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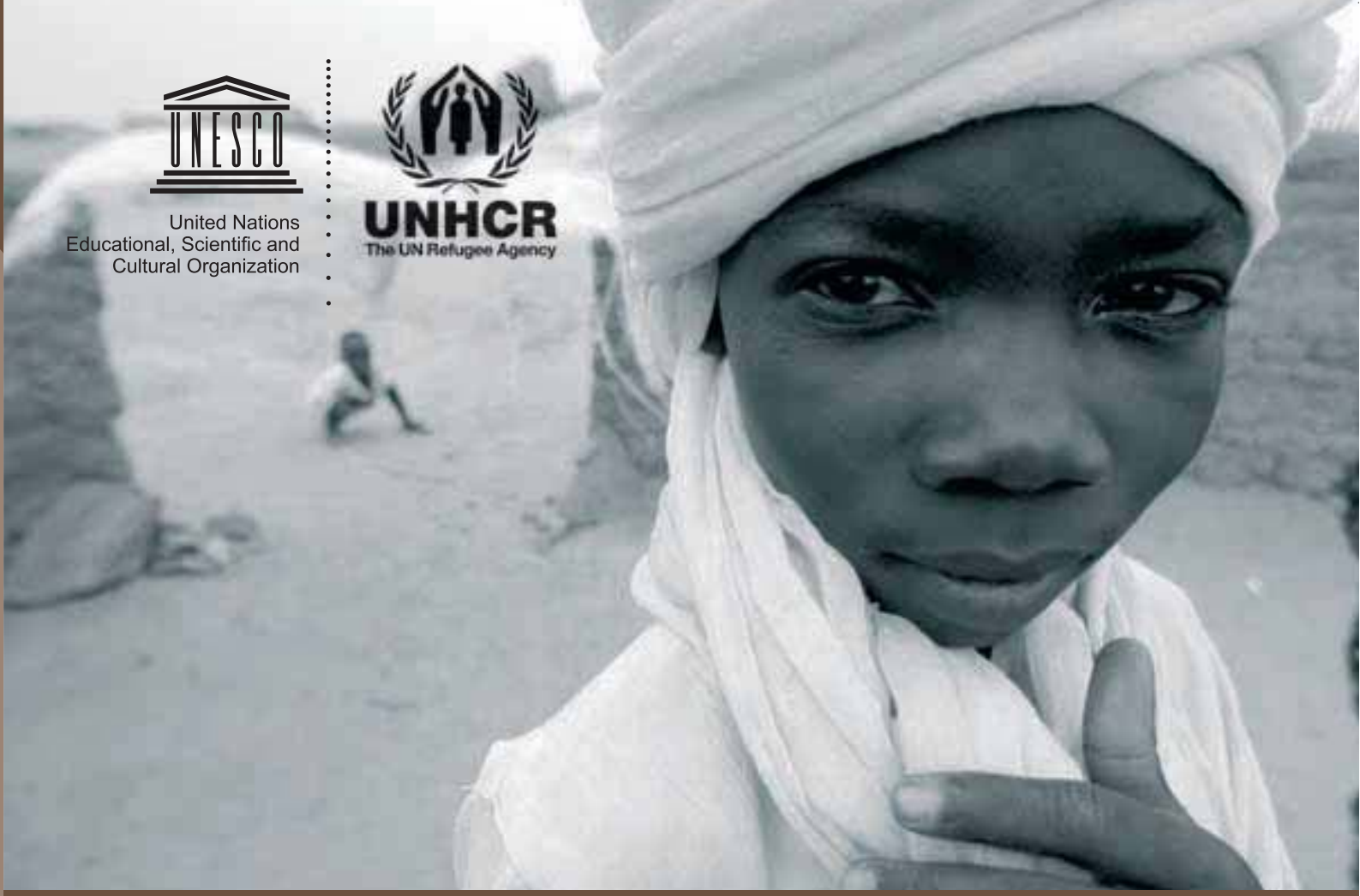

EDUCATIONAL RESPONSES TO HIV AND AIDS FOR REFUGEES AND INTERNALLY DISPLACED PERSONS:

DISCUSSION PAPER FOR DECISION-MAKERS

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Acknowledgements

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCC	Behaviour Change Communication
EFA	Education for All
DRC	Democratic Republic of the Congo
GCE	Global Campaign for Education
GIPA	Greater Involvement of People living with HIV and AIDS
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IEC	Information, Education and Communication
INEE	Inter-Agency Network for Education in Emergencies
IRC	International Rescue Committee
LSPS	Live Safe, Play Safe
M&E	Monitoring and Evaluation
MSEE	Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction
PRSP	Poverty Reduction Strategy Paper
PTA	Parent-Teacher-Association
STI	Sexually Transmitted Infection
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
VCT	Voluntary Counselling and Testing

Overview

This discussion paper, prepared by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations High Commissioner for Refugees (UNHCR), is intended for policy-makers and implementers in ministries of education, civil society organizations, and donor and development agencies involved in emergency, reconstruction and development responses.

It examines the current situation with regard to conflict, displacement and HIV, and notes the protection risks faced by refugees and Internally Displaced Persons (IDPs). It recognises the importance of education for affected populations, and refers to the existing and significant work undertaken to develop minimum standards for education in emergency situations. The paper then focuses on the key components of education sector responses to HIV and AIDS, and addresses the policy and programmatic measures required to address the prevention, treatment, care and support needs of refugees and IDPs as well as the HIV-related stigma and discrimination that they often face. The paper concludes with a number of recommendations, including a call to ministries of education, civil society organizations, and their development partners to:

- Coordinate HIV and AIDS education for refugees and IDPs with other educational initiatives at the country, sub-national and organizational levels in order to avoid duplication of efforts and to maximise the effective use of human, financial and material resources.
- Promote the principles put forward in the Dakar Framework for Action, including the achievement of the six Education for All (EFA) goals by 2015.
- Meaningfully involve communities in programme development, implementation, monitoring and evaluation.
- Scale up and make programmes more comprehensive over time and across displacement phases.
- Customise the message in consultation with the community.
- Monitor and evaluate programmes to guide future actions and take corrective measures when needed.

The analysis and recommendations offered in this paper are based on the:

- Long programmatic experience of UNHCR in safeguarding the rights and well-being of refugee populations;
- Conceptual framework[1] of EDUCAIDS, the UNAIDS Global Initiative on Education and HIV & AIDS, led by UNESCO. A multi-country initiative, EDUCAIDS supports the implementation of comprehensive national education sector responses to the HIV and AIDS epidemic; and
- Application of the *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction* (MSEE), developed by the Inter-Agency Network for Education in Emergencies (INEE) and the *Guidelines for HIV/AIDS Interventions in Emergency Settings,* developed by the Inter-Agency Standing Committee (IASC) to orient the educational response to HIV and AIDS.

As further programmatic and policy experience emerge, UNESCO and UNHCR envisage the production of additional guidance and support materials for the formulation and implementation of comprehensive educational responses to HIV and AIDS for refugees and IDPs. As such, this paper should be considered the first of a series of technical materials aimed at supporting responses for these populations.

Current Situation of Refugees and IDPs

In 2005, more than 44 million people, primarily in low-income countries, were forcibly displaced by conflict, violence, crisis or persecution due to race, religion, nationality, political opinion or membership of a particular social group.[2] In an encouraging trend, the number of refugees – people who have fled persecution in their own countries to seek safety in neighbouring states – has fallen in recent years.[3] In contrast, the number of IDPs – people who have been forced or obliged to flee their homes or places of habitual residence and who have not crossed an internally recognized border – continues to rise as states have closed their borders to refugees or adopted restrictive admission policies.[4] Moreover, the stay of displaced populations in their new locations is often for very long period of time. For refugees, the average estimated length of stay increased from nine years in 1993 to seventeen years by the end of 2003, with children spending on average approximately eight years.[5]

Each crisis, and each phase of each crisis, has its own unique characteristics and complexity, demanding a careful, sensitive analysis before formulating interventions. Refugees typically face a ***cycle of displacement*** (see Figure 1) whereby they suffer through an emergency, live through a period of relative stability in a post-emergency situation, and then experience another cycle of readjustment when they are faced with durable solutions of repatriation, settlement in the host country, or resettlement to a third country.

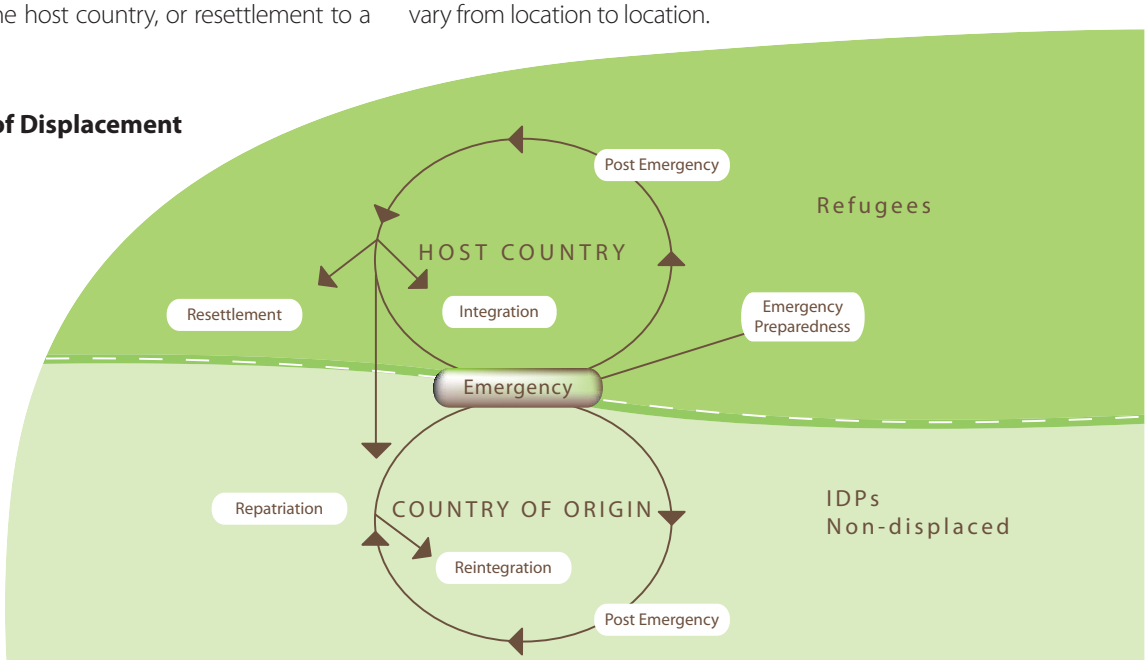
The **emergency phase**, associated with the onset of conflict or some other emergency leading to the flight of those affected, is generally one of extreme hardship, including a destabilisation of cultural bases, collapse of traditional community structures, separation of children and youth from their families, destruction of basic health and education services, and socio-economic disruption. The people involved face material, physical, and psychological loss both directly from the events and indirectly from the cumulative effect of their increased vulnerability. They can find themselves in situations of tension in their new surroundings both within refugee groups and with the population of the host country.

The **post-emergency or stabilisation phase** is generally marked by greater stability, during which humanitarian assistance generally delivers the most basic necessities and social services. During this phase, external assistance is also aiming to prepare refugees or IDPs for return, repatriation, local integration or resettlement.

During the final **durable solutions phase**, refugees are able to return home, integrate into the host country or resettle to a third country or integrate into the population of their host country.[6] The risks during the third phase are context-specific, complex and vary from location to location.

Figure 1: Refugee Cycle of Displacement

Source: UNAIDS and UNHCR. *Strategies to Support the HIV-related Needs of Refugees and Host Populations.* Geneva, 2005.



Conflict, Displacement and HIV

It is a common misconception that refugees pose an AIDS threat to host communities.[7] Data indicate that refugees often migrate from countries in conflict with lower HIV prevalence to more stable host countries with higher HIV prevalence.[8] Myths about overall high HIV prevalence levels among refugees compound the stigma that refugees already face, further constraining their access to health services and highlighting the need to address HIV-related stigma and discrimination as an integral part of effective responses.

The many factors that contribute to the increased HIV risks to refugees in emergency and post-emergency phases are well-understood.[9] They include loss of livelihoods and lack of access to basic services, often increasing the vulnerability of women and girls to sexual exploitation.[10] Also, conflict increases sexual violence against women and girls, including rape as a weapon of war, and breaks down social networks and institutions that usually provide support and regulate behaviour. Exposure to mass trauma such as conflict can increase alcohol and other drug use and, in general, influence people's attitudes towards risk. The additional disruption to health and education services reduces access to HIV prevention commodities, information and HIV-related treatment and care during conflict and flight.

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Factors that can limit the transmission of HIV among refugees are less well-studied, but may include: reduced mobility to high prevalence urban areas in search of work; the isolation and inaccessibility of some refugee populations; and in some circumstances, especially in the post-emergency phase, the availability of better protection and other HIV-related services than in countries of origin or among surrounding populations.[11]

The HIV risks to host communities are not yet fully understood and depend on the comparative HIV prevalence and on the extent of interactions between refugee and host community populations. However, trends are becoming apparent: the majority of refugees live within host communities, not in camps[12] and they often stay for years in their host countries and live in close contact with surrounding communities. Failure to address the HIV-related needs of refugees not only denies refugees their rights, but undermines the effectiveness of HIV prevention and care efforts for surrounding communities.

Special Characteristics and Protection Risks of Refugees and IDPs

Developing interventions to prevent HIV transmission and provide protection and services to those affected by AIDS in a situation of institutional breakdown poses particular challenges. For example, both the general socio-economic situation of refugees and the specific provision of formal and non-formal education are often quite different from elsewhere. Life in refugee situations differs in the nature of the populations, the settings and the phase of emergency, but they typically share some common characteristics:

Poverty and dependency on aid

Refugees are often housed in camps in remote areas. With little or no access to jobs or land to farm, the combination of poverty, idleness and hopelessness brings forth a host of new problem behaviours: increased domestic violence, survival sex and early marriage. These are exacerbated by the absence of social structures that normally serve to support individuals and groups in difficulty and are broken down during conflict and flight. Limited financial opportunities can also lead to dependency on international humanitarian assistance including food and other material support.

In protracted situations, many IDPs remain in difficult conditions due to limited access to humanitarian assistance. Often facing the same problems and in similar circumstances as refugees, IDPs may not have recourse to material support such as seeds, tools and other implementing devices offered to returning refugees.[13]

Abuse and trauma

Human rights violations including sexual exploitation, torture, abandonment, forced recruitment into militia and armed forces, and abduction and trafficking can lead to physical, mental and emotional trauma.[14] Moreover, these violations are often cyclical, with a history of repetition throughout all phases of displacement. Refugee and IDPs may feel too vulnerable and traumatised to attend educational programmes because of their experiences, and girl students and their families in particular may have heightened concerns about their safety, which – if not addressed – can force students to remain at home.

Compounded protection risks

Women often face a double-risk of contracting HIV, due to biological, social, and economic vulnerability and vulnerabilities caused by conflict situations. Increased rape during conflict and displacement heightens the risk of transmission of sexually transmitted infections (STIs), including HIV. Female refugees may find themselves separated from family members or traditional support mechanisms, isolated from their communities and confronted with new challenges, such as providing for themselves and their children in situations of particular hardship, as well as new forms of violence and risks in the country of refuge.[15]

Similarly, *girls* are hit harder and younger than boys by the epidemic in general. For girl refugees and IDPs, many factors of vulnerability become much greater: girls prematurely take on heads-of-household and other responsibilities, have compounded difficulties in access to education, may marry younger, be exposed to sexual exploitation (including in the education environment), suffer from stigma, and are often the last to receive medical treatment.

Special attention must also be paid to *children affected by HIV*, including those orphaned or made otherwise vulnerable by AIDS. A UNICEF study (2001) found that "of the 17 countries with over 100,000 children orphaned by AIDS, 13 are in conflict or on the brink of emergency involving conflict". For example, in the Democratic Republic of the Congo (DRC), only now emerging from a long history of war, some 680,000 children have lost their parents to AIDS.[16]

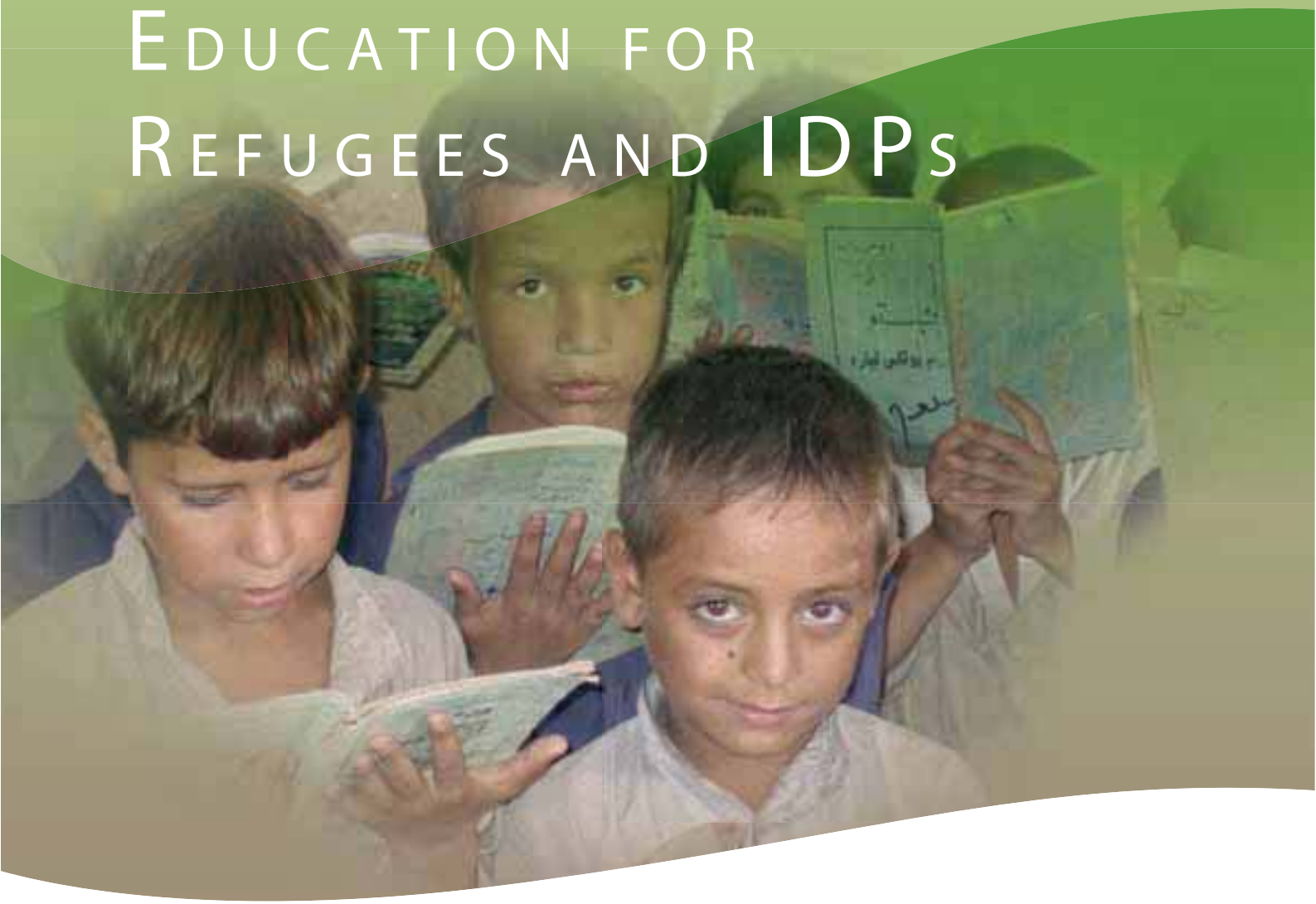
The situation for *urban refugees and IDPs* can often be worse than that of refugees living in camps. Often dispersed, diverse and difficult to reach,[17] they have little or no access to social and medical services, including formal education opportunities and HIV prevention, treatment and care programmes. They are often unaware of available local services, or of their right to access these services. They are among the first victims of a variety of discriminatory and xenophobic attitudes. For example, host communities and local service providers may view urban refugees as responsible for crime, economic competition or the spread of disease. As these attitudes may also be present in local schools hosting refugee learners, it is imperative that education on refugee rights, including rights related to HIV and AIDS, be incorporated in school curricula and teacher training in urban settings.

Obstacles to schooling and learning

Education systems are often destroyed in conflict situations. During the Mozambique conflict in the 1980s-1990s, for example, 45 percent of schools were destroyed.[18] Many refugee and internally displaced children lose their chance of getting an education. In Colombia in 2000, an estimated 85 percent of children in camps were believed to not be receiving a primary education.[19]

While IDPs may have access to the formal education system, refugees seldom have the same access either because they do not have the proper documentation (e.g., birth registration documents) for enrolment, are unable to pay school fees and related costs, or do not have sufficient fluency in the medium of instruction. Where educational opportunities are available to refugees (and may, in some cases, be superior to what is available to the local population), secondary and higher education opportunities are typically severely limited. Thus, in refugee situations as elsewhere, formal HIV and AIDS education may not reach all target populations, including vulnerable groups such as out-of-school youth, and non-formal programmes are required to fill the gap.

Education for Refugees and IDPs



While governments and international organizations view food, water, shelter and health care as basic necessities during emergencies, education does not always have a similar level of support, particularly in the emergency phase of the cycle of displacement. However, there are numerous reasons why formal education (e.g., school-based) and non-formal education (e.g., out-of-school) are important for refugees and IDPs, in particular children and young people. In addition to providing the essential building blocks for learning, education in emergencies can protect against exploitation and harm; offer structure, stability and hope in a time of crisis; promote the acquisition of skills for life; and support conflict resolution and peace building.[20]

The right to education for all

Education has been recognised by numerous international conventions, declarations and commitments (see Box 1) as a fundamental human right, key to sustainable development and peace and stability within and among countries.

Commitments made by the international community to the achievement of EFA include a specific pledge to "meet the needs of education systems affected by conflict, natural calamities and instability" as well as to create "educational programmes and actions to combat the HIV/AIDS pandemic".[21] Education on HIV is also recognised by UNHCR as a critical service in its *2006 Note on HIV/AIDS and the Protection of Refugees, IDPs, and Other Persons of Concern*. Here, UNHCR indicates that "the right to health includes access not only to HIV treatment, but also to HIV-related education" and that "States and UNHCR should ensure the widespread provision of information about HIV and AIDS to refugees, IDPs and other persons of concern".[22]

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International Conventions, Declarations and Commitments Supporting Education

Box 1

- ***1948 Universal Declaration of Human Rights***, Article 26, states that "everyone has the right to an education".
- ***1949 Fourth Geneva Convention Relative to the Protection of Civilian Persons during Times of War***, Article 50, states that "the Occupying Power shall, with the cooperation of the national and local authorities, facilitate the proper working of all institutions devoted to the care and education of children".
- ***1951 Convention Relating to the Status of Refugees***, Article 22, declares States shall accord to refugees "the same treatment as…nationals with respect to elementary education".
- ***1966 International Covenant on Economic, Social, and Cultural Rights***, Article 2, enshrines the right to education "without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status".
- ***1989 Convention on Rights of the Child*** reaffirms the right of children to free, relevant and quality education regardless of status.
- ***2000 Dakar Framework for Action: Education for All*** states that signatories should "implement as a matter of urgency education programmes and actions to combat the HIV/AIDS pandemic".
- ***Millennium Development Goals (MDGs)*** include two goals directly related to education: Goal 2 "Ensure that all boys and girls complete a full course of primary schooling;" and Goal 3 "Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015".

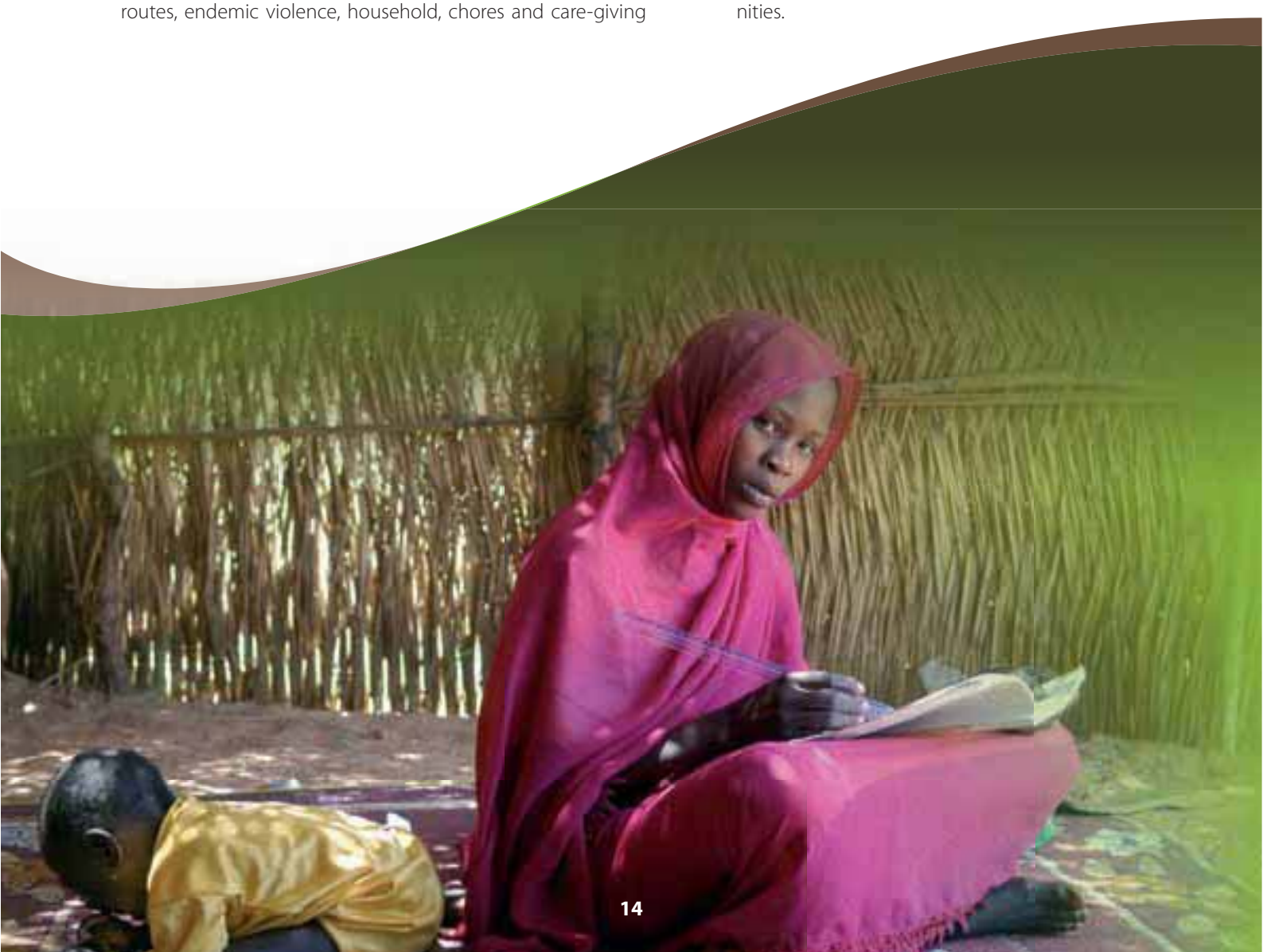
Education for girls and women

In emergency situations as everywhere else, attention to equal access to education for women and girls is paramount. There is compelling evidence that more highly educated girls and women are better able to delay sexual debut and negotiate safer sex. A recent analysis of eight sub-Saharan countries showed that women with eight or more years of schooling were 47 to 87 percent less likely to have sex before the age of 18 than women with no schooling.[23] There is also evidence that education affects young women's choices regarding the use of condoms or abstaining from high-risk sex. Surveys in 22 countries show a correlation between higher education levels and more condom use.[24] In the DRC, Rwanda, Tanzania and Uganda, more educated girls and women have been found to have lower levels of HIV infection.[25] Furthermore, higher levels of education among women are closely associated with lower infant and under-five mortality rates. Better-educated women are more likely than less-educated women to understand the importance of antenatal care, hygienic child care practices and good nutrition for themselves and their children. They are also more likely to know where to access health care and to be able to afford such care.[26]

Emergency situations can change the gender balance in classrooms, with varying consequences. Sometimes insecure routes, endemic violence, household, chores and care-giving demands, or low expectations of families keep girls from school. In other situations, refugee and IDP camps achieve increased participation of girls in schooling due to the proximity of learning institutions or structured incentives within the camp setting.[27]

UNHCR encourages the implementation of special initiatives to support and increase the retention of refugee girls and young women in educational programmes. These include:

- Provision of uniforms and/or clothes;
- Development of safe and gender-friendly learning environments, including separate latrines for girls and boys and the provision of sanitary materials;
- Development and enforcement of a code of conduct for educational staff and students;
- Use of separate classrooms for girls and boys, if culturally appropriate;
- Recruitment of trained teachers from refugee communities and of female teachers (UNHCR recommends that at least 50 percent of all teachers be female in refugee situations);
- Training of teachers on gender issues, including sexual and gender-based violence;
- Facilitation of accessible and confidential access to health and community services, including psychosocial support; and
- Provision of training and income-generating opportunities.



Quality education in emergency settings

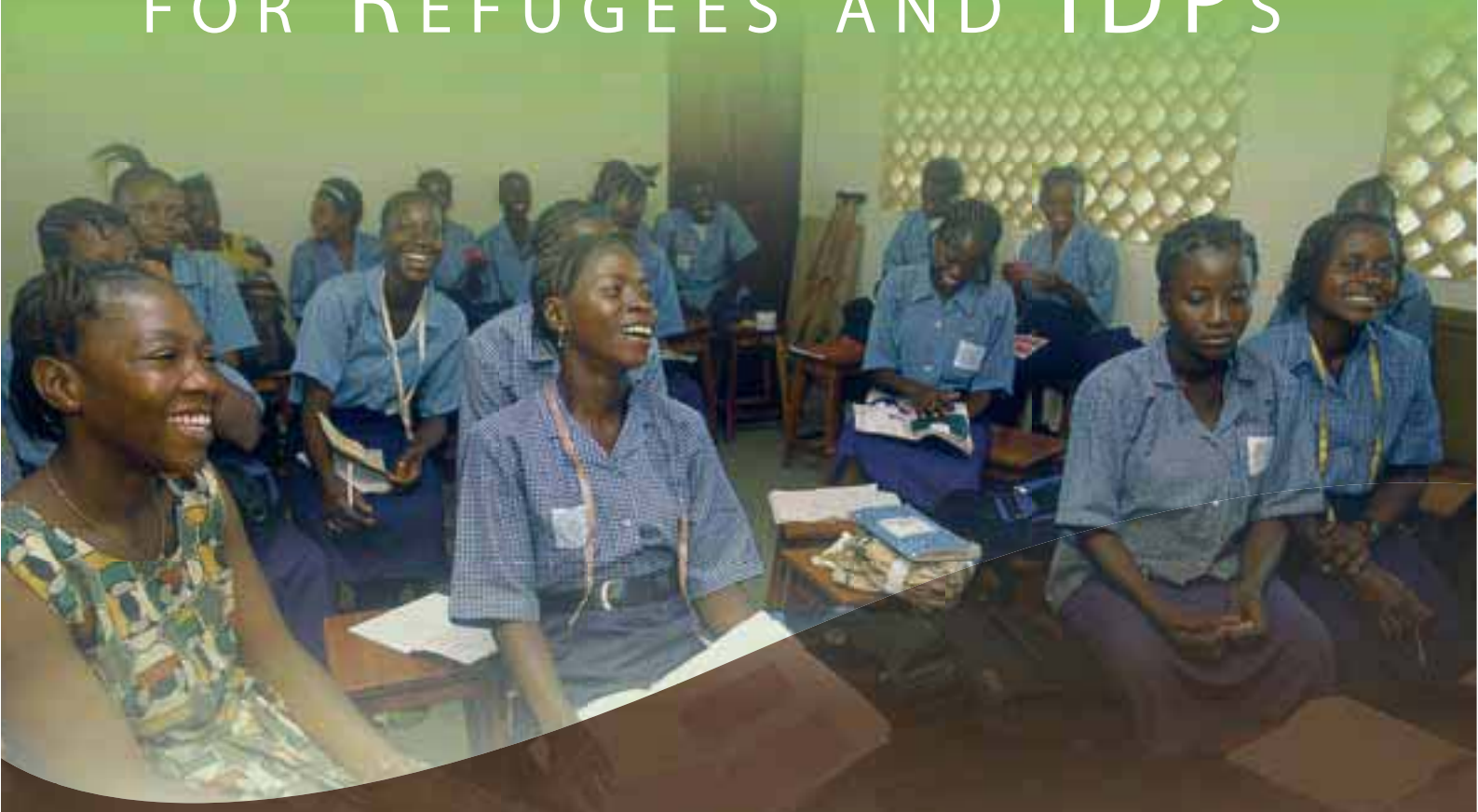
There has been intensive cooperation among humanitarian organizations to develop minimum standards for education in emergency situations, chronic crisis and early recovery. These are intended "help achieve a minimum level of educational access and quality in emergencies and early reconstruction as well as to ensure the accountability of the workers who provide these services".[28]

INEE's Working Group on Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction facilitated a highly consultative process to develop the *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction*. The INEE Minimum Standards were developed with the participation of over 2,250 individuals from more than 50 countries in 2003 and 2004.

The Standards are designed for use in emergency response, emergency preparedness and humanitarian advocacy and are applicable in a wide range of situations, including natural disasters and armed conflicts. They provide guidance and flexibility in responding to needs at the most important level – the community – while providing a harmonised framework to coordinate the educational activities of national governments, other authorities, funding agencies, and national and international agencies".[29]

These Standards are a useful departure point for the development of educational responses to HIV and AIDS as they address the policy principles, strategic actions, and coordination mechanisms required for education in emergencies. The following section builds on the standards and indicators presented in the INEE *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction*, and the strategies and priorities set forth in the Inter-Agency Standing Committee (IASC) *Guidelines for HIV/AIDS Interventions in Emergency Settings* to present a framework for educational responses to HIV and AIDS.

Key Components of Educational Responses to HIV and AIDS for Refugees and IDPs



...UNESCO and UNHCR recognise that every emergency situation is different, and each programme may be at a different starting point. Staged and scaled-up implementation is necessary to prepare individuals and communities to move from a dire situation to one in which they are in charge and for which they have skills, attitudes and health for success.

During the period of displacement – from the onset of a complex emergency to the moment a durable solution is found – refugees are often excluded from host countries' strategies, policies and programmes on HIV and AIDS, and their needs are generally not addressed in proposals submitted to or funded by major donors.[30] This may undermine effective HIV prevention and AIDS mitigation efforts for both refugees/IDPs and surrounding populations.

It is critical that efforts be made to ensure that refugees and IDPs, particularly children and young people, have access to educational opportunities as education provides the knowledge and skills essential for the prevention of HIV, and protects individuals, families, and communities from the impact of AIDS. Education also helps to overcome the conditions that facilitate the spread of HIV, and can create the conditions of understanding and tolerance that contribute to reduced stigma and discrimination against people living with HIV.[31]

UNESCO and UNHCR recommend staged and scaled-up interventions that address the prevention, treatment, care and support needs of refugees and IDPs as well as the HIV-related stigma and discrimination that they often face. To be effective, interventions need to use all educational modalities (formal, non-formal and informal[32]) and ensure multisectoral approaches to address the epidemic in an effective and efficient way.

A comprehensive educational responses to HIV and AIDS for refugees and IDPs is comprised of five essential components: 1) policy, management and systems; 2) quality education (including cross-cutting principles); 3) content, curriculum and learning materials; 4) educator training and support; and 5) approaches and entry points. This section addresses each of these components, providing examples of policy and programmatic measures to be undertaken by ministries of education, civil society organizations and their development partners.

A comprehensive response is critical – all of these five components need to be in place and working well to ensure optimal success in the response to the epidemic among refugees and IDPs. At the same time, UNESCO and UNHCR recognise that every emergency situation is different, and each programme may be at a different starting point. Staged and scaled-up implementation is necessary to prepare individuals and communities to move from a dire situation to one in which they are in charge and for which they have skills, attitudes and health for success.

1 Policy, management and systems

A crucial lesson learned by UNESCO and UNHCR is the need to ensure that HIV and AIDS policies and interventions for refugees and IDPs are coordinated, mainstreamed and integrated with those at country and organizational levels to maximise resources and services. For example, the needs of refugees and IDPs should be an element of national education sector policies on HIV and AIDS in affected countries (see Box 2), budgeted and integrated into regular government plans and financial mechanisms.

National legal frameworks and policies including those that promote compulsory education and free schooling should also be applicable to educational programmes for displaced populations. If it is not possible or practical for refugees to attend host country schools, separate educational programmes need to be established in refugee camps. UNESCO and UNHCR support the application of the *Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction* which state that "as part of the emergency response, education authorities and key stakeholders should develop and implement an education plan that takes into account national and international educational policies, upholds the right to education, and is responsive to the learning needs of affected populations".[33]

Similarly, interventions in emergency settings should also figure, wherever possible, in national AIDS strategies and in broader development frameworks and mechanisms, such as poverty reduction strategy papers (PRSPs). Education networks/working groups can be a consultative vehicle to incorporate HIV and AIDS education into host country AIDS plans by supporting coordination and information sharing between stakeholders. For example, local networks/committees (e.g., refugee camp education committees) can act as a bridge between refugees and policy-makers for HIV and AIDS education issues. Education and HIV and AIDS Focal Points in emergency settings can also liaise with other national agencies conducting HIV and AIDS activities to support synergies and linkages.

Combining resources given for refugees with host country resources can provide additional support for the building and operation of primary and secondary schools, especially in rural areas. In areas where there are few schools, combining donor resources and host country resources for school construction can offer increased access to educational opportunities for refugees and host country nationals alike.

The development of policies and plans is most effective when based on timely assessments undertaken in wide consultation with affected populations and consideration of previous experience, policies and practices of affected populations. For the establishment of educational programmes in emergency settings, the INEE recommends that "a timely education assessment of the emergency situation [be] conducted in a holistic and participatory manner" and that this assessment be used to develop a framework "including a clear description of the problem and a documented strategy for the response".[34] To be sure that HIV and AIDS are adequately addressed, UNESCO and UNHCR support the incorporation of HIV and AIDS indicators in the situation analysis or baseline assessment and ongoing monitoring and evaluation of educational responses (examples of qualitative and quantitative measurements by population group can be found in Box 3). All data should be disaggregated by sex and age, wherever possible.

Mainstreaming the Needs of Refugees and IDPs in the Education Sector Policy on HIV/AIDS, Uganda

Box 2

As one of the *principles underlying the policy,* "the large numbers of people affected and displaced by conflict, disaster and other emergencies is a matter of high priority in terms of HIV/AIDS response and requires the special provision of education".

With regard to *treatment, care, support and impact mitigation*, "education sector institutions shall work with existing national and local programmes to monitor and address the risks faced by learners whose safety is put at risk by armed conflict, internal displacement, refugee status and abduction".

In terms of the *management of the education sector response to HIV/AIDS,* "all education sector institutions involved in the planning, programming and delivery of HIV/AIDS related interventions will take special measures in areas of conflict and in the case of displaced populations. Basic assistance and treatment and care will receive priority where children and adults are at risk of poverty, abduction and abuse".

Source: Ministry of Education and Sports, the Republic of Uganda 2005

Selected HIV- and AIDS-related Indicators for Educational Planning, by Population Group

Box 3

Learners	• Sources of information about sexuality, reproductive health and HIV • Knowledge of HIV prevention methods • Median age at first sex • Relationships: expectations; attitudes to sex; transactional sex; forced sex; age mixing • Attitudes toward people living with HIV • Learners' preferred sex of the educator teaching about HIV and AIDS
Educators	• Knowledge of HIV and AIDS • Attitudes toward people living with HIV, including toward involving people living with HIV in the learning environment • Attitudes toward community involvement in the learning environment • Training in HIV and AIDS (including pre- and in-service training) • Comfort with and experience of teaching on sexuality, reproductive health and HIV • Extent willing to address HIV and AIDS in curriculum
Community Members	• Extent to which leaders and other key groups (e.g., women and youth) are included in the HIV curriculum development process • Availability of condoms and other commodities; availability and use of HIV testing services • Attitudes toward HIV and AIDS education • Attitudes toward people living with HIV, including toward involving people living with HIV in the learning environment

2 Quality education, including cross-cutting principles

Access to a good quality education on its own, apart from anything else, is widely recognised as an effective means of reducing the vulnerability of learners to HIV and AIDS. Education must be rights-based, proactive and inclusive, with curricula and instructional approaches that are gender-sensitive, scientifically accurate and culturally appropriate. Effective learning is critical, requiring educational programmes to support reforms to address the needs at the level of the learner and at the level of the learning system. For example, at the level of the learner, education systems must acknowledge what the learner brings to the learning environment. In refugee situations, this may include a certain sense of hopelessness and fatalism among students and communities, requiring that education be attractive to engage learners and maintain their interest. At the level of the learning system, this may require expanded efforts to measure learning outcomes to measure not only knowledge, but also skills or competencies such as problem-solving, values such as tolerance and gender equality, and behaviours.[35]

To ensure the quality of formal and non-formal educational services and programmes, the INEE minimum standards call for the active participation of emergency-affected community members in programme assessment, planning, implementation, and monitoring and evaluation.[36] "Community education committees," comprised of parents and/or members of parent-teacher-associations (PTAs), local agencies, civil society associations, community organizations, youth and women's groups, and teachers and learners, can be key resources in many settings to prioritise and plan educational activities and develop a community-based action plan. (See Box 4 for selected activities to support community participation in HIV and AIDS educational programmes).

Efforts should also be put in place to ensure the INEE minimum standard that "learning environments are secure, and promote the protection and mental and emotional well-being of learners".[37] This includes working with education personnel and community members to ensure:

- Safe and secure access to educational facilities;
- Appropriate physical structure for the learning site, including adequate space, recreation and sanitation facilities (e.g., water for personal hygiene and clean latrines or toilets for males and females);
- Zero tolerance policies for violence in learning places, include codes of conduct prohibiting sexual relationships between learners and educators; and
- Linkages with health, nutrition and other social services in the vicinity to support the overall well-being of learners. This may include sports and recreation, social clubs and the promotion of mutual support networks.

Selected Activities to Support Community Participation in HIV and AIDS Educational Programmes

Box 4

- Promote displaced and surrounding community involvement in the situation analysis, and the planning, implementation, and evaluation of educational activities
- Educate displaced and surrounding community education committee members about HIV and AIDS including HIV transmission, risk, vulnerability, treatment, care and rights
- Work with displaced and surrounding community education committees to support community involvement in the educational environment e.g., the establishment and monitoring of a Code of Conduct
- Promote the involvement of people living with HIV from both displaced and surrounding communities in educational activities

Curriculum Considerations for HIV and AIDS Education

Box 5

1. **Define curricular approach:**
- *Stand alone subject* e.g., HIV and AIDS education clearly labelled and earmarked in the educational programme
- *One main carrier subject* e.g., HIV and AIDS addressed within the framework of one main subject such as Natural Sciences, Physical and Health Education, and Social Studies
- *Cross-curricular* e.g., HIV and AIDS is addressed in a few subjects through a complementary and coordinated approach
- *Infused* e.g., HIV and AIDS integrated in most/all subjects in the curriculum with or without any specific mention of HIV and AIDS in the subject areas

2. **Establish core content of curriculum, e.g.:**
- Basic knowledge (sexual and reproductive health, HIV and AIDS, treatment and care, myths and misperceptions)
- Me, my emotions and others (respecting myself and others, coping with difficult and risky situations, coping with loss)
- Addressing gender issues (gender and culture, vulnerability, local culture)
- Promoting human rights and overcoming stigma and discrimination (rights and physical integrity, impact of AIDS and care for people affected by HIV, overcoming silence)

3. **Consider time allocation for each lesson or unit and teaching-learning objectives and outcomes**

4. **Determine pedagogical approach and teaching methods and implications for teacher training and support**

5. **Use, adapt, or develop instructional materials in line with the needs and characteristics of the learner**

Source: UNESCO/IBE 2006

3 Content, curriculum and learning materials

The development of content, curriculum and training materials for HIV and AIDS education must consider the age or developmental level, language, culture, capacities and needs of learners and include not only prevention knowledge, attitudes and behaviours but also issues related to treatment, care and support as well as stigma and discrimination. It should also follow the INEE *Minimum Standard* of being "culturally, socially and linguistically relevant…[and] appropriate to the particular emergency situation".[38]

Where curriculum development or adaptation is required, there are a number of important considerations including the curricular approach, core content, teaching and learning objectives and outcomes, pedagogical approach and instructional materials (see Box 5 above). Wherever possible, curriculum development should be conducted with the meaningful participation of stakeholders (see also *Quality education, including cross-cutting principles*).

The refugees' length of stay in a host country may further impact curriculum development. In emergency settings, curricula are often adapted from either the host country, the country of origin or other emergency settings. In Tanzania, for example, UNHCR and UNICEF supported the introduction of the HIV curriculum used in the Burundian schools in the Tanzanian refugee camp schools for this population.

UNHCR recommends that, in longer-term refugee situations, programmes "face both ways" to be acceptable in both the country of origin and the host country. When the language of instruction is the same for refugees and host communities, refugees may follow the host country curriculum since this allows access to national leaving certificates, enabling refugees to continue to access learning opportunities after the emergency.

Educational programmes must also consider and address the psychosocial needs and development of learners and educators at all stages of the displacement cycle, including during the crisis and in preparation for integration, settlement in the host country, resettlement in a third country, or repatriation. Educational programmes (including formal, non-formal and informal education) should not only aim to transfer information, but develop skills to help learners make informed decisions about behaviours and relationships. (see Boxes 6 and 7).

Psycho-social Support through "Community Conversations"

Box 6

In the Republic of Congo, UNHCR has undertaken "Community Conversations" to offer space for dialogue, mutual learning, reflection and introspection on HIV. Between December 2004 and March 2005, 92 "Conversations" were held. UNHCR reports initial signs of behaviour change including: increased openness of men and women to explore and address difficult and sensitive issues related to HIV and AIDS; increased demand for information on HIV and AIDS; and increased demand for condoms.

Source: UNHCR 2005a

HIV Prevention Recreational Activities for Refugee Children and Youth

Box 7

Right to Play, formerly known as Olympic Aid, has developed and supported sports and games in refugee camps in a number of African countries including Angola, Benin, Ethiopia, Ghana, Guinea, Kenya, Mali, Mozambique, Rwanda, Sierra Leone, Tanzania, Uganda and Zambia. The camps aim to support young refugees to have fun with a purpose.

Live Safe, Play Safe (LSPS) is a skills-based health education programme that has been implemented in the camps to raise awareness and build skills to prevent HIV infection among young people. LSPS uses physical activities, group work, role-playing and active discussions to engage children and youth to build skills in: negotiation; assertiveness; coping with peer pressure; and feeling compassion for those living with HIV. Programme modules include: facts about HIV and AIDS, preventing HIV infection, values and vulnerability, communication and compassion.

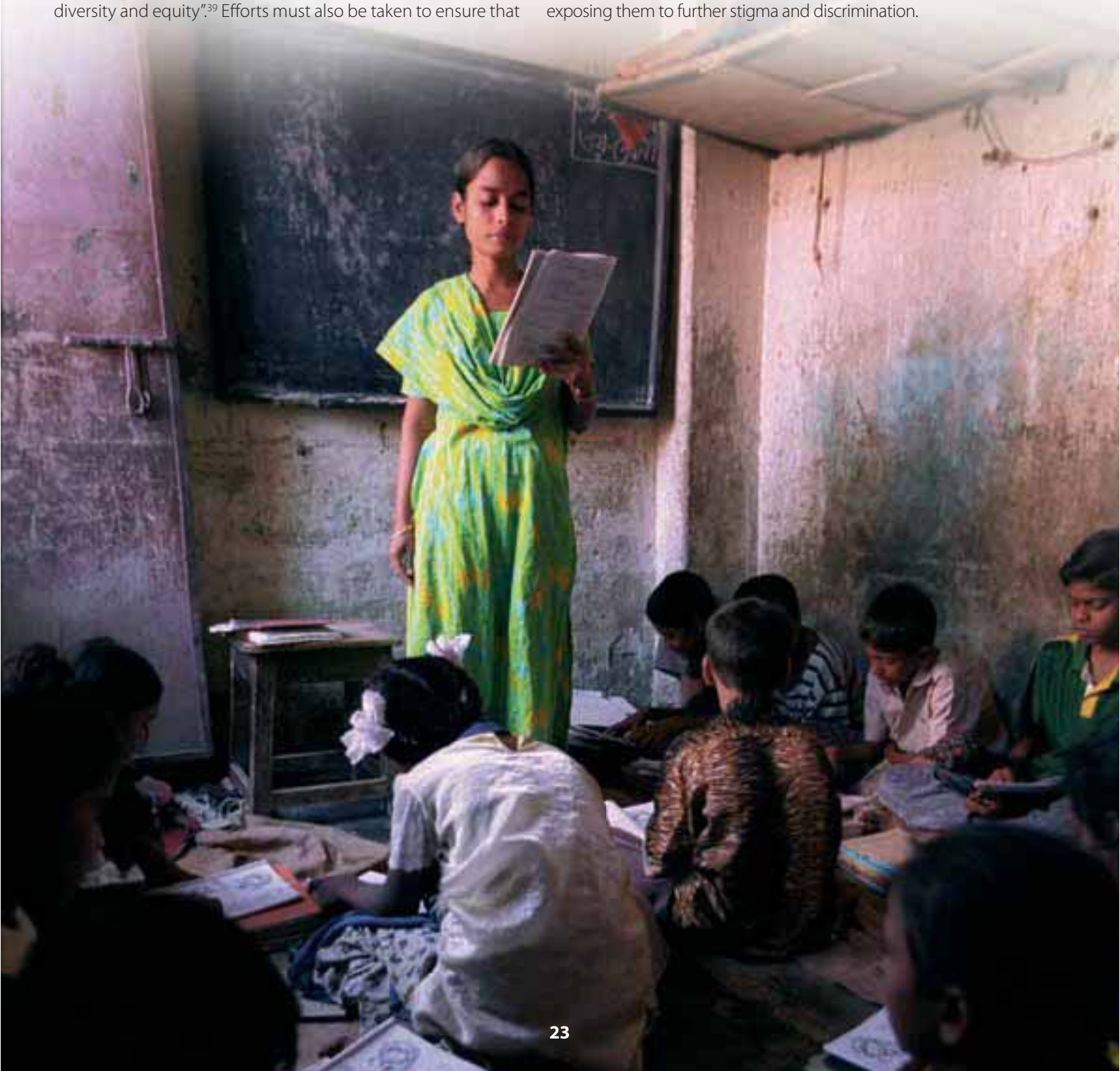
Source: UNHCR 2003c

4 Educator training and support

In order to address HIV and AIDS in their own lives and in the lives of those they instruct and mentor, educators must be provided with appropriate HIV-related knowledge, skills and resources, and be supported by institutions and communities. This includes both pre-service training and continuing professional development programmes for teachers in school settings and relevant training for non-formal educators, including peer educators, community and religious leaders, and traditional healers involved in HIV and AIDS education.

For formal educational programmes, the INEE *Minimum Standards* support the recruitment of "appropriately qualified teachers and other education personnel" through "a participatory and transparent process based on selection criteria that reflect diversity and equity".[39] Efforts must also be taken to ensure that teacher selection and promotion criteria do not discriminate or stigmatise teachers and other educational programme staff infected or affected by HIV.

In rural areas, where some refugee camps are located, local host communities have a limited resource pool to draw from to staff a school. Typically, educational programmes use an international *lingua franca* (e.g., Arabic, English, French and Spanish) as the medium of instruction in the upper primary and secondary grades. When there is a compatible *lingua franca*, teachers may be sought from among the refugee community for HIV education for both the displaced and host community populations. Community members living with HIV can also be powerful educators, serving as role models, reducing stigma surrounding HIV and AIDS, and providing personal benefits to those involved. However, the involvement of people with HIV must be carried out in a planned, sensitive and responsible manner to avoid being tokenistic or exposing them to further stigma and discrimination.



The development of training curriculum and content for educators should be based on their identified needs and may include: core knowledge on HIV and AIDS, pedagogical and teaching methodologies (including approaches for adult learning or for learners with special needs), curriculum development, psychosocial support to understand trauma related to displacement and promote healthy living, and information on conditions of work and codes of conduct. Provision should be made, wherever possible, for ongoing support, appropriate follow-up, monitoring and supervision and refresher training, as necessary.

Efforts should be made to ensure that the training and education received by refugee teachers, peer educators and students meet the standards of the home countries, and will be recognised upon the refugees' return. Where refugees return to their home country, the arrival of trained teachers, peer educators and community outreach workers can be a critical asset to the host country, facilitating the introduction of important educational programmes, including HIV education, in areas of return (see Box 8).

5 Approaches and entry points

To ensure coverage and sustainability, educational programmes should employ a range of approaches and entry points. These can include, for example, community-based learning and outreach, school feeding and school health programmes, behaviour change communication (BCC) and information-education-communication (IEC) programmes, adult education and literacy courses, and life skills education (see example in Box 9). Extra-curricular activities that integrate HIV messages can also reinforce formal educational programmes, and can promote dialogue and discussion in culturally appropriate fora (such as community theatre, music, dance performances, and sport). The development of women's groups can also support discussions of sensitive issues such as sexual and gender-based violence, although it is important to ensure that these groups protect confidentiality so that no further suffering is caused and lives are not further endangered.[40]

Supporting Returning Refugees to Bring HIV Prevention Messages to Southern Sudan

Box 8

The signing of the Comprehensive Peace Accord between the Federal Government of Sudan and the Sudan People's Liberation Movement in early 2005 has enabled hundreds of thousands of IDPs and refugees to begin the journey home. To equip refugees for their return to an area with limited knowledge about HIV, UN agencies and NGOs are intensifying HIV awareness training on HIV prevention among returning refugees "not only so they can help themselves, but also so that they can assist those who stayed behind in the south," explains UNHCR spokesperson Emmanuel Nyabera, in the Kenyan capital of Nairobi. UNHCR hopes that as "tools of information," refugees can provide education for their peers in southern Sudan and counter prevailing stigma and discrimination attitudes toward people infected and affected by the epidemic.

Source: Human Rights House Foundation 2006

HIV and AIDS Education for Children, Youth, and Female Urban Refugees

Box 9

UNHCR's implementing partner in Moscow, Magee Woman Care International, views HIV prevention as a priority for urban refugees, especially those in high-risk groups, such as women of childbearing age (15-49) and young people. In addition to their work providing primary and basic medical care to asylum-seekers and refugees in and around Moscow, Magee Woman Care International has developed an HIV and AIDS educational programme. This includes informational materials delivered during in-class instruction and distributed during patient visits to the Magee centres. Materials cover the following themes: HIV transmission, prevention, and the risks associated with AIDS.

During a baseline survey, nearly two-thirds of the programme participants demonstrated a limited understanding of HIV and AIDS and a limited knowledge of HIV prevention methods. In some instances, participants reported that this was the first time they had heard about HIV and AIDS. After the classes, surveys showed marked increases in HIV awareness among participants. Subsequent classes revealed possible changes in behaviour, with teenagers noting that were now more likely to actively discuss issues related to a healthy lifestyle.

Conclusions and Recommendations

This paper brings together the arguments in favour of a comprehensive response to HIV and AIDS through education, to address the unique needs of refugees and IDPs. It sets forth some actions that contribute to the minimum standards for HIV and AIDS education in these situations. It can be used to design, implement and advocate for a comprehensive HIV and AIDS educational initiative for refugees and IDPs.

UNESCO and UNHCR have learned a number of lessons which can inform future educational responses to HIV and AIDS for refugees and IDPs. This includes the need for ministries of education, civil society organizations, and their development partners to:

- ***Coordinate HIV and AIDS education for refugees and IDPs with other educational initiatives at the country, sub-country and organizational levels in order to avoid duplication of efforts and to maximise the efficacy of human, financial and material resources.*** Surrounding populations should be included in refugees' and IDPs' educational activities whenever feasible, in order to maximise use of available financial, material, and human resources. This sharing of resources helps to improve overall capacity and strengthen relationships between displaced persons and the host community. Additionally, this strategy may help to increase HIV and AIDS awareness and reduce the stigma and discrimination which refugees and IDPs often face. However, without adequate funding from both the international donor community and host countries, increased access to educational programmes, in particular formal educational programmes, for both populations will remain inadequate.

- ***Promote the principles put forward in the Dakar Framework for Action, including the achievement of Education for All (by 2015).*** The international community must strive to provide adequate and sustained support to countries that host refugee and other displaced populations, to provide quality education in these situations. In particular, greater emphasis must be placed on ensuring that refugee and IDP young people, especially girls, have access to educational opportunities to stem the transmission of HIV.

- ***Meaningfully involve communities in programme development, implementation, monitoring and evaluation.*** In emergency settings, building trust between the various populations is essential. Educational programmes developed through consultation and consensus with the displaced and local host communities have a better chance of success than those imported and implemented directly. Consultation can take place through a committee working with the education providers to discuss how to carry out the programmes and to address concerns about sensitive issues like reproductive health, sexuality and HIV and AIDS.

- ***Scale up and make programmes more comprehensive over time and across displacement phases.*** Educational programmes may begin with simple community-based activities. However, efforts should be made to develop more formal educational programmes as rapidly as possible, with appropriate materials and educators who have been selected from among the displaced populations and have been adequately trained. Programmes must also be ongoing across displacement phases. For example, during the emergency phase, refugees and IDPs must be informed of the types of HIV-related informational and material services (e.g., condoms and other key prevention commodities) available and how to access them. Structured educational programmes addressing HIV and AIDS should be put in place during this and the post-emergency or stabilisation phase, and efforts undertaken to consolidate achievements and ensure a successful transition for those returning home, resettling in another country or integrating into the host country population.

- ***Customise the message in consultation with the community.*** Tailoring messages to the specific needs of a population is key to changing behaviour, attitudes and practices. Identified good practices and social change programmes, including HIV and AIDS programming, involve messages specifically designed for the target populations. Effective programming of HIV prevention messages, care and support activities, and stigma and discrimination reduction strategies require messages to be customised to meet local needs and to take cultural and linguistic diversity into account.

- ***Monitor and evaluate programmes to guide future actions and take corrective measures when needed.*** In emergency situations, monitoring and evaluation (M&E) can be viewed by overworked professionals as an unnecessary distraction and a strain on limited resources. It is vital to dispel doubts and to ensure that M&E is undertaken to guide future action and take corrective measures where needed. M&E systems supply a valuable baseline reference to measure the effectiveness of programmes, and thus serve as powerful advocacy tools for successful programmes. They provide useful data which can assist in determining the best way to spend limited resources in order to achieve the best possible results. This can be especially important when developing and implementing new programmes such as HIV and AIDS education. Data collection can be difficult in emergency situations, but is nevertheless invaluable to guide programming and make interventions more effective.

End Notes

1. UNESCO 2006a
2. U.S. Committee for Refugees 2006. This includes: 12 million refugees and asylum seekers; 1.04 million new refugees; 7.89 million refugees in camps for 5 years or more; 21 million internally displaced persons; and 2.1 million new internally displaced persons.
3. UNHCR 2005d
4. UNHCR 2006c
5. UNHCR 2004b
6. UNAIDS and UNHCR 2005
7. UNCHR. 2006b, Draft 8 September
8. Spiegel 2004
9. UNAIDS 2004a and UNAIDS 2006
10. See UNAIDS, UNHCR and WFP 2006
11. Hynes, Sheik, Wilson, and Spiegel 2002
12. UNHCR 2006c. Of the 20.8 million displaced persons of concern to the UNHCR at the end of 2005, the location was known for 14 million. Of these, 26 percent were located in camps or centres, 18 percent were living in urban areas, and 56 percent were either dispersed in rural areas or living in an unknown type of settlement. In Africa, almost half the people of concern to UNHCR are in camps, as compared to less than a quarter in Asia.
13. Holtzman and Nezam 2004
14. Machel 1996
15. UNHCR 2004a
16. UNAIDS 2006
17. Hynes, Sheik, Wilson and Spiegel 2002
18. Save the Children 2002:18
19. CIDA 2000
20. INEE 2004
21. The Dakar Framework Education For All: Meeting Our Collective Commitments. Dakar, Senegal, April 2000.
22. UNHCR 2006d
23. de Walque 2004
24. UNICEF 2004
25. ActionAid International 2006. See also UNAIDS IATT on Education 2006a
26. AGI 2002
27. Sinclair 2002
28. INEE 2004
29. INEE 2004
30. Lubbers 2003
31. UNESCO 2006
32. As explained in UNESCO 2005, *'formal education'* is usually provided by an education or training institution, structured (in terms of learning objectives, learning time or learning support) and leads to some sort of certification. *'Non-formal education'* includes learning activities typically organised outside the formal education system. In different contexts, non-formal education covers educational activities aimed at imparting adult literacy, basic education for out-of-school children and youth, life skills, work skills, and general culture. Such activities usually have clear learning objectives, but vary in duration, in conferring certification for acquired learning, and in organisational structure. *'Informal education'* is learning that takes place in daily life without clearly stated objectives. The term refers to a lifelong process whereby every individual acquires attitudes, values, skills and knowledge from daily experiences and the educative influences and resources in his/her environment e.g., family and neighbours, work and play, the marketplace, the library and the mass media.
33. INEE 2004
34. INEE 2004:21. See also See Appendix 2 (Planning in an Emergency Situation Analysis Checklist) and Appendix 3 (Information Gathering and Needs Assessment Questionnaire)
35. UNAIDS IATT 2006a
36. INEE 2004:14-19
37. INEE 2004:45
38. INEE 2004:56
39. INEE 2004:66
40. UNHCR 1999

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This discussion paper, prepared by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations High Commissioner for Refugees (UNHCR), is intended for policy-makers and implementers in ministries of education, civil society organizations, and donor and development agencies involved in emergency, reconstruction and development responses.

It examines the current situation with regard to conflict, displacement and HIV, and notes the protection risks faced by refugees and internally displaced persons. It recognises the importance of education for affected populations, and refers to the existing and significant work undertaken to develop minimum standards for education in emergency situations. The paper then focuses on the key components of education sector responses to HIV and AIDS, and addresses the policy and programmatic measures required to address the prevention, treatment, care and support needs of refugees and internally displaced persons as well as the HIV-related stigma and discrimination that they often face.