

# Accelerating Education's Response to HIV&AIDS in Nigeria



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## Summary

**“I believe that education has a major role in the response against AIDS in Nigeria”**

**Prof. Babatunde Osotimehin, Director General,  
National Agency for the Control of AIDS (NACA)**



## Acknowledgements

In 2007, the Federal Ministry of Education, Nigeria, undertook a review in order to document how the Government of Nigeria and development partners worked together to build a systematic education sector response to HIV&AIDS in the country. The review, 'Accelerating the education sector response to HIV in the Federal Republic of Nigeria: A review of five years of experience, 2002-2007', is written by authors from the Federal Ministry of Education, Nigeria; The Partnership for Child Development, Action Health Incorporated, Nigeria; and the World Bank. It serves as a case-study for a wider review of education's response to HIV in sub-Saharan Africa called 'Accelerating the Education Sector Response to HIV&AIDS in sub-Saharan Africa: Five Years of Experience 2002-2007'. This document is a summary of the Nigeria review.

Key organizations that have been part of accelerating the education sector response to HIV in the Federal Republic of Nigeria are below. In addition, representatives from teachers' unions and associations, women's associations, networks of people living with HIV&AIDS, members of the press, schools and tertiary institutions have participated in the Accelerate Initiative.

### Government:

Federal Ministry of Education (FME), Federal Ministry of Labour and Productivity (FMLP), Federal Ministry of Women Affairs (FMWA), Federal Ministry of Health (FMoH), Local Government Authorities (LGAs), National Agency for the Control of AIDS (NACA), National Board of Technical Education (NBTE), National Commission for Colleges of Education (NCCE), National Commission for Nomadic Education (NCNE), National Educational Research Development Council (NERDC), National Institute for Educational Planning and Administration (NIEPA), National Institute for Nigerian Languages (NINLAN), National Commission for Mass Literacy, Adult and Non-Formal Education (NMEC), NTI (National Teachers' Institute), National Universities Commission (NUC), National Union of Teachers (NUT), State Ministries of Education (SMoEs), State Universal Basic Education Boards (SUBEBs), State Agencies for the Control of AIDS (SACAs), Universal Basic Education Commission (UBEC).

### Development Partners:

#### *United Nations*

International Labour Organization (ILO), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), World Bank, World Food Programme (WFP), World Health Organization (WHO).

#### *Bilateral partners*

British Council, German Agency for Technical Cooperation (GTZ), Norwegian Agency for Development Cooperation (NORAD), United Kingdom Department for International Development (DFID), United States Agency for International Development (USAID).

#### *Inter-governmental organizations*

Economic Community of West African States (ECOWAS).

#### *Civil society and private organizations*

Academy for Education Development (AED), ActionAid International & Nigeria; Action Health Incorporated (AHI), Association for Reproductive and Family Health (ARFH), Association for Better Community Health, Butterfly Works Netherlands, Centre for Development and Population Activities (CEDPA), Child Health and Youth Friendly Association (CHAYFA), Children's Desk Vandeikya, Civil Society HIV/AIDS Network in Nigeria (CISHAN), Commonwealth of Love, EcoBank, Education as a Vaccine against AIDS, Educational Research Network for West and Central Africa (ERNWACA), Faith-based AIDS Awareness Initiative, Family Health International (FHI), Girls Power Initiative, Global Health Awareness Research Foundation (GHARF), The Hope Initiative, Jireh Foundation, Lifeline Plus Foundation, Mediating for the Less Privileged and Women Development (MEDWOOD), MTN Foundation, National Parents Teachers Association of Nigeria (NAPTAN), Network of People Living with HIV&AIDS in Nigeria (NEPWHAN), National Youth Network on HIV&AIDS (NYNETHA), OSA Foundation, Otobo Caregivers and Support for Orphans, Partnership for Child Development (PCD), Policy Project, Presbyterian AIDS Action Committee, SmartWork Nigeria, Society for Women and AIDS in Africa-Nigeria (SWAAN), YARAC, World Population Fund.

# Accelerating Education's Response to HIV&AIDS in Nigeria

## Contributing to a Better Future for Children in Nigeria

### Background

The education sector has a central role to play in the multi-sectoral response to HIV&AIDS; in reducing stigma, in promoting prevention, and in providing access to care, treatment and support for teachers and staff, a group that represents more than 60% of the public sector workforce in many countries. A key argument for such activities is that school-age children have the lowest HIV prevalence of any age group; and with proper education they can acquire knowledge, skills, and values to help protect themselves from HIV.

However, until the early part of this decade, few education systems were addressing AIDS systematically, and many countries had yet to develop a formal strategy for an education sector response to the epidemic.

In 2002, recognising education as a social vaccine against HIV, the Federal Ministry of Education (FME) was among the first of Nigeria's line ministries that set out to create an enabling environment across its institutions to respond to HIV, through better advocacy, information, and capacity building as outlined in the *HIV/AIDS Emergency Action Plan (HEAP) 2001-2004* (see 'History of the HIV response in Nigeria' box).

Nigeria's education sector had already been active in initiating HIV prevention education over the early nineties, and this was an important time to accelerate its response.

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### History of the HIV response in Nigeria

Between 1986 and 2000, Nigeria experienced a growing AIDS epidemic, with an increase in median HIV prevalence to 5.8%. As Africa's most populous country and given Nigeria's diversity, controlling the AIDS epidemic was an instant priority for the country – in absolute numbers of people infected with HIV, Nigeria had become the third most affected country in the world.

Faced with controlling AIDS in its 36 semi-autonomous states and the Federal Capital Territory (FCT), Nigeria's response until 1999 was coordinated by the Federal Ministry of Health and thus mostly medical in nature. However, there still remained the need to address the socio-cultural and information barriers, and stigma associated with the epidemic as they led to greater HIV vulnerability. Thus in 1999 the National Action Committee on AIDS, which later became the National Agency for the Control of AIDS (NACA), was formed to set up a multi-sectoral response to the epidemic. In 2001, Nigeria's first multi-sectoral HIV strategic plan, *HIV/AIDS Emergency Action Plan (HEAP) 2001-2004*, called for an enabling environment to respond to HIV across all sectors, through better advocacy, information, and capacity building.



## The Accelerate Initiative

In 2002, the UNAIDS Inter-Agency Task Team (IATT) on Education established a working group – known as the ‘Accelerate Initiative Working Group’ – to support countries in sub-Saharan Africa to “accelerate the education sector response to HIV and AIDS.” Key partners of the initiative include: governments, United Nations agencies, bilateral partners and civil society, as well as key stakeholders, including people living with HIV&AIDS, teachers’ unions and the media. Nigeria was among the first of the countries to join this Initiative.

During the following 5 years, the education sectors of 37 countries, responsible for more than 200 million, or 85.5% of, school-age children in sub-Saharan Africa and 2.6 million, or 74.3% of, primary and secondary school teachers in the region, participated in this demand-led initiative of sub-regional and national processes, resulting in extensive information sharing and significant achievements. The key objectives of the initiative have been to

- Promote leadership by the education sector and create sectoral demand for a response to HIV&AIDS
- Harmonize support among development partners, in order to better assist countries and reduce transaction costs
- Promote coordination with national AIDS authorities and enhance access to HIV&AIDS funds
- Share information on HIV&AIDS that has specific relevance to the education sector
- Strengthen the technical content and implementation of the education sector response to HIV&AIDS

In response to an expressed demand at national and regional levels for the establishment of concrete mechanisms for consultation and exchange of information and experiences among neighbouring countries facing similar challenges, the Accelerate Initiative facilitated the formation of regional Networks for HIV&AIDS Focal Points. The Networks are made up of members who have been officially appointed by the different Ministers of Education to serve as HIV&AIDS Focal Points. The ultimate aim is to enable stronger and better quality actions at the school level.



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## Ministry of Education Network of HIV&AIDS Focal Points for the Economic Community of West African States and Mauritania

Political leadership by countries of the Economic Community of West African States (ECOWAS) together with Mauritania enabled the adoption of a strategic approach to HIV prevention in the region. Further to the Second Conference of ECOWAS Ministers of Education in Accra, January 2004, a Network of HIV&AIDS Focal Points in Ministries of Education was established in December 2004. The FME was one of the founding members of the network.

The network includes the following members: Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea-Bissau, Liberia, Mali, Mauritania, Nigeria, Niger, Republic of Guinea, Sierra Leone, Senegal and Togo.

Since December 2004, the Network's actions have centered on sharing information and experiences, promotion of good practices, proposition of guidelines; technical guidance and progress updates to the Ministers of Education; monitoring of progress; and development of Focal Points' capacity.

There are similar networks in Central and Eastern Africa.

# Accelerating the education sector response to HIV&AIDS in the Federal Republic of Nigeria

In 2002, the FME set up a dedicated HIV&AIDS Unit, headed by a National HIV&AIDS coordinator, to coordinate HIV responses in the sector. The Unit comprised senior members of the ministry who were trained in HIV&AIDS programming. In November 2002, the Unit and FME's parastatal agency, the National Institute for Educational Planning and Administration (NIEPA), participated as observers in the first Accelerate Initiative workshop in Mombasa, Kenya. Following on from this, a key milestone was the first National Workshop on Accelerating the Education Sector Response to HIV&AIDS held in Abuja, Nigeria in June 2003 for the FME and its

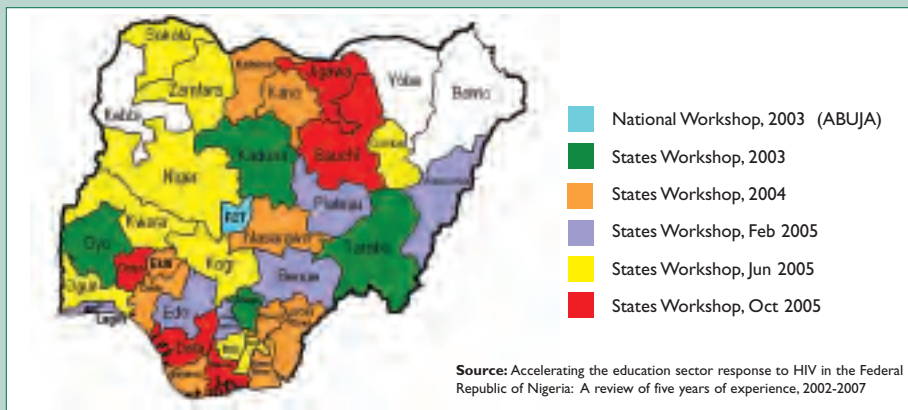
parastatal agencies. The workshop, which was organized by the FME and supported by the Accelerate Initiative Working Group and other development partners, helped set the scene for the overall acceleration of Nigeria's education response to HIV between 2003 and 2007. The FME went on to assist states to scale-up their responses, and to that end, initiated a series of capacity building workshops (See box below 'NIEPA as a centre of excellence and the Accelerate Workshops').

In 2007, the FME, with support from the Accelerate Initiative Working Group, conducted a review of the past 5 years to document the implementation process and key achievements of its response to HIV between November 2002 and 2007. Interviews with key stakeholders took place at national level and in some selected states for information on HIV related policies, programme management, HIV prevention and orphans and vulnerable children. Relevant documents were also reviewed, and questionnaire responses from state HIV desk officers analysed.

## NIEPA as a centre of excellence and the Accelerate Workshops

NIEPA was created as a centre of excellence on educational planning and administration in 1992. In 2002 it was identified as the main parastatal to provide capacity building training on planning and management of education sector HIV responses to all 36 states and the FCT, and was supported by the FME's HIV&AIDS Unit, World Bank, DFID and the Accelerate Initiative Working Group.

Within 3 years, 33 states were trained in a series of five Accelerate Workshops, focusing on planning HIV responses, policy implementation, HIV prevention education, and responding to vulnerable children. A total of 210 officials from State AIDS Control Agencies, and educational planners, statisticians and desk officers from the State Ministries of Education and State Universal Basic Education Boards were trained. An analysis of the course evaluations received from the participants between 2004 and 2005 showed that the average rank of the usefulness of each workshop consistently remained at 4.6 out of 5.



Source: Accelerating the education sector response to HIV in the Federal Republic of Nigeria: A review of five years of experience, 2002-2007

# A review of five years of experience, 2002–2007

## Policies and strategies

The FME's HIV&AID Unit, in coordination with its parastatal agencies, State Ministries of Education (SMoEs), NACA and development partners, oversaw the development of the National Policy on HIV&AIDS in the Education Sector and the National Education Sector HIV&AIDS Strategic Plan (NESP) 2006-2010. Both documents provide the overall framework for sectoral responses to HIV.

Some SMoEs, such as from the states Adamawa, Ekiti, Imo, Ondo, Oyo, Rivers and Sokoto have already adapted the National Policy to their local context, while others are in the process of doing so. States such as Benue have also developed a workplace policy on HIV for the sector, which is adapted from the National Work Place Policy.

Twenty-six of all 36 states and the FCT have developed state-level strategic plans based on the NESP, with technical support of UNICEF, DFID and the FME's HIV&AIDS Unit.

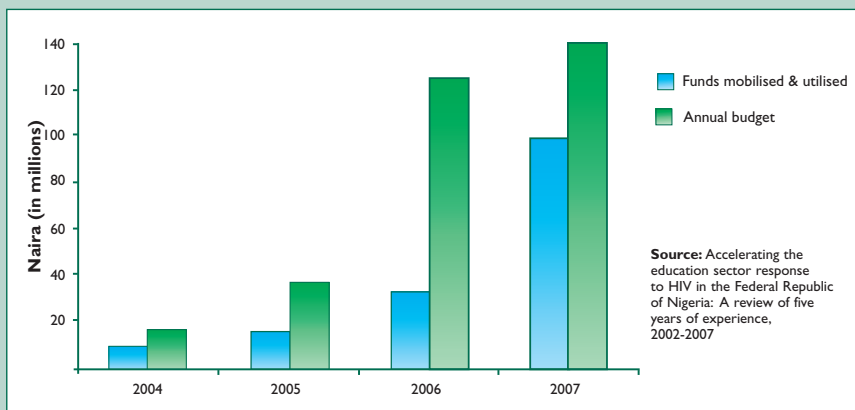
## Programme management

Several organizational developments took place in order to create an enabling environment for accelerating the education sector response to HIV. These included an increase in funding resources, the setup of organizational structures responsible for the HIV response (see 'Ministerial structures to accelerate education sector responses to HIV' box, pg 8), and capacity building activities, including the Accelerate Workshops (see 'NIEPA as a centre of excellence and the Accelerate Workshops' box, pg 6).



## Funds for HIV responses in education

There was a significant increase in funds mobilised for the education HIV response between 2003 and 2007. The FME received funds from donors such as the World Bank, which included Multi-Country HIV&AIDS Programme (MAP) funds (through NACA) and a DFID credit for Universal Basic Education. The FME has also received funds from the Government's Millennium Development Goal (MDG) credit since 2006.



Funds mobilised & utilised by FME's HIV&AIDS Unit and its annual budget

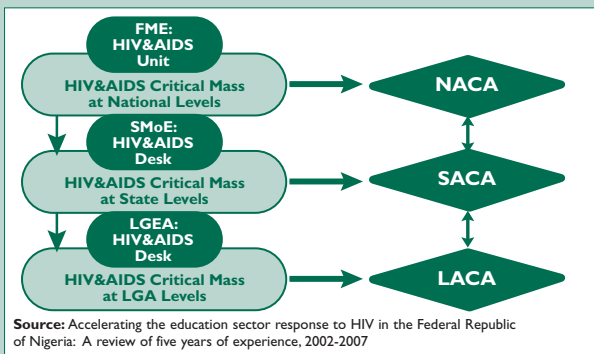
Other international development partners that supported education sector HIV responses included ActionAid, DFID, Family Health International, The MacArthur Foundation, UNDP, UNESCO, UNFPA, UNICEF, and USAID. Resources were mobilised through public-private partnerships as well, such as with EcoBank and MTN telecommunications company.

## Ministerial structures to accelerate education sector responses to HIV

The FME's HIV&AIDS Unit was mandated to provide policy direction, build capacity and partnerships and perform other oversight functions for the sectoral response to HIV at all levels. The national HIV&AIDS coordinator represents the sector at the NACA.

A Critical Mass Committee of HIV&AIDS Focal Points in various departments and parastatals of the FME, headed by the National HIV&AIDS Coordinator, was constituted by the National Council on Education (NCE), the highest policy making body in education.

All SMOEs were mandated by the NCE to oversee sub-national responses to HIV. By 2006, all SMOEs had HIV desk officers and 28 SMOEs reported the presence of HIV units. SMOEs have similar Critical Mass Committees, and the SMOE desk officer represents the sector at the State AIDS Control Agency (SACA). Similar structures started to be established in local government education authorities (LGEA).



# HIV Prevention

A key achievement in HIV prevention was the development of a widely accepted curriculum on life-skills and HIV. Co-curricular methods of HIV prevention such as peer education were widely promoted in all states in Nigeria. Voluntary counselling and testing services through youth-friendly centres were piloted, mostly in tertiary institutions.

## Family Life and HIV&AIDS Education

Nigeria's HIV prevention education curriculum has evolved over the period. In December 2002, a draft curriculum on sexuality education for upper primary and junior secondary schools was presented to the National Council on Education. Following concerns on the cultural appropriateness of sexuality education, a national review of the curriculum, involving all states, and all key stakeholders of society was undertaken. In 2003-2004, the curriculum was revised by the National Education Research Development Council (NERDC), in collaboration with FME's HIV&AIDS Unit, the Universal Basic Education Commission and Action Health Incorporated to the widely accepted format of Family Life & HIV&AIDS Education (FLHE). The curriculum, which is age and grade specific and is not examinable is now available for basic and secondary education, and is being adapted for tertiary and non-formal education. It is also being infused in carrier subjects at all levels. In 2006, 26 states reported that they had initiated teacher training on FLHE. In 13 states FLHE is already being taught in secondary schools, while nine states reported teaching FLHE in primary schools. E-learning methods for delivering FLHE are also being piloted as part of an inter-agency project 'Learning about Living' which uses information and communication technology to educate young people about reproductive health.



## Orphans and vulnerable children

Under the Universal Basic Education scheme, all children have the right to free and compulsory basic (primary and junior secondary) education in Nigeria. Other than this, educational and vocational support to orphans and vulnerable children has largely been provided by NGOs in Nigeria. The FME introduced scholarship support to orphans and vulnerable children in 2007, and is working with the Federal Ministry of Women Affairs to identify and respond to the educational needs of these children. Some states such as Bayelsa, Benue, Ebonyi, Jigawa, Kaduna, Kogi, Lagos, Sokoto and Taraba have also introduced scholastic support to cover costs such as school books and uniforms.

# Examples of state responses to HIV&AIDS in the education sector

## Akwa Ibom

**HIV Prevalence: 8% (2005)**

**HIV Prevention** activities in Akwa Ibom have involved using the FLHE curriculum since 2005, peer education and reaching out-of-school youth. The FLHE curriculum is integrated into home economics, social studies and health education studies and is being taught in junior and senior secondary schools. Anti-AIDS clubs and peer education have promoted awareness in schools in all 31 local government authorities, while community awareness has been created through radio and television jingles. NGOs have been involved in visiting brothels to promote youth awareness of HIV&AIDS.

## Benue

**HIV Prevalence: 10% (2005)**

Benue's high prevalence of HIV infection has affected the state, and within the education sector, its staff and children. A **workplace policy** on HIV&AIDS, adopted from the National Workplace Policy by the SMoE in 2005 has created strong awareness of HIV&AIDS issues amongst teachers. Staff members are willing to access HIV counselling and testing as a result of stigma reduction. The state government coordinates with NGOs that provide school-related costs and psychosocial and nutritional support to **orphans and vulnerable children**. Advocacy and services provided by NGOs have increased support for orphans and vulnerable children.

## Borno

**HIV Prevalence: 3.6% (2005)**

The FLHE curriculum was introduced in the state in 2006. The training of teachers in the curriculum commenced in 2007. However, there have been a few **challenges** in implementing the programme. State government and NGOs have expressed the need for funds to carry out activities in the state, which is far from the national capital. While the SMoE was not part of the initial Accelerate workshops for HIV planning and capacity building between 2003 and 2005, in 2006, joined the Accelerate process.

## Enugu

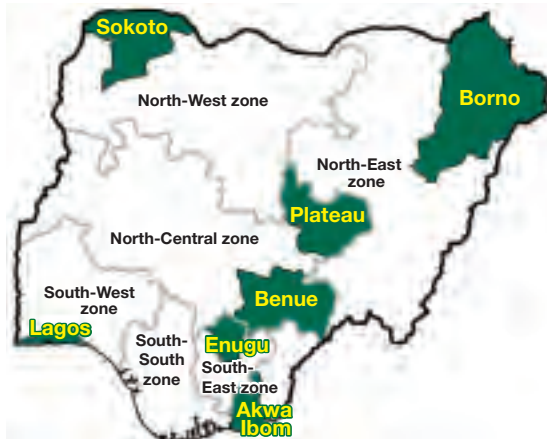
**HIV Prevalence: 6.5% (2005)**

As part of the state's response to HIV, the SMoE and State Universal Basic Education Board have equipped teachers, guidance counsellors, school inspectors, peer educators in life-skills and HIV education, through **capacity building** workshops. Development partners have been important in supporting these events. There is a reported increase in knowledge and awareness of HIV&AIDS among teachers and students.

## Lagos

**HIV Prevalence: 3.3% (2005)**

In Lagos, the SMoE and partners such as Action Health Incorporated have been actively involved in **implementing the FLHE curriculum**. Master trainers and teachers have been trained in providing FLHE in social studies, integrated science and guidance and counselling. As of 2007, all public schools were teaching the FLHE curriculum. This has reportedly helped young people in delaying their sexual debut, avoiding STIs, and empathising with people living with HIV.



## Plateau

### HIV Prevalence: 4.9% (2005)

Plateau has a strong organizational framework for **planning and managing** HIV activities and mainstreaming the sectoral response. There are full-time HIV&AIDS desk officers in the SMOE and State Universal Basic Education Board to manage HIV interventions. Meetings of a Critical Mass Committee are convened biannually to coordinate sub-sectoral activities. Resources for activities are sourced from the state government, and development partners such as UNFPA, World Bank and NGOs. As a result the state has a harmonized FLHE curriculum, and this has resulted in an increased awareness on HIV&AIDS.

## Sokoto

### HIV Prevalence: 3.2% (2005)

Sokoto has successfully **adapted the FLHE curriculum** to the popular School Health Education Programme (SHEP) format so that it is relevant to the state's religious and cultural context. This was a result of SMOE consultations with key stakeholders, community sensitization and advocacy campaigns. As a result, the SHEP curriculum is now available to all junior and senior secondary schools in the state and is infused in the carrier subjects of health education, social studies, Islamic religious knowledge and home economics.



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## Moving forward

In conclusion, Nigeria has demonstrated that the education sector has a key role in reaching a large section of the population with a lower risk of HIV infection to reach a social vaccine to live life free from HIV. A nationally coordinated, government-initiated programme led to a large scale systematic response in the sector. As a large multi-jurisdictional state, some of the challenges faced by the education sector are due to the country's diverse demography, variations in HIV prevalence and technical capacity for response across states, and the availability of resources. In order to continue to address

challenges and build on achievements made thus far, future priorities for the sector's response include:

- Implementation of the national education sector HIV policy.
- Improving the monitoring and evaluation of programmes.
- Scaling up the teaching of FLHE and access to voluntary counselling and testing among education staff and students.
- Increasing the provision of education incentives for orphans and vulnerable children.

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