National Response to Vulnerable Children Affected by HIV and AIDS: Review of Progress and Lessons Learned in Bangladesh

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Abstract

Children infected and affected by HIV and AIDS are vulnerable in almost all aspects of their lives. They are more vulnerable and they face greater challenges to their psychosocial well-being compared to other children of the same age. As a result of HIV-related mortalities in Bangladesh many children have lost a parent due to HIV and AIDS, and there are also many children who have HIV-positive parents. This paper examines the government's level of commitment to address issues facing children affected by HIV/AIDS and assesses whether appropriate policies and strategies are in place addressing their needs. It also evaluates particular strengths, weaknesses and gaps in the National Strategic Plan (NSP) for HIV/AIDS and child protection policy, planning and program efforts on the vulnerability of children affected by HIV/AIDS. This review demonstrates that children living with HIV-positive parents need support services in a wide range of areas, including economic, emotional and legal protection. One way to reach children early is to link programs for children affected by AIDS with care and support programs for people living with HIV/AIDS (PLWHA). The article emphasises not only the importance of understanding the vulnerability of children within a broader family context, but a continuing requirement for public health planners to integrate more fully the diverse needs of children and families into national children's policies and plans as well as in the NSP for HIV/AIDS. Evidence suggests that interventions need to be adopted with the aim of improving the psychosocial well-being of children affected by HIV and AIDS. In conclusion, despite its limitations, the present study indicates the need for creating mechanisms for more properly assessing the magnitude of children affected by HIV/AIDS epidemic and relevant conditions for their adequate care.

Introduction

The HIV/AIDS pandemic has threatened the health and survival of millions of children around the world (Foster, Levine and Willian, 2006). According to the joint United Nations Program on HIV/AIDS (UNAIDS), globally 15 million children have been orphaned by the pandemic (UNAIDS 2011). It is estimated that another 10 million will lose their parents by 2015. Recent data highlight how children are particularly vulnerable to contracting HIV. At the end of 2010, there were 390,000 children aged less than 15 years who became newly infected with HIV (UNAIDS 2011). Of the 1.8 million people who died of AIDS in 2009 one-seventh were children. In addition, millions more children every year are indirectly affected by the epidemic as a result of the death and suffering caused in their families and communities (Foster, Levine and William 2006).

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Bangladesh is still considered as a low HIV/AIDS prevalent country. The prevalence of HIV in the general population appears to be low, at under 0.1 percent. According to recent data provided by the National AIDS and STD Program (NASP) a total of 2533 cumulative HIV infection cases were officially reported as of December 2011, with 445 new HIV infections (NASP 2011). During the year 2011 a total of 84 people died due to HIV/AIDS in the country, making the cumulative AIDS death to 325. The figures have climbed over the years since 1989 when the first case of HIV was reported.

While the level of HIV infection evidently remains low in this country, there are considerable vulnerability and risk factors (Azim et al. 2008; FHI 2007; Habib 2005). Behaviour patterns and risk factors that facilitate the rapid spread of HIV infection are widespread in Bangladesh (MOHFW 2007). Behavioural patterns among high risk groups suggest that the number of people infected with HIV could reach epidemic proportions unless major efforts are undertaken to prevent it (UNAIDS/World Bank 2009).

To date, there has been no comprehensive study on vulnerable children infected by HIV/AIDS in Bangladesh, and no published data on current response at the national level to the situation of children in this country. However, a growing body of literature has emerged in recent years which provide a profile of affected children (UNICEF 2010, 2007, 2008, 2006). According to data (until June 2010) from National Network of HIV in Bangladesh, the total number of people living with HIV/AIDS (PLHIV) is 837. The data also reveal that the total number of infected children identified until that period is 38, and a total of 7 deaths occurred due to AIDS (Personal Communication, October 2010).

An early investigation of ICDDR,B (2008) found that there were 946 people living with HIV (PLHIV) of whom 34 were children (≤14 years). The study also found that 577 PLHIV had 1179 children of whom 51.5 percent were HIV negative and 7.8 percent were HIV positive. A total of 19.1 percent of PLHIV children were never tested for HIV. Most of the children were from Sylhet (31.6 percent) and Chittagong (26.3 percent) followed by Khulna (18.4 percent) and Dhaka (15.8 percent) divisions. Although Bangladesh has no available data on the prevalence of orphans, the HIV infection rate is growing, which means that the number of AIDS orphans is likely to increase in the coming years. Thus AIDS is becoming an increasingly important contributor to children's vulnerability in the country.

Street children affected by HIV/AIDS are more vulnerable who face greater challenges to their psychosocial well-being compared to other children of the same age. Although the number of young children infected or affected by HIV and AIDS is not much greater, many social scientists have raised concerns about the growing number of street children made vulnerable by HIV/AIDS (Habib 2011, 2010; UNICEF 2009a). A recent study of ICDDR,B reports that there are estimated 2 million street children in Dhaka city alone who are extremely vulnerable to HIV and other sexually transmitted infections (STIs) (ICDDR,B 2010). The study shows that sexual harassment was common among street children, especially among females (aged between 9-12 years) who are abandoned and living with family on the streets. Eight of the 18 abandoned female children participated in the study reported that they experienced rape numerous times, including forced anal sex. These findings suggest that the country may face with a range of issues, such as rise

in child prostitution, exposure to abuse, homelessness, early marriage, dependence on drug use and other forms of exploitative work including vulnerability to crime and increased risk of HIV/AIDS. The identification of these issues by international organizations has led government donors, Non-Governmental Organisations (NGOs), Ministries of Health, and health care providers to respond to the public health needs of children affected by HIV and AIDS.

Considering the number of vulnerable children and the dimensions of the problems they face, this paper reviews the current situation of AIDS-affected children and the national response to vulnerable children infected and affected by HIV and AIDS. The paper focuses on the policy issues, emerging challenges and lessons learned. Implications of the findings are offered to provide guidance to service providers, donors, and policy makers.

Methodology

This review was undertaken in order to gain a better understanding of current response at the national level to the situation of children in the context of HIV and AIDS. The review has been conducted using two methods: a literature review and individual stakeholder interviews.

In the first phase UN agencies (e.g. UNICEF, Save the Children USA) working on children's issues were contacted for key information to further elaborate on specific child protection and HIV-related issues and strategies. Besides, the process of preparation of this paper included an initial consultation meeting of the staff of Ministry of Women, and Children Affairs. In addition, a global scan of key literature was undertaken to develop this report. The literature review sought to identify organizations working on children-related issues, existing programs responding to HIV/AIDS prevention for people living with HIV/AIDS in Bangladesh.

It has drawn information and inputs from Child Protection Units of UNICEF Bangladesh, Save the Children, including the National AIDS & STD Program (NASP) of the Ministry of Health and Family Welfare (MOHFW). Overall, care has been taken to include relevant stakeholders from both government and non-government organizations to validate data.

Vulnerability of children in Bangladesh

There has been relatively little prior assessment on the risk and vulnerability of children to HIV in Bangladesh (ICDDR,B 2010, UNICEF 2009a; Uddin 2011). For example, the UNICEF study (2005) brought together about the extent and magnitude of the epidemic's potential impact on vulnerable children in Bangladesh, both in terms of prevention of their infection and the provision of treatment and care when they become infected. The findings show that many children in Bangladesh are at a very high risk of HIV infection, including young drug users, young sex workers (male and female), domestic servants (largely female), young migrant workers, trafficked children, street children, children from extremely poor families, tribal minority children, young hijra and men who have sex with men. Many of these children are already fending for themselves without parental protection generally and their ways of fending for themselves are often very risky.

Social beliefs and customs leave children with very little protection and no social status or place. Children living with HIV are specially stigmatized and subject to widespread abuse. Street children who are abandoned and without guardians are typically living in poverty (UNICEF 2009b). They work as child labourers and domestic servants, and have no opportunity for education or health care in Bangladesh (UNICEF 2009, USAID/UNICEF, 2002).

The UNICEF 2005 study reveals that millions of children in Bangladesh have a high potential for HIV infection, and once infected will receive little help from their families and communities. Double orphans, or children who have lost both parents and all their connections with family and community are even more vulnerable. Abandoned children and children whose parents are separated or divorced also suffer a similar fate as orphans. Violation of children's and women's rights is frequently reported, including sexual abuse and exploitation at every level of society (Habib 2011a).

There is now abundant evidence of the extent and severity of social exclusion due to HIV/AIDS in Bangladesh. Many children affected by HIV/AIDS are excluded from school, routine medical services and important social rituals. The teachers, doctors and community leaders are the instruments of this exclusion (UNICEF 2005). Since Bangladesh has a large and growing formal and informal commercial sex sector, many of their children suffer from extraordinary hardships and victimization and that number of sufferers may go up drastically if the number of HIV infection increases.

In view of the HIV pandemic that started in the early 80s, the government of Bangladesh responded to its country's first cases of AIDS by setting up a National AIDS Committee (NAC) way back in 1985 for prevention and control of HIV/AIDS. Even before the first case of HIV was detected in 1989, the Government responded to the HIV epidemic by forming the NAC. The NAC is responsible for formulating major policies and strategies, supervising program implementation and mobilizing resources. A NAC Technical Committee of experts provides technical advice to the NAC and NASP. The NASP, within the Directorate General of Health Services of the MOHFW, is the main government body responsible for overseeing and coordinating HIV prevention efforts in the country.

The government of Bangladesh has several policies and rights-based approaches that pertain to children, but no national Orphans and Vulnerable Children (OVC) policy (Habib 2011b). Although many ministries have included AIDS issues in their planning, the government has been slow to respond to address issues related to children affected by HIV/AIDS. Meeting the needs of OVC requires government commitment, as well as collaboration across ministries at the national, district, and local levels that can be coordinated by a strong government body with the support of international donors. In addition, civil society efforts should create an enabling environment to complement and harmonize with government to strengthen country systems and structures to address the needs of vulnerable children. Over the years, NGOs and CBOs have tried to fill the gaps. Much of their work focuses on PLHIV issues rather than OVC issues.

National response on policy and planning

Although Bangladesh does not have a separate national policy for children affected by HIV/AIDS, its current National Plan of Action (NPA) for Children, 2005-2010 outlines HIV/AIDS programs within the framework of the policies set out in Section 4.5.6 of NPA (MOWCA 2004: 55). The vision for the country's NPA is adapted from the United Nations General Assembly's Special Session on Children (2002) and is consistent with the National Children Policy (1994) and Poverty Reduction Strategy Paper. The overall goal of the NPA is to improve the health of children and women as well as to achieve the Millennium Development Goals (MDGs). The NPA proposes HIV/AIDS targets in line with the MDG goals which aim to implement policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans infected and affected by HIV/AIDS. Indicator 20 of the NPA recognizes the issues related to children orphaned by HIV/AIDS (MOWCA 2004: 46).

The government of Bangladesh through MOHFW has spearheaded the national response by establishing NAC and NASP, putting in place the HIV/AIDS policy and initiating HIV/AIDS prevention and control interventions with support and in collaboration with NGOs, the UN and development partners. Bangladesh has a National Strategic Plan (NSP) for HIV/AIDS for the period 2011-2015 that has been prepared under the guidance of NAC and with the involvement of and technical support from different key stakeholders. Recently, the NSP (2010-2015) review process has been initiated and the issue of infected and affected children has been covered in the draft NSP Plan (MOHFW 2010a). Based on analysis of the HIV/AIDS situation and vulnerability factors to the epidemic and assessment of the responses that have been undertaken to date, NSP has prioritised five program objectives.

The issue of HIV prevention in children and women has been addressed in the current draft of the 3rd NSP (2011-2015). For example, program objective-1 (prevention component) of the NSP states implement services to prevent new HIV infections ensuring universal access. Under this program objective, strategy 1.4 states that health care based services are implemented to reduce HIV and STI transmission in the following areas such as, blood safety, infection control, PEP, PPTCT and STI management. The PPTCT component states that "HIV pre and post-test counselling guidelines will be simplified for this context with a focus on preventing new HIV infection in children born to women living with HIV and the health benefit of ART for the mother that tests positive to HIV" (MOHFW 2010a).

Overall, the guiding principles for the NSP states that a keystone of the response to HIV/AIDS is the recognition and adoption of programs that address the epidemic in a holistic manner from prevention to care, treatment, support and mitigation (program objective 2). It notes that comprehensive approach to care and support will be implemented by providing universal access to treatment, care and support services for people infected and affected by HIV.

The NSP of Bangladesh has strategic approaches to children affected by HIV/AIDS. It provides a framework for the national response to the HIV epidemic up to 2010 and its authority is derived from the national policy on HIV/AIDS and STD related issues

adopted by Cabinet in 1997. It builds on the first Strategic Plan for the National AIDS Programme of Bangladesh 1997-2002 and learns from experience gained in its implementation. One of the important components outlined in the NSP is to involve people living with HIV/AIDS.

In general, the key strategies of the SAARC Strategic Framework (UNICEF 2006) have been addressed in the objectives of the NSP. For example, strategy 2.3 of the NSP (2011-2015) under Care and Support component states that "a comprehensive approach to care and support will be implemented". It illustrates that care and ssupport needs will be addressed for affected children, particularly children infected with HIV, children for whom one or both of their parents have died from HIV-related illnesses, children living in an HIV-affected household, or children at a high risk of becoming infected with HIV (MOHFW 2010a:37).

Strategy 2.3 of the NSP (under Care, Support and Treatment component) states that a comprehensive approach to care and support will be implemented. Support will also be provided for affected children (children infected with HIV, children for whom one or both of their parents have died from HIV-related illnesses, children living in an HIV-affected household, or children at high risk of becoming infected with HIV). The care and support needs of children affected by HIV will be assessed and appropriate linkages will be made with other child social support services (MOHFW 2010a).

Although the issue of immediate and long-term assistance to vulnerable households from community people has not been articulated in the NSP, it recognizes that care and support needs assessment will be undertaken when individuals are diagnosed with HIV. Mapping of existing services and facilitating access of PLHIVs to appropriate continuum of services from a range of agencies will be facilitated. This includes access to social safety net program to address issues like food insecurity. The provision of continuum of care for PLHIVs will be guided and regulated by the existing national Standard Operating Procedures (SOP) for care and support for PLHIV (MOHFW 2010a).

There is no formally established body in Bangladesh to coordinate national action specifically for children made vulnerable by HIV/AIDS. However, the country has a formally established body to coordinate overall national actions addressing all vulnerable groups to HIV/AIDS. NGOs have also provided significant contribution in response to HIV/AIDS prevention activities nationwide. To complement government effort, NGOs working on HIV/AIDS have set up the AIDS/STI network that seeks to improve coordination among them and enhance their contribution to deal with the epidemic. Similarly two peer support groups for people living with HIV/AIDS (Ashar Alo Society, and Mukta Akash Bangladesh) are in operation mostly in Dhaka with the aim to provide a support mechanism for PLWHA and promote their greater involvement in HIV/AIDS work.

Currently, Bangladesh does not have any separate national policy against discrimination in relation to access to social and other services because of HIV. However, the program goals of the NPA for Children 2005-2010 cover gender-based discrimination issues with the existing framework of the Convention on the Rights of the Child and A World Fit for Children Plan of Action (MOWCA 2004). In the principle of the NPA, rights-based

approach has been proposed. It explains that all programming decisions should respect, promote and protect children's rights, as defined by CRC, and subsequent international and national instruments. The key rights are non-discrimination, best interest of the child, survival and development, and participation.

The constitution of Bangladesh reiterates the state's responsibility to protect children's well-being and rights. In accordance with CRC, CEDAW and the Millennium Declaration, and the constitution of the country, the government has committed itself to adopting a rights-based approach to prevent abuse, exploitation, violence and discrimination. Moreover, the principles underlying the strategy in the NSP are intended to provide a framework for stigma reduction. It states, "the adverse impacts of stigma and discrimination are among the key barriers to an effective response to HIV and AIDS. All international conventions and the National HIV/AIDS Policy emphasize commitment to stigma reduction" (MOHFW 2010b).

In Bangladesh, direct funding for HIV/AIDS has depended largely on external support. Most of the funding has been project-based and of limited duration rather than program oriented. Although the MOHFW is mandated to provide stewardship and oversight of the national response through NASP, it does not have a comprehensive allocation on HIV/AIDS in its budget. Government expenditure on HIV/AIDS is limited and integrated into the overall health delivery system and other related public sector programs. This system makes it difficult to specify the actual overall expenditure dedicated to HIV/AIDS or specifically expenditures related to care, protection, and support interventions for children affected by HIV/AIDS.

A National Monitoring & Evaluation (M&E) Framework has been proposed in the NSP for accountability (financial and programme activities) as well as for improving program performance and impact. The NASP manages access to information through ensuring appropriate provisions in contracts with its contractual partners and requesting development partners, support partners and implementing partners in providing minimal but adequate information without any interference. Although National AIDS Monitoring and Evaluation Framework and Operation Plan 2006-2010 was developed in 2007 and endorsed by key partners (e.g. civil society organizations and PLHIV) under the leadership of NASP and technical support from UNAIDS, there is no functional M&E unit yet (MOHFW, 2010b). The key reasons given for not having the functional unit are: a) problems in mobilizing funding source, b) lack of existence of permanent organogram of NASP and c) long administrative process and lack of initiatives from responsible personnel (MOHFW 2010b: 61).

National framework and current initiatives for protecting children

The constitution of Bangladesh reiterates the state's responsibility to promote children's well-being and protect their rights. It recognizes equality before the law for all citizens and at the same time, their entitlement to equal protection under the law (Article 27, Constitution of Bangladesh). The constitution also preserves opportunities for the state to make special provision in favour of children (Article 28, Constitution of Bangladesh).

On the legal front, The Children Act 1974 is the principal legislative instrument governing the protection of children in Bangladesh. In furtherance of the constitutional

obligation, the country enacted the Children Act in 1974. They deal with children in conflict with the law and children in need of protection. The Ministry of Women and Children Affairs (MOWCA) is the relevant agency which ensures protection and provides assistance to children, creating access to services, such as education and health care. It also recognizes the human rights of children without discrimination in any form. The Poverty Reduction Strategy Paper (PRSP) and the NPA for children (2005- 2010) are reflections of the commitment of the people of Bangladesh to the children of the country.

Bangladesh is one of the first few countries to ratify the Convention on the Rights of the Child (CRC). The government, as a follow up to the CRC, had quickly formulated the National Programme of Action for Children in 1992. Subsequently, the National Children Policy (NCP) was drawn up in 1994. The government has finalized the NCP 2011 which has been published by MOWCA (MOWCA, 2011). The vision for Bangladesh's NPA for Children 2005-2010, is adapted from the United Nations General Assembly's special Session on children (2002) and is consistent with the National Children Policy (1994) and PRSP. The overall goal of the NPA is to improve the health of children and women as well as to achieve the Millennium Development Goals (MDGs). The NPA proposes HIV/AIDS targets in line with the MDG goals which aims to implement policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS.

Although the NPA of Bangladesh does not include a definition of children affected by HIV/AIDS, it proposes shorter-term HIV/AIDS targets, in pursuant to the MDGs, including internationally agreed global prevention goal to reduce HIV prevalence among young men, women and infants infected with HIV. The NPA states, "by 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS" (MOWCA 2004: 47).

The NPA includes HIV/AIDS interventions for children which aim to focus on the reduction of the vulnerability of children, ensuring provision of care, support and treatment for children affected and infected by HIV. The NPA has also set its goal to ensure children's access to correct and relevant information, promoting safe practices in the health care system and establishment of youth friendly health services, integrating HIV issues into curricula, strengthening the programers for prevention of parent-to-child transmission (PPTCT) of HIV and provide follow up care and support for families.

Although the NPA does not specifically illustrate strategic approaches for addressing children affected by HIV/AIDS, it outlines HIV/AIDS programs within the framework of the above policies. As it outlines,

> HIV/AIDS interventions for children will focus on the reduction of the vulnerability of children and provision of care, support and treatment for children affected and infected by HIV. They will include children's access to correct and relevant information, promoting safe practices in the health care system and establishment of youth friendly health services, integrating HIV issues into curricula, strengthening the programs for prevention of parent-to child transmission

(PPTCT) of HIV and provide follow up care and support for families. (MOWCA 2004, Section 4.5.6: 55)

The NPA for Children (2005- 2010) sets goals to protect children from abuse, violence, discrimination and sexual exploitation, including trafficking, within the framework of government policies and programs in this area. While this NPA covers the main aspects of child protection, it also utilizes the policies of the existing NPA against the sexual abuse and exploitation of children including trafficking. The specific goals of the NPA are to ensure protection of children from all forms of abuse, violence, discrimination and exploitation including trafficking; to build an enabling environment to secure the well-being of children including those who are vulnerable; and to ensure the provision of recovery and reintegration into society for child victims and children of adult victims of abuse, violence, discrimination and exploitation.

The programming goals for the NPA for children cover gender-based discrimination issues with the existing framework of the CRC and A World Fit for Children Plan of Action. Although the programming goals address children's survival, development, protection and participation, it does not address 'social exclusion'. To achieve the programming goals, four cross-cutting approaches and issues have been developed. These approaches and issues are Child Rights Programming, Gender, Child Participation and Cross-Cutting Issues. To achieve the programming goals, five thematic areas have been identified in the NPA. These are food and nutrition, health, education and empowerment of the girl child, protection from abuse, exploitation and violence, and physical environment.

Program effort: summary of findings

The government of Bangladesh has recognized the threat of HIV/AIDS to public health and responded with prevention programs. However, the government has not formally discussed the issue of children affected by HIV/AIDS and has not put special attention in protecting children made vulnerable by HIV/AIDS. Up until today, no national meeting of stakeholders has been held to formally discuss the situation of vulnerable children affected by HIV/AIDS.

Although there is no formal body to coordinate national action specifically for children affected by HIV/AIDS, public-private partnership has been promoted in Bangladesh recently to combat the HIV/AIDS epidemic. The government has fostered public-private partnerships to accomplish HIV/AIDS prevention, care and treatment goals through Global Fund (Round 2 & 6). The country has a formally established body to coordinate overall national actions addressing all vulnerable groups to HIV/AIDS. The NASP under the MOHFW is charged with the responsibility to facilitate overall coordination and support for the national response to HIV/AIDS. Recently, NASP has initiated multi-sectoral involvement on HIV/AIDS among 16 government ministries and has facilitated the development of strategies and standardized guidelines including HIV mainstreaming.

Considering a few HIV cases, the government of Bangladesh has not yet endorsed the urgent need for a separate action plan to strengthen interventions among children affected by HIV/AIDS. However, the government is addressing children's health issues which are partially covered in the NPA for children (MOWCA 2004). The national commitment on

vulnerable children affected by HIV/AIDS has been addressed in the broader framework of NPA for Children 2005-2010 which was developed by MOWCA. It recognizes the human rights of children without discrimination in any form. The NPA also includes HIV/AIDS interventions for children which aim to focus on the reduction of the vulnerability of children, ensuring provision of care, support and treatment for children affected and infected by HIV.

Human rights are mentioned in the fundamental principles as a standard for policy making and action of all levels in the response to HIV & AIDS in Bangladesh. The National HIV Policy 1996 upholds a number of named rights, and undertakes to protect fundamental rights of persons affected with HIV and AIDS. In its children and HIV/AIDS component, the policy states that any national program on HIV/AIDS should address the needs of children. Moreover, the policy statement highlights a number of aspects related to people living with HIV. As it states, "people with HIV/AIDS and STDs are entitled to the same rights, benefits and opportunities as people with other serious or life-threatening illnesses" (MOHFW 1996).

Given the low prevalence of HIV among general population, efforts have not begun in the government health system to scale separate programs on vulnerable children affected by HIV/AIDS. The level of HIV infection among children tends to be much lower compared to the neighbouring countries. Reducing the transmission of HIV as well as meeting the needs of infected and affected children are considered as an integral part in the broader HIV/AIDS prevention. Considering low prevalence and limited capacity and infrastructure in this country, the government has not extended any special attention (by formulating separate policy) to the vulnerable children affected by HIV/AIDS. However, some international development partners (e.g. UNICEF, FHI) have put their emphasis on community support, care and services for orphans and vulnerable children made vulnerable by HIV/AIDS within the broader framework of NPA for Children.

Providing HIV/AIDS prevention, treatment services including care and support to children infected and affected by HIV/AIDS in Bangladesh is associated with a number of issues and challenges which are shaped mostly on cultural and managerial issues from grass root to policy level. There are limited care, support and treatment facilities for PLHIV, including children (Habib 2009, 2008). The provision of ARV still has not been introduced through the government health system and capacities have not been developed within the system to manage the treatment needs of the PLHIV. At present the government of Bangladesh focuses on care for HIV primarily through NGOs. A major obstacle to the proper management of PLHIV and orphaned children is affordability. The ARV being available is being provided through projects and hence sustainability is an issue that needs to be addressed (MOHFW 2010a). The capacity building of the health service providers in the government health system and minimizing stigma and discrimination of PLHIV are significant steps that need to be initiated (Habib 2008). The existing socio-cultural frameworks of Bangladesh do not provide an environment for any safe disclosure for person who is HIV infected.

Under the leadership of NASP and technical support from UNAIDS the National AIDS Monitoring and Evaluation Framework and Operation Plan 2006-2010 was developed in 2007 and endorsed by key partners including civil society organizations and PLHIV.

Although HIV M&E mandate is apparently clear for most relevant departments and umbrella organizations in Bangladesh, there is a weakness in the national M&E system – the linking system is not working effectively. The government also lacks critical M&E skills in database management on the situation of children affected by HIV/AIDS.

Strengths and gaps in the national response

In its commitment to improving the lives of vulnerable children (due to HIV/AIDS) in Bangladesh, the government introduces some policy objectives in the National Plan of Action for Children (2005-2010) which is intended to ensure that every Bangladeshi child who is orphaned or vulnerable is protected and supported in order to achieve her full potential. Moreover, the current NSP for HIV/AIDS (2011-2015) seeks to support and protect the rights of vulnerable children. The general perception among policy makers is that the basic health and survival needs of vulnerable could be met through the existing policies as the number of HIV infected children is very low. There is also absence of commitment from stakeholders including inadequate technical manpower for forming a national unit who will initiate commitment to drafting a policy.

In Bangladesh, appropriate government policies are essential for the protection and well being of vulnerable children and their families, even though the number of infected children is low. These policies must contain clauses to prohibit discrimination of access to medical services, education, and protect the inheritance rights of widows and orphans due to HIV/AIDS. Bangladesh have child action plans, but their application for the protection of street children and other vulnerable children needs to be strengthened by enacting laws and formulating policies. Separate policy options may include ensuring access to education and basic health services, protecting inheritance rights of widows and orphans, psychosocial, and material needs. Formulation and revision of these polices and laws should fully consider the challenges that are faced by people living with HIV/AIDS, children and families affected by it. The potential for government action to have a significant impact needs to be in line with the SAARC strategic framework.

In order to mitigate the socioeconomic impact of AIDS in Bangladesh, communities must be able to identify children and households badly in need of support, and use local and external resources to increase their well-being. Currently, self-help groups, CBOs and government structures are struggling to harness the impact of AIDS on children and their families. In the absence of support there will be long-term developmental impacts on children in the future, even though the number of infected children is low in the country. To overcome this challenge, the government needs to constantly search out funds and partnership opportunities, emphasizing international and local partners. In searching for partners, the government needs to make linkage with other organizations to receive funds, technical assistance and tools, such as strategic planning, effective community mobilization, care and support mechanism, VCT, MTCT prevention and monitoring and evaluation. Currently Bangladesh has weak policy initiatives in terms of the financial and institutional capacity to improve the welfare of children affected by HIV/AIDS.

There are some obstacles and challenges to overcome concerning Children Affected by HIV/AIDS (CABA) issues in Bangladesh. Firstly, the country's policy makers and stakeholders have only recently begun to speak about the issues of OVC and to make it a

priority. Based on the consultations with stakeholders it has been found that the government response to the issue is apparently slow, as HIV/AIDS has not done significant damage to progress in social development in this country. Secondly, although the responsibility for overall AIDS prevention within the government is well defined (e.g. in NASP), there is a gap in inter-ministry coordination. Thirdly, despite some child-rights activities, there is no strong tradition of NGOs working in the area of childcare and rights, including CABA. Finally, existing child protection laws and policies are fragmented as far as CABA issues are concerned.

The gap between HIV-related policy development and practical implementation is recognised as a reality in Bangladesh. There is a need to develop advocacy strategies in light of this reality and extend advocacy activities into the implementation phase related to PLHIV programs. A framework needs to be developed to facilitate the identification, support and monitoring of orphans and other vulnerable children. The framework may generate strategies around the roles and responsibilities of different stakeholders in the identification, support and monitoring of infected and vulnerable children, and to identify gaps in a service response within a given context.

Existing systems and structures of relevant ministries are not well equipped to cope with the demand and deliver quality and comprehensive services to meet the multi-dimensional needs of children affected by HIV/AIDS. Besides, there is a gap between those stakeholders who work for children and those who work for health. There is a need for comprehensive program and children health issues need to be addressed in the NAC.

Conclusions

The government needs to recognize that the first line of response to the needs of children affected by AIDS comes from families. This would be a cost-effective and sustainable way of assisting orphans and other vulnerable children. Most of the stakeholders and self-help group members (who were interviewed) emphasized that orphaned children should be cared for by the community rather than by institutions. As a result, much of their work focuses on strengthening families. Therefore, institutionalisation of children should be avoided as far as possible for the best interests of the child.

In the absence of adequate support, responsibility for the care of orphans and other vulnerable children cannot be borne by poor families. The implementation of tangible household support mechanisms is crucial for the support of children experiencing orphanhood and other vulnerable children. Community-based projects should undertake a process to identify the specific needs of affected children.

The committed involvement of all relevant government departments is core to a successful policy and programming intervention to address the needs of children affected by HIV/AIDS in Bangladesh. There is a need to move beyond the emphasis on the responsibility of self-help groups, to include broader partnerships, including MOHFW, Ministry of Women and Children Affairs (MOWCA) and Ministry of Social Welfare (MOSW). These Ministries should strive to ensure that the environments within services do not in themselves contribute to children's vulnerability, particularly those children without parents.

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