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

A review of five years of experience
Accelerating the education sector response to HIV in the Federal Republic of Nigeria

A review of five years of experience

Federal Ministry of Education

Partnership for Child Development

Action Health Incorporated

The World Bank

April 2010
3.4. Orphans and vulnerable children
  3.4.1. Policy 22
  3.4.2. Planning and management 23
    3.4.2.1. Capacity building 23

4. Impact of Nigeria's national programme within its states 25
  4.1. Policy 25
    4.1.1. HIV&AIDS in the education sector policy 25
    4.1.2. Workplace policy 25
    4.1.3. Strategies 26
  4.2. Planning and mitigation 26
    4.2.1. Management structures 26
    4.2.2. Resource mobilization 27
    4.2.3. Coordination 28
    4.2.4. Capacity building 28
    4.2.5. Monitoring and evaluation 29
  4.3. Prevention 29
    4.3.1. Curriculum 29
      4.3.1.1. Training of trainers and teachers on the FLHE curriculum 29
      4.3.1.2. Implementation of the FLHE curriculum 29
    4.3.2. Co-curricular activities 31
  4.4. Orphans and vulnerable children 31

5. Case studies from selected states 33
  5.1. Akwa Ibom State: Case study on HIV prevention 34
    5.1.1. History 34
    5.1.2. Main features 34
      5.1.2.1. Development of a sector-specific strategic plan and activities on HIV prevention 34
      5.1.2.2. Implementation of the FLHE curriculum 34
    5.1.3. Resources and capacity building 34
    5.1.4. Coordination mechanisms 34
    5.1.5. Monitoring and evaluation 34
    5.1.6. Results 35
    5.1.7. Lessons learned and future plans 35
  5.2. Benue State: Case studies on a workplace policy on HIV and on issues relating to orphans and vulnerable children 36
    5.2.1. History 36
    5.2.2. Main features 36
      5.2.2.1. Development of an HIV workplace policy 36
      5.2.2.2. Provision of orphans and vulnerable children support through NGOs 36
    5.2.3. Resources and capacity building 36
    5.2.4. Coordination mechanisms 36
    5.2.5. Monitoring and evaluation 37
    5.2.6. Results 37
      5.2.6.1. Enhanced support to teachers regarding HIV&AIDS 37
      5.2.6.2. Greater retention and reduction in stigma for orphans and vulnerable children 37
    5.2.7. Lessons learned and future plans 37
  5.3. Borno State: Case study on implementation 38
    5.3.1. History 38
    5.3.2. Main features 38
    5.3.3. Resources and capacity building 38
    5.3.4. Coordination mechanisms 38
    5.3.5. Monitoring and evaluation 38
    5.3.6. Results 38
    5.3.7. Lessons learned and future plans 39
  5.4. Enugu: Case study on capacity building of teachers 39
    5.4.1. History 39
5.4.2. Main features, resources and capacity building 39
   5.4.2.1. Coordinated governmental and non-governmental HIV activities 39
   5.4.2.2. Technical and financial support for teacher training and the FLHE curriculum 40
5.4.3. Coordination mechanisms 41
5.4.4. Monitoring and evaluation 41
5.4.5. Results 41
5.4.6. Lessons learned and future plans 41
5.5. Lagos State: Case study on HIV prevention (curriculum implementation) 41
   5.5.1. History 41
   5.5.2. Main features, resources and capacity building 41
   5.5.3. Coordination mechanisms 42
   5.5.4. Monitoring and evaluation 42
   5.5.5. Results
      5.5.5.1. Awareness of the FLHE curriculum and increased motivation for teachers 42
      5.5.5.2. Equipping young people with life skills 42
   5.5.6. Lessons learned and future plans 42
5.6. Plateau State: Case study on planning and management 43
   5.6.1. History 43
   5.6.2. Main features
      5.6.2.1. HIV&AIDS units and desk officers 43
   5.6.3. Resources and capacity building 43
   5.6.4. Coordination mechanisms 44
   5.6.5. Monitoring and evaluation 44
   5.6.6. Results
      5.6.6.1. Harmonized FLHE curriculum 44
      5.6.6.2. Increased awareness about HIV&AIDS 44
      5.6.6.3. Improvement in health and education outcomes 44
   5.6.7. Lessons learned and future plans 44
5.7. Sokoto State: Case study on prevention (curriculum adaptation) 45
   5.7.1. History 45
   5.7.2. Main features, resources and capacity building 46
   5.7.3. Coordination mechanisms 46
   5.7.4. Monitoring and evaluation 46
   5.7.5. Results
      5.7.5.1. Adapted curriculum implemented in secondary schools 46
      5.7.5.2. Increased HIV&AIDS activities in primary schools 46
      5.7.5.3. Changed behaviours and attitudes 46
   5.7.6. Lessons learned and future plans 46

6. Lessons learned and future plans 47
6.1. Implementation of the national education sector HIV policy 47
6.2. Improving coordination, monitoring and evaluation of programmes 47
6.3. Scaling up teaching of the FLHE and access to voluntary counselling and testing among education staff and students 48
6.4. Increasing the provision of education incentives for orphans and vulnerable children 48

7. References 49

8. Appendices 53
   Appendix 1: List of key informants 53
   Appendix 2: Name and function of the Ministry of Education parastatals involved in the HIV response 56
   Appendix 3: Activities centrally coordinated by the SMoE/SUBEB in selected states, and key partners involved 57
   Appendix 4: Studies conducted during 2003 and 2007 containing HIV-related information useful for the education sector 58
   Appendix 5: Key achievements and challenges noted by the SMoEs and the SUBEBs during a review meeting following the Accelerate workshops 59
Boxes

Box 1. The Accelerate Initiative. 2
Box 2. Ministry of Education Network of HIV&AIDS Focal Points for ECOWAS and Mauritania. 16
Box 3. Accelerate workshops in Nigeria. 18
Box 4. Achievement of a workplace policy on HIV in the state of Benue. 26
Box 5. Achievement of the state of Plateau in response to planning and mitigating HIV. 27
Box 6. Achievement in training of teachers from the Enugu state. 30
Box 7. Achievements from the states of Akwa Ibom, Enugu, Lagos and Sokoto in the implementation of the FLHE. 30
Box 8. Support to orphans and vulnerable children by NGOs in the states of Benue and Enugu. 32

Figures

Figure 1. Adult HIV prevalence trend between 1991 and 2005. 3
Figure 2. HIV prevalence in Nigeria (FMoH, 2005). 4
Figure 3. HIV structures in the education sector (FME 2006). 14
Figure 4. Funds utilized by the HIV&AIDS unit of the FME, including external funds mobilized and allocations from the FME annual budget. 15
Figure 5. Initiation of Accelerate workshops in the states within Nigeria. 18
Figure 6. Organisations supporting state level HIV&AIDS activities in 2006. 27
Figure 7. The MoE budget allocated to HIV prevention in 2006. 28
Figure 8. Training of teachers on the FLHE in the state of Enugu. 30

Tables

Table 1. Estimated number of people requiring ART 2005-2010. 3
Table 2. List of case study states and thematic areas of interest. 10
Table 3. Key milestones for the education sector on the national policy on HIV&AIDS. 12
Table 4. Number of staff members in the HIV&AIDS unit of the FME. 14
Table 5. The FME HIV&AIDS unit annual coordination meetings. 17
Table 6. Number of curriculum copies distributed to SMoEs. 20
Table 7. Sources and funds allocated to HIV prevention activities in the state of Akwa Ibom. 35
Table 8. Financial support by donors on HIV prevention activities in the state of Enugu. 40
Table 9. Sources and funds allocated to HIV prevention activities in the state of Plateau. 43
Table 10. Coordination of HIV prevention activities in the state of Sokoto. 45
In 2007, the Federal Ministry of Education (FME), Nigeria, in collaboration with Action Health Incorporated (AHI), Nigeria, and The Partnership for Child Development (PCD) with assistance from The World Bank School Health and HIV&AIDS Team, undertook this 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. It serves as a case study of a wider review of the education sectors response to HIV in sub-Saharan Africa called Accelerating the Education Sector Response to HIV&AIDS in sub-Saharan Africa: Five Years of Experience (Bundy et al., 2009, in press).

The review was supervised by Z.U. Momodu (FME, Nigeria) and coordinated along with: Uwem Esiet (AHI, Nigeria); Lesley Drake, Michael Beasley, Alice Woolnough, Mohini Venkatesh, Kristie Neeser, and Anthi Patrikios (PCD); Andy Tembon and Donald Bundy (The World Bank); and Bachir Sarr (UNESCO-BREDA). The report of the review was written by Mohini Venkatesh and Alice Woolnough with assistance from Kristie Neeser (PCD). The report was edited by Anastasia Said (PCD).

The key organisations that have been part of accelerating the education sector response to HIV in the Federal Republic of Nigeria are reported below. In addition, representatives from: teacher unions and associations; women associations; networks of people living with HIV&AIDS; and members of the press, basic and secondary schools and tertiary institutions, have all participated in the Accelerate Initiative.

**Government of Nigeria:**

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), Local Government Education Authorities (LGEAs), National Agency for the Control of AIDS (NACA), National Board for Technical Education (NBTE), National Commission for Colleges of Education (NCCE), National Commission for Nomadic Education (NCNE), Nigerian Educational Research and Development Council (NERDC), National Institute for the Control of AIDS (NACA), National Board for Technical Education (NBTE), National Commission for Colleges of Education (NCCE), National Commission for Nomadic Education (NCNE), Nigerian Educational Research and 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), National Teachers’ Institute (NTI), National Universities Commission (NCU), National Union of Teachers (NUT), State Ministries of Education (SMoEs), State Universal Basic Education Board (SUBEB), State Agencies for the Control of AIDS (SACAs), and Universal Basic Education Commission (UBEC).

**Development Partners:**

**United Nations**


**Bilateral partners**

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

**Inter-governmental organisations**

Economic Community of West African States (ECOWAS).

**Civil society and private organisations**

## Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AED</td>
<td>Academy for Educational Development</td>
</tr>
<tr>
<td>AHI</td>
<td>Action Health Incorporated</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ANCOPPS</td>
<td>All Nigerian Conference of Principals of Public Schools</td>
</tr>
<tr>
<td>ARFH</td>
<td>Association for Reproductive and Family Health</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
<tr>
<td>BOSACA</td>
<td>Borno State Action Committee on AIDS</td>
</tr>
<tr>
<td>CBO</td>
<td>Community-based organisation</td>
</tr>
<tr>
<td>CEDPA</td>
<td>Centre for Development and Population Activities</td>
</tr>
<tr>
<td>CHAYFA</td>
<td>Community Health and Youth Friendly Association</td>
</tr>
<tr>
<td>CISHAN</td>
<td>Civil Society HIV/AIDS Network in Nigeria</td>
</tr>
<tr>
<td>CoEs</td>
<td>Colleges of Education</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil society organisation</td>
</tr>
<tr>
<td>CUBE</td>
<td>Capacity for Universal Basic Education</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development, United Kingdom</td>
</tr>
<tr>
<td>ECOWAS</td>
<td>Economic Community of West African States</td>
</tr>
<tr>
<td>EFA</td>
<td>Education for All</td>
</tr>
<tr>
<td>EMIS</td>
<td>Education Management Information Systems</td>
</tr>
<tr>
<td>ENHANSE</td>
<td>Enabling HIV&amp;AIDS Tuberculosis and Social Sector Environment</td>
</tr>
<tr>
<td>ENSACA</td>
<td>Enugu State Action Committee on AIDS</td>
</tr>
<tr>
<td>ERNWACA</td>
<td>Educational Research Network for West and Central Africa</td>
</tr>
<tr>
<td>ESA</td>
<td>Education Sector Analysis</td>
</tr>
<tr>
<td>EVA</td>
<td>Education as a Vaccine against AIDS</td>
</tr>
<tr>
<td>FBO</td>
<td>Faith-based organisation</td>
</tr>
<tr>
<td>FCT</td>
<td>Federal Capital Territory</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
</tr>
<tr>
<td>FLHE</td>
<td>Family Life HIV Education</td>
</tr>
<tr>
<td>FME</td>
<td>Federal Ministry of Education</td>
</tr>
<tr>
<td>FMLP</td>
<td>Federal Ministry of Labour and Productivity</td>
</tr>
<tr>
<td>FMoH</td>
<td>Federal Ministry of Health</td>
</tr>
<tr>
<td>FMWA</td>
<td>Federal Ministry of Women Affairs</td>
</tr>
<tr>
<td>FRESH</td>
<td>Focusing Resources on Effective School Health</td>
</tr>
<tr>
<td>GEP</td>
<td>Girls’ Education Project</td>
</tr>
<tr>
<td>GHAIN</td>
<td>Global HIV/AIDS Initiative Nigeria</td>
</tr>
<tr>
<td>GHARF</td>
<td>Global Health Awareness Research Foundation</td>
</tr>
<tr>
<td>GTZ</td>
<td>German Technical Cooperation</td>
</tr>
<tr>
<td>HEAP</td>
<td>HIV/AIDS Emergency Action Plan</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IATT</td>
<td>Inter-Agency Task Team</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and communication technologies</td>
</tr>
<tr>
<td>IDA</td>
<td>International Development Association</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, education and communication</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>JCCE</td>
<td>Joint Consultative Committee on Education</td>
</tr>
<tr>
<td>JICA</td>
<td>Japan International Cooperation Society</td>
</tr>
<tr>
<td>LACA</td>
<td>Local AIDS Control Agency</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Authority</td>
</tr>
<tr>
<td>LGEA</td>
<td>Local Government Education Authority</td>
</tr>
<tr>
<td>LPE</td>
<td>Life Planning Education</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>MAP</td>
<td>Multi-Country HIV/AIDS Programme</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MEDWOOD</td>
<td>Mediating for the Less Privileged and Women Development</td>
</tr>
<tr>
<td>MSA</td>
<td>Management Strategies for Africa</td>
</tr>
<tr>
<td>NACA</td>
<td>National Agency for the Control of AIDS</td>
</tr>
<tr>
<td>NAFDAC</td>
<td>National Agency for Food and Drug Administration and Control</td>
</tr>
</tbody>
</table>
## Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAPTAN</td>
<td>National Parent Teacher Association of Nigeria</td>
</tr>
<tr>
<td>NBTE</td>
<td>National Board for Technical Education</td>
</tr>
<tr>
<td>NCCE</td>
<td>National Commission for Colleges of Education</td>
</tr>
<tr>
<td>NCE</td>
<td>National Council on Education</td>
</tr>
<tr>
<td>NCNE</td>
<td>National Commission for Nomadic Education</td>
</tr>
<tr>
<td>NDHS</td>
<td>Nigerian Demographic and Health Surveys</td>
</tr>
<tr>
<td>NEEDS</td>
<td>National Economic Empowerment and Development Strategy</td>
</tr>
<tr>
<td>NEPWHAN</td>
<td>Network of People Living with HIV/AIDS in Nigeria</td>
</tr>
<tr>
<td>NERDC</td>
<td>Nigerian Educational Research and Development Council</td>
</tr>
<tr>
<td>NESP</td>
<td>National Education Sector</td>
</tr>
<tr>
<td>NFE</td>
<td>Non-formal education</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>NIEPA</td>
<td>National Institute for Educational Planning and Administration</td>
</tr>
<tr>
<td>NINLAN</td>
<td>National Institute for Nigerian Languages</td>
</tr>
<tr>
<td>NMEC</td>
<td>National Commission for Mass Literacy, Adult and Non-Formal Education</td>
</tr>
<tr>
<td>NNRIMS</td>
<td>Nigeria National Response Information Management System</td>
</tr>
<tr>
<td>NSF</td>
<td>National Strategic Framework</td>
</tr>
<tr>
<td>NTI</td>
<td>National Teachers’ Institute</td>
</tr>
<tr>
<td>NUC</td>
<td>National Universities Commission</td>
</tr>
<tr>
<td>NUT</td>
<td>National Union of Teachers</td>
</tr>
<tr>
<td>NYNETHA</td>
<td>National Youth Network on HIV/AIDS</td>
</tr>
<tr>
<td>NYSC</td>
<td>National Youth Service Corps</td>
</tr>
<tr>
<td>PAAC</td>
<td>Partners against AIDS in the Community</td>
</tr>
<tr>
<td>PATA</td>
<td>Positive Action for Treatment Access</td>
</tr>
<tr>
<td>PCD</td>
<td>Partnership for Child Development</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>United States President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PLACA</td>
<td>Plateau State AIDS Control Agency</td>
</tr>
<tr>
<td>Pop-FLE</td>
<td>Population and Family Life Education</td>
</tr>
<tr>
<td>PTA</td>
<td>Parent Teacher Association</td>
</tr>
<tr>
<td>SACA</td>
<td>State Agency for the Control of AIDS</td>
</tr>
<tr>
<td>SHEP</td>
<td>School Health Education Programme</td>
</tr>
<tr>
<td>SMoE</td>
<td>State Ministry of Education</td>
</tr>
<tr>
<td>SPEB</td>
<td>State Primary Education Board</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>SUBEB</td>
<td>State Universal Basic Education Board</td>
</tr>
<tr>
<td>SWAAN</td>
<td>Society for Women and AIDS in Africa-Nigeria</td>
</tr>
<tr>
<td>THI</td>
<td>The Hope Initiative</td>
</tr>
<tr>
<td>UBE</td>
<td>Universal Basic Education</td>
</tr>
<tr>
<td>UBEC</td>
<td>Universal Basic Education Commission</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session on HIV/AIDS</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
<tr>
<td>VSO</td>
<td>Voluntary Service Overseas</td>
</tr>
<tr>
<td>WAM</td>
<td>Women Arise and Move</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>YARAC</td>
<td>Youth, Adolescent, Reflection and Action Centre</td>
</tr>
<tr>
<td>YORDEL</td>
<td>Youth Resource Development, Education and Leadership Centre for Africa</td>
</tr>
</tbody>
</table>
During 1986 and 2001, Nigeria experienced a growing AIDS epidemic, with an increase in median HIV prevalence from 1.8% to 5.8%. Since 2001, the HIV prevalence in Nigeria has been slowly decreasing, but as Africa’s most populous country, Nigeria is the second most affected country in the world, in terms of absolute numbers of people infected with HIV. The federal system of government and the great diversity in the country have presented particular challenges towards controlling the AIDS epidemic in Nigeria.

Faced with controlling HIV&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 where the response was mostly medical in nature. However, there still remained the need to address the sociocultural and information barriers, as well as stigma associated with the epidemic, as these 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.

Expanding the role of the education sector in the response to HIV

Recognizing education as a social vaccine against HIV, the Federal Ministry of Education (FME) was among the first ministries that set out to create this environment across its institutions in 2002. The education sector had already been active in initiating HIV prevention education over the early nineties, and this was an important time to expand its response.

The FME set up a dedicated HIV&AIDS unit headed by a National HIV&AIDS coordinator, to coordinate HIV responses in the sector in 2002. The unit comprised of senior members from the ministry who were trained in HIV&AIDS programming. In November 2002, the unit and the FME’s parastatal National Institute for Educational Planning and Administration (NIEPA) participated as observers in the first Accelerate Initiative workshop in Mombasa, Kenya, organized by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-agency Task Team (IATT) on Education, and supported by the government as well as a host of other partners.

Following on from this participation, a significant milestone was the first national workshop on accelerating the education sector response to HIV&AIDS in Nigeria in June 2003. The workshop, which was organized by the FME and supported by the UNAIDS IATT on Education ‘Accelerate Initiative Working Group’ and other development partners, helped set the scene for the overall acceleration of Nigeria’s education response to HIV. As Nigeria is a large multi-jurisdictional country, the FME went on to conduct a series of capacity building workshops for directors and deputy directors of state ministries of education (SMoEs) and parastatals to help scale up and accelerate the response. During 2003 and 2005, nearly all states were trained through the five Accelerate workshops, in which participants: assessed the education sector response to HIV&AIDS at both the federal and state levels, discussed response strategies, and developed state action plans.

Review of the sector’s response to HIV

In 2007, the FME, with support from development partners, conducted a review of the past five years to document the implementation process, successes, challenges and lessons learned in its response to HIV between November 2002 and 2007. The review involved interviews with key stakeholders at national level and in selected states on HIV-related policies, programme management, HIV prevention and orphans and vulnerable children. Relevant published and unpublished literature were also reviewed, and questionnaire responses from state HIV desk officers were analyzed.

Key findings

The main findings which emerged from the review were:

Development of policies and strategies at both federal and state levels

The FME’s HIV&AIDS unit, in coordination with its parastatals, agencies, SMoEs, NACA and development partners, oversaw the development of the National Policy on HIV&AIDS for the Education Sector in 2004. The National Policy was finalized in 2005 and helped inform the National Education Sector HIV&AIDS Strategic Plan (NESP) 2006-2010. Both documents provided the overall framework for sectoral responses to HIV.

At the state level, the review found that some SMoEs,
such as from Adamawa, Ekiti, Imo, Ondo, Oyo, Rivers and Sokoto, had subsequently adapted the national policy to their local context, while others were in the process of domesticating the policy. States such as Benue had also developed a workplace policy on HIV for the sector, which was adapted from the National Workplace Policy. Twenty-six of all 36 states and the FCT had developed state level strategic plans based on NESP, with technical support from UNICEF, DFID and the FME’s HIV&AIDS unit.

Increased capacity for programme management

Several organisational developments took place in order to enable acceleration of the education sector response:

• Funds mobilized for the education sector HIV response increased approximately tenfold between 2003 and 2007.

• A Critical Mass committee of HIV&AIDS Focal Points was constituted in various departments and parastatals of the FME, headed by the National HIV&AIDS coordinator.

• NIEPA was identified as the main parastatal to provide capacity building support on planning and management of education sector HIV responses to different states, and was supported by the unit and the Accelerate Initiative Working Group, including members such as the World Bank, and DFID. Thirty-three states were therefore trained on: planning HIV responses, policy implementation, HIV prevention education, and responding to orphans and vulnerable children.

• All SMoEs were mandated to oversee sub-national responses to HIV. By 2006, 28 SMoEs reported the presence of HIV units.

Creation of a national HIV prevention curriculum

Following concerns on cultural appropriateness, the existing curriculum on sexuality education was revised during 2003 and 2004 to the widely accepted format of Family Life HIV Education (FLHE). The review found that the curriculum was: age- and grade-specific, not examinable, available for basic and secondary education, being adapted for tertiary and non-formal education, and was also being infused in carrier subjects at all levels. In 2006, 26 states reported that they had initiated teacher training on the FLHE. In 13 states, the FLHE was already being taught in secondary schools, while nine states reported teaching the FLHE in primary schools. E-learning methods for delivering the FLHE were also being piloted in three states. Co-curricular methods of HIV prevention, such as through peer education, were widely promoted in all states. Voluntary counselling and testing (VCT) services through youth-friendly centres were piloted, though mostly in tertiary institutes.

Support to orphans and vulnerable children

Under Universal Basic Education, all children have the right to free and compulsory basic (primary and junior secondary) education in the states. The review found that other than this support, educational and vocational support to orphans and vulnerable children was largely provided by non-governmental organisations. The FME proposed holistic scholarship support to orphans and vulnerable children in 2007, and was 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 had also introduced holistic scholarship support for covering costs such as school books and uniforms.

Key achievements

Nigeria 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 provide a social vaccine to live free from HIV. A nationally coordinated, government-initiated programme led to a large scale systematic response in the sector. Since 2002, the FME and its partners have launched a national sector policy and strategic plan, helped establish SMoE HIV&AIDS units in 28 states, and trained hundreds of staff each year. Nigeria has led the way on how to address this multi-sectoral issue in the context of the federal system.

Challenges and future plans of action

As a large multi-jurisdictional state, some of the challenges faced by the education sector were 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 the challenges and to build on achievements made thus far, key stakeholders of the response identified four future priorities:

1. Implementation of the national education sector HIV policy, particularly at the state level.

   • The wide-scale dissemination of the national policy and implementation guides, which took place in November 2007, was a step towards encouraging states to adopt the national policy. Given that a few states had adopted the national policy in 2007, and with the aim of promoting the national policy at federal level and at least 50% of all states, and the FCT by 2010, the FME’s HIV&AIDS unit will continue to advocate for state policies on HIV and education.

• The education sector plans to strengthen the capacity of policymakers and education managers to implement the national and state policies on HIV&AIDS in the education sector.
2 Improving the coordination, monitoring and evaluation of programmes.

- The FME’s HIV&AIDS unit plans to hold regular coordination meetings with development partners so that all stakeholders align their interventions to the NESP with the overall aim of systematizing and scaling up the HIV response in Nigeria.

- The organisational framework for responding to HIV needs to be strengthened. SMoEs need to be encouraged to have full-time HIV Focal Points and parastatals must strengthen their Critical Mass committees for managing responses in their sub-sector.

- A key lesson learned from the education sector response was the need for an M&E tool to help the FME and SMoEs to oversee the HIV responses in the states. The incorporation of additional HIV-related information in annual school census surveys and school monitoring forms for inspection visits made in 2007, would provide more information on response activities.

- Plans are being made for scaling up the multi-sectoral NNRIMS, which includes outcome indicators on education, to all states.

3 Scaling up the teaching of the FLHE and access to voluntary counselling and testing among education staff and students.

- With the wide-scale acceptance of the FLHE curriculum, there was now a need to scale up the implementation of the FLHE. The promotion of the FLHE training to all teachers in schools, using the newly developed teachers’ guides to maintain quality of teaching was therefore recommended.

- Innovative projects to provide web-based FLHE and teachers’ guides, which are currently underway, are expected to help address shortages in access to information on the FLHE in the states.

- The NBTE, NCCE and NUC also plan to scale up the promotion of the FLHE curriculum in tertiary institutions.

- VCT services need to be more readily accessible to those in the education sector. NACA, and the NBTE therefore plan to increase the number of youth-friendly centres in tertiary institutions.

4 Increasing the provision of education incentives for orphans and vulnerable children.

- The provision of supportive schemes to orphans and vulnerable children proved to be a challenge, with most stakeholders involved in providing support to orphans and vulnerable children finding difficulties in identifying these children.

- Unavailability of data also made it difficult to assess the impact of the supportive schemes and to improve its management.

- The FME’s HIV&AIDS unit therefore plans to work with the FMWA to identify most vulnerable children. It was also recommended that SMoEs should link with support groups on people living with HIV in the state.

- The FME further plans to emphasize the provision of holistic scholarships, the production of a psychosocial support training manual to be used by teachers for orphans and vulnerable children, and advocacy for services to orphans and vulnerable children in schools.
1.1. The global situation on HIV&AIDS and the role of the education sector

Since the early eighties when the disease was first named Acquired Immune Deficiency Syndrome (AIDS), the total number of people living with the human immunodeficiency virus (HIV) had risen to an estimated 33 million globally, with 2.7 million new infections in 2007. The AIDS epidemic had stabilized since 2000 and the rate of new infections had fallen, whilst the total number of people living with HIV had increased due to ongoing new infections, but with beneficial effects of the more widely available antiretroviral therapy (ART). Among all regions, sub-Saharan Africa remained most heavily affected by HIV, accounting for 67% of all people living with HIV, 90% of children under 15 with HIV, and 72% of AIDS deaths in 2007 (UNAIDS 2008). The epidemic thus, continues to remain a major development challenge for the continent.

A key strategy towards reversing the epidemic both globally and within sub-Saharan Africa is therefore on preventing new HIV infections. However, sustaining the gains made and stimulating greater demand for testing and treatment services, both remain great challenges for prevention responses. Long-term success in responding to the epidemic also requires sustained progress in addressing societal causes of HIV vulnerability, such as human rights violations, gender inequality, and stigma and discrimination (UNAIDS 2008). The education sector, which touches all sections of society, particularly the young, has a key role to play in the HIV&AIDS response and addressing these issues.

1.1.1. Education and HIV

School-age children have the lowest HIV prevalence of any age group; even in the worst affected countries, vast majority of schoolchildren are not infected. For these children, there is a window of hope if they can acquire knowledge, skills, and values that will help protect them as they grow up. Providing children, especially girls, with the social vaccine of education offers them a real chance at a productive and AIDS free life and has been shown to have a dramatic impact on reducing levels of stigma and discrimination (World Bank 2002). Young people, and particularly girls, who fail to complete a basic education, are more than twice as likely to become infected, and some 7 million cases of AIDS could be avoided within a decade by the achievement of Education for All (EFA).

Research over the past two decades has also shown that poor health and malnutrition of school-age children are critical underlying factors for their low school enrolment, absenteeism, poor classroom performance and dropout; all of which act as important constraints in countries’ efforts to achieve EFA and their education Millennium Development Goals (MDGs).

Consequently, the education sector globally has focused on the improving health and nutrition of children as well as prioritizing HIV within its role as part of a multi-sectoral AIDS response. International understanding of the education sector’s role in HIV prevention and mitigation in being integral to achieving the EFA and MDGs was given new impetus at the Dakar World Education Forum in 2000 (World Education Forum 2000), and subsequently by the Abuja Declaration in 2001. The education sector is now recognized as a key partner within the multi-sectoral HIV response, playing an important ‘external’ role in HIV prevention and in reducing stigma in the community, and an equally important ‘internal’ role in providing access to care, treatment and support for teachers and staff – a group that represents over 60% of the public sector workforce in many countries. To this end, many developments in the education sector response to HIV&AIDS in sub-Saharan Africa have taken place in the past decade (see Box 1. on the Accelerate Initiative in sub-Saharan Africa).
In 2002, the Joint United Nations Programme on HIV/AIDS (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 as they ‘accelerate the education sector response to HIV&AIDS’. Since then, key partners of the Initiative have included: governments, United Nations agencies, bilateral donors and civil society, people living with HIV&AIDS, teachers’ unions and the media.

During the following five years, the education sectors of 37 countries, responsible for more than 200 million (85.5%) of school-age children in sub-Saharan Africa and 2.6 million (74.3%) of primary and secondary schoolteachers in the region, participated in this demand-led initiative of sub-regional and national processes, resulting in extensive information sharing and significant achievements. The main objectives of the Accelerate 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, so as 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 exchanging information and experiences among neighbouring countries facing similar operational challenges, the Accelerate Initiative facilitated the formation of Networks of HIV&AIDS Focal Points. The Networks are made up of members who are officially appointed by their Ministers of Education to serve as HIV&AIDS Focal Points. They provide a framework for consultation, sharing of experiences and expertise among actors in the field of HIV&AIDS. Over the past five years, Networks of HIV&AIDS Focal Points have been successfully formed throughout sub-Saharan Africa; the 37 countries they represent (including Nigeria) have successfully taken ownership of Accelerate activities at regional and national levels (Bundy et al., 2009, in press).

**BOX 1:**
The Accelerate Initiative.

---

The UNAIDS IATT on Education was created in 2002 with a goal to accelerate the education sector response to HIV&AIDS. It is convened by UNESCO and is a strategic clustering of the UNAIDS co-sponsors, bilateral agencies, private donors, and civil society agencies, working for congruence in policy dialogue at all levels.
1.2. HIV&AIDS in Nigeria

1.2.1. The HIV epidemic

Nigeria is Africa’s most populous country with an estimated population of 140 million (National Bureau of Statistics 2006). Its size and diversity are important factors that make it a priority country in responding to the AIDS epidemic in sub-Saharan Africa. The first case of AIDS was diagnosed in 1986 and the HIV prevalence increased through the nineties up until the turn of the millennium. The prevalence has since declined slightly to 4.4% of the general population in 2005 (FMoH 2005) (see Figure 1.). In terms of absolute numbers, an estimated 2.86 million people were HIV-positive in 2005. This number is projected to increase to 3.4 million in 2010, which is partly due to the roll-out of ART leading to better survival of HIV-positive people (FMoH 2005). With this rise, a need for improving access to ART has been identified as essential (see Table 1.). Up to the third quarter of 2007, the cumulative number of people on ART was 166,734 (NACA 2008).

The socioeconomically and geo-politically diverse country has an equally diverse HIV epidemic. In 2005, of the six geo-political zones, the North-Central zone had the highest median prevalence of 6.1% (FMoH 2005), with Benue state reporting the highest prevalence (10%) of all 36 states and the Federal Capital Territory (FCT) (see Figure 2.). South-West and North-West zones have the lowest median prevalence of 2.6% and 3.5% respectively (FMoH 2005). As the epidemic has moved out of high-risk groups to the general population (more than 1% of the population in these zones are estimated to be infected), HIV is therefore, a concern for all groups in the population.

---

### Table 1. Estimated number of people requiring ART 2005-2010.

<table>
<thead>
<tr>
<th>Year</th>
<th>2005</th>
<th>2006</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>412,450</td>
<td>456,790</td>
<td>538,970</td>
</tr>
<tr>
<td>Children (&lt;15yrs)</td>
<td>94,990</td>
<td>98,040</td>
<td>106,840</td>
</tr>
</tbody>
</table>

---

2On the basis of biannual antenatal clinic unlinked and anonymous sero-prevalence surveys.

3The six zones are North-Central, North-East, North-West, South-South, South-East and South-West.

4Although regional and state prevalences in 2005 were known, comparisons could not be made as the confidence limits of percentages were not known.

5Nigeria has 36 semi-autonomous states and an FCT which is an administrative mechanism that operates similarly to a state.
In general, the HIV prevalence is highest among youth aged 20 to 24 years\(^6\) and those between 25 to 29 years\(^7\). Therefore, the need to focus on this sub-population has been identified (FMoH 2004). Further, school-age children (those of primary and secondary school-age) have among the lowest risk of infection. This age-group, which constitutes nearly a third of the population have also been identified as a target audience for interventions.

It is estimated that 13% of the population under 18 years are orphans and vulnerable children (UNICEF 2006). Of these, the percentage of orphans due to AIDS is expected to rise from 20% of all orphans in 2003 to around 47% of the total by 2015 (POLICY Project 2004). Therefore, special attention has been given to placing children who are orphans in schools, such as through Universal Basic Education (UBE)\(^8\) and through other educational incentives.

### 1.2.2. The national response

Over the past decade, several developments have taken place in Nigeria’s response to HIV. The Government of Nigeria, through the Federal Ministry of Health, adopted the National Policy on HIV/AIDS and Sexually Transmitted Infections (STIs) back in 1997. Since then, key events that have provided strategic direction to the overall response have been:

- In 1999, there was a shift from a health-based intervention to a multi-sectoral response to HIV with the formation of the President’s Committee on AIDS, representing several ministries within the Nigerian government. As elsewhere globally, the shift in Nigeria was due to the need to look beyond the medical response by broadly looking at sociocultural and information barriers, and stigma associated with the epidemic – as these were considered major causes of HIV vulnerability (UNESCO 2003).
- The National Action Committee on AIDS was set up in 1999 to coordinate the HIV response; and in 2007, this committee became the National Agency for the Control of AIDS (NACA). As part of the multi-sectoral response, each ministry was mandated to set up an interdepartmental HIV&AIDS committee called Critical Mass to coordinate their sectoral response (UNESCO 2003).
- In 2001, the HIV/AIDS Emergency Action Plan (HEAP) 2001-2004 (National Action Committee on AIDS 2001) set out to create an enabling environment for responding to AIDS by the removal of sociocultural barriers – through advocacy; information barriers – through information sharing; and organisation barriers – through capacity building. In the same year, President Olusegun Obasanjo announced the provision of subsidized ART through the Abuja 2001 Declaration.
- To reflect the new multi-sectoral response, the National Policy on HIV/AIDS was revised in 2003 (Federal Government of Nigeria 2003).

\[^6\] In North-Central, South-South, and South-East zones.
\[^7\] In North-East, and North-West zones.
\[^8\] The UBE scheme is the free provision of basic education through public schools in Nigeria, which includes six years of primary school and three years of junior secondary school.

---

Figure 2. HIV prevalence in Nigeria (FMoH, 2005).
• In 2004, the Nigeria National Response Information Management System (NRRIMS) was set up to monitor the response in line with UNAIDS “Three Ones” principles (National Action Committee on AIDS 2004). In the same year, NACA launched the National HIV/AIDS Behaviour Change Communication 5-year Strategy, which identified youth as an important target audience (National Action Committee on AIDS 2004).


• A national action plan for orphans and vulnerable children for the period 2006-2010 was launched in 2006 (FMWA 2007).

• In 2007, the National HIV/AIDS Prevention Plan 2007-2009 was designed to simplify implementation of prevention programmes and to ensure that 95% of the population that is uninfected remains so (NACA 2007).

1.3. Nigeria’s education sector response to HIV – up to 2002

The education sector in Nigeria includes both formal and non-formal education (NFE), operating at federal, state and local government levels and represented by government, non-governmental, civil society and private organisations. The target population for the education sector includes 23.2 million children of primary school age, 19 million of secondary school age, and 8 million between the ages of 18 and 20 years (Tambawel et al., 2006).

The formal education system consists of six years of primary education, three years of junior secondary school, three years of senior secondary school, and four years of tertiary education. Free and compulsory education is available to all at the primary and junior secondary levels under the UBE scheme since 1999 (FME 2003b). Tertiary education includes universities, Colleges of Education (CoEs), polytechnics, and advanced technical education. Informal education includes adult mass literacy.

At the federal level, the Federal Ministry of Education (FME), its different departments and 21 parastatal agencies are the government education providers (FME website 2007). Ministerial restructuring in early 2007 led to departmental changes; however the functions of the agencies are broadly the same. In each state, similar structures of a State Ministry of Education (SMoE) and its state parastatals exist. Names and functions of the different ministerial parastatals that have been involved in the HIV response are in Appendix 2. Both federal and state ministries of education have concurrent responsibility of education at all levels, although the FME is more involved in tertiary education. Federal schools are called Unity schools. Local Government Education Authorities (LGEAs) oversee primary schools with assistance from the State Universal Basic Education Boards (SUBEBs) (FME 2003b).

Overall, the National Council on Education (NCE) is the highest policy formulation authority in education. It is comprised of Commissioners, Permanent Secretaries and Directors of Education from all the states of the Federation under the Chairmanship of the FME. The NCE operates through the instrumentality of the Joint Consultative Committee on Education (JCCE), composed of professional officers of the FME and SMoEs. Through its consultative reference committees, the JCCE provides the NCE feedback on federal policies (FME 2005c).

1.3.1. Federal level response

The education sector response to HIV predates the formal beginnings of the multi-sectoral response to HIV in 1999. Most HIV-related activities in the FME were originally handled by the Women’s and Girl’s Education Unit of the Primary and Secondary Education Department. Several different prevention education initiatives took place at the time, some of which were:

• The Guidelines for Comprehensive Sexuality Education in Nigeria: This Guideline was first produced by Action Health International (AHI) with the active participation of the FME, the Federal Ministry of Health (FMoH), several civil society organisations (CSOs) and non-governmental organisations (NGOs) and the World Health Organisation (WHO) circa 1995, as a guide to conduct sexuality education sessions for school-age youth, as well as for parents and communities (FME 2000). This was reviewed by a national task force, which included the FME, and was released in 1996.
• In 1999, during the first national conference on adolescent reproductive health, the organisations present – the FME, NGOs and others – agreed to push forward the agenda to integrate the Guidelines for sexuality education into the national school curriculum (FME 2000, AHI 2002).

• Between 1999 and 2001, following a directive from the NCE to develop a curricular approach to HIV prevention at all education levels, the FME, its parastatal the Nigerian Educational Research and Development Council (NERDC) and AHI, a key local NGO in Nigeria, organized a series of workshops to produce the National Sexuality Education Curriculum for upper primary and junior secondary. The curriculum was presented at the 2001 JCCE session for scrutiny and for recommendation to the NCE (FME 2003a). Other NGOs that were involved in the production of the Guidelines were also part of the development of the curriculum.

• CoEs infused the United Nations Population Fund (UNFPA) promoted population and family life education (Pop-FLE) and HIV education as themes in their general studies curriculum for their Certificate in Education in 2002 (FME 2003b).

• Around the same time, AHI, which was involved in the production of the Guidelines, developed a Trainers’ Resource Manual on Comprehensive Sexuality Education. This has since been used by NGOs and government alike for the training of trainers and teachers on the curriculum. In early 2002, the FME and AHI co-organized the first training of 48 master trainers on sexuality education.

With the spread of the epidemic and adoption of a multi-sectoral response approach, the NACA chairperson advocated for a dedicated unit to coordinate HIV-related activities of the education sector. In April 2002, the FME used an initial budgetary allocation of 5,000,000 naira from NACA (equivalent to 43,798 USD)11 to set up the unit. Thus, with six senior officers redeployed from different departments and four support staff members, the FME was among the first ministries to set out creating an enabling environment to respond to HIV among its institutions. With the assistance of the Department for International Development (DFID), the World Bank, the United Nations Children’s Fund (UNICEF) and AHI, the unit identified its training needs. Subsequently, training workshops for capacity building were organized in project conceptualization, basic facts education for in- and out-of-school youths as well as skills training for teachers, quiz competitions in schools.

The FME and the United Nations Educational, Scientific and Cultural Organisation (UNESCO) co-organized the first national workshop on the education sector response to HIV&AIDS in June 2002. It was attended by the federal and state MoEs, (SUBEBs), the donor community, and NGOs and CSOs in Nigeria. During the workshop, the FME resolved to develop a HIV prevention programme, in line with internationally recognized frameworks such as Focusing Resources on Effective School Health (FRESH)12, the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration13, and with links to UNESCO’s Strategic Plan on Prevention Education in Nigeria (UNESCO 2003).

Nigeria joined the Accelerate Initiative in November 2002 following the participation of the FME HIV&AIDS unit and the FME parastatal National Institute for Educational Planning and Administration (NIEPA), as observers to the first Accelerate Initiative workshop in Mombasa, Kenya. This was an important time as the epidemic had peaked, and there was growing impetus following the Abuja Declaration14 for investment in this sector. Following on from this participation and building on the momentum gained in-country, the FME led the acceleration of the education sector response to HIV in Nigeria in 2003. An initial milestone of significance was the first National Workshop on Accelerating the Education Sector Response to HIV&AIDS in Nigeria in June 2003, which set the scene for the overall acceleration (see Section 3. for more details). This review looks back to document the key achievements in the education sector in the five years since this period.

1.3.2. State level response

Prior to 2002, education sector responses to HIV in the 36 states and the FCT took place, mainly as collaborations between CSOs and development partners. For example, in the Oyo state a Life Planning Education (LPE) programme was implemented by the SMoE and the Association for Reproductive and Family Health (ARFH) an NGO with support from DFID since 1998 (FME 2003a, UNESCO 2003). In the Taraba state, an HIV prevention programme, which involved training of teachers, and formation of anti-AIDS clubs, implemented by the SMoE and the National Union of Teachers (NUT) was active since 2001 (FME 2003a). In the Enugu state, since 1996, Global Health Awareness Research Foundation (GHRAR), a local NGO, has been training peer educators and conducting programmes for out-of-school youths. Lifeline Plus Foundation, established in 2001, has also been involved in peer education for in- and out-of-school youths as well as skills training for teachers, quiz competitions in schools.

11 Historical exchange rate of 100 NGN = 0.876 USD on 1 Jun 2002 from www.fxtop.com
12 FRESH is based on good practice recognized by many international partners, and provides international consensus for effective implementation of comprehensive school health and nutrition programmes.
13 Heads of States issued a Declaration of Commitment on HIV/AIDS during the 2001 UNGASS; which remains a powerful tool to guide responses.
14 During the 2001 Africa Summit, leaders adopted the Abuja Declaration to pledge their commitment to responding to HIV&AIDS, tuberculosis and other infections relevant to Africa.
and payment of school fees for orphans and vulnerable children in Enugu. In the Lagos state, AHI and the SMoE started co-curricular programmes (i.e. training of peer educators and formation of school clubs) in 1991.

Formal state ministry-led responses were mandated during the 49th meeting of the NCE in December 2002. The mandate included the directive to establish HIV&AIDS units in all SMoEs and SUBEBs with desk officers for managing the unit, as well as budgetary allocation for HIV-related activities. This was in line with the national multi-sectoral response coordinated by NACA.
2. Introduction to the review

2.1. Purpose

Since November 2002, the UNAIDS IATT on Education Accelerate Initiative Working Group has been providing technical support to the FME in Nigeria. Five years on, the FME requested the Working Group to undertake a review of its HIV&AIDS programme and of the wider education sector in Nigeria in general, in order to document the implementation process, successes, challenges and lessons learned in its response to HIV between November 2002 and 2007.

The review would serve as a case study to inform educational planners and programme officials about accelerating sector responses to HIV&AIDS, not just in Nigeria but throughout West Africa. The exercise will also inform a wider review of the Accelerate Initiative in sub-Saharan Africa, and be directly relevant to efforts to scale up the education response to HIV in other large multi-jurisdictional states in and outside sub-Saharan Africa.

2.2. Methodology

The FME’s response to HIV, categorized under four thematic areas of: Policy, Planning and mitigation, Prevention, and Orphans and vulnerable children, was the main focus of data collection and analysis that took place at both the federal and state levels. Methods used included a literature review, semi-structured interviews and an analysis of self-completed questionnaires from HIV&AIDS desk officers in SMoEs and SUBEBs.

The review was coordinated by the FME, with technical assistance of external consultants from the Partnership for Child Development, and members of the Accelerate Initiative Working Group, during September to December 2007.

2.2.1. Federal level

At the national level, there was a review of factors (such as resources, capacity building activities, coordination, monitoring and evaluation [M&E] activities) that created an enabling environment for the education sector response to HIV. Information from the FME, its parastatal agencies, international development partners, and other agencies from the Federal Government of Nigeria (see Appendix 1. for the list of key informants) was collected by:

- **Reviewing published and unpublished literature:** The literature reviewed included reports, evaluations, surveys, plans, policies and information, education and communication (IEC) materials (see list of references).
- **Semi-structured interviews:** Question guides for the interview were used for each agency depending on their function relevant to the HIV&AIDS response in the education sector.

2.2.2. State level

The education sector HIV&AIDS activities in the 36 states and the FCT were reviewed by:

- **Analyzing secondary data from questionnaires:** Filled out by SMoE HIV&AIDS desk officers in 2003 and 2006, where the total number of states that responded to the questionnaires were 29 and 30 respectively\(^{15}\).
- **Administering a questionnaire to the SMoE interdepartmental committee in 2007:** In many states, however, this was not possible, and mostly the questionnaire was filled only by the SMoE HIV&AIDS desk officer. Questionnaires for 13 states were received\(^{16}\).
- **Reviewing literature:** A review of both published and unpublished literature.

---

\(^{15}\) In 2003, states that did not respond to the questionnaires were: Akwa Ibom, Bauchi, Borno, Cross River, the FCT, Osun, Plateau, and Sokoto, while in 2006, the states that did not respond to the questionnaires were: Adamawa, Bauchi, Delta, Imo, Kebbi, Osun and Zamfara.

\(^{16}\) The 13 states included: Adamawa, Akwa Ibom, Bayelsa, Edo, the FCT, Kogi, Lagos, Ondo, Oyo, Plateau, Rivers, Sokoto, and Yobe.
Detailed information was collected from seven case study states representing the six geo-political zones (see Table 2.)\textsuperscript{17}. All states represented good practices under a thematic area, except one the Borno state, which was selected due to its challenges in accelerating a state response. Since the education sector responses have focused on prevention, case studies on prevention feature more prominently than compared to others.

Although the wider education sector was included as part of the review, the focus was primarily on the FME-supported programme. Therefore, a review of activities of the private sector (which forms a large part of the education sector in Nigeria) and other agencies were not fully undertaken.

<table>
<thead>
<tr>
<th>Zone</th>
<th>State</th>
<th>Thematic Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>North-West</td>
<td>Sokoto</td>
<td>Prevention (Curriculum adaptation)</td>
</tr>
<tr>
<td>North-Central</td>
<td>Benue</td>
<td>Policy &amp; orphans and vulnerable children</td>
</tr>
<tr>
<td></td>
<td>Plateau</td>
<td>Planning and Management</td>
</tr>
<tr>
<td>North-East</td>
<td>Borno</td>
<td>All (Implementation challenges)</td>
</tr>
<tr>
<td>South-West</td>
<td>Lagos</td>
<td>Prevention (Curriculum implementation)</td>
</tr>
<tr>
<td>South-East</td>
<td>Enugu</td>
<td>Prevention (Capacity building among teachers)</td>
</tr>
<tr>
<td>South-South</td>
<td>Akwa Ibom</td>
<td>Prevention</td>
</tr>
</tbody>
</table>

Table 2. List of case study states and thematic areas of interest.

Information was primarily collected from the SMoE; SUBEB; the NACA decentralized agency called State Agency for the Control of AIDS (SACA); at least two prominent NGOs in the state and three LGEAs (each representing a rural, urban and semi-urban local government authority [LGA]\textsuperscript{18}). Visits to a randomly selected school in each local government area also took place to supplement data collected.

The data collection team for each case study state comprised a team leader and a statistician from the FME. They developed question guides for their state in a workshop facilitated by the consultants. The question guides were pilot tested in the FCT and refined by the teams and consultants before use in individual states.

2.2.3. Methodological considerations

The review is a qualitative study and not an evaluation of the education sector response to HIV&AIDS, with output variables of statistical significance. The purposeful selection of case study states provides good practices for replication of the programme as well as lessons learned for how to scale up the education sector response.

\textsuperscript{17} The Oyo state in the South-West geo-political zone was selected as a good-practice state for co-curricular methods of HIV prevention. Data collection in Oyo was carried out late due to logistical difficulties; hence, the data collected could not be included in the report.

\textsuperscript{18} In the 36 states and the FCT there are a total of 774 LGAs in Nigeria, each containing an LGEA.
3. Federal level response to HIV: Creating an enabling environment over five years

In March 2003, recognizing the need to accelerate sectoral responses to HIV and avoid duplication of efforts in its sub-sectors, the FME developed a National Action Plan for HIV responses in primary, secondary and tertiary institutions in Nigeria. The overall goal was to prevent and mitigate the impact of HIV&AIDS in the education sector (FME 2003a). The SMoEs had recently received a mandate to lead state level education responses to HIV during the 49th NCE meeting in December 2002, as part of an ongoing process of decentralization across the country. The National Action Plan would support the decentralization of HIV responses by creating an enabling environment to scale up state responses.

Following from this initial effort, the FME and NACA in partnership with the Accelerate Initiative Working Group and international development partners19 organized a national workshop on HIV for the FME, NIEPA and other parastatals in June 2003. The purpose of the workshop was to build on existing education sector HIV&AIDS interventions in order to fast track a comprehensive and strategic response at both the federal and state government levels (FME 2006a). A significant outcome of the workshop was the prioritization of the components of the FME National Action Plan (FME 2003a). Proposed actions to accelerate the education response to HIV&AIDS in Nigeria, in line with HEAP, included the following:

1. Policy and strategies: Develop a national policy on HIV&AIDS in the education sector, and support its dissemination, adoption and adaptation at state level, including the development of a workplace policy.

2. Planning and mitigation: Develop the management capacity of the FME, its parastatals and the SMoEs; improve data collection relevant to HIV; and strengthen partnerships with the NACA, SACA and the health sector.

3. Prevention: Implement the prevention curriculum at primary and secondary levels, through the development and dissemination of teaching and learning materials together with a proposed strategy to cascade in-service teacher training and accelerating the establishment of anti-AIDS clubs in secondary schools.

4. Orphans and vulnerable children: Ensure education access for orphans and vulnerable children by identifying and removing barriers to primary and secondary education, and ensuring closer collaboration with the Federal Ministry of Women Affairs (FMWA).

The national workshop was followed by a series of workshops at state level in order to cascade and decentralize plans and responses. The first state workshop took place immediately following the national workshop, in the Ondo state in June 2003 (see Section 3.2.4. for more details). The activities, achievements and challenges of the FME and its parastatals during 2003 to 2007 in relation to the four action areas (mentioned above) are detailed below.

3.1. Policy and strategies

3.1.1. HIV&AIDS in the education sector policy

Following the identification of the need for a policy framework in June 2003, a National Policy on HIV&AIDS for the Education Sector was developed by the FME in 2004 and finalized in December 2005. Financial assistance was provided by the United States Agency for International Development (USAID) through its two projects POLICY and Enabling HIV&AIDS Tuberculosis and Social Sector Environment (ENHANSE). Many stakeholders were involved in the policy development. They included governmental agencies and line ministries, associations of teachers, parents, students, HIV-positive people, civil society and development partners20. Some of these partners were members of a technical working committee for policy development.

---

The policy was also informed by many relevant national frameworks (FME 2005b)\(^{21}\), and in line with the NSF, the broader National Policy on HIV&AIDS, and the National Policy on Education. The key areas addressed by the policy include prevention (including voluntary counselling and testing [VCT] and occupational safety); reduction of stigma and discrimination (in recruitment, employment, admission and termination); treatment, care and support; orphans and vulnerable children; gender, rights and ethics; and programme management and development (including implementation, and M&E) (FME 2005b). The policy promotes responses for both internal mainstreaming of HIV (through workplace regulations for staff), and external mainstreaming of HIV (for students, families, and the community) in the education sector.

The HIV&AIDS policy was approved by the 52nd NCE meeting in 2005 (see Table 3.). Subsequently, the FME’s HIV&AIDS unit held a national meeting with UNICEF in November 2007, to disseminate the policy and other recently produced documents such as implementation guidelines for the policy, results from an HIV&AIDS behavioural survey, and the National School Health Policy (see below). The meeting was chaired by the education minister with invitations to all state commissioners. This was immediately followed by two regional dissemination meetings for wider dissemination in the states. However, the HIV&AIDS policy had not been published due to difficulties in sourcing funds, thus, raising concerns for domesticating the policy in the states (see Section 4.1. for details on policy implementation in the states).

During the review, the HIV&AIDS policy was in the process of being domesticated for tertiary institutions. Federal parastatals concerned with tertiary education namely the National Board for Technical Education, the National Universities Commission (NUC) and the National Commission for Colleges of Education (NCCE), along with NACA and the FME’s HIV&AIDS unit had just initiated the adaptation of the policy for the tertiary sector.

The FME initiated the development of a National School Health Policy in 2005 in response to health concerns (such as poor sanitation, and infectious diseases including HIV) identified for learners during a rapid assessment in 2001. The policy framework, which was approved by the NCE in 2006, refers to national and international policies and goals\(^{22}\), and, is in line with the international FRESH framework. It includes the promotion of a healthy school environment, school feeding services, school health services, skills-based health education and school, home and community relationships (FME 2006b). The key stakeholders involved include line ministries, associations of parents, teachers, students, civil society and development partners. In late 2006, the FME developed guidelines to ensure policy implementation in states and schools (FME 2006d). Policy dissemination and implementation was taking place during the review data collection in late 2007. However, monitoring the level and quality of implementation across the 36 states and the FCT was identified as a challenge. Cross-references with the National Policy on HIV&AIDS for the Education Sector were not apparent despite the complementary approaches of the two responses and the common stakeholders involved.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Milestones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun 2003</td>
<td>Identification of the need for an education sector policy on HIV&amp;AIDS.</td>
</tr>
<tr>
<td>2004</td>
<td>Development of the National Policy on HIV&amp;AIDS for the Education Sector.</td>
</tr>
<tr>
<td>2005</td>
<td>Finalization of the national policy and its approval at the 52nd NCE meeting.</td>
</tr>
<tr>
<td>Nov 2007</td>
<td>Dissemination of the national policy and its implementation guidelines at both national and zonal levels.</td>
</tr>
</tbody>
</table>

Table 3. Key milestones for the education sector on the national policy on HIV&AIDS.

\(^{21}\) The Constitution of Nigeria, Civil Service regulations, the National Policy on HIV&AIDS, the National Health Policy, the National Workplace Policy on HIV&AIDS, the National Policy on Education and the Child Rights Act, and the International Labour Organisation (ILO) Code of Practice.

\(^{22}\) The National Policy on Education, the UBE Act, and the National Economic Empowerment and Development Strategy (NEEDS), and international goals such as EFA and MDGs.
3.1.2. Workplace policy

The National Policy on HIV&AIDS for the Education Sector also covers issues related to the workplace and for ministerial staff, such as maintaining:

- Confidentiality with regards to the disclosure of the HIV status of staff;
- a healthy working environment;
- non-discrimination on the basis of the HIV status or of the gender of staff during recruitment, training, promotion or termination of employment;
- linkages with the health sector for treatment; and
- benefits for those staff infected and affected by HIV, regardless of their gender.

Other than this, the National Workplace Policy on HIV/AIDS regulations apply to the education sector as well (FMLP 2005). During the review, parastatals involved in tertiary education, namely NCCE, NUC and the National Board for Technical Education (NBTE), were beginning to domesticate workplace policies for their institutions. Although workplace sensitization on VCT had taken place at the FME, review stakeholders identified the implementation of workplace regulations as an area needing improvement. Though it was known that some staff members from the FME availed of care and support services provided by the Federal Ministry of Labour, additional details, such as number of staff, were not known due to patient confidentiality.

3.1.3. Strategies

The FME’s National Action Plan for the broad scale response to HIV was developed in 2003 and outlined the overall objectives and strategies for the response (FME 2003a). The FME’s HIV&AIDS unit also developed an overall work plan and annual work plans for the period between 2002 and 2005 to coordinate HIV responses. Activities were structured in line with HEAP, the multi-sectoral HIV&AIDS strategic plan for 2001-2004 (FME 2005a).

In 2006, the FME developed its first strategic plan on HIV&AIDS. The FME’s HIV&AIDS unit coordinated the development of the National Education Sector HIV&AIDS Strategic Plan (2006-2010) (NESP). The unit and representatives from the Critical Mass committee of the FME and SMoEs, UNICEF and DFID’s Capacity for Universal Basic Education (CUBE) project served as a steering committee for the development of NESP. The plan was developed using a participatory approach involving the government, CSOs, international development partners, and people living with HIV&AIDS. The plan was presented to the JCCE in April 2006 and finally approved by the 53rd NCE meeting in December 2006 (FME 2006a).

The goal of the NESP has been to reduce the risk of HIV infection by at least 25% among staff and learners and to mitigate the impact of HIV&AIDS in the sector by 2010. The main areas (and objectives) identified for a strategic response have been:

- **Enabling policy environment**: To promote the implementation of the National Policy on HIV&AIDS for the Education Sector at federal level and in at least 50% of all states and the FCT, by 2010.
- **Planning, coordination and resource mobilization**: To increase the number of functional HIV&AIDS Critical Mass mechanisms in the sector to all 36 states and the FCT, and in at least 50% of the LGAs in Nigeria by 2010.
- **Prevention of new HIV infections**: To increase the proportion of staff by 25% and learners by 40% who have appropriate knowledge of HIV&AIDS, as well as having appropriate attitude, behaviour and life skills by the end of 2010.
- **Impact mitigation**: To increase access of at least 50% of identified infected and affected staff and learners to HIV&AIDS education support services by 2010.
- **Monitoring and evaluation**: To ensure effective collection, analysis and dissemination of education HIV&AIDS data into the Nigerian Education Management Information Systems (EMIS) and the NNRIMS (see Section 1.2.2.) by 2010.

Other than monitoring its domestication, the FME’s HIV&AIDS unit had not assessed the implementation of the NESP in parastatals or states at the time of the review. The unit recognized that monitoring its implementation was a priority in order to inform annual support and capacity building plans to parastatals and states.

3.2. Planning and mitigation

3.2.1. Management structures

As mentioned earlier, the HIV&AIDS unit of the FME was established in April 2002 to coordinate the sector’s response to HIV&AIDS. The unit is mandated to provide policy direction, build capacity and partnerships and perform other oversight functions for sectoral response at all levels (FME 2006a). The human resources in the HIV&AIDS unit, headed by the national HIV&AIDS coordinator, remained constant for much of the period, but for a temporary downsizing in 2007 due to ministerial transfers and retirement of staff (see Table 4.). Two senior staff were subsequently recruited to maintain the unit size. The national HIV&AIDS coordinator represents the sector at the NACA.
In line with the decentralization process, similar structures were being established at the SMoE and the LGEA within the sector and the unit would coordinate through them at sub-national level (see Section 4.2.1. for details). These sub-national bodies would represent the sector in the SACA and the Local AIDS Control Agency (LACA), local counterparts of the NACA (see Figure 3.).

NIEPA, which was created as a centre of excellence on educational planning and administration in 1992, was identified as the main parastatal to provide capacity building support on planning and management of HIV responses to different states (see Section 3.2.4. for more details). Between 2002 and 2007, NIEPA was supported by the World Bank and DFID as part of the UBE programme, and the Accelerate Working Group, to gain technical expertise on providing participatory training courses to SMoEs and their parastatals (Fadokun 2007, NIEPA 2006).

In addition, a Critical Mass committee of HIV&AIDS Focal Points in various departments, agencies and parastatals of the ministry, headed by the National

<table>
<thead>
<tr>
<th>Year</th>
<th>Senior staff</th>
<th>Support staff</th>
<th>Total staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2003</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>2004-2006</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>2007-2008</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 4. Number of staff members in the HIV&AIDS unit of the FME.

Figure 3. HIV structures in the education sector (FME 2006).
HIV&AIDS coordinator, were constituted by the FME for the coordination of responses in their sub-sectors at the federal level. Each parastatal had a part-time HIV&AIDS desk officer at least for most of the period. Some desk officers expressed challenges in coordinating HIV responses alongside their regular responsibilities. Further, there were changes in desk officers in some parastatals (e.g. the NUC, National Commission for Mass Literacy, Adult and Non-Formal Education [NMEC] and NBTE) since the 2007 ministerial reform, thus, leading to a resource gap in the interim. In late 2007, the NBTE planned to inaugurate a parastatal Critical Mass comprising its various departments to coordinate mainstreaming HIV across all its institutions.

3.2.2. Resource mobilization

Funds mobilized by NACA to the FME’s HIV&AIDS unit over the period mainly included international development partner support. World Bank support was through an International Development Association (IDA) credit for NACA as well as through the Multi-Country HIV/AIDS Programme (MAP) funds for UBE from 2002 to 2006. Other development partners funding the unit although not through NACA were DFID through its CUBE project for UBE, and UNICEF. Support from UNESCO and USAID (i.e. the POLICY project) were not received directly as funds but as technical and other assistance.

Over the period there was an increasing trend in funds mobilized (see Figure 4.). In 2006, more than 88% of the resources of the unit in 2006 were from donors, while less than 12% came from the government (UNESCO 2007). In 2006, the unit received funds from the ministry’s MDG debt relief funds. This partly explains the dramatic increase in the funds mobilized by the unit between 2006 and 2007.

The budgets for the HIV&AIDS Unit’s annual work plans showed a dramatic rise in 2006 and 2007. This shows an increase in the activities planned and complements the increase in funds mobilized.

World Bank funds were also mobilized by NACA to NIEPA for their facilitation of the June 2003 workshop (see Section 3.2.4.), the participatory training of SMoEs and their parastatals (see Section 3.2.4.) as well as a review workshop following the trainings. In total, around 18.5 million naira (or equivalent 138,750 USD)24 was released by the World Bank for the above activities involving seven workshops between 2003 and 2006 (NIEPA 2007).

The World Bank HIV&AIDS Fund over the period also assisted in providing grants to about 1,000 CSOs for various interventions, including those targeted at youth (NACA 2007b).

Figure 4. Funds utilized by the HIV&AIDS unit of the FME, including external funds mobilized and allocations from the FME annual budget.

Note: The HIV&AIDS unit received additional funding from debt relief funds meant to address the MDGs, totalling 15,000,000 naira in 2006 and 27,426,500 naira in 2007. As these MDG funds are managed by NACA, they are not part of the ministry’s annual budgetary allocation and have not been depicted in the figure.

23 The NBTE coordinates 58 polytechnics and other post-primary vocational education centres, 19 of which are managed by the federal government.
24 Based on the monthly average for the period between June 2003 to June 2006, 100 NGN = 0.75 USD from www.fxtop.com
3.2.3. Coordination

3.2.3.1. Participation in the International Accelerate Initiative

Following the initial attendance as observers during the first Regional Accelerate Workshop in Mombasa, Kenya in November 2002, the FME actively participated in the following international Accelerate workshops, sharing experiences with counterparts in other sub-Saharan African countries. The FME, including its parastatal NIEPA attended the Accelerate Initiative sub-regional workshop for Central Africa hosted in Gabon in May 2003 and the Accelerate Initiative West Africa sub-regional workshop in Ghana in August 2004. During national workshops to similarly accelerate education sector responses in Liberia and Ethiopia, the unit and AHI participated as key facilitators, sharing the Nigerian experience.

In 2004, when the Ministry of Education Network of HIV&AIDS Focal Points for the Economic Community of West African States (ECOWAS) and Mauritania was launched and established, the FME was one of the founding members (see Box 2. for more details on the Network).

3.2.3.2. National level

At the highest level in the national response, the unit communicates with the NCE, either through the Minister of Education who is the chair of the NCE, or through the JCCE. Results of this communication led to directives on HIV&AIDS, such as the requirement for each SMoE to have an HIV&AIDS desk; and that all organisations comply with the revised preventive education curriculum (see Section 3.3. for details).

3.2.3.3. Between parastatals

Coordination between the unit and the FME parastatals at the federal level take place through Critical Mass meetings. General Critical Mass meetings have only taken place twice over the review period. However, parastatals have worked with the unit on specific projects; for example, the NERDC, NUC and NCCE worked with the unit on the adaptation of the curriculum for tertiary institutions and subsequent training of teachers. Critical Mass members, except the National Institute for Nigerian Languages (NINLAN), were also part of the technical working group for the development of the initial framework and zero draft of the NESP. Other than this, the unit coordinates with parastatals for joint capacity building events.

BOX 2:

Ministry of Education Network of HIV&AIDS Focal Points for ECOWAS and Mauritania.

Political leadership by countries of the 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 centred 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 also similar Networks in Central and Eastern Africa.
3.2.3.4. With states

During 2003 and 2007, the unit organized annual coordination meetings for sharing information between states. There was a specific theme for each 3-day meeting, depending on the gaps identified in the previous meeting (see Table 5.).

<table>
<thead>
<tr>
<th>Year</th>
<th>Coordination meeting theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>Programming.</td>
</tr>
<tr>
<td>2004</td>
<td>M&amp;E.</td>
</tr>
<tr>
<td>2005</td>
<td>Orphans and vulnerable children.</td>
</tr>
<tr>
<td>2006</td>
<td>No meeting.</td>
</tr>
<tr>
<td>2007</td>
<td>Resource mobilization and tracking.</td>
</tr>
</tbody>
</table>

Table 5. The FME HIV&AIDS unit annual coordination meetings.

Coordination between the unit and the states also depended on individual activities. For example, the SmoE HIV&AIDS desks participated during both the education sector HIV policy and strategic plan development, and the unit informed the desks of overall progress. Capacity building workshops such as the six Accelerate meetings and the Accelerate Review Meeting in 2006 (see Section 3.2.4.) also provided an opportunity for joint coordination, planning and decision making between the unit and state desk offices. Despite all the above achievements, the coordination of the education HIV response across the 36 states and the FCT remained a challenge for the unit, given its limited human resources.

3.2.4. Capacity building

The national workshop in June 2003 proved to be a capacity building opportunity for the unit, federal parastatals such as NIEPA, NERDC, NBTE, NCCE, the National Commission for Nomadic Education (NCNE), NMEC, NUC, the Universal Basic Education Commission (UBEC), as well as NACA. The agencies critically assessed their current situation and developed a 90-day plan of action to address gaps and facilitate decentralization of the HIV response (FME 2003a). NIEPA was identified as the main parastatal to provide training support on planning and management of sectoral HIV responses to all states (see Box 3. for details).

The unit’s participation, along with NIEPA, as observers in the Regional Accelerate Workshops in Kenya, Gabon and Ghana also provided opportunities for building capacity by gaining information on the global education sector responses to HIV and implications for its national programme.

In order to provide capacity building support to states, the unit staff received training over the period, such as on advocacy (2003), project management and appraisal (2003), M&E (2004), proposal writing (2006), and computer skills. Yearly training support to the unit on financial management, procurement and planning was provided by NACA.

Other capacity building workshops organized or attended by the unit included training on M&E using NNRIMS in 2004; a technical workshop for Critical Mass members in 2005; and strengthening the implementation of the Family Life HIV Education (FLHE) curriculum in 2005. These workshops were also capacity building opportunities for the FME parastatals.

Further, the NIEPA in order to provide training on accelerating the education sector response to HIV, received capacity building support from the World Bank and DFID in conducting training needs assessments, designing course content, and facilitating workshops. This included two international consultants who provided them with assistance in developing workshops that were cost-effective and of a high standard (Fadokun 2007). More details on accelerate workshops run by NIEPA can be found in Box 3.
During the national workshop in June 2003, it was recognized that since Nigeria needs to cater for the complexities of a large multi-jurisdictional state, a series of state workshops for directors and deputy directors of SMoEs and its parastatals was required to help scale up and accelerate the response. The criterion for selection of the first group of states was those involved in UBE supported by the World Bank and DFID since the UBE programme included provision for support for HIV-related interventions. The remaining states were to be covered in subsequent workshops. The first state Accelerate workshop which included the states Enugu, Kaduna, Oyo and Taraba took place immediately following the federal workshop in June 2003 at NIEPA. As mentioned earlier (see Section 3.2.1.), NIEPA was identified as a resource centre to provide this participatory training to senior managers.

During 2003 and 2005, nearly all states, except Borno, Kebbi and Yobe, were trained through the five Accelerate workshops jointly organized by the FME HIV&AIDS unit and NIEPA (see Figure 5.). A total of 210 officials from SACAs, and educational planners, statisticians and desk officers from the SMoEs and SUBEBs were thus trained. During the workshops, there was an overall assessment of the education sector response to HIV&AIDS at the federal and state levels, specifically in the four proposed action areas of policy, planning and mitigation, prevention and orphans and vulnerable children. This was followed by discussions on response strategies that could be adopted by states and supported by donor and technical agencies, and the development of state action plans. The participatory nature of the workshops was enhanced by the active feedback provided by participants. From Figure 5, an analysis of the course evaluations received from the participants between 2004 and October 2005 showed that the average rank of the usefulness of each workshops consistently remained at 4.6 out of 5 (Fadokun 2007). The workshops also served as an opportunity for the unit and NIEPA to provide training of trainers; and an opportunity for CSOs and development partners to provide technical support and further their coordination.

A meeting to review the status after the six workshops (one at national level and five at state level) was organized by the FME in 2006 with the SMoEs and SUBEBs. The meeting noted achievements and challenges of interventions carried out by SMoEs and SUBEBs HIV&AIDS desks (see Appendix 5. for details) (FME 2006c).

Figure 5. Initiation of Accelerate workshops in the states within Nigeria.

3.2.5. Monitoring and evaluation

3.2.5.1. Monitoring

In terms of routine monitoring, the HIV data was collected from primary and secondary schools for the first time during the 2004-2005 school census. Technical assistance was provided by USAID and DFID. At the time of the review, routine HIV-related data was not collected from tertiary and adult non-formal education. However, occasional studies, such as a case study and inventory of NGOs involved in non-formal HIV preventive education mapped the existing response (Odukoya et al. 2006). In August 2007, during a workshop on Training on M&E & Integration of HIV&AIDS in School Health in to EMIS organized by the unit and UNICEF, it was recommended that further data on HIV and school health should be collected during the annual census.

The inspectorates at the federal and state levels also visited schools on a regular basis. However, their inspections did not include the collection of any HIV or health-related data. This was discussed during the above mentioned workshop and it was decided that future inspections would include data on HIV and health. As a result, a school health monitoring form for inspection visits was designed to that effect (FME, unpublished).

Capacity building on monitoring took place during the period. Since 2004, NACA trained the unit in the FME, parastatals and five states on the NNRIMS in a series of four training events on education sector specific data. As a next step, NACA planned to step down the training on data collection to all states in 2007 and 2008. It also planned to hold a workshop with line ministries towards the end of 2007 to diagnose problems with their M&E systems and to develop/strengthen plans to address some of the gaps.

In terms of reporting, the unit sends reports to its different donors (e.g. reports to UNICEF, and reports to NACA); however, no specific report incorporated all activities of the unit. NACA has reported selected educational indicators in its twice yearly UNGASS reports, since 2003.

3.2.5.2. Evaluation

In terms of evaluating its programme, the FME has conducted in-depth case studies on preventive education curriculum implementation in six states in 2005 (FME 2005d). The Accelerate review meeting with states in 2006 provided an opportunity to track their progress. Separately, many studies have taken place during the period, looking at programme outputs and health behaviours (see Appendix 4. for details).

3.3. Prevention

3.3.1. Formal education: curriculum-related materials

An HIV prevention education curriculum is a key tool for provision of knowledge, attitude and skills relevant to HIV&AIDS prevention. The curriculum outlines a list of activities to be taught, with expected outcomes, and suggestions on learning materials, and evaluation methods. On this basis, trainers’ manuals, teachers’ guides, and students’ handbooks are produced, and the carrier subject curriculum is revised.

In Nigeria, emphasis on the development of HIV prevention education curriculum was initially at the basic and secondary education levels. The curriculum was then adapted for use in other sub-sectors like NFE, teacher training and tertiary institutions (UNESCO, 2007). The status on curriculum implementation is described below.

3.3.1.1. Basic and senior secondary curriculum

Nigeria’s HIV prevention education curriculum had evolved over the period. The National Sexuality Education Curriculum for lower, upper primary, junior and senior secondary schools (see Section 1.3. for historical details), was presented at the 49th NCE meeting in December 2002. Following objections to the sexual reference in the curriculum during the meeting, the NCE recommended that the states review the curriculum and suggest changes to suit their cultural perspectives. Since the meeting, the states provided their comments through a review panel to the NERDC. The NERDC, in collaboration with UBEC, the FME and AHI, thus developed the FLHE curriculum booklets – for lower, upper primary, junior and senior secondary schools – this was accepted by 98% of the states present during the 2003 NCE. The curriculum was also presented at a national consultative forum with religious leaders of both Christian and Muslim faiths in March 2004 for their scrutiny and acceptance of the curriculum. The leaders suggested some changes to the curriculum, and called for references to condoms and unprotected sex in all educational text to be removed. At the 51st NCE meeting in 2004, the NCE further urged that issues relating to orphans and vulnerable children were emphasized in curricula at all levels (NCE 2004). The resulting curriculum was structured around specific themes depending on the age and grade but was not examinable (FME 2004b).

In 2005, 62,500 copies of the curriculum were produced and distributed to SMoEs, with assistance from NACA (see Table 6.). As subsequent printing had not taken place, there was a reported shortage in the copies.
available at the time of the review. During the review, the curricula for basic education subjects, which was revised in 2007 after 11 years, included some components of the FLHE curriculum but a complete infusion of the FLHE in carrier subject curricula had yet to take place.

In 2005, the FME conducted mapping on the FLHE curriculum and an in-depth case study exercise, which revealed that though there were widespread acceptance of the FLHE curriculum, there were concerns with the implementation process, such as the quality of in-service training of teachers, which were not uniform. Therefore the FME, in association with AHI, conducted a national workshop in 2006 that led to a set of minimum standards focusing on three main areas with relation to curriculum implementation: planning, classroom delivery, and M&E. These minimum standards were printed and distributed in 2008 and were being used to assess the status of the FLHE curriculum implementation in six states by NACA/FME.

As with basic education, the FLHE curriculum was produced for senior secondary education. In senior secondary schools, some subjects such as biology, social studies, physical education, and health education included instructional materials and textbooks on family life and HIV through UNFPA support. In 2007, the NERDC revised its curriculum subjects; after the revision, the FLHE was expected to be integrated in as many of the 35 subjects as possible. Infusion topics, aside from the FLHE included the environment and drug abuse education.

### 3.3.1.2. Materials for teachers and students

The NERDC supported by UNICEF, produced teachers’ guides for the FLHE in 10 subjects in basic education in 2006. The 10 subjects included: English, maths, culture and creative arts, social studies, basic science and technology, physical education, health education, Hausa, Igbo, Yoruba, and agriculture. Using government (NERDC) funds, 8,000 copies per subject were produced and this had already been put to use during in-service pilot training of teachers in the FCT in 2007. The first annual master trainers’ training on teachers’ guides had taken place in 2008.

<table>
<thead>
<tr>
<th>Curriculum</th>
<th>Estimated no. of copies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower and Upper Primary</td>
<td>30,000</td>
</tr>
<tr>
<td>Junior Secondary</td>
<td>10,000</td>
</tr>
<tr>
<td>Translation of Primary curricula to Hausa</td>
<td>10,000</td>
</tr>
<tr>
<td>Translation of Primary curricula to Igbo</td>
<td>5,000</td>
</tr>
<tr>
<td>Translation of Primary curricula to Yoruba</td>
<td>7,500</td>
</tr>
</tbody>
</table>

Table 6. Number of curriculum copies distributed to SMoEs.

In 2005, the FME conducted mapping on the FLHE curriculum and an in-depth case study exercise, which revealed that though there were widespread acceptance of the FLHE curriculum, there were concerns with the implementation process, such as the quality of in-service training of teachers, which were not uniform. Therefore the FME, in association with AHI, conducted a national workshop in 2006 that led to a set of minimum standards focusing on three main areas with relation to curriculum implementation: planning, classroom delivery, and M&E. These minimum standards were printed and distributed in 2008 and were being used to assess the status of the FLHE curriculum implementation in six states by NACA/FME.

As with basic education, the FLHE curriculum was produced for senior secondary education. In senior secondary schools, some subjects such as biology, social studies, physical education, and health education included instructional materials and textbooks on family life and HIV through UNFPA support. In 2007, the NERDC revised its curriculum subjects; after the revision, the FLHE was expected to be integrated in as many of the 35 subjects as possible. Infusion topics, aside from the FLHE included the environment and drug abuse education.

### 3.3.1.3. Tertiary education

An FLHE curriculum for year one and year two students in universities was developed by the NUC, the FME and NACA in 2006. The curriculum was awaiting approval...
from the federal government in 2007 and as a result had not been introduced in universities and followed up with training of teachers and the production of teaching materials. Preliminary results of an NUC survey in 2007 showed that 80% of universities teach HIV&AIDS in biology lessons, but more as a medical condition rather than as part of life skills education, during general studies in one year one.

The NCCE also developed an FLHE curriculum for CoEs in 2006, in association with the FME, NERDC and UNICEF. This was followed by the development of a compulsory course on the FLHE in year one. The FLHE was also mainstreamed in biology, chemistry, physical education, health education, languages and religious studies. As reported by most states, at the time of the review (see Section 4.3.1. for details), the curriculum had not been introduced in colleges.

The NBTE was also in the process of infusing the FLHE in a general studies course in its technical institutions. The NBTE prepared a draft curriculum, which was to be critiqued at a national workshop towards the end of 2007 (NBTE, unpublished).

3.3.2. Formal education: curriculum-related training

The FME’s HIV&AIDS unit has been involved in training teachers and education staff on a curricular approach to HIV prevention. Over the review period, an estimated 5,000 teachers had been trained on the FLHE curriculum. Nearly 2,000 were trained in Lagos, in association with AHI. Some of the training events that the unit was part of over the period were:

- In 2004, the FME organized a training of trainers workshop on the FLHE in Bauchi with UNICEF.
- In 2005, the unit trained 55 trainers from unity schools on the FLHE.
- In 2006, the unit trained two desk officers from the SMoE and SUBEB in each state as trainers on the FLHE. As a result, 33 states (except the states: Akwa Ibom, Kano, Kogi, and Yobe) have master trainers on the FLHE.
- In 2007, the unit and UNICEF trained 24 teachers from the states: Bauchi, Sokoto and Yobe along with some of the other UNICEF-supported states as trainers. Due to limitations in the number of their human resources, the unit was not able to follow up on cascade training in states, which were mostly led by state governments. In 2007, the unit also provided in-service training on the FLHE for one week to 36 teachers in CoEs in the state of Kwara. Similar training was also provided in CoEs in the state of Oyo in 2007.

Other training events have also taken place at the federal level. A core of 20 lecturers completed a training of trainers on the FLHE by the NCCE and UNICEF in 2007. AHI was also a key training provider with over 127 state master trainers of the UNFPA supported Pop-FLE programme trained in 15 project states across the country (AHI 2004).

3.3.3. Co-curricular activities and other complementary approaches to HIV prevention

Co-curricular HIV&AIDS prevention activities included anti-AIDS clubs and peer education. Historically, these activities were often civil society-led, donor-driven and uncoordinated (FME 2006a). Some achievements during the review period that helped promote a systematic response were:

- In 2003, UNICEF conducted a baseline survey on youth knowledge, attitude and practices for a joint youth peer education programme with the National Youth Service Corps (NYSC), the Association of Reproductive Health, Family Health International and the Federal Office of Statistics (UNICEF 2003). The survey was conducted in seven pilot states, namely: Borno, Enugu, Rivers, Cross River, Kaduna, Nasarawa, and Ondo. Since the original survey, all young graduates (about 90,000 annually) enrolled for social development work as part of an NYSC scheme, were oriented on reproductive health and HIV prevention during their induction. Volunteer corps members, who would be deployed as teachers in various schools throughout Nigeria, were also trained as peer education trainers, in order to train student peer educators to undertake sensitization activities among friends and classmates to increase their knowledge on HIV and to motivate them to adopt preventive behaviour (UNICEF 2008).

- In 2004, the unit in association with AHI initiated a life skills and peer education training for 20 unity schools in the South-West and South-South zones. Other than increasing students’ and teachers’ knowledge on adolescent health issues, the objective of the training was to improve the implementation and coordination of anti-AIDS club activities. Participants comprised of 115 students who were trained as peer educators, as well as 40 teachers and guidance counsellors to facilitate anti-AIDS clubs in schools. An evaluation of the training found, that there was an average percentage increase in knowledge from pre-test to post-test by 120% (FME 2004c). Similar training for unity schools in the other zones also took place, with a total of 150 teachers trained as peer coordinators. The FME directly trained students in the South-East and North-Central zones, and AHI trained 83 students in the North-West and North-East zones for the FME.
• The National Youth Network on HIV&AIDS (NYNETHA) provided a programming platform for donors and groups working with young people on HIV&AIDS. The Network developed and adopted a strategic framework between 2005 and 2009 to guide their programme activities (NACA 2007b).

As part of a holistic approach to HIV prevention, VCT services in the education sector were provided in a few centres during the period. In tertiary education, the NBTE headquarters housed a clinic where the desk officer and nurse provided VCT services to staff and the general public. As a next step, the NBTE planned to extend VCT services in all its institutions. The 51st NCE urged the FME (and SMoEs) to strengthen guidance and counselling services in colleges and schools (NCE 2004). In order to promote VCT among young people, youth-friendly centres were piloted in six universities during the period, as a public-private partnership between NACA and EcoBank (NACA 2007c). In 2007, NACA prepared to extend these centres to other universities in Nigeria, in partnership with MTN Foundation – one of the leading telecommunications company in Nigeria and Africa.

3.3.4. Non-formal education activities

The Federal parastatal involved in NFE, NMEC, focused on curriculum-based HIV education for vulnerable out-of-school children. During 2004 and 2005, NMEC worked with NERDC, the FME, UNICEF and the non-governmental association for literacy support services to develop three life skills (including HIV&AIDS) primers to be infused in the curricula for Koranic Centres, out-of-school boys and girls. The out-of-school boys’ curriculum had been critiqued in both the North and South zones, and was to be subsequently printed. Out-of-school boys’ education takes place in the South-East, South-West and South-South zones of Nigeria, while Koranic Centres operate in the North-Central, North-East and North-West zones. In addition to the primers, facilitators’ guides were developed to assist facilitators in selecting the appropriate learning opportunities for each activity and presenting them in the best participatory and interactive form to the learners. UNICEF provided funding support for the entire activity.

In 2007, NMEC also initiated the development of radio dramas on HIV&AIDS for NFE in their learning centres, with partners at the FME, UNICEF, UNESCO and Actors Against AIDS (a communication NGO). The prototype scripts were in English and these were to be translated by the states by the end of the year. The radio dramas on HIV were part of the Radio/Life Literacy programme which was started in 2000 and covered literacy centres in 12 states. In 2006, the programme was broadened to cover the whole country. Therefore, it was expected that the radio dramas on HIV would also have country-wide coverage. Resource requirements of this needed consideration.

3.3.5. Nomadic education activities

The National Commission for Nomadic Education (NCNE) also makes use of radio dramas to undertake community mobilization and sensitization. They run a national weekly programme, which focuses on maternal health, HIV and conflict resolution. NCNE have also developed a radio series of 26 episodes, some of which focus on HIV&AIDS issues and are informed by the curriculum. To complement the radio programmes, they have 58 external agents in the field, who coordinate campaigns and assist the community to stimulate discussions on the programme and on pertinent topics raised.

NCNE have also adapted the FLHE for the schools that they run for nomads, infusing it into six of their eight subject areas: English, social studies, primary science, health education, Islamic religious studies, and Christian religious studies. Pupil texts and guides have been developed and, teachers’ guides are under review for infusion (NCNE 2007).

3.4. Orphans and vulnerable children

3.4.1. Policy

The National Policy on HIV&AIDS for the Education Sector includes key strategies for addressing concerns relating to orphans and vulnerable children and education. These strategies include:

• Creation of linkages with the FMWA. The FMWA has the overall mandate to coordinate all programmes relating to orphans and vulnerable children in the country.
• Access to free education; removal of barriers to education; and promotion of bursaries for higher education.
• Sensitization of staff and students to physical and psychosocial needs of orphans and vulnerable children.
• Promotion of non-discrimination and non-stigmatization, especially during admissions.
• Access to services such as treatment, counselling and school-based clinics.

The unit also advocates to policymakers through the JCCE for inclusion of issues on orphans and vulnerable children in the National Policy on Education under the

---

26 The six universities are: University of Port Harcourt; University of Nigeria, Enugu; Obafemi Awolowo University, Ile-Ife; University of Abuja; University of Jos; and Ahmadu Bello University, Kaduna.
section Special Education in 2004 (FME 2004a). It is expected that these will be included in the national policy when it is reviewed in 2009.

3.4.2. Planning and management

The FMWA is the lead agency for matters relating to orphans and vulnerable children. The ministry set up a dedicated Orphans and Vulnerable Children Unit in the ministry in 2004, and in 2005, the unit developed a National Plan of Action on Orphans and Vulnerable Children 2006–2010 in collaboration with key ministries including the FME, as well as development partners (FMWA 2007). Plans for children who are orphaned and vulnerable in relation to the education sector were part of strategic objectives. Some achievements towards these objectives were:

- **Access to essential services such as education:** During its 51st meeting in 2004, the NCE urged the FME (as well as states and LGEAs) to give special support and education to all identified orphans and vulnerable children (NCE 2004). This was followed by the NCE approving the provision of holistic scholarships for orphans and vulnerable children at basic and secondary education levels during the 52nd meeting (FME 2006a). The FME thus, initiated holistic scholarship support to 500 orphans and vulnerable children of different age groups in 2007. The minimum care package recommended by the National Plan of Action was 96.16 USD per orphan and vulnerable child, per year for primary schoolchildren; and 300 USD per orphan and vulnerable child, per year for secondary schoolchildren (FMWA 2007). This scholarship complements the provision of free and compulsory education under the UBE scheme by covering associated costs such as books, uniforms, school meals, and registration.

- **Raising awareness amongst policymakers:** The FMWA advocated on issues relating to orphans and vulnerable children to political leaders and teachers in 16 states in 2006.

- **Strengthening coordination and institutional mechanisms for programme implementation:** In 2004, a national steering committee on orphans and vulnerable children was established as the overall decision making body in relation to HIV; the FME was part of this committee. The FME was also a member of a task team to coordinate implementation of the National Plan of Action.

The key priorities identified by the FME to the response on orphans and vulnerable children in the sectoral strategic plan, NESP in 2006, were in line with the overall national plan of action. Over the coming years, the FME intends to place emphasis on: the provision of holistic scholarships; the production of a psychosocial support training manual to be used by teachers for orphans and vulnerable children; and advocacy for services to orphans and vulnerable children in schools.

One of the challenges to the response on orphans and vulnerable children has been the dearth of data on the number of children who are orphaned or vulnerable in order to plan programmes (FME 2006c). Moreover, there was no reporting mechanism by which the FMWA received regular information on the number of orphans and vulnerable children supported by different NGOs. Therefore in 2007, the FMWA undertook a baseline survey on the number of orphans and vulnerable children in all states. The ministry also developed an M&E plan for orphans and vulnerable children in Nigeria.

3.4.2.1. Capacity building

During the review period, the unit attended a few training events and workshops on orphans and vulnerable children namely: Scaling up care and support for orphans and vulnerable children in Nigeria (2004); Training on counselling and home-based care which took place in Kenya (2005); Rapid assessment, analysis and action planning for orphans and vulnerable children (2005); and Training on the development of an orphans and vulnerable children action plan (2005). The FME was also a facilitator at the latter two workshops. The unit was therefore, trained during the review period in order to scale up planned responses to orphans and vulnerable children.
4. Impact of Nigeria’s national programme within its states

This section describes the education sector response to HIV in the 36 states and the FCT during November 2002 and 2007. It documents the impact the federal response had on the state government, NGOs and other stakeholder efforts to scale up systematic responses to HIV.

However, the impact of state responses on HIV-related knowledge, attitude, behaviour, and educational outcomes among youth is not presented since it is beyond the scope of the review (see Section 2.1. for the review purpose) and would require a large scale survey. The national-wide Nigerian Demographic and Health Surveys (NDHS), which assesses HIV-related knowledge, attitudes and behaviour among youth was last conducted in 2003. Results from the 2008 DHS survey, which was underway at the time of writing this report, provided useful information for assessing trends over the period.

4.1. Policy

4.1.1. HIV&AIDS in the education sector policy

Following on from the development of the National HIV&AIDS in the Education Sector Policy in 2005, modest progress was reported in the domestication of the policy at state level (FME 2006c). As of the third quarter of 2006, most SMoEs reported not having trained their staff on implementing the policy or begun its implementation. The unavailability of published copies of the national policy was said to have been a potential contributing factor. Most SMoEs were at the early stage of advocating the need for an HIV&AIDS education sector policy in the state to their policymakers and other important stakeholders (FME 2006c). SMoEs that reported a draft or approved policy during the 2007 questionnaire survey (see Section 2.2.2. for more information on the questionnaire survey) were from the states: Adamawa, Ekiti, Imo, Ondo, Oyo, Rivers and Sokoto. The SMoE in Ekiti developed their policy in conjunction with their SACA. Imo adopted the national policy for the SMoE (FME 2003a), while other states such as Taraba were planning to similarly do so.

4.1.2. Workplace policy

The SMoEs that reported having developed a workplace policy for the sector or adapted the National Workplace Policy included: Benue, Ondo, Oyo, Plateau, Rivers and Sokoto (see Box 4, for details on Benue). SMoEs that had not yet developed a workplace policy were at the early stage of sensitizing staff members and community stakeholders on the national policy. Those that reported advocacy for a workplace policy included: Abia, Anambra, Cross River, Gombe, Kaduna, Ogun, and Plateau (FME 2006c). In Plateau, the SMoE in collaboration with the Youth, Adolescent, Reflection and Action Centre (YARAC), a local NGO, sensitized ministerial teachers in all LGEAs on the national workplace policy, basic facts on HIV&AIDS and on stigma and discrimination.
Benue, which has had the highest prevalence of HIV, was among the first states to adapt the national policy to develop a workplace policy on HIV&AIDS in the sector in 2005 (see Section 5.2. for details). Since then, the policy was widely distributed in the Benue SMoE and SUBEB. Some of the achievements noted during the review were:

- Routine VCT and referral services provided to education sector staff.
- Formation of an education sector support group for people living with HIV&AIDS with 112 registered members.
- Forty-six education sector staff were financially assisted in accessing antiretrovirals, nutritional support and treatment for opportunistic infections at a clinic in the city of Jos in Nigeria, supported by the United States President’s Emergency Plan for AIDS Relief (PEPFAR).
- Dissemination of the national policy to the local government had also taken place.

**BOX 4:**
Achievement of a workplace policy on HIV in the state of Benue.

4.1.3. Strategies

The 2003 baseline survey of SMoEs (see Section 2.2.2. for details on the questionnaire survey) showed that HIV&AIDS desk officers in only ten states explicitly mentioned the presence of a work plan. The states included: Anambra, Benue, Ekiti, Enugu, Gombe, Jigawa, Kaduna, Niger, Rivers and Zamfara. In the same year, seven states explicitly mentioned not having a work plan. They included: Adamawa, Bayelsa, Delta, Edo, Ondo, Oyo and Taraba (FME 2003c). During 2003 and 2006, the number of states reporting the presence of a state education sector action plan increased greatly, from 18 out of 32 states, as reported in the 2006 questionnaire survey (see Section 2.2.2. for information on the questionnaire survey).

SMoEs were closely involved during the FME coordinated strategic planning process between 2005 and 2006 to develop a NESP for the entire sector. Since its development, 26 out of all 36 states and the FCT had stepped down the NESP, with technical support from UNICEF, DFID and the HIV&AIDS unit. This was a significant achievement for strategic planning since 2003 when a few SMoEs had even reported a work plan for HIV.

4.2. Planning and mitigation

4.2.1. Management structures

As mentioned earlier, state ministry-led responses were mandated during the 49th meeting of the NCE in December 2002. The mandate included the directive to establish HIV&AIDS units in all states, desk officers for managing the unit, as well as budgetary allocation for HIV-related activities.

At the sub-national level, soon after the NCE meeting in 2002, only 18 SMoEs had HIV&AIDS desk officers. The unit sent memos (passed by the NCE) to SMoEs to urge them to set up these desks. In 2003, 28 out of 36 states had desk officers (FME 2003c) (see Box 5. for achievements in Plateau). By 2004, all SMoEs had HIV&AIDS desk officers (FME 2004a); seven states (notably: Ekiti, the FCT, Kano, Kogi, Lagos, Nasarawa, and Kano) had reported the desk officer as a part-time position (FME 2006c). All SUBEBs also had an HIV&AIDS desk officer. Among desk officers that responded to the 2006 questionnaire survey, 28 (except the states of Bayelsa and Kano) reported having an HIV&AIDS unit in the SMoE.
Plateau was found to have a strong organisational framework for planning and managing HIV activities and mainstreaming the sectoral response. There were full-time HIV&AIDS desk officers in the SMoE and a State Universal Basic Education Board to manage HIV interventions. Two desk officers operated in the SMoE, one supported by UNFPA and the other by the ministry. The responsibilities were demarcated, with the UNFPA supported desk responsible for the FLHE implementation, while the ministerial desk was responsible for overall HIV&AIDS activities.

Meetings of a Critical Mass committee were convened biannually to coordinate sub-sectoral activities. Resources for activities were sourced from the state government, and development partners such as UNFPA, World Bank and NGOs. As a result, the state had a harmonized FLHE curriculum, and this had resulted in an increased awareness on HIV&AIDS.

At the LGA level, only 16 states reported having HIV&AIDS desk officers in 2006, which showed that the resources were centrally managed at the state level. Abia reported having a desk officer in each of its 17 LGEAs (FME 2006c). All CoEs were said to have an HIV&AIDS desk officer.

4.2.2. Resource mobilization

Information on overall resources mobilized to the different states by the government and development partners could not be readily sourced from the questionnaire surveys. However, Figure 6 shows names of key donors and organisations that supported the education sector HIV&AIDS activities in each state, as identified by desk officers during the 2006 survey.

Figure 6. Organisations supporting state level HIV&AIDS activities in 2006.
The questionnaires also provided information on the HIV&AIDS budget for some SMoEs that year, which is shown in Figure 7. The budget figures are indicative and do not provide a picture of the scale of the education sector responses, but gives a sense of the amount of funds that are potentially needed to be mobilized in the different SMoEs.

4.2.3. Coordination

The SMoEs have an overall mandate of leading and coordinating the education sector response to HIV in the state. Within the ministry and its parastatals, the Critical Mass inter-departmental committee provides an opportunity for internally coordinating the government’s response. Twenty SMoEs, from Abia, Anambra, Benue, Borno, Cross River, Edo, Ekiti, Enugu, the FCT, Gombe, Jigawa, Kaduna, Kogi, Kwara, Lagos, Nasarawa, Niger, Plateau, Rivers, Sokoto, reported having a Critical Mass inter-departmental committee at the end of 2006. Eleven of the 20 reported the presence of clear terms of reference for the committee.

During the 2006 survey, SMoEs reported centrally coordinating specific activities and programmes of different stakeholders, including international development partners, NGOs, and faith-based organisations. For example, in Abia, the SMoE coordinated with UNICEF and UNFPA on life skills education and HIV prevention. In Akwa Ibom, the SMoE coordinated with United Nations agencies such as UNICEF – on general school health and water and sanitation; and the World Bank – on HIV prevention; as well as NGOs such as African Children’s Fund and the Red Cross – on life skills education. See Appendix 3. for the list of states, the key activities coordinated, and the involved partners.

4.2.4. Capacity building

As previously mentioned (see Section 3.2.4. for background information), all states except Borno, Kebbi and Yobe were trained at least once on planning the education responses to HIV during the series of Accelerate workshops held during 2003 and 2005. State teams comprised of the HIV&AIDS desk officers, planners and statisticians in the SMoE and SUBEB, and a representative from SACA. States that attended two workshops were: Bayelsa, Benue, Enugu, Kaduna, Kogi, Ogun, Plateau and Sokoto.

During the workshops, based on the gaps highlighted in their current responses to HIV, the states identified the need for further training of their staff and Critical Mass members in the areas of: use of computers; M&E including the use of EMIS for HIV and school health and nutrition; as well as the use of the Ed-SIDA tool for estimating the impact of HIV on the education sector, and planning mitigation strategies. Before conducting any training, the states identified the need for a training needs assessment for planning capacity building activities. The state teams and NIEPA were responsible for the training activities, with technical and funding...
support from development partners (e.g. DFID, UNICEF, World Bank, USAID, and Partnership for Child Development [PCD]) (FME 2004a).

Progress on the above was assessed during the review meeting of Accelerate workshops in 2006. It was reported that most SMoEs had a trained focal person for M&E. However, most states did not have data or estimates of the HIV impact on teachers and other education staff, as well as the number of orphans and vulnerable children. Most SMoEs also reported not having computers for developing information technology skills (FME 2006c). States that specifically reported procuring computers included: Abia, Akwa Ibom and Imo. States that specifically reported conducting M&E activities included: Enugu, Gombe, Imo, Lagos, Oyo, Sokoto and Taraba (FME 2003a, FME 2004a, FME 2006c).

Other than the capacity building activities emanating from the Accelerate workshops, SMoEs and its parastatals received and provided training on different aspects of the HIV response (e.g. prevention, and orphans and vulnerable children), often in association with their SACA, local NGOs and development partners.

4.2.5. Monitoring and evaluation

Some monitoring of the HIV response in states took place during activities such as training events. Inspection visits to schools also provided opportunities to collect HIV-related information, as reported in some states. In 2007, the school inspection forms were reviewed to include HIV-related information (see Section 3.2.5. for details). NNRIMS was being decentralized to the SACA to capture HIV-related information, useful to the education sector as well. Other than that, several studies were conducted during the period, which provided information for HIV-related processes as well as outcomes useful for the state education sectors (see Appendix 4.).

4.3. Prevention

4.3.1. Curriculum

4.3.1.1. Training of trainers and teachers on the FLHE curriculum

In 2003, six SMoEs28 reported training master trainers and teacher trainers on the FLHE curriculum (2003 questionnaire survey). Since this initial situation, in 2006, 26 SMoEs and SUBEB reported to have identified, selected or trained master trainers on the FLHE curriculum (2006 questionnaire survey). Those that reported not having begun these activities included: Akwa Ibom, Kano, Kogi, and Yobe.

Few SMoEs reported pre-service curricular training on HIV for teachers. They included: Abia, Cross River, Gombe, Jigawa, Lagos, and Nasarawa (2006 questionnaire survey). Given that the FLHE curriculum had been recently introduced, in most states training of teachers on the FLHE curriculum was done while in-service, and mostly in secondary schools. A few states had trained teachers in upper primary schools. Most states had focused on training teachers from public schools. In Enugu, the SMoE had been actively involved in the training of the FLHE trainers, and this led to the teaching of FLHE in most upper primary and junior secondary schools (see Box 6. and Section 5.4. for more details).

Other states with a high coverage of schools with at least one trained teacher on the FLHE curriculum were Ondo (100% during the 2007 questionnaire survey), and Sokoto (73% during the 2007 questionnaire survey). Overall, the 2005 UNGASS report noted that only 19% of schools in Nigeria had trained teachers who taught life skills based HIV education in the previous academic year. The FME also identified expansion of the FLHE training to carrier subject teachers in each school as an improvement area in order to increase coverage of life skills based HIV education (FME 2006c).

4.3.1.2. Implementation of the FLHE curriculum

Nearly all states had sensitized policymakers, school administrators, parents and community leaders to support the implementation of the FLHE curriculum, which they were still initiating in schools. The FLHE curriculum was published in 2003, and by 2006, the number of states that had commenced implementation in secondary schools (from junior secondary) was already around 1329. States introduced the curriculum in primary schools after secondary schools. In 2006, nine states reported that the FLHE curriculum was being used in their primary schools30. States reporting a high coverage of schools teaching the FLHE curriculum included: Akwa Ibom, Enugu, Lagos, and Sokoto (see Box 7. for details).

28The SmoEs were: Anambra, Edo, Gombe, Kebbi, Niger, and Ogun.
29Abia, Akwa Ibom, Anambra, Borno, Cross River, Enugu, Jigawa, Lagos, Ogun, Ondo, Plateau, Rivers and Sokoto.
30Abia, Akwa Ibom, Borno, Cross River, Enugu, Ogun, Ondo, Plateau and Sokoto.
As part of the state's response to HIV, the SMoE and State Universal Basic Education Board equipped teachers, guidance counsellors, school inspectors, peer educators in life skills and HIV education, through capacity building workshops. Development partners were important in supporting these events. As a result, there was a reported increase in knowledge and awareness of HIV&AIDS among teachers and students.

Figure 8. Training of teachers on the FLHE in the state of Enugu.

In Akwa Ibom, the FLHE curriculum was being implemented in primary and junior secondary schools. The FLHE was integrated in subjects such as home economics, social studies and health education. Schools had schemes of work which were derived from the FLHE curriculum to assist classroom teaching (see Section 5.1. for more details).

In Enugu, the training of trainers was cascaded down to most of the estimated 282 public junior secondary schools between 2005 and 2006, with funding from the Ford Foundation (FME & AHI 2006). During that year, additional teachers were trained by the state government to bring the total to 456 trained teachers (approx. 2 teachers per school) and 250 junior secondary schools. At the same time, 30 school inspectors were trained on monitoring and evaluating the FLHE curriculum. It is reported that the FLHE was taught in social studies and integrated science in 88% of junior secondary schools. The

SMoE was planning to extend the FLHE curriculum to senior secondary schools and all private schools (see Section 5.4. for more details).

In Lagos, the SMoE and AHI had trained the FLHE master trainers and also provided refresher courses. This was followed by training of teachers, which received some funding support from the MacArthur Foundation. Subsequently a large number of upper primary, junior secondary and senior secondary schools had been teaching the FLHE curriculum (see Section 5.5. for more details).

In Sokoto, the FLHE curriculum had been adapted to its School Health Education Programme (SHEP) format, available to all junior and senior secondary schools in the states. The SHEP curriculum was infused in subjects in: health education, social studies, Islamic religious knowledge and home economics (see Section 5.7. for more details).
A concern in many states, as expressed by 25 SMoEs in the 2006 survey, were insufficient copies of the FLHE curriculum, which were last received from the FME/NACA in 2005 (see Section 3.3.1.1. for more information). Most states also expressed concern on the limited FLHE resources for teachers and learners (FME 2006c). With the development of teachers’ guides by NERDC in association with UNICEF, and AHI’s supplementary text for learners and teachers, teachers were trained using these resources (see Section 3.3.1.2. for more details).

During the survey in 2006, Abia, Cross River, Gombe, Jigawa, Lagos and Nasarawa reported the inclusion of HIV&AIDS in the curriculum in CoEs.

### 4.3.2. Co-curricular activities

In most states, teachers and other staff members were trained as peer coordinators and students as peer educators (FME 2006c). The trained school staff could be guidance counsellors, health workers or subject teachers. In the 2004-2005 school census, 6% of overall schools in all states were said to have a health worker trained in HIV. Lagos (24%) and Abia (14%) reported the highest percentage of schools with a trained health worker (Tambawel et al., 2006). As per the 2006 questionnaire survey, the 18 states reported a life skills approach to HIV&AIDS education at secondary level, ten at primary level, and only six at tertiary level.

Peer education in secondary schools was reported by 26 states during the 2006 survey. Only 14 states reported peer education in primary schools. Since peer education in many states is known to be supported by local NGOs and development partners, the coverage may be higher than information provided by the SMoE and SUBEB.

Anti-AIDS clubs were active in nearly all states, and supported by local and international stakeholders. Overall, 7% of 60,188 schools surveyed in all states during the 2004-2005 school census, reported the presence of anti-AIDS clubs. In the FCT, as many as 21% of all schools surveyed had an anti-AIDS club (Tambawel et al., 2006).

Staff access to counselling on HIV&AIDS was reported by as many as 19 states during the 2006 survey. However, a dearth of VCT services and youth-friendly centres in towns in most states were noted during the Accelerate review meeting (FME 2006c). The expansion of NACA supported youth-friendly centres (see Section 3.3.3. for details) was expected to fill this gap in the coming years.

### 4.4. Orphans and vulnerable children

As mentioned earlier, under the UBE scheme, all children have the right to free and compulsory basic (primary and junior secondary) education in the states. Some SMoEs and SUBEBs also reported to have schemes to provide scholastic support for covering associated costs such as school books and uniforms. They included: Bayelsa, Benue, Ebonyi, Jigawa, Kaduna, Kogi, Lagos, Sokoto and Taraba. However, states reported that due to the difficulties in identifying orphans and vulnerable children, the provision of supportive schemes to orphans and vulnerable children proved to be a challenge (FME 2006c). The unavailability of data also made it difficult to assess the impact of these schemes and to improve its management. The 2005 UNGASS report did not contain information on its indicator on the ratio of school attendance among orphans to that of non-orphans, aged between 10 to 14 years. Only few SMoEs reported keeping data on orphans and vulnerable children, namely: Abia, Anambra Gombe, Jigawa, Lagos, Ogun and Yobe (2006 PCD questionnaire survey, FME 2006c).

In Anambra, the SMoE liaised with the state ministry of women affairs and NGOs to identify orphans and vulnerable children and to assist in the provision of scholastic materials through the sponsorship of a USAID supported the Global HIV/AIDS Initiative Nigeria (GHAIN) project (FME 2006c).

SMoEs, and SUBEBs were also known to be involved in advocacy in order to bring more attention to the needs of orphans and vulnerable children, and to reduce stigma and discrimination in schools. SMoEs and SUBEBs in 15 states reported the presence of affirmative programmes for increasing girls’ attendance (2006 questionnaire survey). They included: Borno, Cross River, Ebonyi, Edo, Enugu, Gombe, Jigawa, Katsina, Lagos, Nasarawa, Niger, Ondo, Sokoto, and Yobe.

Other than government support, NGOs were known to be very active in providing services to orphans and vulnerable children (see Box 8. for details).

---

31 All survey states except Kano, Kogi, Kwara and Niger.

32 Abia, Akwa Ibom, Bayelsa, Edo, Ekiti, Enugu, the FCT, Gombe, Jigawa, Kaduna, Lagos, Oyo, Plateau and Taraba.


---

ACCELERATING THE EDUCATION SECTOR RESPONSE TO HIV IN THE FEDERAL REPUBLIC OF NIGERIA
In Benue, NGOs such as Otabo Care Givers in Otukpo LGA and Children’s Desk in Vadeikya LGA were providing vocational training for orphans and vulnerable children, and care and support workshops for caregivers. Moreover, advocacy conducted by the NGOs had increased community support for orphans and vulnerable children. All 3 schools visited in the three LGAs in the state had conducted orphans and vulnerable children-related seminars for their teachers (see Section 5.2. for more details).

Similarly in Enugu, the three NGOs visited were giving monetary support to 115 children; psychosocial support in seven LGEAs; and vocational training in one community respectively, to orphans and vulnerable children.
5. Case studies from selected states

- **Sokoto (North-West zone)**
  - Total Population: 3,696,999
  - School-age (6 to 14 yrs) Population: 856,405
  - HIV Prevalence: 3.2% (2005)

- **Borno (North-East zone)**
  - Total Population: 4,151,193
  - School-age (6 to 14 yrs) Population: 876,474
  - HIV Prevalence: 3.6% (2005)

- **Plateau (North-Central zone)**
  - Total Population: 3,178,712
  - School-age (6 to 14 yrs) Population: 807,721
  - HIV Prevalence: 4.9% (2005)

- **Benue (South-East zone)**
  - Total Population: 4,219,244
  - School-age (6 to 14 yrs) Population: 959,146
  - HIV Prevalence: 10% (2005)

- **Lagos (South-West zone)**
  - Total Population: 3,920,208
  - School-age (6 to 14 yrs) Population: 944,725
  - HIV Prevalence: 8% (2005)

- **Akwa Ibom (South-East zone)**
  - Total Population: 9,013,534
  - School-age (6 to 14 yrs) Population: 2,032,000
  - HIV Prevalence: 3.3% (2005)
5.1. Akwa Ibom State: Case study on HIV prevention

5.1.1. History

The HIV&AIDS desk in the SMoE was set up in 2000, with full activities commencing in 2001. The SUBEB formed its HIV&AIDS desk in 2001, and was fully operational by 2003. The SACA was established in Akwa Ibom in 2002.

In 2005, the FLHE curriculum was implemented in public and private, rural and urban junior and senior secondary schools. Primary schools began using the curriculum in 2006. NGOs were promoting HIV&AIDS education since 1991, using IEC materials to sensitize pupils in 31 LGAs.

5.1.2. Main features

5.1.2.1. Development of a sector-specific strategic plan and activities on HIV prevention

Using the National Education Sector HIV&AIDS Strategic Plan as a guide, the state developed its Education HIV&AIDS Strategic Plan in 2006 to guide its interventions. The SMoE desk conducted advocacy meetings with its management and that of tertiary institutions with the view to enforce strict regulations against sexual harassment. It also trained heads of primary and secondary schools on HIV prevention and awareness, and produced and disseminated IEC materials such as charts and a video documentary on HIV prevention. The SUBEB also distributed some IEC materials for sensitization of schools and neighbouring communities. NGO activities included visiting motor parks and brothels to promote youth awareness of HIV&AIDS prevalence. The NGOs printed and distributed IEC materials for LGEAs to be given to schools and neighbouring communities through places of worship. Anti-AIDS clubs were active in secondary schools.

5.1.2.2. Implementation of the FLHE curriculum

In order to reduce the spread of HIV&AIDS and to create HIV awareness, the FLHE curriculum was implemented in Akwa Ibom schools. The SUBEB ensured the use of the FLHE curriculum in basic education. Schools had schemes of work which were derived from the FLHE curriculum to assist classroom teaching. The FLHE was integrated in subjects such as home economics, social studies and health education.

5.1.3. Resources and capacity building

In order to develop capacity to respond to HIV in Akwa Ibom, the SMoE trained 120 master trainers and 150 school counsellors during workshops with the FME, SACA, AHI and other NGOs. Teachers gained technical knowledge on effective HIV&AIDS project management.

The LGEAs participated in activities organized by the SMoE, SUBEB and SACA such as sensitization workshops for LGEA desk officers, master training for primary school teachers and the FLHE training for teachers in the LGAs. The SACA also organized an HIV&AIDS summit for desk officers in the state. Financial resources for HIV prevention activities were mobilized by a number of sources, as shown in Table 7.

5.1.4. Coordination mechanisms

The SMoE, SUBEB and SACA jointly coordinated HIV prevention activities in schools. Schools collaborated with NGOs such as the Centre for Development and Population Activities (CEDPA), AHI and the Civil Society HIV/AIDS Network in Nigeria (CiSHAN) in peer education and care and support for out-of-school youths.

5.1.5. Monitoring and evaluation

The NGOs would send reports to NACA when projects were carried out while SMoE M&E officers would report to SACA.
5.1.6. Results

All 31 LGEAs were implementing the HIV prevention programme. The FLHE was integrated into social studies, health education and home economics. The comprehensive sexuality training manual was distributed to nearly all schools in the state, and teachers were trained in delivering the FLHE. Six secondary school headteachers and a tertiary institute were also trained in using the internet to find HIV&AIDS materials. Students and parents were involved in discussions on the FLHE curriculum during Parent Teacher Association (PTA) meetings. Anti-AIDS clubs and peer education promoted HIV awareness in schools in all 31 LGAs while community awareness on HIV prevention was promoted through radio and television jingles.

5.1.7. Lessons learned and future plans

The challenges faced by stakeholders and the ways in moving forward were:

- **Effective prevention activities lead to increased awareness on HIV:** Increased awareness on HIV in the education sector resulted from advocacy, the FLHE implementation, and peer education. Moving forward, the SMoE planned to train all carrier subject teachers on the FLHE and to continue advocacy and sensitizing policymakers, teachers, PTA members and community leaders. The SUBEB intended to train and retrain more teachers while organizing radio and television programmes for people living with HIV&AIDS.

- **The need for resources to monitor activities and to sustain HIV prevention awareness:** To sustain and scale up HIV prevention awareness in the education sector, additional funding was needed, particularly for monitoring. Tools for monitoring and data processing were required, as well as the development of records for orphans and vulnerable children.

<table>
<thead>
<tr>
<th>Sources of funds</th>
<th>Amount of funds allocated (naira)</th>
<th>Activities funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMoE</td>
<td>5 million</td>
<td>All HIV prevention activities (UNESCO 2007).</td>
</tr>
<tr>
<td>SUBEB</td>
<td>1.3 million</td>
<td>Production of bill boards distributed to three LGAs to create public awareness on child trafficking.</td>
</tr>
<tr>
<td></td>
<td>1.08 million</td>
<td>Three-day sensitization seminar to schools in three senatorial districts.</td>
</tr>
<tr>
<td></td>
<td>1.5 million</td>
<td>Two-day capacity building training for zonal LGEA teachers.</td>
</tr>
<tr>
<td>SACA</td>
<td>40,000 (each LGEA)</td>
<td>Printing and distribution of exercise books carrying HIV&amp;AIDS messages to pupils.</td>
</tr>
<tr>
<td></td>
<td>190 million</td>
<td>Activities of 40 NGOs, 75 community-based organisations (CBOs), and 4 faith-based organisations (FBOs) as outlined in their plans of actions in the 31 LGAs.</td>
</tr>
<tr>
<td>World Bank</td>
<td>1.8 million</td>
<td>The FLHE training for schools by the Society For Women and AIDS in Africa-Nigeria (SWAAN).</td>
</tr>
<tr>
<td></td>
<td>3.5 million</td>
<td>Peer education and the FLHE programme by Presby AIDS Action Committee.</td>
</tr>
<tr>
<td>CEDPA and FHI</td>
<td>8.4 million</td>
<td>Implementation of peer education and training of out-of-schools youths.</td>
</tr>
<tr>
<td>PAAC</td>
<td>150,000</td>
<td>People living with HIV care and support programmes.</td>
</tr>
</tbody>
</table>

Table 7. Sources and funds allocated to HIV prevention activities in the state of Akwa Ibom.
5.2. Benue State: Case studies on a workplace policy on HIV and on issues relating to orphans and vulnerable children

5.2.1. History

Benue’s high prevalence of HIV infection had affected individuals as well as state development, and within the education sector, its staff and children. In order to accelerate its response to HIV, the SMoE in the state of Benue established an HIV&AIDS unit and appointed a coordinator in 2002. The Critical Mass committee was formed in 2002 to encourage networking and team building and to promote a holistic sector response. The SMoE domesticated the National Education Sector Policy on HIV&AIDS and the National Workplace Policy on HIV&AIDS by developing a workplace policy for the education sector in Benue in 2005. Care and support for orphans and vulnerable children in the education sector also started in 2005.

5.2.2. Main features

5.2.2.1. Development of an HIV workplace policy

The SMoE developed an HIV workplace policy in collaboration with different stakeholders including the SUBEB and other parastatals. Following development, the policy was widely disseminated among stakeholders. SUBEB and all relevant stakeholders involved in its development adopted and implemented the policy.

5.2.2.2. Provision of orphans and vulnerable children support through NGOs

Another area of promising practice was support for orphans and vulnerable children. The SMoE, SUBEB, SACA and the LGEA coordinated with NGOs that mostly provided school-related costs and psychosocial and nutritional support to orphans and vulnerable children. Specifically, the Jireh Foundation, an NGO working in Makurdi, provided school fees and psychosocial support for orphans and vulnerable children while another NGO in Makurdi, the OSA Foundation, offered vocational training as well as psychosocial support for orphans and vulnerable children. Additionally, OTABO caregivers provided nutritional and psychosocial support to orphans and vulnerable children in Otukpo, and the Children’s Desk in Vandekiya assisted orphans and vulnerable children through psychosocial support and entrepreneurship training.

5.2.3. Resources and capacity building

As part of the resources committed by the state for the response to HIV&AIDS, the SMoE received 13 million naira from the Benue-SACA for its various programmes. Various NGOs had also committed resources for the support of orphans and vulnerable children, including the provision of scholarships, uniforms, and vocational training.

The SMoE and SUBEB desks participated in two Accelerate workshops in 2005 where capacity building training on policies and orphans and vulnerable children was provided. In order to help implement programmes, the Benue-SACA also trained the desk officers and NGOs in computer applications, programme management and financial management.

The SUBEB conducted sensitization seminars on HIV for teachers in all 23 LGAs. Additionally, the three LGEAs visited were also creating awareness on issues relating to HIV&AIDS at the grassroots level. The LGEA in Makurdi sensitized teachers on HIV&AIDS, promoted the formation of anti-AIDS clubs and advocated for issues on orphans and vulnerable children. The schools visited in the three LGEAs had conducted HIV&AIDS and orphans and vulnerable children seminars and training for peer educators.

5.2.4. Coordination mechanisms

The SMoE’s Critical Mass committee promoted internal planning and reviews between the state ministry and its parastatals (including SUBEB). External coordination took place through monthly meetings of the Critical Mass with SACA to report activities and review strategies; and SMoE meetings with other stakeholders, such as the NGO, CiSHAN. This helped to ensure that the sectoral responses to HIV&AIDS were effective, and that there was delineation of activities between stakeholders. The LGEA participated in coordinating
meetings organized by LACA with different departments of the LGA. The Benue-SACA, CIISHAN and Catholic Mission coordinated NGO activities in schools.

5.2.5. Monitoring and evaluation

The SMoE and SUBEB carried out routine M&E of HIV&AIDS activities in education, including those related to policy implementation and issues on orphans and vulnerable children. The NGOs reported on a monthly basis to Benue-SACA through NNRIMS whilst LGEAs monitored activities at the school level. Additionally, vice principals and school committees conducted M&E of NGO support to orphans and vulnerable children and reported these results back to management.

5.2.6. Results

5.2.6.1. Enhanced support to teachers regarding HIV&AIDS

The workplace policy on HIV&AIDS, developed by the SMoE for the entire sector, created strong awareness of HIV&AIDS issues amongst teachers. The staff were willing to access HIV counselling and testing as a result of stigma reduction. Teachers were in turn, able to provide psychosocial support to students and to facilitate the FLHE curriculum.

5.2.6.2. Greater retention and reduction in stigma for orphans and vulnerable children

The support for orphans and vulnerable children resulted in more orphans and vulnerable children completing secondary education and in a reduction in stigma. Advocacy conducted by NGOs increased community support for orphans and vulnerable children in the three LGEAs. This also helped the reposition of schools as agents of change in supporting orphans and vulnerable children through counselling services and partial payment of school levies. The formation of anti-AIDS clubs exposed students to life skills, promoting completion of education.

5.2.7. Lessons learned and future plans

The challenges faced by stakeholders and the ways in moving forward were:

- **Capacity in planning, leadership and coordination were essential for implementation:** Building capacities in programme design and management was key to implementation success. Strong and sustained leadership at different levels of implementation significantly impacted the state response. The Critical Mass committee provided an effective coordination mechanism, and broad partnership with the Benue-SACA, NGOs, FBOs, and other HIV&AIDS-related organisations, were essential to scale up and sustain actions at all levels.

- **Effective policies encouraged teachers to seek HIV counselling:** Strong awareness creation, if properly facilitated, can lead to the reduction in stigma and discrimination and can make students and staff more willing to seek VCT. In this vein, the SMoE planned to provide free HIV counselling and testing to all staff in the education sector.

- **Improved monitoring of orphans and vulnerable children and the assistance provided to them:** The SMoE was planning to collect more comprehensive data on orphans and vulnerable children. LGEAs were also intending to collect data on orphans and vulnerable children for planning and decision making purposes as well as training orphans and vulnerable children in vocational skills. The NGOs in Benue were to continue their support to orphans and vulnerable children by funding additional school costs.
5.3. Borno State: Case study on implementation

5.3.1. History

HIV activities within the SMoE started in 2002 with support to UNFPA’s Pop-FLE project. Since 2002, the Borno State Action Committee on AIDS (BOSACA) had conducted capacity building, training of peer educators and advocacy activities including sensitization, awareness creation and prevention. The SUBEB HIV&AIDS desk was established in 2003. It became fully functional only in 2005, when advocacy and capacity building for teachers on HIV began. The FLHE curriculum was introduced during a SMoE senior management meeting in 2006, following which a work plan was submitted to BOSACA for funding and support.

The Hope Initiative (THI), a local NGO established in 2002, worked to mitigate the impact of HIV&AIDS through the provision of counselling, home-based care, sensitization and networking. The Community Health and Youth Friendly Association (CHAYFA), also an NGO established in 2005, promoted behaviour change in reproductive health among secondary school students, out-of-school youths and commercial sex workers.

5.3.2. Main features

Under the UNFPA supported Pop-FLE project, the training of secondary school teachers and subsequent training of students in essential life skills had taken place. Also as part of the project, guidance counsellors were trained as peer coordinators. Following commencement of the implementation of the FLHE curriculum, the LGEAs sampled in this review received the FLHE curriculum from the SUBEB during 2006 to 2007, and subsequently started training teachers on the curriculum. The schools that were surveyed were aware of the FLHE curriculum and had guidelines covering HIV&AIDS issues and the curriculum. NGOs had also trained teachers in LPE, students in peer education, and health care providers in school services.

5.3.3. Resources and capacity building

The BOSACA allocated 4 million naira to the education sector response to HIV during the school year 2005-2006. With this funding and additional support from THI, CHAYFA and UNFPA, the SMoE was able to initiate training of teachers and peer educators. UNICEF and UBEC sponsored the SUBEBs efforts to build the capacity of teachers, and the NGOs in the Borno state received assistance for their activities from the World Bank, the German Technical Cooperation (GTZ), AHI, and PEPFAR. Two out of the three LGEAs reported not receiving funds for their HIV activities. In one of the LGEAs, a work plan to budget for HIV&AIDS education activities was also not present.

5.3.4. Coordination mechanisms

The SMoE held periodic coordination meetings with the BOSACA and coordinated the activities of the LGEA HIV&AIDS desk officers. The SUBEB would submit its work plan to the SMoE for onward submission and for consideration by the BOSACA. An LGEA had reported coordinating with PTAs on the implementation of HIV activities in schools, while the other LGEA reported not coordinating with local NGOs.

5.3.5. Monitoring and evaluation

The SMoE reported conducting some physical inspections to monitor HIV activities in the state. Due to financial constraints, monitoring activities by the SUBEB took place only occasionally. The SMoE and SUBEB would submit reports to the BOSACA on their education sector activities. NGOs would monitor the activities of peer educators in 20 secondary schools per month. Two of the three LGEAs reported monitoring HIV&AIDS activities.

5.3.6. Results

The FLHE curriculum distributed to all schools had been modularized into four subjects: biology, English language, integrated science, physical education, and health education. In conjunction with peer education, the disseminated IEC materials had increased HIV awareness among students. NGOs reported a change in the attitudes towards HIV&AIDS amongst health workers and religious leaders and more networking with other agencies. The BOSACA reported that 77 primary schools and 65 junior secondary schools in all 27 LGEAs were implementing HIV&AIDS education activities including sensitization, HIV awareness creation, HIV prevention and capacity building.
5.3.7. Lessons learned and future plans

The challenges faced by many of the stakeholders and the ways in moving forward were:

- **Sociocultural barriers:** Everyone interviewed emphasized the difficulty in implementing HIV activities due to sociocultural barriers and taboos in relation to sexual and reproductive health.

- **Late initiation:** The late initiation of the FLHE curriculum in the state, and training of teachers had delayed the FLHE curriculum from being firmly rooted in the state.

- **Lack of funds and resources:** Nearly all agencies interviewed, including the BOSACA, SMoE, SUBEB and NGOs supporting HIV prevention education in Borno stressed the need for funds to carry out their activities. Gaining commitment from teachers to implement HIV activities due to few monetary incentives also proved to be a challenge.

- **Difficulties coordinating across organisations:** Challenges reported in coordination of HIV activities between the SMoE and the SUBEB may have added to the resource and funds constraint. Also, the SMoE and SUBEB had not been part of the Accelerate workshops for joint HIV planning and capacity building. This may have compounded the other constraints.

To address the above hindrances that were encountered in the implementation of the FLHE curriculum, the BOSACA planned to collaborate more closely with the SMoE and SUBEB and to create a department of education when BOSACA became an agency. The SUBEB was working to ensure that all the 27 LGEAs actively participated in the implementation of the FLHE curriculum and to train more teachers on the curriculum. This may have compounded the other constraints.

HIV peer education and the FLHE curriculum took place; zonal and area inspectors were trained on M&E. The SUBEB HIV&AIDS desk, created in 2003, was involved in: capacity building of education secretaries, teachers and LGEA desk officers; the reproduction of the FLHE curriculum for schools; the translation of the curriculum into vernacular language; and the sensitization of LGEA officers, PTAs, pupils, and community leaders in the state.

The Enugu State Action Committee on AIDS (ENSACA) was established in 2002 and has been building capacity in relevant staff of 10 line ministries including Education, Health and Information. ENSACA also provided technical support to the M&E of HIV programmes. HIV&AIDS desks in the LGAs were formed starting in 2003; their activities included: mobilization of schools and communities, sensitization of students, training of peer educators, monitoring of the FLHE curriculum implementation, and creating HIV awareness.

5.4. Enugu: Case study on capacity building of teachers

5.4.1. History

The SMoE HIV&AIDS desk was set up in 2002. SMoE staff were trained as master trainers and sensitized along with teachers. Additional training of teachers on HIV peer education and the FLHE curriculum took place; zonal and area inspectors were trained on M&E. The SUBEB HIV&AIDS desk, created in 2003, was involved in: capacity building of education secretaries, teachers and LGEA desk officers; the reproduction of the FLHE curriculum for schools; the translation of the curriculum into vernacular language; and the sensitization of LGEA officers, PTAs, pupils, and community leaders in the state.

The Enugu State Action Committee on AIDS (ENSACA) was established in 2002 and has been building capacity in relevant staff of 10 line ministries including Education, Health and Information. ENSACA also provided technical support to the M&E of HIV programmes. HIV&AIDS desks in the LGAs were formed starting in 2003; their activities included: mobilization of schools and communities, sensitization of students, training of peer educators, monitoring of the FLHE curriculum implementation, and creating HIV awareness.

5.4.2. Main features, resources and capacity building

5.4.2.1. Coordinated governmental and non-governmental HIV activities

The SMoE and SUBEB built capacity among teachers of primary and junior secondary schools as well as training peer educators on HIV prevention. The SACA coordinated and facilitated HIV&AIDS activities in the state, with support from NGOs such as Mediating for the Less Privileged and Women Development (MEDWOOD), GHARF, and Lifeline Plus Foundation. These NGOs provided care for women, orphans and vulnerable children and people living with HIV. Schools in Enugu were implementing the FLHE curriculum, supporting peer education and providing HIV counselling.
5.4.2.2. Technical and financial support for teacher training and the FLHE curriculum

The SMoE and SUBEB received technical resources from the FME and technical and financial assistance from the ENSACA, UBEC, World Bank, Ford Foundation, UNICEF, GHARF, MEDWOOD and Lifeline Plus Foundation. With this support, the SMoE and SUBEB trained teachers, produced and distributed the FLHE curriculum in the vernacular language and disseminated related handouts and posters. Table 8 provides the financial support across the state by the relevant donors.

The LGAs reported no budgetary allocation to HIV, but the LGEA desk officers interviewed attended the FLHE implementation workshops by the SUBEB as well as state level desk officer meetings. They also trained community and school coordinators and peer educators and organized capacity building for teachers in their LGAs. The three schools surveyed in this review also reported no budget for HIV, but two of the three schools had trained peer educators.

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Donor</th>
<th>Amount of funds (naira)</th>
<th>Activities funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMoE</td>
<td>ENSACA</td>
<td>2.6 million</td>
<td>HIV education projects for one year.</td>
</tr>
<tr>
<td>MEDWOOD</td>
<td>ENSACA</td>
<td>2.4 million</td>
<td>Orphans and vulnerable children interventions.</td>
</tr>
<tr>
<td></td>
<td>Ashoka</td>
<td>4.5 million</td>
<td>Training of peer educators and volunteers.</td>
</tr>
<tr>
<td></td>
<td>Fitconsult</td>
<td>1.6 million</td>
<td>Orphans and vulnerable children scholarships and feeding.</td>
</tr>
<tr>
<td></td>
<td>Technobat</td>
<td>1.4 million</td>
<td>Orphans and vulnerable children scholarships and feeding.</td>
</tr>
<tr>
<td>GHARF</td>
<td>ENSACA</td>
<td>1.2 million</td>
<td>Training for women and out-of-school youths.</td>
</tr>
<tr>
<td></td>
<td>MacArthur Foundation</td>
<td>51.6 million</td>
<td>Training of peer educators, counsellors and parents to support the FLHE.</td>
</tr>
<tr>
<td></td>
<td>Ford Foundation</td>
<td>33.1 million</td>
<td>Implementation of the FLHE in schools.</td>
</tr>
<tr>
<td></td>
<td>ActionAid</td>
<td>9.7 million</td>
<td>Training of out-of-school youths.</td>
</tr>
<tr>
<td></td>
<td>PATH</td>
<td>950,000</td>
<td>Facilitation of radio talks on HIV and health issues.</td>
</tr>
<tr>
<td></td>
<td>UNICEF</td>
<td>4.0 million</td>
<td>Orphans and vulnerable children and adolescent programmes.</td>
</tr>
<tr>
<td></td>
<td>MSA</td>
<td>400,000</td>
<td>Training of adolescent girls and women on menstrual hygiene.</td>
</tr>
<tr>
<td>Lifeline Plus Foundation</td>
<td>World Bank</td>
<td>1.4 million</td>
<td>Training of peer educators and production of IEC materials.</td>
</tr>
<tr>
<td></td>
<td>FMWA</td>
<td>750,000</td>
<td>Advocacy and sensitization</td>
</tr>
<tr>
<td></td>
<td>UNDP</td>
<td>11.4 million</td>
<td>Training of CBOs, NGOs and community facilitators and a survey for HIV-related issues.</td>
</tr>
<tr>
<td></td>
<td>PATA</td>
<td>500,000</td>
<td>Micro-credit for widows and older care givers and training for women on income-generating ventures.</td>
</tr>
<tr>
<td></td>
<td>LGA Chairmen’s Wives</td>
<td>150,000</td>
<td>Feeding and clothing of orphans and vulnerable children.</td>
</tr>
<tr>
<td></td>
<td>Pharma. Soc. Of Nig.</td>
<td>250,000</td>
<td>Deworming, malaria and analgesic drugs to orphans and vulnerable children.</td>
</tr>
</tbody>
</table>

Table 8. Financial support by donors on HIV prevention activities in the state of Enugu.
5.4.3. Coordination mechanisms

ENSACA coordinated HIV&AIDS activities in the state by conducting meetings with all stakeholders, organized by the mobilization officer. The SMoE would meet quarterly with the SUBEB; and would also meet with ENSACA and NGOs for technical assistance. The SUBEB would share reports with LGEAs quarterly.

5.4.4. Monitoring and evaluation

The SMoE, SUBEB and ENSACA reported ongoing M&E of the FLHE teaching in schools. Evaluation of the SMoE’s scheme of work for the FLHE curriculum and quarterly evaluations of the baseline survey report were conducted while LGAs monitored the training of teachers and the use of the FLHE in schools. Schools sent teacher and pupil statistics to the LGEAs; however, these did not include M&E information on HIV activities. An independent evaluation was currently being funded by the MacArthur Foundation and conducted by Philliber Research Associates.

5.4.5. Results

The SMoE reported the successful equipping of many teachers, guidance counsellors, inspectors and peer educators through capacity building and workshops. Of the three LGAs surveyed, in two out of the three LGAs, the education officers were trained to train teachers. Overall in the state of Enugu, 116 education officers were trained in the FLHE curriculum implementation, and 392 teachers and education officers were sensitized. In total, 388 copies of the FLHE curriculum had been distributed, and 400 copies of the *Say No to AIDS, Yes to Life* book were disseminated. The NGOs reported increased knowledge and awareness of HIV&AIDS among teachers, students and women.

5.4.6. Lessons learned and future plans

The challenges faced by stakeholders and the ways in moving forward were:

- *Increased student ownership of HIV activities:* The SUBEB reported that personal ownership of HIV materials, such as books and posters, enhanced the pupil’s interest in and responsibility towards an HIV&AIDS free society. The location of ENSACA in a higher learning environment also encouraged the involvement of university students.

- *Sustained teacher training and increased support to programmes:* The continual transfer of teachers had led to some schools having more FLHE trained teachers while other schools had none. Many organisations also reported inadequate funding and lack of transportation to remote areas as hindrances to HIV activities. In response, the permanent secretary of the SMoE pledged to provide a line budget for HIV in education and to equip the HIV&AIDS unit with necessary logistics. There were additional plans to train newly recruited teachers in the FLHE curriculum implementation and to provide refresher courses for already trained teachers. Anti-AIDS and peer education clubs were to be expanded, as were efforts to reach out-of-school youths.

5.5. Lagos State: Case study on HIV prevention (curriculum implementation)

5.5.1. History

In 1999, the NCE called for a curricular approach to HIV prevention, which led to the development of the National Sexuality Education Curriculum. The Lagos SMoE took the lead to integrate the curriculum into both social studies and integrated science in public schools. Due to stakeholder concerns with the curriculum, NERDC was mandated to produce a culturally sensitive curriculum that would appropriately provide knowledge on adolescent sexual and reproductive health. NERDC, in collaboration with stakeholders and inputs from all the states, developed the FLHE curriculum in 2002. The FLHE was used in the Lagos state.

5.5.2. Main features, resources and capacity building

The SMoE and AHI identified and trained 400 FLHE master trainers, and the SMoE created a faculty of 20 FLHE core trainers. Criteria for selecting FLHE teachers to be trained included teaching subjects such as social studies, integrated science and guardian counselling. AHI assisted in printing and distributing the FLHE curriculum to public junior secondary schools. The MacArthur Foundation then funded the training of 1,200
FLHE teachers with the SMoE supporting the training of a further 200 FLHE teachers. The SMoE and AHI also developed refresher courses for the retraining of teachers. Five colourful teaching aids were produced to sensitize key stakeholders including policymakers, school administrators, FLHE carrier subject teachers, PTAs and the All Nigerian Conference of Principals of Public Schools (ANCOPPS). As of 2007, all public schools: 307 junior secondary schools; 1,337 joint primary and junior secondary schools; 602 joint junior secondary and senior secondary schools; and 295 senior secondary schools, were teaching the FLHE curriculum.

5.5.3. Coordination mechanisms

The successful implementation of the FLHE curriculum in the Lagos state was greatly facilitated by support from the governor, policymakers, junior secondary school principals and AHI. Approval and ownership by the government was exhibited through funding, supervision, development of schemes of work, teacher training, capacity building and the widespread dissemination of information. Cooperation between the SMoE in Lagos and AHI facilitated the rapid implementation of the curriculum, especially as regards to planning, sensitization, training of teachers and learners, advocacy, and the production of teaching and learning materials.

5.5.4. Monitoring and evaluation

A baseline survey for FLHE evaluation was conducted in 23 junior secondary schools in the Lagos state at the start of the period. Feedback from M&E helped improve the implementation, which recommended class assessments to be more curriculum-specific.

5.5.5. Results

5.5.5.1. Awareness of the FLHE curriculum and increased motivation for teachers

All policymakers and directors in the SMoE were aware of the FLHE curriculum with copies in the ministry. All schools that were visited also had copies of the FLHE curriculum. Teachers confirmed that they were trained for 2 weeks on curriculum content, resource development, motivation and guidance and counselling. The trained teachers reported high motivation to effectively teach FLHE, and teachers not yet trained requested to be included as well. The trained teachers also felt more comfortable in teaching FLHE, especially in some topics on reproductive health.

5.5.5.2. Equipping young people with life skills

The teaching of sexual and reproductive health and life skills helped prepare young people to manage life challenges. Curriculum implementation was also cited in assisting young people to delay their sexual debut and avoid STIs. Additionally, the curriculum was said to enhance the capacity of young people to empathize with people living with and affected by HIV. Where anti-AIDS clubs and peer educators were available, their positive influences in schools were said to be felt.

5.5.6. Lessons learned and future plans

The challenges faced by stakeholders and the ways in moving forward were:

- The need for increased community sensitization: Sensitization of policymakers, administrators, teachers and students promoted an enabling environment for the implementation of the curriculum. Further sensitization of parents and school communities was also recommended, as well as the media on the values of FLHE for young people.

- Standardized curriculum implementation: The interactive and integrated classroom delivery and methodology approach were good, but quality assessment techniques were also needed. A well-defined and standardized process of curriculum implementation, accompanied by a checklist for nationwide adoption, would be useful.

- Development of teaching resources and improved teacher training: More student textbooks, teaching aids and materials, developed by the FME, NERDC and other relevant agencies, were requested. These teaching resources should be age-, gender-, and culturally-appropriate. Additionally, expansion of teacher training was recommended to promote enthusiasm and awareness among teachers not yet trained. Teacher training on implementing the FLHE curriculum should include both pre- and in-service training. There was also a need to include more carrier subjects, such as home economics and physical and health education, for the FLHE curriculum.

- The need for increased funding for curriculum implementation: Increased budgetary allocation for the FLHE implementation by the government and other agencies was needed, including increased funding for an FLHE implementation committee. Additional funding would support the training and curriculum gaps mentioned above.

- Opportunities to scale up the FLHE curriculum in Lagos state: There was an opportunity to scale up curriculum implementation in private schools. Implementation could also be expanded further in other levels of the education system, such as lower primary and tertiary education, where HIV-related education activities had already been initiated.
5.6. Plateau State: Case study on planning and management

5.6.1. History

During 2002 and 2003, following the Federal Ministry of Education directive, a HIV&AIDS unit was established in the SmoE, with a deputy director assigned as the desk officer. The HIV&AIDS unit in the SUBEB was established following a directive from the Plateau State Aids Control Agency (PLACA).

Prior to the establishment of a HIV&AIDS unit in the SMoE, UNFPA promoted its Pop-FLE curriculum programme in Plateau, and other organisations promoted their curricula. In 2003, the ministry signed a five-year Memorandum of Understanding with the UNFPA. Under the new understanding, the Pop-FLE curriculum and scheme of work for teachers was harmonized with the state’s FLHE curriculum.

5.6.2. Main features

5.6.2.1. HIV&AIDS units and desk officers

Plateau had an organisational framework for mainstreaming the HIV response. A HIV&AIDS unit was in place in the SMoE, headed by a full-time HIV desk officer with funding from the ministry and PLACA. Overall, there were three members of the HIV&AIDS unit, all from the education directorate. UNFPA also supported a SMoE desk officer for its programme on Pop-FLE in the state. The SUBEB also had a HIV&AIDS unit for basic education, headed by a full-time desk officer. The three LGEAs visited had not yet established HIV&AIDS units, however a part-time desk officer had been appointed and trained on HIV in each LGEA.

5.6.3. Resources and capacity building

The state government and the SMoE funded some of the education sector HIV activities. The PLACA mobilized financial resources to the SMoE to build the capacity of the HIV&AIDS unit. The financial resources were mobilized according to the PLACA education strategic plan, which was developed with the SMoE. The PLACA also liaised with LACA to provide resources to the LGEAs in the state. The SMoE also received funds from UNFPA for Pop-FLE. The SMoE was also supported by NGOs working in the FLHE in the state. The NGOs had their own work plans, but coordinated with the SMoE in the implementation of activities. The SUBEB was supported by the World Bank Universal Basic Education project for the integration of the FLHE curriculum in primary and junior secondary schools. Some information on financial resources allocated to the SMoE is provided in Table 9.

<table>
<thead>
<tr>
<th>Source of funds</th>
<th>Amount of funds allocated (naira)</th>
<th>Period of funding</th>
<th>Activities funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACA</td>
<td>2 million</td>
<td>Unavailable</td>
<td>Capacity building of teachers on basic facts of HIV, stigma and discrimination and workplace policy in all LGEAs.</td>
</tr>
<tr>
<td>State Government</td>
<td>20 million</td>
<td>Unavailable</td>
<td>FLHE curriculum implementation.</td>
</tr>
<tr>
<td>SMoE</td>
<td>1 million</td>
<td>2007</td>
<td>HIV&amp;AIDS activities.</td>
</tr>
<tr>
<td>YARAC (local NGO)</td>
<td>500,000</td>
<td>Unavailable</td>
<td>Teacher training on FLHE.</td>
</tr>
</tbody>
</table>

Table 9. Sources and funds allocated to HIV prevention activities in the state of Plateau.
5.6.4. Coordination mechanisms

All sub-sectors in the SMoE coordinated with each other in the HIV response through a Critical Mass committee that was convened twice yearly. In addition, a ministerial committee on HIV met once every 2 months. Meeting with partners and stakeholders took place twice yearly. A stakeholders’ forum was organized to harmonize the FLHE curriculum.

5.6.5. Monitoring and evaluation

The SMoE, the SUBEB and partners visited schools to assess the level of classroom implementation of the FLHE programme and the quality of delivery twice yearly.

5.6.6. Results

5.6.6.1. Harmonized FLHE curriculum

The different HIV&AIDS curricula in the state were harmonized and integrated into the FLHE curriculum. The FLHE curriculum was modularized in into four subjects, namely: integrated science and social studies in primary and junior secondary schools; and biology and English language in senior secondary schools. The state had 14 master trainers on the FLHE curriculum, and 280 teachers and guidance counsellors trained on the FLHE and Pop-FLE in the state.

5.6.6.2. Increased awareness about HIV&AIDS

The SMoE, SUBEB, LGEA and NGOs trained their staff as well as teachers and students on basic facts about HIV&AIDS. Forty-five SUBEB staff members were reported to have been trained. Those trained were also provided with pamphlets on the basic facts. The SUBEB also organized a workshop for staff on workplace policy on HIV&AIDS, and increased awareness on stigma and discrimination faced by people living with HIV among its staff and teachers.

5.6.6.3. Improvement in health and education outcomes

Increased knowledge about HIV&AIDS led to positive behaviour change among teachers and students. There was a reported reduction in teenage pregnancy and early marriages. There was also a reported increase in school enrolment and a decrease in school drop-outs in the state.

5.6.7. Lessons learned and future plans

The challenges faced by stakeholders and the ways in moving forward were:

- **Coordination reduced duplication of efforts:** Coordination between stakeholders reduced duplication of efforts in the FLHE and increased its productivity. In order to avoid difficulties in communication between desk officers in the SMoE, meetings to harmonize efforts were planned.

- **The need for greater financial allocation for HIV&AIDS:** Funds would need to be allocated for some HIV-related activities of the SMoE and the SUBEB. Not all schools had copies of the FLHE curriculum; and the harmonized scheme of work had not been produced by the ministry.

- **The need to identify/monitor orphans and vulnerable children and to scale up support:** All stakeholders, including the SMoE, SUBEB, PLACA and schools, saw a need to identify orphans and vulnerable children and provide care and support to them. In order to monitor the support for orphans and vulnerable children, collaboration with the Ministry of Women Affairs was recommended. The availability of Information Technology in the HIV&AIDS unit in the State Ministry of Education, which was planned, would assist monitoring.

- **The need for ongoing HIV awareness and sensitization:** To sustain awareness on HIV&AIDS, ongoing advocacy was required. Education secretaries in the LGEAs needed to be oriented, and HIV intervention programmes were planned at the tertiary level.
5.7. Sokoto State: Case study on prevention (curriculum adaptation)

5.7.1. History

After the FLHE curriculum was introduced in the Sokoto state during 2003 and 2005, the need for adapting it to the local religious and cultural context was identified. Thus, the SMoE’s HIV&AIDS unit modified the curriculum to its popular SHEP format, taking into consideration the contextual issues of the state. The unit promoted awareness of the SHEP curriculum through discussions with the Muslim Council and the State Executive Council and subsequently achieved policy and legislative backing in the state.

The adapted curriculum was distributed to all junior and senior secondary schools, where teachers were trained on the use of the curriculum. Additionally, workshops and seminars helped create awareness on HIV&AIDS among teachers, stakeholders and students. Adoption of the curriculum by primary schools under the direction of the SUBEB had not taken place.

Table 10. Coordination of HIV prevention activities in the state of Sokoto.

<table>
<thead>
<tr>
<th>Key stakeholder</th>
<th>Activities coordinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACA</td>
<td>Coordinated all the HIV&amp;AIDS activities in Sokoto. Supported activities through NGO sponsorship and training of the curriculum adaptation committee in M&amp;E and leadership development.</td>
</tr>
<tr>
<td>SMoE</td>
<td>Undertook curriculum adaptation, with sponsorship and guidance from UNFPA, UNICEF, UNDP and the World Bank.</td>
</tr>
<tr>
<td>SUBEB</td>
<td>Attended training and workshops on HIV&amp;AIDS.</td>
</tr>
<tr>
<td>LEA officers</td>
<td>Attended train the trainer workshops on HIV&amp;AIDS. Trained teachers in the LEA.</td>
</tr>
<tr>
<td>MTN Foundation (local NGO)</td>
<td>Helped finance the piloting of curriculum implementation in 10 schools.</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Supported HIV&amp;AIDS activities in the Girls’ Education Project (GEP) in the Sokoto state (one of six states who have adopted the GEP).</td>
</tr>
<tr>
<td>NGOs</td>
<td>Trained teachers and students on HIV activities. Provided anti-stigma workshops, HIV prevention seminars, awareness campaigns and peer education training for junior secondary school students, who in turn organized debates, quizzes and lectures on HIV.</td>
</tr>
<tr>
<td>Parents</td>
<td>Provided input on HIV&amp;AIDS activities in schools during PTA meetings.</td>
</tr>
</tbody>
</table>

Sokoto State: Highlights

- Successful adaptation of the FLHE curriculum to the state’s religious and cultural context was promoted by consultations with key stakeholders and community sensitization and advocacy campaigns.
- Secondary schoolteachers were trained in the delivery of the curriculum while students were trained in peer education.
- Development partners supported additional activities including anti-stigma workshops, HIV prevention seminars, and awareness campaign forums for junior secondary school students.

Table 10. Coordination of HIV prevention activities in the state of Sokoto.
5.7.2. Main features, resources and capacity building

The religious and cultural context of the Sokoto state required the adaptation of the FLHE curriculum. Consultations with key stakeholders were held to ensure the suitability of the curriculum adaptation. Sensitization and advocacy campaigns were conducted in the community to create awareness. For its implementation in secondary schools, teachers were trained in the delivery of the curriculum. As a result of training in peer education, students organized anti-AIDS clubs in schools.

5.7.3. Coordination mechanisms

The coordinated activities and collective inputs from key stakeholders detailed in Table 10, promoted the successful adaptation of the FLHE curriculum in the Sokoto state.

5.7.4. Monitoring and evaluation

Schools sent monitoring reports to the SMoE on adolescent health and school-based health programmes; these were identified as useful for HIV&AIDS monitoring. Some primary schools sent results of HIV&AIDS activities to the SUBEB. The SACA assessed state HIV&AIDS activities quarterly using M&E tools such as NNRIMS.

5.7.5. Results

5.7.5.1. Adapted curriculum implemented in secondary schools

The SHEP curriculum, available to all junior and senior secondary schools in the states, was infused in health education, social studies, Islamic religious knowledge and home economics. Relevant charts, textbooks and posters were present in schools visited, and weekly meetings on HIV&AIDS activities were conducted. In addition to anti-AIDS clubs, students formed debate, drama and school hygiene and sanitation clubs. Students were trained in peer education, and care and support was offered to teachers.

5.7.5.2. Increased HIV&AIDS activities in primary schools

Primary schools reported the introduction of posters, books, and clubs relating to HIV prevention. Songs on HIV prevention were sung during assembly; and sanitation and hygiene clubs were also established. Teachers, supervisors and inspectors of education delivered HIV&AIDS talks to pupils; and care and support was offered to teachers and guardians.

5.7.5.3. Changed behaviours and attitudes

NGOs reported a reduction in stigmatization surrounding HIV in Sokoto as well as positive changes in behaviour. There was said to be increased acceptance of the reality of HIV and STIs and an increased awareness about condom use. Teachers also reported feeling more comfortable discussing the implications of HIV&AIDS.

5.7.6. Lessons learned and future plans

The challenges faced by stakeholders and the ways in moving forward were:

- **The need for greater funding:** Insufficient funding led to the inability to train all teachers in all schools. Furthermore, increased financial support was necessary to reproduce the adapted curriculum materials.

- **The need for ongoing HIV sensitization and advocacy:** Key stakeholders identified the need for ongoing sensitization and advocacy; thus, campaigns were being planned to win the support of community members for HIV prevention and continued acceptance of the SHEP curriculum.

- **The need for increased HIV resources available to the community:** The SMoE planned to establish a number of HIV prevention resources, including youth-friendly centres in schools and a library on HIV&AIDS as a research centre. Additionally, support groups for principals, teachers, parents and students were being planned.
This section presents lessons learned and future plans as articulated by key informants involved in Nigeria’s education sector response to HIV. In particular, they discuss future priorities of the FME.

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 provide a social vaccine to live life free from HIV. The 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 were 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 included:

1. Implementation of the national education sector HIV policy, particularly at the state level.
2. Improving the coordination, monitoring and evaluation of programmes.
3. Scaling up the teaching of the FLHE and access to voluntary counselling and testing among education staff and students.
4. Increasing the provision of education incentives for orphans and vulnerable children.

6.1. Implementation of the national education sector HIV policy

One of the key priorities of the FME is to promote the implementation of the National Policy on HIV&AIDS for the Education Sector at federal level and in at least 50% of all states, and the FCT by 2010. Given that few states had adopted the national policy in 2007, the FME’s HIV&AIDS unit will continue to advocate for state policies on HIV and education. The wide-scale dissemination of the national policy and implementation guides, which took place in November 2007, was a step towards encouraging states to adopt the national policy. Additionally, the education sector plans to strengthen the capacity of policymakers and education managers to implement the national and state policies on HIV&AIDS in the education sector.

6.2. Improving coordination, monitoring and evaluation of programmes

In order for Nigeria to systematize and scale up its responses to HIV, it is important that all stakeholders align their interventions to the NESP. The FME’s HIV&AIDS unit therefore plans to hold regular coordination meetings with development partners. The organisational framework for responding to HIV should also be strengthened – as far as possible SMoEs must be encouraged to have full-time HIV Focal Points and parastatals must strengthen their Critical Mass committees for managing responses in their sub-sector. A key lesson learned from the education sector response is the need for an M&E tool to help the FME and SMoEs oversee the HIV responses in the states. To this end, the incorporation of additional HIV-related information in annual school census surveys and school monitoring forms for inspection visits made in 2007, would provide more information on response activities. Moreover, there are plans for scaling up the multi-sectoral NNRIMS, which includes outcome indicators on education, to all states (see Sections 3.2.4. and 3.2.5. for more details).
6.3. Scaling up teaching of the FLHE and access to voluntary counselling and testing among education staff and students

Given the wide-scale acceptance of the FLHE curriculum, there is now a need to scale up the implementation of the FLHE. The promotion of the FLHE training to all teachers in schools, using the newly developed teachers’ guides to maintain quality of teaching (see Section 3.3.1.2. for more details) is therefore recommended. Innovative projects to provide web-based FLHE and teachers’ guides, which are currently underway, are expected to help address shortages in access to information on the FLHE in the states. The NCCE, NBTE and NUC also plan to scale up promotion of the FLHE curriculum in tertiary institutions in the coming years.

VCT services need to be more readily accessible to those in the education sector. NACA, and the NBTE therefore plan to increase the number of youth-friendly centres in tertiary institutions.

6.4. Increasing the provision of education incentives for orphans and vulnerable children

Most stakeholders involved in providing support to orphans and vulnerable children reported that due to the difficulties in identifying children who were orphaned or vulnerable, the provision of supportive schemes to orphans and vulnerable children therefore, proved to be a challenge. The unavailability of data also made it difficult to assess the impact of these schemes and to improve its management. The FME’s HIV&AIDS unit therefore plans to work with the FMWA to identify most vulnerable children. It was also recommended that SMoEs should link with support groups on people living with HIV in the state.

Over the coming years, the FME also plans to emphasize the provision of holistic scholarships, the production of a psychosocial support training manual to be used by teachers for orphans and vulnerable children, and advocacy for services to orphans and vulnerable children in schools.
7. References


**Fadokun, J.B. 2007.** Experientially-based Executive Learning: Early Experiences at the National Institute for Educational Planning and Administration, Nigeria. NIEPA.


**Federal Ministry of Education (FME).** Education Sector Analysis Studies. FME.


2003c. 2003 Situation Analysis of HIV&AIDS Integrations in Nigeria. FME.


2006d. Implementation Guidelines on National School Health Programme. FME.


2007b. Update on National Response to the HIV/AIDS Epidemic. NACA.


National Institute for Educational Planning and Administration (NIEPA). 2006. Report Submitted by the National Institute for Educational Planning and Administration (NIEPA) Ondo on World Bank/IDA Credit and DFID Technical Assistance. NIEPA.

2007. NIEPA Information on Institute activities and sources of funding. NIEPA.


Odukoya, D., Busari, T., and Ateh-Abang, A.. 2006. Contributions of non formal education to HIV preventive education in Nigeria: Case study and inventory of NGO practices. ROCARE, ERNWACA.


UNICEF. School-Based Baseline Survey on HIV/AIDS Knowledge, Attitudes, Practices, Skills (KAPS) & School Health in Nigeria.


8. Appendices

Appendix 1: List of key informants

**AHI**  
Uwem Esiet, Director, Africa Regional Sexuality Resource Centre

**DFID**  
Fiona Duby, Health Consultant  
Munirat Ogunlayi, Programme Assistant

**FME**  
Ieoma Agunwah, Deputy Director, Dept. of Planning, Research and Statistics  
Joseph Jide Dada, School Health Desk Officer  
Zulaikatu U. Momodu, Assistant Director, HIV Control Unit  
Eccua Oyinloye, National Coordinator, HIV/AIDS in Education

**FMLP**  
Paul Okwulehie, Deputy Director, Federal Secretariat

**FMWA**  
Oby Okwuonu, Assistant Director, orphans and vulnerable children Unit  
Macjohn Nwaobi, Deputy Director, orphans and vulnerable children Unit

**NACA**  
Kayode Ogungbemi, Director, Strategic Planning, Monitoring and Evaluation  
Babatunde Osotimehin, Director General  
Akudo Ipeazu, Line Ministries Coordinator

**NBTE**  
Sa‘ad Idris, Special Assistant to the Executive Secretary

**NCCE**  
Modupe Olokun, Chief Planning Officer

**NCNE**  
Ardo Aliyu, Director of Programmes

**NERDC**  
Olusola Adara, Director, Special Programmes Centre

**NIEPA**  
James Fadokun, Research and Training Fellow

**NMEC**  
Alice Ateh-Abang, Acting Head of Monitoring and Valuation

**NTI**  
Gabriel Odiachi, Assistant Director, Medicals

**NUC**  
Abu Momoh  
A. Obaje, Chief Support Offices

**NUT**  
E.A. Eluwa, Head of Dept., Planning, Research and Statistics

**UBEC**  
Ibrahim Suleiman, Director, Department of Social Mobilization  
Chima Ubani, Deputy Director, Department of Social Mobilization  
Fatima Usman, Desk Officer

**UNAIDS**  
Warren Naamara, Country Coordinator

**UNESCO**  
Olushola Macaulay, Project Assistant

**UNICEF**  
Tajudeen Oyewale, Project Officer

**USAID**  
Benedicta Agusiobo, Senior Programme Officer  
Jerome Mafeni, Chief of Party  
Simeon Ogbonna, Programme Manager, Education

**World Bank**  
Joanna Nicholls, Senior HIV/AIDS Specialist  
Tanya Zebroff, Senior Education Specialist
**Akwa Ibom state**

U.E. Akangson, Team Leader, FME  
G.M. Adamu, EDB, FME  
E. Uduak Antai, Uyo – Desk Officer, SMoE  
Mabel Ukpong, HIV/AIDS Desk Officer, SUBEB  
Maria M. Akpan, Vice Principal Academic, Saint Comprehensive Secondary School, Abak  
Maria Michael Amba, Head Teacher, Government Primary School, Uboru-Isong Iinyang  
Enoh Atim, Project Manager, SACA  
Elder Esang Bassey, Permanent Secretary, SMoE  
Mabel Ukpong, HIV/AIDS Desk Officer, SUBEB  
E. Uduak Antai, Uyo – Desk Officer, SMoE  
E. Uduak Antai, Uyo – Desk Officer, SMoE  
E. Uduak Antai, Uyo – Desk Officer, SMoE  
E. Uduak Antai, Uyo – Desk Officer, SMoE  
E. Uduak Antai, Uyo – Desk Officer, SMoE  
E. Uduak Antai, Uyo – Desk Officer, SMoE  

**Benue state**

Ali Danjuuna, Team Leader, FME  
J.B. Fadokun, NIEPA Ondo  
Godfrey M.G. Awwai, HIV/AIDS Desk Officer, SMoE  
Oyishoma Adanu, HIV/AIDS Desk Officer, SUBEB  
Emiene Adole, Director Social Mobilisation, Otukpo LGEA  
Apochi Anfomfur, Principal, Government Science Secondary School, Ukehe, Igbo-Etiti LGA  
Zeuer Guda, Education Secretary, Makurdi LGEA  
Josphine Habba, Coordinator, Jireh Foundation  
Timothy I. Kpande, Vice Principal Administration, Mbaggera Community Secondary School, Vandeikya  
S.I. Nyiyongu, Vice Principal Administration, Government College, Makurdi  
Christiana Ada Oga, Otabo Caregivers and Support for Orphans  
Vitalis Orshinyo, Coordinator HBC Project, Children's Desk Vandeikya  
Victoria Mar Ugor, Project Manager, SACA  
Ladi Margaret Ugye, President, OSA Foundation  
I.J. Yawe, Education Secretary, Vandeikya LGEA  

**Borno state**

E.B. Omotowa, Team Leader, FME  
C.O. Iwuchukwu, EDB, FME  
State Commissioner for Education  
SMoE Director of Schools  
Usman Lawan, HIV/AIDS Desk Officer, SMoE  
Pogun Lawan, HIV/AIDS Desk Officer, SUBEB  
SUBEB Chairman and Permanent Secretary  
Education Secretary and HIV Desk Officer, Damboa LGEA  
Education Secretary and HIV Desk Officer, Monguno LGEA  

**Enugu state**

J Nwokeforo, Team Leader FME  
Comfort Chinwe Onuh, HIV/AIDS Desk Officer, SMoE  
P.O. Ogbe, HIV/AIDS Desk Officer, SUBEB  
P.O. Ogungbade, HIV/AIDS Desk Officer, SMoE  
Betty Agujobi, President, MEDWOOD  
Gabriel O.C. Ajah, Permanent Secretary, SUBEB  
Evelyn Atta, Data collection team member, FME  
Marc Chukwu, AG Director, SUBEB  
F. Chukwunwes, Head Teacher (Administration), Agbani Road Primary School  
Patricia Ennekwe, Assistant Head Teacher, Central School, Amokwe  
Linus Ewuwu, Permanent Secretary, SMoE  
Emmanuel Ifeanyiele, Director of Education, SMoE  
Euphemia I. Iyoke, Dean of Studies, Premier Junior Secondary School, Ukehe, Igbo-Etiti LGA  
Jeoma Nnaji, Executive Director, Lifeline Plus Foundation  
Victoria Ifyenw Nnaji, Head of Department, SUBEB  
Andrew Nwani, HIV/AIDS Desk Officer, Enugu South LGEA  
Obioma C. Nwaorgu, President, GHARF  
M.C. Nwele, Vice Principal, Premier Junior Secondary School, Ukehe, Igbo-Etiti LGA  
Joy Nwokeforo, Data collection team leader, FME  
Priscilla A. Ochiagha, Teacher, Central School, Amokwe, Udi LGA  
Florence Ogbe, HIV/AIDS Desk Officer, SUBEB  
Ugwu Paul Okwudili, HIV/AIDS Desk Officer, Udi LGEA  
Chinyere Oluka, Director Administration, SMoE  
Comfort Onu, Desk Officer, SMoE  
Flishal Ubby, Assistant Teacher, Agbani Road Primary School, Enugu South LGA  
Michael Ugwu, Administrative Officer, SACA  
Jons Uroko, Education Officer/School Supervisor, SUBEB, Igbo Eti LGA  

**Lagos state**

Sarah Nosan, Deputy Governor, Lagos State  
Juluis Amah, Team Leader, FME  
Mr Ismael, EDB-Statistics, FME  
E Adegunwun, HIV/AIDS Desk Officer SMoE  
C.B Akinwolere, HIV/AIDS Desk Officer, SUBEB  
Adedeji, Social Studies and Integrated Science Teacher  
O.O. Adebesan, Social Studies Teacher, Junior Secondary School  

Education Secretary and HIV Desk Officer, Maiduguri Municipal Council LGA  
Principal/Head Teacher, Damboa Central Junior Secondary School  
Principal, Government Science Secondary School, Monguno  
Head Teacher, Yerwa Municipal Primary School  
The Hope Initiative, Maiduguri (NGO)  
Community Health and Youth Friendly Association (CHAYFA), Maiduguri (NGO)  
Borno State Action Committee on AIDS (BOSACA)  

**Enugu state**

J.Nwokeforo, Team Leader FME  
Comfort Chinwe Onuh, HIV/AIDS Desk Officer, SMoE  
P.O. Ogbe, HIV/AIDS Desk Officer, SUBEB  
P.O. Ogungbade, HIV/AIDS Desk Officer, SMoE  
Betty Agujobi, President, MEDWOOD  
Gabriel O.C. Ajah, Permanent Secretary, SUBEB  
Evelyn Atta, Data collection team member, FME  
Marc Chukwu, AG Director, SUBEB  
F. Chukwunwes, Head Teacher (Administration), Agbani Road Primary School  
Patricia Ennekwe, Assistant Head Teacher, Central School, Amokwe  
Linus Ewuwu, Permanent Secretary, SMoE  
Emmanuel Ifeanyiele, Director of Education, SMoE  
Euphemia I. Iyoke, Dean of Studies, Premier Junior Secondary School, Ukehe, Igbo-Etiti LGA  
Jeoma Nnaji, Executive Director, Lifeline Plus Foundation  
Victoria Ifyenw Nnaji, Head of Department, SUBEB  
Andrew Nwani, HIV/AIDS Desk Officer, Enugu South LGEA  
Obioma C. Nwaorgu, President, GHARF  
M.C. Nwele, Vice Principal, Premier Junior Secondary School, Ukehe, Igbo-Etiti LGA  
Joy Nwokeforo, Data collection team leader, FME  
Priscilla A. Ochiagha, Teacher, Central School, Amokwe, Udi LGA  
Florence Ogbe, HIV/AIDS Desk Officer, SUBEB  
Ugwu Paul Okwudili, HIV/AIDS Desk Officer, Udi LGEA  
Chinyere Oluka, Director Administration, SMoE  
Comfort Onu, Desk Officer, SMoE  
Flishal Ubby, Assistant Teacher, Agbani Road Primary School, Enugu South LGA  
Michael Ugwu, Administrative Officer, SACA  
Jons Uroko, Education Officer/School Supervisor, SUBEB, Igbo Eti LGA  

**Lagos state**

Sarah Nosan, Deputy Governor, Lagos State  
Juluis Amah, Team Leader, FME  
Mr Ismael, EDB-Statistics, FME  
E Adegunwun, HIV/AIDS Desk Officer SMoE  
C.B Akinwolere, HIV/AIDS Desk Officer, SUBEB  
Adedeji, Social Studies and Integrated Science Teacher  
O.O. Adebesan, Social Studies Teacher, Junior Secondary School
A.A. Agbe-Davis, Principal, New Era Girls Junior Secondary School, Surulere  
Z.P. Ajasa, Assistant Director, Curriculum Services Department  
Ayoola Akanji, Public Relation Officer  
M.S. Akintunde, Director, Planning  
O.A. Akojenu, Assistant HIV&AIDS Desk Officer  
H.T. Alaba, Social Studies Teacher, Junior Secondary School  
S.A. Amosu, Director, Basic Education  
S.A. Bamidele, Teacher  
Asiyenbi Balogun, Parent  
V.O. Brown, Parent  
A.B. Eleso, Director, Private Education and Special Programmes, SMoE  
O.A. Falana, Parent  
F.B. Folarin, Principal, Awori Junior Secondary School  
O.A. Giwa, Director, Inspectorate  
Alhaja M.A. Idris, State PTA Chairman  
O.O. Lambert, Policy Maker, Director, Training and Staff Welfare, Teaching Service Commission  
Olakinle Lawal, Honourable Commissioner  
P.M. Osudina, Principal, Government College, Ikorodu  
E.F. Oladele  
E. Omiunu, Physical Education  
O.Y. Onatoye, Principal, Dolphin Junior Secondary School  
J.O. Osun, Permanent Secretary  
Solomon Oyebanji, Parent  
O. Oyeleke, SPEB

Plateau state

N.B Offiah, Team Leader FME  
H. T Abdu, DBSE, FME  
M Didel, HIV/AIDS Desk Officer, SUBEB  
Anna Coker, HIV/AIDS Programme Officer, SUBEB  
Yohanna Achika, Education Administration, Jos North LGEA  
Geoffrey G. Adamu, Vice Principal, St Johns College, Jos, Jos North LGA  
Kevin Bamshak, Director Finance, PLACA  
Susan Choji, SMoE  
Abisha J.D. Dachuna, Headmistress, Islamiya Primary School, Bukuru, Jos South LGA  
Hosea Akila Dang, Area Director of Education, Barkin Ladi LGEA  
Didel, Deputy Director, SME  
Yusuf Garba, Principal, Government Secondary School, Barkin Ladi  
Wakdung Gomwaik, Permanent Secretary, SME  
Anna Mabi Gyang, Director Public and Private Response to HIV and AIDS Programme, PLACA  
Folorunsho Oloruntunde, Director HIV&AIDS, Faith-based AIDS Awareness Initiative  
Jonah D. Taukum, Executive Secretary, Jos South LGEA  
Dou Urem, Director, YARAC

Sokoto state

V Rovoland, Team Leader, FME  
Malla Zubairu, EDB, FME  
Musa Abdullahi, HIV&AIDS Desk Officer, SMoE  
Ibrahim Ahiyu, HIV&AIDS Desk Officer, SUBEB  
Usman Abdullahi, M&E Officer, SACA  
Aisha Abdulkadir, Head Teacher, Yakubu Mhazu Science School, Sokoto South LGEA  
Haruna Achagi, Wamako LGEA  
Labbo A. Aliyu, Gudu LGEA  
Ahmad Baba Altine, Project Director UNFPA/SHEP, SMoE  
Ahmad Abdullahi Ayama, HIV/AIDS Desk Officer, Gudu LGEA  
Muhammad Tsaki Bala, Head Teacher, Yahaya Gusau Primary School, Sokoto  
Francisca Enweani, Teaching Staff (Health Education), Yahaya Gusau Model Primary School, Sokoto  
Linus G. Fusuk, Assistant Head Teacher, Immigration Children's School, Sokoto  
Ango Garba, Education Secretary, Wamako LGEA  
Bello Hahru, HIV/AIDS Desk Officer, Sokoto South LGEA  
Nasiru Y. Isa, Community Mobilization Officer, SACA  
Sifawa A. Kulu, Director School Services, SUBEB  
Shehum Lema, Principal, Army Day Secondary School, Dange Shuni LGEA, Sokoto  
Ahyu Mohammed, Communication Officer, SACA  
Bello Mohammed, Education Secretary, Sokoto South LGEA  
Hajara Momodu, President/Executive Director, Association for Better Community Health  
A. Abdullahi Musa, SME  
Haji Amina Musa, Principal, Government Day Junior Secondary School, Arkilla  
Victoria J. Nkom, Head Teacher for the Integrated Subjects, A.D. Secondary School, Dange Shuni LGA, Sokoto  
Jones O. Oyemadie, Vice Principal (Administration), Blue Crescent Secondary School, Mabera, Sokoto South LGA  
Nasiru M. Sani, Principal, Junior Secondary School, Mabera, Sokoto South LGA  
Nasiru Shehu, Head Teacher, Muhamadu Bidda Model Primary School, Arkilla, Wamako LGA  
Ahmad Abdullahi Tsobo, Administration, SUBEB  
Hailiru Yusufu, Project Manager (HIV/AIDS), SACA  
M&E Officer, SMoE
Appendix 2: Name and function of the Ministry of Education parastatals involved in the HIV response

<table>
<thead>
<tr>
<th>Parastatal Name</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Institute for Educational Planning and Administration (NIEPA)</td>
<td>Capacity building, research, information dissemination in planning and management in the education sector (NIEPA website).</td>
</tr>
<tr>
<td>Nigerian Educational Research and Development Council (NERDC)</td>
<td>Mandate for developing curriculum, books, instruction materials and research on education (UNESCO 2003), emphasizing primary and secondary education.</td>
</tr>
<tr>
<td>National Commission for Mass Literacy, Adult and Non-Formal Education (NMEC)</td>
<td>Develops strategies to eradicate illiteracy, disseminate teaching materials, coordinate, monitor and promote literacy programmes (FME 2007 website).</td>
</tr>
<tr>
<td>National Universities Commission (NUC)</td>
<td>Sets minimum standards for academic and research in its current 89 universities.</td>
</tr>
<tr>
<td>National Commission for Colleges of Education (NCCE)</td>
<td>Sets minimum standards for teacher certification and accreditation of its current 78 CoEs.</td>
</tr>
<tr>
<td>National Board for Technical Education (NBTE)</td>
<td>Supervision of technical and vocational institutes.</td>
</tr>
<tr>
<td>Universal Basic Education Commission (UBEC)</td>
<td>Provision of UBE (UNESCO 2003). At the state, SUBEBs are responsible for this function.</td>
</tr>
</tbody>
</table>

ACCELERATING THE EDUCATION SECTOR RESPONSE TO HIV IN THE FEDERAL REPUBLIC OF NIGERIA
### Appendix 3: Activities centrally coordinated by the SMoE/SUBEB in selected states, and key partners involved

<table>
<thead>
<tr>
<th>SMoE/SUBEB</th>
<th>Activities coordinated centrally</th>
<th>Key partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abia</td>
<td>Life skills education, and HIV prevention.</td>
<td>UNICEF, UNFPA.</td>
</tr>
<tr>
<td>Akwa Ibom</td>
<td>General school health, water and sanitation, HIV prevention, life skills education, and school feeding.</td>
<td>UNICEF, World Bank, SWAAN, Africa Children's Fund, Red Cross, AIDS care managers.</td>
</tr>
<tr>
<td>Anambra</td>
<td>Life skills education, HIV prevention, support to orphans and vulnerable children, and community sensitization.</td>
<td>UNFPA, World Bank, FMWA.</td>
</tr>
<tr>
<td>Benue</td>
<td>HIV prevention, and life skills education.</td>
<td>DFID, FHI, VSO, ActionAid International, Education as a Vaccine against AIDS (EVA), First Steppaso.</td>
</tr>
<tr>
<td>Borno</td>
<td>Life skills education, HIV prevention, and general school health.</td>
<td>CHAYFA, SACA, Hope Initiative, UNICEF.</td>
</tr>
<tr>
<td>Cross River</td>
<td>HIV prevention, community sensitization, life skills education, general school health, deworming, water and sanitation, nutrition, and school feeding.</td>
<td>World Bank, UNICEF, Girl Power Initiative, Dream Boat Organisation, NYSC, Women Arise and Move (WAM), UBEC.</td>
</tr>
<tr>
<td>Ekiti</td>
<td>Community sensitization, HIV prevention, and psychosocial support.</td>
<td>Local NGOs.</td>
</tr>
<tr>
<td>FCT</td>
<td>Life skills education, and HIV prevention.</td>
<td>EVA, Inter-religions and Internal Federals for Peace on HIV&amp;AIDS, MSA, World Bank.</td>
</tr>
<tr>
<td>Gombe</td>
<td>Life skills education, HIV prevention, support to orphans and vulnerable children, education for girls and women.</td>
<td>NYSC, UNICEF, UNFPA, World Bank, Faith-based AIDS Initiative, GCAD, local NGOs.</td>
</tr>
<tr>
<td>Jigawa</td>
<td>Health services in schools, school feeding, nutrition, water and sanitation, deworming, general school health, life skills education, and HIV prevention.</td>
<td>SACA, LACA, UNICEF, LGAs, World Bank, WHO, state government.</td>
</tr>
<tr>
<td>Kaduna</td>
<td>Life skills education, HIV prevention, general school health, water and sanitation, and nutrition.</td>
<td>SACA, AHI, UNICEF, Care, DFID-CUBE, World Bank, Japan International Cooperation Agency (JICA).</td>
</tr>
<tr>
<td>SMoE/SUBEB</td>
<td>Activities coordinated centrally</td>
<td>Key partners</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kogi</td>
<td>Nutrition, water and sanitation, deworming, general school health, life skills education, and HIV prevention.</td>
<td>UNICEF.</td>
</tr>
<tr>
<td>Kwara</td>
<td>Life skills education, HIV prevention, water and sanitation, school feeding, and health services in schools.</td>
<td>SACA, NGOs, CUBE, MacArthur Foundation, UNDP, SACA, Ministry of Water Resources, UBEC, MoH.</td>
</tr>
<tr>
<td>Lagos</td>
<td>Life skills education, HIV prevention, and community sensitization.</td>
<td>AHI.</td>
</tr>
<tr>
<td>Niger</td>
<td>Life skills education, HIV prevention, general school health, and water and sanitation.</td>
<td>UNICEF.</td>
</tr>
<tr>
<td>Ogun</td>
<td>Life skills education, and HIV prevention.</td>
<td>UNFPA.</td>
</tr>
<tr>
<td>Plateau</td>
<td>Life skills education, and HIV prevention.</td>
<td>UNFPA, YARAC, Faith-based Initiative.</td>
</tr>
<tr>
<td>Rivers</td>
<td>Unavailable data.</td>
<td>Unavailable data.</td>
</tr>
<tr>
<td>Sokoto</td>
<td>Life skills education, HIV prevention, general school health, and health services in schools.</td>
<td>UNFPA, UNDP, MTN Foundation, Society for Family Health (SFH).</td>
</tr>
<tr>
<td>Taraba</td>
<td>General school health, and nutrition.</td>
<td>UNICEF.</td>
</tr>
</tbody>
</table>
Some studies that were conducted during 2003 and 2007 that contain HIV-related information useful to the education sector were as follows:

- In 2003, the NDHS, which contains specific sections on HIV-related attitudes and behaviours of youth, was conducted (National Population Commission & ORC Macro 2004). The next survey was being conducted in 2008, the results of which will provide some basis for comparison with the 2003 data.

- UNICEF conducted a baseline survey on youth knowledge, attitude and practices for a joint youth peer education programme along with the NYSC, and partners in 2003 (see Section 3.3.3. for more details) (Federal Office of Statistics & UNICEF 2003).

- In 2003, a sexual and reproductive health behaviour survey of students of tertiary institutions was conducted by the Society for Family Health (Omoregie et al 2003).

- In 2004, the Educational Research Network for West and Central Africa (ERNWACA) reviewed policy and research documents relevant to HIV and the education sector (Ohiri-Aniche 2004).

- In 2004 a cross-sectional study was conducted in the states of Kano, Lagos, and Nasarawa to assess educators’ views on the impact of HIV&AIDS on primary education (Ssengonzi et al 2004).

- In 2005, a reproductive health, child health, and education baseline household survey and a primary school survey was conducted for a USAID supported project in Bauchi, the FCT, Kano, Lagos and Nasarawa (Keating 2006a, Keating 2006b).

- During 2005 and 2006, the FME’s Education Sector Analysis (ESA) project collected information on the 36 states and the FCT on a range of issues, including the HIV impact on the education sector (FME).

- In 2007, a mapping exercise of the resources available for education sector HIV responses was conducted by UNESCO in four states: Akwa Ibom, the FCT, Kano and Lagos (UNESCO 2007).

- In 2007, a UNICEF supported school-based baseline survey of health and HIV-related knowledge, attitudes and practices was conducted (UNICEF).

- The NCNE conducted a baseline survey on HIV-related knowledge and attitudes among nomads in six states and the FCT in 2007 (NCNE 2007).
Appendix 5: Key achievements and challenges noted by the SMoEs and the SUBEBs during a review meeting following the Accelerate workshops

The 2006 review meeting between the FME and the SMoE and SUBEB (see Section 3.2.4. for details) noted the following achievements in the states1.

- Most SMoEs reported having HIV&AIDS management structures in place.
- FLHE curriculum had been integrated into carrier subjects in most states.
- Most of the states had copies of the FLHE curriculum in their schools.
- Progress had been made in implementing the FLHE curriculum in states.
- Most states had trained their teachers in the implementation of the FLHE curriculum.
- Majority of the states had established anti-AIDS clubs in their schools; teachers and students were trained as peer educators/coordinators.
- Most states had sensitized policymakers, school administrators, parents and community leaders to support the implementation of the FLHE curriculum.
- Progress had been made in planning pre-service and in-service training for their teachers on FLHE.
- Most states had full-time HIV&AIDS desk officers to coordinate the response in the state.
- Most SMoEs had an annual work plan for 2006.
- Most SMoEs had an M&E focal person trained on M&E.
- Most states had workplace awareness/sensitization campaigns for their ministry staff.
- Most Ministries had developed and distributed relevant IEC materials to schools.
- Most of the state HIV&AIDS desk officers agreed that they collaborate with support groups, NGOs and government agencies.
- Progress had been made to domesticate the Education Sector HIV&AIDS policy in the states.

The review also suggested areas for improvement to accelerate the education sector HIV responses:

- Most states had not conducted a survey on HIV&AIDS so as to ascertain the awareness, knowledge, attitudes, behaviour, practices and skills relating to HIV&AIDS.
- Most states did not have data on teachers, staff, students, pupils, who were HIV-positive or who died due to AIDS; neither did they have the number of orphans and vulnerable children in the state and in schools nor the number of students who dropped out of school due to HIV&AIDS.
- Most of the states’ HIV&AIDS units had no ICT equipment.
- Most of the states had not started implementing the FLHE curriculum in their schools.
- Most states had not conducted training for carrier subject teachers in each school.
- Most states had no teaching resources for teaching of the FLHE topics.
- Most of the states had no youth-friendly centres in towns in the states.
- Most states had no VCT centres nor trained guidance counsellors for VCT in their schools.
- Most SMoEs had no trained health care providers for VCT.
- Most SMoEs had not conducted a survey to identify orphans and vulnerable children in the state; neither had they put in place any interventions to address their needs.
- Most states had no desk officer for orphans and vulnerable children neither did they know the percentage of such children in their schools.
- Most states had not domesticated the National Education Sector HIV&AIDS policy; neither had they trained staff on policy implementation.
- Most states had not trained their staff on universal precautions.
- Many of the desk officers said that the FLHE curriculum was funded by the government.

Federal Ministry of Education
HIV&AIDS Unit
Federal Secretariat Complex, Phase III
Shehu Shagari Way, Maitama
Abuja, Nigeria

Partnership for Child Development
Department of Infectious Disease Epidemiology
Imperial College London
St Mary’s Campus
London, UK W2 1PG
www.schoolsandhealth.org
www.child-development.org

Action Health Incorporated
17 Lawal Street, Off Oweh St
Fadeyi, Lagos
Nigeria
www.actionhealthinc.org

The World Bank
1818 H Street, NW
Washington, DC 20433, USA
www.worldbank.org