

Education: critical to HIV prevention and mitigation

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Good-quality protective formal and non-formal education can provide the knowledge and skills for the prevention of HIV and protection from the impact of AIDS.

Information about HIV prevention and mitigation must be integrated into education responses to emergencies to help ensure that learners and their teachers remain supported and safe. Education can offer one of the points of entry for health, protection and other sectors working on HIV prevention and response and facilitating referral to essential services for those affected by HIV. It is also a fundamental right enshrined in the UN Convention on the Rights of the Child and an accompanying General Comment which emphasises governments' obligations to ensure that children "have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality".¹

Unfortunately, access to information and services related to HIV and sexual and reproductive health as part of education during emergency interventions is generally haphazard – mostly through non-formal youth programmes or as part of work done with young people in community centres. Inclusion in formal education curricula is less common. Often key messages are not consistently accurate, and teaching methods are usually lecture-based or involve a brief visit from a health centre nurse. There is generally no active engagement with students, development of critical life skills or discussion and active learning.

The Inter-Agency Network for Education in Emergencies (INEE) has recently updated its *Minimum Standards for Education: Preparedness, Response, Recovery*² to help practitioners and policymakers consider how every aspect of an education response is not only affected by HIV but also provides an opportunity to prevent new infections and mitigate the impact of HIV.

HIV education is an imperative life-saving intervention but education practitioners should not rush into programming without keeping in mind the context-specific dimensions of an emergency response. Working with communities, teachers, school councils, parent-teacher associations and learners themselves to assess, plan, implement, monitor and evaluate education interventions will help improve programme quality and ensure cultural sensitivity.

Analysis of the context and coordination within the education sector and with other humanitarian response actors in health, protection and nutrition are critical. Education actors will not necessarily have the capacity to undertake a full analysis of the nature and type of HIV epidemic in a particular context but can work with others to determine the level of HIV prevalence and gather information about the most vulnerable and at-risk populations. This will help education practitioners plan relevant educational content and begin to map possible referral mechanisms.

It is critically important – when considering how to enhance HIV prevention and mitigation during crises – to heed the principles of participation, analysis and coordination and to recognise that good-quality education can reduce the vulnerability of learners to HIV and AIDS. Education programming must mainstream HIV issues and consider targeted responses such as the following:

Access to protection and provision of services through education:

During emergencies, children and young people are often at greater risk of HIV infection or of being affected by HIV. Education can provide support as well as routines and structures that reduce risky

behaviour and enhance protection. Education practitioners should also work with health and protection colleagues to establish referral systems for learners affected by HIV who require health, social or psychosocial services.

Teaching and learning for prevention and mitigation: While HIV and sexual and reproductive health education might not be included in formal curricula in normal circumstances, a crisis can provide the opportunity to address these issues in schools and kick-start curriculum reform. International actors should work with communities and national education authorities to define age-appropriate and gender-sensitive content. Curricula should address context-specific knowledge, attitudes, behaviours and practices with scientifically accurate information. Participatory learning processes such as brainstorming, small-group work, role play, debates or storytelling are particularly important for developing life-skills. Trained teachers using carefully developed curricula can also help learners develop understanding and tolerance, thereby contributing to reducing stigma and discrimination against those living with HIV.

Working with education personnel:

Teachers and other educators should be supported by institutions and communities so that they can address HIV and AIDS in their own lives and in the lives of those they teach. In some emergencies the teaching force itself may be severely affected by HIV and it will be necessary to recruit replacement teachers, support staff or volunteers. It should also be recognised that education is not necessarily protective. Working with teachers, learners and communities to develop a code of conduct can help to ensure that sexual exploitation and abuse and other forms of gender-based violence are not tolerated and that, where necessary, disciplinary action is taken.

The role of policy development in ensuring that the education sector is prepared and committed to addressing HIV must be appreciated. The inclusion of education for crisis-affected populations in national HIV/AIDS strategies and education sector plans and emergency preparedness plans creates synergies between education and HIV actors. More needs to be done, however, to ensure that responses to emergencies fully address opportunities for positive change:

- It is critical to analyse pre-crisis HIV data and information collected by other sectors and, where appropriate, to include HIV-related questions as part of participatory education needs assessments and evaluations.

Sex- and age-disaggregated data and analysis are vital.

- Donor practices and emergency funding mechanisms should require systematic action to address HIV in emergencies, in the same way that gender awareness and mainstreaming are now expected by humanitarian funders.
- Better coordination is needed between national and international HIV actors and those within the education sector so that ad hoc and small-scale HIV education interventions can be scaled up.

Practitioners can draw on the INEE *Minimum Standards*, the Inter-Agency Standing Committee's *Guidelines for Addressing HIV in Humanitarian*

*Settings*³ and complementary guidance developed by the INEE HIV/AIDS Task Team to strengthen educationalists' response to HIV. A holistic sector-wide approach must address primary, secondary and tertiary education and formal, non-formal and informal programmes in emergency preparedness, response and recovery.

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1. <http://tinyurl.com/HIV-and-rights-of-child>

2. <http://www.ineesite.org/standards>

3. <http://www.aidsandemergencies.org>