# Widening the 'Window of Hope'

## Using Food Aid to Improve Access to Education for Orphans and Vulnerable Children in Sub-Saharan Africa

## INTRODUCTION
### No time for complacency

We hear it over and over. It seems as though every new report released, every article published and every speech delivered decries the fact that a generation of development gains is being wiped out by the global HIV/AIDS epidemic.

This troubling reality is nowhere more evident than in parts of sub-Saharan Africa where the impact of the epidemic dwarfs the limited reach of valiant local efforts to thwart it. Even without HIV/AIDS, the health, education and nutrition-related problems faced by most children living in the region are enormous and the solutions complicated enough to have stymied cadres of experts for decades. When these problems are combined with the ravaging effects of HIV and AIDS, there can be dire consequences for families, communities and even entire nations.

One of the most detrimental effects of the pandemic can be the inability of the family to put enough food on the table. Particularly for extended and foster families who have more mouths to feed with the same income, they must choose between food and school.

When a family is forced to sell its assets and trim expenditures in order to pay for rocketing medical costs or funerals, one of the first cuts is usually the cost of children's education. While food insecurity can affect household members in different ways, it is the children who pay the highest price.

Sometimes children are withdrawn from school and expected to contribute financially to the struggling household or they may replace adult labour at home or in the fields.

Poor families with an HIV/AIDS-infected member who is no longer able to work are at tremendous risk of slipping into a quagmire of destitution and malnutrition.

And with no effective way to pull out of it, the worst case scenario—a lifetime of poverty, under-education and ill health—becomes the only inheritance their children may ever see.

But such an outcome is by no means inevitable. In the absence of a cure or a vaccine, education can work to reduce the likelihood of HIV transmission by providing information and inculcating skills that help young people protect themselves and enhance their compassion for others.

In the longer term, education plays a key role in

establishing conditions that render the transmission of HIV/AIDS less likely—conditions such as poverty reduction, personal empowerment and gender equity. Education can also reduce the vulnerability to other factors that are related to higher risk, such as homelessness and prostitution[1].

But education in the sense of schooling can do nothing to reduce the transmission and impact of HIV/AIDS for children who are denied access to school. To that end, WFP examined the issues and constraints that go along with programming food aid to improve the access to education for orphans and vulnerable children. Ways in which WFP could support families who are affected by HIV/AIDS were explored as were ideas for expanding the work of non-governmental and community-based organizations involved in the fight against

HIV/AIDS, particularly those targeting orphans and vulnerable children. The findings from that study, undertaken in the first half of 2002 primarily in Côte d'Ivoire and Zambia, provide the basis for this paper.

This paper is organized into the following main sections: an introduction that lays out some of the difficulties in addressing the educational situation of orphans and vulnerable children; a description of the characteristics of orphans and vulnerable children, including where they live and some of the challenges they face; the impact of HIV/AIDS on the education sector; important considerations for WFP involvement; possible food and non-food interventions to improve children's access to education, support the family and enhance the quality of service among those caring for and educating children affected by HIV/AIDS; and a conclusion.

## A CHILDHOOD TO DIE FOR?

Even if prevention campaigns become hugely successful and new HIV infections drop dramatically, most people who are already infected with HIV will die from AIDS-related causes. Some 14 million children worldwide under age 15 have already lost their mothers or both parents to AIDS[2]. Although more than 90 percent of these children live in sub-Saharan Africa, parts of Asia and the Caribbean are poised for dramatic increases in their orphan populations. A study in 23 countries indicates

that orphanhood peaks approximately seven to ten years after seroprevalence.

This delayed impact means that the number of orphans will continue to grow until at least 2010, and may not peak in some countries until after 2020[3].

The growing number of orphans might pose special challenges for achievement of education for all at the national level and may lead to lower human capital and greater poverty among orphans when they reach adulthood[4].

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1  Michael Kelly, What HIV/AIDS can do to education, and what education can do to HIV/AIDS, presentation at the All Sub-Saharan Africa Conference on Education for All–2000, December 1999.

2  The US Census Bureau (2000) estimates that AIDS or other causes have orphaned 15.6 million under the age of 18.

3  When the crisis finally does peak, more than 25 percent of children under 15 years old will be missing one or both parents. Hunter and Williamson, Developing Strategies and Policies for Support of HIV/AIDS-infected and -affected Children, Draft Report, 1997.

4  Ainsworth, M. and Filmer, D., Poverty, AIDS and Children's Schooling: A Targeting Dilemma. World Bank Policy Research Working Paper 2885, September 2002.

The outlook is not all grim, however. Studies from Zambia among expectant urban mothers aged 15 to 24 years and educated women aged between 15 and 19 show that HIV infection rates have declined as a result of behaviour change among urban youth. Significantly, the steep decline was most evident among those women with secondary and higher levels of education.

Furthermore, it is important to recognize that many communities are not only concerned about the plight of orphans and vulnerable children, but in many cases are also prepared to take leadership, demonstrate ownership and devise ways of sustaining the activities they initiate on behalf of orphans[5]. There are numerous community responses to the orphan crisis that provide excellent models for possible replication elsewhere[6].

Typically, half of all those living with HIV become infected before they reach their 25th birthday. Many of them die from AIDS before they turn 35[7], leaving behind a generation of children to be raised by grandparents, siblings or extended family.

The AIDS pandemic has forced vast numbers of children into precarious circumstances, exposing them to exploitation and abuse and putting them at high risk of also becoming infected with HIV themselves. Due to a combination of physiological, social and cultural factors, girls are more likely to become infected with HIV at a younger age than are boys.

Children living in households affected by HIV/AIDS face problems long before they become orphans: a parent's illness, loss of income, increased expenses, fear about the future, social stigma, and a culture of silence and denial within the family. Seeing one's parents or caregivers become ill and die can lead to psychosocial stress and a drop in school attendance. Research shows that orphans living with extended families or in foster care can be prone to discrimination, which includes limited access to health, education and social services. The literature emphasizes the need to intervene early, before children become orphans. The longer a parent stays alive, the better chance there is that the children in the family will go to school.

Many children are struggling to survive on their own in households headed by older siblings who are most often girls. A doctor working in Zimbabwe—the country thought to have the fastest-growing number of orphans—recently highlighted the gravity of the situation when he stated that "every village in Zimbabwe has at least one household headed by a child. In the past, these children would have been absorbed into extended families . . . but now there is no money or food to do so."[8] Other children, mostly adolescents, are forced to fend for themselves on the streets. Consequently, there is an increasing number of unprotected, poorly socialized and under-educated young people with no role models and with a greater than

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5   Gail Snettro, Save the Children USA (South Africa), in Expanding Community-Based Support for Orphans and Vulnerable Children, International HIV/AIDS Alliance Needs Family AIDS Caring Trust, 2002.

6   For example, UWESO (Uganda Women's Effort to Save Orphans), FOCUS (Families, Orphans and Children Under Stress) in Zimbabwe, COPE (Community-Based Options for Protection and Empowerment) in Malawi and CINDI (Children in Distress) in Zambia. For other examples of community responses in support of orphans, see HIV/AIDS and Orphans: Issues and Challenges for WFP, Background Paper, February 2002.

7   United Nations General Assembly Special Session on HIV/AIDS: Global Crisis-Global Action Fact Sheet.

8   Geoff Foster, child welfare consultant and founder of the Family AIDS Caring Trust in Zimbabwe.

average risk of resorting to crime to survive.[9]

Studies in 20 countries, most of them in Africa, show that children whose parents have died are less likely to attend school than those who have not lost a parent[10]. Other studies have shown significantly lower enrolment rates for orphans compared with non-orphans, and have identified risk factors for non-attendance among girl orphans, children orphaned by AIDS, children in rural or poor households and orphans living in households headed by men.[11]

Understanding the diversity of orphans' family backgrounds (e.g. whether they have lost one or both parents), their living situations (e.g. urban vs. rural) and whether they are male or female is essential for defining both the problems and the solutions.

# CHARACTERISTICS OF ORPHANS AND VULNERABLE CHILDREN

The following section describes the various characteristics of orphans and other children affected by HIV/AIDS. It looks at who these children are, the situations they live in, why they are there and some of the difficulties they face, especially when it comes to going to school. Descriptive profiles are used to help paint a more vivid picture of some of their actual living situations.

## Who they are

### The Numbers

Counting orphans is an imprecise science at best. Numbers vary widely depending on whether one is counting maternal orphans (mother dead), paternal orphans (father dead) or double orphans (both parents dead); whether the children are under 15 or 18 years old; and whether one is considering parental deaths from AIDS alone or deaths from all causes. Numbers can also be based on a cumulative total, calculated since the beginning of the epidemic or at a specific point in time.

While there are varied definitions of what an orphan is, the definition of a vulnerable child is based on livelihood indicators. Most of the literature supports the belief that there is value in distinguishing between orphans and other vulnerable children only when considering appropriate psychosocial support, the protection of rights, the interventions targeted to them specifically as orphans, or epidemiological surveys. To some extent it appears that the term "orphan", and especially "AIDS orphan", can do more harm than good, contributing significantly to the stigma and abuse experienced by these children.[12]

### Differences among orphans and vulnerable children

There are differing characteristics among orphans and vulnerable children, and therefore it

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9 Sergal et al., 1999, found that most young South African men in prison or involved in crime were abandoned, kicked out of their homes, or rejected by those they lived with.

10 United Nations General Assembly Special Session on HIV/AIDS: Global Crisis-Global Action Fact Sheet

11 Geoff Foster and John Williamson, A Review of Literature of the Impact of HIV/AIDS on Children in Sub-Saharan Africa, 2000, page S281.

12 UNICEF/USAID/Government of Zambia, Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999

is incorrect to view them as a homogeneous group of needy children. Each orphan or other vulnerable child can face distinctly different risks and specific vulnerabilities depending on whether the child is a boy or a girl; lives in an urban, peri-urban or rural situation; lives in an extended or foster family, an institution or on the street; and is HIV-infected or not. Even among street children there are differing vulnerabilities associated with working, begging and living on the street. Some children spend their days on the street guarding cars, carrying bags or begging, but return to a home at night to sleep. Other children, those with nowhere else to go, live, work, eat and sleep on the street. The former are sometimes described as children "on the street" whereas the latter are described as children "of the street".

Even though boys and girls are at equal risk of being orphaned, the effects of orphanhood may vary. For instance, boys are far more likely to end up working and living on the street. Boys are more frequently seen as causing trouble in the household and, therefore, are made to leave home more often than girls. On the other hand, girls are more likely to be kept at home to care for their younger siblings or a sick parent, or married off at an early age to alleviate some of the household burden. Girls also face other dangers. They are up to five times more likely to become infected with HIV or other sexually transmitted infections and they are often forced into practising "survival sex", or "transactional sex", i.e. occasional sex in exchange for food, basic goods or money to buy them.

Gender differences also come into play when considering orphans' and other vulnerable children's access to education. In many cultures, girls—and not just those who are orphaned or otherwise vulnerable—are educationally disadvantaged by traditional practices that keep them at home or push them into marrying early. However, it is difficult to make generalizations about gender differences in education as enrolment rates between boys and girls, and orphans and non-orphans can vary tremendously from country to country. A World Bank study of 28 developing countries found considerable diversity in enrolment rates among poor and non-poor, orphans and non-orphans and between boys and girls, with the greatest differentials reflecting poverty rather than orphan status or gender as the cause of lower enrolment. The extent to which orphans are under-enrolled relative to other children is country-specific, at least in part because the correlation between orphan status and poverty is not consistent across countries.[13]

## Where they live

Even before losing their parents, children's lives can change abruptly. The stability in the household that enables children to go to school regularly can be permanently disrupted when a parent falls ill. Siblings can be separated and sent to different places to live, compounding their distress and often setting in motion a life of transience and insecurity. The living situations described below illustrate just how uncertain life can be for an orphan.

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13  Ainsworth, M. and Filmer, D., Poverty, AIDS and Children's Schooling: A Targeting Dilemma. World Bank Policy Research Working Paper 2885, September 2002.

## Extended families

Most orphans and vulnerable children live within a family structure, either with a surviving parent or with a grandparent, aunt or uncle. However, extended families, which have traditionally been the first line of defence against hardship, are coming under enormous pressure from so many extra children to feed and care for. It is not unusual to find elderly grandparents, especially in rural areas, struggling to support 10 or 12 of their grandchildren and/or great-grandchildren. An orphan's greatest need is for a family structure that is headed by a responsible adult and located in a community. Thus, the best arrangement is for orphans to remain with, or be incorporated into, a family with which they have blood ties, to stay within their own sibling group, and to live in the familiar surroundings of a known community.

Mrs Mbilima and her husband, who has been blind for six years, are caring for eight of their grandchildren and several great-grandchildren in a small three-room house in a village. All nine of the Mbilima's children died of AIDS and each left at least six children behind.

The oldest grandchild living with the Mbilimas is 25 years old. She, herself, is a widow with four children, two of whom are dead. Of the surviving children, one daughter is disabled and the other is stunted. Another of the Mbilimas' granddaughters living with them is 16 and has a 2-year-old baby. The father of the child, who was married to another woman, paid the Mbilimas' granddaughter 5,000 Kwacha (little more than US$1) each time he had sex with her. He disappeared when he found out that she was pregnant. The other six children in the household are all undernourished, and none of the grandchildren or great-grandchildren is in school.

Mrs Mbilima makes and sells chikanda (pounded potato and peanut snacks) for 100 Kwacha a piece, but this is far from enough to support her family, so they depend on the charity of neighbours and friends to survive. The Mbilimas recently acquired five guinea pigs, a few of which will be consumed, and they will try to breed more. The guinea pigs are kept in the corner of the room where Mr and Mrs Mbilima sleep on a floor mat with a few of their great-grandchildren. When it rains, the tin roof leaks and the family have to stand until the rain stops.

**Chipulukusu Compound, Kitwe, Zambia**

## Foster families

When there is no family member available or able to take in an orphan, an unrelated adult may serve as a surrogate parent.

The belief that "each child is everyone's child" is an element of many African cultures that permits this kind of response. Offering a family situation to a child—even when that family situation comprises members of an unrelated family—can provide the kind of physical and psychosocial support the child needs. Although keeping a child within his or her own family is preferable, the next best situation is a foster family.

Of course, just being in a family situation—be it a biological, extended or foster family—does not guarantee that a child will be protected from abuse and exploitation or will have access to education. Some studies have shown that fostered children experience higher mortality than other children due to poorer care and

malnutrition and reduced access to modern medicine. Community-based monitoring of orphans and other vulnerable children[14] is important, especially for foster children. The following profile, although extreme, points to the need for mechanisms to identify qualified foster and/or adoptive parents and ways to monitor children's situations.

Grace was adopted from St Martin's Orphanage at a very young age by a former governor and his wife. At age 9 her adoptive parents began to indoctrinate her into the practice of witchcraft. Convinced that she was haunting them, her neighbours pointed and threw stones at Grace on the street. Scared and traumatized by what was happening, Grace took refuge in a convent until the Ministry of Social Welfare intervened on her behalf. Grace's adoptive parents were summoned to court, and she was made to testify against them. With her story corroborated by the neighbours' claims that she had threatened them in their dreams, the court ruled against Grace's parents, removed her from the household and returned her to the orphanage. Grace is now 19 years old and in grade 12. She helps to prepare supper, feed the younger children in the orphanage and put them to bed.
St Martin's Orphanage, Kitwe, Zambia

### Child-headed households

Although they are a relatively small proportion of orphans, a growing number of older children live on their own after the death of their parents. There are several reasons for this: Sometimes the extended family cannot absorb the children. Other times siblings may choose to form a household unit without adult supervision rather than face being separated. In rural areas, orphaned children may decide to remain in their parents' house and on their land in order to protect their inheritance rights. Typically, the oldest child will take on the responsibility of supporting and caring for his/her younger siblings. Rarely do any of these children attend school.

### Small group homes

Some NGOs organize and support small group homes for orphans. When integrated into the community, these homes can provide a good alternative to a more institutional setting. Such an arrangement can be preferable for adolescents who do not wish to try to integrate into a family other than their own. Group homes often tend vegetable gardens and raise farm animals to supplement their food and income.

### Children's villages

Some communities are responding to their burgeoning orphan population by creating "children's villages", clusters of houses in which orphans live in a family-like setting under the supervision of an adult guardian who plays the role of parent. The houses are arranged as they would be in a typical village, and an effort is made to provide the children with as normal a childhood experience as possible. Children may sleep in a dormitory, eat together in a dining hall, learn essential socialization skills, and be taught crafts and other marketable skills besides

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14  Such as the two-tiered system used by the FOCUS programme in Zimbabwe that indicates which orphans need the most support.

going to school. Like group homes, children's villages often maintain large gardens and undertake homestead production to help offset operating costs. Some of these villages have rigid rules that keep the children apart from the surrounding community and provide a living standard far above that of the community. Problems can occur when the children become young adults and find it difficult to fit into the society outside without having established a social network.

### Orphanages

Although orphanages usually offer at least some form of educational opportunity for orphans, either provided on site or in the community, they should be seen as a last resort. Such institutions are expensive, have limited capacity and generally fail to meet children's developmental needs, including opportunities for attachment and socialization. World Bank research in the United Republic of Tanzania found that six children could be supported in foster care for the cost of supporting one child in an orphanage, while other research has found even greater cost ratios for community-based to institutional care. Moreover, expanding the number of places available in an institution in a community under severe economic stress can lead to children being pushed out of households to fill those places.

The younger the child, the more likely it is that placement in an institution will impair his or her psychological development.[15] There is often stigma attached to children who are raised in an orphanage. Although adequate institutional care is better than being on the street, there are other alternative forms of care (such as arranged and monitored fostering) that can benefit more children. In cases where placement in an orphanage is unavoidable, it should be viewed as temporary, and every effort should be made to reintegrate the child into the community at the earliest opportunity.

Angellina is 18 years old and lives at St Martin's Orphanage. Her mother, who was also an orphan and raised at St Martin's, got pregnant early in university. Angellina's father disappeared before she was born. Left with no means of support, Angellina's mother turned her over to St Martin's. At age 4, she went to live with a foster family, but by the time she was 16, both her foster mother and father had died of AIDS. Their biological children went to live with extended family, but Angellina was returned to the orphanage. In 1996, her biological mother died of AIDS. Angellina has just finished grade 12 with high marks and hopes to become a nurse. In the meantime, she oversees the preparation of all the meals at the orphanage.
**St Martin's Orphanage, Kitwe, Zambia**

### On the street

When a child has no family or family-like structure, the street becomes the only place to live. Street children often live in small same-sex groups, sleeping and cooking together, and sharing what little money they are able to beg or earn. There is no chance of street children

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15  Hunter and Williamson, 1998.

attending school. Street boys and girls both are at great risk of physical and sexual abuse, mostly by men but sometimes by women. However, girls are far more likely to be victimized, raped or coerced into sex either by other street boys or by older men. Children of HIV-infected commercial sex workers are particularly likely to end up on the street.

Mizoni is 11 years old and in grade 5. She has been living at City of Hope, a home for girls, for almost a year now, after having lived on the city street "a long time". She can't remember exactly when she became homeless, but she remembers that her father died first and that she stopped living with her mother when she was "still little". Mizoni does not know where her mother is. Her older sister lives at another institutional residence for children and her older brother lives with their grandmother, who also cares for three other children.

Before arriving at City of Hope, Mizoni and her two friends, Mwansa (aged 13) and Memorie (aged 11), slept in the railway station, storing their blankets in the corner of the building each day. Every morning the girls would wake up at 6:00 and go to a nearby restaurant to beg for a breakfast of tea and bread. They would then go to town to beg for money from strangers, who would sometimes give them 100–500 Kwacha. On a good day, they were able to make as much as 10,000 Kwacha (less than US$3), with which they would buy food and other basic goods.

At midday, the girls would go to different restaurants to beg for food, sometimes getting nshima, relish (sauce) and a drink. After lunch, they would beg some more, often relying on the kindness of professional women who took pity on them. For supper, sometimes they would buy food and cook it at the traffic lights and other times they would beg at restaurants. On the days that the three girls did not earn enough to buy food and were unsuccessful at the restaurants, they went hungry.

The girls had only one set of clothes each, so if it got particularly cold outside, they would have to buy jerseys for 3,500 Kwacha, which left them no money for food. When money was very tight and Mizoni was especially hungry, she would ask older street boys for help, because "they had more". In return, the boys would take the only thing she had: her body. Sometimes older men would offer Mizoni food or money in exchange for sexual favours, and if she was really hungry, she would agree.

At night, the older street girls would buy beer and drink it in the railway station, although Mizoni and her friends never did. The three girls would go to sleep at 20:00 each night in the corner of the railway station. Sometimes a police officer was posted outside the station, and on those nights she felt safe.
**City of Hope Home for Girls, Lusaka, Zambia**

## How they got there

Civil conflict and strife have created a large number of orphans,[16] nearly 50 percent of the total in some countries. The HIV/AIDS pandemic is mainly responsible for the rest. The basic needs of children who have been orphaned by AIDS, conflict, natural disasters or any other factor are the same needs as those of all children: food, shelter, clothing, healthcare, education, opportunities for growth and play, and loving care and attention. Yet left without parents, children become dependent on extended family members. If extended family is

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16  In War Child: Bulletin 4, David Wilson estimates that up to four million children have been orphaned by war in the past decade.

unavailable, unable or unwilling to care for them, they are dependent on the wider community. And if the community does not care for them, they are left at great risk.[17] If the needs of orphans are not met, they are at much greater risk of turning to delinquency and prostitution and are subject to exploitation, sexual abuse and violence.[18]

## The challenges they face

There are certain conditions, especially within the family setting, that create an enabling environment for children to learn. For instance, a child's basic needs of food, shelter and clothing are paramount and must be met before learning can take place. Other contributing factors include a supportive family that recognizes the value of an education and has the resources to provide one for its children.

Some of the children who are most vulnerable live in situations that are lacking some or all of these enabling conditions. Orphans and other children affected by HIV/AIDS can suffer extreme psychosocial distress and face extraordinary challenges in their lives that render the possibility for education far out of their reach. They live in unfavourable circumstances that are not conducive to their going to school or learning while they are there,

and they end up being absent much of the time or dropping out entirely. Gender also plays a key role in how children experience orphanhood and in the challenges faced by orphans and other children affected by HIV/AIDS. Some of these challenges are described below:

### *Stigma and differential treatment*

Although the stigma attached to HIV/AIDS affects both girls and boys, girls often suffer the additional pain of being blamed for spreading the virus. Foster children also suffer unequally. While there is no evidence to point to widespread mistreatment of foster children, reports of such mistreatment do exist. In some cases, even though an orphan is located within a family structure, the biological children in the family will receive preferential treatment.

Such differential treatment may manifest itself in various ways, including in the orphan's being: (a) isolated and stigmatized; (b) denied access to proper food, adequate shelter, healthcare or education; (c) forced to work longer or harder than the other children; and/or (d) subjected to physical or emotional abuse. If an orphan is in school but has a home environment that seriously threatens his/her physical and emotional well-being, the chances that he or she will be able to learn are slim.

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17  Action for Orphans, Association François-Xavier Bagnoud website http://www.orphans,fxb.org/inform/resources.

18  UNAIDS, AIDS in Africa, 11/30/1998.

Felix, now 18, lost both of his parents so long ago that he does not even remember their faces. He used to live with his uncle, his uncle's wife and their four children, two boys (aged 12 and 20) and two girls (aged 8 and 16). From the beginning, Felix slept alone in a storage room of the house and never ate with the rest of the family. When the other children got home from school they would do their homework and have supper with their parents, usually nshima and meat or fish. Felix would often go two days without food and then have only lunch on the third day. While the other children ate breakfast daily and attended school, Felix was made to work in his uncle's garden. In exchange for his work, he would occasionally be given some of the vegetables from the garden, but never any money.

**Linda Community School and residence for former street children, Livingstone, Zambia**

## *Increased workload*

Orphans and children living in families with chronically ill members are often too busy working, caring for the sick or maintaining the household to go to school. This is especially true for girls, as they typically bear a disproportionate burden of the household workload. When faced with a shortage of able-bodied adult labour and the associated lost income, the family becomes dependent on the individual contributions of each member, no matter how young that member may be. Also, the family may not be able to afford school fees and other indirect costs of sending a child to school, and it may not be able to forego the domestic work and minimal income a child contributes to sustaining the family. Children in labour-poor families are kept out of school to replace adults in food production or petty trading, or to beg for food or money. Since girls are often kept at home to help with chores, care for younger children and nurse the sick, their access to education can be even more limited than that of boys living in the same household. Denying girls education, especially those who are orphaned or already vulnerable, increases the likelihood that they, and their children, will live in poverty.

## *Moving around*

Many orphans and vulnerable children live in unstable situations characterized by moving from place to place, with little or no permanence. When a parent falls ill, the child may be sent to live temporarily with a relative. The death of a parent may trigger long periods of moving from one house to another, and the child may never become a permanent member of a new household. Such instability and uncertainty makes it difficult, if not impossible, for a child to stay enrolled in school and attend classes regularly.

Cecile is 16 years old and is going into grade 7. She was born in Lusaka and has two sisters, aged 11 and 20. When Cecile was younger, her parents, both of whom were prosperous business people, moved the family to an urban centre in the Copper Belt. After Cecile's mother died, her father ran away to South Africa, leaving the three girls with a family friend. Eventually Cecile's younger sister left, but Cecile stayed until she was thrown out of the house for coming home late. She found her way back to Lusaka and was referred to the City of Hope, a home for girls on the outskirts of the capital. She has been there for three years and dreams of becoming a doctor when she finishes school.

**City of Hope Home for Girls, Lusaka, Zambia**

## *Head-of-household responsibilities*

When both parents die and there are no relatives or other adults to step in, the oldest sibling—or possibly the oldest girl[19]—may assume the role as head of household. One study from Kenya[20] found that girls as young as 9 years old assumed the heavy responsibilities of working in the garden and preparing and serving meals to younger and older siblings in the household. The study also found that boys who took on the leadership role tended to over-exercise their authority and rule with a heavy hand, out of ignorance and immaturity, making it especially difficult for the young female housekeepers. Invariably, the children in such households live on the edge of survival by working piecemeal for pitiful wages, depending on handouts, the charity of neighbours and what little money they can beg from strangers.

Typically, what these children earn from their work is not sufficient to meet their needs for food, clothing or accommodation, let alone education.

Jean-Michel is 21 years old and looks after his three brothers (aged 12, 16 and 18) and one sister (aged 8). Also living in their peri-urban household are their parents, both of whom have AIDS. Jean-Michel's 12-year-old brother is HIV-positive.

Jean-Michel's father, who is now in the terminal stages of the disease, used to work in the computer field. When she is well enough, Jean-Michel's mother sells charcoal at the market. Jean-Michel would like to see her stop working, as keeping her healthy is a priority for the family.

Jean-Michel feels that it is critical to continue his studies because he will soon be the sole supporter of the family. The children currently receive support from an NGO that advocates on their behalf and pays for school fees, uniforms and books. In addition, the family receives WFP food assistance, which, combined with the NGO's support, enables all of the children to attend school regularly. The biggest difficulty Jean-Michel sees in his immediate future is how to meet the family's increasing educational costs and secure an internship for himself. He feels that children from families such as his should be given priority during the selection process for internship candidates.

**Bouaké, Côte d'Ivoire**

## *Life on the street*

Children—mostly adolescents—who live on the street are especially vulnerable. They spend their days searching for food, a safe, warm place to sleep and somewhere to wash and go to the toilet. Boys are more visible on the street than girls are, primarily because there are more of them. However, increasing numbers of girls are winding up on the street, where they are extremely vulnerable to abuse by street boys or grown men, who coerce them into unprotected sex for money, food or protection.

An article published in a popular weekly Zambian magazine claimed that not only do these girls seldom get police protection, but they are also subjected to degrading treatment while in police custody, such as being made to pay

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19  Some studies suggest that most child heads of household tend to be girls, while other studies indicate that older girls leave the house sooner than boys when both parents die.

20  A.K. Ayieko, From Single Parents to Child-Headed Households: The Case of Children Orphaned by AIDS in Kisumu and Siaya Districts, 1997.

cash, clean the police station toilets, or even provide sex to gain their freedom. The fact that street children have no secure place to live and lack the basic necessities of life makes it virtually impossible for them to benefit from formal education.

When Felix left home at age 13 no one tried to stop him. For the next five years he lived on the city streets, sleeping on plastic bags under bridges or in the warmest spot he could find, with no blanket and only the clothes on his back. Each morning, he would wake up and say a prayer that he would eat that day. He spent each day from morning until 16:00 begging or doing "piece work", such as carrying bags or guarding cars. If he was able to raise 2,000 Kwacha (less than US$0.50), he would buy nshima, relish (sauce) and water for his only meal of the day. After eating, he would begin searching for a place to sleep for the night, sometimes with other street children, but mostly by himself because he was afraid of the other boys.

**Linda Community School and residence for former street children,**
**Livingstone, Zambia**

## Survival sex

"Survival sex"—or occasional sex in exchange for money, food, clothing, school fees or favours—is common among both urban and rural girls in eastern and southern Africa. When faced with hunger or the need to provide support to their families, orphaned and other vulnerable girls are at great risk of being exploited by older boys or men in the community. Street girls are commonly harassed and insulted by their customers and by public service workers, vendors and even the police. In some places teachers regularly abuse female students. A report from the United Republic of Tanzania found that one quarter of elementary school girls said they had had sex with adult men, including their teachers, in exchange for money or gifts. Not only can girls' education be seriously compromised by this, but such behaviour can make these girls far more vulnerable to HIV and other sexually transmitted infections, and to sexual violence.

Bridget is 19 years old and has two brothers and three sisters. After her father died the family became poor, and she was forced to drop out of school in grade 7. After a while, Bridget's mother left the children with their grandmother and ran off with a man. While Bridget's grandmother engages in petty trading at the market, Bridget stays home to clean the house, wash the dishes and look after her brothers and sisters. Her grandmother usually brings home enough food for one meal, bought with the money she earned that day. There are some days, though, that the family goes hungry.

One of Bridget's brothers receives school fees and materials from the Catholic Mission, but none of Bridget's other siblings goes to school. Besides the housework and childcare, Bridget has nothing else to do. She is idle much of the time and desperately wants to return to school. She admits to being tempted to have sex with men who offer her money, food or gifts, but so far she has refused them out of fear of contracting HIV or another sexually transmitted disease. She and her girlfriends talk about the opportunities for engaging in commercial sex, and they often disagree among themselves. In fact, some of her friends have accepted cash or other assistance from men in exchange for sex.

Sakubita Compound, Livingstone, Zambia

# A CRITICAL BLOW TO THE EDUCATION SECTOR

HIV/AIDS has dealt a critical blow to the education sector in some eastern and southern African countries. Everything—from the demand for education, the supply of education, the availability of resources for education, the "clientele" to the actual processes of education—is affected. HIV/AIDS has also rendered the administration and management of schools unable to respond effectively to the changes the pandemic has wrought.[21]

Not only are children staying away from school at alarming rates (e.g. in Zambia, 30–40 percent of orphans are not in school[22]), but also the teaching profession is especially hard hit by the pandemic. It is necessary to face up to the positive correlation between HIV infection and levels of education.[23] Higher income, greater mobility and the probability of non-regular sexual partners are all associated with higher levels of education. Throughout sub-Saharan Africa, teachers enjoy elevated socio-economic status and are regularly posted far from home, which increases the likelihood of them having multiple sexual partners.

More than 1,000 teachers die each year of AIDS in Zambia, faster than new ones can be trained. High rates of infection (19 percent) and mortality (4 percent) among teachers mean the frequent absences of those who are sick and those who attend the steady stream of funerals.

In addition to their usual workload, teachers may be required to cover for absent colleagues. Moreover, as salaried individuals, teachers may be expected to support sick relatives and/or take in orphans, which add to the demands on their time—all at the expense of their students. According to one expert, "though mortality represents the final outcome, it may be that morbidity resulting from AIDS takes the higher toll."[24] It is estimated that "each AIDS death is preceded by the equivalent of 18 months of disability, during which teacher involvement in school activities becomes progressively more impaired or is at a very low ebb."[25]

When faced with the real possibility of having to close their local school due to a lack of teachers, some communities are turning to retired teachers or to volunteers with no more than grade-7 credentials. Other communities are filling the education gap by starting informal and unregulated "community schools" that follow what some would call sub-standard curricula.[26] Still others, with limited or no other options, support alternatives that, although not first-rate, address some of the educational needs of orphans and vulnerable children. One such initiative is found in Zambia in the form of "community classes".

Community classes meet in the same classrooms used for basic school after the

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21 Michael Kelly, Planning for Education in the Context of HIV/AIDS, 2000.

22 Michael Kelly, The Impact of HIV/AIDS on Schooling in Zambia, presentation at the International Conference on AIDS and STDs in Africa (ICASA), Lusaka, 1999.

23 Michael Kelly, What HIV/AIDS can do to education, and what education can do to HIV/AIDS, presentation at the All Sub-Saharan Africa Conference on Education for All–2000, December 1999.

24 T. Golliber, 2000. Exploring the Implications of the HIV/AIDS Epidemic for Educational Planning in Selected African Countries: The Demographic Question

25 Michael Kelly, 2000. Planning for Education in the Context of HIV/AIDS.

26 For example, SPARK (School, Participation, Access and Relevant Knowledge) is a manual developed as a classroom guide for community schools.

students go home for the day. On a strictly volunteer basis, teachers present a limited curriculum based on the school history of the students, who may range in age from the very young to older adolescents. Classes are free of charge and follow no set syllabus. Although the timing of these classes may be convenient for the facility and the teachers, it can harm some students: at least one report indicated that orphans living in the same households as students enrolled in formal school regularly miss a meal at home since their community class meets at lunchtime.

## Approaching a solution

Education systems that are confronted with such unprecedented disruptions as have been seen in recent years, must respond to three principal challenges through learning programmes and curricula[27]:

(i) to replenish the skills being lost through the premature death of skilled and qualified adults;

(ii) to transmit skills to young people when those who should pass on the training are no longer alive; and

(iii) to prepare young people, many of them mere children, for the immediate assumption of adult economic responsibilities, as heads of household or within the framework of households headed by elderly relatives. Besides basic literacy, numeracy, health and cognitive skills, children and young people who have to face the world of work at an early age also need entrepreneurial and vocational skills. Educational systems should strive to integrate into the curriculum an orientation towards the

practical and applicable. Standard educational systems must adapt themselves to meet the needs of young people in an era of HIV/AIDS, both in terms of making sure that young people have access to education and that the education they receive provides them with the means to prevent their becoming HIV infected.

A variety of formal and informal educational interventions are presented in the following sections. They represent existing as well as planned government and community responses to changing educational needs. The informal education sector targets primarily orphans and vulnerable children while the formal education sector has a broader target audience that can include orphans and vulnerable children. The formal basic school is also discussed since it should be considered the preferred educational opportunity for all children, regardless of their orphan status, and to emphasize its critical role in equipping young people with the skills necessary to survive in a world of HIV/AIDS.

## The "education vaccine"

In Zambia in the 1990s, HIV infection rates fell by almost half among educated women, while there was little or no decline in the rates for women who had not gone to school. Especially in societies where violence against women is rife, education can help raise women's status and empower them in ways that will have long-term health, development and economic benefits for them and their children. As one delegate at the International AIDS Conference in Barcelona (7-12 July 2002) proclaimed: "For now, the education vaccine is the only vaccine we've got!"[28]

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28 Donald Bundy, coordinator of the World Bank's Education and AIDS Programme.

Universal basic education is critical to stemming the spread of HIV. Even in the countries with the highest infection rates, most school-aged children (aged 5 to 15 years) remain un-infected. This age group represents "a window of hope," since the children in it are the least likely to be HIV-infected. Within this window, schools need to expand their curricula to include teaching children and young people "survival skills"[29] and providing counselling support.[30] Obviously, given the crisis already facing educational systems, expansion of existing curricula would require implementing some radical new approaches.

## CONSIDERATIONS FOR WFP INVOLVEMENT

### Minimizing stigma and discrimination

People living with HIV or AIDS frequently experience social stigma, scorn and mistreatment. Individuals can be denied access to medical care and employment because of their HIV status, and children may be excluded from school because of HIV/AIDS in their family. Such stigma is typically more severe in areas of low HIV/AIDS prevalence. However, even in places where the governmental response has included open dialogue about the pandemic, stigma can be a barrier to effective programming. Stigma surrounding HIV/AIDS diagnosis or disclosure can result in individuals' being rejected by their families and communities and can prevent others from getting tested, seeking treatment or informing their sexual partners about their HIV status. For a child, the stigma associated with being labeled an "AIDS orphan" or having a parent with HIV/AIDS can cause psychosocial distress, isolation and depression.

Nicolas is 23 years old and lives in a peri-urban area in northern Côte d'Ivoire. He is responsible for his two sisters (aged 12 and 15) and his brother (aged 20). After their father passed away and while their mother was sick with AIDS, the family was shunned by their relatives. Although nursing is not traditionally a male role, Nicolas stayed close to home to care for his mother throughout her illness. He and his siblings suffered greatly from the stigma and discrimination fueled by the community's fear of AIDS. After their mother's death, relatives denied the children their inheritance and took their house away from them. Nicolas considered suicide many times, but found it too difficult knowing that his brothers and sisters would be left to fend for themselves.
Bouaké, Côte d'Ivoire

A study from Kenya states that, "any targeting of a free and visible intervention toward an HIV and AIDS affected household, such as food, can have negative consequences. Although this stigma is likely to be transient, it creates additional barriers to prevention and mitigation

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28  Donald Bundy, coordinator of the World Bank's Education and AIDS Programme.

29  It is widely felt that, in addition to academics, children, especially those orphaned by AIDS or in highly affected countries, need to be taught "survival" or "life" skills — practical skills that will help them avoid being exploited sexually or legally.

30 Michael Kelly, The Impact of HIV/AIDS on Schooling in Zambia, presentation at the International Conference on AIDS and STDs in Africa (ICASA), Lusaka, 1999.

interventions."[31] It is clear that any WFP programme that aims to assist orphans and other children affected by HIV/AIDS must take every precaution to avoid worsening the effects of the stigma and discrimination and thereby compounding the children's suffering. As is often the case, the greatest challenge for WFP will be identifying and reaching those children who are most in need of food assistance.

## Identifying and targeting orphans and vulnerable children

Effective targeting of orphans and other children who are affected by HIV/AIDS will be greatly facilitated by partnering with NGOs, the Government and United Nations agencies and WFP VAM units. Criteria for identifying and targeting depends on individual country contexts and whether the intervention is a component of WFP development, emergency or recovery operations.

In general, targeting a household rather than an individual is better since all members of the family feel the impact of the epidemic. Even if the ration is given to one family member, typically the entire household consumes it. For example, it is not unusual for a young child to eat only what is shared from the high-energy protein supplement (HEPS) ration given to a parent with AIDS.

Orphans and vulnerable children are best identified through community structures such as OVC committees,[32] parent-teacher associations,

churches, home-based care programmes and networks of people living with HIV/AIDS. By working with and through established community-based organizations, the stigma associated with HIV/AIDS may be reduced.

Programmes to increase access to education for orphans and vulnerable children should seriously consider targeting extended or foster families, not just the children. And if resources permit, programmes should provide for all of the students in a school, not just those who are orphaned.

## Key assumptions for WFP interventions

WFP has an important role to play in improving orphans' and other vulnerable children's access to education. By providing food assistance to them and to extended and foster families and in some cases the volunteers, teachers and institutions that care for orphans, WFP could make a significant contribution to the educational development and livelihood security of some of the most vulnerable children in the world.

In addition to the principles for programming found in the Annex, there are some 'universal truths' that decision-makers, implementers and beneficiaries appear to agree on. Although stated elsewhere in the text, these points are so fundamental to addressing the situation of orphans and other vulnerable children that they bear mentioning again. The following key

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31  Nicholson, 2001.

32  OVC is a frequently used acronym for orphans and vulnerable children.

assumptions should be at the heart of WFP's involvement:

i)     Any use of food aid to improve the situation of orphans and vulnerable children, either directly or indirectly, should be viewed as a complementary input and linked to a larger effort to ensure long-term benefits to the individual and/or the family.

ii)    It is preferable to provide family rations to the entire household rather than to single out one or more of the children for individual assistance.

iii)   Programmes and programme planners should avoid using the term "AIDS orphan". When it comes to targeting assistance it is better to target the most vulnerable children and households in the community, not just orphans or orphans from AIDS.

iv)    The long-term nature of the HIV/AIDS epidemic (i.e. that a person can be sick for ten or more years) requires a response that is sustained for decades. This is particularly relevant for WFP as regards the shorter-term nature of its interventions. In determining whether food aid for children and families affected by HIV/AIDS is appropriate, extra attention should be given to how, when, to whom and for how long the food will be provided.

## The importance of partnerships

Because the tremendous impact of HIV/AIDS on children and families is wide ranging and of such a long-term nature, no single organization working unilaterally will be effective in ameliorating it. Just as WFP needs its partners in order to create workable solutions, NGOs and other organizations addressing the needs of orphans and vulnerable children need WFP resources to complement and strengthen their efforts.

An important aspect of WFP's use of food aid to improve access to education hinges on the ability to build dynamic partnerships that will enable the greatest benefits to be derived from the assistance provided. WFP should look for existing programmes with demonstrated track records of making a tangible difference in the quality of life for children and families affected by HIV/AIDS. Local and international NGOs that cater to the needs of street children, associations and networks of people living with HIV/AIDS, and religious institutions are all potential partners for WFP, as many have already developed programmes that provide appropriate complements to WFP food aid.

The European Commission in Zambia provides academic bursaries for 40,000 orphans and other vulnerable children in conjunction with the Ministry of Education; however, the scheme precludes the provision of any food aid. It is gaps like this that WFP should attempt to fill. Furthermore, WFP could partner with other United Nations agencies, especially UNICEF, that already implement interventions targeting orphans and other vulnerable children through educational institutions and with FAO to ensure that on-site gardens and nutrition education are integrated into curricula. WFP could also foster partnerships with UN volunteers and the United States Peace Corps to support the work of the volunteers to help educate and coordinate specialized training for orphans and vulnerable children.

# INTERVENTIONS TO IMPROVE ACCESS TO EDUCATION FOR ORPHANS AND VULNERABLE CHILDREN

## Formal education

WFP must continue to work in partnership with national governments to ensure that food aid reaches children through all educational channels available. Rather than debating the relative value of, for instance, community schools and interactive radio programmes versus government-supported formal education, WFP should advocate on behalf of those children of the hungry poor who may not have access to the formal school system. In Zambia, the Government considers "adopting" community schools into the formal sector once those schools meet basic minimal standards (e.g. are in operation for two consecutive years) and WFP, with UNICEF and other partners, could help to move this process forward.

### *Basic schools*

In spite of the constraints on and expenses involved in sending a child to school, many food-insecure families are able to do so with the assistance of various NGOs, church groups and philanthropic individuals. For this reason, it is important to include basic schools in programmes targeting orphans and vulnerable children. WFP fully supports the policy of "one school, one canteen" (a canteen in every school) currently being advocated by the Government of Côte d'Ivoire and many other national governments throughout sub-Saharan Africa. Basic schools provide opportunities for identifying orphans and other vulnerable children since these children tend to stay on campus when other students go home for lunch. This was confirmed at a primary school in Côte d'Ivoire through interviews conducted with the only students left on site during lunchtime.

In some countries, students are charged a fee per meal to support their school's school feeding programme. Numerous students reported that although there was a canteen and a school feeding programme at their school, they were not able to afford even the minimal fee for the meal.[33] When asked, parents said that they were unable to provide their children with the fee every day, but gave the children money when they had it. On the days when the children had no money, they went hungry.

Caution should be exercised when considering the provision of take-home rations to orphans and children affected by HIV/AIDS through the basic school system.

When it comes to practical interventions, distinguishing orphans from other vulnerable children is not useful. In fact, there are considerable drawbacks in doing so, including exacerbating the social stigma these children already endure.

If take-home rations are provided in a school context, the assistance should be extended to all vulnerable children of food-insecure and high-dependency households, not just orphans. Targeting should be done by selecting clusters of schools in food-insecure areas with community-based mechanisms in place.

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33  In Côte d' Ivoire the fee was 25 FCFA (US$0.03).

Two years ago, scholastic material and uniforms were provided for orphans in the Bondoukou area of Côte d'Ivoire. Children in the community, who were equally poor, but not orphaned, were not assisted. The resulting resentment isolated the orphans from their peers and raised tensions within communities. A number of children were reported to have asked ironically whether they had to kill their fathers in order to be able to obtain uniforms and books!

Identifying orphans through the school system seems fraught with challenges. In Côte d'Ivoire, the Mutualité (Board of Education) spoke of plans to set up tracking systems to identify orphans enrolled in schools, but this has yet to be done. Teachers do not systematically require students to provide family details, and in the few instances that they do, only the father's name is requested, which leaves maternal orphans overlooked. Many children prefer to hide their orphan status from teachers and schoolmates. However, teachers are often able to identify which pupils are vulnerable by observing their physical appearance (e.g. badly braided hair).

## What WFP could do

Food can be used in basic schools in more ways than traditional school feeding. Other options include take-home rations, food bursaries, food for work and food for training.

•	Making a meal or snack available in school combats short-term hunger and improves the ability of children to concentrate on their schoolwork. This is particularly crucial, as most children walk long distances to school on an empty stomach, sometimes without having had dinner the evening before.[34] The establishment of a canteen in a school would provide a springboard for the revitalization of a community: It would provide jobs for women and could be targeted to female heads of household. Health and HIV/AIDS sensitivity training could be spliced into the requisite hygiene training. And the women who ran the canteens would be a natural foundation for more formalized women's groups that could later participate in literacy, numeracy, small business and legal training.

•	WFP could provide food bursaries (limited amounts of food, dry rations or wet meals), which would allow selected students in need to eat for free. Representative community groups (such as the "village committees" currently being set up in Côte d'Ivoire) could award the bursary on a case-by-case basis and distribute it on a weekly, monthly or yearly basis. Community involvement in the selection of beneficiaries and the distribution of food would be essential for helping ensure that the most vulnerable children and families were reached. The benefits of this intervention would be significantly increased when used as a complement to existing bursary schemes that provided needy students with learning materials and uniforms.[35]

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34	Concern has been expressed that the provision of a meal to children in school may lead to food being withheld at home, under the premise that the children have already eaten "their share". A study done by Catholic Relief Services (C. Janke, July 2001) indicates that this happens infrequently and that women in the household tend to distribute equitably among family members whatever food is available, regardless of whether her children have received food at school.

35	Currently the Zambia Education Capacity-Building Programme (ZECAB), a joint programme of the European Commission and the Government of Zambia, provides academic bursaries to 40,000 orphans and other vulnerable children. ZECAB provides uniforms, learning materials and school fees to its beneficiaries, but it is prohibited from including any food component in the bursary. As the students who receive these bursaries are from poor families and disadvantaged backgrounds, it is fair to assume that they are also food insecure.

• Food-for-work programmes should focus on public works that are directed towards improving existing educational structures or constructing new ones. These programmes could be used to ensure that the basic schools had adequate toilet facilities and water supplies.

• Basic schools are appropriate venues for the implementation of health interventions of which orphans and vulnerable children are often in dire need. Deworming activities, anti-AIDS clubs and health and hygiene training are all useful complements to the provision of any food aid.

• The effectiveness of take-home rations as a method of raising levels of enrolment and attendance is well documented. Take-home rations serve the additional function of improving food security in the home, whether through the direct consumption of the food or through its sale to generate income. If available resources permit the targeting only of orphans, it is imperative to ensure that doing so will not have adverse effects.

## Informal education

In time, the socio-economic shifts that have occurred in Zambia, and other hard-hit countries, as a result of the pandemic will be mirrored elsewhere in sub-Saharan Africa and Asia. Informal educational institutions have sprouted as a reaction to the unmet demand for education and the inability of the formal educational institutions to adapt fast enough to meet the special needs of orphans and other vulnerable children (such as flexible schedules and curricula with skills-based components). The following examples of informal education systems described below offer entry points for WFP involvement.

### *Interactive radio listening groups*

Drawing on lessons from "distance learning" models, educational radio broadcasts can provide a learning opportunity for orphans and other vulnerable children who do not go to school. In Zambia, the Ministry of Education is piloting an Interactive Radio Initiative in response to the growing number of orphans who have dropped out of school. The educational programmes, aired 30 minutes each day, are designed to follow the basic school curriculum. During and after the broadcast lesson the children interact with a mentor, usually a young adult who has completed at least grade 7. Broadcasts are followed by up to one hour of related activities led by the mentor.

One community in Zambia is providing a model for the rest of the country. In Chikuni (Monze District), with the support of the community radio station and the Catholic Mission, 34 radio listening groups have been established at 16 centres, and 55 more groups are planned. Mentors recruited from the community are given initial training and then are provided with teaching kits. They then receive in-service training one day every month and three days' special training twice a year. Evidence shows that the quality of education the children receive is higher than that of many rural schools and that those children who complete the radio curriculum feel encouraged enough to want to transfer to formal school. Currently 1,000 orphans are receiving financial support to attend formal school. There are approximately 3,000 orphans in the programme catchment area, mostly orphaned as a result of AIDS. Although the radio station has a target audience of 50,000 (adults and children), they

estimate that up to 500,000 people listen to their education, information and entertainment programmes. Three of the 34 existing listening groups are for adults, who tune in to weekly programmes on development education, including best practices on food management, maize storage, grain-banking, and nutrition and HIV/AIDS education.

**From an interview with the Programme Director of the Chikuni Community Radio Station Monze, Zambia**

## What WFP could do

Food assistance could be used in conjunction with innovative learning technologies such as the Government of Zambia–sponsored Interactive Radio Initiative or local community radio initiatives that air regular development, health, nutrition and HIV/AIDS education programmes.

• WFP food rations could be provided to food-insecure families to help enable regular attendance at radio listening groups and related educational activities linked to the groups. Modeled on the standard take-home ration modality, provision of a high-value commodity to orphans and other vulnerable children could take place after the children met minimum participation criteria.

• In the context of food for work, food could be provided to food-insecure community members in exchange for the construction of radio listening centres.

• Radio is a powerful, wide-reaching medium. A recent UNFPA study shows that the vast majority of Africans, especially females, get most of their information about HIV/AIDS from the radio. Taking advantage of this important medium, food for training could enable older orphans and other vulnerable children (and widows) to take part in a variety of distance-learning courses, including literacy, nutrition, food management and HIV/AIDS or in

apprenticeships in radio repair.

• Mentors or radio group leaders, who are from the same community and who are often food-insecure themselves, could receive individual rations to help ensure their regular participation and minimize their need to seek paid work elsewhere.

• In Zambia, the United States Peace Corps has just assigned eight new volunteers to work with the Interactive Radio Initiative. WFP could provide food assistance to the orphans and vulnerable children involved in the programmes that are being coordinated by Peace Corps volunteers. Such a partnership could achieve a synergy of efforts and contribute to improved attendance, community participation and monitoring of food distribution.

## Strengths

Any opportunity for orphans and vulnerable children to receive guided instruction and supervised socialization can be considered positive when the alternative is nothing. In the case of the Interactive Radio Initiative, a sense of pride of ownership is fostered since the community is responsible for identifying the listening centres, securing a mentor and providing a radio. The orphans and other vulnerable children who take part in the interactive radio listening groups are exposed to science, math, social studies, language instruction and some HIV/AIDS education and

life skills training. Some communities are so committed to the success of the radio listening groups that they have instituted academic contests for the children and regular in-service training and prizes for mentors. The most successful radio listening groups in Zambia appear to be those affiliated with the Catholic church–supported community radio station in Monze District. Success can be attributed to the established infrastructure, well-organized programme and in-service training, community involvement, consistent funding and a community that historically values the benefits of education.

## Limitations

The success of radio listening groups depends greatly on the commitment of the community, and sometimes it even hinges on the ability to procure a radio. Many of the radio groups struggle to sustain the effort and experience difficulties in finding material support and strong leadership. More specifically, the Interactive Radio Initiative in Zambia is a pilot programme and currently offers instruction only for grades 1, 2 and 3. Although the mentor plays a pivotal role in sustaining the listening group, the tangible support that the community is supposed to provide to that individual in most cases does not materialize. With mentors working on an entirely voluntary basis, their attendance can be erratic, and their morale can suffer, and when a better opportunity comes along they often leave.

## Community schools

Community schools are grass-roots institutions

that condense the standard seven-year government curriculum into four years, do not charge fees and do not require the students to wear uniforms. Most of the teachers at community schools are unqualified volunteers who have completed grade 9. Community schools were originally started to enable those children who had missed out on their basic schooling (mostly orphans, especially girls) to catch up with the government curriculum by the end of grade 7. Thus, children entering community schools were always older than their counterparts at government schools.

The fact that the age at which children enter community schools is getting younger points to the increasing use of community schools as a parallel school system for poor children whose families are unable to pay fees or find a formal school nearby. Community schools are often convened under a tree, with no furniture, materials, or access to water or toilet facilities. Some communities assume a greater supportive role and provide shelter, sink a borehole and build latrines for the children attending these schools.

In the case of Zambia, the Ministry of Education can bestow official basic school status upon a community school, and therefore supply qualified teachers to that school, when the school meets a certain minimum standard for two consecutive years. In 1999, there were 219 registered community schools serving 12,954 boys and 13,390 girls. A study conducted by CARE found that community school students, both boys and girls, performed better than their counterparts at government schools in all sections examined in the competency test.[36]

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36  As reported in, A Mid-Term Review of the SCOPE-OVC Programme in Zambia (October 2001) by Anne Sikwibele, Chipo Mweetwa, and John Williamson.

## What WFP could do

All students, without exception, who were interviewed at community schools, indicated alarming levels of hunger. Nearly all the children had not eaten breakfast on the morning they were interviewed; many had not eaten since early the day before or longer. Students are required to bring their own lunch provisions, but too often the family is unable to send anything along with the child. One child mentioned that he did not bring food to school with him because it would only be taken and eaten by the other children. The student body of these schools is made up of children from families that cannot afford to send them to formal school. There is a high likelihood that these families are also food insecure.

• WFP could consider providing a high-energy snack or mid-morning meal to the students of these institutions and to their teachers.

• WFP should develop partnerships with other United Nations agencies such as UNESCO (curriculum development, teacher training) and UNICEF (teaching materials, water and sanitation) in order to deliver an integrated package to the schools – with WFP providing food and partners providing other inputs. Complementary deworming activities along the lines of those proposed at the Partners for Parasite Control meeting[37] should be readily applied, as many of the children were visibly suffering from intestinal parasites. The ongoing partnership with WHO for the provision of cheap, effective drugs to combat schistosomes

(a parasitic tropical flatworm) and soil-transmitted helminths (any of various parasitic worms) would enable the children to receive maximum nutrition from any food provided at the schools.

• In the context of food for work, food could be provided to community volunteers in exchange for the construction of latrines and wells.

## Strengths

Children can attend these schools free of charge and without uniforms. Since classes are held in shifts, pupils are able to attend school as well as take care of other household obligations. Children can "catch up" with formal schooling. The schools can respond quickly to community and learner needs and they represent a tangible activity to benefit orphans, parents and the community as a whole.[38]

## Limitations

The teachers at community schools typically have no formal grounding in teaching methods and rely on rudimentary teaching guides. The fact that they are volunteers means that their attendance can be irregular, either because of flagging motivation or because they need to take on other work to survive. The teachers will often leave if they are offered a better prospect. Many schools borrow buildings that may be reclaimed on short notice for other purposes. In Zambia, there is ongoing debate over the proliferation of community schools as an alternative to formal schools and over the quality of the education

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37 Rome, 25-26 April 2002 and Geneva, 20 June 2002.

38 UNICEF/USAID/Government of Zambia, Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999..

they provide. The concern is that community schools may become second-rate institutions catering for the poorest and most disadvantaged in society and that the state might feel itself absolved from the responsibility for such schools.[39]  Although in theory the schools offer children the opportunity to catch up with their formal schooling, their low educational standards, combined with poverty, mean that few students actually transfer to formal schools.

### Vocational training centres and apprenticeships

Orphans and other vulnerable children, particularly girls, who have never enrolled in school, who have dropped out or who have been taken out of school will have limited opportunities to find reasonably paid, secure work as adults. For older orphans and vulnerable children, especially those heading households, training in a marketable skill or trade (e.g. off-farm agriculture, secretarial services, tailoring, hairdressing, catering, motor mechanics, radio repair, small business management, carpentry or plumbing) can provide them a secure future and guarantee their economic survival. Vocational training is needed also to rebuild a pool of self-reliant, skilled adults to replace those being lost to AIDS. Households with skilled members who can contribute to food production and income generation are less likely to be food insecure. Training programmes for widows—in literacy, numeracy, small business management and income generation—can also help safeguard

household food security and make it possible for the children in the family to go to school. In some cases, an apprenticeship approach can be more cost-effective than starting a new vocational centre.[40]  It also provides trainees with opportunities to learn how a business functions and provides contacts that may lead to future employment.

## What WFP could do

• WFP could provide family food rations to selected orphans and vulnerable children while they were enrolled in a vocational course of study, thus ensuring that they and their families were fed for the duration of the programme. Such assistance could be channelled either directly through the training centre or through NGOs and/or associations of people living with HIV/AIDS.

• Some vocational training centres are residential and draw students from outside the area, while others are situated in the communities they serve. Canteens could be set up in the former.

• Many students who do manage to complete the often lengthy courses of study are then unable to take advantage of their new skills due to the lack of start-up capital or equipment. Food for assets could be offered to allow those who have completed their course of study to launch their professional careers. Providing food assistance for a limited time following graduation could ensure that a graduate gets off on a solid career footing. Additionally, WFP should favour training facilities that provide

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39  UNICEF/USAID/Government of Zambia, Orphans and Vulnerable Children: A Situation Analysis, Zambia 1999; Coombe and Kelly, 2001; NGO roundtable discussion at WFP/Zambia, 15 May 2002.

40  Such as the UWESO (Uganda Women's Effort to Save Orphans) Savings and Credit Scheme for Orphan Entrepreneurs, which links orphans and local artisans for on-the-job training. Orphans earn as they learn and are loaned money to start their own micro-businesses after completing their training.

small-business advice and microcredit schemes for graduates, both of which were cited by interviewees as lacking in most training programmes.

• In the context of food for work, food could be provided in exchange for the construction of vocational training centres in remote rural areas with large numbers of orphans and other vulnerable children. Before such an activity is undertaken, however, WFP should work with its NGO partners to make sure that the courses to be offered are in response to the local market need and that the training staff are properly qualified.

## Strengths

Through training and apprenticeships, orphans, other vulnerable children and widows are able to gain lifelong skills that ensure their livelihoods and, therefore, the future food security of their families. The potential success and profitability of such programmes, however, will require careful market research prior to implementing them. In order to ensure their future profitability, only those businesses with growth potential should be selected.

## Limitations

Some church groups and local NGOs provide scholarships for vocational training to older orphans and other vulnerable children, especially those who are supporting families. However, certain trade and craft programmes can take more than two years to complete, making it impossible for children who have other responsibilities—such as raising their siblings—to participate.

Many training programmes offer no placement or start-up assistance after graduation. The necessary start-up capital for a business such as carpentry or auto mechanics can be prohibitive and create a situation for the student who has no money to purchase the tools of the trade needed to begin to earn an income.

Sometimes the programmes being offered and skills being taught offer no realistic opportunity for future gain. For instance, tie-dye training can offer young women new skills, but if the overall demand for tie-dyed products is low or the quality does not meet marketable standards then the effort will be unprofitable and fail to achieve its goal.

# INTERVENTIONS THAT SUPPORT THE FAMILY

Evidence shows that children with both parents alive have higher school enrolment rates than do children who have lost one or both parents.
Care and support for those who are chronically ill and for their families is essential for prolonging the quality of life of the patient, keeping the family intact and food secure, and keeping the children in school.

Care and support can include medical, physical and nutritional care and counselling for the patient, and nutritional support, skills training, counselling and education for family members.

Long before an infected family member dies, the family can exhaust its entire savings and the nutritional welfare of the household can suffer.

Some HIV-positive beneficiaries directly attribute their—and their families'—physical and emotional survival to the WFP food they received. A common concern voiced by many of the beneficiaries interviewed was that they wanted some way to secure an income for their families.

The provision of food rations should be linked to skills training or microcredit schemes that would guarantee their survivors an income or enable those who had to give up strenuous work to be retrained in a new skill.

## Support to the household

Poor families suffering from the full impact of AIDS can literally be on the brink of survival. Without external assistance, many families would sink into destitution and many children would be forced onto the street. Food is frequently one of the primary needs cited by families affected by HIV/AIDS.[41] For the family described below, the standard WFP modalities of school feeding and food for work would be woefully impotent.

Not only can the mother not work due to chronic illness, but also the family's limited income and acute living situation make it difficult, if not impossible, for the children to go to school. Even the standard family food basket may not be appropriate given the mother's extra nutritional requirements.

Mrs Manda is a 45-year-old widow with full-blown AIDS. She has four children (aged 5, 7, 10 and 15). Enrolled in a peri-urban home-based care programme now for three months, she is currently being treated for a painful outbreak of herpes zoster (shingles) on her face, neck and chest.

Mrs Manda's 15-year-old daughter, Jenes, dropped out of school in grade 4, before her father died. Depending on how often she works, Jenes can earn 55,000 Kwacha (about US$13) a month as a maid or in a restaurant. When her mother is sick, she stays home from work to care for her, look after her younger siblings who are not in school, and cook the small amount of "mealie meal", beans and oil the family receives through the home-based care project.

**Chipulukusu Compound, Kitwe, Zambia**

In order for WFP to support a family like the one described above it is necessary for the Programme to view the family—all members of the family—in the context of their immediate and long-term needs. As the vulnerability of a child—especially a girl —begins when a parent falls ill, it is important to intervene with supplemental rations to bolster the food security of the household before the parent or adult breadwinner dies, as well as to cushion the impact after death. Working through organizations that provide home-based care and other critical support can facilitate targeting and monitoring.

### *Integrated care and support centres*

Integrated care and support centres serve the chronically ill and their families by providing holistic and comprehensive care to patients and survivors. The centres offer a combination of in-home and on-site services for registered families

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41  Studies in Zambia and Cambodia support this claim as does anecdotal evidence from Malawi and other countries.

in the community. Services may vary somewhat but can include treatment and home-based care for tuberculosis (TB) patients and people living with HIV/AIDS; health and nutrition education; supplemental food rations; voluntary counselling and testing (VCT); psychosocial support and legal counselling; skills training for prevention and management of TB, HIV/AIDS and other sexually transmitted infections; skills training for income generation; and informal education for orphans and vulnerable children.

### Home-based care

Although specific services and modalities can differ, most home-based care programmes are organized around a network of community volunteers supervised by nurses or trained health workers. Home-based care teams visit registered chronically ill patients in their homes to provide free services such as: physical and medical care, counselling and emotional support, pastoral support, welfare assistance for the most needy patients, supplemental food rations for the patient (and sometimes the family), HIV/AIDS prevention information for family members, and assistance to surviving families. Some home-based care programmes have emerged from the cooperation between health centres, hospitals or clinics and local community volunteers. Many of these programmes have church affiliations.

## What WFP could do

• WFP could link up with and use food aid to reinforce home-based care programmes.

When feasible, special individual rations for the chronically ill member of the household should take into consideration that member's higher protein and energy needs and should include foods that are palatable and easily digestible. The standard family food basket should be provided for the rest of the household.

• The oldest child in the family and/or other healthy adult members should be supported through food-for-training opportunities that promote marketable skills. The challenge here, however, is for the training schedule to take into account nursing and care responsibilities at home. This is especially true in the case of girls and young women, as they are most frequently the ones confined to the home, and even a few days away may be problematic for them.

• Children of school age should be enabled to go to school—ideally to attend basic school but failing that, informal education. A meal provided in the learning environment would help alleviate their short-term hunger, enhance their concentration and take some of the burden off the family.

• For pre-school orphans and vulnerable children, WFP could provide morning meals through Head Start–type programmes[42] and Early Childhood Development Centres.[43] Some centres are pre-schools and others are community-based childcare centres, but all try to integrate orphans into the social structure of the community by including non-orphans.

• WFP should review the average size of the household in countries heavily affected by HIV/AIDS to ensure that the standard family ration is realistic. In Zambia, as in most WFP countries, the family ration is figured based on

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42  Head Start is a United States Government programme to increase school readiness for pre-school–aged children. Several Catholic Missions in Zambia expressed intentions to initiate a similar programme.

43  Such as those jointly established by UNICEF and the Government of Malawi as mentioned in Assessment and Improvement of Care for AIDS-affected Children under Age Five, by Lusk, Huffman and O'Gara, May 2000.

five household members, but the average household in that country has increased to six (official Government of Zambia estimate), while some people believe that seven is a more realistic number.

## Strengths

Addressing the needs of the chronically ill within the family context can improve patient care. All members of the family are offered specific services and support based on their individual needs.
Ideally, both short-term
(e.g. medicines for infections) and long-term
(e.g. education and training) needs are covered, thus helping the family, especially women and children, prepare for a future without their loved ones. Home-based care projects have all been created from the ground up and demonstrate the commitment of local communities to address the needs of the poor, neglected and chronically ill members of their communities. Some communities are able to provide some support for the volunteers (e.g. a small plot of land,

farming assistance, discounted maize or other staple, an umbrella, shoes or T-shirt with a logo), which helps to buoy morale and bolster the commitment of the volunteer caregiver.

## Limitations

Integrated care and support centres are scarce, usually available only in urban or peri-urban settings, and their capacity often cannot meet the demand. They depend on concentrated effort and support from both the community and external partners, which often are not forthcoming. The educational opportunities for orphans and vulnerable children vary from centre to centre but often do not include an on-site meal as part of the programme. Furthermore, many of the community volunteers, who are as poor and equally affected by the epidemic as those they serve, receive little or nothing for their services. Volunteers complain about how difficult it is to give away food to patients and their families when they themselves are struggling to feed their own families, including orphans in their care.

# OTHER WAYS TO USE FOOD AID

## Building the capacity of volunteers

Most community-based initiatives depend on volunteers to initiate, implement and sustain activities. These individuals are recruited from the community they serve and often suffer the same challenges as their neighbours. Many volunteers struggle to maintain their commitment while meeting their own basic needs. Food assistance could greatly improve the attendance, performance and morale of

community health or nutrition volunteers, home-based care volunteers and interactive radio mentors.

• WFP could provide a high-value commodity to community-recruited volunteers who met certain monthly attendance criteria. By linking up with existing informal educational activities and with care and support programmes, WFP could enable the uninterrupted participation of individual trainers, mentors and caregivers.

• WFP could partner with NGOs to identify and recruit volunteers from among older orphans and vulnerable children or caregivers, whose involvement and commitment can be critical to the success of community-based initiatives.

## Building the capacity of teachers

Teachers and mentors are increasingly being thrust into the role of HIV/AIDS educators, having to assume responsibility for AIDS awareness raising and prevention counselling for young people. However, teachers are also one of the groups most highly affected by HIV/AIDS, (i.e. they experience a high rate of infection). Much education is needed in their population before serious behaviour change is sustained. It is therefore unrealistic to expect them—with no training in the subject—to become role models, advisers and counsellors to youth. Not only do they require HIV/AIDS information for their own protection, but they must also be trained in how to communicate the same information sensitively and effectively to young people.

Of further relevance for students and teachers alike is the well-established link between nutrition and HIV/AIDS. Nutrition-related curricula and practical lessons (e.g. school production activities, school gardens) can be used to emphasize the important role that a healthy balanced and varied diet can play in protecting against HIV infection and in slowing the progression of HIV to AIDS. Of course, to provide children with the knowledge they need to pursue and maintain a healthy lifestyle demands that teachers be appropriately trained in nutrition-related material.

• Food for HIV/AIDS training could be implemented for teachers, mentors and community health volunteers (who are themselves food insecure) to ensure that individuals responsible for teaching young people have the necessary information and skills to communicate culturally and personally sensitive information.

• Food for nutrition training could also be used to train the same teachers, mentors and community health volunteers in the importance of good nutrition and food handling and management. Nutrition education could be provided in conjunction with the tending of school gardens, and the produce grown could help support a school feeding programme. Community health volunteers could also be trained in optimal nutrition and issues related to infant feeding.

## Institutional support

### Drop-in centres

Drop-in centres, located primarily in urban areas, offer street children a safe and secure place to get off the street for a few hours, and sometimes for the night. They provide a variety of services, ranging from a meal and a place to wash to informal education, HIV/AIDS counselling, and legal and protection services.

• WFP could provide food assistance to drop-in centres that offered learning opportunities and educational support to street children. Food could be provided directly to the drop-in centre or channelled through the local and international NGOs that supported programmes for street children (e.g. Project Concern, YWCA).

## *Orphanages*

Albeit the last resort, orphanages provide a critical and potentially lifesaving alternative for some orphans, especially in the case of girls. While some do not, many orphanages and group homes have strong links either to their own on-site schools or to those in the community.

•    WFP could provide food assistance to orphanages that guaranteed educational opportunities to their residents. Food support could be provided directly to the orphanage or, in the case of those run by religious institutions, channelled through the church.

Before WFP agrees to provide support to an orphanage it is important to ascertain that there are strict screening criteria governing which children are admitted. In the past, cases where children were told to misrepresent their situation, or where their situation was misrepresented for them by family members who thought the children better off in an institution, have resulted in dire consequences. If food assistance is provided to an institution, it should also be made available, through a local structure, to the most vulnerable children and households in the same area. Otherwise, children may be attracted to the institution or pushed out of households into the institution because of the incentive of food.

# CONCLUSIONS

This study was undertaken to help WFP better understand the situation of orphans and other vulnerable children, especially their access to education, and to determine the role that food aid might play in helping them. Though data can vary greatly among countries, overall, orphans appear to be less likely to attend school than non-orphans. Their living situations and particular constraints often keep them from pursuing an education. Orphans and children affected by HIV/AIDS face stigma, discrimination and differential treatment within their communities, schools and even their own families. The specific effects of orphanhood differ according to gender, with girls and boys vulnerable in different ways. Whether a child is from an urban, peri-urban or rural community will also have implications for programming.

The education sector has been particularly hard hit by the HIV/AIDS pandemic. Educational systems are a critical weapon for halting the spread of HIV and must begin to see themselves in this light. Education for All is a major policy for reducing the spread of HIV/AIDS since it is known that higher educational attainment can translate into lower rates of new HIV infections.

Programmes that target orphans and other children affected by HIV/AIDS should do so cautiously, to avoid compounding the children's suffering. As the World Bank study points out, the diversity of conditions among orphans makes it critical that mitigation measures be tailored to specific country contexts. With some exceptions, orphan status in most countries is not a good targeting criterion for traditional programmes aimed at raising enrollment rates, such as those that provide free textbooks, uniforms, school fees, medical care and supplementary feeding. Programmes that provide orphans with things that other children or family members lack may result in orphans being redistributed among households. Although there is a strong tradition of redistributing children across households for fostering, it could cause a concentration of orphans in some households that may or may not result in improved welfare.[44]

Resources permitting, it is generally better to target an entire household rather than an individual child, or in the case of a school, to target all students rather just orphans. To minimize related difficulties (e.g. attracting students away from government schools and into community schools), targeting should be done by clustering and should be facilitated through community-based identification mechanisms.

WFP food assistance for education can be used in more ways than traditional school feeding. Other options include take-home rations, food bursaries, food for work (e.g. improving existing educational structures) and food for training (e.g. HIV/AIDS education for teachers). In conjunction with national governments and NGOs, WFP should support community schools, innovative learning technologies (e.g. radio listening groups) and vocational training courses to ensure that the maximum number of orphans and other vulnerable children are

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44  Ainsworth, M. and Filmer, D., Poverty, AIDS and Children's Schooling: A Targeting Dilemma. World Bank Policy Research Working Paper 2885, September 2002.

receiving some form of education and that the older ones become self-reliant in the near future. By addressing the needs of the chronically ill within the family context, children in the family can stay in school. WFP's current modalities of school feeding and food for work are likely to be inadequate for achieving this.

The effectiveness of WFP's role in improving access to education for orphans and other vulnerable children will depend on the extent to which dynamic partnerships can be built. WFP must find ways to complement existing efforts and create synergy among government, NGO, donor and local actors who are already involved with programming and support for these children.

# ANNEX

## Principles of Programming for Orphans and Vulnerable Children

A set of 12 principles, developed through consultations involving governments, international agencies, NGOs, community organizations and young people, serve as a point of reference for all programmes for children:

1. Strengthen the protection and care of orphans and other vulnerable children within their extended families and communities.
2. Strengthen the economic coping capacities of families and communities.
3. Enhance the capacity of families and communities to respond to the psychosocial needs of orphans, vulnerable children and their caregivers.
4. Link HIV/AIDS-prevention activities, care and support for people living with HIV/AIDS with efforts to support orphans and other vulnerable children.
5. Focus on the most vulnerable children and communities, not only on those orphaned by AIDS.
6. Give particular attention to the roles of boys and girls and men and women, and address gender discrimination.
7. Ensure the full involvement of young people as part of the solution.
8. Strengthen schools and ensure access to education.
9. Reduce stigma and discrimination.
10. Accelerate learning and information exchange.
11. Strengthen partners and partnerships at all levels and build coalitions among key stakeholders.
12. Ensure that external support strengthens and does not undermine community initiative and motivation.

Experience in working with orphans and other affected children has shown that five complementary strategies are needed to best protect and care for them:

1. Strengthen the caring and coping capacities of families by providing free basic education and expanding social welfare and income-generating programmes.
2. Mobilize and strengthen community-based mechanisms by establishing community-level orphan monitoring committees and community day-care centres.
3. Strengthen the capacity of children and young people to meet their basic needs and fulfill their rights by providing educational materials, life-skills education and vocational training.
4. Protect and enforce the rights of the most vulnerable by strengthening the capacity of government, at all levels, to promote legal reform (inheritance, property, adoption and fostering laws) and ensure access to social services for children.
5. Create an enabling environment to combat the stigma and discrimination generated by HIV/AIDS.