

**ACCELERATING THE EDUCATION SECTOR  
RESPONSE TO HIV/AIDS IN NIGERIA**

**REPORT ON A SEMINAR IN ABUJA WITH THE FEDERAL  
MINISTRY OF EDUCATION**

**AND**

**NIEPA, ONDO WITH EDUCATION REPRESENTATIVES OF THE  
ENUGU, KADUNA, OYO, AND TARABA STATES**

**16 – 20 JUNE 2003  
ABUJA, NIGERIA**

**AND**

**23 – 27 JUNE 2003  
NIEPA, ONDO, NIGERIA**

**SEMINAR SPONSORED BY THE NIGERIAN FEDERAL MINISTRY OF EDUCATION,  
THE NATIONAL ACTION COMMITTEE AGAINST AIDS, AND THE NATIONAL PROGRAM TEAM  
WITH TECHNICAL ASSISTANCE FROM THE UNAIDS INTER-AGENCY TASK TEAM FOR EDUCATION**

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## FOREWORD

The democratic government under the able leadership of President Olusegun Obasanjo established the new paradigm for the fight against HIV/AIDS. Within this multisectoral construct different stakeholders have been provided spaces and voices to effectively utilize their core competencies for the prevention and control of the epidemic.

The education sector is such a vital one in the new framework given the youthful nature of our population and the epidemiology of the infection. Thus it is important to provide appropriate education for primary, secondary and tertiary education. In order to achieve this there are many mechanisms and structures that will be needed. There already exists a response to the epidemic by teachers and managers of education in Nigeria. However, this response needs to be considerably upscaled and accelerated so as to ensure that the education industry in Nigeria could be spared the painful experience of our sister nations in East, Central and Southern Africa. Thus this involves the sector at both the federal and state levels is a most welcome one.

This report records the proceedings and outcomes of two workshops on “Accelerating the Education Sector Response to HIV/AIDS in Nigeria”. The first of these took place in Abuja for the staff of the Federal Ministry of Education (FME) and its parastatals. The second took place at National Institute for Educational Planning and Administration (NIEPA), Ondo for state government officials from Enugu, Kaduna, Oyo and Taraba. The participants at these workshops included representatives from the civil society and the development partners coordinated by the UNAIDS Inter-Agency Task Team (IATT) on HIV/AIDS and Education. It is expected that the ‘road map’ constructed from these series of workshops will enable the education sector to respond appropriately to the epidemic. Implicit in this is the building and strengthening of the capacity of the HIV/AIDS Unit of the Federal Ministry of Education as well as the critical mass and at the level of the states. This will be needed so that these units can provide the much needed leadership on issues of policy and programming in the education sector. It is hoped that with this template the education sector will be in a position to lead the way in terms of sectoral response to HIV/AIDS.

I wish to thank the team from UNAIDS led by Don Bundy for providing the expert leadership for these workshops. Implicit in this gratitude is our debt to these organizations DFID, World Bank, UNESCO, UNFPA and UNICEF that funded a good part of the enterprise. The local costs were made available from the resources of the World Bank Multi-Country AIDS Programme and the Federal Ministry of Education.

Professor Babatunde Osotimehin  
Chairman  
National Action Committee on AIDS  
Abuja  
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## **EXECUTIVE SUMMARY**

In the continuing absence of a medical cure, prevention of HIV/AIDS demands a 'social vaccine' of which an effective education response is a key component. During July 2003, two seminars were held in Nigeria by the Federal and State Governments to strengthen the roles of the education sector in Nigeria. These seminars were developed within the framework of an ambitious but urgently needed initiative to Accelerate the Education Sector Response to HIV/AIDS in sub-Saharan Africa

This initiative is being operationalized through a series of sub-regional seminars which aim to catalyze intensified action by the education sector within the national strategic framework for an HIV/AIDS response. It works through partnerships to maximize synergy, lesson learning, effective co-ordination and collective activity. International leadership and technical guidance are provided through the UNAIDS Inter-Agency Task Team on Education which is convened by UNESCO and includes all UNAIDS cosponsors, representatives from bilateral development agencies such as USAID and DFID and from international NGOs.

The Nigeria seminars were based on an approach to workshop delivery developed at sub-regional seminars for Eastern Africa, held in November 2002 at Mombassa, Kenya and for Central Africa, in May 2003 in Libreville, Gabon. Observers from Nigeria participated in both seminars and requested that the approach be implemented in Nigeria.

The workshops for Nigeria were necessarily different from the multi-country precursors having to cater for the complexities of a large multi-jurisdictional state. Accordingly, a twin track approach was taken initiated at the Federal Government level in Abuja (16-20 June) and followed up at State Government level at the National Institute for Education Planning and Administration (NIEPA) in Ondo (23-27 June). Teams from four states (Enugu, Kaduna, Oyo and Taraba) participated in the Ondo workshop. NIEPA is charged with offering similar workshops to all 36 States in Nigeria over the next 12 months. A criterion for selection of the first group of States was inclusion in the Universal Basic Education (UBE) Programme which will be supported by the World Bank and DFID. The UBE programme also includes provision for supporting HIV/AIDS interventions.

The purpose of the workshops was to share and build on existing education sector HIV/AIDS interventions in order to accelerate a comprehensive and strategic response at both Federal and State Government levels. The workshops were supported by the Federal Ministry of Education (FME) and the National Action Committee against AIDS (NACA), and coordinated jointly by the FME HIV/AIDS Unit and NIEPA. Facilitation and technical support for the participatory processes was provided by Nigerian and international development professionals from 17 agencies, including UNESCO, UNICEF, ILO, UNFPA, UNESCO, the World Bank, DFID and PCD. The workshops enabled the distribution of technical resources to participants and key institutions in the sector, including more than 7000 key documents in both print and CD-ROM formats.

The starting point for the workshop discussions were the NACA HIV/AIDS Emergency Action Plan, the FME National Action Plan, and the FME/UNAIDS/UNESCO Preventive Education Initiative. Attention was given to 4 thematic areas, in particular, as a focus for group work in both workshops. These were:

- planning and impact mitigation;
- prevention;
- education access for orphans and vulnerable children (OVC); and
- policy development, including workplace policies.

Group work included tasks to assess the current situation regarding responses in the four thematic areas, the identification of achievements and promising practices, the identification of gaps in policy and implementation and finally the specification of objectives and activities to be taken forward at both Federal and States levels after the workshops, including priority actions to be completed within 90 days.

Significant outcomes of the workshops were the prioritization of the components of the FME National Action Plan and the identification of important gaps (e.g. OVC, education sector specific policy). Proposed actions to accelerate the education response to HIV/AIDS in Nigeria included the following:

*Development of management capacity:* strengthen the FME HIV/AIDS Unit, NERDC and NIEPA, together with HIV/AIDS Units within the State Ministries of Education.

*Planning and impact mitigation:* accelerate the collection, analysis and use of data, through district level EMIS and the inclusion of HIV/AIDS specific indicators, and stronger partnerships with NACA, SACA and the health sector.

*Prevention:* implement the Family Life and HIV/AIDS Education (FLHE) curriculum, developed by NERDC, at primary and secondary levels, through the development and dissemination of teaching and learning materials together with a proposed strategy for cascade in-service teacher training and accelerating the establishment of Anti-AIDS Clubs in secondary schools, taking into consideration the lessons learned from promising approaches currently being piloted in a number of states

*Ensuring education access for OVC:* identify and remove barriers to primary and secondary education for OVC, and ensure closer collaboration with the Ministry of Women and Youth..

*Policy:* develop, in conjunction with the Ministry of Labour and other stakeholders, a national policy on HIV/AIDS in the education sector, and support its dissemination, adoption and adaptation at state level, including the development of workplace policy informed by the ILO Code of Practice on HIV/AIDS.

In conclusion, the hard work and strong commitment to address HIV/AIDS evidenced by the participants in these two workshops promises the development of a more comprehensive and strategic policy and programme response to the epidemic in Nigeria. The FME has made a firm commitment to accelerate the response to HIV/AIDS, and plans to present the progress made over the next 90 days at the International Congress for AIDS in sub-Saharan Africa in Nairobi in September 2003.

## **I. BACKGROUND TO THE HIV/AIDS AND EDUCATION SEMINARS IN NIGERIA**

*“Accelerating the Education Sector Response to HIV/AIDS in sub-Saharan Africa”* is an initiative of HIV/AIDS affected countries and the UNAIDS Interagency Task Team for Education (IATT), and calls for a multi-partner effort from countries, development partners, civil society and the private sector to promote high level understanding and leadership, and the development of effective national responses across the education sector.

The initiative seeks has two main objectives. First, to promote Education for All (EFA) and the Millennium Development Goals (MDG), which will ensure that every girl and boy has access to quality education despite the impact of HIV/AIDS on the education system. Second, to strengthen the capacity of the education sector to respond with timely actions to prevent learners and teachers from being infected with HIV.

In Nigeria, the effort is coordinated jointly by the Federal Ministry of Education HIV/AIDS unit and the National Institute for Educational Planning and Administration (NIEPA). It is intended that this arrangement will help establish skills to roll out training nationally for all 36 States. Initially, the focus is on working with the Federal Government and with the 16 State governments that have existing support to implement UBE programs with an HIV/AIDS component.

The Government of Nigeria has been an active participant in the initiative since the first subregional workshop, held in Mombasa Kenya in November 2002, when education teams from 6 East African countries shared information and experiences on their education sector responses to HIV/AIDS. Nigeria also participated in the subregional workshop hosted jointly by the Government of Gabon, ADEA and the IATT in May 2003, where education teams from 10 Central African countries participated.

This report documents the start of a series of activities in Nigeria, that began with a one week Seminar in Abuja (June 16<sup>th</sup> to 20<sup>th</sup>) for the Federal MoE, followed by a second at NIEPA in Ondo State (June 23<sup>rd</sup> to 27<sup>th</sup>) for 8 States. A subsequent seminar at NIEPA for a further 8 States is scheduled for November 2003. During 2004, all 36 states will participate in this program.

Participants in this effort are drawn principally from the education sector at the national and State levels, but also include the HIV/AIDS administrative units (NACA and SACA), other relevant sectors (especially from health, and from sectors concerned with gender and the care and support of orphans and vulnerable children), civil society, and teacher organizations. The participation of development partners and stakeholders at the national and international levels is also seen as a crucial element of the success of the approach. The agencies contributing to this effort in Nigeria include UNESCO (coordinating agency of the IATT), UNICEF, UNAIDS, UNFPA, ILO, World Bank, DfID and USAID, as well as civil society, including Action Health Incorporated (AHI), People Living with AIDS Network (PLWAN), Association for Reproductive and Family Health (ARFH), the Commonwealth of Love (COLGroup) and the Partnership for Child Development (PCD).

The report describes the results of analyses by the Federal and State Ministries of Education, and presents their draft plans of action.

## **II. OPENING ADDRESSES**

I am delighted to be at this formal opening of a most welcome seminar on “accelerating the education sector’s response to the HIV/AIDS pandemic in Nigeria”. This seminar is particularly relevant at a time when HIV/AIDS is assuming more threatening dimensions. For now, education has been established as one of the most effective “weapons” of fighting and controlling the scourge. I therefore strongly identify with the noble objectives of this seminar and commend the organizers for the initiative.

The education sector has a critical role to play in the fight against HIV/AIDS pandemic considering that the prevalence of the disease is more among youths. The national HIV/AIDS sero prevalence has been put at 5.8% while for youths between the ages of 15 and 29 it is estimated to be 6.3%. There is therefore cause for great concern as this age bracket is the most productive group. The continued decimation of this group by HIV/AIDS portends a great danger to the future of our dear country, Nigeria. Now is the time to act.

We in the education sector are particularly challenged because HIV/AIDS is not only a devastating health problem but also a major impediment to the achievement of the Education for All (EFA) and the Millennium Development Goals (MDG). Moreover, education for now, is the most portent weapon in the fight against the infection and spread of HIV/AIDS. A substantial proportion of the most vulnerable segment of the population and the yet untouched group below 15 years of age are in our educational institutions. They must be informed. They must be enlightened and adequately empowered to protect themselves from the scourge. We must fashion out and utilize innovative strategies in the teaching-learning process to bring about the required positive behaviour and attitudes in Nigerian youths that will stem the spread of HIV/AIDS. This is inevitable because this age group is our window of hope. Education therefore must play a central role in prevention, mitigation, care and support.

Distinguished guests, ladies and gentlemen, as major stakeholders and key players in the education sector you have a responsibility in capacity building and strengthening the sector to respond more effectively to the challenge of HIV/AIDS. Capacities must be developed in the area of skills acquisition for efficiency in designing, implementing, monitoring and evaluation of the education sector intervention for better results. As you deliberate and interact in the course of this seminar please bear in mind that much hope is placed on its outcome. We expect nothing less than innovative, practical and result-oriented ideas and initiatives.

One other noble goal of this seminar is to enhance and accelerate the sector response through harnessing and mobilizing resources for effective responses by ensuring post-seminar follow-up. It is glaring that our rate of intervention must be accelerated to exceed and overtake the rate of spread of the epidemic. To this end, initiatives should progress from knowledge into action by main-streaming lessons learned into result-oriented programmes and activities. Gaps in the overall approach should be bridged while programmes and activities should not focus on youth alone but must include school managers and other staff and the community at large. Systemic analysis of the sector response needs to be examined and effective recommendations that are socio-culturally sensitive must be evolved.

Eminent facilitators, participants, ladies and gentlemen, as I welcome you warmly to this seminar, I acknowledge that the task ahead of you is a demanding one. However, I have the confidence that you are more than able to deliver. Since the factors that influence the spread of HIV/AIDS are rooted in peoples' attitudes, behaviours, and culture our collective response to the epidemic must put these factors into consideration. I therefore urge you to look inwards and focus more on our internal resources and the community in your deliberations and search for solutions.

Ladies and Gentlemen, this is a desirable and timely seminar. As you deliberate, remember that the lives already claimed by the pandemic are just a fraction of those that may follow if necessary and effective interventions are not put in place. Also note that the impact of HIV/AIDS does not end with the death of those infected. The infected, the orphans and other vulnerable children all need care. Unless we confront those socio-cultural norms and practices that encourage the spread of the epidemic and adequately cater for the affected and the vulnerable, we cannot win the fight. All these are challenges for you to tackle at this seminar.

Once again I welcome you all and commend the organizers of the this all-important seminar. I gratefully acknowledge the support of our development partner, the World Bank, DfiD, and the National Project Team led by Professor Osotimehin.

I am confident that the outcome of this seminar will stimulate and facilitate positive education sector responses to the challenges posed by HIV/AIDS. On this note, it is with pleasure and great expectation that I declare this seminar open. I wish you fruitful and successful deliberations.

Thank you.

Ambassador G.B. Preware  
Permanent Secretary, Federal Ministry of Education  
16 June 2003

Sheraton Towers  
Abuja, Nigeria



The Director/Chief Executive, National Institute for Educational Planning and Administration (NIEPA), The Permanent Secretary, Federal Ministry of Education, The Permanent Secretary, Ondo State Ministry of Education, Members of National Action Committee on Aids (NACA), Members, State Action Committee on Aids (SACA), Members of UNAIDS Inter-Agency Task Team, Representatives of the World Bank and Other International Agencies, Representatives, State Ministry of Education, Gentlemen of the Press, Distinguished Ladies and Gentlemen,

It is indeed a great pleasure for me to welcome you to our dear Sunshine State for this all-important workshop on accelerating the Education Sector response to the HIV/AIDS menace. I am all the more gladdened that the battle ground for the fight against HIV/AIDS is being shifted to our schools which have been variously identified as constituting the highest risk group in the society. I therefore wish to first and foremost commend the ingenuity and the noble idea behind this strategic workshop.

Distinguished ladies and gentlemen, that the HIV/AIDS pandemic has assumed an alarming dimension in the Sub-Saharan African is no gainsaying. Already, two third of the over 40 million persons living with HIV/AIDS worldwide are found in African. In Nigeria, the situation is fast becoming worrisome with the prevalence rate of 5.8% of the population of people between the ages of 15 – 49.

The vulnerability of the Education Sector however portends very gloomy economic, social and psychological implications. This is because, the bulk of our Teachers, Educational Administrators as well as students fall within this age category. It therefore, behooves on all stakeholders in the HIV/AIDS eradication project to evolve radical and sustainable approaches for checkmating the spread of HIV/AIDS in our educational sector.

Topmost among such measures is the dire need to fashion out a realistic HIV/AIDS policy for our schools. This will invariably serve as a useful framework to streamlining the on-going efforts towards eradicating the menace. The appropriate HIV/AIDS policy must take into cognizance, the Nigerian peculiar socio-cultural, economic and religious environment.

Coupled with this, concerted efforts must be made to collate relevant data and information on the impact of HIV/AIDS in our educational sector. We must attempt to determine the actual gravity of the incidence. For instance, we should be able to know how many students are infected; the infection rate among teachers and the overall impact of the HIV/AIDS scourge on the educational system as a whole. Without these statistics, there cannot be any meaningful headway in the current crusade against the spread of HIV/AIDS.

Against this background, it is crystal clear that all stakeholders in the education industry must urgently wake up to the ugly realities of the spread of HIV/AIDS in our schools.

In Ondo State, the Government has relentlessly pursued a programme of public enlightenment in order to sensitize the general populace to the hydra-headed monster on rampage in our land. The State Government has set up the State Action Committee (SACA) on AIDS in line with the National Policy as the catalyst for all activities relating to HIV/AIDS.

The Ondo State Government through the Ministry of Education has equally picked up the gauntlet to empower Counsellors in our schools in order to help develop appropriate behaviour, among our students. Seminars and Workshops have been held in this regard in the recent past.

I must, however, point out rather unequivocally, that the battle against HIV/AIDS in our educational sector should not rest squarely on the Government alone. All education-loving people must unite to stem the tide of HIV/AIDS in our schools. It is quite noteworthy that many Non-Governmental Agencies (NGOs) and other interest groups have taken up this challenge and are already working among students groups and other educational institutions. A case in point is the effort of the Association for Reproductive and Family Health, UNESCO and UNAIDS, just to mention a few.

As you begin this Workshop, it is my candid hope that useful suggestions and ideas will be generated towards accelerating the educational sector response to HIV/AIDS. There is no better time to act on this vital subject than now.

Distinguished ladies and gentlemen, I thank you immensely for listening and I wish you fulfilling and fruitful workshop.

Thank you and God bless.

Chief Bisi Taiwo, JP  
Commissioner for Education, Ondo State

NIEPA, Ondo, Nigeria  
23 June 2003

### **III. NATIONAL STRATEGIC RESPONSE TO HIV/AIDS IN NIGERIA**

HIV/AIDS is one of the greatest unresolved challenges threatening human development. By the end of 2002, the virus has infected 42 million people. In Nigeria, the first case of HIV/AIDS was reported in 1986. Since then, the virus has continued to spread, mainly because it was initially regarded as a health issue and there was no systematic multisectoral response. Now, Nigeria has a strong political commitment at the highest level against the spread of the epidemic, its control, prevention, and care and support for people living with HIV/AIDS. The government has approved a multisectional, multidisciplinary approach, using a broad-based expanded response to fight the epidemic. This approach is described in the HIV/AIDS Emergency Action Plan (HEAP), published in 2001. In March 2003, the education sector became part of this broad-based response through the publication of

the National Action Plan, which involved the Federal and State Ministries of Education and their agencies.

Below are summarised the HEAP, the National Action Plan for the Education Sector, and the FME/UNAIDS/UNESCO Preventive Education Initiative.

### **HIV/AIDS EMERGENCY ACTION PLAN (HEAP)**

The HIV/AIDS Emergency Action Plan (HEAP) is a framework that is being implemented at the national, state, and local government levels. The purpose of the HEAP is to increase the awareness of key stakeholders, promote positive behaviour change, build partnerships and capacity, and ensure that communities and individuals are empowered to design and initiate community-specific action plans. It identifies over two hundred activities the Federal government of Nigeria intends to pursue over the period 2001 to 2004. Most of these activities are short-term, high impact interventions that will form the base of a medium-term strategic plan for HIV/AIDS. It will serve as an important testing ground for identifying promising practices and coordinating strategies, and will lead toward developing a long-term vision. While National Action Committee Against AIDS (NACA) is responsible for the coordination and timely execution of HEAP, it is implemented by a variety of organizations. These include all levels of government, universities, the private sector, the media, civil society, and faith-based organizations.

The NACA is based in the office of the president and coordinates activity at the national level. In each of the 36 states of Nigeria, a State Action Committee against AIDS (SACA) has been established to coordinate action at the state level. This coordination role is being further decentralized by the creation of Local government Action Committees Against AIDS (LACA) in each local government Local Government Authority (LGA) office.

The HEAP is built around two strategic components: 1) Creation of an enabling environment and 2) Specific HIV/AIDS Interventions. HEAP is also designed to foster the development of a dialogue with the States and local communities.

The creation of an enabling environment includes the removal of sociocultural, information, and system barriers and catalyzes community-based responses.

Specific HIV/AIDS interventions are targeted to high risk populations, which include:

- Youth programs
- Empowerment of women to negotiate safer sex
- Interventions with Armed Forces and Police
- PMTCT
- Transactional Sex Workers
- Prisons and Immigration Border Control.
- Workplace Policies
- Road transport Workers

Preventative interventions for the general population include:

- Management of STIs
- Policies for Safe Blood
- Affordable VCCT
- Care and Support for People Living With AIDS (PLWAS)
- Care and Support for People Affected by AIDS (PABAS)

The HEAP partners will aggressively and proactively respond to the following key determinants:

**Social determinants:** The role and impact of commercial sex workers, of non-acceptance by religious and conservative groups of all proven HIV preventative methods of stigma and discrimination against persons living with the disease, of low to irregular incomes, of peer pressure for high-risk behaviour, of culturally-dictated subjugation and subordination of women, of weaknesses in the legal and political framework and of lack of support for out-of-school youths.

**Behavioral determinants.** Unprotected sexual behaviour among mobile population groups, unwillingness to acknowledge infection and seek assistance, and deterioration of traditional social discipline and norms of behaviour.

**Biological determinants.** Uncontrolled proliferation of infection associated with sexually transmitted diseases and both unsafe and unregulated blood transfusions.

Interventions planned and being implemented include a massive awareness campaign with television slots, radio jingles, billboards, posters, and leaflets. The largest anti-retroviral therapy program is planned for Nigeria, as well as improved surveillance, monitoring and evaluation.

## **NATIONAL ACTION PLAN FOR THE EDUCATION SECTOR**

HIV/AIDS and education was initially handled in conjunction with other issues at the Federal and State Ministries of Education, but the rapid, alarming spread of the disease caused the government to take a definite stand. The goal of the national action plan, published in March 2003, is to reduce and ultimately prevent the spread of HIV infection in the Education Sector through the formal and informal gathering, sharing, and dissemination of information to promote attitude and behavioral change.

### **Goal**

To prevent the spread and mitigate the impact of HIV/AIDS in the sector.

### **Objectives**

- Reduce HIV/AIDS transmission in the sector
- Create awareness about the epidemic among its stakeholders
- Encourage multi-sectoral participation at the national, states and local government levels'

- Mobile resources from government, non-government organizations, development partners, donor agencies to assist in the prevention, control, care and support
- Ensure the implementation of Family-Life HIV/AIDS Education Curriculum
- Build programmes and activities for in and out of school youths, girls and OVC
- Provide assistance for HIV/AIDS infected and affected
- Reduce stigmatization and discrimination against the infected and the affected
- Encourage voluntary confidential counseling and testing

### **Strategies**

- Advocacy at all levels
- Regular sensitization and awareness campaign
- Development and circulation of age-appropriate IEC materials
- Develop and print Family Life HIV/AIDS Curriculum
- Build Capacity of the sector respond to HIV/AIDS issues and concerns
- Develop and produce HIV/AIDS Education policy
- Train Peer Educators/Peer Coordinators
- Strengthen Health Care and Counselling Services
- Set up Anti-AIDS clubs
- Build Resource Centre
- Develop Care and Support Help Desk.

### **Monitoring and Evaluation**

- Create a database on HIV/AIDS for the Education Sector
- Conduct baseline survey on the impact of HIV/AIDS on the Education Sector
- Periodic survey on HIV/AIDS issues and concerns
- Collaborate with relevant institutions such as Federal Ministry of Health, Federal Ministry of Labour and Productivity, Federal Ministry of Women affairs and Youth Development etc.

### **Conclusion**

The March 2003 Harmonized Action Plan on HIV/AIDS is the first serious step towards tackling HIV/AIDS epidemic in the Education Sector. This plan addresses issues of duplication of activities in the sub-sector, HIV/AIDS policy in preventive education, mitigation, care and support of PLWHAs and PABAs.

### **FME/UNAIDS/UNESCO PREVENTIVE EDUCATION INITIATIVE: TOWARDS A STRATEGIC PLAN OF ACTION**

The first national workshop on HIV/AIDS and Education was held in Abuja, Nigeria, from 9-13 June 2002, organized by UNESCO and the Federal Ministry of Education with participants representing the Federal and State Ministries of Education, State Primary Education Boards, the donor community, and non-governmental and civil society organizations in Nigeria with the aim of strengthening the education response to HIV/AIDS in Nigeria.

During the workshop, various efforts on HIV/AIDS and education were discussed and assessed. Best practices in other African countries as well as interventions by NGOs/CBOs in Nigeria in HIV/AIDS prevention were reviewed. Recommendations for education strategies to be used in the Nigerian situation and appropriate management structure for all tiers of government on HIV/AIDS and education were developed. Training needs, essential materials, and methods for establishing links between HIV/AIDS and education in lead educational institutions were also identified.

Some key activities were identified as priorities. These include:

- Establishment of Task Force on HIV/AIDS Education
- Strengthening the capacity of the FME – HIV/AIDS Unit (equipping it and training its staff)
- Development of HIV/AIDS curricular materials
- Training of teachers in the application of the HIV/AIDS curriculum
- Research on the impact of HIV/AIDS on the education system
- Engagement of the non-formal education system to reach the out-of-school youth and adults
- Training of community leaders as well as religious and CBO leaders
- Training of school pupils as peer educators
- Resource mobilisation

## **IV. WORKSHOP REPORTS**

**REPORT OF THE ABUJA WORKSHOP:  
ANALYSIS AND RESPONSE AT THE FEDERAL LEVEL**

This report outlines the analysis and response of the Federal level in the following areas: the Federal Ministry of Education HIV/AIDS unit, Planning and Mitigation, Prevention, Orphans and Vulnerable Children, and HIV/AIDS in the Workplace Policy.

**Federal Ministry of Education HIV/AIDS Unit.**

The goal of the HIV/AIDS unit is to support an effective education sector response to HIV/AIDS in Nigeria within the HEAP.

Its objectives are:

- To coordinate the education sector response to HIV/AIDS
- To proactively collect data on HIV/AIDS in the education sector and serve as a resource for information on the sector
- To monitor programmes on HIV/AIDS in the education sector

Activities in support of these objectives include:

- Develop an annual work plan
- Refine and accelerate the Education Sector Strategic Response to HIV/AIDS
- Strengthen capacity in data collection and analysis, information management and programme management
- Proactively establish relationships with key stakeholders including NACA, FM Health, data and information sources in the FME and Parastatals

These activities will be completed between June and December 2003.



## **ACCELERATING THE PLANNING AND MITIGATION RESPONSE AT THE FEDERAL LEVEL**

This Thematic Group considered planning for and mitigation of the impact of HIV/AIDS on the education sector in Nigeria, in the context of the collection and use of data. The group was made up of ten members drawn from various organisations in the education sector as well as international facilitators.

The group had eight sessions in all. They worked upon the current situation, achievements and needs of the education sector in tackling the problem of HIV/AIDS. The major gaps identified are in data and funding. The group recommended objectives and activities to be carried out in planning for and mitigation of HIV/AIDS impact in the education sector.

### **Current Situation**

It was reported that there is no real Educational Management Information System (EMIS) in place in the education sector; although there is a national Education Data Bank (EDB) and national education statistics are published. These statistics, however, do not include HIV/AIDS indicators. A few states have conducted local surveys related to HIV/AIDS, while tertiary institutions in the country routinely maintain records of the health status of their staff and students. Appreciable resources are available for activities relating to HIV/AIDS in the education sector, including planning and mitigation responses.

### **Achievements**

Two training workshops were held in October-November 2001 using the Ed-SIDA model to train education planners from five states. A school census was held in February-March 2002, collecting data from all primary and secondary schools in the country for each of the years 1999-2002. A National Action Plan for combating HIV/AIDS in the education sector has been prepared over the past year. NACA, SACAs and LACAs have been established, including representatives from the education sector. Neither the Action Plan nor the various action committees have fully anticipated the impact of the pandemic on the education system itself, or the need to plan for mitigation. This current workshop is itself an achievement towards accelerating the responses.

Table 1 shows the possible future impact of HIV/AIDS on the number of teachers and children in the education system.

	1995*	2000*	2005**	2010**	2015**
Primary teacher numbers	437 619	445 405	498 366	616 712	808 211
Teachers with HIV	14 756	259 051	37 313	44 172	44 790
Absenteeism due to HIV	1 476	2 590	3 713	4 417	4 779

Attrition due to HIV	1 249	2 328	3 539	4 315	4 717
Required recruitment for EFA	0	35 555	47 190	62 634	83 132
Number of orphans:					
- due to AIDS	193 502	835 391	2 052 664	2 996 970	n/a
- due to other causes	4 414 706	4 381 559	4 205 804	3 919 022	n/a

Sources : UNAIDS and Ed-SIDA projections

\* = estimated; \*\* = projected; n/a = not available

## Gaps

Although there are a number of achievements, the planning and mitigation response is constrained by gaps which can be defined in terms of implementation and availability of resources. The major gaps are: lack of data on pupil flow rates; teachers by age and sex; teachers by entry, absenteeism, departure and reason; lack of funds; and lack of capacity to gather information, design instruments and analyse data. The system has no approved ways of measuring the impact of HIV/AIDS on the education sector. HIV/AIDS related data are not collected, which results in inadequate information (data) flow. There is also inadequate coordination of stakeholders in collection and use of data as a basis for planning and mitigation.

## Planned Activities

The Education Sector Analysis (ESA) Unit is about to collect education data from schools, including HIV/AIDS information. A UNICEF baseline survey is in the pipeline. 'The POLICY Project' will commission an impact assessment on HIV/AIDS in the education sector, to be funded by USAID. Additional budgetary provision under FME for the HIV/AIDS unit has been requested. The HIV/AIDS and education specialist funded by DFID should arrive within a few months. There are plans for a series of workshops for state officials on HIV/AIDS at NIEPA, Ondo.

## Action Plan

The overall goal for planning and mitigation is to accelerate the collection, analysis and use of data as a basis for planning and mitigating the impact of HIV/AIDS on the education sector. The overall specific objectives are:

1. To strengthen capacity in the gathering of relevant HIV/AIDS and education data from all available sources, and in developing collaboration with all stakeholders.
2. To coordinate planning and mitigation of HIV/AIDS activities of the State Ministries of Education (SMOEs) and State Primary Education Boards (SPEBs).
3. To strengthen the collaboration between the HIV/AIDS Unit, DPRS and the Education Data Bank in the design of data collection instruments, and in analysis and management of education statistics.

The activities designed to achieve the first objective include: making a checklist of data required; identifying sources of relevant information; sending of a letter requesting data from the identified sources; follow up by collection of readily available data from various sources; maintaining regular contact with sources of information; maintaining and up-dating the database of HIV/AIDS-specific information in liaison with the planners and statisticians in DPRS/EDB. The HIV/AIDS Unit, EDB, and DPRS in FME are all to be responsible for these activities, and are given a time frame of 6 months. The end result would be to have statisticians in place, a checklist drafted, letter sent, data collected, contact maintained, database maintained and updated, liaison in place, computers procured, and staff trained.

The activities proposed to achieve the second objective include: disseminating information on existence and functions of the HIV/AIDS unit; initiating the formation of similar units at state level; promoting better coordination between state ministries of education and SACAs; establishing communication links and information-sharing mechanisms between the HIV/AIDS Unit in FME and state-level units; FME coordinating with NIEPA in planning and provision of training for state level personnel; monitoring the training of state officials at NIEPA in the use of the Ed-SIDA model by state governments; following up post-training use of the model; hiring consultancy support as necessary to provide technical assistance to these activities. These activities will be the responsibility of the HIV/AIDS Unit in FME and NIEPA. The time frame to achieve this objective is six months and the outcomes include: information disseminated, other units related to HIV/AIDS formed, coordination improved, mechanisms for communication and information-sharing established, consultancy contracted, coordination routinely carried out, monitoring mechanisms and follow-up in place.

The activities proposed to achieve the third objective include: developing terms of reference for the design of a pilot survey; conducting a sample survey to determine numbers of teachers by age, gender, recruitment, and attrition; holding regular meetings between DPRS, HIV/AIDS Unit and the Education Data Bank; identifying indicators and useful types of analysis that can be undertaken; developing and up-dating regularly projections of school-age population, pupil enrolment and teacher numbers taking the impact of HIV/AIDS into account. These activities are the responsibility of the HIV/AIDS Unit and the DPRS in the FME. A time frame of six months is needed to achieve this objective and undertake these activities. The outcomes include the development of the terms of reference, design and conduct of a sample survey, regular meetings between sources of data, indicators and types of analysis identified, and projections being made.

### **Immediate Priority**

In terms of immediate priority within the next 90 days, the activities designed to achieve the first objective which will take at most 3 months should be carried out. These include conducting a small-scale pilot survey to test an instrument to fill some of the data gaps, notably information on teachers and student-teachers by age, pupil flow rates and transition rates, and teacher recruitment and attrition rates. This might well be combined with the proposed sample survey to determine the barriers to the access and participation of orphans and vulnerable children.

## **ACCELERATING THE PREVENTION RESPONSE AT THE FEDERAL LEVEL**

### **Current Situation**

The establishment of an HIV/AIDS unit in the Federal Ministry of Education in 2002 marks a major intervention of preventive education in the control of the spread of HIV/AIDS in Nigeria. Since its establishment, it has conducted preventive education programs in partnership with national and international agencies, including NGOs. Some of these activities include:

- Development and adoption of family life and HIV/AIDS education (FLHE) curriculum by the National Education Council (NEC);
- Implementation of peer education for teachers and students in 16 schools of Federal Center Territory (FCT);
- Training of 48 master trainers in the use of the FLHE curriculum;
- Execution of studies on the impact of HIV/AIDS on education;
- Establishment of HIV/AIDS preventive Education Unit at the National Teachers' Institute (NTI) in Kandua (a Distance Teacher Training Institution);
- Pilot study of Life Planning Education/HIV/AIDS prevention education in 151 public secondary schools in Oyo State in partnership with the NGO Association for Reproductive and Family Health (ARFH);
- HIV/AIDS awareness program through radio and television jingles through Universal Basic Education (UBE);
- Youth sensitization and awareness using drama, quiz competition and exhibition;
- National Youth Service Corps Peer Education Project in seven states; and
- National Advocacy workshop in HIV/AIDS and education.

### **Achievements**

Of the on-going activities, the pilot project life planning and HIV/AIDS prevention education in Oyo State in partnership with ARFH has distinguished itself as one of the promising projects. Evaluations have confirmed its effectiveness in reducing the spread of HIV and mitigating its impact among teachers and pupils. The project trained teachers to teach life planning sessions in the classes. These are self-selected teachers; if they are interested, they participate in the training. The topics are integrated into different carrier subjects and also, at times, as stand-alone classes. These teachers also conduct general outreach activities in the school via school assembly, drama, and formation of HIV/AIDS health club. At the same time, trained peer educators provide information and education and referred peers to youth friendly health clinics. Peer educators are selected from every level of the school based on a set of criteria including emotional and social abilities. This was piloted in Oyo State in 131 out of 349 public secondary schools in mostly urban poor communities, representing about 35% of total secondary schools in Oyo between 1999 and 2003. Based on its success, it was replicated in 3 other states (Kebbi, Bauchi, Gombe).

Youth sensitization and awareness activities using theatre, quiz competition, and exhibitions are also promising and they have been effective mechanisms for dissemination information within and out of school setting. FME, UBE, CBOs, NGOs are conducting these type of activities which are able to reach the youth at the grassroots. These include the Anti-AIDS clubs that are encouraged in every secondary school. Currently, every school in Federal Capital Territory has been trained to create these clubs.

The HIV/AIDS Preventive Education in National Teachers' Institute (NTI) Kaduna is another promising practice under programming. Teachers are trained to acquire skills to teach HIV/AIDS preventive education in schools using distance learning methods. All primary teachers will be taught through NTI study centers which operate throughout the country. The training by NTI will reinforce efforts to mainstream HIV/AIDS education in education system.

### **Gaps**

In addition to the activities identified in the effort to prevent HIV, many gaps were also noted. Among the gaps identified are:

- Although production is in process, the FLHE curriculum and curricular materials are not yet available in schools;
- Instructional materials are not yet available in Nigerian languages;
- Lack of trained teachers in the use of HIV/AIDS education curriculum;
- Lack of effective coordination among stakeholders on HIV/AIDS prevention education (FME, SOME, LEA, NGOs); and
- A national program has been planned for primary schools, but is not available now

### **Action Plan**

In the effort respond to the gaps, four objectives were identified:

**Objective #1.** To mass produce and distribute the FLHE (family life and HIV/AIDS education) curriculum.

Following the 1999 directive of National Council on Education (NCE) to integrate sexuality education into the education system, Nigerian Education Research and Development Council (NERDC), in collaboration with the Federal Ministry of Education (FME) and a Non-Governmental Organization named Action Health Incorporated (AHI), organized a series of planning and development workshops to produce the national sexuality education curriculum which were presented to the Reference Committee of the Joint Consultative Committee on Education (JCCE) for scrutiny. The JCCE 2001 plenary session also considered the document before recommending it for approval by the NCE composed of Commissioners of Education, Permanent Secretaries and Directors of Education from all the states of the Federation and Directors of Education from all the states of the Federation under the Chairmanship of the Federal Ministry of Education. Shortly after, however, as a result of cultural sensitivities to some content items in the curriculum, the NCE at its 49<sup>th</sup> meeting at Kaduna in 2002 further directed that the observations of all the states

of the Federation should be considered in refocusing the approved curriculum to target specifically FLHE. Consequently, all states of the Federation were urged to establish a review panel to recommend curriculum content for the new FLHE. The states' panel reports were harmonized at a World Bank/UBE supported development and critique workshops at which seventy eight (78) participants drawn from all the states of the Federation took part in March, 2003.

In line with the NCE directive that the refined and renamed curriculum be distributed to all states of the Federation for implementation “within culturally acceptable socio-cultural peculiarities,” we are now requesting for the mass production of the FLHE curriculum for distribution to the States.

#### Production of FLHE curriculum

Categories of Users	No. of copies	Unit Cost	Total Cost
Teachers at Primary Schools (Formal & Nomadic). There are 460,000 teachers in primary schools in 2001.	500,000 (approximately one per teacher)	200 Naira	100,000,000 Naira
Teachers at Non-Formal Centres	100,000	200 Naira	20,000,000 Naira
<b>TOTAL</b>	<b>600,000</b>		<b>120,000,000 Naira</b>

The coordinating responsibility goes to the FME and NERDC. If funding issues are resolved, this activity could be accomplished during October 2003 – January 2004 and the Curriculum will be available for distribution.

Once the curriculum is prepared, it will be distributed to all schools and adult learning centres and the FME, SME, LEA will be responsible for the organization of the distribution. By February-April 2004, FLHE curriculum will be in schools and adult learning centers for teachers to use.

In addition, the primary level curriculum needs to be translated into major local languages for local language instruction. These will also be printed and distributed by FME, NINLAN, and NERDC during 2004.

**Objective #2.** To develop, mass produce and distribute curricular and/or instructional materials.

To utilize the curriculum the learners and teachers will also need learning and teaching materials. Curricular material with a Teacher's Guide for Primary, Secondary, Post- Secondary and a Teacher's Manual are necessary. To achieve these, the following activities are necessary:

- Planning and Orientation Workshop: July-September 2003
- Residential Development Workshop (4 groups): October-December 2003
- Critique & Editorial Workshop on 4 materials (text): February-March 2004
- Production of Materials (10,000 copies each material to be distributed to state governments): April-May 2004
- Distribution of Materials to State Governments: June 2004

The coordinating organization for activities 1,2, and 3 is NERDC; for activity 4 is FME and NERDC; and for activity 5 is FME. These activities will require at least twelve months and will rely on collaboration with publishers and other partners.

**Objective #3:** To train teachers in the use of FLHE curriculum and materials.

To ensure use of curriculum and materials, teachers at all schools will need to be trained in service. Forty-eight Master trainers from State and FME level have been trained in life-skills education and FLHE. Utilizing the skills of these trainers, the following activities are necessary for in-service orientation and for the training of all teachers currently in schools. Pre-school training will be part of the NCCE activity.

1. Refresher and planning workshop for master trainers and critical mass by October 2003;
2. State level training by master trainers of core state master trainers with materials from January to June 2004;
3. State master trainers train teachers with materials from March 2004 until beginning of Phase 2; and
4. Monitor and support the step down training at the state and local government levels from March 2004 to Phase 2. The activities should be an on-going activities and all levels of government including FME (HIV/AIDS unit), SMOE, SAME, SPEB, LGEAs, NGOs, NCCE, NTI, NIEPA are responsible.

**Objectives # 4.** To accelerate the establishment of anti-HIV/AIDS clubs in schools and learning centers.

In addition to HIV prevention education, FME, in collaboration with NGOs, are supporting the creation of Anti-AIDS clubs as a co-curricular means of reaching the youth in and around schools. Teachers have been trained to create Anti-AIDS clubs and peer education programs where learners are trained on basic facts about HIV and STI; life skills and peer education. Teachers and learners in every secondary school in the Federal Central Territory (FCT) have been trained and are creating Anti-AIDS clubs. FME will coordinate the expansion of these activities into the Southwest of Nigeria as Phase II in the next 3 months; and by March 2004 all secondary schools will have received training.

To maintain the momentum of the workshop, the FME and its partners will ensure that in the next 90 days the following activities are executed:

1. Prepare for financial support for printing of curriculum;
2. Refresher and Planning workshop for training
3. Peer Education Activities Expanded to the Southwest.

Items 2-4 will need to be costed before taking this project further.

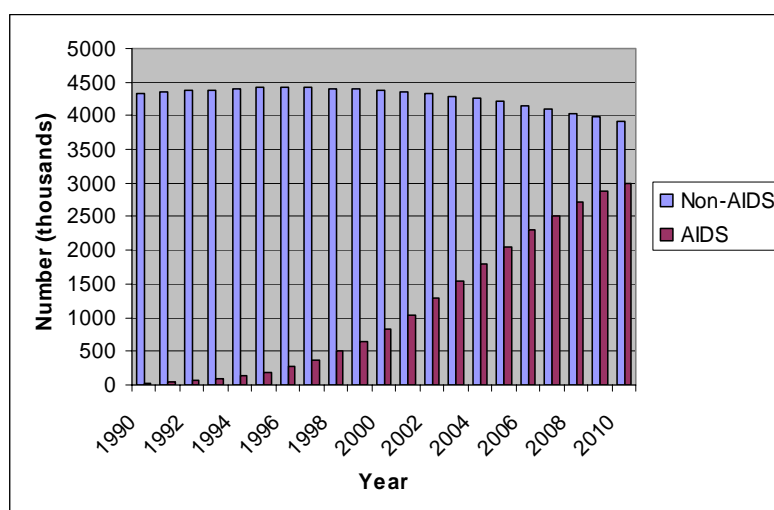
## ACCELERATING THE RESPONSE TO ENSURE EDUCATION ACCESS FOR ORPHANS AND VULNERABLE CHILDREN AT THE FEDERAL LEVEL

### Current Situation

The group considered the barriers to education faced by Orphans and Vulnerable Children (OVC). Nigeria is estimated to have about 1.2 million AIDS orphans (18% of all AIDS orphans). The HEAP lays the responsibility for the general care of orphans with the Federal Ministry of Women’s Affairs and Youth Development (FMWA&YD). However, this decision has not addressed this group of vulnerable children’s access to education, which must remain the responsibility of the FME.

Orphans are children whose mothers have died, also referred to as maternal orphans. Paternal orphans are children whose fathers have died. Double orphans are children whose mothers and fathers have both died. Although the term child is generally in Nigeria taken as a legal minor, i.e. under 18 years old, FME-Nigeria uses the international definition of orphans, children under 15 years (Children on the Brink 2002). Nigerian culture sometimes has a different concept of orphan (i.e. in the South, both parents lost – in the North, father lost, regardless if mother alive,).

**Figure 1**                      **Numbers of AIDS and NON-AIDS orphans (maternal, paternal and dual) of ages 6-14 – Nigeria**



- The graph illustrates the number of AIDS and Non-AIDS deaths of ages 6-14. In 2000 this was 4 381 or 19.06% of Non-AIDS deaths. In 2010 this figure falls to 3 919 or 76.47% of Non-AIDS deaths



**Table 1 Estimated number ('000) of Orphans for each region - 2010**

Region	Maternal		Paternal	Dual
	Non-AIDS	AIDS	All causes	All causes
Central	130	569	862	769
Northeast	173	448	621	236
Northwest	194	283	410	67
Southeast	95	588	1, 880	249
Southwest	134	462	910	149

**Source: Ssengonzi and Moreland (2001)**

In addition to orphans, there exists a large class of vulnerable children. These are children belonging to high-risk groups who lack access to basic social amenities or facilities. HIV/AIDS and armed conflict have become the main generators of vulnerability, although there are, and always have been, many others.

Vulnerability is, therefore, a complex, environmentally-specific, concept. It includes:

- Children living with HIV/AIDS
- Children living in affected households ( $\geq 1$  adult with HIV/AIDS)
- Abandoned or destitute children
- Disabled or handicapped children
- Children in child or adolescent-headed households
- Children living with elderly caregivers

Civil society plays the major role in the welfare of OVC, often led by NGOs or faith-based communities. This is often through institutions which may provide special facilities for handicapped children and orphanages as places of shelter. Education is offered through these institutions to a variable extent.

### **Promising Practices**

The following practices are currently being implemented:

Most interventions on the problem of OVC are faith based or NGO led. Even if education is provided as part of this care, this does not represent a systematic response

of the nation's educational sector. The Federal Government has established an OVC Committee chaired by the Federal Ministry of Women's Affairs & Youth Development, but the membership includes FME and agency partners. It is noteworthy that projections of OVC numbers have been made (see the 'Policy Project' - figure and table above). Free education as a basic right has been established by law. Two states have led the nation through the provision of school meals.

## **Response Plan**

Specific Objectives:

1. Identify barriers to OVC education
2. Establish advocacy systems for OVC with policy makers & stakeholders
3. Remove barriers to primary and secondary education for OVC

### **Identifying barriers to OVC education**

Although from experience there is a general sense of the barriers to OVC education, there is a lack of exact data, in particular of the scale of levies and the costing of needed subsidies. Therefore a survey will be conducted on the barriers to access to UBE for OVC. It will look at the prevalence of OVC in schools and in the community and will quantify these barriers. The report will be disseminated widely.

- Responsibility – FME HIV/AIDS Unit
- Time Frame – This will be a phased national survey and remedial actions should not be delayed until its final completion around June 2005. By the end of 2003 there should be preliminary data to guide responses.
- Outcome – availability of data to target OVC support

### **Establishing advocacy systems for OVC with policy makers & stakeholders**

The HEAP makes no mention of the OVC problem. This leads to a pressing need to increase awareness rapidly in order to generate action. Sensitisation seminars will be held in the ANCOPSS, JCCE, and NCE forums. They will promote the continuous use of baseline tools and the updating of stakeholders on responses. Intersectoral collaboration will be generated with the Federal Ministry of Women's Affairs & Youth Development, Federal Ministry of Labour & Productivity, Federal Ministry of Health and Federal Ministry of Social Affairs.

- Responsibility – FME with FMWA&YD, FML&P, FMOH and FMSA.
- Time Frame - fully established by end 2004
- Outcome – Sensitised & supportive policy makers and stakeholders

### **Removing barriers to primary and secondary education for OVC**

This activity will plan, co-ordinate, and monitor a strategy to fully subsidise OVC education. This should include relevant, rights-based legislation and will look for support from the Education Tax Fund, private sector companies, the World Bank, unions and others.

- Responsibility – FME, FMWA&YD and FMSA

- Time Frame – October 2003 – September 2005. The response will be in phase with the generation of data under the first specific objective above.
- Outcomes – no OVC deprived of education through lack of finance

In addition, the Group's discussions brought out the need for an improvement in social services and the need for social workers, whose training is within the remit of the Federal Ministry of Social Affairs, to work in schools and directly with the education sector.

**Immediate Priority** – the next 90 days

In order (1) to provide preliminary data, (2) to test the instrument to be used in more extensive national surveys, and (3) to build capacity within the HIV/AIDS Unit without delay, a study of barriers to OVC education will be initiated and completed in a selected community, Suleja:

**90-day plan.** The Group began the process of planning the specific 90 day project to survey the barriers to education among OVC who have attended school, whether regularly or irregularly, in Suleja. This began with considering the research questions, the specific objectives and the methodology. This includes sample size and location, especially in order to maximise both feasibility and useful data yield.

This process will continue within the FME HIV/AIDS Unit over the coming weeks. The proposal will be submitted for rapid funding under MAP.

If the data are gathered by questionnaires from school principals, then data of interest to the Planning and Mitigation Group, such as the rates of absence, sickness and death of teachers, can also be gathered at the same time.

**Mrs. Offiah** of the HIV/AIDS Unit is to liaise within the Unit with **Nnorom Enakeme**, who will take the lead on this project from the OVC point of view.

Responsibility – HIV/AIDS Unit, Dept of Educational Support Services

Time Frame – July – October 03

Finance – World Bank (MAP)

Outcome – Data (inc. costing) to target support for OVC education.

## **ACCELERATING A NATIONAL POLICY ON HIV/AIDS IN THE EDUCATION SECTOR**

This thematic group was convened to “Accelerate FME Response to Accelerate Responses to Develop HIV/AIDS Policies for Schools.” After some discussion, it was decided to broaden the focus of the group, to encompass the need for an HIV/AIDS policy for the entire Education Sector, which has not yet been developed in Nigeria.

### **Current Situation**

The HIV/AIDS national plan has made provisions for various sectors, but a gap remains in the Education Sector. A policy is necessary to protect teachers and students from each other and the surrounding community. Other HIV/AIDS policies already put into place include the national policy on HIV/AIDS, the national policy on HIV/AIDS in the workplace, and the national policy on blood transfusion. Several policies are in the pipeline to address issues in the armed forces, prisons, and sports systems. These can help with the positive development of a policy on education.

### **Action Plan**

**Specific Objectives.** In preparing a response plan to address these issues, the group developed three main objectives:

1. Develop a framework for a national policy on HIV/AIDS in the Education Sector
2. Print, distribute, and disseminate the policy
3. Link the policy with existing policies, regulations, codes of practice, and guidance notes that are coherent with the policy

### **Develop a framework for a national policy on HIV/AIDS in the Education Sector.**

The importance of involving all relevant stakeholders in the policy making process was discussed, so they might develop ownership of the policy and its principles. An extensive list of proposed stakeholders were identified and they include: parastatals, NGOs, CBOs, religious and traditional institutions, community leaders, NACA, LACA, SACA, relevant staff and student unions, Ministry of Labour, Ministry of Health, Ministry of Justice, network of people living with HIV/AIDS, the national assembly, the mass media, children, teachers, and the Federal Ministry of Women Affairs and Youth Development.

Terms of Reference were written as a framework to be used by the consultant developing the draft policy. They include a citation, rationale, and purpose of policy. Terms to be defined included teachers at risk, OVC, community, and discrimination.

The key principles included stigma and discrimination, gender equality, care and support, sexual harassment by teachers, absenteeism and sick leave, conducive environment, confidentiality, and social dialogue.

A section assigns rights and responsibilities to teachers, students, parents, and other stakeholders. Policy provisions encourage collaboration with all relevant partners and emphasize the need for the prevention of STIs and other means of transmission.

Key activities include the need to provide information on the excess vulnerability of girls, means of HIV transmission, vulnerability, risk factors, and cultural practices that predispose, such as female genital mutilation, ritual scarring, etc.

Using a comprehensive list of stakeholders, the HIV/AIDS unit in DESS of the FME will send a copy of the draft policy framework developed by a consultant and invite them to a workshop. During the workshop, the framework will be discussed and the inputs of the stakeholders taken into consideration. At the end of the workshop, when the changes are made, a draft policy framework will be in place.

The HIV/AIDS unit in DESS (FME) will be responsible for this activity, specifically Mr. S.A.B. Atolagbe, director of the department, and Mrs. E.M. Oyinloye, national coordinator for HIV/AIDS.

The first step would be the hiring of a consultant to prepare the draft policy framework in the second week of July. Expanded Terms of Reference are attached.

This activity will be completed between July and September 2003.

**Print, Distribute, and Disseminate the Policy.** The draft policy will be deliberated on at workshops in the six geopolitical zones. Participants will receive draft copies with their invitation letters, to allow them time to review and come prepared to the workshop with comments. The draft policy will be fine tuned, obstacles identified, possible solutions proffered and ownership established.

This activity will be completed between October and December 2003.

**Link the policy with existing policies, regulations, codes of practice, and guidance notes that are coherent with the policy.** To complete this objective, subsectoral policies, codes of practice, and guidance notes will be identified and linked with the new Education Sector policy. The HIV/AIDS unit in DESS (FME) as well as all related parastatals and units, including the Ministry of Justice, will contribute to this activity. Existing codes of practice will be identified or put in place. Explanatory notes and other documents will be prepared to outline linkage with the policy.

This activity will be completed between January and March 2004.

**90-Day Commitment.** As noted above, the immediate priority of the policy group is to develop a draft policy framework and identify and seek the input of relevant stakeholders.

**Potential Challenges.** Several challenges must be addressed before the policy process can move forward. One is the need for detailed costing for funding. To meet the proposed deadlines, it will be necessary to mobilize funding before a consultant can be hired and the response plan put into place. The sensitivities of the various religious groups must also be taken into consideration, as they could stall the process later on.

**Resource Mobilization.** FME will identify sources of funding which may include development partners, NGOs, World Bank, etc.

**REPORT OF THE ONDO WORKSHOP:  
ANALYSIS AND RESPONSE AT THE STATE LEVEL**

This report outlines the analysis and response of the State level in the following areas: State HIV/AIDS units, Planning and Mitigation, Prevention, Orphans and Vulnerable Children, and HIV/AIDS in the Workplace Policy. The current situation and promising practices will be examined in each of these areas.

The state teams reported some concerns that the SACAs and LACAs were often perceived as being health sector initiatives, and that mechanisms for obtaining support for the education sector response were unclear.

**STATE COORDINATION OF HIV/AIDS RESPONSE**

	<b>Enugu</b>	<b>Kaduna</b>	<b>Oyo</b>	<b>Taraba</b>
<b>MoE Desk Officer</b> • Full time • Created	Yes • No • '02	Yes • No • '02	Yes • Yes • '03	Yes • Yes • '03
<b>MoE representative on SACA</b>	Yes	Yes	Yes	Yes
<b>MoE proposal to SACA</b>	No	Yes	No	No
<b>LACAS created</b>	17/56	23/23	33/33	0/16

## ACCELERATING THE PLANNING AND MITIGATION RESPONSE AT THE STATE LEVEL

### CURRENT SITUATION

Current Situation	Enugu	Kaduna	Oyo	Taraba
<b>Implemented</b>	HIV/AIDS-related questions form part of school examinations, although item analysis has not been done to determine the impact There is an EMIS, but it does not collect information on HIV/AIDS	No collection of data on HIV/AIDS for MOE – data may exist in health sector (??) State EMIS that functions, but not specific to HIV/AIDS issues	Establishment of HIV/AIDS unit Major baseline survey carried out in March 1998 On going collection of data and information	Routine collection of teacher and student data on an annual basis. No specified training in the context of HIV/AIDS mitigation for teachers
<b>Planned</b>	MOE/SPEB/PPSMB will henceforth use EMIS to collect information on HIV/AIDS	MOE will collect data on students and teachers and their HIV/AIDS status through surveys managed by sports & health unit in 2003-2004	Nothing planned	Nothing planned
<b>Achievements</b>	None	None	Participatory learning methods and increased knowledge of LPE in secondary schools Documented reduction in teenage pregnancy Increased awareness of STI and HIV/AIDS issues State plan MoU between SMOE & SMOH 40 youth friendly clinics in LPE	FHI survey on HIV/AIDS prevalence in 3 LGAs FHI survey revealed a prevalence rate of 5.8% overall (Policy Project says 6.5%)
<b>Challenges</b>	No data has been collected on HIV/AIDS status of teachers and pupils No HIV/AIDS unit	Currently no knowledge exist on HIV/AIDS status of teachers and students or the impact of HIV/AIDS on education supply and demand	Inadequate funds (especially counterpart) Lack of computer facilities Non secondary education	No information on prevalence rates for teachers and students. Gaps in data in terms of gender, age, absenteeism, attrition.



## **PROMISING PRACTICES**

### **Taraba State**

The current practice of collecting data on an annual basis is promising in terms of the breakdown on gender and qualification of teachers, and class, average and gender of primary school pupils. In addition, enrolment projections have been carried out in conjunction with the National Population Commission. Although the state has information on prevalence rates, the education information available is not adequate for use on the Ed-Sida model or HIV/AIDS planning and mitigation.

The data can be improved in the context HIV/AIDS impact by defining the age, death, resignation and retirement profiles of teachers; whilst the information on pupils could be in terms of flow rates (age, death, number of orphans, absenteeism). Overall, the EMIS system and the projection can be improved on the basis of the Ed-Sida model and its information requirements.

### **Kaduna State**

The SMoE in Kaduna collects data on teachers and pupils/students annually. Teacher information is on gender and qualification whereas for pupils it is on gender to determine the disparity. The information is fed into an EMIS for the purpose of capacity building and supply of teachers. It is important to point out that the EMIS assists the SMoE, through a posting committee, to deploy teachers evenly. On pupils, the analysis of disparity provides the SMoE an opportunity to carry out awareness campaigns in Kaduna.

The state hopes to adopt the Ed-Sida model so that it assist in the planning, financing and management issues of the education sector in the context of HIV/AIDS.

### **Oyo State**

Pupils and teachers' data is collected on quarterly basis under primary and secondary schools by sex, qualification and quantity. There is need to improve the already collected information by including age. Furthermore, it is important to include data for determining the HIV/AIDS impact (death, retirement, resignation, OVC, absenteeism) in future.

### **Enugu State**

A monitoring mechanism is in place. Hence, data is collected from all the 17 Local Governments by a standard format on an annual basis. These formats include name of teacher, rank, age, gender, qualifications, date of appointment and class taught; while enrolment formats for primary and secondary have the following headings age, gender number of pupils, class and admission. It is important to note that the information collected has been a key factor in determining teacher shortages and surplus within the state. The information collected is not adequate because it does not capture absenteeism, withdrawal, death and lateness of teachers. In addition, the EMIS stored information has to be improved so that it incorporates HIV/AIDS related issues and data requirements.

## ACCELERATING THE PREVENTION RESPONSE AT THE STATE LEVEL

### CURRENT SITUATION

Current Situation	Enugu	Kaduna	Oyo	Taraba
<b>Implemented</b>	FLEP (Family Life Education Programme) has been infused in the school curriculum Awareness and sensitisation campaigns are carried out in all public and private schools	FLHE Curriculum – reviewed and adopted Sensitization and awareness campaigns via workshops – 6 zones of 12 (public & private; secondary) Anti-AIDS clubs -- all boarding institutions (25 out 286 public secondary schools) and other non-boarding public and private schools	Advocacy; sensitisation seminar for all stakeholders, sensitisation for parents in the community 644 (of 9,247) teachers trained at secondary level 2,422 secondary students trained as peer educators LPE clubs in 131 secondary schools Major baseline survey carried out in March 1999 LPE manuals, curriculum, teachers handbook	HIV/AIDS intervention programme in secondary schools in 3 LGAs (teacher training workshops, peer educator training, extra curricular activities) in partnership between FHI and NUT. Muri youth intervention for out of school youth in 2 LGAs.
<b>Planned</b>	School Health Education Programme to be expanded in schools Intensification of workshops for teachers, learners, and supervisors of education	More zonal workshops Pay advocacy visits to divisions and schools in all administrators in 2003 by health and sports unit for curriculum and Anti-AIDS clubs	Further training of teachers More LPE manuals, curriculum, teachers handbook, to be printed Strengthening of the ELPE unit HIV/AIDS desk	Intend to expand the FHI programme to other LGAs. Implementation of the FLHE curriculum as soon as it is distributed
<b>Achievements</b>	All schools have implemented the HIV/AIDS prevention curriculum More than half the teachers, principals, and headmasters have been trained using workshops and seminars	Anti-AIDS clubs that promote prevention	Measured and increased knowledge of LPE in secondary schools Documented reduction in teenage pregnancy Increased awareness of STI and HIV/AIDS issues State plan Memorandum of understanding between SMOE and SMOH	Change in attitude and behaviour of teachers and students towards unsafe sex. (determined through monthly monitoring) Establishment of HIV/AIDS prevention units in the 3 LGAs. Greater awareness of HIV/AIDS among out of school youth (probable increase of condom use as sales are apparently going

			40 youth friendly clinics Participatory learning methods in LPE	up) Training of 42 teachers as trainers and training of 276 peer educators.
<b>Challenges</b>	Lack of formal budget allocation for HIV/AIDS Lack of monitoring and evaluation of the impact	FLHE curriculum not yet circulated or implemented	Inadequate funds (especially counterpart) Lack of computer facilities Non secondary education	Inadequate teacher training for the implementation of the curriculum. There is need for extension of training to local education staff of LEAs. No programme for primary schools Inadequate statistical data

## PROMISING PRACTICES

### **Enugu State**

*Project* : Schools Anti HIV/AIDS Club

*Objective* : Create awareness and sensitize students against the spread of HIV/AIDS

*Target group* : Post-primary school students aged 10 to 18 years

*Description* :

This is school club with little bit of difference. Every student in every school is a member. Many such clubs exist in schools and have officials and operate like any other club. In addition, they operate like a press club, a debating society and an excursion group. As reporters, they gather information about HIV/AIDS and discuss same among themselves. They publish such information for circulation among their members. They debate on HIV/AIDS related issues within their school and with other schools. They organize drama shows on HIV/AIDS, etc. They visit hospitals and other schools and discuss the impact of HIV/AIDS, gather more information and exchange ideas with others. It is one-in-all club. (No budget line in SOME.)

**Achievements** : There is a high level of awareness and sensitization of HIV/AIDS among these students. This is because they not only hear about HIV/AIDS, they see the victims through the activities of these clubs.

**Gap** : Lack of adequate financing.

### **Kaduna State**

*Project* : Sensitization on HIV/AIDS

*General Objective* : To prevent the spread of HIV/AIDS in the education sector

*Specific Objective* : To enlighten students (age 12-18) in our post-primary institutions on the existence, spread and dangers of HIV/AIDS and how to prevent it.

### **Achievements**

Apart from dissemination of information on HIV/AIDS by trained teachers and guidance and counseling teachers to students, the student are further informed and enlightened through debates -- inter-zonal and inter-schools.

- Organizing quiz competition on HIV/AIDS for public and private schools.
- Formation of Anti HIV/AIDS clubs in schools that also help to educate students on the menace of HIV/AIDS and how best to control it.
- Workshops for Directors, Principals, Teachers, guidance and counseling (G&C) teachers and Students have already been carried out in 25 pilot (boarding) schools and in some private and other non-boarding public institutions in the state.
- Promoting the Voluntary Screening Testing of people in the state that is free in hospital and HIV/AIDS drugs are sold at subsidized price for all.

### **Gaps**

Lack of sufficient funds to cover all the remaining over 200 post-primary schools in the state.

### **Oyo State**

*Project:* Life Planning Education (LPE).

It started in 1998 with NABS (Needs Assessment and Baseline Survey). It is being implemented by Oyo State Government through the Ministry of Education and the Association for Reproductive and Family Health (ARFH), an NGO with support from DFID. The active delivery of LPE in school started in 1999 for students from JS1 to SS2.

The goal of the project is to improve sexual and reproductive health of adolescents in Oyo State as a model for national replication, while its purpose is to improve sexual and social behavior and sensitization in preventing and controlling HIV/AIDS by adolescents in target communities of Oyo State. The target group is in-school-youth in both junior and senior secondary schools. The current project has covered 131 of the 349 public secondary schools in the state.

The activities already carried out on the project are :

- Establishment of a coordinating unit and HIV/AIDS desk in the State Ministry of Education (SMOE)
- Advocacy and sensitization seminars for principals, community members, parents and policy maker.
- Training of 644 teachers (of 9,700+) in Life-Planning Education. The students also played very crucial roles in the selections of teachers training in LPE.
- Training of 2,422 students as peer educators.
- Use of participatory methodology in the delivery of LPE with extensive use of role plays, drama, debates, group exercises.
- Training of Primary Health Center coordinators and Health service providers for effective assistance for Youth Friendly Clinics.
- Drafting of the plan of action for prevention and control of HIV/AIDS.
- Training of ZIEs (Zonal Inspectors of Education) and LIEs (Local Inspectors of Education) to monitor and supervise of the project.

The project has 5 output areas:

1. Schools able to deliver LPE/HIV/AIDS issues effectively
2. Youth-Friendly Reproductive Health Services accessible to male and female adolescents in target communities
3. Comprehensive program of advocacy, net-working, IEC and community participation to provide support for LPE/HIV/AIDS.
4. Research capacity of ARFH to support effective delivery of services in a participatory, equitable and gender sensitive enhanced.
5. Capacity of partner institutions (ARFH, SMOE, SMOH) developed to manage and sustain the project.

### **Achievements**

- Increased knowledge in the prevention of pregnancy, STDs/HIV/AIDS
- Youth have acquired skills and developed attitudes that will enable them to communicate, make rational decisions and empower them to negotiate decisions in life, including sexual practice.
- The project has created an enabling environment that allows young people to protect themselves from STDs/HIV/AIDS.

### **Planned Activities**

- To scale up LPE/HIV/AIDS through expansions to additional 217 secondary schools in the state.
- To train teachers in the remaining schools.
- To organize refresher training for teachers and peer educators in the project schools
- To train more peer educators to replace those that have passed out
- Continuous advocacy and sensitizations workshop for stakeholders
- Strengthening of the HIV/AIDS unit of the Ministry and the provision of personnel, computers and IEC materials.

### **Gaps**

- Lack of policy for the project
- Non-availability of fund. No financial commitment on the part of the state government.

### **Taraba State**

*Project* : STI/HIV/AIDS intervention with in-school youth and their teachers

*Target Group* : 12-18 year old (for students) and teachers

*Duration* : 2001-2003

*Source* : NUT (Nigerian Union Teacher)

*Objective* : To prevent or mitigate the spread of HIV/AIDS and STI among students and teachers

### **Description**

The state started the preventive campaign by conducting advocacy and sensitization visits to the State MOE, Teaching Service Board, SPEB (State Primary Education Board), Local Government Chairmen, Principals and Teachers (including PTA) for their moral support. There after, HAPU (HIV/AIDS Prevention Unit) and PAC (Project Advisory Committee) in the 3 LGA (Jalingo, Grassol and Wukari) out of the 16 LGAs in the state were formed. We later trained trainers (TOT) who later trained the peer educators (students). In all, 42 trainers were trained and 327 PE (peer educator)s were trained by the trainer. We later produced and distributed IEC materials (posters, HIV/AIDS booklets, T-shirts, face-caps, etc. and HIV/AIDS logos). 32 secondary schools in 125.

### **Achievements**

42 trainers trained; 327 PEs trained, 23 anti-clubs formed, 30,000 HIV/AIDS booklets produced and distributed, 1000 T-shirts produced and distributed, 1000 face-caps produced and distributed, 800 peer education Kits produced and distributed, more than 28,000 people reached with HIV/AIDS messages through drama, quiz, etc. 3 resource centers were established – one in each of the 3 LGAs. Successful linkages with other NGOs in the same mission.

### **Lesson Learned**

Hitherto, majority of youths believed that HIV/AIDS is caused by witchcraft while others did not believe on its reality. But now, majority of the youths in the 3 LGAs believed that HIV/AIDS is real.

**Gaps**

Successful prevention campaign in 3 LGAs out of 16 LGAs cannot be claimed as a success. Funds will be required to cover the remaining 13 LGAs for a complete success. Also primary school pupils and their teacher need to be reached with the HIV/AIDS campaign messages.

## ACCELERATING THE ACCESS TO EDUCATION FOR ORPHANS AND VULNERABLE CHILDREN AT THE STATE LEVEL

### CURRENT SITUATION

Current Situation	Enugu	Kaduna	Oyo	Taraba
<b>Implemented</b>	Orphans and vulnerable children are currently integrated into the mainstream school system Scholarship awards are given by local government to indigent students, including OVC	No interventions from MOE; OVCs are supported by faith-based and other NGOs and their families.	Free primary and secondary education policy in place Education available in three orphanages	Care and support for OVC through faith based organizations and hospitals.
<b>Planned</b>	Support services in form of free scholarship awards will be given	Nothing currently planned	Nothing currently	Nothing currently planned
<b>Achievements</b>	System in place to provide equal educational opportunity	None	None	Training of care givers and counsellors.
<b>Challenges</b>	Lack of data on OVC Lack of resources to fund scholarship programs	All	All	Lack of statistical data on number of orphans Absence of policy on care and support for OVC.



## **PROMISING PRACTICES**

Delegates cited several examples of initiatives in response to the growing problems of children and young people dropping out of school. The responses are lead by NGOs, but at the state level, there are also examples of adapting long-established national schemes on youth employment as a route to providing practical skills to ever younger children.

A promising NGO program is the Second Chance Initiative in Kaduna. The sole purpose of this NGO is to offer training in marketable skills such as carpentry, knitting, tailoring, etc. to children who have failed to complete a stage of education, whether primary or secondary. Micro-finance in the form of loans to start small businesses is also provided.

In Enugu, the State Government has attempted to provide education for street children but is hampered by lack of data on OVC and failure to identify the status of individual children. The Voluntary Service Scheme (VSS), a training scheme to promote youth employment established in the 1980s, will take children who have completed primary education. In Taraba, the National Directorate of Employment (NDE) has announced a possible adaptation from its original mandate toward skills training of children and young people.

All states have a few charitable/NGO orphanages and other institutions which make educational provisions for their charges.

## ACCELERATING HIV/AIDS POLICY IN THE WORKPLACE AT THE STATE LEVEL

### PROMISING PRACTICES

Current Situation	Enugu	Kaduna	Oyo	Taraba
<b>Implemented</b>	HIV/AIDS education infused into the curriculum Workshops for head teachers, teachers, and other stakeholders (e.g. parents) from time to time MOE represented on SACA	No policies for HIV/AIDS in the Ministry of Education – adopted NACA policy MOE HIV workplan for 2003 drafted and submitted to PMT (for SACA)	No policies for HIV/AIDS in the Ministry of Education	No policy on HIV/AIDS and education in general, but there are rules and regulations governing teacher conduct and disciplinary procedures.
<b>Planned</b>	Establishment of an HIV/AIDS Education Unit in the MOE in collaboration with SPEB and PPSMB Intensify SACA roles in schools	To expand/establish HIV/AIDS unit No current plans to formulate work place policies	No plans in place	No plans in place
<b>Achievements</b>	Sensitisation campaigns by MOE for all stakeholders, traditional rulers, community leaders, and religious organizations Media campaign--use of stickers and slogans in schools and jingles on the radio The inclusion of HIV/AIDS in examination questions	Sensitization and awareness campaigns by MOE for private and public schools Anti-AIDS clubs that sensitize and make aware of discrimination, etc. Workshop with guidance counsellor for HIV/AIDS awareness including providing support to infected students.	None	Formation of SACA in 2001 with a strong representation from SME
<b>Challenges</b>	No HIV/AIDS unit in MOE No budgetary allocations for HIV/AIDS programmes	HIV/AIDS has been Health Sector approach only Lack of clear work place policies Lack of HIV/AIDS unit	All	No policy document No release of counterpart funding for SACA to take off No implementation of SACA driven activities & irregular meetings Absence of LACA

## **PROMISING PRACTICES**

In each of the states, a code of conduct for teachers is in place that addresses the issue of sexual harassment in primary and secondary schools. Education law prohibits corporal punishment of girls by male teachers, as corporal punishment is linked to sexual abuse.

### **Oyo State**

In Oyo state, government circulars are in place to implement life planning education/HIV/AIDS prevention in school scheme of work. A circular also provides for free medical care for all school age children from primary to secondary, including the provision of free condoms on demand.

### **Kaduna State**

In Kaduna state, some policies on education are being guided by SACA. Government circulars were sent to all schools to establish HIV-free clubs and to notify about free voluntary counseling and testing (VCT). A critical mass committee comprised of directors and heads of parastatals from the MOE has been established to draw up programmes to control the spread of HIV/AIDS and its prevention in the Ministry at school levels.

### **Enugu State**

In Enugu state, a workshop resolution was backed by the Ministry to establish anti-AIDS clubs in schools. A resolution also resolved to develop an anti-AIDS campaign involving all stakeholders at the school levels.

## **V. NEXT STEPS**

### **FEDERAL MINISTRY OF EDUCATION**

#### **Strengthening the coordinating role of the HIV/AIDS Unit.**

*Within 3 months:*

- Finalize the report on the Abuja and the Ondo workshops
- Prepare and disseminate to stakeholders a brochure explaining the goals, functions, and activities of the Unit
- Prepare TOR for international technical assistance position to be supported by DfiD under the UBE project.
- Prepare Annual Work Plan for the Unit
- Share the outputs of the Abuja and Ondo workshops at the Joint Consultative Committee on Education (July 2003) and at the National Council on Education (September 2003)
- The FME to participate in the International Congress on HIV/AIDS in sub-Saharan Africa, September 2003, in order to present the progress of the FME since the workshop as part of a satellite session on HIV/AIDS and Education.

#### **Accelerating the planning and mitigation response at the federal level.**

- Arrange for the posting of a statistician to the HIV/AIDS unit
- Procure computer equipment for HIV/AIDS unit supported by NACA/IDA credit on UBE project
- Identify sources of data relevant to the information dissemination role of the unit
- Permanent Secretary to send a letter requesting a meeting of data sources to establish an information coordination mechanism
- Establish systematic communication with SACAs and SMOE HIV/AIDS desk officers or units

*Within 3 months:*

- Design and conduct a pilot survey of teacher recruitment and attrition patterns, as a collaboration of the HIV/AIDS Unit, PRS, and the Education Data Bank

(This survey could be conducted at the same time as the OVC survey described below.)

### **Accelerating the prevention response at the federal level.**

Prepare a detailed costing of:

- Mass production and distribution of the FLHE curriculum
- Preparation and distribution of curricular materials nationwide
- Teacher training in the use of the curriculum

*Within 3 months:*

- Expand peer education and anti-AIDS clubs into secondary schools throughout the SouthWest and South South zones, using resources from NACA/IDA Credit

### **Accelerating the response to ensure access to education of OVC.**

- Establish collaboration between the FME, Federal Ministry of Women and Youth, FMOH, and relevant NGOs on the issue of OVC

*Within 3 months:*

- Design and conduct a pilot survey to determine the barriers to education experienced by OVC (This survey could be conducted at the same time as the data survey described above.)

### **Accelerating national policy on HIV/AIDS in the education sector.**

*Within 3 months:*

- Prepare a draft national policy on HIV/AIDS and education based on the TOR in Appendix 5
- Hold a meeting of stakeholders to enrich the draft national policy, including representatives from Kaduna, Oyo, Taraba, and Enugu

### **STATE MINISTRIES OF EDUCATION**

Enugu, Kaduna, Oyo, and Taraba state representatives have proposed the following actions:

- The state representatives will present their draft action plans to the SMOE during a briefing workshop to be chaired by the State Commissioner. The draft action plans for each state are attached at Appendix 6.

- The states will work with the FME HIV/AIDS Unit to develop a policy framework for the education sector.

## **NIEPA**

- Conduct the next workshop for eight states during one week in November. This workshop will be coordinated jointly by the Federal Ministry of Education HIV/AIDS Unit and the National Institute for Educational Planning and Administration, with Nigerian facilitators and a reduced number of (say 4) international facilitators.
- Strengthen the capacity of NIEPA staff to deliver these workshops. This will be facilitated by a technical adviser from DFID, and in coordination with the Partnership for Child Development.
- The Institute will also make efforts to integrate an HIV/AIDS component into their Training Programmes. This will involve writing of modules on HIV/AIDS and Education to be done by NIEPA programme staff with technical assistance from the British Department for International Development, the World Bank and UNESCO.
- The HIV/AIDS unit of NIEPA will also network with the other members of the critical mass within FME and its parastatals with a view to sharing experience on best practices.

### *Within 3 months:*

- Develop a detailed workplan and budget for workshops to ensure that all remaining states are covered during 2004.
- Prepare a detailed workplan, timetable, program and budget for the workshop in November
- Publish and distribute the report of the Abuja and Ondo workshops

## **ANNEXES**

- Annex 1: Workshop Agendas
- Annex 2: Participant Lists
- Annex 3: Numbers of Documents distributed
- Annex 4: Materials Included in Participant and Library Packs
- Annex 5: Terms of Reference
- Annex 6: State Response Plans
- Annex 7: Evaluation Summary