

Chapter 11: Education Sector-Specific Program Design Considerations

Chapter 11: Education

Sector-Specific Program Design Considerations

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In This Chapter

Education services that benefit from the support of food and nutrition assistance encompass not only traditional school feeding programs but can also include nutritional support for young children in daycare centers and food as an incentive for training of adults and out-of-school youth. In the context of HIV, food-assisted education can also include provision of food support for effective implementation of HIV prevention education.

This chapter provides guidance on how to adjust food-assisted education programming to ensure that HIV-affected children and adults can benefit from educational opportunities. It begins with a brief description of HIV's impacts on the education sector and the variety of ways food-assisted education can help reduce vulnerability not only to food insecurity but also to HIV.

The chapter goes on to describe possible ways to adapt food-assisted education programs in a variety of settings to account for the challenges that HIV presents. These include providing take-home rations (THRs) to encourage attendance by girls and other vulnerable children, creating school and community gardens to enhance nutrition through household dietary diversity, and developing life skills and employment training activities for out-of-school youth and adults.

This chapter then identifies key considerations for integrating HIV and nutrition education into both formal and non-formal curricula, and lists additional resources on food for education and HIV.

Rationale for Integrating HIV and Food-Assisted Education Programming

A recent UNICEF review of social protection with respect to the education sector points to the crucial need to get children into school (improving access) and to keep them there (increasing retention), particularly those whom UNICEF refers to as “educationally marginalized.”¹ For communities highly affected by HIV, the education sector plays a particularly important role, not only in achieving HIV objectives, but also in supporting vulnerable children. Critical needs that educational institutions meet often include:

- ▶ A reliable and safe environment where care, support, protection and development are provided to children of all ages with varied needs
- ▶ A means of providing intergenerational guidance and knowledge, normally gleaned from family and older community members but possibly not available to orphans and other vulnerable children
- ▶ A vehicle for age-appropriate HIV prevention and stigma reduction messages
- ▶ An entry point for multisectoral support for the child and family

HIV's Impacts on Education

HIV diminishes the demand for and supply of education, as well as the quality of education children in highly affected environments receive. On the demand side, HIV can result in reduced enrollment and attendance among school-age children. Young people, particularly girls, are often withdrawn from school to help at home or care for siblings and chronically ill household members.

In addition, among the children who remain in school, HIV can lead to a higher proportion of students with special needs, including:

- ▶ Orphans
- ▶ Children exposed to infectious diseases and emotional trauma because they live with and care for family members with HIV
- ▶ Children who are discriminated against or isolated because they or their families are infected
- ▶ Children in households where a parent is ill or has died, or where orphans have been taken in

On the supply side, when teachers and other education professionals are infected or affected by HIV, education systems suffer. Ultimately, a vicious cycle often ensues where increasing prevalence of HIV leads to a deterioration of educational institutions and services, which leads to greater vulnerability.^{2,3}

In areas affected by both food insecurity and HIV, integrating HIV education and training into food-assisted education programs can help attain educational outcomes, mitigate

HIV's impacts and prevent the spread of the virus. In such contexts, integrated education programming offers an opportunity to influence HIV and food security outcomes simultaneously.

Thoughtful food-assisted education programming not only exposes individuals to information about HIV prevention, treatment, and care and support, but can improve long-term food security outcomes in these ways:

Increased enrollment and attendance of vulnerable populations in educational programs.

School-based meals or THRs can attract students, especially girls and orphans, to school and keep them there, despite pressures (economic or otherwise) on families due to illness or death.

Improved ability of individuals, especially children, to protect themselves from HIV.

Education's protective effect against HIV infection is well documented.^{4,5} This derives not only from exposure to HIV prevention information but from increased empowerment and income-earning capacity that reduces vulnerability and risk-taking.

Better understanding of all facets of HIV. An improved understanding of all aspects of HIV—including treatment, care and support and mitigation of the impacts—is crucial to survival in a high prevalence context for young people, their families and their communities.

Strengthened household food security. Where THRs are used to support various educational or training activities, improved household food security can prevent children and adults from engaging in risky coping strategies, help keep PLHIV healthy and working, and provide a valuable incentive for continued attendance.

Improved individual and household knowledge and skills for managing livelihoods. In the context of high HIV prevalence and chronic food insecurity, integrated education programming in formal and non-formal settings helps build the knowledge and skills vulnerable populations need to secure livelihoods. For example, food-assisted vocational programs for OVC can strengthen their long-term food security. Using food as an incentive in educational activities through applying FFT or FFA models can offset the opportunity costs of education for families. It may be beneficial for programs to:

- ▶ Develop curricula that integrate agriculture or home gardening methods with information on nutrition for PL
- ▶ Adapt materials to train clinic or agricultural extension staff, teachers, farmer-to-farmer groups, community health volunteers, HBC providers or PLHIV peer education groups in prevention, PL, and care and support of PLHIV
- ▶ Train family and community caregivers in the preparation of nutritious meals suitable for those with AIDS-related illnesses and using locally available foods
- ▶ Integrate BCC activities on general nutrition and nutrition issues specific to HIV into adult education programs when appropriate

Gender Considerations

In the context of HIV, it is particularly important that food assistance contribute to greater access to quality education among girls and women. This not only provides an especially vulnerable segment of society with valuable knowledge, it also helps to empower them to make responsible, healthy choices that benefit themselves and their families. Educated women and girls are inherently less vulnerable to HIV and food insecurity because they are.^{6,7}

- ▶ Better equipped to protect themselves against sexual exploitation and HIV
- ▶ More likely to postpone marriage and have fewer children, who are in turn more likely to be well nourished and well educated
- ▶ Better paid and have greater access to formal employment
- ▶ Able to assume more active roles in social, economic and political decision-making throughout their lives

Key Concept

2 Responding to HIV in Pre-Primary and Primary School Settings

Early childhood is the most rapid period of development in human life and has an enormous impact on the individual's future health, cognitive development, cultural attitudes and productivity.

Although there is little research on the impact of early childhood programming in the context of HIV, findings extrapolated from primary school interventions indicate that this programming can be a significant component of child care and protection and play a key role in identifying and supporting children and families at risk.

Food assistance can be used in early childhood development programs to encourage enrollment of vulnerable children, particularly girls, and to provide a nutritious morning or lunchtime meal. Some donors support using food assistance as an incentive for volunteer child care providers, although there are concerns that incentive rations may cause people to volunteer solely because of the ration, not out of concern for their community.

In the context of HIV, community day care and early childhood education centers can provide much-needed support to caregivers while they:

- ▶ Care for others in the home
- ▶ Earn income or produce food
- ▶ Attend training or support group meetings
- ▶ Access health services

Primary School Settings

In primary schools, Food for Education (FFE) programming, also known as "school feeding," is common in many developing countries. In the context of HIV, school feeding has become an increasingly important component in the care and protection of children and is seen as one way to reverse declines in enrollment and attendance, especially among girls, attributed to HIV.

In addition to school meals, other food security interventions such as THRs, after-school care and community gardens can extend benefits to especially vulnerable households while helping to increase enrollment and attendance. For example, some schools encourage out-of-school children to come to school to participate in the school feeding program. This helps schools find ways to overcome barriers to attendance and enroll or re-enroll the children.

When appropriate for addressing both HIV and food insecurity, food assistance can be used to help transform schools into multipurpose community development and welfare centers where assistance (including food) to families becomes an integral part of a school's operations.

‘Do No Harm’ in School Feeding

One food assistance intervention offers a lesson in the importance of anticipating and monitoring the implications of targeting strategies.

In Zambia, food assistance was being provided via school feeding to community schools, no-fee alternative schools that typically attract low-income (often HIV-affected) families.

However, students in government schools began enrolling in community schools so their households would receive rations. In addition, since the program also provided a THR to households caring for orphans, some households began “borrowing,” or taking in, orphans in order to qualify.

Key Considerations for Providing Food Assistance in Primary Schools

Programs should consider a number of critical factors during the design and implementation of primary school programs to account for the impacts of HIV:

Avoiding stigmatization. When planning the intervention, programs must avoid stigmatizing OVC and other HIV-affected children. Children may be stigmatized when they are singled out for rations or benefits. As such, teachers and other school personnel should avoid using the term “AIDS orphan” and ensure targeting strategies and delivery mechanisms are sensitive and appropriate in the eyes of the community.

Prioritizing girls and OVC. Keeping children in school is essential, especially when the household is under pressure or in transition because of food insecurity and/or HIV. However, in the context of HIV, it is important to acknowledge that the selective use of food assistance (for instance, THRs for girls or OVC only) can result in stigmatization or jealousy on the part of non-beneficiaries. It is critical that members of recipient groups, whether in the school, community or individual households, as well as those involved in the beneficiary selection and ration delivery process, are sensitized to its purpose.

Appropriateness of school feeding. School feeding is not always the most appropriate way to support vulnerable children. For example, where school attendance is declining, the reasons for the decline (disaggregated by sex and age) must be clearly identified.

Preparing for success. Providing food rations can result in increased enrollment and attendance, which can put tremendous strain on teachers and administrative staff. Programs should plan for this increased workload, either by finding ways to compensate teachers or discussing how parents and communities can help.

Linkages to larger and complementary efforts. Food assistance should be viewed as a complementary input and linked to larger efforts. To ensure long-term benefits to the individual, household or community, school-based food assistance should try to integrate FFA activities such as developing school orchards, woodlots and gardens, or improving educational structures.

Strengthening the role of schools. Schools can play a crucial role in providing information, especially in high prevalence countries. As noted, schools also can become multipurpose centers that provide assistance (including food) to families.

Facilitating partnerships. Reaching out to Ministries of Education (MOEs), hospitals, clinics and CBOs will help to further integrate HIV awareness and prevention education into school-based programs such as school feeding. For example, health facilities can provide classroom materials for teachers and health workers can be guest speakers at schools and give talks on HIV to students and parents.

Meeting training needs. Teachers and administrative and district-level MOE staff may require training before they can adequately respond to the needs of HIV-affected children or accurately convey information about HIV to students and community members. Training topics might include raising awareness about HIV and procuring appropriate teaching aids such as IEC and BCC materials, posters, pamphlets and videos.

Food-Assisted Education Targets OVC in Zambia

WFP began food assistance to community schools and street children centers in Lusaka Province in January 2003, with Project Concern International (PCI) as the implementing partner. About 40 percent of the more than 67,000 children receiving food monthly are affected by HIV.

At most schools, students receive one on-site meal a day, consisting of vegetable oil and high energy protein supplement (HEPS), a locally produced fortified soya blend donated by WFP. All children receive the on-site meal to avoid stigmatization.

In addition, children who are particularly vulnerable receive a monthly family THR, a 50 kg bag of grain offered as an incentive to encourage households to keep children in school. Specific targeting tools help identify the most vulnerable households with OVC, and the school feeding committee makes sure the monthly ration reaches the selected households.

The project also incorporates a BCC component using trained local facilitators and is piloting a school-based agriculture project.

The project has faced some challenges. Enrollment and attendance rates increased by 27 and 40 percent, respectively, since the start of the project and are straining schools' physical capacity. As a result, the program expanded to a three-class rotation from a two-class rotation. While the reduced contact time and larger class sizes may hurt academic results, anecdotally, teachers feel the project has been positive overall.

In addition, at the onset, monitoring daily attendance and accounting of the food and store capacity were difficult, requiring new measurement tools and further training.

Due to the increased numbers of students and new rotation system, on-site cooking had to be done more than once a day. Fuel for cooking is often limited; charcoal often is not available or is used up quickly. PCI is exploring an energy-saving stove, or *jiko*. It also can be difficult to find volunteers to do the cooking.⁸

113 HIV and Non-Formal Education for Children and Youth

School feeding programs are not always suited to capture the most vulnerable children in communities because some youth do not attend school. Practitioners should broaden their outreach efforts beyond formal institutions to reach out-of-school youth through non-formal educational venues. Alternatives to formal education such as Junior Farmer Field and Life Schools supported by FAO and WFP or Mobile Farm Schools coordinated by CRS in Uganda provide useful insights into addressing the needs of out-of-school youth and teen orphans.

Besides benefiting from basic literacy, numeracy, health and cognitive skills, children and young people who must face the world of work at an early age may also benefit from entrepreneurial and vocational skills.¹⁰ When these youth work toward improved nutrition, agricultural knowledge, employment skills and self-esteem, they are less likely to pursue high-risk behaviors. The knowledge and skills that young participants gain from such programs is particularly crucial where HIV prevalence is high and intergenerational knowledge transfer is threatened when parents die prematurely.

Children, especially those orphaned by AIDS or in highly affected environments, also need skills that will help them avoid being exploited economically, legally or sexually. Many non-formal education programs can use participatory methodologies to explore sensitive issues around health and nutrition, psychosocial problems, gender roles and HIV. Such approaches, often termed “life skills programming” may be offered in many settings and can often benefit from food assistance. Training generally includes topics such as:

- ▶ Making sound decisions about relationships and sex
- ▶ Resisting pressure for unwanted sex or drugs
- ▶ Recognizing and avoiding situations that might turn risky or violent
- ▶ Learning how and where to get support and access to youth-friendly health services
- ▶ Negotiating for safer sex, including protected sex
- ▶ Obtaining information, advice and assistance about human rights, including legal rights such as inheritance
- ▶ Caring for people with HIV in their families and communities

Food for Training: Teen Orphans Learn Farming Techniques in Mozambique

When parents die, surviving children face social exclusion, and there is widespread loss of local knowledge about agro-ecology and farming practices. In areas highly affected by HIV, this loss of productive knowledge puts an added burden on those surviving to cope with labor shortages and added household responsibilities, including caring for the ill.

In response, FAO and WFP in Mozambique developed Junior Farmer Field and Life Schools to help bridge the intergenerational knowledge gap for youth who have lost their parents and caretakers to AIDS.

As part of the program, OVC age 12 to 17 are trained for one year using a combination of traditional and modern agricultural techniques. An equal number of boys and girls learn about field preparation, sowing and transplanting, weeding, irrigation and pest control, utilization and conservation of available resources, utilization and processing of food crops, harvesting, storage, and entrepreneurial skills. Participants also receive nutritious on-site meals to offset the opportunity cost of their participation in the program.⁹

CRS Mobile Farm Schools in Uganda

CRS Mobile Farm Schools in Uganda train young people in agricultural production technologies, marketing agricultural commodities, team building, HIV education and PL.

The program—in which CRS partners with the Ministry of Agriculture, the Department of Education and the CBOs that manage the schools—also empowers young people by promoting their access to land, lent to them by guardians or community members.

The targeted community provides land for a demonstration garden, and the education sector offers school facilities and plots of land next to the schools to be used for demonstration purposes. The local agricultural office provides extension services and helps develop the training curriculum. Food rations, seeds and tools are also provided to participants.

After completing two years of classroom and field practical training, graduating apprentices receive a certificate in technology adoption.

Key Considerations for Food Assistance Programs Targeting Out-of-School Children and Youth

Several critical factors should be carefully considered during the design and implementation of food-assisted educational programs for out-of-school children and youth:

Facilitating partnerships. To maximize the child's access to assistance, interventions should facilitate partnerships between all service providers and stakeholders. Children and youth who have “fallen through the cracks” of the formal education system need multisectoral support. Opportunities should be sought to form partnerships with NGOs and CBOs that can provide the inputs needed to draw out-of-school youth back into the formal school setting (e.g., school fees, books, school uniforms).

Building on institutional strengths. Programs should identify organizations that are conducting vocational training or livelihood programs with youth and propose integrating HIV education into the curriculum. They should work with NGOs and MOEs to improve access to non-formal education alternatives such as vocational training, life skills programs and income-generating activities for OVC and out-of-school youth.

Life skills and employment training. Practitioners can ease transitions from training to livelihood activities by linking participants to extension agents or social welfare departments and incorporating business/market linkages into the training to ensure that youth who graduate with new life and livelihood skills have opportunities to apply their new skills.¹¹ Programs can provide youth with start-up rations for the first several weeks while they get their new careers or businesses started.

Inclusive and appropriate program design. As noted, programs in an HIV context must address the challenges of stigmatization and the fact that people might not know their HIV status. Programs should be designed to be inclusive and appropriate for those that are HIV negative and positive, whether or not their status is known.

4 Key Concept

Integrating HIV Into Adult Education

Opportunities to integrate PL training into adult learning are an important component of integrated education programming. PL introduces adults to a collection of strategies aimed at increasing the quality of health through improved nutrition, immune-strengthening and disease-prevention methods—thus extending the length of healthy living—in the period between contracting the virus and the onset of AIDS-defining illness. PL has evolved as a response to the HIV epidemic that offers PLHIV direction and a sense of empowerment in managing HIV.

Key Considerations for Integrating HIV Themes Into Adult Educational Curricula

Given the sensitivity of this programming area, the design of programs to integrate HIV themes into adult education must first be supported by meticulous groundwork. For any educational intervention, practitioners should start by ensuring that they understand the policies, players and interventions relating to HIV in the sector(s) in which they will work. At the outset, practitioners should coordinate with relevant government ministries (not only education, but possibly health, social services, community development and/or agriculture), the national and local AIDS committees and local government offices. Practitioners should also develop partnerships with local organizations with the specific technical expertise and capacity needed to plan, implement and evaluate their strategy.

Key considerations for integrating HIV themes into adult educational curricula include:

Stigma reduction training. In many instances, the entry point to HIV education with adults is stigma reduction training. In designing an approach, practitioners should consider not only initiating the program with activities that deal with deep-rooted stigma and fear, but also regularly including stigma reduction activities.

Expanding the focus beyond prevention. Focusing exclusively on HIV prevention education will marginalize participants who are HIV positive or who suspect that they are, especially in high prevalence settings. Prevention information—and the way it is presented—should not contribute to stigma.

Developing support groups. Creating resilient communities starts with adults sharing accurate information on HIV-related topics and is further supported by discussions that arise from personal experience. Programs should capitalize on any opportunity to develop support groups or networks.

Gender concerns. Practitioners need to incorporate gender dimensions of HIV—such as women’s physiological susceptibility; women’s unequal social and economic situation; power imbalance between men and women; roles of men and women; gender norms within cultures; burden of care and coping; and access to care, treatment, support and information—in all HIV- and AIDS-related awareness and prevention education activities.

Participatory approaches. Target groups and PLHIV should be involved in planning and implementing activities. Practitioners should be sure they understand the learning needs of the target group and not merely assume they know what the groups need.

Adapting appropriate models. Programs should identify organizations that are implementing effective and innovative HIV education activities, and work with local partners to adapt these models for their own audience.

Building on ongoing activities. Programs should support others' efforts to address HIV in their communities, especially where schools are already engaged in non-formal education, HIV rallies, community dramas, town meetings, etc.

Incorporating complementary services. Other organizations can provide complementary services and resources for beneficiaries, such as training in income-generating activities, psychosocial support, self-help groups, assistance with inheritance rights and other legal issues, microcredit, employment, livelihood initiatives, etc.

5 Key Concept HIV and Nutrition Education

Food assistance can be used to support specific training and education related to preventing the disease and caring for those infected by it. Efforts to improve nutrition knowledge and practice are also essential for enhancing and maintaining food security in the context of HIV.

Integrating HIV Themes Into Educational Curricula

In many countries, both the formal and non-formal education sectors are responding to the demands of the HIV epidemic, with educators and education planners at all levels integrating HIV themes into curricula. However, evaluations of HIV prevention education in school settings have highlighted a number of common challenges:¹²

- ▶ Within an already full curricula, HIV is not often covered comprehensively
- ▶ Teaching and learning materials are poor or not available
- ▶ Learning of facts is generally emphasized over acquiring attitudes and adopting effective life skills
- ▶ Teachers are inadequately trained, and teaching methods are often inappropriate, failing to account for factors such as gender inequality and socio-cultural context
- ▶ MOEs rarely specifically assess learning outcomes, including acquired skills

Within school settings, while curricula must maintain the integrity of the core educational program, it is important that schools in highly affected countries begin incorporating HIV prevention in the early stages of primary school. Children age 10 to 14 who are targeted for early HIV-related learning are more likely to adopt safer sex practices if they receive accurate, gender-sensitive and age-appropriate reproductive health education before they become sexually active. In addition, because many students in highly affected countries will not go on to secondary education, getting an early start on HIV education is critical.¹³

To effectively educate students, teachers and school administrators must be adequately trained and have the support of parents and community organizations. Ideally, HIV training for educators will be administered through universities and teacher training institutions and complemented by continuing professional development. Teachers may also benefit from HIV-specific information provided by local health facilities and HIV-related service organizations.

The current curriculum can be used as a springboard to a range of HIV-related topics, including:

- ▶ Accurate, age-appropriate information about transmission, prevention, care and treatment
- ▶ Life skills education adapted to incorporate HIV
- ▶ Psychosocial support for adults and children who have experienced loss and transition
- ▶ Inclusive messages, “normalization” of HIV and role-modeling to overcome the barriers of stigma and discrimination
- ▶ Instruction on how to talk about HIV, relationships and sex within families
- ▶ Information on HIV’s gender dimensions and how to address them
- ▶ Substance abuse and its relationship to HIV transmission (e.g., alcohol’s effect on decision-making and the risk of injection-drug use)
- ▶ Location and role of relevant HIV-related services, such as VCT, PMTCT, STI treatment, needle exchange venues and substance abuse programs
- ▶ How to advocate for the community for better access to services or for the support and protection of vulnerable children and women
- ▶ Guiding and mentoring skills to support the transfer of intergenerational knowledge and skills with OVC in the community
- ▶ Treatment literacy to prepare individuals and communities for access to ARVs

Several tools have been designed to assist education policymakers, school administrators and teachers incorporate HIV-related information into the curriculum, including:

HIV & AIDS Curriculum Manual. Second Version (2006). International Bureau of Education/ UNESCO, available at <http://unesdoc.unesco.org/images/0014/001463/146355e.pdf>.

Educational Planning and Management in a World with AIDS. Module 13—A Curriculum Response to HIV/AIDS (2006). E. Miedema. UNESCO/Mobile Task Team on the Impact of HIV/AIDS on Education (MTT), available at www.unesco.org/iiep/eng/focus/hiv/hiv_4.htm.

HIV Education and Prevention Curriculum, Version 2.3 (2006). Students for International Change Tanzania, available at http://www.sichange.org/home/index.php?option=com_docman&task=doc_view&gid=5&Itemid=52.

Nutrition Education

Nutrition education can play an especially important role in preventing the spread of HIV and mitigating its impacts among affected households. Accordingly, nutrition education should be seen as a critical cross-cutting issue in all programs operating in a high HIV prevalence context. Furthermore, nutrition education should aim to influence food utilization by going beyond simply improving basic nutrition knowledge to supporting better hygiene practices, encouraging PL, facilitating access to related health services (especially important for HIV-positive adults) and sharing information about child feeding and care practices, as well as food handling and preparation methods suitable for PLHIV’s home-based care.

The combination of food assistance and nutrition education can help programs with HIV-related objectives ensure that participants can access services and benefit from the food

HBC, Nutrition and Gardening in Lesotho¹⁴

In 2004, the Lesotho Association of Non-Formal Education (LANFE), in conjunction with the Ministry of Health, began training volunteers in basic hygiene, food gardening, nutrition and education related to HIV prevention and PLHIV care. The volunteers in turn trained community members involved in HBC.

In addition to food, vulnerable households targeted by the program received tools and seeds to create home gardens, as well as training in income-generating activities based on non-food crops such as aloe.

LANFE not only improved the nutritional status of PLHIV and affected households, but also realized unexpected benefits:

- ▶ It contributed to increased enrollment among school-age children as their parents' health and

nutrition improved through their participation in the project.

- ▶ Household dietary diversity increased because of the introduction of vegetables that were not widely consumed by households before home gardens were established.

The Mobile Task Team on the Impact of HIV/AIDS on Education evaluated the project and found that LANFE's approach to integrated HIV and nutrition support is both sustainable and relatively easy to scale up given its potential for income generation and its support from community members.

resources provided. In food-insecure communities, food assistance often benefits nutrition training and education initiatives targeted at youth or adults participating in HIV prevention, care and support programs. Training programs can incorporate FFT rations to encourage establishment of community and home gardens, which both increases household dietary diversity and contributes to the development of critical livelihood skills. Likewise, food assistance may be offered to encourage educators and community health volunteers to participate in applied nutrition training activities.

Nutrition training and counseling are particularly important for food-insecure PLHIV and those who care for them (e.g., family members, HBC volunteers). For programs targeting nutritional training specifically toward PLHIV and affected households, these topics are among the most critical:¹⁵

- ▶ Increasing energy intake and maintaining weight of PLHIV (whether they are receiving ART or not)
- ▶ Safe infant feeding practices to prevent transmission and non-HIV-related illness or death (e.g., early and exclusive breastfeeding or replacement feeding options)
- ▶ Safe handling and use of food and water to prevent diarrhea
- ▶ Using diet to 1) promote drug adherence through management of symptoms such as anorexia, diarrhea and nausea and 2) recover lost weight during recuperation from acute infections

For a more detailed discussion of the role of nutrition education, see **Chapter 10: Health and Nutrition**.

Annex I: Additional Resources on Food for Education and HIV

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