through decentralization and linking birth registration with other commonly accessed services.

- **Strengthen and/or develop specialized child protective services in police, justice and social welfare systems** that provide a safe environment and sensitive procedures for child victims of abuse and exploitation.

- **Strengthen, develop and implement legislation and enforcement policies on child labour, trafficking, sexual abuse and exploitation** that are in line with international standards to protect child victims and criminalize and penalize offenders.

- **Support community-based monitoring mechanisms**, which include building the capacity of teachers, health and community workers to identify children at risk, report on cases of abuse and exploitation and provide referrals.

ACTION AREA 3: ALTERNATIVE CARE

In AIDS-affected communities, high rates of orphaning, movement of children between households and growing use of institutional care call for urgent strengthening of alternative care systems. Children's physical, mental, and psychosocial well-being can best be supported by strengthening families and communities through integrated services. Communities, faith-based organizations and non-governmental organizations play a key role in providing such services.

Support and monitor children in informal care

Given the large number of children in informal care arrangements[±], protection requires active monitoring at the community level. Teachers, health care workers, faith-based leaders and social work paraprofessionals[††]protect children at the community level. With the necessary training, they can recognize the risks associated with informal care, prevent violations, and respond to and refer violations. Wherever possible, women-led groups can be empowered to help ensure that the particular vulnerabilities of girls are taken into account. Families caring for non-biological children should be eligible for support services such as social assistance, help with school fees, legal counselling and home visits.

[±] Substitute parental care provided on a temporary or long-term basis, without the involvement of a third party such as a government social worker or non-governmental or community-based organization. 'Informal care arrangements' include children living with extended family members - uncles, aunts, grandmothers, as well as neighbors, friends and other community members.

[††] Social work paraprofessionals are individuals trained and skilled in social work, who perform in that capacity, but have not received professional certification in that field.

Child-headed households can be particularly vulnerable to exploitation and abuse.[57] In partnership with community groups, social welfare agencies or paraprofessionals can identify households where children risk being left without adult care, suggest potential foster parents or guardians, and help protect property and assets. Children already heading households, or those who have no safe alternatives, also need to be protected. Governments are encouraged to consider ways to legally recognize child-headed households in order to prevent land-grabbing and other forms of asset opportunism and ensure compliance by working with the legal system and community groups. Research and practice have shown that support to child-headed households is usually best provided through local and community structures rather than through external agencies. The latter approach has often led to the perception that a 'wealthy NGO' has assumed the responsibility of caring for the household, resulting in weaker community support and involvement.[58]

Improve the formal care system

Formal care must be provided only when it is in a child's best interests, and institutional care should be used only as a last resort. Rather than encouraging alternative placements, health and social welfare professionals should refer at-risk children and families to social services that are geared to help families remain together. This can be addressed through guidelines developed by governments, as well as admissions criteria for foster and institutional care.

The goal of alternative care arrangements must be permanence, either back with the family of origin or within another family environment. Legislation about guardianship‡‡ is an important component of care planning and requires legal provisions at the state level. Communities must also be made aware that guardianship protects children and encourages permanence. Identifying guardians while a parent is still alive can be an effective way to plan for the future and avoid disputes over property and other assets. Adoption, both in- and inter-country, is a way of facilitating permanence for children, but should be used only when reunification with the family of origin has been sufficiently exhausted. As recognized by The Hague Convention on Intercountry Adoption, procedures must be the responsibility of the states involved, which must guarantee the child's best interests. Therefore, efforts should focus on making adoption a safe option for children who cannot be reunited with their families, prioritizing in-country adoption and removing undue obstacles to inter-country adoption.

> **Malawi's plans for alternative care**
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> Implementation of the National Plan of Action on Orphans and Vulnerable Children in Malawi is estimated to cost US$ 3 million (excluding social assistance) for 2005–2009. It calls for to establishing a continuum of alternative care options, including:
>
> * Reviewing existing legislation on foster care and systems of child placement, with a focus on keeping siblings together;
> * Developing criteria and guidelines for foster/adoptive parents and creating social support networks to ensure that vulnerable households receive support;
> * Creating processes to involve children in decision-making;
> * Ensuring regular monitoring and periodic site visits of children;
> * Creating networks of parents trained in child rights, child protection and psychosocial counselling.
>
> Source: Government of Malawi, *National Plan of Action for Orphans and Other Vulnerable Children 2005-2009*, June 2005.

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‡‡ A 'guardian' is a legally appointed adult representative for a child and may be appointed by a local authority or selected by the child or family. A guardian's function is to ensure that a child's rights are upheld and his or her best interests are protected. The existence, appointment, process and duties of a guardian vary from country to country. When no formal guardian system exists, alternative systems can be created so that a child has a legally recognized representative.

Whenever possible, children who cannot be reunited with their families should be placed in foster care.$^{\psi}$ Foster care keeps children in families and communities and is thus a preferred alternative care arrangement. It should include regular assessments by social workers or paraprofessionals, active involvement of children in decision-making and careful screening of families wishing to become caregivers. The latter is a particular concern in the case of young girls who are used for domestic labour. Governments and non-governmental organization partners are encouraged to collaborate with academic institutions to develop training on how to identify appropriate foster families and invest in the necessary systems to track and monitor children in foster care. Social work professionals can be equipped to ensure periodic review of each child, determining whether they can or should be reunited with their family of origin or if an alternative permanent placement should be considered. Foster families should also be supported with integrated services that promote psychosocial well-being.

Short-term residential facilities are sometimes needed to provide emergency care for abandoned, abused, exploited or neglected children. However, longer-term arrangements, such as residential care facilities that offer a familial environment, may be an appropriate option for older adolescents. Governments are responsible for monitoring such facilities to ensure they comply with national standards. To avoid stigma, linkages can be made between institutional arrangements for children and the community, and efforts made to reunite children with their families, wherever appropriate.

Develop government and community-based monitoring mechanisms

There is a clear need for governments, along with their community partners, to establish national guidelines and standards for proper monitoring and support of formal care. The priority should be reunification with the family, wherever appropriate. For institutional care, guidelines for admitting children can prevent unnecessary placements and require periodic reviews of each child's situation. Standards and guidelines should require regular training of care providers and ensure adequate staff-to-child ratios, special assistance for children with disabilities and respect for privacy. Standards for becoming a foster family are also needed. All decisions on alternative care must be guided by the best interests of the child, taking into account the concerns and wishes of family members and children.

The government has the central role in developing standards and guidelines for alternative care, but civil society, private care providers, academics, health workers and faith-based groups should also be involved. Guidelines and standards developed for formal care can be used to measure the quality of care and effectiveness of alternative care providers. Governments are encouraged to develop an independent national accreditation agency that can gauge providers' adherence to standards and guidelines and recommend improvements. Young people and women should be empowered to voice their opinions during monitoring and assume a clearly defined role in any accreditation programme.

Developing the capacity of communities and paraprofessionals is crucial to monitoring the well-being of children, especially where professionally trained social workers are few. Local community actors in frequent contact with children (such as teachers and health professionals) are a protective element that can help identify at-risk children and report cases of suspected abuse and exploitation to the appropriate local authorities. Teachers and health care professionals can be made aware of which children are in formal care, and act as sources of information for social work paraprofessionals. It is important to develop structures that are linked to and supported by local government officials so that when a protection violation occurs, proper legal follow-up can take place. Holding discussions and awareness-raising

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$^{\psi}$ The term 'foster care' is generally used in industrialized countries to refer to formal, temporary placements made by the state with families that are trained, monitored and compensated at some level. In many developing countries, however, fostering is kinship care or other placement with a family, the objective/s of which may include the care of the child, the child's access to education, and/or the child's doing some type of work for the foster family. Such care is informal and unregulated by the state.

activities with local actors and publicizing national guidelines and standards through media outlets encourages local monitoring and reporting.

ACTIONS

- **Find appropriate ways of supporting and monitoring informal care arrangements** to ensure children are protected in extended families and other settings where parents are not present.

- **Improve the formal care system** to reduce overuse**,** guard against protection violations, encourage appropriate permanence planning, and provide opportunities for children and caregivers to express their preferences.

- **Develop government and community-based protection and monitoring mechanisms** that are supported by national guidelines and standards for care providers.

V. CROSS-CUTTING ISSUES

A. Addressing stigma related to HIV, AIDS, abuse and exploitation

Stigma related to HIV and AIDS contributes to a host of abuses faced by children, increasing their vulnerability and risk of further exploitation. Fostering open discussion can help reduce AIDS-related stigma, making these violations less hidden and less acceptable.

Promote community-owned social change

Cultural shifts are more likely to occur when respected members of the community call into question traditional practices that are detrimental to children. Evidence also demonstrates that community-owned solutions are more likely to endure than external 'expert-driven' solutions.[59] Local actors – teachers, health care workers, social welfare service-providers – can be encouraged and supported to integrate discussions of protection and HIV and AIDS into their work. Education authorities, in particular, should include a discussion of protection risks, HIV prevention and the rights of young girls and women into school curricula and after-school activities.

> **Communities speak out about Female Genital Mutilation/Cutting**
>
> In Senegal in 1997, the women of Malicounda Bambara village were the first to publicly declare that they would abandon the traditional practice of female genital mutilation/cutting. Since then, that commitment was adopted by several villages following community-to-community discussions, and participation in education programmes.
>
> Source: Population Council, Reproductive Health, *The Tostan Story – Breakthrough in Senegal ending female genital cutting*, available at <http://www.popcouncil.com/rh/tostan/tostan.html>.

Vulnerable children, especially those affected by AIDS, may face ostracism, severe punishment, or even death as a result of speaking out. This is particularly true for young girls and women, who are more vulnerable than their male counterparts. While child participation is critical, community-level partners involved in promoting discussions should consider the potential risks for children. Children's participation must be voluntary. Existing guidelines on children's participation can inform ethical standards and principles for children who discuss their own experiences of AIDS-related stigma, abuse and exploitation.[60]

Sensitize and involve the media

Community groups and non-governmental organizations can establish strategic partnerships with the media to help dispel the myths and fears surrounding children affected by AIDS. Professional media organizations can also be encouraged to develop codes of conduct governing how children's stories are told and be prepared to properly refer identified cases of abuse.

Publicly questioning taboos, such as sexual behaviour, harmful traditional practices and hidden violence that targets girls and women, can help children claim and promote their rights. However, it can also lead to additional protection risks and bring unwanted backlash. Media organizations should recognize that initiatives led by national organizations, preferably youth and women's groups, are more effective than those led by international groups, and tailor their coverage accordingly. Existing handbooks on the role of media and the discussion of protection risks can help.[61]

Train national and community leaders

Government agencies responsible for social welfare and heath are encouraged to partner with communities, non-governmental organizations and technical advisers to develop training on HIV and AIDS and child protection risks. The training should build on community knowledge and solutions, enhance skills in promoting open discussion; and emphasize partnerships. It may be integrated into existing forums that reach civil society, non-governmental organizations, youth and women's groups and other agencies, or special initiatives designed to stimulate use of the training modules.

Parliamentarians and other political leaders can use their public platforms to educate their peers and constituents about HIV and AIDS, establish working groups and forums, and propose legislation.[62] Religious leaders can help raise awareness and participate in training activities.[63] Working with community groups and youth networks, they should encourage empathy, especially for children orphaned by HIV and AIDS, encourage open discussion of abuse and exploitation, and facilitate the identification of community responses.

Recommendations

- **Facilitate open discussion** to promote community-owned social change for children.

- **Sensitize the media to issues of HIV and AIDS and protection risks**, and develop guidelines for reporting abuses.

- **Train national and community leaders to stimulate discussion** on child protection issues and HIV and AIDS.

B. Strengthening the state's social welfare sector

As outlined in international human rights conventions, governments have an obligation to provide social services for vulnerable groups, including children affected by AIDS. To effectively ensure the provision of such services, and in order to implement the action steps in the areas of social protection, legal protection and justice, and alternative care previously outlined, recognition and support are needed for the government's obligation to ensure the availability of these services. Systematic efforts are also necessary to develop and fund the required institutional capacity, human resources, policy frameworks and standards. The social welfare ministry often takes the lead on social protection, although health, youth, and other departments are closely involved or take leadership roles in certain activities.

Increase budget allocations to ensure sufficient funding

Government agencies responsible for providing social protection services often lack resources. The problem may be compounded by inadequate planning and costing of needed services and oversight functions, and by public sector reform initiatives that aim to control or reduce social sector expenditure.

Parliamentarians and civil society groups can help address these resource constraints by pressing governments to act on their human rights obligations to protect the most vulnerable. Together with government officials and international partners, parliamentarians can raise awareness of the negative impacts of inaction: stalled economic development, continued poverty and increasing harm to children. Parliamentarians can also propose and approve relevant legal protection bills. Development banks and other international partners can prioritize support to this sector by encouraging the development of social welfare sector-wide approaches[§§] where warranted. All can play a role in ensuring that the social welfare sector features prominently in national development plans, poverty reduction strategies and key budget instruments.

Costed plans are needed to translate political will into reality. Government social welfare departments, local governments and others with social welfare responsibilities are encouraged to determine budget needs taking into account social assistance, service provision and oversight, including the required institutional capacity. Government departments and international partners can assist with strategic sector planning and budgeting.

Invest in human resources

Implementing the actions in this paper requires staff skilled in social policy development, strategic planning, child welfare and coordination. Adequate staffing is needed at government level to oversee services that should be regulated by the state – such as alternative care and protective services – and to coordinate and support service provision by other sectors and non-governmental organizations. Service-providers (government and non-government) working directly with communities need social work and child development skills.

Since sufficient numbers of highly trained staff may not be available on the ground, governments are encouraged to partner with non-governmental organizations and academic institutions to develop paraprofessional training in social work, and fund district-level positions that are supervised by social work experts.

Plans and budgets made by the social welfare sector and civil registration departments, local administrations and others should reflect staffing and capacity-building needs. International partners including bilateral donors and development banks should support these human resource improvements. They can do so by providing technical assistance and financial support for capacity building, and also by recognizing the necessity of adequate human resources in this sector, and advising accordingly when working with governments on public sector reform and poverty reduction strategies. Government, academic institutions and the private sector can invest in developing appropriate training, including updating public policy and social work curricula.

[§§] Sector-wide approaches, or SWAPS, comprise one of several relatively new social development modalities. SWAPS emerged to promote recipient ownership and to avoid the fragmentation of many individual projects within a country. These approaches aim to enhance coordination, effectiveness and efficiency in supporting national goals and to reduce transaction costs for governments.

Develop regulations, guidelines and coordination mechanisms

In keeping with the state's obligations under the Convention on the Rights of the Child, services for children who have lost parental care require a framework and standards that are developed and overseen by the state. International and local non-governmental organizations as well as faith-based organizations involved in service provision can play an important role by contributing to the development of appropriate regulations and guidelines, adhering to them and ensuring that other local service providers also do so. While the involvement of faith-based and non-governmental organizations can be highly beneficial, it does not relieve the state of its obligation.

Guidance is needed from governments to ensure effective coordination of social assistance with family support services, including psychosocial and parenting support. Other preventive services, including civil registration, will also require clear standards for effective implementation by the relevant government sectors. In countries with high HIV prevalence, local HIV and AIDS coordination structures can be actively engaged, particularly in providing preventive and alternative care services. In countries with low prevalence, existing child protection coordination mechanisms – including those that deal with specific issues such as child labour or trafficking – may already bring together the required actors, and can be encouraged to consider the particular vulnerabilities of children affected by AIDS. Multisectoral groups that are gender-balanced and capable of addressing the particular vulnerabilities of girls and young women can help ensure effective coordination.

Governments are encouraged to regulate children's entry into care and monitor the quality of care provided. A stipulation should be that only children who cannot be cared for within their own families are taken into foster or residential care, and that ongoing efforts are made to reintegrate these children. Any regulations should also cover the quality of care received and require accreditation both for institutions and foster caregivers. Governments can require that private service providers give preference to community rather than institutional support, and ensure that residential care facilities are opened only as a last resort.

Governments must ensure the services provided are appropriate, and that coverage is adequate. Targeted programmes require clear implementation guidelines to ensure effective community involvement, prevent stigma and avoid corruption.

Recommendations

- **Increase budgetary allocations to government agencies responsible for social welfare, alternative care and protective services** to a level adequate, at minimum, for providing statutory services and coordinating and regulating services provided by local government and non-government agencies.

- **Invest in human resources within the social welfare system** to increase the size, competency and reach of staff from both government and non-governmental service providers.

- **Develop regulations, guidelines and coordination mechanisms** aimed at improving implementation of social protection policies and ensuring more effective service provision.

* * * * * * * * * *

ANNEX 1

GUIDANCE PROVIDED BY THE CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child is the principal framework enunciating the rights of all children globally. It also provides guidance for actions concerning orphans and other vulnerable children. The following provisions are especially relevant:

Article 2   Ensures that all rights apply to all children irrespective of the child's, or his or her parents or legal guardian's social, religious, national or other status, disability or poverty.

Article 3   Includes the provision that the "best interests of the child" shall be a primary consideration in all matters concerning children, including actions undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies. States must take all legislative and administrative measures to provide the protection and care for the child that are necessary for well-being. States agree to ensure that institutions, services and facilities responsible for child protection and care meet with minimum standards.

Article 4   Requires States Parties to undertake all legislative, administrative and other measures necessary for the implementation of the rights recognized in the Convention.

Article 5   Recognizes the responsibility of members of the extended family, community or legal guardians to provide for the child in a manner consistent with his or her evolving capacities.

Article 6   Recognizes that every child has the inherent right to life and ensures to the maximum extent the survival and development of the child.

Article 8   Concerns the right of a child to preserve his or her identity, including nationality, name and family relations.

Article 9   Concerns a child's right not to be separated from parents, unless situations of abuse or neglect arise, wherein the best interests of the child are paramount.

Article 11   Requires that States Parties take all measures to combat the illicit transfer or trafficking of children and enter bilateral or multilateral agreements to prohibit it.

Article 12   Recognizes children's right to freedom of expression and to have their opinions taken into account in proceedings that concern them.

Article 16   Concerns a child's right to protection from arbitrary or unlawful interference with his or her privacy, and unlawful attacks on his/her reputation, including stigma due to HIV, poverty or disability.

Article 17   Recognizes the child's right of access to appropriate information and material for the promotion of social, physical and mental well-being and development.

Article 18   Recognizes the responsibility of the State to support parents and legal guardians in child-rearing responsibilities and to develop services for the care of children, including developing the necessary institutions and facilities.

Article 19   Concerns the State's responsibility to take all legislative, administrative, social and educational measures to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. In addition, protective measures include procedures for establishing social programmes to support the child and those who care for the child as well as for the identification, reporting, referral, investigation, treatment and follow-up of child maltreatment and for judicial involvement.

Article 20	Concerns the responsibility of the State to provide special protection for a child deprived of the family environment. States must ensure appropriate alternative care, including foster placement, *kafala* of Islamic law, adoption or, if necessary, placement in institutions.
Article 21	Recognizes that adoption, where recognized and/or allowed, shall ensure the best interests of the child and addresses providing legal standards and appropriate measures for adoption.
Article 23	Recognizes the rights of disabled children to a full and decent life, including necessary assistance to the child and his/her caregivers.
Article 24	Recognizes the right of children to the highest standard of health and access to health services.
Article 25	Concerns the entitlement of children who have been placed in care to have a periodic review of their situation
Article 26	Recognizes the right of every child to benefit from social security, including social insurance, and requires States to take the measures necessary to achieve full realization of this right.
Article 27	Recognizes the right of children to an adequate standard of living. While parents and caregivers have the primary responsibility to secure the conditions required to ensure adequate development, the State's duty is to take measures to support parents and caregivers and provide material assistance and programmes as needed.
Article 28	Concerns the right of every child to free and compulsory education and requires that States take measures to reduce drop-out rates and encourage regular school attendance.
Article 31	Recognizes a child's right to rest, leisure, play and recreation, appropriate for each developmental stage.
Article 32	Addresses the protection of children from economic exploitation, including work that is hazardous or that may interfere with the child's health, education or development.
Article 33	Addresses the State's role in taking measures to protect children from the use of illicit narcotic drugs and psychotropic substances and the illegal trafficking of these substances.
Article 34	Concerns the protection of children from all forms of sexual exploitation, including prostitution, and sexual abuse.
Article 35	Concerns the protection of children being abducted, sold or trafficked for any purpose.
Article 36	Recognizes the right of children to be free from all forms of exploitation.
Article 37	Recognizes that all children should be free from cruel or inhuman treatment.
Article 38	Concerns the protection of children in armed conflict, including ensuring that youth do not engage in hostilities and protecting and caring for children affected by armed conflict.
Article 39	Addresses States' responsibilities in promoting recovery and social reintegration in cases of neglect, exploitation, abuse and armed conflict.

ANNEX 2

STRATEGIES OUTLINED IN *THE FRAMEWORK FOR THE PROTECTION, CARE AND SUPPORT OF ORPHANS AND VULNERABLE CHILDREN LIVING IN A WORLD WITH HIV AND AIDS, JULY 2004*

1. **Strengthening the capacity of families to protect and care for orphans and vulnerable children** by prolonging the lives of parents and providing economic, psychosocial and other support
- Improve household economic capacity
- Provide psychosocial support to affected children and their caregivers
- Strengthen and support child-care capacities
- Support succession planning
- Strengthen young people's life skills

2. **Mobilizing and supporting community-based responses**
- Engage local leaders in responding to the needs of vulnerable community members
- Organize and support activities that enable community members to talk more openly about HIV/AIDS
- Organize cooperative support activities
- Promote and support community care for children without family support

3. **Ensuring access for orphans and vulnerable children to essential services,** including education, health care, birth registration and others
- Increase school enrolment and attendance
- Ensure birth registration for all children
- Provide basic health and nutrition services
- Improve access to safe water and sanitation
- Ensure that judicial systems protect vulnerable children
- Ensure placement services for children without family care
- Strengthen local planning and action

4. **Ensuring that governments protect the most vulnerable children** through improved policy and legislation and by channelling resources to families and communities
- Adopt national policies, strategies and action plans
- Enhance government capacity
- Ensure that resources reach communities
- Develop and enforce a supportive legislative framework
- Establish mechanisms to ensure information exchange and collaboration of efforts

5. **Raising awareness** at all levels through advocacy and social mobilization **to create a supportive environment** for children and families affected by HIV/AIDS
- Conduct a collaborative situation analysis
- Mobilize influential leaders to reduce stigma, silence and discrimination
- Strengthen and support social mobilization activities at the community level

ANNEX 3

THE LEGISLATIVE FRAMEWORK§

The legislative framework that supports the care and protection of orphans and children made vulnerable by HIV and AIDS includes:

- Prohibiting discrimination in health care, schools, employment or other areas based on actual or presumed HIV status

- Providing placement and guardianship for children who lack adequate adult care

- Ensuring women's rights to own property and hold jobs

- Protecting the inheritance rights of orphans and widows

- Protecting children against abuse, neglect and sexual contact with adults

- Eliminating the worst forms of child labour

- Eliminating barriers that keep the poorest children from attending school or accessing health care

- Protecting children who live on the streets

- Developing policies that encourage and support family-based placements for children without adequate family care

- Establishing specific standards for alternative care of children without family support, including steps to prevent separation of siblings; first preference for family-based placements; use of institutional placements as a last resort and temporary measure; and the involvement of children in decisions regarding their placements

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§ Source: *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, July 2004, p. 25.

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