



# Chapter 30

## Refugees

### What is Involved?

Hundreds of millions of persons are currently affected worldwide by armed conflict, both directly and indirectly. Conflict sends people fleeing to seek refuge either within their own country as internally displaced persons (IDPs) or across an international border to become refugees. Sub Saharan Africa (SSA) is disproportionately affected by the HIV/AIDS epidemic, poverty and armed conflict. In areas with high HIV prevalence and conflict, such as in SSA, HIV/AIDS may act as a double edged sword. The epidemiology of HIV/AIDS during conflict is complicated, but conflict has been shown to be associated with several factors that render affected populations more vulnerable to HIV transmission. In addition, HIV/AIDS may reduce the coping mechanisms and resilience of populations affected by conflicts. While persons affected by conflict do not necessarily have high HIV prevalence rates, they are linked to any successful effort to combat the catastrophic epidemic and must be included in all HIV/AIDS programming.<sup>6</sup> Forced migrant populations have complex interactions with various communities and high risk groups with whom they come into contact

### Why is it Important?

Refugees have been excluded from many asylum country HIV/AIDS National Strategic Plans, their needs have not been addressed in proposals submitted to major donors.<sup>6</sup> Refugees and local populations interact on a daily basis. Failing to address this population undermines effective national HIV/AIDS prevention and care efforts. Furthermore, refugees are often hosted in remote and inaccessible areas, far from cities where HIV/AIDS programs are most developed. Improving HIV/AIDS interventions for refugees in an integrated manner with the surrounding host population will invariably improve services for both communities. Population groups which are particularly affected include:

#### Women

Women are at increased risk of sexual violence and abuse. Food insecurity, hunger, and unequal distribution of material goods put women and girls at risk of exploitation and abuse, including coercion into transactional sex for survival. Displacement may cause families and communities to split apart, destroying community structures and support systems that traditionally serve to protect women and children. This breakdown of communities may also lead men and women to engage in risky sexual behaviours. Women and children form the majority of displaced populations worldwide, as male family members are more likely to be involved in the conflict itself. Displaced women often find themselves as new heads of household, now responsible for providing for their families in addition to caring for their children. Targeted HIV/AIDS interventions that protect, train and educate women are essential.

#### Children

In high HIV prevalence and conflict areas, the vulnerability of children increases and the number of orphans due to the death of one or both parents may rise. Educational opportunities may be limited in conflict situations. As with women, displaced children, particularly orphans and children made vulnerable by HIV/AIDS, are at increased risk for many types of abuse and exploitation, and may be coerced into transactional sex for survival. Additionally, the abusive use of children as soldiers and the extreme actions they are led to commit put this group at increased risk of contracting HIV.

### Armed Personnel

Armed personnel may be a significant vector of transmission of sexually transmitted infections (STIs), including HIV, among conflict-affected and displaced populations. (HIV prevalence rates among some countries' militaries have been documented to be 2-5 times greater than their respective civilian populations.) Many intra-state conflicts have undisciplined, irregular armies and militias. Further, peacekeepers coming from high prevalence HIV countries may also transmit HIV to conflict-affected and displaced populations because of their access to civilians, money and power. Conversely, those from low prevalence HIV countries may be at increased risk of contracting the virus.

### Humanitarian Workers

Humanitarian staff working in conflict situations often find themselves in isolated, unstable and unfamiliar surroundings. They may face increased occupational exposure to HIV in the health care setting as well as increased exposure to sexual violence. Furthermore, they may undertake high risk sexual behaviour which they might normally avoid.

## What Activities?

UNHCR has developed a framework for assessment of and planning for HIV/AIDS in conflict and displaced person situations (See Annex for "HIV/AIDS and Conflict/Displaced Persons Assessment and Planning Tool Framework"). It covers the most important HIV/AIDS interventions in a hierarchal fashion. It takes as its point of departure that minimum essential HIV/AIDS interventions must be provided before comprehensive activities are initiated. This focused, hierarchal approach is essential, given the security and resource constraints in, and the remoteness of, most conflict and displaced persons situations. Essential services (e.g. safe blood supply, universal precautions, treatment for STIs, condom distribution, information-education-communication materials) must be made available before more complicated and resource intensive interventions, such as prevention of mother-to-child transmission (PMTCT) or long term antiretroviral therapy (ART), are provided.

Ultimately comprehensive programs that link HIV/AIDS prevention with care and treatment programmes, and conflict affected and displaced populations should be included, once the minimum HIV/AIDS activities have been implemented. Interventions ranging from voluntary counselling and testing (VCT), PMTCT, behavioural and sentinel surveillance, population-based surveys, and even ART have been implemented among such populations in the past few years in some circumstances.

Antiretroviral treatment (ART) is more complex in humanitarian settings than in typical resource poor settings due to migration and the consequent difficulties with access and follow-up. Pilot projects are necessary to examine modalities of drug distribution and other logistical factors, laboratory, compliance, surveillance, side effects, and resistance. A community-based infrastructure adapted to the specific situation should be employed. For the most part in conflict settings and for displaced populations, existing national protocols and guidelines of the host country should be followed. However, at times such protocols and guidelines do not exist, are outdated or are not being implemented in the remote areas in which refugees and IDPS are situated. Different languages and cultures require a modification of IEC materials and other interventions to suit the varied populations that are mixed together in conflict settings. The interaction between displaced persons and the surrounding population requires strong coordination and cooperation among the host government, international and local organisations and the communities themselves. Ultimately, the repatriation of refugees pose a particular problem, as they often return to countries that have fewer resources than the host country. Therefore, in the near term refugees may be receiving ART in host countries but may not be able to continue when they return to their country of origin. On the other hand, one never knows how long refugees will remain in host countries and they should have the same opportunity to benefit from ART as the surrounding host population. (UNHCR is currently developing an ART policy for refugees.)

A broader approach to fighting the HIV/AIDS epidemic across international boundaries will be needed. Recent conflicts in Ivory Coast, Liberia, and DRC, for example, saw armed military groups, refugees and economic migrants moving across many

borders in West and Central Africa. Country by country plans will not be sufficient and therefore subregional approaches will be needed in conflict and displaced situations to effectively combat the epidemic. Some sub regional initiatives, such as the Great Lakes Initiative on AIDS (GLIA), the Abidjan/Lagos HIV/AIDS Transport Corridor Project, the Oubangi-Chiari HIV/AIDS Initiative, and the Mano River Union Initiative on HIV/AIDS are either in the early stages of execution or development. Thus there is not yet a significant body of experience in dealing with subregional efforts

*See page 167-169 for a Matrix for HIV/AIDS Interventions for Emergency Settings.*

## Who Does It?

Coordination and integration are key components in conflict and displaced settings given their multisectoral and cross border nature. In these settings, numerous disparate groups must come together to improve their communication and coordination and to integrate their activities. These varied actors include:

1. NGOs, including relief and development agencies.
2. UN agencies and international organisations.
3. Government agencies especially those involved in HIV/AIDS, interior, social welfare, health and education as well as political leaders.
4. Donors.
5. Health professionals, lawyers, anthropologists, teachers, and religious leaders.
6. Armed groups in conflict.
7. Refugees, IDPS and local surrounding populations.

Coordination and integration must occur at all levels. The following are examples:

### At Local and Provincial level

Multisectoral HIV/AIDS committees that include a wide range of persons in the community including service providers, political and religious leaders, women's groups, students, youth, teachers, and all conflict-affected communities.

### At National level

National HIV/AIDS program managers and policy oversight bodies (National AIDS Commissions-NAC), relevant public sector partners such as the ministries of health, interior, defense, as well as UNAIDS, the UN Theme Group on HIV/AIDS and associated technical working groups

### At Sub-regional/Regional level

Various subregional initiatives such as the Great Lakes Initiative on HIV/AIDS, the Mano River Union, the Inter-Governmental Authority on Development, and UNAIDS Inter-Country Teams

## What Can Be Monitored and Evaluated?

Despite the difficulties of undertaking assessments, monitoring and evaluation (M&E) in conflict and displaced persons settings, it is possible to carry out HIV sentinel surveillance surveys, HIV population-based surveys and HIV behavioural surveillance surveys in conflict and displaced persons settings. Such behavioural and serological surveillance allows organisations to prioritize and target programs, provide a baseline and trends to evaluate their effectiveness, and act as an advocacy tool. And, such data allow better understanding of the complex interactions between conflict, displacement and the transmission of HIV that will ultimately allow us to better combat the epidemic.

UNHCR, WFP and UNICEF recently undertook a joint HIV/AIDS, food and nutrition operational research project in Zambia and Uganda to explore options for effective use of food aid to improve HIV/AIDS prevention, care and treatment in refugee camp settings. (Results will be ready in 2004).

## Lessons Learned and Recommendations

The matrix on page 163 captures the basic different types of responses in different specific settings.

The general basic recommendations are that:

1. Conflict-affected and displaced populations (over 10,000) be covered by national HIV/AIDS strategic plans, proposals and interventions;
2. b)essential interventions for these populations should be put in place first , then supported by pilot projects for more comprehensive HIV/AIDS interventions, and
3. c) these situations require responses that extend beyond national boundaries.



Table 30.1

## Matrix for HIV/AIDS Interventions in Emergency Settings

Sectoral Response	Emergency preparedness	Minimum response (to be conducted even in the midst of emergency)	Comprehensive response (Stabilized phase)
1. Coordination	<ul style="list-style-type: none"> <li>Determine coordination structures</li> <li>Identify and list partners</li> <li>Establish network of resource persons</li> <li>Raise funds</li> <li>Prepare contingency plans</li> <li>Include HIV/AIDS in humanitarian action plans and train accordingly relief workers</li> </ul>	1.1 Establish coordination mechanism	<ul style="list-style-type: none"> <li>Continue fundraising</li> <li>Strengthen networks</li> <li>Enhance information sharing</li> <li>Build human capacity</li> <li>Link emergency to development HIV action</li> <li>Work with authorities</li> <li>Assist government and non-state entities to promote and protect human rights<sup>4</sup></li> </ul>
2. Assessment and monitoring	<ul style="list-style-type: none"> <li>Conduct capacity and situation analysis</li> <li>Develop indicators and tools</li> <li>Involve local institutions and beneficiaries</li> </ul>	2.1 Assess baseline data 2.2 Set up and manage a shared database 2.3 Monitor activities	<ul style="list-style-type: none"> <li>Maintain database</li> <li>Monitor and evaluate all programmes</li> <li>Assess data on prevalence, knowledge attitudes and practice, and impact of HIV/AIDS</li> <li>Draw lessons from evaluations</li> </ul>
3. Protection	<ul style="list-style-type: none"> <li>Review existing protection laws and policies</li> <li>Promote human rights and best practices</li> <li>Ensure that humanitarian activities minimize the risk of sexual violence, and exploitation, and HIV-related discrimination</li> <li>Train uniformed forces and humanitarian workers on HIV/AIDS and sexual violence</li> </ul>	3.1 Prevent and respond to sexual violence and exploitation 3.2 Protect orphans and separated children 3.3 Ensure access to condoms for peacekeepers, military and humanitarian staff	<ul style="list-style-type: none"> <li>Involve authorities to reduce HIV-related discrimination</li> <li>Expand prevention and response to sexual violence and exploitation</li> <li>Strengthen protection for orphans, separated children and young people</li> <li>Institutionalize training for uniformed forces on HIV/AIDS, sexual violence and exploitation, and non-discrimination</li> <li>Put in place HIV-related services for demobilized personnel</li> <li>Strengthen IDP/refugee response</li> </ul>

Table 30.1 *Continued*

Sectoral Response	Emergency preparedness	Minimum response (to be conducted even in the midst of emergency)	Comprehensive response (Stabilized phase)
4. Water and sanitation	<ul style="list-style-type: none"> <li>• Train staff on HIV/AIDS, sexual violence, gender, and non-discrimination</li> </ul>	4.1 Include HIV considerations in water/sanitation planning	<ul style="list-style-type: none"> <li>• Establish water/sanitation management committees</li> <li>• Organize awareness campaigns on hygiene and sanitation, targeting people affected by HIV</li> </ul>
5. Food security and nutrition	<ul style="list-style-type: none"> <li>• Contingency planning/preposition supplies</li> <li>• Train staff on special needs of HIV/AIDS affected populations</li> <li>• Include information about nutritional care and support of PLWHA in community nutrition education programmes</li> <li>• Support food security of HIV/AIDS-affected households</li> <li>• Ensure safety of potential sites</li> <li>• Train staff on HIV/AIDS, gender and non-discrimination</li> </ul>	5.1 Target food aid to affected and at-risk households and communities 5.2 Plan nutrition and food needs for population with high HIV prevalence 5.3 Promote appropriate care and feeding practices for PLWHA 5.4 Support and protect food security of HIV/AIDS affected & at risk households and communities 5.5 Distribute food aid to affected households and communities	<ul style="list-style-type: none"> <li>• Develop strategy to protect long-term food security of HIV affected people</li> <li>• Develop strategies and target vulnerable groups for agricultural extension programmes</li> <li>• Collaborate with community and home based care programmes in providing nutritional support</li> <li>• Assist the government in fulfilling its obligation to respect the human right to food</li> </ul>
6. Shelter and site planning	<ul style="list-style-type: none"> <li>• Ensure safety of potential sites</li> <li>• Train staff on HIV/AIDS, gender and non-discrimination</li> </ul>	6.1 Establish safely designed sites	<ul style="list-style-type: none"> <li>• Plan orderly movement of displaced</li> </ul>
7. Health	<ul style="list-style-type: none"> <li>• Map current services and practices</li> <li>• Plan and stock medical and RH supplies</li> <li>• Adapt/develop protocols</li> <li>• Train health personnel</li> <li>• Plan quality assurance mechanisms</li> <li>• Train staff on the issue of SGBV and the link with HIV/AIDS</li> <li>• Determine prevalence of injecting drug use</li> <li>• Develop instruction leaflets on cleaning injecting materials</li> <li>• Map and support prevention and care initiatives</li> <li>• Train staff and peer educators</li> </ul>	7.1 Ensure access to basic health care for the most vulnerable  7.2 Ensure a safe blood supply  7.3 Provide condoms  7.4 Institute syndromic STI treatment	<ul style="list-style-type: none"> <li>• Forecast longer-term needs; secure regular supplies; ensure appropriate training of the staff</li> <li>• Palliative care and home based care</li> <li>• Treatment of opportunistic infections and TB control programmes</li> <li>• Provision of ARV treatment</li> <li>• Safe blood transfusion services</li> <li>• Ensure regular supplies, include condoms with other RH activities</li> <li>• Reassess condoms based on demand</li> <li>• Management of STI, including condoms</li> <li>• Comprehensive sexual violence programmes</li> </ul>

Table 30.1 *Continued*

Sectoral Response	Emergency preparedness	Minimum response (to be conducted even in the midst of emergency)	Comprehensive response (Stabilized phase)
7. Health continued	<ul style="list-style-type: none"> <li>• Train health staff on RH issues linked with emergencies and the use of RH kits</li> <li>• Assess current practices in the application of universal precautions</li> </ul>	<p>7.5 Ensure IDU appropriate care</p> <p>7.6 Management of the consequences of SV</p> <p>7.7 Ensure safe deliveries</p> <p>7.8 Universal precautions</p>	<ul style="list-style-type: none"> <li>• Comprehensive sexual violence programmes</li> <li>• Control drug trafficking in camp settings</li> <li>• Use peer educators to provide counselling and education on risk reduction strategies</li> <li>• Voluntary counselling and testing</li> <li>• Reproductive health services for young people</li> <li>• Prevention of mother to child transmission</li> <li>• Enable/monitor/reinforce universal precautions in health care</li> </ul>
8. Education	<ul style="list-style-type: none"> <li>• Determine emergency education options for boys and girls</li> <li>• Train teachers on HIV/AIDS and sexual violence and exploitation</li> </ul>	8.1 Ensure children's access to education	<ul style="list-style-type: none"> <li>• Educate girls and boys (formal and non-formal)</li> <li>• Provide lifeskills-based HIV/AIDS education</li> <li>• Monitor and respond to sexual violence and exploitation in educational settings</li> </ul>
9. Behaviour communication change and information education communication	<ul style="list-style-type: none"> <li>• Prepare culturally appropriate messages in local languages</li> <li>• Prepare a basic BCC/IEC strategy</li> <li>• Involve key beneficiaries</li> <li>• Conduct awareness campaigns</li> <li>• Store key documents outside potential emergency areas</li> </ul>		<ul style="list-style-type: none"> <li>• Scale up BCC/IEC</li> <li>• Monitor and evaluate activities</li> </ul>
10. HIV/AIDS in the workplace	<ul style="list-style-type: none"> <li>• Review personnel policies regarding the management of PLWHA who work in humanitarian operations</li> <li>• Develop policies when there are none, aimed at minimising the potential for discrimination</li> <li>• Stock materials for post-exposure prophylaxis (PEP)</li> </ul>	<p>10.1 Prevent discrimination by HIV status in staff management</p> <p>10.2 Provide post-exposure prophylaxis (PEP) available for humanitarian staff</p>	<ul style="list-style-type: none"> <li>• Build capacity of supporting groups for PLWHA and their families</li> <li>• Establish workplace policies to eliminate discrimination against PLWHA</li> <li>• Post-exposure prophylaxis for all humanitarian workers available on regular basis</li> </ul>

