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## **POLICY ISSUES**

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## **ANSWERING THE CALL TO ACTION: AN UPDATE ON WFP'S RESPONSE TO HIV/AIDS**

\* In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted for information to the Executive Board.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

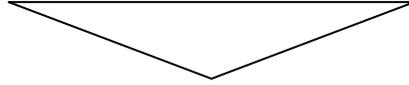
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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Supervisor, Meeting Servicing and Distribution Unit (tel.: 066513-2328).



## DRAFT DECISION\*



The Board takes note of the information contained in “Answering the Call to Action: An Update on WFP’s Response to HIV/AIDS” (WFP/EB.A/2005/5-D).

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.



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## INTRODUCTION

1. This paper provides an update on progress in programme development and actions taken with co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and others involved in HIV programmes at the international and national level. WFP and its partners have worked diligently to ensure that food and nutritional support are an integral part of the global response to the HIV/AIDS epidemic.
2. Since the last update in February 2004, WFP has made progress in scaling up its response to the HIV/AIDS pandemic. In line with strategic and operational approaches outlined in the policy paper “Programming in the era of AIDS: WFP’s response to HIV/AIDS”, approved by the Board in February 2003, WFP’s goal is to provide food and nutritional support to individuals and families who are affected by food insecurity and HIV/AIDS. WFP tailors its operations as appropriate to address the impact of HIV/AIDS in the communities it serves. The main focus of WFP’s HIV/AIDS interventions is to provide nutritional support to treatment and care programmes, support orphans and children affected by HIV/AIDS and to include prevention education linked to school feeding programmes and relief operations.
3. 2004 was a year of rapid change in the international community’s response to the global epidemic, bringing new opportunities and challenges for WFP. There has been an increased commitment to scale up access to antiretroviral therapy (ART) for people living with HIV/AIDS (PLWHA) and increased awareness of the growing needs of orphans and other children made vulnerable by AIDS. The past year has seen a greater acknowledgement in the AIDS community of the links between food insecurity, nutrition and HIV/AIDS, and the need to integrate food and nutritional support into a comprehensive response.
4. This increased awareness has created opportunities for WFP to partner with donors, governments and non-governmental organizations (NGOs) to expand its HIV/AIDS operations. Food and nutrition programming related to HIV/AIDS is a relatively new intervention area, however, and a number of questions remain regarding the interaction between nutrition and HIV/AIDS. A challenge for WFP and its partners is to expand the evidence base for food and nutrition interventions to ensure that this evidence informs the scale-up of well targeted, effective programmes and to focus its HIV/AIDS activities in areas where WFP can have the greatest impact. Resource mobilization will also be crucial to WFP’s success.

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## WORKING TOGETHER

5. Since becoming a co-sponsor of UNAIDS in 2003, WFP’s response to the global HIV/AIDS epidemic has been characterized by collaboration with co-sponsors and other partners in the global HIV/AIDS response. Activities undertaken in the past year include the following:
6. **Planning for orphans and vulnerable children.** In partnership with UNAIDS, the United Nations Children’s Fund (UNICEF) and the United States Agency for International Development (USAID), WFP has engaged in a rapid assessment, analysis and action planning exercise on issues related to orphans and vulnerable children. The exercise covered 17 countries in sub-Saharan Africa with high numbers of orphans and vulnerable children; it mapped vulnerability, needs, policy and programmatic environments, resource availability and organizational capacities. Food and education were cited as top priorities



in the majority of assessments. The findings are being used to develop national action plans and to inform resource mobilization strategies. The exercise continues in 2005 with increased emphasis on costing of appropriate interventions and monitoring and evaluation of national plans. In 2005, it will be expanded to include other sub-Saharan countries.

7. **Securing livelihoods for orphans and vulnerable children.** WFP and the Food and Agriculture Organization of the United Nations (FAO) initiated a partnership to secure the future livelihoods and long-term food security of orphans and other children affected by HIV/AIDS. Using a combination of traditional and modern agricultural techniques, junior farmer field and life schools (JFFLSs) train equal numbers of boys and girls aged 12–17 years for 12 months in agricultural practices such as field preparation, harvesting, storage, nutrition and marketing skills; HIV-prevention education is woven into the curriculum. Children attend the field school three times each week and WFP provides them with two meals each day. The JFFLS model has shown such great potential for ensuring a sustainable future for vulnerable children that the Ministry of Agriculture in Mozambique has incorporated it into its national agriculture plan.
8. **Integrating food and nutrition into treatment programmes.** In support of the 3x5 initiative to expand access to AIDS treatment to 3 million people by the end of 2005, WFP is working with the World Health Organization (WHO) to design nutritional guidelines for care and treatment of PLWHA in order to optimize the benefits of antiretroviral drugs. WFP participated in a large consultation in Durban, South Africa, led by WHO, to review the scientific evidence and programmatic experience related to nutrition and HIV/AIDS; this resulted in a consensus document highlighting the importance of nutritional interventions in HIV/AIDS treatment, management of the disease and prevention.
9. **Integrating HIV/AIDS interventions in refugee settings.** WFP worked with the Office of the United Nations High Commissioner for Refugees (UNHCR) and UNICEF to integrate food and nutrition programmes into HIV/AIDS interventions in refugee settings. A manual released in 2005 reflecting important links between food, nutrition and HIV/AIDS in refugee settings proposes various activities. The strategies identified, which were based on selected case studies, will be field tested in 2005.
10. **Estimating resource needs.** WFP is taking the lead in analysing the costs of integrating food and nutritional support into the global AIDS response as part of the broader effort by UNAIDS to update and track resource needs estimates for meeting internationally agreed AIDS goals. The costed food and nutrition support will relate to care and treatment programmes and programmes for orphans and other children. This is the first time food and nutritional support have been included in a UNAIDS costing exercise, highlighting the increased recognition of food and nutrition's role in fighting HIV/AIDS.
11. **Financing food and nutritional support.** WFP continues to work with WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria, one of the most important sources of financing for HIV/AIDS, to explore opportunities to strengthen food and nutrition components within Global Fund project proposals.
12. **Partnership with World Vision International (WVI).** A pilot partnership was launched by WFP and WVI to improve their responses to HIV/AIDS. Joint programming with regard to HIV/AIDS and school feeding is being explored in five pilot countries: Burundi, Mauritania, Rwanda, Sierra Leone and Uganda. WFP provides targeted food assistance linked to WVI activities to mitigate the impact of HIV/AIDS. In Sierra Leone, both organizations are about to launch the Enhanced School Feeding and Life Skills Project. The project aims to improve enrolment and attendance in 197 primary schools and



provide HIV/AIDS preventive education to reduce the vulnerability of target pupils, teachers and parents in schools and surrounding communities.

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## NATIONAL-LEVEL POLICY AND PROGRAMMING

13. In line with the Three Ones principles,<sup>1</sup> WFP is working to ensure that food and nutritional support related to HIV/AIDS are integrated into national-level planning and programming, including national AIDS strategies, policies and budgets. Examples of WFP activities in this area in 2004 include the following examples.
14. In December 2004, WFP and the National AIDS Control Organization of India (NACO) signed a memorandum of understanding to support nutrition and food interventions in India's national AIDS programmes. WFP will provide technical assistance to NACO for all food and nutrition programming in this context.
15. In May 2004, WFP signed a memorandum of understanding with the William J. Clinton Foundation. The two organizations will work together to ensure that food and nutritional support are integrated into the Foundation's efforts to expand access to ART in China, the Dominican Republic, Haiti, India, Lesotho, Mozambique, Rwanda, South Africa, Swaziland and Tanzania. The Clinton Foundation recently completed a review of the critical role of good nutrition in care and treatment plans and is now lobbying at the country level to scale up food and nutrition interventions.
16. In Mali, WFP assisted the Government in designing a strategy for including nutritional support in its national treatment programme. This programme, part of the Government's AIDS strategy, is financed by the Global Fund for Tuberculosis, Malaria and AIDS.
17. Country offices in Burkina Faso, Eritrea, Rwanda, Uganda, Zambia and other countries have been active in the development of national-level guidelines for providing food and nutritional support related to HIV/AIDS. For example, at the request of the Government, the WFP country office in Rwanda has taken the lead in preparing a nutrition and HIV/AIDS reference document that will be used to elaborate specific nutrition care and support guidelines.
18. WFP encourages its country offices to adopt a technical advisory role on food assistance for PLWHA and to work with the Country Coordinating Mechanism (CCM) – national committees responsible for preparing proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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## WFP IN ACTION

19. **Field programmes.** In 2004, 8.3 million people were targeted through WFP's HIV/AIDS programmes in 41 countries. Currently, WFP has HIV/AIDS programmes in 43 countries. Highlights of WFP programming in this area are included below.

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<sup>1</sup> The Three Ones principles – broadly endorsed by governments – are intended to strengthen national AIDS responses through effective and efficient use of resources, and to ensure rapid action and results-based management. They are: one HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multi-sectoral mandate; and one country-level monitoring and evaluation system.



20. In 2004, WFP recruited nine more United Nations volunteers (UNVs) to country offices, bringing the total to 21. The UNV programme, to which WFP committed US\$1 million during 2003–2004, has helped country offices to increase HIV-related programming. The UNVs were deployed for an initial 12 months; WFP is seeking extra funds to continue this important field-level support.
21. WFP has played an active role in identifying appropriate responses to HIV/AIDS in emergency situations. WFP's participation in the inter-agency task force continued in 2004; participation in the October 2004 meeting of the Office for the Coordination of Humanitarian Affairs (OCHA) and UNAIDS on HIV/AIDS in humanitarian settings reinforced the importance of preparedness and appropriate food assistance interventions. In the design of the protracted relief and recovery operations (PRROs) in West and southern Africa, WFP considered the impact of AIDS on target communities and possible implications for operational modalities such as geographical targeting, beneficiary selection mechanisms and the food basket. The operations also included activities such as care and treatment programmes and support for orphans and vulnerable children. In the West Africa operation, support for the demobilization and reintegration of child soldiers was considered a means of lowering the risk of infection.
22. **Prevention.** HIV/AIDS prevention education activities took place in 26 countries in Africa, Asia and Latin America, targeting 2.3 million people, especially schoolchildren, teachers, beneficiaries of relief operations, PLWHA and their families, and vulnerable groups through programmes such as school feeding, food for training (FFT), food for work (FFW) and relief operations. Through its prevention programme for the transport sector, WFP organized training sessions and sensitization campaigns for transport workers under contract. Examples of these activities include the following:
- In Uganda, WFP provides food aid to support thousands of internally displaced people (IDPs), holds HIV/AIDS-awareness sessions with WVI in primary schools and distributes education materials to school feeding beneficiaries in IDP camps.
  - WFP took the lead in HIV/AIDS-prevention education during relief operations in Sierra Leone and other West African countries while also exploring targeted care and support programmes for PLWHA.
  - In Lesotho, WFP is part of the Positive Action FFW project. Positive Action is a peer support group that provides basic HIV/AIDS education to participants in food-for-work activities. Topics range from basic facts about HIV/AIDS transmission to prevention, voluntary counselling, testing and others.
  - In Swaziland, WFP works with the United Nations Population Fund (UNFPA) to educate members of women's relief committees about HIV/AIDS.
23. **Care and treatment.** In the past year, WFP has worked with governments, NGOs and other United Nations agencies to expand access to food and nutritional support for PLWHA and their families and to support prevention of mother-to-child HIV transmission programmes. WFP has supported a number of countries, including those listed below, through:
- prevention of mother-to-child transmission in Burkina Faso, the Central African Republic, Chad, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia and Zimbabwe;
  - home-based care in the Central African Republic, Djibouti, Eritrea, Malawi, Mozambique, Tanzania, Uganda and Zimbabwe;



- tuberculosis (TB) treatment in Burkina Faso, Cambodia, Djibouti, Eritrea, Haiti, Lesotho, Malawi, Niger, Uganda, Zambia and Zimbabwe; and
  - ART programmes in Burkina Faso, the Central African Republic, Côte d'Ivoire, India, Lesotho, Mozambique, Niger, Malawi, Mali, Swaziland and Zambia.
24. **Support to orphans and children made vulnerable by HIV/AIDS.** In 2004, WFP increased its focus on children affected by HIV/AIDS. Strengthened partnership with UNICEF in this area has resulted in collaboration at the field and Headquarters levels and an enhanced response to the increasing number of orphans is being planned by both agencies. Highlights from WFP's programming in support of orphans and vulnerable children include the following activities.
- **School feeding programmes** remain WFP's flagship operations for assisting orphans and vulnerable children. School feeding is recognized as one of the few interventions providing direct assistance to vulnerable children that can be easily scaled up. In highly endemic countries, HIV prevalence is included in WFP's vulnerability analysis, ensuring that WFP programmes, including school feeding, are in the most impacted geographic regions; WFP has school feeding programmes in 19 of the 25 countries most affected by HIV/AIDS. In these countries, WFP school feeding programmes have assisted 3.5 million schoolchildren, most of whom have been affected by HIV and AIDS in some way.
  - **Take-home rations** for orphans and vulnerable children continue to ensure regular school attendance in countries such as Lesotho, Mozambique and Zambia. In Zambia, WFP also supports community schools where the most vulnerable children can learn and eat.
  - **JFFLSs**, piloted by WFP and FAO in Mozambique with outstanding results, have been expanded to Kenya. In 2004, Mozambique's four JFFLSs trained 100 children; another 1000 children will be trained in 2005. The programme will soon expand to other countries including Namibia, Swaziland and Zambia.
  - **Food assistance is integrated into a comprehensive package** to ensure a protective environment that safeguards growth, development, education and livelihood development for vulnerable children through neighbourhood care points in Swaziland. Attention is also given to psycho-social support. In Mozambique, food assistance supports children in host families, semi-institutional centres and child-headed households, in collaboration with organizations that provide education and livelihood support.

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## OPERATIONAL RESEARCH

25. WFP country offices are increasingly engaging in operational research in partnership with local and international research entities. This research is designed to establish sound evidence of the role of food in the fight against HIV/AIDS and to improve WFP's targeting and programming. More needs to be done to assess the impact of nutritional support in HIV/AIDS programming and regional bureaux and country offices are encouraged to carry out this analysis.
26. The country office in Kenya commissioned an impact study of a WFP-supported pilot project for home-based care in the Busia district. Based on quantitative and qualitative data from both community and household interviews, the study provided evidence that the project, which cost less than US\$40 per participant per year, had a positive impact on



health of HIV/AIDS-infected and affected individuals. The study also highlighted ways to improve targeting in order to ensure that services reach those most in need.

27. WFP worked with the Consortium for the Southern Africa Food Security Emergency (CSAFE) on a community and household surveillance system, which aims to measure the effects of relief food assistance in six countries in southern Africa. Data are collected and analysed on a quarterly basis to improve programme management. In early 2005, the data were consolidated to determine cross-cutting trends related to food security, livelihoods and the impact of HIV/AIDS on vulnerability. The analysis shows that food aid has helped households with chronically ill members keep pace with, and in many cases exceed, less-vulnerable households' rates of recovery.
28. In 2004, WFP commissioned an appraisal of social welfare systems in four selected countries. This review of food assistance programming by WFP, implementing partners and governments aims to provide insights into possibilities for coordination between national treatment programmes and food assistance to individuals and households affected by HIV/AIDS. Issues related to equity, stigma, access, targeting and accountability are being covered. Case study reports and a consolidated synthesis paper will be finalized in mid-2005.
29. WFP is preparing to carry out operational research to investigate the role of nutrition in ART and the management of directly observed treatment short-course of TB, the pathology most frequently associated with AIDS. These studies, to be carried out in up to six countries, will guide the development of a nutritional care package for ART and TB treatment programmes. Researchers will be specialized in nutrition and HIV; WFP is working with WHO on the research design. Funding for this operational research is currently being sought.
30. Building on earlier efforts to clarify monitoring and reporting indicators for the 2004 annual reporting exercise, WFP is planning an expanded monitoring and evaluation exercise in 2005 to identify appropriate indicators for various programmes related to HIV/AIDS. The exercise aims to develop practical collection, analysis and reporting tools for improved programme management, reporting and accountability and evidence-building on the feasibility and effectiveness of food-supported HIV/AIDS programmes.
31. WFP must make a concerted effort to engage community organizations, partners and governments to ensure that appropriate exit strategies are put in place. In addition to the WFP policy paper, "Exiting emergencies: Programme options for transition of emergency response" (EB.1/2005/4-B), CSAFE has conducted a review of exit strategies in the context of HIV/AIDS programmes that will help focus WFP's attention in this area.

## Technical Information

32. To provide updated technical information to field offices, WFP produced several guidance materials, including:
  - *Getting Started: WFP Support to the Prevention of Mother-to-Child Transmission of HIV and Related Programmes;*
  - *Getting Started: HIV/AIDS Education in School Feeding Programmes;*
  - guidance on HIV/AIDS indicator reporting for annual standard project reports;
  - the WFP/UNHCR/UNICEF programme strategy document "Integration of HIV/AIDS Activities with Food and Nutrition Support in Refugee Settings: Specific Programme Strategies";



- *Getting Started: HIV/AIDS Training for Transport and Port Workers and Porters*, a draft guidance document on HIV/AIDS-prevention education for WFP transport workers;
  - a literature review on the impact of education on HIV/AIDS prevalence rates; and
  - a bibliography on orphans and other children affected by HIV/AIDS.
33. Other technical guidance materials include:
- a desk review of WFP country experiences related to TB programming, which helped form the basis for operational research undertaken in 2005 and will ultimately result in programme guidance for TB and food assistance;
  - integration of HIV/AIDS issues into WFP's food and nutrition training package – the first integrated training programme was organized in 2004 in southern Africa;
  - an operational handbook on food aid programming in the context of HIV/AIDS, developed in collaboration with the USAID Food and Nutrition Technical Assistance Project;
  - collaboration between the gender and HIV/AIDS units at WFP to ensure that the gender dimension of the HIV/AIDS crisis is incorporated into WFP-assisted programmes – one review has already been conducted with country offices and missions will be undertaken in India, Swaziland and Zimbabwe to guide programming that will meet the needs of men and women beneficiaries; and
  - an electronic discussion forum for HIV/AIDS staff and focal points to share best practices and operational experiences.

## THE WFP WORKPLACE AND HIV/AIDS

34. In 2004, WFP launched an intensive initiative on HIV/AIDS in the workplace, focusing on: (i) personnel policies on HIV/AIDS prevention, care and treatment; and (ii) staff awareness of HIV/AIDS. Six UNV regional workplace coordinators are responsible for implementation of the two-day standard training that will reach all WFP staff by the end of 2005 or one-day sessions in countries where staff have benefited from workshops in the recent past. By the end of 2004, the regional bureaux in southern Africa (ODJ), West Africa (ODD) and East and Central Africa (ODK) had conducted training of trainers, followed by planning and orientation meetings for country office focal points, and 50 staff training workshops. In the first quarter of 2005, a training of trainers in ODB and 52 more staff workshops between ODK, ODD and ODB were conducted. In mid-April, a training of trainers followed by a planning and orientation took place in ODC; the first staff training workshop in this region was held in Albania. The initiative will roll-out in Headquarters in June 2005. An inter-agency training roll-out will be conducted in ODPC, where the regional workplace coordinator is working with the UNAIDS learning facilitators.
35. An innovative approach to provide HIV/AIDS prevention education, voluntary testing and counselling and related services for WFP transporters in Malawi is being explored with TNT Post Group (TPG). A feasibility study is under way to assess the effectiveness of "wellness centres" situated at points along the transport corridors, including the border crossing, Beira port in Mozambique and WFP warehouses.



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## ADVOCACY AND COMMUNICATION

36. In 2004, WFP and its partners undertook many activities aimed at increasing awareness about the critical role of food and nutrition in the prevention, mitigation, and treatment of HIV/AIDS, and the need to incorporate food and nutritional interventions into national-level planning and donor-supported funding initiatives. Activities included dialogue with major donors, participation in global and national fora, and development of communication materials. One of WFP's principle objectives is to participate in dialogue between ministries responsible for food and nutrition and ministries of health in both donor countries and those heavily impacted by HIV/AIDS.
37. Highlights of WFP advocacy related to HIV/AIDS include the following initiatives:
- Several technical presentations by WFP were displayed at the International AIDS Conference in Bangkok, Thailand. Consultations with the Bill and Melinda Gates Foundation and other potential donors were also conducted.
  - WFP and the Clinton Foundation worked together to fund WFP's increasing role in supporting care and treatment plans with food-based interventions.
  - During 2004, WFP consulted with major donors such as the United Kingdom Department for International Development, the European Community Humanitarian Office, USAID's Food for Peace, Nordic countries, France and Switzerland regarding the role of food assistance in the global fight against HIV/AIDS. These consultations enriched WFP's perspective on the appropriate use of food aid in this area and contributed to policy development among its donors. In August 2004, WFP was invited to join Food for Peace on a mission to Mozambique to explore opportunities for the use of United States funds and commodity resources to complement health and social-sector programming. WFP has also been engaged with the President's Emergency Program for AIDS Relief regarding integration of food-based activities in care and treatment programmes funded by the United States of America.
  - Seven HIV/AIDS fact sheets were disseminated at the International AIDS Conference in Bangkok on topics including food security, orphans and vulnerable children, school feeding, nutrition, women, TB and emergencies.
  - An HIV/AIDS website has been created, which can be found on the WFP corporate internet website.
  - A poster using artwork from a member of a women's "positive" association was disseminated to regional bureaux and implementing partners in order to highlight the role of food in the lives of poor people who are HIV-positive.

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## MOVING FORWARD

38. WFP has made progress in its response to the HIV/AIDS epidemic in the past year, but the rapidly increasing number of people infected and affected by HIV/AIDS demands an increased response. Awareness of the critical role of food and nutrition in the fight against HIV/AIDS is growing, yet more needs to be done to ensure that this awareness is translated into concrete action. In addition to expanding its programming in this area, WFP is engaging governments and donors to ensure that food and nutrition interventions are fully funded and integrated into national HIV/AIDS strategies. WFP also aims to build a sound base of evidence on which to scale up food and nutrition interventions that will have the most impact on those affected by HIV/AIDS.



39. Despite the recognition of food and nutrition as essential to HIV/AIDS prevention, mitigation, care and treatment, WFP has not received adequate financial support from donors. The Board has voiced broad support for WFP's involvement in the global AIDS response, but a lack of sufficient funds constrains programming. If WFP is to answer the international call to action, and provide adequate nutritional support to people living with and affected by HIV/AIDS and food insecurity, more resources will be required to scale up care and treatment programmes, and increase support for orphans and vulnerable children and the other programmes mentioned in this paper.



## ACRONYMS USED IN THE DOCUMENT

AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
CSAFE	Consortium for the Southern Africa Food Security Emergency
FAO	Food and Agriculture Organization of the United Nations
HIV	human immuno-deficiency virus
IDP	internally displaced person
JFFLS	Junior Farmer Field and Life School
NACO	National AIDS Control Organization of India
NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
ODB	Asia Regional Bureau
ODD	West Africa Regional Bureau
ODJ	Southern Africa Regional Bureau
ODK	East and Central Africa Regional Bureau
PLWHA	people living with HIV/AIDS
TB	tuberculosis
TPG	TNT Post Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteer
USAID	United States Agency for International Development
WHO	World Health Organization
WVI	World Vision International

