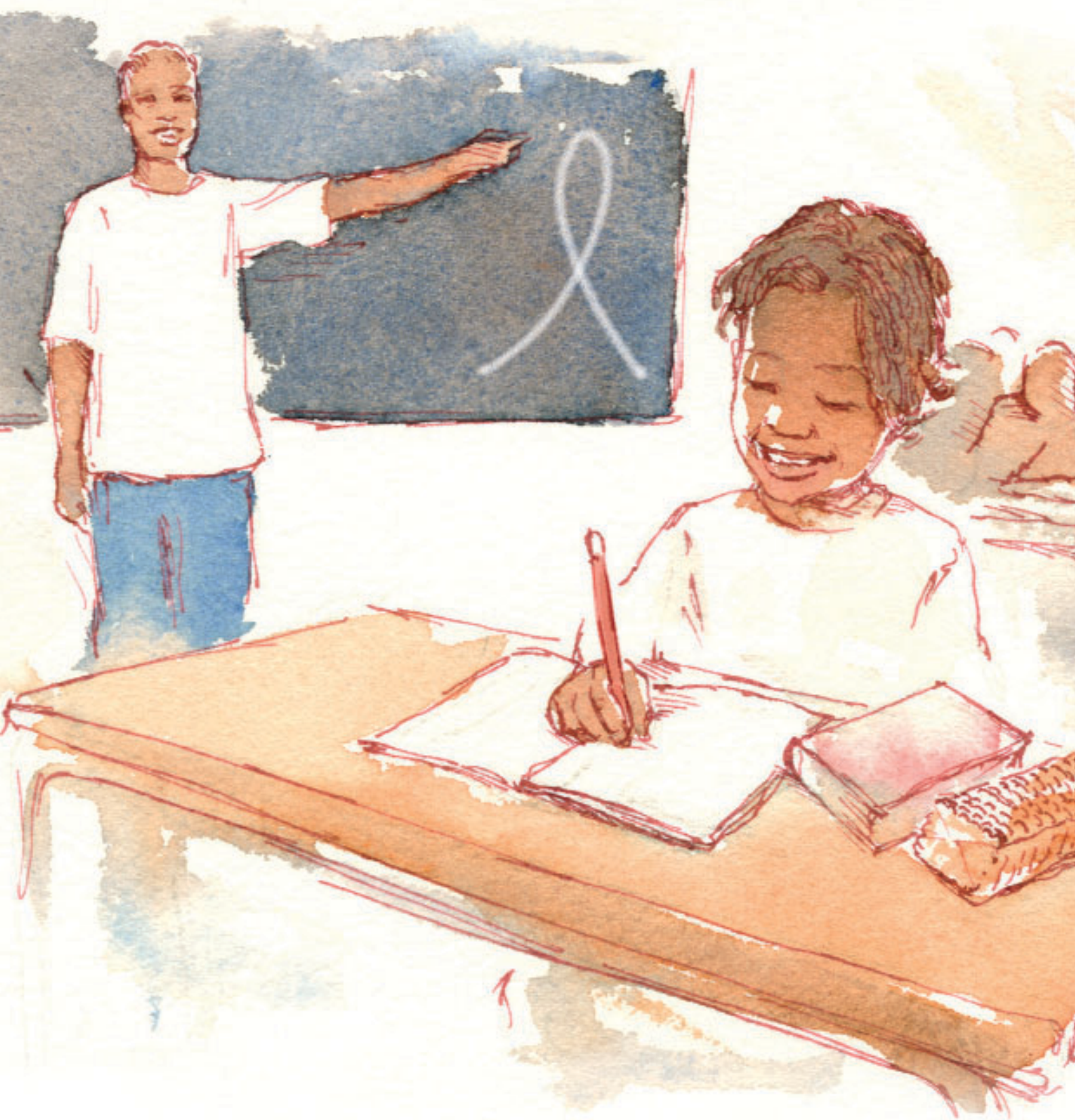




Getting Started: HIV/AIDS Education in School Feeding Programmes



World Food
Programme



Getting Started: HIV/AIDS Education in School Feeding Programmes

Purpose

The purpose of this document is to provide clarification for school feeding (SF) focal points and HIV/AIDS focal points on how to integrate HIV/AIDS awareness and prevention education activities into SF programmes. It presents a menu of ideas to do this. Country offices can select the activities appropriate to their needs and circumstances, as well as their capacity to undertake HIV/AIDS initiatives. The process of integrating HIV/AIDS into SF programmes varies among country offices: some country offices may be more advanced while others may just be getting started.

The document includes the following sections: basic actions; key questions to ask; specific partners to approach; guiding principles; and examples of best practices. Also included are some suggestions for taking on this new task, a glossary to give familiarity with and understanding of new terms, and additional HIV/AIDS resources.

What do we mean by “HIV/AIDS awareness and prevention education”?

HIV/AIDS awareness and prevention education means to promote health and prevent disease by providing the knowledge, the skills and the means to foster and sustain behaviour that reduces risks, improves care and lessens the impact of illness (UNICEF, 2003). Keeping children HIV-negative is vital to future generations, but this is impossible unless they understand how the virus is transmitted and how to protect themselves. Children must be educated about HIV/AIDS and taught skills that translate this knowledge into action: negotiation, conflict resolution, critical thinking, decision-making and communication. These skills improve children’s self-confidence and ability to make informed choices such as postponing sex until they are mature enough to protect themselves from HIV. HIV/AIDS awareness and prevention education should be done during early adolescence (ages 10 to 14) because studies have shown that this is the best time to establish enduring patterns of healthy behaviour. Increased HIV awareness and prevention could save 29 million people from infection by 2010 and bring down HIV infection rates among young people by a quarter (UNICEF, 2003).

What do we mean by “integrating HIV/AIDS awareness and prevention education activities into SF programmes?”

Integrating HIV/AIDS activities is the process whereby WFP takes the initiative to establish partnerships with the government, UN agencies and NGOs to ensure that HIV/AIDS awareness and

prevention education activities are incorporated into SF programmes. This is done in accordance with each country's context and national HIV/AIDS strategies. SF programmes can be a platform to support HIV/AIDS awareness and prevention education campaigns by appropriate partners, in the same way that nutrition education and deworming are incorporated into many current SF programmes.

Why is it so important for WFP to get involved with HIV/AIDS prevention?

- Because WFP is in the right place at the right time to respond. In both low and high prevalence countries, the lowest rates of infection are often among young people between 5 and 15 years of age – the same group we target with our SF programmes.
- Prevention education provides the next generation with the knowledge and personal skills they need to protect themselves from possible future HIV/AIDS infection.
- HIV/AIDS is a priority area for WFP to address, as stated by the Executive Director.
- WFP is a co-sponsor of UNAIDS. As such, WFP is working with other UNAIDS co-sponsors at the Headquarters and country levels to help the world to prevent new HIV infections, care for those already infected and mitigate the impact of the epidemic.
- SF programmes are a critical entry point for mainstreaming HIV/AIDS into WFP's activities.
- HIV is directly linked to our work, and our programmes provide unique opportunities to complement other partners in responding to the epidemic.
- Children provide a window of hope for stopping the spread of HIV/AIDS. Hence it is vital that we educate them on how to protect themselves.



What is WFP's role?

WFP's mission as the food aid arm of the UN is to use its food to meet emergency needs and support economic and social development. WFP's SF programmes contribute to its mission by enabling children to attend school and helping to improve their nutritional status. WFP's SF programmes have resulted in strong working relationships with national governments, local and international NGOs and UN agencies. As a leader in SF and a co-sponsor of UNAIDS, WFP has a responsibility to ensure that HIV/AIDS-focused interventions are incorporated into these SF programmes. WFP's priority focus and role should be to support, encourage and facilitate partner governments, UN agencies and NGOs to implement HIV/AIDS awareness and prevention education in SF programmes.

Collaboration and partnership are essential. Given that WFP's core competencies are food and logistics, it must work with other organizations that bring other competencies and expertise to carry out HIV/AIDS prevention and awareness activities. Partnerships play a critical role in WFP's SF programmes. Governments, for example, usually oversee and facilitate the implementation of SF programmes; NGOs implement SF programmes, with a focus on strengthening community mobilization, monitoring activities and providing complementary inputs; UN agencies provide technical expertise. In essence, partnerships provide invaluable help to WFP in implementing SF programmes, distributing food and providing technical assistance.



What does WFP need to do?

Basic actions

- WFP staff members need to understand the current policies, players and interventions relating to in-country HIV/AIDS awareness and prevention education activities, and present WFP as a valid and willing partner in fighting the epidemic.
- Plan and coordinate with government ministries such as the Ministry of Education (MOE), Ministry of Health (MOH), national AIDS committees and local government, including district-level education offices, to integrate HIV/AIDS activities into SF programmes.
- Establish partnerships with UNICEF, UNESCO, UNAIDS, UNFPA and other agencies to develop and pursue a joint agenda. Ensure that these activities are a part of UNDAF.
- Expand opportunities with existing partner NGOs such as World Vision and CARE to include HIV/AIDS activities in SF programmes.
- Explore potential partnerships with other organizations, for example community-based organizations (CBOs) and NGOs with HIV expertise, that are present at the community level but not currently partners. These organizations are often already working with schools and communities; with support, they could implement HIV/AIDS activities in schools.

- Collaborate with the government and other partners to address the needs of orphans and vulnerable children to help them to stay in school.
- Identify schools that are implementing effective and innovative HIV/AIDS education activities, and work with the local government to replicate such models in the community.
- Utilize schools and school-related entities such as parent-teacher associations (PTAs) and school boards to reach communities to build awareness about HIV/AIDS.
- Mobilize and transport to schools HIV/AIDS videos, posters, pamphlets and brochures already developed by other organizations such as the MOH, UNICEF and UNESCO.

How can WFP do all this?

WFP can become an active participant in the fight against AIDS. Even without programme funding, WFP can initiate partnerships, enhance coordination among players and serve as a catalyst to get activities started.

Getting started

Gathering information and initiating partnerships

- Assess what is already happening in your country with regard to HIV/AIDS to build your own knowledge. Carry out a quick background desk study on HIV/AIDS awareness and prevention education to find out what has happened in the national government/MOE /local government already, what the plans are for the future and who the key players are (including UN agencies, NGOs, donors, researchers and others within your country). Draw on vulnerability analysis and mapping (VAM) data, as well as reports from UNAIDS, WHO, the government and NGOs to understand HIV/AIDS awareness and prevention activities that are already in progress.
- Join committees such as those on orphans and vulnerable children (OVC), prevention of mother-to-child transmission (PMTCT) and UN theme groups and country teams to establish WFP's presence and strengthen relationships with UN agencies.
- Initiate a meeting with the MOE to build consensus and understanding on what needs to be done and how WFP and the MOE can work together to integrate HIV/AIDS into SF programmes.
- Set up a one-day workshop with UN agencies and NGOs to document and share experiences in HIV/AIDS awareness and prevention education in the country and explore possibilities for collaboration and partnership. Include NGOs that have experience working with OVC, youth and HIV/AIDS and explore ways in which that expertise can be utilized to integrate HIV/AIDS into SF programmes.



Moving forward

School-based activities

- Investigate to see what schools are already doing to integrate HIV/AIDS into education. Work with the government to promote schools that are doing a good job in educating their young people as examples throughout the country by facilitating and encouraging exchange visits.
- Fund the reproduction of HIV/AIDS materials to distribute to teachers. It is important to make certain that the materials and resources are in line with the government's vision for HIV/AIDS education. If such approved materials exist, providing minimal funds for printing or assisting with their distribution may enable them to be used more widely and have greater impact.
- Distribute HIV/AIDS materials and resources to schools and teachers through WFP delivery systems. WFP should make enquiries with UNESCO, UNICEF and other experts who have developed good, well-received materials, and request some materials that could be distributed to teachers in schools where WFP delivers food.
- Identify schools that are already implementing activities to reach communities to address HIV/AIDS, and build upon those existing community structures. For example, in some countries schools are used as a venue for non-formal education, HIV/AIDS rallies, community dramas, town meetings, etc.
- Advocate for training programmes on HIV/AIDS awareness and teaching techniques for teachers, supervisors and government staff, in collaboration with the government and partners such as UNICEF.

Partnering with national and local governments and the MOE

- Encourage the MOE to visit other countries that already have HIV/AIDS, life skills and gender integrated into the national curriculum to understand better how to accelerate the process in their own country. Such exchange visits would provide valuable insights and lessons.
- Work with district education offices and help them to facilitate and organize town meetings, rallies and plays about HIV/AIDS to raise community and parental awareness and support. As representatives of the communities, school advisory committees (SACs) and PTAs are instrumental in mobilizing parents and communities.



Expanding to work with communities

- WFP should identify organizations that are doing adult literacy activities, and consider partnerships whereby HIV/AIDS education is integrated into the literacy programme as part of the curriculum. WFP's complement of food will help to provide incentives for participants to attend.
- Explore additional ways in which schools can be used to reach and support the community in the area of HIV/AIDS. For example, teachers can educate parents on HIV/AIDS awareness and prevention and get them involved with what their children are learning in schools.

Exploring creative approaches

- Collaborate with the Peace Corps and other volunteer organizations. The Peace Corps has education volunteers teaching in rural schools and health volunteers in rural clinics in almost every country where WFP works. There is potential for WFP to work with them to address HIV/AIDS in SF programmes and to carry out complementary activities such as school gardening, animal husbandry and income-generating activities to help OVC.
- Encourage and facilitate partnerships between schools, the MOH, health clinics and hospitals, which will not only help to further integrate HIV/AIDS awareness in SF programmes, but will also reach the community. For example, health facilities can provide resource materials such as videos, posters and brochures for teachers to use in the classroom, health workers can be guest speakers at schools and hold talks on HIV/AIDS with students and parents, and the MOH can conduct community HIV/AIDS rallies and assemblies at schools.

Going a step further

Orphans and vulnerable children and education

- Support the government in the development of education strategies that will ensure integration, promotion and provision of free primary education and nonformal learning opportunities that provide basic education for all children, including OVC.
- Join forces with district education offices, PTAs and SACs at the district level to implement support schemes for OVC. Waived or subsidized fees, bursaries and take-home rations, or some combination of these, may enable OVC to stay in school.
- Work with NGOs and the MOE to improve access to non-formal education alternatives such as vocational training, life skills and income-generating activities for OVC and out-of-school youth. OVC and out-of-school youth must be provided with opportunities to learn a skill if they are unable to access formal education because of the impacts of HIV/AIDS on their families and on themselves.
- Identify which NGOs are working with school committees, traditional community structures or PTAs and mothers' groups. These groups could be used for school and school-based activities such as identifying orphans and out-of-school children, delivering take-home rations to vulnerable families, educating the community on HIV/AIDS and providing non-formal education alternatives. These NGOs would make excellent partners.



Key questions to ask governments, UN agencies and NGOs

- Has the government trained teachers and staff on HIV/AIDS? If not, are there plans for it to be done? If it has been done, what was covered? Was it comprehensive, or were there gaps that still need to be covered?
- Is HIV/AIDS education in the curriculum? If so, does it begin in primary schools? At what age?
- Does the government have any manuals or handbooks on HIV/AIDS to supplement the curriculum? Have these been given to teachers?
- Do teachers have any other supplementary HIV/AIDS materials such as visual aids, videos, posters and pamphlets to help them teach the subject? If not, where can WFP collect such materials and distribute them to teachers?
- Are there any schools that can serve as good models for HIV/AIDS education?
- Are there AIDS clubs in schools? Does the government encourage such clubs?
- What partners are we currently working with that have expertise in the areas of HIV/AIDS and primary education?

- Is the government implementing any initiatives which involve the school in reaching communities, for example non-formal education/training for out-of-school children or adults, providing support for orphans or income-generating activities? Are schools used as centres for delivering services or as venues for advocacy meetings and town meetings about HIV/AIDS?
- Are there schools that can serve as models for community outreach activities with regard to HIV/AIDS?
- Does the government conduct HIV/AIDS community events such as rallies?
- Does the government have any programmes that target OVC?
- Who are the government's other partners in HIV/AIDS work and what are their activities?

Guiding principles

- Recognize the valuable role WFP has to play in the fight against HIV/AIDS.
- Ensure that SF HIV/AIDS education activities are in line with the government's vision.
- Launch pilot activities within current programmes.
- Establish new partnerships and strengthen existing ones in order to integrate HIV/AIDS education activities into SF programmes.
- Explore potential opportunities and entry points with new partners such as other UN agencies and NGOs to implement HIV/AIDS prevention education in SF programmes.
- Expand existing partnerships to include HIV/AIDS activities in SF programmes.
- Build on strong governmental partnerships to go beyond SF and utilize schools to reach and support communities.
- Initiate periodic exchanges with partners to help facilitate a timely response to overcome obstacles and move forward.
- Be flexible and consider partners' suggestions in addressing challenges.
- Involve young people and parents as participants and decision-makers, and make efforts to support teachers.
- Utilize experiences, expertise and the resources of other organizations and partners to integrate HIV/AIDS further in SF programmes.

Best practices

WFP/Uganda: WFP and UNHCR

WFP and UNHCR have been partners in SF since 2001 and partners in food for training (FFT) since 2002. The partnership is based on an integrated multisectoral approach that focuses on self-reliance, emergency and environmental activities. It targets PLWHA, young people in and out of school, out-of-school mothers, people infected with TB and food-insecure adults. UNHCR distributes food to schools with SF programmes and trains peer educators to serve as role models for students. In the FFT programme, WFP provides food to UNHCR-funded adult literacy programmes, which incorporate HIV/AIDS awareness into the lessons. There is great synergy between the two organizations and their work in these activities. According to UNHCR, the reason for success is that the agencies are both flexible and have jointly defined their roles and strategy for partnership.

WFP/Lesotho: the model school: Katlehong School, Thaba Tseka District

Katlehong School in Thaba Tseka district in Lesotho is a model not only for HIV/AIDS education but also for supporting OVC and utilizing schools to reach communities. Katlehong School is educating all students in grades 1 to 7 about HIV/AIDS; from grade 5, pupils are being taught life skills. The teachers and the Principal believe that “the children are the bridge between the school and the community” and that children must be educated about HIV/AIDS so that they can prevent themselves from becoming infected and so that they can educate their families. The school goes beyond teaching in the classroom, and it doesn’t let the lack of resources stop it from educating its students.

The school conducts off-site workshops for grade 7 on HIV/AIDS organized with the Peace Corps, and invites outside facilitators such as nurses, policemen and the Red Cross to speak about the subject. The teachers also improvise and make their own HIV/AIDS materials.

Katlehong School supports and assists OVC. It has taken the initiative and approached the Red Cross, and is implementing a school gardening project to help these orphans. The orphans apply the skills learned through the gardening project to their own livelihoods and plant home gardens. Katlehong School has approached other schools in the community to carry out the same type of gardening project to help their orphans.

Katlehong School works with the Peace Corps to provide clothes for orphans in the entire district.

WFP/Lesotho: WFP and the local government

WFP works in partnership with district education offices (DEOs) in all districts to implement SF. The government has a nationwide bursary scheme in which WFP is a partner. Education from grades 1 to 4 is free, so the bursary scheme is for grade 5 and above, which still require payment of school fees. In Maseru district, WFP and the DEO are working in partnership in the bursary scheme to help OVC, which provides school uniforms and textbooks. The government approached WFP to contribute to the bursary scheme by providing food. The partnership between the DEO and WFP is working well so far. Last year, 600 bursaries out of 1,000 applications were awarded to OVC in grades 5 to 9; all orphans who applied received a bursary. The school works with the SACs, who select needy students to receive bursaries. The SACs advise head teachers on how to manage and operate schools. SAC members are a head teacher, a local chief and representatives from parents and the church; they are selected by the MOE. The SACs plan, coordinate and implement all school-related activities. The SACs are one way in which the schools involve the community to help OVC, and they play an important role in identifying needy children for the bursary scheme.

WFP/Uganda: potential partner for SF: the Straight Talk Foundation

The Straight Talk Foundation (STF) is an adolescent-driven health communication NGO operating nationally in Uganda. STF is not currently a partner of WFP but there is great potential for a strong partnership. The foundation is a pioneer in adolescent sexual/reproductive/health communication in Uganda and produces several adolescent-targeted newspapers including Young Talk, a newspaper for primary school children, Teacher Talk, which is for primary school teachers, and Farm Talk, which is about agriculture and practical life skills for children. STF worked with the MOE to develop a handbook on HIV/AIDS for primary school teachers. The foundation would make an excellent partner because of its extensive experience working with the government to integrate HIV/AIDS into primary school education; its own track record in health communication would be an asset to WFP's SF programmes.

WFP/Madagascar

The WFP office in Madagascar began to get involved in HIV/AIDS activities in 2001. Despite the situation in the country, where there was minimal political will, strong denial of the problem of HIV/AIDS – the prevalence rate was less than 1 percent – and few resources available, the WFP office engaged in fighting the epidemic. WFP began by joining the UN theme group and other existing task forces to learn about the situation in Madagascar and learn how WFP could contribute to the country strategy. WFP/Madagascar examined its existing programmes to find activities that could serve as platforms for HIV/AIDS interventions, and identified (i) SF: building HIV/AIDS education into SF programmes and (ii) food for work (FFW): training and using food monitors to conduct awareness sessions during FFW activities. WFP discussed this prospect with the other theme group members, who agreed to work on a joint project. WFP wrote the project proposal, which takes WFP's expertise and resources and combines it with that of the other UN agencies, to achieve a common goal. WFP began by making an inventory of all materials and tools available for HIV/AIDS awareness and prevention education, identifying materials that can be modified for use in schools. Materials developed by UNICEF and UNFPA will be adapted and strengthened, and used to train teachers in WFP intervention areas. WFP/Madagascar began these activities using existing resources and programmes, and has since received a small amount of funding for this project.

Some suggestions for focal points taking on this new task

- Find out what is expected of you in your new role as HIV/AIDS and/or SF focal point.
- Start by having a meeting on HIV/AIDS and SF with WFP senior management and decision-makers in your office. Discuss how your office plans to integrate HIV/AIDS activities into current programmes and identify your priorities. You will need their support in the future, so it is important that they appreciate your new role and responsibilities as focal point.
- Keep Headquarters and regional office focal points informed about what you are doing so that they can provide information and support as needed. Establish relationships with people who can support you in these offices.
- Request that the work involved in integrating HIV/AIDS awareness and prevention activities is included in your job description.
- Build a network among local and international colleagues to help support HIV/AIDS awareness and prevention activities.



Funding

Many of the possible interventions mentioned can be started and implemented without additional funding. HIV/AIDS education should be integrated into current SF programmes, building on programmes that are already operational. For some activities such as teacher training or replication of materials, minimal additional resources may be required. When activities are done in collaboration with other organizations, partners may provide the principal funding. In some cases partners may not exist, and WFP will need to find additional funding. Explore possibilities in the WFP country office and local partner offices. There is a lot of untapped money for HIV/AIDS; country offices need to investigate locally to see what funding exists in-country and how to apply for it.

If you are unable to locate resources locally, pursue possibilities with your regional bureau. If this is also unsuccessful, the Headquarters School Feeding and HIV/AIDS Units may be able to help. Remember to be clear about your needs, and reasonable in your proposal.

Additional HIV/AIDS-related resources

UNESCO and WHO

- The *Resource Package for School Health Education to Prevent AIDS and STDs* includes a Handbook for Curriculum Planners, Student Activities and a Teachers' Guide. The resource package was compiled to assist curriculum planners to design HIV/AIDS/STD education programmes for their school systems for students aged between 12 and 16. The Handbook outlines the main steps in curriculum planning; Student Activities includes 53 activities that meet a wide range of objectives for teaching an HIV/AIDS/STD programme; the Teachers Guide contains instruction on how to teach each activity and background information for teaching a programme on HIV/AIDS/STDs.
- *Focusing Resources on Effective School Health: a FRESH Start to Enhancing the Quality and Equity of Education* is by UNESCO, UNICEF, WHO and the World Bank Inter-Agency Flagship Programme in the follow-up to the Dakar World Education Forum. This booklet describes the foundation and reasoning behind the partnership to Focus Resources on Effective School Health (FRESH).
- *School Health and Nutrition, Dakar 2000–Thematic Studies* is by UNESCO, coordinated by the WHO World Education Forum. This thematic study cites research-based evidence and country experience as the basis for the study's conclusion that comprehensive school-based health, hygiene and nutrition programmes are effective means to improve student health and thereby educational outcomes. The study reports that such programmes, when linked to and supported by the surrounding community, benefit not only students but school personnel, families and entire communities as well.

All of the above are available at: www.unesco.org

UNICEF

- UNICEF HIV/AIDS education and documents related to life skills available at: www.unicef.org

UNIFEM

- *Gender, HIV and Human Rights: A Training Manual* by M.B. Nath (2000) includes training modules aimed at raising awareness of the gender dimensions of HIV/AIDS. Available at: www.unifem.undp.org

Others

- The *Stepping Stones* training package by Alice Welbourn concerns gender, HIV, communication and relationship skills, and is designed for use with whole communities to challenge gender and inter-generational inequalities. For more information about translations, how it has been used and with what results, visit: www.steppingstonesfeedback.org. *Stepping Stones* is available from TALC, PO Box 49, St Albans, Herts, AL1 5TX, UK; or at: www.talcuk.org
- *Gender or Sex: Who Cares? Skills-Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers* is a training pack by Maria de Bruyn and Nadine France (2001). It offers a series of participatory workshop activities and concentrates particularly on violence, STIs and HIV, unwanted pregnancy and unsafe abortion. Download from: www.ipas.org/pdf/GenderBook.pdf and get the curriculum cards and overheads by e-mailing wardk@ipas.org
- *Lessons Learned in Mainstreaming HIV/AIDS: Flyers 1,2,3,4,5,6,7 and 8*. Oxfam (2001). Oxfam, Malawi. These flyers provide some lessons and ideas from Malawi on how to mainstream HIV/AIDS without changing the core business of an organization. Flyer 1 outlines some of the activities and lessons in the systematic process that Oxfam has used to mainstream HIV/AIDS in their Malawi programme. Flyer 2 illustrates what mainstreaming HIV/AIDS looks like in practice. Flyer 3 explores how to raise awareness of staff on how the epidemic affects them personally and professionally. Flyer 4 discusses how staff and organizations are infected and affected by HIV/AIDS and what constitutes good practice and the appropriate legal framework required for realistic and just workplace policies. Flyer 5 outlines the importance of local research in order to understand the effects on different groups in the community and on organizational capacities. Flyer 6 presents the key lessons of local-level research carried out by Oxfam. Flyer 7 provides the basis for programme review and modification based on the new understanding of HIV/AIDS on personal and professional levels, in the workplace and communities. Flyer 8 focuses on how to conduct an internal vulnerability audit. These flyers are available at: www.oxfam.org.uk or you can write to Oxfam at Postnet Suite 183, Private Bag X15, Menlo Park 0102, Pretoria, Republic of South Africa.
- *AIDS, Poverty Reduction and Debt Relief: A Toolkit for Mainstreaming HIV/AIDS Programmes into Development Instruments* (2001) by O. Adeyi, R. Hecht, E. Njobvu and A. Soucat. Department of Policy, Strategy and Research, UNAIDS. This toolkit aims at adding to the knowledge base to support analysts and decision-makers in their work to mainstream HIV/AIDS as a major item on the development agenda and to mobilize resources needed for intervention in the fight against the epidemic. As a resource for training at the country and sub-regional levels for country teams and their partner NGOs and donor agencies, the toolkit will enable the country teams to develop useful materials on scaled-up HIV/AIDS programmes for inclusion in the poverty reduction strategy papers (PRSPs). Available at: www.unaids.org

Glossary of HIV/AIDS-related terms

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

The most severe manifestation of infection with the human immunodeficiency virus (HIV). The Centres for Disease Control and Prevention (CDC) lists numerous opportunistic infections and cancers that in the presence of HIV infection constitute an AIDS diagnosis. There are also instances of presumptive diagnoses when a person's HIV status is unknown or not sought. This was especially true before 1985, when there was no HIV-antibody test. In 1993, CDC expanded the criteria for an AIDS diagnosis to include CD4+ T-cell count at or below 200 cells per microlitre in the presence of HIV infection. In persons aged 5 and older with normally functioning immune systems, CD4+ T-cell counts usually range from 500 to 1,500 cells per microlitre. PLWHA often have infections of the lungs (TB, pneumonia), brain, eyes and other organs, and frequently suffer debilitating weight loss, diarrhoea and a type of cancer called Kaposi's sarcoma. AIDS is a syndrome, so it is incorrect to refer to it as the AIDS virus.

ANTIRETROVIRAL DRUGS (ARVS)

Refers to the drugs used against HIV infection. Different classes of antiretroviral drugs affect HIV at different stages of its cycle.

ANTIRETROVIRAL THERAPY (ART)

A treatment that suppresses or stops a retrovirus, in this case, HIV.

GENDER and SEX

The term "sex" refers to biologically determined differences, whereas the term "gender" refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity, religion and geographical, economic and political environments.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM)

GFATM, established in 2001, is an independent public-private partnership. It is the largest global fund in the health domain, with over US\$2 billion currently committed. The purpose of the Fund is to attract, manage and disburse additional resources to make a sustainable and significant contribution to mitigate the impact of HIV/AIDS, tuberculosis and malaria in countries in need, while contributing to poverty reduction as part of the Millennium Development Goals.

HIGH-RISK GROUPS / GROUPS WITH HIGH-RISK BEHAVIOUR

These terms should be used with caution as they can increase stigma and discrimination. They may also lull people who don't identify with such groups into a false sense of security. "High-risk group" also implies that the risk is contained within the group, whereas in fact all social groups are interrelated. It is often more accurate to refer directly to "sex without a condom", "unprotected sex", "needle sharing", or "sharing injecting equipment" rather than to generalize by saying "high-risk group".

HIV-INFECTED

As distinct from HIV-positive, which can sometimes be a false positive test result, especially in infants of up to 18 months of age, the term HIV-infected is usually used to indicate that evidence of HIV has been found via a blood or tissue test.

HIV-NEGATIVE

Showing no evidence of infection with HIV, for example absence of antibodies against HIV, in a blood or tissue test. Synonymous with “seronegative”.

HIV-POSITIVE

Showing indications of infection with HIV, for example presence of antibodies against HIV, in a test of blood or tissue. Synonymous with seropositive. Tests may occasionally show false positive results.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The virus that weakens the immune system, ultimately leading to AIDS. Since HIV means “human immunodeficiency virus”, it is redundant to refer to the HIV virus.

INCIDENCE RATE

HIV incidence refers to the proportion of people who have become infected with HIV during a specified period of time. AIDS incidence refers to the number of new AIDS cases in a specific period.

OPPORTUNISTIC INFECTIONS

Illnesses caused by various organisms, some of which usually do not cause disease in people with healthy immune systems. People living with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes and other organs. Opportunistic infections common in persons diagnosed with AIDS include TB, pneumonia, parasitic, viral and fungal infections, and some types of cancers.

ORPHANS

UNAIDS defines an orphan as any child under age 15 who has lost one or both parents. In the context of HIV/AIDS, it is preferable to say “children orphaned by AIDS” or “orphans and other children made vulnerable by HIV/AIDS”. Referring to these children as “AIDS orphans” not only stigmatizes them but also labels them as HIV-positive, which they may not necessarily be. Identifying a person by his or her medical condition alone also shows a lack of respect for the individual.

PALLIATIVE CARE

Palliative care, often in the form of home-based care, is an approach to life-threatening chronic illnesses, especially at the end of life. Palliative care combines active and compassionate therapies to comfort and support patients and their families who are living with life-ending illness. Palliative care strives to meet physical needs through pain relief and maintaining quality of life while emphasizing the patient's and family's rights to participate in informed discussion and to make choices. This patient- and family-centred approach uses the skills of interdisciplinary team members to provide a comprehensive continuum of care, including spiritual and emotional needs.

PEOPLE LIVING WITH HIV/AIDS (PLWHA)

With reference to those living with HIV/AIDS, it is preferable to avoid certain terms: “AIDS patient” should only be used in a medical context – most of the time, a person with AIDS is not in the role of patient; the term “AIDS victim” or “AIDS sufferer” implies that the individual in question is powerless, with no control over his or her life. It is preferable to use “people living with HIV/AIDS”, or “PLWHA”, since this reflects the fact that an infected person may continue to live well and productively for many years. Referring to PLWHA as innocent victims – it is often used to describe HIV-positive children or people who have acquired HIV medically – wrongly implies that people infected in other ways are somehow deserving of punishment. It is preferable to use “PLWHA”, or “people with medically-acquired HIV”, or “children with HIV”.

PERINATAL (MOTHER-TO-CHILD) TRANSMISSION

Transmission of HIV from mother to baby during pregnancy, at birth or through breast-feeding. Also sometimes referred to as vertical transmission. Ninety percent of children reported with AIDS acquired HIV infection from their HIV-infected mothers.

PLWHA

Acronym for “people living with HIV/AIDS”.

PREVALENCE RATE

Usually given as a percentage, HIV prevalence refers to the proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults aged 15–49.

SEXUALLY TRANSMITTED INFECTION (STI)

Also called venereal disease (VD), an older public health term, or sexually transmitted diseases (STDs). Sexually transmitted infections are spread by the transfer of organisms from person to person during sexual contact. The complexity and scope of STIs have increased dramatically since the 1980s: more than 20 organisms and syndromes are now recognized as belonging in this category.

SEX WORKER

This term is preferable to “prostitute” and “commercial sex worker”, which have negative connotations. The term “sex worker” is non-judgemental and recognizes the fact that people sell their bodies as a means of survival or to earn a living.

TRANSMISSION

HIV is spread most commonly by unprotected sexual contact with an infected partner. The likelihood of transmission is increased by the presence of other sexually transmitted diseases that cause ulcers or inflammation. HIV is also spread through contact with infected blood, most often by sharing drug needles or syringes contaminated with minute quantities of blood containing the virus. Children can contract HIV from their infected mothers during pregnancy, at birth or through breast-feeding. In places that lack adequate screening measures, HIV can be transmitted by transfusion of blood or blood products.

VCT

Acronym for “voluntary counselling and testing”.

Sources

(i) WHO – Essential Drugs and Medicines Policy Department (EDM); Policy, Access and Rational Use (PAR); and Quality Assurance & Safety: Medicines;

(ii) UNAIDS;

(iii) US Department of Health and Human Services.

Acronym List

CCBO	community-based organization
DEO	district education office
FFT	food for training
FFW	food for work
MOE	Ministry of Education
MOH	Ministry of Health
NGO	non-governmental organization
OVC	orphans and vulnerable children
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission
PRSP	poverty reduction strategy paper
PTA	parent-teacher association
SAC	school advisory committee
SF	school feeding
STD	sexually transmitted disease
STF	Straight Talk Foundation
STI	sexually transmitted infection
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
VCT	voluntary counselling and testing
WHO	World Health Organization

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www.wfp.org

World Food Programme
Via Cesare Giulio Viola, 68/70
00148 Rome, Italy
Tel.: +39-066513-2628 - Fax: +39-066513-2840
E-mail: wfpinfo@wfp.org

