Education Sector's Response to HIV/AIDS IN NIGERIA

REPORT & FRAMEWORK for ACTION

Compiled and Edited by

- Hubert Charles
- Berhe Constantinos
- Iyabo Fagbulu
- Gesa Kupfer
- Rashid Aderinoye

EDUCATION SECTOR'S RESPONSE TO HIV/AIDS IN NIGERIA

FRAMEWORK FOR ACTION

REPORT OF NATIONAL WORSHOP ON HIV/AIDS AND EDUCATION

Compiled and Edited by

Hubert Charles
Berhe Costantinos
Iyabo Fagbulu
Gesa Kupfer
Bridget Okpa
Rashid Aderinoye

ACKNOWLEDGEMENTS

With the planning and implementation of this activity, UNESCO Abuja signaled its intention to shift the issue of preventive education from the periphery to the center of its programming in Nigeria. In fact since the completion of activity, we have not only formalized working relations with NTI around the establishment of a Department of Preventive Education in the institution but we have also convened as special working groups of Educators that is expected to report on the subject in six months time.

We wish to thank with all sincerity those partners that provided support to UNESCO's Preventive Education Initiative- the basis for this Report. We wish in particular to thank our UN partners: UNAIDS and UNICEF as well as DFID for facilitating access to crucial regional experiences with regard to HIV and Education.

We are indeed very appreciative of the cooperation and support of government of Nigeria through the exemplary leadership of Federal Ministry of Education.

Of course, we are also highly appreciative of (and dedicate this report to) the many Nigeria Educators at the federal, state and community levels who contributed to the success of the activity. It is our hope that this report will be useful tool to them as they take on the challenge of facilitating effective learning and hence behaviour change in teaching/ learning situations throughout Nigeria.

Finally, this report is also dedicated to the growing African networks of educators and education managers who accept that for the foreseeable future, education will remain the only effective vaccine against the disease. Though reflection, research and experimentation on variety of fronts, they contribute to important process of augmenting knowledge, not only on preventive education, but on ways of protecting education delivery systems from the effects of the pandemic.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARFH	Association of Reproductive Family Health
ARV	Anti – Retroviral
BCC	Behaviour Change Communication
CBOS	Community Based Organizations
CISCGHAN	Civil Society Consultative Group
CSOS	Civil Society Organizations
CSW	Commercial Sex Worker
DFID	Department for International Development.
ELPE	Expanded Life Planning Education
FAO	Food and Agricultural Organisations
FCT	Federal Capital Territory
FME	Federal Ministry of Education
FRESH	Focusing Resources on Effective School Health
GEM	Gender Empowerment Measure
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immuno- Deficiency Virus
IBE	International Bureau of Education
IEC	Information Education and Communication
IIEP	International Institute of Educational Planning
LACA	Local Government Area Action Committee
MTCT	Mother-To-Child-Transmission
ACA	National Action Committee on AIDS
ASCP	National AIDS STD Control Programme
CCE	National Commission for Colleges of Education
NCE	National Council on Education
NCNE	Nation Commission for Nomadic Education
NDLEA	National Drug and Law Enforcement Agency
NERDC	Nigeria Educational Research and Development Council
NFE	Non-Formal Education
NGO	Non-Governmental Organization
NMEC	National Commission for Mass Literacy, Adult and Non-Formal Education.
NNNPLWHA	Nigerian National Network of People Living with HIV/AIDS
NTFEHP	National Task Force on Education
NUC	National University Commission
PABA	People Affected By AIDS
PCA	Presidential Council on AIDS

PCU	Project Coordinating Unit
PLWHA	People Living with HIV/AIDS
PPFN	Plan Parenthood Federation Nigeria
PTA	Parents Teachers Association
SACA	State Action Committee on AIDS
SE	Sexuality Education
SHMB	State Hospital Management Board
TESOM	Teaching Service Commission
UBE	Universal Basic Education
UN	United Nation
UNAIDS	Joint United Nations Program on Aids
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nation International Children's Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

PREFACE TO HIV/AIDS AND EDUCATION REPORT

Effective responses to the HIV pandemic must be organized along several fronts. Progress must be made in the area of general health care including primary health care. Progress must also be made on the pharmaceutical front, with encouragement provided for the emergence of non traditional approaches to care as well as strategies for making known drugs affordable even to the rural poor. Attention must also be given to prevention strategies and to interventions that engender behaviour change among those groups already knowledgeable about the causes of HIV infection, but which continue to evince the same risky behaviour that allows for the continued rise in infection rates. In essence, this means shifting the focus from viewing HIV/AIDS as a primarily medical issue and finding the right points of intervention by educators who are traditionally seen as prime agents in nurturing behaviour change.

With the Workshop on HIV/AIDS and Education and with this publication which issues out of it, UNESCO, UNAIDS and the Federal Ministry of Education signal their commitment to assist Nigerian educators to move from the periphery to the centre of the international effort to ensure that the impact of HIV/AIDS on the delivery of education services is known, understood and considered within the framework of education planning and reform. Importantly, the publication allows Nigerian educators to place their own stamp - tempered as this must be with knowledge of culture and teaching/learning conditions - on the effort to strengthen the link between preventive education and mitigation of the impact of the rampaging virus. The report notes with some satisfaction, that work has already started in one or two states regarding measuring impact. Importantly, this work is being undertaken, not in isolation but in concert with interventions and processes meant to improve general basic education provision and to ensure progress towards the attainment of the Education for All (EFA) goals.

Review papers by Ebun Delano, Sabo Indabawa and Olusola Adara suggest that recognition of the place of preventive education at the formal and non-formal levels, is not entirely new in Nigeria. They do, however, show that much more needs to be done to have preventive strategies take their rightful place in the range of responses to HIV/AIDS. Key issues in this direction include the systematization of the efforts by non-governmental agencies and the provision of systematic support (both financial and technical) to these initiatives.

A key element in UNESCO's strategic support for country capacity building in this important area is the provision of opportunities to assess regional and international experiences with preventive education. In this context, the Report includes an excellent summary of global initiatives presented by Iron Schenker of the IBE – a key point in UNESCO's invigorated programme for the promotion of behaviour change through preventive education. Schenker's work provides a good backdrop against which Nigerian educators and institutions will be able to measure the scope and depth of their current and planned education initiatives. Schenker pays particularly attention to the research being undertaken in the UN and in Europe and hints strongly that educational interventions must be based solidly on theoretical and research considerations.

One central objective of the Workshop was to allow Nigerian educators to feel engaged with the ongoing effort of the Federal Ministry of Education to improve its profile as a

facilitator of appropriate action by the education sector in its response to HIV/AIDS. Thus, we hope that the chapter on the managerial issues by Babatunde Osotimehin as well as the recommendations generated through the workshop on management will be of interest to the FME and to state-level ministries.

Workshops on an appropriate research agenda, on information requirements, on training needs, on appropriate communications strategies and on curriculum challenges, contributed to the preparation of a Framework of Action which was formally presented to the FME. Of course, the Report is not meant exclusively for the FME. It is also intended for practicing educators and for the general public, among whom we hope that it will assist in stimulating not just discussion, but action and engagement in this campaign which we can ill-afford to loose.

UNESCO Abuja wishes to thank the Federal Ministry of Education as well as the Director and staff of UNAIDS Nigeria for the support provided in executing this Workshop. It should be noted, however, that the ideas and opinions expressed in the articles reproduced in this document are those of the authors and do not necessarily reflect the views of UNESCO.

Hubert J. Charles
UNESCO Abuja

EXECUTIVE SUMMARY

The first national workshop on HIV/AIDS and Education was held in Abuja, Nigeria, from 9-13 June 2002,organized by UNESCO and Federal Ministry of Education with support from UNAIDS and DIFD, the Workshop brought together a total of 150 participants representing the Federal and State Ministries of Education, State Primary Education Boards, the donor community,non-governmental and civil society organizations in Nigeria with the aim of identifying preventive education response to the HIV/AIDS challenges in Nigeria

The historic event was declared open by the President of the Federal Republic of Nigeria, Chief Olusegun Obasanjo who was represented by his Special Adviser on Education and National Ethics, Chief S. K. Babalola. The Honourable Minister of Women Affairs and Youth Development, Hajia Aisha Ismail, chaired the Opening Ceremony. The keynote address was delivered by the Honourable Minister of Education, Professor Babalola Borishade, two resource persons – one from the UNESCO International Bureau of Education (IBE) Dr Inon Schenker in Geneva and Dr Jonathan Godden of the USAID, South Africa – joined national experts in presenting papers at the meeting.

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.

The workshop also identified roles to be played by different tiers of government and other stakeholders.

Some of the discussions at the workshop centered on the needs for:

- Strengthening the HIV/AIDS Education Unit of the Federal, States and Local governments,
- Repositioning UNESCO as the focal point on preventive education against HIV/AIDS within the UN System and
- Linkages with international institutions like IIEP, IBE and others for best practices in the prevention of HIV/AIDS.

Based on the considerations of issues raised in the papers presented, the workshop resolved among others that:

Learning theories which include among others, theory of planned behaviour and reasoned action can only bring about change in behaviour, if the delivery strategies are made participatory and interactive.

Provision of basic needs of education planners, managers and curriculum developers, are critical to effective implementation of preventive education. Other essential ingredients

for infusion of HIV/AIDS Prevention in the Education process include teacher preparation as well as generation of parental awareness.

The desirability of implementing a pragmatic non-formal education is not in doubt if we are to reach those youth and adults that are at risk. Thus the flexible and open nature of non-formal education curriculum with its adult-friendly innovative approaches make it a relevant tool to reach million of people that are out - of-school and are at risk.

HIV/AIDS poses a major management challenge to education as issues of enrolment, drop-out and transition rates, quality and output will be adversely affected because the system is at risk. And as long as behaviour change cannot be achieved in a dysfunctional environment in which discipline and role models are lacking, education system must not only proffer solutions but must be seen as tackling the problem.

The development of a strategic plan of action is crucial as it serves as aid-memo to implementers.

Finally the objectives of the workshop were achieved through seven major presentations, six group discussions and interactive plenary sessions. The interactive discussions led to the adoption of a communiqué with eleven recommendations and the development of a Framework for Action on HIV/AIDS and Education in Nigeria.

In conclusion establishment of a National Task Force on Education for HIV Prevention (NTFEHP) was the hallmark of the workshop.

INTRODUCTION

Background

Two decades after HIV/AIDS was first reported, it has become the most devastating disease in the world. More than 40 million people are currently living with HIV/AIDS worldwide, two third of them in the Sub-Saharan Africa. The epidemic has become a human development crisis, destabilizing already fragile and complex geopolitical systems and hence a key issue for human security in Sub-Sahara Africa with more than 10% of those aged 15-49 years infected with HIV. In some countries in Sub-Sahara Africa, life expectancy has fallen by half and in most countries the health care systems are stretched beyond their limits. Economy is declining and the rapid spread of the disease has drastic effect on the psychological well-being of individual, families, communities and in fact, entire societies.

For the education sector, the spread of HIV/AIDS has enormous economic, social and psychological implications. Teachers, administrators, students and pupils are equally infected and affected by HIV/AIDS. AIDS has a negative impact both on the supply of teachers and on the capacity of children to continue schooling. Children, especially girls, of affected families are likely to drop out of school and tertiary institutions. The direct and indirect costs on education and skills are immense.

Apart from the impact HIV/AIDS has on the education sector, education has a key role to play in modifying behaviour and preventing stigmatization and mitigating the impacts of HIV/AIDS on individuals, families, communities and society. Thus, the undermining of education systems and institution by HIV/AIDS is of particular concern. The education system needs to develop behavioural change communication strategies for the prevention of HIV/AIDS. Education promotes health and prevents diseases through behaviour modification and skills that reduce risks improve care and reduce the impact of illnesses.

Global world initiatives like the Dakar (2000) World Education Forum Declaration on Education For All and the June 2001, United Nations Assembly Special Session (UNGASS) on HIV/AIDS, the joint Flagship projects of UNESCO, UNICEF, WHO and World Bank, and Focusing Resources on Effective School Health (FRESH) project, continue to support and explore education responses to prevent and mitigate the impacts of HIV/AIDS worldwide.

Nigeria with a prevalence rate of 5.8 % of population aged 15-49 years is at the threshold of an exponential increase of the epidemic. Only a well-directed coordinated response of all sectors will prevent an uncontrolled spread of the disease in Nigeria. In 2000, Nigeria established a National Action Committee on HV/AIDS (NACA) to coordinate the HIV/AIDS response and to address the problem of HIV/AIDS from a multi-sectoral perspective. Based on the HIV/AIDS Emergency Action Plan (HEAP), a three year national HIV/AIDS action plan was developed. The education sector will evolve an effective planning strategy for the increased involvement of education personnel and structures in the prevention of HIV/AIDS in Nigeria to contribute to the successful implementation of HEAP.

In order to analyze the impact of HIV/AIDS on the education sector in Nigeria and to inaugurate and accelerate educational processes that will contribute to reducing the

spread of HIV/AIDS in Nigeria a four days workshop was organized by UNESCO and Federal Ministry of Education with the support from UNAIDS and DFID.

The workshop brought together a total of 150 participants representing the Federal and State Ministries of Education, State Primary Education Boards and Civil and Society organization and NGOS in Nigeria.

Opening Session

The opening ceremony was truly high profile in the sense that two Federal Ministers were in attendance along with other dignitaries. The Honourable Minister of Women Affairs and Youth development Hajia Aisha Ismail was the Chairman while the Honourable Minister of Education, Professor A.B. Borishade delivered the keynote address. The Special Adviser to the President on Education and National Ethics, Chief S.K. Babalola represented Mr. President Chief Olusegun Obasanjo, at the formal opening and (who after reading the Presidential Opening Speech), declared the workshop open.

In his welcome address, the UNESCO Representative to Nigeria, Mr. Hubert Charles, drew the participants' attention to some shocking statistics regarding and the situation of the HIV/AIDS pandemic worldwide. He noted that initially, the disease was regarded as being largely the responsibility of the health sector. However, the potential of education in preventing this incurable disease and in changing behaviour was recognized early. He then stressed the importance of education for all, having made reference to some testimonies of people who had AIDS, in particular John Washburn who made the now famous phrase "education is the only vaccine we presently have against HIV".

In concluding his address, the UNESCO Representative highlighted the following antidote:

- The need for appropriate interventions at the level of the curriculum;
- The importance of Federal Government's support to the programme

Mr. Charles then suggested four models that could possibly lead to behaviour change. These are: the Health Belief Model; the AIDS Reduction model, the Stages of Change; and the Theory of Reason Action.

The Chairman of the occasion, Hajia Aisha Ismail in her brief and thought-provoking address, noted that Nigeria has a strong commitment to the HIV/AIDS intervention. However, the efforts do not seem to match the expected positive result, namely, a significant decrease in the rate of infection. Inspite of the sensitization, orientation, awareness, etc, the spread of disease has not been stopped; she traced this paradox of life to certain contradictions in our beliefs.

Hajia Aisha Ismail suggested that successful preventive education interventions needed to consider inherited beliefs. She stated that as a Moslem she believes that death could come at any moment – it could be the next minute, next hour, next year or the next ten years from now; it could come as a result of malaria, tuberculosis, malnutrition or even assassination. So, since death was inevitable, why should she worry about death by way of HIV/AIDS?

Hajia Ismail, then concluded that there was need to look at the development stage and asked the questions if there was personal commitment? If Nigerians were really serious about fighting the scourge within their own system? She noted that the annual health budget is US$300 million, while it is widely recognized that US$1 billion is needed

annually for the next five years to fight AIDS in Nigeria. The International community, in her view, should show much more commitment and honesty of purpose. If indeed the fight the disease in our country, through multi-prong approach and through state-based interventions and the National Youth Service Corps Scheme.

Following the Chairman's address, goodwill messages were received from the UN Theme Group, the World Bank, DFID, ADB, NACA and NNPLWHA. In his message, the Representative of the World Bank, Don Taylor, stressed the importance of teaching and advised that this should be taken into account during the workshop. He referred to the experiences from South Africa, Zambia, etc. where the training of teachers was done, but the teachers continued dying from HIV/AIDS- hence the need to revisit orientation strategies. The lesson from this experience is that the training was not effective.

The Chairman of the National Action Committee on AIDS (NACA) in Nigeria, Professor Akinsete also delivered a message on behalf of the Committee. She noted that although Nigeria had learned so much about this disease, there was still a lot that we did not know. For instance, it is now known that HIV/AIDS is not only a heath issue, but that it is also a developmental and socio-economic problem. Nigeria has some experience about what works, what has not worked and what needs to be scaled up. The challenges posed by the AIDS epidemic are still very grave and demands a lot of resources both human and financial.

For Professor Akinsete political commitment at the highest level was demonstrated by the Abuja Summit on HIV/AIDS and the launching of the HIV/AIDS Emergency Action Plan (HEAP) by President Olusegun Obasanjo. The priority now to move from successful small scale projects to bigger projects that could make greater impact on the epidemic, that is, to "scale up" the programmes on HIV/AIDS. She therefore was required to:

- ensure that programmes are focused and involve a wide variety of people and group
- ensure qualitative programmes and consistently high standards,
- ensure a built-in sustainability

Professor Akinsete concluded that funding alone is not enough. Attention should also be paid to the commitment by community and government, involvement of teachers, the design of dynamic education programme based on credible sexuality education curriculum, and a strong networking within the education sector.

In his keynote address, the Honourable Minister of Education Professor A.B. Borishade stressed the reality of the existence of AIDS in Nigeria by graphically narrating the story of his twenty-five year old driver who died of the scourge He noted that the National Hospital, Abuja, could not, at the initial stage, identify the deceased's sickness except its effort in diagnosing a gall bladder stone in his liver. The Minister lamented the tragedy, saying that a symptom of AIDS was diagnosed in the late driver at the private hospital. The Minister underscored the existence of a widespread of ignorance among people. He observed that everybody needs to be properly educated

In the address delivered by the Honourable Minister, he observed that HIV/AIDS has devastated and continues to devastate many sectors of the national life and endeavours, including the Education sector. He pointed out the importance of breaking the silence and taking openly and frankly about HIV/AIDS. This, the Minister said, would help to

combat the stigma surrounding the disease and enable educators to mobilize people, families, communities and the large society to fight HIV/AIDS

The Honourable Minister highlighted the great role Education has to play in the prevention, control and mitigation of HIV/AIDS. The Education Sector can assist to reduce the spread of the disease. Since there is no known cure for the disease, preventive education remains the strongest weapon against the epidemic worldwide. Also since the most vulnerable segment of the Nigerian population, i.e. the youth, can be reached in the educational institutions and out-of-school programmes, education sector is the best place to reach them.

The Opening Address by His Excellency President of the Federal Republic of Nigeria, Chief Olusegun Obasanjo confirmed the positions expressed earlier on, to the effect that there is political will and support for HIV/AIDS fight. The President expressed the desire of his administration to join hands with the rest of the world in the fight against the dreaded disease. To this end, a Presidential Action Committee on AIDS (PCA) has been established, with the President, the Vice President, and the nine Ministers as members. The PCA will mobilize support and commitment for the fight against HIV/AIDS in Nigeria as well as ensuring conducive policy environment for the implementation of anti-AIDS activities.

The President listed many of the financial and moral resources committed to the AIDS fight and concluded that while every effort must be made to develop the means of prevention and care, the immediate and overriding priority must be given to preventive education for positive behaviour change to reduce the rate of infection.

The vote of thanks was given by the President of the Nigerian Network of People Living with HIV/AIDS, Dr. Pat Matemilola. He suggested that the disease has to be put in proper perspective in order to stem the wave of the stigma, rejection and discrimination attached to it. He said information must be passed on for behaviour change to occur. In his view, the behavioural change rests squarely on the shoulder of individuals.

He noted that contrary to the belief held in some quarters, HIV infection incident is already very high at the Universities. The Educational Sector will not only rise up but should sustain education of youths on the HIV infection and AIDS disease.

He was thankful for the role being played in Nigeria by UNAIDS and now that UNESCO has joined in the fight against the disease, he hoped the fight will be sustained and won. He thanked everybody present, the organizers and all the participants.

The Chairman's closing remarks was followed by the review of educational material displayed at the Exhibition stands located in the foyer of the Merit House, venue of the workshop. The exhibitions were judged to be meaningful and useful. Thereafter, the Ministers, their entourage and other dignitaries departed, and the workshop sessions began.

In conclusion the workshop brought together a total of 150 participants representing the Federal and State Ministries of Education, State Primary Education Boards and Civil Society Organizations and NGOs in Nigeria.

SUMMARY OF SESSION 1

Global Initiatives on Preventive Education against HIV/AIDS with emphasis on the African Experience by Dr Inon Schenker, IBE.

Mr. Hubert Charles, Head of UNESCO Office, Abuja introduced the presenter Dr. Inon Schenker, who brought greetings from Cecilia Bras laeky, Director, IBE Geneva The presenter started the session by informing the participants that he visited a primary school for spiritual upliftment today and was wondering how many of the children he saw would be alive in 20 years time, how many would be orphaned and how many would be living with HIV/AIDS. Dr. Schenker structured his presentations by listing milestones in the area of HIV/AIDS prevention and explained the five generation programme. He presented the theoretical models as bases for effective school HIV/AIDS prevention intentions, followed by considerations for effective school based HIV/AIDS prevention curricular including obstacles and present best practices for overcoming the barriers. He closed by explaining steps for planning interventions at school and at national level

The period since HIV/AIDS was first introduced to the world was divided into five generation programmes, each of the generation was discussed by the presenter.

The First Generation – (Mid 1980s)

This generation was characterized by fear driven responses, lack of information and limited skills and funds.

The Second Generation – (Late 1980s)

There were more organized responses. Development of National Curriculum and training, of teachers believing that knowledge would do the work.

The Third Generation – (Beginning 1990s)

There was awareness and the believe that knowledge was not enough. The realization that there was need for attitudinal change by teaching the right values through sexuality education and aids education.

The Fourth Generation – (Mid 1990s)

A theory based curriculum, which addressed, identified needs was integrated into the general curriculum, training of teachers. New 'AIDS Education' and care for infected pupils and teachers.

Fifth Generation – (Today) Aims at:

Halting the spread of HIV/AIDS by improving on and adopting what works for local, regional, national and international settings.

The presenter then discussed various theoretical bases for effective school HIV/AIDS prevention interventions using the following models:

1. Interpersonal Model
It is based on the idea that young people should be equipped with the skills to enable them say 'no' to sex.

2. Models Focusing on Individuals
Models focusing on Individuals aim at equipping individuals with enough knowledge in HIV/AIDS to enable them live a healthy and happy life.

3. Community Models
Community models took into consideration that the community as well as culture plays a significant role in the preventive behaviour of individual.
The presenter then gave ten considerations for effective school-based HIV/AIDS Prevention Curricula which would include established partnership, open communications, gender specific approaches among others.

i Community level
Some communities deny the existence of HIV/AIDS and most parents have negative attitudes towards HIV/AIDS education in schools, hence, resulting in lack of education and awareness on HIV/AIDS.

ii Organizational level
Lack of HIV/AIDS Education Policy for schools, inadequate training for teachers and lack of proper HIV/AIDS Education Curricular for different ages with local adaptation.

iii Psychological level
Teachers do not like teaching about HIV/AIDS for fear of being associated with it. The presenter proffered solutions by:
1. *Using the triangular model – this is to encourage HIV/AIDS education through interaction between AIDS educators, students, school staff and community.*
2. *Using curriculum that works – he cited examples with studies carried out in the USA and some African countries e.g.*
    1. *Long Live Love*
    2. *The Immune System and AIDS*
    3. *Madaras AIDS Education (Uganda)*
    4. *My Future Is My Choice (Namibia)*
    5. *Straight Talk (Uganda)*

Training of Teachers:
The presenter then drew the attention to steps which should be taken into consideration for planning interventions at school level.

i. School level
He suggested the establishment of a school health team to work with community advisory committee and the conduct of situational analysis which are often preconditions for interventions and interventions should be based on political and cultural acceptability. There is the need to develop

school policies and define intervention goals and objectives before developing training for selected students and AIDS educators.

ii *The planning of interventions at national levels.*

Establish a national task force on education for HIV/AIDS

Prevention..

Ministerial level commitment and coordination is key for all

In collaboration with other sector a national framework and strategy (education and health) should be developed followed by parallel actions in teacher training and capacity building.

Issues Raised

1 Have we considered using peer education in our schools? He cited how peer education is being used effectively in Zimbabwe

2. How sincere are Researchers/Statisticians in Nigeria on HIV/AIDS? Most statisticians make only projections.

3 How do we bring attitudinal change to ailments like HIV/AIDS?

Responses

Response– Peer Education is successful, however, the problem with peer education is that the peer disappears after a few years. Emphasis should not be on training the peer group rather it should be on AIDS educators.

Response – sincerity and HIV/AIDS must go together, we must face the reality of data collected by Researchers and know that it is difficult to collect data on HIV/AIDS. We need to react to the number of people affected.

Global Initiatives on HIV/AIDS and Education

Presentation By
Dr Inon I Schenker, PhD, MPH

Abuja, Nigeria 10 June 2002

Several Milestones

- 1986 U.S. Surgeon General (E. Koop) Report:
  - Kids should receive education on AIDS
  - AIDS Education does not need to be called "sex education"
- 1988 WHO/UNESCO Consultation on HIV/AIDS education in schools
- 1988 CDC Guidelines for effective school health education to prevent the spread of AIDS
- 1990 Consensus statement on AIDS in schools (IFFTU, WCT, FISE, WCOTP, WHO, UNESCO, ILO)

More Milestones

- 1992 First WHO/UNESCO guidelines on school AIDS education
- 1994 World AIDS Day – for the first time focus is on "young people"
- 1997 UNAIDS Review: Sex education ≠ promiscuity
- 1999 WHO School Series #6 on AIDS Prevention and anti discrimination is published + training
- 2000 EFA, FRESH, Dakar
- 2001 ECOWAS Experts Meeting, Ghana
- 2001 UNGASS (2) & Education Sc Framework

Five Generations of Programs

<u>Third Generation - beginning of 1990s</u>:

- Knowledge ⇨ attitudes ⇨ skills = Prevention
- Values
- Sex education ≠ AIDS education
- Introduction of theory-based components in HIV/AIDS curricula

Five Generations of Programs

<u>Second Generation - late 1980s</u>:

- More organized responses
- Initiation of teacher's training
- No needs assessment
- Belief that "Knowledge" will do the work
- National curriculum development by:
  - -Government agencies, NAP
  - -University-based groups, NGOs
  - -Private sector
  - -International agencies and donors

Five Generations of Programs

<u>First Generation - mid 1980s</u>:

- Non-organized, local, fear-driven responses.
- Information-based. Limited skills and funds
- Text and graphic materials, to aid biology and other teachers
- No specific adaptation for age, gender or sub vulnerable populations

Five Generations of Programs

Fourth Generation - mid 1990s:

- Curriculum development is theory-based, addresses identified needs, integrated with general school curricula
- AIDS education = health education: connecting to substance use prevention, family life education, personal development and sex education.
- Teacher's training. New "AIDS educators" (e.g. PLWH)
- Research: effectiveness, feasibility, acceptability
- Human rights
- Caring for infected pupils and teachers

Five Generations of Programs

Fifth Generation - today:

Reinventing the wheel (sometimes with its 'flat' tire)

Developing, further improving and adapting what works! For local, regional, national or international settings.

Global movements: EFA, FRESH, IPAAA

Theoretical bases for effective school HIV prevention interventions

Models focusing on the individual:

When provided with enough knowledge on HIV, AIDS and the ways not to be infected, individuals will do all they can to prevent themselves and others from being infected.

Informed individuals are rationally geared to maximum gains (e.g. living healthy, and happy life) and minimum loses (e.g. death of AIDS)

Examples: Health Belief Model; Social Learning Theory;

Theory of Planned Behavior;

Theory of Reasoned Action.

Theoretical bases for effective school HIV prevention interventions

Interpersonal Models:

It takes at least 2 to participate in the "AIDS Tango" thus key is learning what effects the interpersonal communication and decisions processes.

Sexual behaviour resembles a theatrical script, which depends on variety of characters, scenes and `stage equipments`.

Examples: Sexual Scripts and AIDS Prevention; Information, Motivation and Behavioral skills.

Theoretical bases for effective school HIV prevention interventions

Community Models:

Individual's preventative behaviour highly depends on the community, networks, significant-others and culture they are influenced by. Social structures and norms dictate ones risky/ protective behaviour.
Examples: Community AIDS/HIV Risk Reduction;

10 Considerations for Effective School-Based HIV/AIDS Prevention Curricula

1. Professionally trained and actively involved educators
2. Establish partnerships
3. Utilize non-conventional methods of teaching
4. Introduce open communication
5. Innovative teaching sessions
6. Gender-specific approaches
7. Dealing with culturally-sensitive content
8. The value of peer-based support
9. Skill-based education
10. Monitoring and evaluation

Barriers in Implementing Effective Education for HIV/AIDS Prevention

Community level

1. Denial of the HIV/AIDS problem by community and/or leaders.
2. Parental negative attitude towards HIV/AIDS education in schools.

Barriers in Implementing Effective Education for HIV/AIDS Prevention

Organizational level

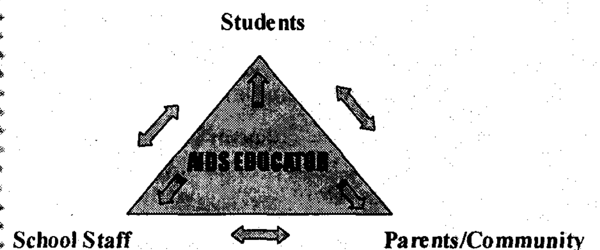
3. Lack of HIV/AIDS education policy for schools.
4. Lack of pre-service and in-service HIV/AIDS education in professional preparation programs for teachers.
5. Inadequate preparation of teachers in mastery of skills to teach about HIVAIDS issues, particularly prevention skills.
6. Lack of proper age-appropriate HIV/AIDS education curricula for different grades of students, with local adaptations.

Barriers in Implementing Effective Education for HIV/AIDS Prevention

Psychological level

7. Teachers' fears associated with HIV/AIDS and teaching about it.
8. Student factors characterized by features of adolescence period of human development.

The TRAINGOLAR Model



School Curricula that Works

Long Live Love

Target Population: second and third-year secondary school students in The Netherlands.
Theory: Combined Social and Cognitive-behavioral.
Approach: Inclusion of HIV/AIDS and STI in the framework of national sex education classes.
Results (statistically significant compared with controls):
-High-risk students engaging in less risky behavior
- Favorable changes in knowledge, beliefs, self efficacy and intentions to use condoms.

School Curricula that Works

Get Real about AIDS

Target Population: High school classrooms in 10 schools in Colorado, USA
Theory: Social Cognitive Theory and Theory of Reasoned Action
Approach: 15-sessions skills-based curriculum. Teachers training
Results (statistically significant compared with controls):
- Fewer sex partners
- Greater frequency of condom use.

School Curricula that Works

The Immune System and AIDS

Target Population: High school classrooms in 17 secondary schools in Israel
Theory: The Immune System Approach
Approach: 4 to 5 sessions knowledge and skills-based curriculum, using the human immune system as an entering point to HIV/AIDS prevention.
Two types of trained AIDS Educators were compared: Medical students and biology teachers.
Results (statistically significant compared with controls):
- Reduced discrimination of HIV infected
- Greater frequency of condom use
- Attitude change towards responsible sexuality

School Curricula that Work

AFRICAN EXAMPLES

•Madarasa AIDS Education and Prevention (Uganda)

•Tsa Banana Adolescent Reproductive Health Programme (Botswana)

•My Future Is My Choice (Namibia)

•Straight Talk (Uganda)

•Le system Immunitaire et le VIH/SIDA (Rwanda)

Training of Teachers

• Diffusion of Innovations

•Variety of potential effective School AIDS Educators:
- Teachers of biology, health education
- Teachers of other subjects, specifically trained for
- Medical students, selected and specifically trained
- Community Nurses
- Peers

• Pre-service, in-service, on-going updates, NETWORKS

Training of Teachers

WHO is a "good" School AIDS Educator?
- Good rapport and communication with pupils
- Ability to have open, frank discussions
- Ability to identify with students, show sensitivity
- Have respect for students, believe in them
- Be self consciousness to ones and others sexuality

Ref. Johazy, 1970

- Wealth of knowledge on HIV/AIDS
- Openness
- Sincerity
- Sense of humor

Ref. Schenker, 1991

Training of Teachers

Topics often presented in 3-5 days training workshops:
- Epidemiology of HIV/AIDS
- Substance use issues related to HIV/AIDS
- Prevention of HIV infection
- Basic immunology and virology of HIV infection
- Up dates on vaccines and treatments
- Care for People Living with HIV/AIDS
- Psycho-social aspects of HIV/AIDS
- Ethical, legal and policy Issues
- Mass media and condom promotion campaigns
- Community based AIDS education
- Adolescents development
- Cultural barriers in AIDS Education

Planning Interventions: School Level

• Establishing a School Health Team and a Community Advisory Committee

• Conducting a situation analysis

• Fostering political and cultural acceptability

• Developing school policies, intervention goals and objectives

• Developing training for selected School AIDS educators

• Linking to global movements: EFA, FRESH

Planning Interventions: National Level

- Establishing a National Task Force on Education for HIV/AIDS Prevention (NTFEHP)
- Ministerial level commitment and coordination
- National Framework and strategy (Education and Health)
- Advocacy and fundraising (Inter/Intra-nationally
- Parallel action (Technical) :
  - Teachers' training and capacity building
  - Curriculum development – Primary schools
  - Curriculum development – Secondary schools
  - Current curricula integration
  - Monitoring and evaluation
- Progress review and adaptation

Thank you !

Dr Inon I Schenker, PhD, MPH

Senior HIV/AIDS Prevention Specialist
International Bureau of Education
Geneva, Switzerland
Tel: +41 22 9177820
Fax: +41 22 9177801
Email: i.schenker@ibe.unesco.org

Summary of Session II

The impact of AIDS on the education system in South Africa by Dr. Jonathan Godden, project consultant, USAID South Africa.

In this paper the presenter gave a historical analysis of how South Africa was busily fighting Apartheid regime and neglected the fight against HIV/AIDS, only for them to defeat apartheid and be faced with HIV/AIDS epidemic.

Dr. Godden explained that focusing on prevention alone will not save the society and education. Emphasis should be on how to manage and reduce the impact since infection has already taken place.

In many countries HIV/AIDS is now a developmental issue and the largest single management challenge facing education. It will impact on management, teaching and learning. The primary impact of HIV/AIDS is to explore the scale of existing and management problem in Education.

Service rates, enrolment, drop out and transition rates, quality and output will all be adversely affected. There is need for behaviour change. This can only be achieved in an environment where role models are available for generations to come

Education managers can help mitigate the impact of HIV/AIDS by converting schools from high to low risk environments and managers must move beyond fear and uncertainty to positive response.

Discussions followed these key management issues:

1. *Impact of HIV/AIDS on Labour in Education sector which included:*
   - *Temporary educator loss – time will be taken out of teaching to attend to sickness*
   - *Educators Attrition*
   - *Educators Training*
   - *Specialist Educator losses*
   - *Rehabilitation Planning and Management Attention*
2. *Enrolment decline and gender equity. There will be decline in enrolment due to how fertility rate, high mortality and increase attrition of teachers will affect learners' ratio.*

   Female vulnerability and gender equity. Females may be forced out of school to take care of orphans. An agenda should be rushed to tackle this.
3. *Increase in Orphans – designed orphaning and its impact on education. Resulting in decline enrolment and drop out.*
4. *Decline in school fees*

   There will be incidences of inability to pay schools fees because more money is spent on care and support for HIV/AIDS victims and support for extended family.

5. *Transition roles and output*

   There will be low transition rates between primary and secondary and even lower transition rate for graduates. Fewer girls will be able to pursue their education and fewer graduates will be produced in special areas. This will impact negatively on the education sector.

6. *Geographical Variation.*

Dr. Godden explained how some areas are localized and identified as 'hot sport' in South Africa where majority of the people living in these areas are HIV/AIDS positive and explained when such areas are identified, how decisions should be taken on how to help tackle these epidemics.

CONCLUSION

The focus of this workshop is important. Efforts should be on prevention and control of spread of HIV/AIDS so as to turn around the spread of the epidemic. Nigeria should focus on areas of:

- *Treatment, care and support for people living with HIV/AIDS (PLWHA).*
- *Prevention of rights of PLWHA*
- *How education sector will manage and mitigate the negative impact of HIV/AIDS*
- *Accurate data to determine the impact of HIV/AIDS.*

In conclusion, therefore, HIV/AIDS pandemic can be beaten, must be beaten and will be beaten.

Issues Raised

1. *Why is the spread of HIV/AIDS higher in South Africa than Nigeria?*
2. *In your opinion, why do you have disparity in geographical area?*
3. *Is it possible for donor agencies to sponsor data collection on HIV/AIDS?*
4. *Is there any country in Sub-Saharan Africa where intervention had worked?*

Responses

1. *It can be due to the immigrant nature of South Africa and return of people from exile when apartheid was dismantled.*
2. *This may be due to immigrant labour and social conditions – such as poverty and discrimination against gender.*
3. *Accurate data collection is key to tackling the problems of HIV/AIDS. Having the education sector seriously damaged is enough to energize us to think of collecting accurate data. Donor agencies can assist in this regard.*
4. *Yes success stories abound. There are areas where infections among the young people have reduced considerably. Uganda is a place to go for success story.*

HIV/AIDS Impact
on
The Education Sector
The Management Challenge

Peter Badcock-Walters
HEARD

HIV/AIDS Impact
on
The Education Sector

Jonathan Godden
USAID Mobile Task Team on
HIV/AIDS & the Education Sector

Focus Areas

- Key Management Issues
- Declining Grade 1 Enrolment (KZN)
- Teacher Demand & Supply (KZN)
- Mortality rates (EC)

Key Presentation Points

- HIV/AIDS is a development issue and the largest single *management* challenge facing education;
- It will impact every aspect of management, teaching and learning for *decades* to come;
- The primary impact of HIV/AIDS is to explode the scale of *existing* systemic and management problems in education;
- Service ratios, enrolment, drop-out and transition rates, quality and output will all be adversely affected;
- The *sustainability* of the system is at risk with managers and educators up to 70% more at risk than the general population.

Key Presentation Points

- Behaviour change cannot be achieved in a dysfunctional environment in which discipline and role models are lacking;
- Education managers *at all levels* can help mitigate impact by converting schools from high to low risk environments;
- Managers must move beyond fear and uncertainty and develop the practical systemic responses *they are trained for*, in terms they are familiar with;
- The HIV/AIDS crisis has ironically created an opportunity to reform the system *and* design policy and counter-measures to mitigate the impact of HIV/AIDS.

Key Management Issues

Management Issue 1: Impact on Labour

- Temporary Educator Loss
- Educator Attrition
- Educator Training
- Specialist Educator Losses
- Rationalization Planning
- Management Attrition

Management Issue 2: Enrolment and Gender

- Enrolment Decline
- Increasing Attrition
- Learner/Educator Ratios
- Female Vulnerability
- Gender Equity

Management Issue 3: Increase in Orphans

- Incidence
- Defining orphaning
- Impact on Education
- Declining Enrolment, Drop-Out and Fees
- Social Instability

Management Issue 4: Decline in School Fees

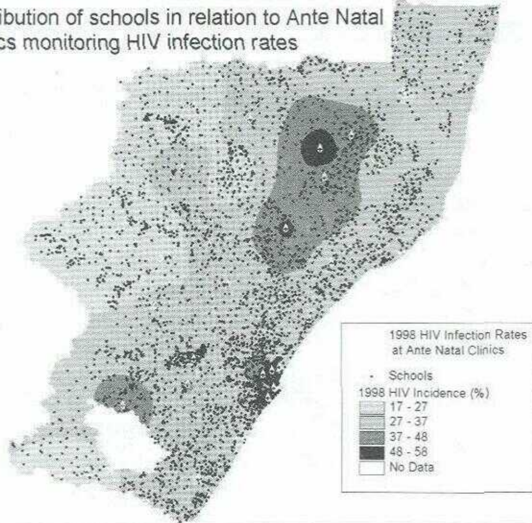
- Payment of School Fees
- Incidence
- Local Impact
- Extended Family Support
- Policy Response

Management Issue 5: Transition Rates & Output

- Primary/Secondary Transition Rates
- Graduation Rates
- Gender Bias
- Specialist/Rare Subject Pass

Management Issue 6: Geographic Variation

- Aggregated national and provincial data
- Prevalence 'hot spots'
- Policy issues
- Information use



"Where Have All the Flowers Gone?"

A Study of Declining Grade 1 Enrolment in KwaZulu Natal

Enrolment Decline

- Grade One enrolment declined sharply, unrelated to policy change, from +3% in 1998 to –12% in 1999, according to 10th School Day/Snap Survey data
- Grade One enrolment reduced from 340 379 in 1998 to 299 357 in 1999
- 2000 policy change precluded the entry of pupils under 7, coinciding with a further drop of –24% in Grade One enrolment
- Policy change alone does not explain this 24% decline which reduced enrolment from 299 357 in 1999 to 227 728 in 2000.

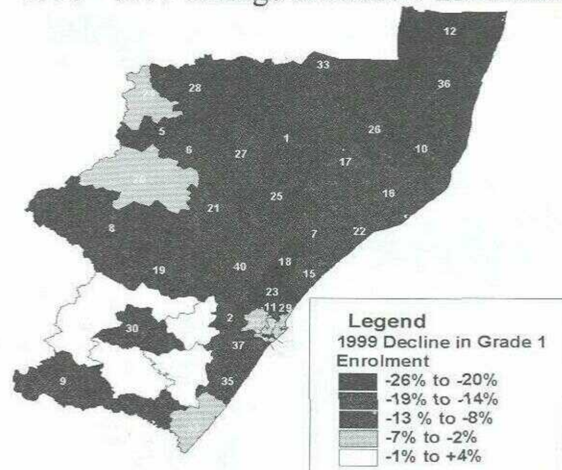
Gross Increase/ Net Decline

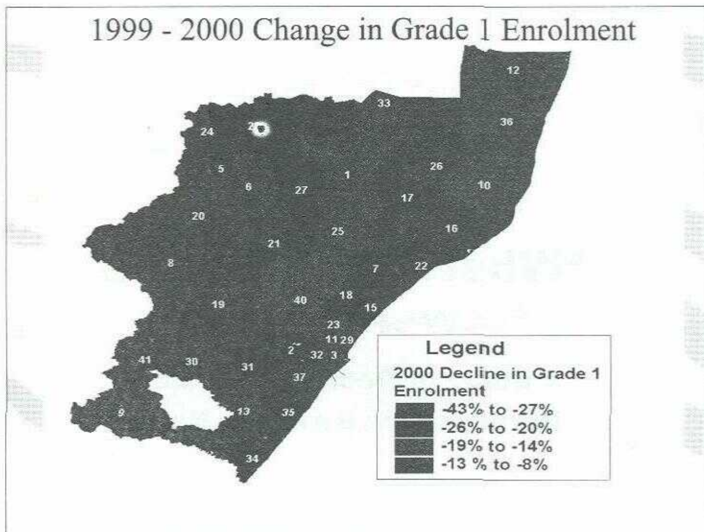
- 2001 Grade One enrolment would be expected to grow by about 30% to absorb all the 6 year olds (and younger) held back in 2000
- Grade One enrolment in 2001 rose from 227 728 in 2000 to 273 833
- Growth was limited to +20% in fact, suggesting a real decline of a *further 10%*
- Rates of decline were similar for girls and boys
- Geographic disparity between districts was very great confirming that provincial data masks regional variance and comparative hot spots

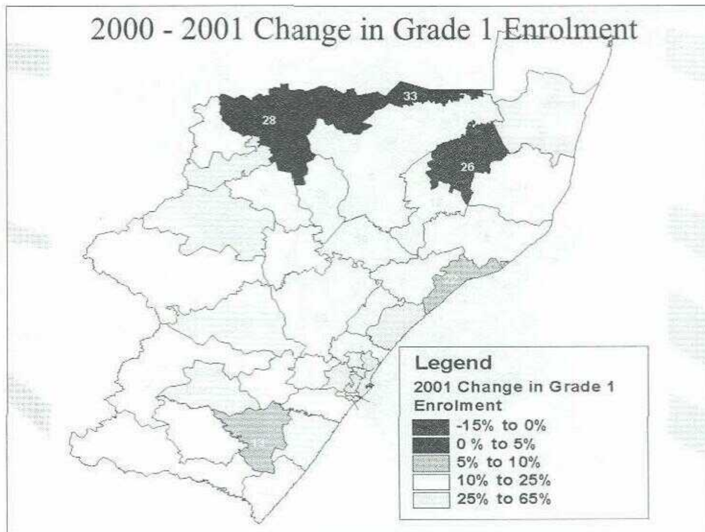
KwaZulu Natal: A Case Study

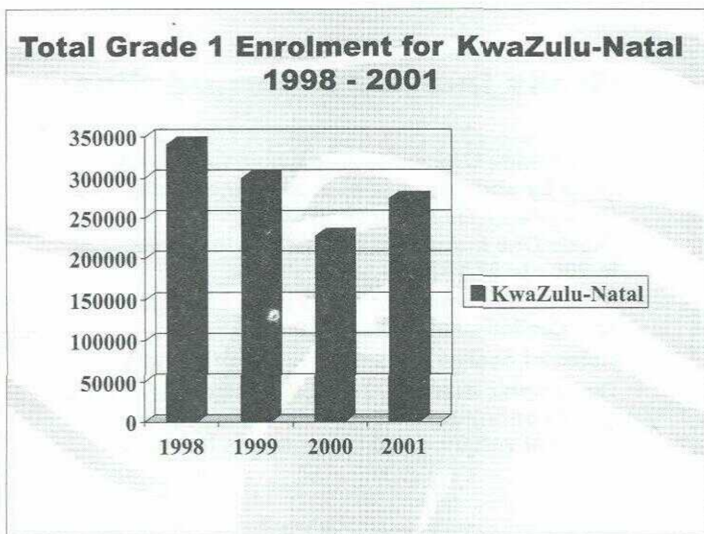
- KZN is South Africa's largest provincial system with almost 3 million pupils and about 75 000 teachers
- Grade One enrolment in KZN grew as expected between 3% and 5% over the 15 years to 1998
- Growth slowed to 3% in 1998 and was expected to plateau in the new millennium due to reduced general fertility rates
- Linked demand for teachers was projected to drop and contributed to a decision to close Colleges of Education, transferring responsibility to universities.

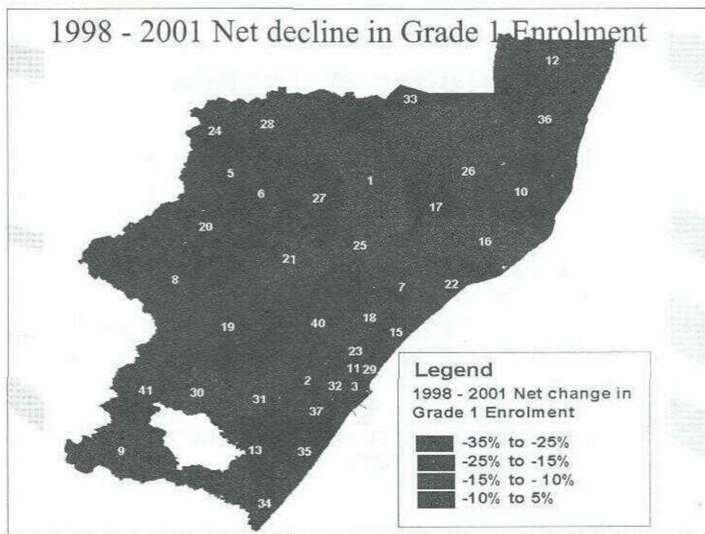
1998 - 1999 Change in Grade 1 Enrolment

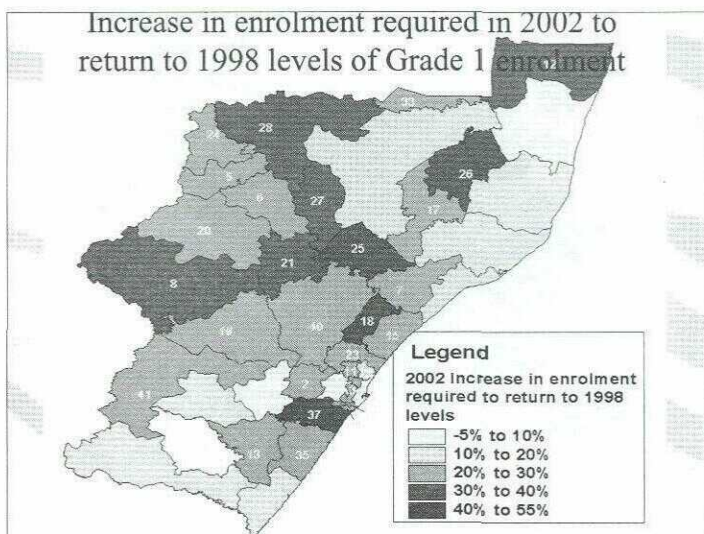


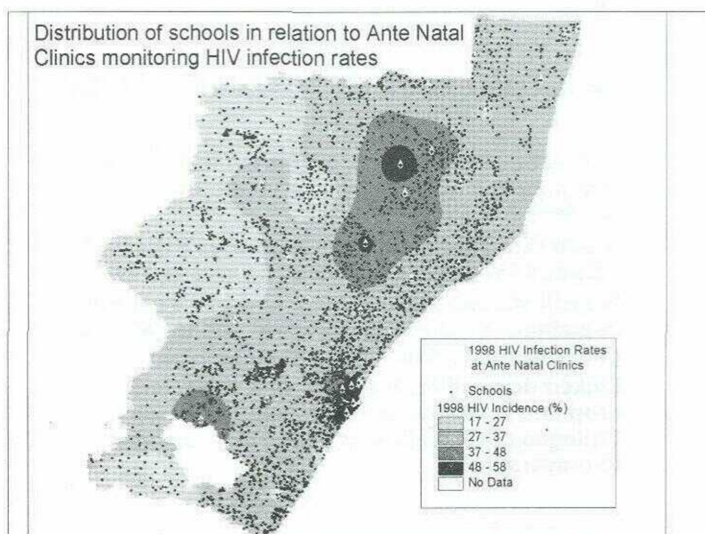

1999 - 2000 Change in Grade 1 Enrolment
Legend
2000 Decline in Grade 1 Enrolment
-43% to -27%
-26% to -20%
-19% to -14%
-13 % to -8%


2000 - 2001 Change in Grade 1 Enrolment
Legend
2001 Change in Grade 1 Enrolment
-15% to 0%
0 % to 5%
5% to 10%
10% to 25%
25% to 65%


Total Grade 1 Enrolment for KwaZulu-Natal 1998 - 2001
350000
300000
250000
200000
150000
100000
50000
0
1998
1999
2000
2001
KwaZulu-Natal


1998 - 2001 Net decline in Grade 1 Enrolment
Legend
1998 - 2001 Net change in Grade 1 Enrolment
-35% to -25%
-25% to -15%
-15% to - 10%
-10% to 5%


Increase in enrolment required in 2002 to return to 1998 levels of Grade 1 enrolment
Legend
2002 Increase in enrolment required to return to 1998 levels
-5% to 10%
10% to 20%
20% to 30%
30% to 40%
40% to 55%


Distribution of schools in relation to Ante Natal Clinics monitoring HIV infection rates
1998 HIV Infection Rates at Ante Natal Clinics
Schools
1998 HIV Incidence (%)
17 - 27
27 - 37
37 - 48
48 - 58
No Data

Net Decline in Grade One

- Only one of 41 education districts experienced real growth (5%) in Grade One enrolment 1998 to 2001
- Total Grade One enrolment in 2001 was 273 633, or 20% lower than the 1998 total of 340 379
- Female participation rates in Grade One remained surprisingly constant at 48% over the period
- 24% growth in Grade One enrolment is required in 2002 to return the system to 1998 levels
- Teacher attrition rates of over 7% (and climbing) will still require a further 70 000 teachers to be trained by 2010 in spite of falling enrolment.

Diagnosing the Decline

- Whatever the reasons, the decline is first and foremost a management problem of major proportion
- At *least* eleven reasons for the decline present themselves:
  - *Data Quality/ Improved Data Collection*
  - *Normalized Enrolment*
  - *Reduced Female Intake*
  - *Infant Mortality*
  - *Orphaning Responsibilities*
  - *Policy Change*
  - *Migration Patterns*
  - *Decline in Fertility*
  - *Economic Impact*
  - *Domestic*

The HIV/AIDS Connection?

- The decline almost certainly stems from a combination of all these factors but it is impossible to say in what proportion
- HIV/AIDS directly or indirectly impacts most of these factors, particularly household economics, HIV-related infertility, infant mortality, orphaning, female participation, homecare needs and even migration
- Spatial analysis confirms that there is no clear or constant pattern of decline but that it impacts both urban and rural areas and has some links to the 'hot spots' of reported antenatal prevalence.

Educator Demand Model KwaZulu Natal, South Africa

The Model

Developed by HEARD for the KZNDEC, based on a national model provided by Dr Luis Crouch, for the National Department of Education

- A two stage model to estimate the required production of educators
- Stage 1: Estimate the total number of educators needed each year
- Stage 2: Estimate the rate at which educators leave the system
- Result: The number of new educators required per year

Stage 1

- Total number of educators needed
  - number of children in each age group 2000-10
  - intake into grade 1
  - repetition rate in grade 1
  - net flow ratios
  - enrolment projections
  - class size and learner:educator ratio
  - qualification distribution of educators

Results of Stage 1

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Educator demand	76147	76343	76466	76423	76157	75673	74867	73566	72469	71201
Change	-4946	196	124	-44	-265	-484	-806	-1302	-1096	-1268

Stage 2

- The rate at which educators leave the system
  - Normal attrition
    - In 1999 6.79% of educators left the system.
    - Estimated that 0.64% left because of AIDS.
    - Around 6.1% can be considered normal attrition.
  - HIV/AIDS attrition
    - Is only at the beginning. AIDS deaths are increasing sharply and will reach close to 5% a year by 2010.

Results of Stage 2

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Educators leaving	5352	5587	5853	6136	6419	6685	6907	7052	7178

Results

- The rate at which educators leave the system will more than offset the reduction in total demand
- HIV/AIDS will have an increasingly serious impact on educator attrition rates

Demand for replacement educators

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Required	5548	5711	5810	5871	5934	5879	5606	5956	5910

Conclusions

- The total number of educators needed will decrease
- The training requirement will, however, increase as educators leave the system faster then the decline in the need.
- Total decline by 2008 in demand 4 946
- Total educators leaving by 2008 64 418
- Training requirement 2000-2008 59 472

Implications for an average primary school

- 2001
  - 1310 students
  - Requires 38 teachers
- 2005
  - 1109 students
  - Requires 33 teachers

Implications.....

- 2009
  - 1075 students
  - 31 teachers required
  - 27 teachers left 2001-end 2009
  - 4 teachers remaining from 2001 staff

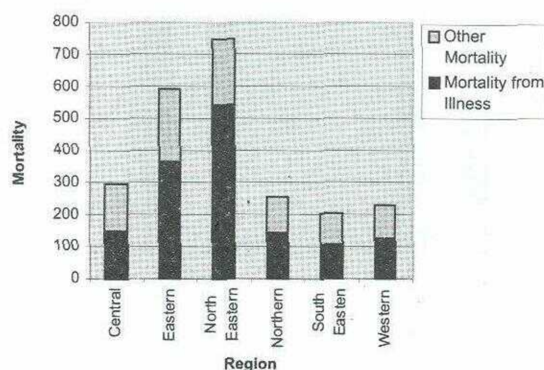
Educator and Learner Mortality, Eastern Cape

Mortality Data

- Mortality data was collected for the first time in 2000;
- Not all schools have responded to this new question for undetermined reasons: Of 6 275 schools, 333 responded on educators and 1 465 on learners;
- Data was captured on only 711 619 learners, or 33% of the total enrolment of 2 142 811 in 2000, and *only* 5 142 educators, or 8% of the total of 63 371 employed in that year;
- Further research is therefore required to establish whether the schools surveyed are a representative sample or only those experiencing mortality.

Learner Mortality

- In the sample of 711 619 (or 33% of the Provincial total) there were 2 328 reported deaths in 2000;
- Of these deaths, 62% (1 436) were due to illness, 28% (658) were 'accidental', 4% (98) were suicides and 6% (136) were due to violence or homicide;
- 51% of learners dying from illness were female in contrast to 30% female deaths from all other causes;
- 80% of learner deaths for both sexes were in Rural or Farm schools;
- 25% of learners dying of illness were between 6 and 9, 28% between 10 and 14, 35% between 15 and 19 and 9% between 20 and 24.

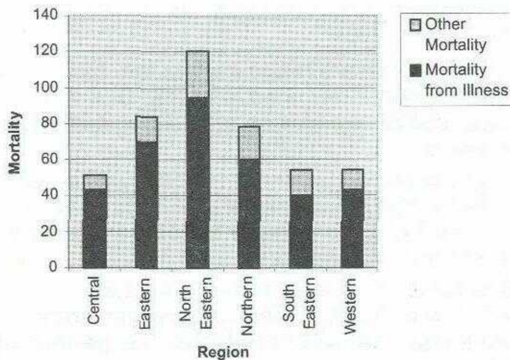


Educator Mortality

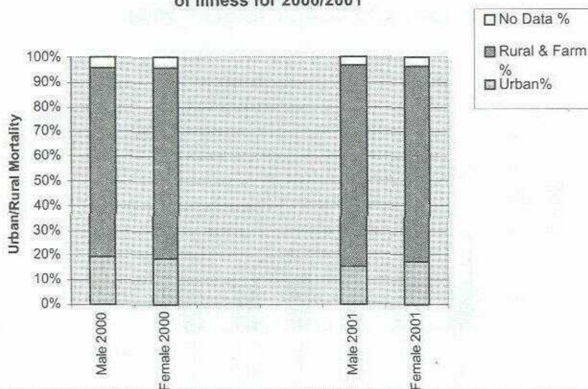
- In the educator sample of 5 142 (or 8% of the Provincial total of 63 371 in service) there were 350 reported deaths in 2000;
- This equates to a mortality rate of almost 7% but must be seen in context of no reporting on 92% of the educators in service;
- 55%, or 193, of these deaths were of female educators;
- Of the total of 350 reported deaths in the sample, 259 or 74% were due to illness, of which 58% were of female educators;

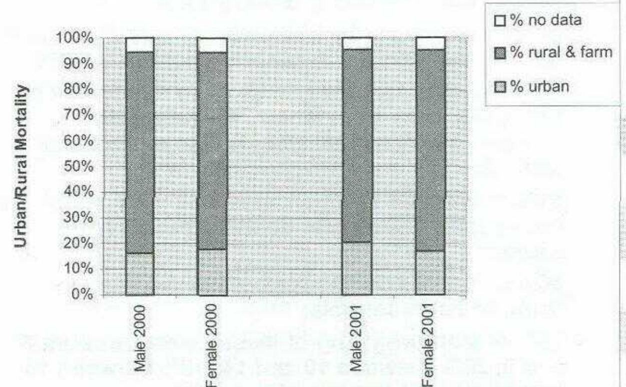
Educator Mortality (continued)

- Of those who died of illness, *80% or 208 were under the age of 50, and 57% of these educators were female;*
- Male deaths due to illness peaked between the ages of 30 and 34, while female deaths peaked between 35 and 39;
- As with learner mortality, mortality for educators is overwhelmingly rural: 81% of all educator deaths were recorded in Rural or Farm schools.



Rural/Urban Mortality





HIV/AIDS Impact
on
The Education Sector
The Management Challenge

For further information
contact
Peter Badcock-Walters
HEARD
peterbw@eastcoast.co.za or 27 31 260 2592/082 8510484

HIV/AIDS Impact on The Education Sector

Jonathan Godden
USAID Mobile Task Team on
HIV/Aids & the Education Sector

SUMMARY OF THE SESSION III

NGO Experiences on HIV/AIDS Education in Nigeria by Professor Ladipo of ARFH.

The Association for Reproductive and Family Health (ARFH) a non-governmental, non-profit making organization was established in 1989 with a vision to improve and enhance the reproductive status of couples, adolescents and young people. The association is based in Ibadan, Oyo state. It works closely with the community and initiates programmes that will meet the health needs of the people and organizations/institutions. Its programmes target women, men and in-or out-of school youth.

The association works in partnership with the government, community, private sector, NGOs for the purpose of acceptability, continuity and sustainability of the programmes /initiatives.

The many initiatives of the association were planned and carried out to offer preventive care in order to reduce and completely eradicate HIV/AIDS pandemic in Nigeria where the presenter explained that the programme Life Planning Education, (LPE) adopts the school-based strategy to improve sexual and reproductive health of adolescents who are sexually active at the period of adolescence (Boys get sexually active at average age of 13.5 years and 14.5 years for girls) in Oyo State.

BENEFITS OF THE PROJECT TO OYO STATE

- *A system had been put in place for the effective delivery of HIV/AIDS education.*
- *Mobilization of resources (especially knowledge, skills)*
- *Raised the profile of the project in Nigeria and Internationally*
- *Educational and instructional materials development.*

KEY LESSONS LEARNT

- *Partnership between NGOS and government is feasible and has potentials for speeding up the process of acceptance for positive change.*
- *Different working culture of NGOs and government constitute great barriers to smooth NGOs/Government partnership.*
- *Initiatives such as LPE will succeed and make significant impact if a system exists.*

CHALLENGES

- *Uniform delivery of LPE and HIV/AIDS education is gradually achieved.*
- *Varying levels of commitment of school principal/teachers*
- *The structure of LPE in the ministry is still weak.*
- *Only 131($^1/_3$) of the 326 public secondary schools have been covered in Oyo state.*
- *Inadequate financial allocations to LPE and HIV/AIDS education*
- *Low patronage services in the established youth friendly programmes.*

AIMS:

- *Encourage students to develop a positive attitude towards all body functions.*
- *increase awareness of the potential consequences of unprotected sex such as STIs, HIV/AIDS and unintended pregnancy*
- *.. assist students to make healthy and informed choice.*
- *encourage students to develop relationships based on mutual respect and responsibility.*
- *increase students awareness of cultural and religious influences on relationships and sexuality.*
- *encourage better communication about relationship and sexual matters between young people and their parents, guardians and friends.*
- *reinforce the roles of parents as a major influence on the growth and development of their children.*

COMPONENTS OF LPE AS HIV PREVENTION STRATEGY

The Expanded Life Planning Education is at the centre of action and expands its HIV prevention strategy to affect and influence: i.e. Human Development, Looking after oneself, Relationship, Life Building Skills, Sexual Behaviour, Sexual Health, Sexuality, Society and Culture, and finally Poverty Alleviation.

MODE OF DELIVERY OF LPE AS HIV/AIDS PREVENTION STRATEGIES:

These are the Classroom Approach, Use of Drama, Debate and Quiz avenues, Outreach by peer educators, Distribution of IEC materials and Special Events e.g. end of year activities.

THE NUMBER OF PEOPLE AND SCHOOLS COVERED:

A total of 636 teachers were trained to teach LPE in schools while a total of 2422 students trained as Peer Educators in 131 schools in Oyo State.
The present coverage is 131 out 326 public schools in Oyo State

GAINS OF LPE PROGRAMMES :

There was increased access of students and teachers to HIV/AIDS materials and there was the ability to demonstrate refusal skills by female students.
Finally there were also changes on the part of Teachers and School Principals.

Issues Raised

- *No mention has been made of tertiary institution, colleges of education, polytechnics, and universities e.t.c. being involved in their LPE initiatives. Find a way of incorporating tertiary institutions in LPE initiatives.*
- *Donors bridge between communities and NGOs. The attitudes of government agencies to NGOs are negative as civil servants believe that NGOs want to usurp their functions. Involvement of NGOs in Development Programme is important because of its usefulness.*

- *Training of the Teacher. Do the training for teachers relate to specific disciplines? If you intend to step-up the programme to higher institutions, what are the Challenges?*
- *Where do you situate the programme especially it is not examinable – referring to the curriculum – Advice on possible alternatives – Carry out research to evaluate the impact of the programme on the beneficiaries. Look at the variety of strategies for behaviour change.*

Responses

- *Focus of LPE Initiatives is on secondary school, but tertiary institutions not neglected. OAU, UI is planning to carry the programme as soon as funds are available.*
- *Government personnel need not be threatened. Partnership is important and necessary*
- *Training of teachers. Teachers from the sciences are trained*
- *Initial problem is getting from the Ministry the Plan of Action*

HIV/AIDS EDUCATION IN NIGERIA: THE ARFH EXPERIENCE IN OYO STATE

BY

Association for Reproductive and Family Health (ARFH)
&
Ministry of Education, Oyo State

ABOUT ARFH

Preamble

The Association for Reproductive and Family Health (ARFH) is a not-for-profit non-governmental National Organisation established in 1989 with a vision to improve andenhance the reproductive health status of couples and individuals including adolescents and young people

Mission

- **To initiate, promote, implement and monitor community based reproductive health programmes and model services that meet the needs of the people and organisations/institutions through**

Staff Strength

- **60 comprising of professionals in Medicine, Research, RH service provision, Training, Drama, Project Design & Management and Organisational Management, etc**

ABOUT ARFH

Programmes

- Training
- Provision of technical assistance
- Innovative Sexual & Reproductive Health programming (with strong HIV/AIDS Prevention component)
- Evaluation & Operations Research

Our Strategies

- Training
- Multi-dimensional Behavioural Change Communication
- Advocacy
- Research using participatory approaches
- Peer Education

Our Target: Women, youth (in-school and out-of-school) and men.

Philosophy

- Building partnerships with Government, Community, Private Sector, NGOs for wider involvement and participation for the overall purpose of acceptability, continuity and sustainability of programmes/initiatives.
- Total Quality Management/Continuous Quality Improvement

ARFH HIV/AIDS PREVENTION INITIATIVES

- **Expanded Life Planning Education (ELPE) in Oyo State** (131 Public Sec. schls; Established 40 YFCs)
- **HIV/AIDS Prevention Initiatives in Ibadan, Oyo State (APIIOS)**
  - **HIV/AIDS Education in 85 public secondary schools in Ibadan Metropolis**
    - **Training of 176 teachers as Counsellors and 176 Students as Peer Educators**
  - **Market & Community Based HIV/AIDS Awareness in Ibadan (5 markets)**
  - **HIV/AIDS Initiative in Private Health Sector in Ibadan (45 private clinics)**
- **Dual Protection Initiatives in Ibadan, Osogbo and Lagos with PPFN**
  - **6 Public Health clinics in Ibadan**
  - **Male involvement in Dual Protection in Ibadan and Lagos**

ARFH HIV/AIDS PREVENTION INITIATIVES Cont

- **Expanding the Frontiers of ARH in Nigeria (Bauchi, Gombe, Kebbi, Lagos)**
- **Promoting best sexual/reproductive health practices amongst out-of-school youth in Yemetu Community, Ibadan**
- **Private Health Sector Capacity Building project in Gombe, Ogun, Oyo States components are STIs/HIV/AIDS, Family Planning etc (140 private clinics)**
- **HIV/AIDS Awareness/outreach activities in schools (secondary, tertiary), churches, communities, markets, social organisations, training etc**
- **Provided Technical Assistance to Oyo State Ministry of Health on the development of Plan of Action for the Prevention and Control of HIV/AIDS**

Justification for ARFH HIV/AIDS Prevention Initiatives

- HIV/AIDS remains one of the major health/social problems of concerns in the world and most especially Africa and Nigeria (UNAIDS)
- In many parts of Africa, between 10 and 20% of those aged 15 – 24 year olds are already infected with HIV (UNAIDS, 1999)
- Of all new HIV infection in 2000, one third were in young people living in Sub-Saharan Africa. This represented about 65% of all new infections in young people world wide (WHO)
- In 2000, there were 15,000 new infections everyday and more than 50% of these infections were in young people aged 15 – 24 years (WHO)

JUSTIFICATION FOR HIV/AIDS PREVENTION INITIATIVES

- HIV/AIDS is found to be afflicting adolescents and young persons between 15 and 29 years who account for 19.5% of the total cases in Nigeria (UNAIDS, 1999)
- Other available data indicate that adolescents under 15 are also increasingly at risk of contracting HIV (UNAIDS, 1999)
- Sero-prevalence of HIV/AIDS in Nigeria is 5.8% with 3.43 million people living with HIV/AIDS
- Estimated decrease in life expectancy in 2002 due to HIV/AIDS is 45years

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OYO STATE/ARFH PARTNERSHIP ON YOUTH DEVELPOMENT: ANTECEDENTS TO THE ELPE

- THE GENESIS OF THE INITIATIVE
  - **Reported cases of increase in unwanted pregnancy, abortion amongst students in schools proximal to ARFH office in 1994. Death of one of the students in the process of procuring abortion**
  - **Noticeable and reports of recurring risky sexual behaviours among students in secondary schools increasing susceptibility to STI/ HIV/AID.**
  - **Visits by some teachers and parents to ARFH requesting for a school-based intervention to create access to ARH/HIV/AIDS information and education to students through the school**
  - **Consultation with Ministry of Education on the feasibility of a pilot school-based LPE project with active involvement of teachers, parents and students in Ibadan.**
  - **Approval granted to ARFH for the 1st initiative to implement a combined school & community based pilot youth project in 4 public secondary schools and amongst 5 out-of-school youth in Ibadan titled "Improved Adolescent Reproductive Health Project in Ibadan Metropolis".**

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Highlights of findings of 1998 ARFH Survey amongst students in 66 public secondary schools in Oyo State

- Sexual debut in boys was 13.5 and 14.5 in girls
- Average number of sexual partners for girls is 1.5 and for boys 2.0
- Reasons for indiscriminate and unprotected sexual activities were poverty, peer pressure, lack of information, negative media influence, lack of parental care etc
- Reproductive Health knowledge was found to be low amongst students in the schools sampled
- Parents and teachers expressed concern over the sexual and reproductive health behaviours of young people and strongly canvassed for an urgent intervention
- ALL THE ABOVE HAVE VERY SERIOUS IMPLCATIONS ON THE SEXUAL HEALTH OF YOUNG. IT IS MORE WORRISOME CONSIDERING THE RECENT SCOURGE OF HIV/AIDS
- **IN COLLABORATION WITH THE EDUCATION SECTOR IN OYO STATE, ARFH RESPONDED WITH THE ELPE INITIATIVE IN 131 PUBLIC SECONDARY SCHOOLS**

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EXPANDED LIFE PLANNING EDUCATION (AS HIV/AIDS PREVENTION INITIATIVE) IN PUBLIC SECONDARY SCHOOLS

- **<u>Goal of ELPE</u>**

To improve the sexual and reproductive health of in - school youth in Oyo State as a model for national replication

- **<u>Purpose of ELPE</u>**

To improve the sexual behaviour of male and female adolescents and utilisation of appropriate services in the project communities

- **<u>ELPE INTERVENTION</u>**
  - **Life Planning Education delivery in 131 public secondary schools**
  - **Access to quality sexual/reproductive health services through the established 40 Youth Friendly Clinics spread across 33 LGAs**

- **<u>What is Life Planning Education :</u>**

LPE is a Planned Programme of Educa'ion about human development, relationships, sexuality, family life, sexual health, HIV/AIDS and personal skills development.

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AIMS OF LIFE PLANNING EDUCATION

- **LPE aims to:**
  - **encourage students to develop a positive attitude towards <u>all body functions.</u>**
  - **increase awareness of the potential consequences of unprotected sex such as STIs, HIV/AIDS, unintended pregnancy etc**
  - **assist students to make healthy and informed choices.**
  - **encourage students to develop relationships based on mutual respect and responsibility**
  - **increase students awareness of cultural and religious influences on relationship and sexuality.**
  - **encourage better communication about relationship and sexual matters between young people and their parents, guardians, family and friends.**
  - **promote the physical, mental, cultural and spiritual development of students and the society. prepare students for a more responsible adulthood and a hitch free transition from adolescence to early adulthood.**
  - **reinforce the role of parents as a major influence on the growth and development of their children.**

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ADOPTING THE SCHOOL-BASED (EDUCATION) APPROACH FOR LPE

- **Educators and health practitioners agree that prevention of health problems is far more effective and desirable than treatment.**
- **The assumption of Educators is that the earlier the knowledge and skills to make healthy (informed) decisions are imparted, the greater the chances of living a healthy life style.**
- **The school environment is considered the most appropriate place to provide children, adolescents and young adults the opportunity to develop the knowledge, adopt the correct attitude and the skill to deal with life situations.**
- **The approach has potentials to challenge students to take personal responsibility for their health (especially) their sexual/reproductive health behaviours.**
- **Cognitive: Students will have knowledge about their body and the functions of various parts especially the reproductive system.**
- **LPE will complement and reinforce other School-based Ad-hoc initiatives at promoting morals and acceptable social behaviours**

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WHY THE SCHOOL APPROACH

- **Teachers are considered as category of people that could be trusted with the task of guiding the behaviours of students.**
- **Students themselves have the strong feeling that the classroom approach is the best as it captures attention the more and has the tendency to raise the profile of the intervention compared with any other form of ad-hoc arrangement**
- **Parents describe the classroom delivery of LPE as the only viable approach that would effectively complement parent's effort for the desired impact.**
- **Education reduces the burden and fatality of diseases**
- **Increases the involvement and participation of the beneficiaries i.e. students**

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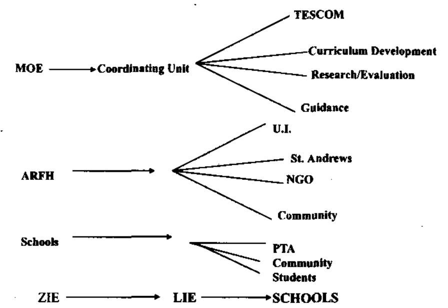
Goal of ELPE Project: To improve Sexual and RH of adolescents as a model for National replication.



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ROLES OF IMPLEMENTING PARTNERS

MOE

- → Implement LPE delivery guidelines in all project schools
- → Articulate policy on LPE in the State consistent with provision
- → Participate fully in project design, implementation and evaluation
- → Selection teachers to teach LPE in project schools
- → Identify, review and adapt appropriate and relevant LPE curriculum and educational materials
- → Established staff and equip a project coordinating unit (PCU) within MOE
- → Support staff
- → Designate core project officers from MOE
- → Place project management in the appropriate department and under the appropriate Director
- → Ensure effective delivery of LPE in the schools

ARFH

- → Provide Technical assistance to MOE and MOH in programme implementation
- → Responsible to DFID for technical and financial management
- → Deploy staff to support MOE and MOH as needed
- → Convene meeting of
  - Project Advisory Committee
  - Project Implementation Team

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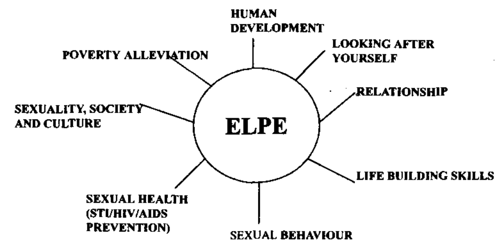
COMPONENTS OF LPE AS HIV PREVENTION STRATEGY



ELPE NEEDS ASSESSMENT/BASELINE SURVEY – PARTICIPATORY RESEARCH

- **Participatory Learning and Action (PLA)**
- **Baseline Survey:**
  - Questionnaire – students, teachers, health providers
- **Needs & Resources Assessment** - Schools and community PLA events using the following tools and techniques
  - Focus Group Discussion
  - Key Informant Interviews
  - Transect/Observational Walk
  - Pair Wise Ranking
  - Matrix scoring
  - School Mapping
  - Seasonal/School Calendar
  - Flow Charts
  - Sexuality Lifeline
- The information/data gathered from this exercise were used in reviewing and finalising implementation strategies – curriculum design, training design, selection of participants (teachers & Students) for training, deciding on LPE delivery approach/mode, design of other training/instructional materials etc

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□PROCESS OF DEVELOPING THE ELPE Project

- o **Following the Ibadan Pilot project, the Oyo State Government through the Ministry of Education requested for the expansion of the project to all the 326 secondary schools in Oyo State**

↓

- o **Series of consultative meetings between ARFH and officials of the Ministry of Education**

↓

- o **Joint representation by ARFH and MOE to DFID for the scaling up of the Ibadan Pilot Project**

↓

- o **1st draft of the Concept Paper prepared and forwarded to DFID**

↓

- o **DFID positive response led to (i) Conduct of Situation Analysis of Family Life Education in Oyo State (ii) Stakeholders Conference on Life Planning Education**

↓

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PROCESS OF DEVELOPING THE ELPE Project Contd.

o Setting up of a Project Planning Team made up of staff of ARFH and MOE Ministry of Health

↓

oConcept Paper reviewed and re-presented to DFID

↓

o DFID visit to Oyo State (MOE & MOH) to ascertain level of interest and commitment of the Government of Oyo State

↓

o Proposal development workshop facilitated by DFID and attended by staff of ARFH, MOE and MOH

↓

o Proposal finalised, Approved, Memorandum of Understanding signed between DFID and ARFH on one hand and DFID & MOE & MOH on the other hand

o Establishment of Project Coordinating Units in MOE and MOH520/

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MODE OF DELIVERY OF LPE IN SCHOOLS

- **Classroom delivery of LPE as HIV/AIDS Prevention strategy**
  - Use of participatory training techniques.
  - Schools will designate one period per week for LPE as a stand alone.
  - *LPE placed on the School time table*
  - Delivery is aided by teaching/instructional materials provided to the schools e.g. LPE curriculum, Flip Chart, Teachers Handbooks, Workbooks, Youth Sco pe Magazine, Posters, IEC leaflets

❑ **The classroom approach is further supported by the following**

- Assembly Ground in the form of Health Talk
- Drama activities in the school
- Literary & debating and Quiz period
- Counselling by LPE teachers
- Integrated into the activities of Press Club where they exist
- Outreach by Peer Educators who had formed Health, Anti HIV/AIDS Clubs etc
- Special events such as end of the term/year activities, health talk by youth friendly service providers in the schools.
- Parents are educated through the PTA

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LPE STRUCTURE IN SCHOOL

- School Principal
- LPE Coordinator
- LPE Teachers
- Peer Educators

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Roles of Principals, LPE Coordinators, LPE Teachers and Peer Educators

PRINCIPALS

- **Oversee the activities of LPE teachers**
- **Account for the programme**
- **Be the liaison officer between the school, the LIE, the MOE and ARFH.**
- **Assist in the selection of LPE teachers**
- **Assist in the choice of the LPE coordinator**
- **Monitor the teaching of LPE**
- **Submit a termly report of activities to the LIE**
- **Organise in-house training for other teacher**
- **Liaise with the PTA and the community to discuss progress and concerns**

Roles of LPE Coordinators

- **Manage and coordinate all LPE activities in the school**
- **Teach Life Planning Education & HIV/AIDS in the school**
- **Counsel and refer students needing special care appropriately**
- **Keep custody of all LPE materials and ensure equal access of students and teachers to LPE materials**
- **Organise special programmes/events in school with LPE teachers and students.**
- **Liaise between the School and the implementing partners (MOE, TESCOM & ARFH)**
- **Keep records of all activities on MIS forms.**

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Roles of the School Contd.

Roles of LPE Teachers

- **Teach Life Planning Education and HIV/AIDS in the school**
- **Coordinate the activities of Peer Educators**
- ***Keep records of all activities***
- **Organise special programmes/events with Peer Educators and other teachers**
- **Counsel students and refer them appropriately**

Roles of peer educators

- **Educate their peers on sexual/reproductive health & HIV/AIDS issues**
- **Refer students needing special care appropriately**
- **Educate students in other schools about LPE**
- **Organise outreach programmes as necessary.**
- **Support and participate in all project activities**
- **Keep records of all activities on MIS forms.**

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Status/Progress Report

- Present coverage is 131 public secondary schools
- Total of 636 teachers trained to deliver LPE as HIV/AIDS prevention strategies in the schools
- Total of 2422 Students trained and operating as Peer Educators
- LPE Curriculum using participatory approach. Participants were experts in education drawn from St Andrews College, Oyo, Department of Curriculum Development (MOE), teachers, Trainers/curriculum developers from ARFH and Consultants. The curriculum is to enhance standardisation and uniform approach in LPE delivery. 1st draft was field tested in some schools by selected teachers

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Status/Progress Report Cont.

- Support instructional/teaching and IEC materials developed and provided to schools
- Orientation seminars for Principals on HIV/AIDS and Managing LPE in schools
- Schools linked with Youth Friendly Clinics
- Integration of LPE into Schemes of Work of JSS and SSS in Oyo State public secondary schools.
- Official placement of LPE on the school time table translating to at least a session per class/per week. Thus students will have equal chances of exposure to LPE/HIV/AIDS.
- LPE officially launched by the State Executive Governor on March 8, 2001

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FRAMEWORK FOR MONITORING/SUPERVISION

1st level: School (LPE Coordinators) – Daily

2nd level: Local Inspectors of Education – Monthly

3rd level: Ministry of Education (Project Coordinating Unit) - Bi-monthly.

4th level: Combined MOE, MOH and ARFH (Quarterly)

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INITIAL GAINS OF LPE/HIV/AIDS PROGRAMME IN SCHOOLS

- **Increased access of students and teachers to HIV/AIDS Education within the schools through the classroom, IEC materials, drama etc.**
- **Anecdotal evidence of slight decreases in sexual activities amongst students as a result of ability to demonstrate refusal skills. Female students are increasingly reporting cases of sexual harassment by teachers**
- **Students are able to exchange information amongst themselves (peer education/student & student/student) HIV/AIDS, STIs and other adolescent social and SRH problems.**
- **Teachers have developed positive attitude towards the discussion of sexual/RH, including, HIV/AIDS prevention without hinderance.**

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INITIAL GAINS OF LPE PROGRAMME IN SCHOOLS Cont.

- **School Principals have advocated for complete integration of LPE into school curriculum in all the 326 schools in the state.**
- **Increase in the demand and use of sexual and reproductive health services by young people at the 40 youth friendly clinics.**
- **Students bonding for friendship has increased rather than for sexual purpose**
- **Anecdotal reported decline in truancy, unwanted pregnancy etc**
- **Teachers have externalised LPE and HIV/AIDS and have taken LPE/HIV/AIDS beyond the schools to other places such as Churches, social clubs etc**

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BENEFITS OF THE PROJECT TO OYO STATE

- **A system had been put in place for the effective delivery of LPE as HIV/AIDS prevention strategy in the state**
- **Increased awareness of Life Planning Education issues including HIV/AIDS by teachers and students**
- **Skills of Participatory approach to project development transferred to personnel in the education and health sectors**
- **Capacity building for project staff in the Ministry through training and continuous technical assistance**
- **Information sharing**
- **Emergence of LPE Programme that reflects the thinking of stakeholders in the Education sector as well as the community**

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BENEFITS OF THE PROJECT TO OYO STATE Cont.

- Mobilisation of resources (especially knowledge, skills)
- Raised the profile of the Project in Nigeria and internationally
- Access to external resources hitherto unknown to the State
- Educational and instructional materials developed on the project are being used as resource materials in some states in Nigeria.
- Requests by private secondary schools in Oyo State for replication of school-based LPE and HIV/AIDS Prevention Initiatives
- Replication of LPE and HIV/AIDS Education in public secondary schools in Bauchi, Kebbi and Gombe States
- 4 Representatives of a Jamaican NGO and Advocate for Youth, Washington in Nigeria to under study LPE for replication in Jamaican public secondary schools

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CHALLENGES

- **Uniform delivery of LPE & HIV/AIDS Education is gradually being achieved.**
- **Varying level of commitment of School Principals/Teachers.**
- **The structure for LPE in the Ministry is still weak**
- **Only 131 (one third) of the 326 public secondary schools have been covered in Oyo State**
- **Inadequate financial allocation to LPE and HIV/AIDS Education.**
- **Low patronage of services in the established youth friendly clinics**
- **The free health policy is negatively impacting on the cost recovery.**
- **Poor documentation of activities by teachers and students (Peer Educators)**

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KEY LESSONS LEARNT

- NGOs and Government partnership is feasible and has potentials for speeding up the process of acceptance of positive change.
- Different working culture of NGOs and Government constitute great barriers to smooth NGO/Government partnerships
- Sustainability of any initiative such as LPE is a function of commitment by all the parties from the stage of project conceptualisation and design
- Role delineation and clarification would contribute significantly to the working of any partnership especially NGO/Government partnership.
- Strong believe in a course is crucial factor in obtaining the commitment of field personnel within the education and health sectors.
- Initiatives such as LPE will succeed and make significant impact if a system exist.
- Integration of ARSH/HIV/AIDS is acknowledged as the best approach to impart knowledge and influence behavioural changes. Catching them young is key to reduction of prevalence of HIV/AIDS.
- Successful partnership with MOE & TESCOM had led to the official acknowledgement of this approach to HIV/AIDS Education as being the effective approach to reducing HIV/AIDS scourge

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SUMMARY OF SESSION IV

Management issues in HIV/AIDS Education by Professor Babatunde Oshotimehin, Project Manager, HIV/AIDS Development Programme, IDA, World Bank, Abuja.

The presenter started by providing information on the current state of HIV/AIDS in Nigeria. This includes the level of prevalence, geographical spread, population distribution of affected Nigerians.

He went further to analyze its impacts on the economy, workforce, on orphans and education. Among factors that were responsible for the continued spread of the pandemic were poverty and lack of education about HIV/AIDS.

He made the following recommendations to mitigate the impact of HIV/AIDS

- *Voluntary counseling and confidential testing*
- *Support and Care (ARV's, MTCT, Vaccines and Home based Care)*
- *Advocacy*
- *Poverty reduction, and*
- *Education*

To manage the epidemic, the education responses are

- *that management must be multisectoral, involving all sectors of the economy (Judiciary, Information, Private Sector, CSO's education and others)*
- *It must reside in the Education Sector*
- *It must be collaborative and participatory and*
- *It must evolve an appropriate monitoring and evaluation mechanism.*

Resources

Enough resources should be accessed because of the enormous nature of HIV/AIDS education programme. Institutions like NACA, UNAIDS and other developing partners should be approached for resources.

Implementation

The planning and implementation process should be in partnership with the community and the Civil Society Organizations (CSOs) as well as the network of people living with HIV/AIDS.

Issue Raised and Response

On the nature of educational programme, Professor Oshotimehin responded that Non-formal education that would focus on enlightenment, music, drama and plays should be encouraged and integrated into all educational activities planned towards HIV/AIDS reduction. He advised that people should be targeted and properly educated so that there will be a change in behaviour, norms, values, stigma and attitude.

Again, he stressed the issue of poverty as well as information sharing.

HIV/AIDS Management in Education

- Babatunde Osotimehin

Project Manager

HIV/AIDS Project development Programme

Presented by Dr. A.I. Atta

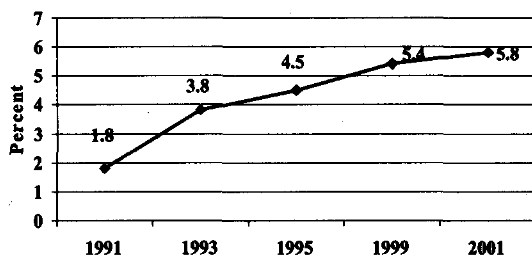
The Situation today!

Table 1: Global, Sub-Saharan and West African HIV/AIDS Burden, December 2001

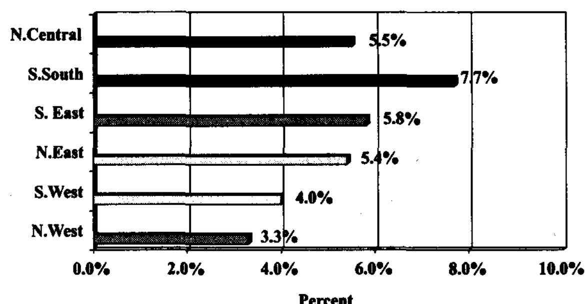
Key indicators	Global indicators (UNAIDS, 2001)	Sub-Saharan Africa (UNAIDS, 2001)	West Africa (UNAIDS, update 2001)
New HIV infections in 2001	5 million	3.4 million	N.A.
Number of People Living with HIV/AIDS (end of 2001)	40 million	28.1 million	4,782 million
Deaths due to AIDS in 2001	3 million	2.3 million	462,800
Adult Prevalence Rate (%)	1.2%	8.4%	3.7%
Percentage of HIV positive adults who are women (%)	48%	55%	55%
AIDS orphans as of 1999 (under 15 years of age)	N.A	N.A	1.9 million
Cumulative number of AIDS orphans since the beginning of the epidemic	13.2 million	12.1 million	2.7 million

AIDS epidemic update, UNAIDS 2001

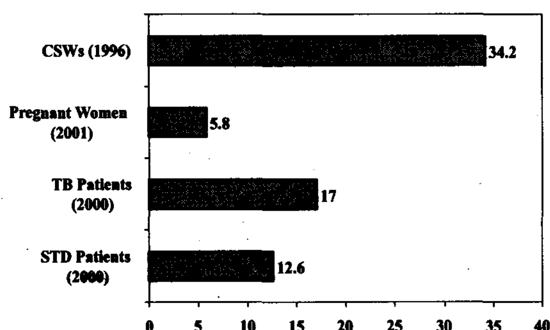
The Epidemic in Nigeria



HIV/AIDS Prevalence by Zone



HIV Prevalence among population sub groups



Demographic features of the Epidemic

Table 2: Framework for exploring impact of the HIV/AIDS epidemic

Type of impact	Specific indicators to consider
Demographic impact	• Number of children in the country having lost their mother or both parents to AIDS before age 15 • Number of adults and children who died of AIDS • Changes in the dependency ratio and in the age structure of a given country (long term indicator)
Macroeconomic impact	• % Change of GDP growth over time and as a result of HIV • Change in demand and supply of various government services
Sectoral impact: Education	• Reduction in school enrolment due to child death, decreased fertility and higher demand for child labour (demand) • Number of teachers who died of AIDS (supply) • Reduction in educational quality due to absent and deceased teachers
Agriculture	• Reduction in labour force • Percentage change in production • Fall in labour productivity, crop yields and agricultural output • Shift in production from cash crops to survival crops
Business/private sector	• Fall in the enterprise profits and increase in posts to the firms • Higher levels of absenteeism • Increased costs of health care, insurance premiums and funerals • Cost of worker replacement and training
Health	• Share of hospital beds occupied by HIV positive patients • Percentage of public health spending on AIDS prevention and care services • Number of health professionals infected by HIV/AIDS
Community impact	• Socio-cultural impact in terms of loss of indigenous knowledge • Shock to families and community due to loss of members • Change of social and community practices
Household impact	• Loss of productive hours • Reduction of household savings and wealth (cost to the family) • Diversion of scarce family resources away from education and nutrition toward care for the sick • Increase in AIDS related expenditures as a percentage of household income

Economic Losses due to HIV/AIDS in Nigeria.

- Affects primarily young adults in their most productive years
- Both high income and low income workers are affected
- And the long incubation period of HIV means that the impact will be drawn out over a long period of time.

Table 3: Macro and micro impacts of HIV/AIDS across West Africa

Categories of countries	Macro economic impact	Micro impact
1-4% of HIV/AIDS infection within the adult population (aged 15-49)	• Costs of financing the health sector in order to scale up AIDS programmes range from 1-3% of GDP	• Household level impact and impact in the health sector
5-9% of HIV/AIDS infection within the adult population	• Annual loss in GDP growth per capita as a result of AIDS will be 0.8% by 2010 in Burkina Faso • Annual loss in GDP growth per capita is 0.95% in Nigeria	• Family payments for the lifetime care of an AIDS patient were between 416$ and 546 $ or two times the per capita income in Burkina Faso
10-29% of HIV/AIDS infection within the adult population	• Macro Economic Impact estimate a loss of 0.8% GDP growth per capita as a result of AIDS	• Dramatic impact of AIDS on the household wealth • Average household consumption falls from previous years • Households with AIDS patients spend twice as much on medical expenses and between 25-50% of annual net income is spent on AIDS patient

AIDS in Africa - Country by Country. UNAIDS/ECA 2000

Table 4: Impact at household level

Production and earnings	Investment and consumption	Household health and composition	Psychic costs
• Reduced income • Reduced productivity • Reallocation of labour and land	• Medical costs • Funeral costs • Legal fees • Dissavings • Changes in consumption and investment	• Health maintaining activities reduced • Loss of deceased • Poor health of survivors • Dissolution of household	• Disutility to individual • Grief of survivors

Terminology - S. Kongsin, 2000

Table 5: Impact at household level in four West African countries

Country	Impact at household level
Burkina Faso	• Individuals and families will lose earning power as they face exorbitant medical costs that in turn diminish savings. • Loss of wealth is exacerbated by the loss in revenues in the agriculture sector due to mortality and morbidity. • Family payments for care of AIDS patients are between 416 $ and 546 $ equivalent to two times the per capita income in 1993.
Togo	• Illness and death lead to increased expenditure, reduced savings and shifts in productivity patterns.
Ghana	• Over 33% of the households with members suffering from HIV/AIDS reported receiving financial assistance from an extended family member. The study also found that families drew down asset holdings in order to pay for medical costs: 25% of households said they either borrowed or sold property for this purpose. • Reports from the health workers in Eastern and Ashanti regions where the majority of AIDS cased are reported reveal that patients are unable to settle hospital bills because their life savings have been exhausted due to their illness.
Nigeria	• A case study of 25 households employed by one firm in Nigeria revealed that even though the company paid for medical expenses for the AIDS patients, the family's source of livelihood was lost creating a major economic crisis. Social stigmatisation of those living with HIV/AIDS was very strong and gave rise to a negative psychological impact on the family.

AIDS in Africa - Country by Country. UNAIDS/ECA 2000

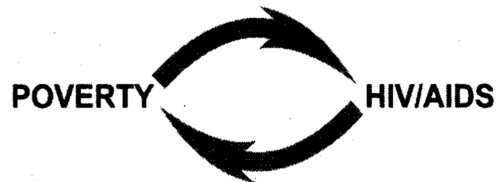
Additionally!

➢ The effects of HIV on the economy excercabates poverty

Relationship between poverty and HIV/AIDS: a simplified view

Structural vulnerability ⇨ high risk situations
Lack of access to prevention interventions
Lack of access to affordable care
Lower educational status ⇨ reduced access to information on AIDS

POVERTY



HIV/AIDS

Lost productivity
Catastrophic costs of health care
Increased dependency ratio
Orphans with poor nutrition, low school enrolment
Decreased capacity to manage households
Reduced national income
Fewer national resources for HIV/AIDS control

Table 6: Measuring impact in the education sector

Factor	Impact in the education sector
Demographic	Decline in size of school age population due to: • High death rate among women of reproductive age lowering the fertility rate and population growth rate • Transfer of HIV to infants and HIV/AIDS deaths among children
Demand side	• Fewer resources for schooling children • Reduction in the size of the school age population • Increased demand for child labour
Supply side	• Increased mortality particularly among teachers • Increased absenteeism among teachers • Increased unproductive work hours due to poor health
Potential clientele for education	• Increasing number of orphans
Educational planning	• Increased need for effective educational planning • Discrepancies between rural and urban areas

Exploring the implications of the HIV/AIDS epidemic for educational planning in selected African countries, World Bank

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Table 7: Impact on the education sector

Country	Impact on the Education Sector based on the number of teachers who may die from HIV/AIDS
Côte d'Ivoire	• In 1996/97 64% and 70% of teachers' deaths were HIV related • Out of a sample of 1.7 million primary school students at least 23,000 are estimated to have lost a teacher to AIDS in 1999 (approximately 1.35%)
Burkina Faso	• Out of 700,000 primary school children 7,400 would have lost a teacher to AIDS in 1999 (1.06 %)
Togo	• Out of a sample of 830,000 children 7,300 would have lost a teacher to AIDS. (0.88 %)
Nigeria	• Out of 14.8 million primary school children 85,000 would have lost a teacher to AIDS in 1999 (0.57 %)
Ghana	• Gains made in enrolment will decline with the HIV/AIDS infection
Sierra Leone	• Increasing numbers of orphans and children's growing responsibilities as a consequence of AIDS in the household will lead to reduced enrolment and hence lower literacy rates • From a cohort of 420,000 primary school students 1,900 have lost their teacher to AIDS in 1999 (0.45%)
Benin	• Out of 750,000 primary school students 1,800 have lost a teacher to AIDS in 1999 (0.24%)
Mali	• Out of a total of 780,000 primary school students 2,000 have lost their teacher to AIDS in 1999 (0.26%)
Senegal	• Out of 900,000 primary school pupils at least 2,000 are estimated to have lost a teacher to AIDS (0.22%) in 1999
Gambia	• Out of 140,000 primary school students, 353 have lost a teacher to AIDS in 1999 (0.25%)
Guinea	• Current gains in enrolment of 46% could be reduced by HIV/AIDS • Out of 650,000 primary school pupils 1,300 have lost a teacher to AIDS in 1999 (0.2%)
Niger	• Out of 480,000 primary school pupils 820 lost a teacher to AIDS in 1999 (approx. 0.17%)

AIDS in Africa - Country by Country. UNAIDS/ECA 2000

Mitigation against the Impact of HIV...

- ➢ PREVENTION
- ➢ VOLUNTARY COUNSELLING AND CONFIDENTIAL TESTING
- ➢ SUPPORT & CARE
  - ▪ ARV's, MTCT, Vaccines, Home based care etc;
- ➢ ADVOCACY & EDUCATION
- ➢ POVERTY ALLEVIATION

Central to the Success of all these interventions is Education.

- Formal

- NON Formal

Some specific Examples of benefits of Educational Interventions

- ➢ Education to increase awareness
- ➢ Education to decrease stigma
- ➢ To provide information about care & support
- ➢ To provide information about counseling and voluntary testing
- ➢ To empower care givers about HIV/AIDS
- ➢ To empower individuals and communities about home based care

How can this be done! Modalities.....

- ❖ In the formal system.....
  - ✓ Curriculum add-on e.g. sexuality education
  - ✓ Peer to peer education & counseling
- ❖ In the NON formal system....
  - ✓ Community enlighten and education for care & support
- ❖ And in both.....
  - ✓ Drama, Plays, Sports, Music etc......

Managing the Education Response....!

- ➢ It must be multisectoral.....involving all sectors of the economy. (judiciary, education, CSO's, youth, information, national planning, private sector, international partners,.....AND....
- ❖ Must reside in the Education Sector.
- ❖ Must be collaboratory and participatory in nature
- ❖ And must evolve an appropriate monitoring and evaluation framework for education that is in synchrony with the National M & E Framework

RESOURCE MOBILIZATION..

- ❖ Resources should be accessed from NACA...and other donors....

And

- ❖ NACA should be kept informed of all efforts so as to ensure that there is coordination of the National Response...

Implementation......

- ❖ As much as possible the planning and Implementation of the interventions should be in partnership with community groups, civil society organizations, the private sector, in order to ensure ownership and sustainability.........

THANK YOU.....

SUMMARY OF THE SESSION. V

Non- Formal Education and HIV/AIDS by Dr. Sabo Indabawa.

Dr. Sabo A. Inadabawa gave a presentation on Non-formal Education as an intervening tool in the fight against HIV/AIDS. The presenter defined Non- formal education as any educational activity carried outside the formal educational system which caters for the educational needs and aspirations of different people. He reiterated that it is for all, for adults as well as the young people.

In the above light, a typology of ten major education programme was presented out of which three were highlighted and discussed for the purpose of the workshop

1 Literacy Education (Basic and Post)
2 Civic/Political Educations.
3 Child and family health Education.

a. *Literacy Education which offered at both basic and post basic levels is important, this allows for the acquisition of skills. It is usually provided by the government, regional, state or local government. Basic literacy is done in the local language, especially in the three main national languages. (Hausa, Yoruba and Igbo)*
b. *Civic/political education: a government driven and delivered programme meant to enlighten the citizens. The focus is on rights and obligations of citizens. This can be tailored as a means to promote HIV/AIDS education.*
c. *Child and family health education*

This type of NFE refers to two types which is Child and Family health education and it largely relates to mother and child infection of HIV/AIDS. Emphasis here is on good motherhood commencing from pregnancy to safe delivery of children. The delivery mode is through face-to-face talks.

STRATEGIES

The key strategies of NFE programmes are to arouse critical consciousness, providing education for mobilization and catering for people's need for education, health, agriculture, productivity and environmental resources utilization

Literacy for HIV/AIDS education can be provided in these different forms:

1. *Intervention through curricular, to have government control since it involves a lot of people and also to know what structures to put in place to have a sustainable non-formal education programmes.*

CONCLUSIONS

Since most people suffering from HIV/AIDS will be adults, who for various reasons have not taken advantage of formal education provision, the only opportunity for their education and re-education is through the formal and out school programme.

Issues Raised

1 What type of Non-formal education would be effective?

2. Where there are no electronic media, how would the grassroots people be sensitized and who is best used to pass the education?

Responses

1. Mass education through mass media would be more effective and should be emphasized. The fact that HIV is a problem for predominantly sexually active people, vocational training programmes through apprenticeship and peer education programmes should be explored as media for education on HIV/AIDS. Radio and Television can be used for HIV/AIDS education to deliver HIV/AIDS education in Civic education.

Non-formal education in child and family health education programmes should be encouraged to ensure that HIV/AIDS issues and problems are fully catered for in their programmes.
2. Let educator to be trained come from their zones or locality, so that they can use local languages to educate the people. For example: use inspectors from State Education Inspectorate to pass information to the grassroots.

RECOMMENDATIONS

- *Try pilot projects involving local communities for sustainability*
- *The need for PLWHA to be open and form organized groups to help in HIV/AIDS Education and to confront stigmatization of carriers.*
- *The need to use faith based organizations*
- *Need for specialized teachers for handling children below ten years of age*

Main Presentation

Introduction.

As humanity is faced with the devastating scourge of HIV/AIDS, Africa remains the most affected in terms of human loss and the consequent withering away of the great potential for development of the continent. It has been reported that 'nearly 48 million people have been affected, as a result of the death of 20 million and the infection of 28 million others who now live with HIV/AIDS' (Akukwe, 2002:3). Of the total number of carriers of the disease 7 million are farm workers and in the 14 countries of Southern, 50% of all hospital beds are occupied by HIV/AIDS patients. Currently, Nigeria is reported to have about 5.8 million HIV/AIDS patients[i]. Consequently, '...private investments are not likely to flow consistently to countries that are loosing their best workers to AIDS because of stagnating demands and high costs of labour' (Akukwe, 2002:2). What, one may ask, is the next effect of the HIV/AIDS pandemic for Africa? In a word, it is arguable that, given the huge negative repercussion of the disease on the continent, '... HIV/AIDS remains a formidable threat to the future...' (Akukwe, 2002: 3) since:"As bread winners fall sick and die, household income dries up, food becomes increasingly scarce... children are pulled out of school, and poor families spend limited savings and household holdings on fruitless AIDS palliative treatment. Communities are deprived of their best-trained leaders, and nations suffer from the ... deaths of its best bureaucrats, technocrats, doctors, nurses, teachers and other professionals. Public expenditure on healthcare will go up at a time of declining tax revenue from limited numbers of productive workforce" (Akukwe, 2002: 2).

Given this scenario, it should be asked: What is to be done? In responding to such interrogation, perhaps we could suggest, rather simplistically that all that must be done should be done and promptly too. In particular, Africa cannot just watch the pervasive spread of the disease or the devastation of its effects on its populations. In this regard, could educational measures be applied with reasonable expectation of positive result in terms of minimizing the pandemic? If the answer to the question is in the affirmative, another salient poser will be: which type of education?

Based on the timeliness of the discourse on HIV/AIDS, this paper examines the possible relevance and implications of nonformal educational programmes and strategies in the effort to generate ideas to remediate the problems posed to society by HIV/AIDS in Nigeria. In contextualising the discussion, the paper will appraise HIV/AIDS and modern education, attempt to define nonformal education, identify NFE programmes through which HIV/AIDS education can be promoted and the mechanisms of doing so.

HIV/AIDS and Education.

Modern education is basically compartmentalised into two broad forms: school and out-of-school.[ii] In the first, awareness of HIV/AIDS could be fostered through reform of the curriculum to allow for the infusion of HIV/AIDS knowledge in the content of learning of subjects, courses or event programmes. It is also possible to foster this through awareness efforts such as forming clubs and societies. There are other means as

well, which are not necessarily vital for this discourse. However, one key question is: Is curriculum reform as easy a process that could facilitate effective educational intervention? As we all know, the process is cumbersome especially in situations like ours where curriculum renewal is often confounded by issues and problems related to the colonial antecedents of the entire education system and by local partisan interests as well as the general reticent attitude of the bureaucratic set up. There has not been any complete reorientation of the content of education since independence even in spite of the emergence of the national policy on education in 1977 (revised in 1981) (Indabawa, 2001).

To a great extent, the inequities created by the formal form of education are addressed by the non-formal mode. Therefore, non-formal education (NFE), may, given its flexibility be amenable to easier use and application to remediating the damages and dangers of AHIV/AIDS. How this could be done will be determined by our understanding of the concept, programming and strategies of non-formal education, to which we now turn attention.

Concept of non-formal education.

Divergent opinions have been expressed on what non-formal education could imply (Coombs and Ahmed, 1974; Javis, 1990; La Belle and Ward, 1996; and Muller, 1997). Although there is hardly a generally accepted notion, given differences in perception, culture, time and space (Indabawa, et al eds. 2000), non- formal education refers to 'out-of-school education', which is intended to cater for the educational needs and aspirations of different clientele. It is for all: adults, the young and infants, depending on the context, time and place as well as the goal set in view. Apparently, a notion of non-formal education that seems to sum up most definitions is the one proposed by Garrido (1992:84) which suggested that it denotes:

"Any (flexibly) organized learning activity outside the structure (and constraints) of the formal education system that is consciously aimed at meeting the specific learning needs of a particular sub-groups in the community, be they children, youth or adult." Therefore, non-formal education seems to be the type of education that could meet the needs of:

- The community about HIV/AIDS prevention, cure and containment;
- The parents and relations about how to prevent, cure and or provide care for the HIV/AIDS patient;
- The HIV/AIDS patient about how to care for themselves;
- The educator on how to plan and deliver appropriate educational programmes for HIV/AIDS awareness, prevention, cure and or care for patients;
- The social workers about what to do to assist HIV/AIDS patients;
- The media on how to reach out to victims and non-victims of the disease;
- Governments at Federal, State, and local levels on the need for action on HIV/AIDS in the society; and
- The donor about the compelling reasons for investment in the care of HIV/AIDS patients and popularisation of their cause.

One may ask but how can this be made possible? One possible response to the question is that NFE can reach out to its clientele through its variety of programmes and projects, which are usually delivered on very flexible modes, without the usual

limitations of entry qualification, teacher specification, defined time, imposed content or pre-determined objective; desire for certification, etc; constraining attributes that are associated with formal type of education.

These constraints often turn modern education into a 'diploma disease' (Dore, 1976) and leads to its damage of de-skilling one and all in traditional society (Illich,1972). In the end, education becomes a domesticating tool of the oppressor thereby necessitating the need for an educational revolution that would lead making the human person 'more completely human' (Freire, 1972). These and many other known problems of formal education, especially its exclusionist structure (Outran, 2002), led the way towards the continuing attraction of non-formal education; a mode that is primarily accommodative of divergent interests, need-meeting, equitable and cost-effective. Thus NFE has come to foster 'diversified integration' (Williams, 1999) to help raise a holistic global educational system that responds to the yearnings of all the people.

Non-formal education programmes.

Non-formal education programmes are as varied as its clientele. In a generic form, NFE programmes cover all the possible areas of educational needs of adults, youth and children, especially children in special circumstance such as children with inherited HIV/AIDS. For ease of this presentation, a typology of ten major non-formal education programmes is presented below:

Table 1: **Typology of major non-formal education programmes**

S/No.	NFE type	Objective (s) and clientele	Provider (s)
1	* Literacy education: Basic and post	Literate for person/social goal; Youth and adults.	Mainly government, and voluntary bodies; some support from donors, e.g. UNDP for mass literacy, 1995-2000; and UNICEF for girl child, etc.
2	Extra-mural, coaching and remedial education	Liberal outreach, preparation for public exams upgrading educational status; Youth and adults.	Mainly institutions of higher learning and private concerns.
3	Adult Vocational education	Acquisition of skills for employment; Youth and adults.	Mainly government via MOE, AME,NDE, NAPEP, private concerns and donors such as ILO on CBVR in Ibadan, Kano, etc.
4	Extension education	Acquisition of innovations in	Mainly government

		inputs and techniques in agricultural activities; Youth and adults.	via (MOA), agric. research Institutes
5	Continuing professional education	Enhancement of professional competences; Workers - mainly adults;	Mainly professional bodies and private concerns.
6	Workers/workplace/ education/on-the-job training	Enrichment of skills; Workers- mainly adults.	Employers, especially manufacturing industries and government via ITF.
7	*Civic/political education	For social, economic and political mobilization; Youth and adults.	Mainly government via NOA, etc, or civil society groups including political parties, labour and commonweal organizations.
8	Distance & Open learning	Further education; Workers – mainly adults.	Mainly government educational institutions, e.g. NTI, COSIT, CES, etc. and private concerns, e.g. Rapid Results College, etc.
9	Special needs education for excluded groups	Basic education or higher, for mainstreaming of nomads, persons with disabilities (pwds), refugees, a	Mainly government via NCNE, and donor bodies such as UNESCO, etc.
10	* Child and family health education	Promotion of child and family health issues, especially reproductive, etc; Children and women	Non-governmental organizations, supported by donors.

Key:

* Indicates NFE programmes selected for attention in this discourse.

Abbreviations as they appeared in table 1:

UNDP United Nations Development Programme.
UNICEF United Nations Children's Fund
MOE Ministry of Education
AME Agency for Mass Education
NDE National Directorate for Employment.
NAPEP National Poverty Eradication Programme
ILO International Labour Organisation
CVBR Community Based Vocational Rehabilitation programme

MOA	Ministry of Agriculture
ITF	Industrial Training Fund
NOA	National Orientation Agency
NTI	National Teachers Institute
COSIT	Correspondence Studies Institute (of University of Lagos)
CES	Centre for External Studies (of the University of Ibadan)
NCNE	National Commission for Nomadic Education
UNESCO	United Nations Educational, Scientific and Cultural Organisation

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Possibilities of NFE for HIV/AIDS education.

In discussion the possibilities of non-formal education as a tool for promoting HIV/AIDS education, I will examine three types, name:

1. Literacy;
2. Civic and Political education; and
3. Child and family health education.

These programmes are isolated for discussion based on their amenability to accept content reform as well as the fact that their providers would likely accept the HIV/AIDS education intervention without foreseeable difficulty. Similarly, in a limited discussion like this, it might not be possible to exhaust all the NFE types, each of which may, on their own, hold potential promise and relevance in the effort to tackle the malaise of HIV/AIDS in the communities.

Literacy.

This is offered at both basic and post levels. The basic provides educational experience for up to the equivalent of three years of formal primary education, at which level a person is expected to acquire basic skills of reading, writing and numeration (FGN, 1989).

Basic literacy is usually provided by Governments at Federal, regional, state or local levels. State-sponsored literacy programme begin in the 1940s when the colonial government begun to show interest in the education of the adult person, with a view to mainstreaming in the activities of the colonial administration. This was so that they could perform civic duties such as payment of licenses, taxes, attendance at courts; or take menial responsibilities as clerks, interpreters, messengers, etc. (Omolewa, 1981, Indabawa, 1991, Aderinoye, 1997).

Basic literacy runs for 6 to 9 months in all parts of Nigeria. The programme is managed at the State level by State Agencies for Mass or Adult and Nonformal Education. From 1990, a national coordinating body, the National Commission for Mass Literacy, Adult and Nonformal Education was established to help coordinate the literacy, adult and nonformal education work of the Agencies and all other providers of education for adults at that level.

Basic literacy is done in the local language, especially in the three-national languages: Hausa, Yoruba and Igbo.[1] A successful completer of the 9 month programme can proceed to the next level, namely post literacy. Here, the learner seeks to acquire the equivalent of the educational experience of a learner at senior primary education levels, that is those in

grades/classes 4,5 and 6. Learners are exposed to other subjects including Hygiene, which is probably the only avenue of the learners encounter with basic health issues that may even covers aspects of *disease.*[1]

Basic literacy is delivered through a *primer*, in the specified languages, the content of which is based on learning about the basics of word, number and writing; competences that are expected to be demonstrated by a person who UNESCO may accept as literate.

Although Nigeria was reported to have had an adult literacy rate of 71.2% among those aged 15-25 years and a national rate of 57% (66%male against 48% female) of its population in 2000 (FGN, et al, 2000: 195-1197) (perhaps higher presently), there is still a lot more adults, especially among rural dwellers, women, the poor and other disadvantaged groups that have to be reached. In fact, recently at the *3rd Northern Education Summit* and in accordance with the Northern Education Agenda for Action, the North is expected to make at least 5million adults literate annually through a strategy of *Voluntary Action Initiative* (VAI), a strategy that seeks to promote the Laubachian 'Each One Teach One' model. Earlier on, a target of 40million adults was set in 1992, which failed as the earlier national target of 50-55 million of 1982-1992 (Indabawa, 1992, Omolewa, 1994).

Apart from state-sponsored literacy programmes, an array of voluntary bodies, non-governmental organizations (NGOs), community based organizations (CBOs) pursuing commonweal, sectarian or religious interests have been involved in providing literacy services in different parts of Nigeria. In fact, communities express greater willingness to own programmes offered by these bodies than those of the State. However, over time, these providers have been faced with three major problems: lack of material resources, lack of capacity for optimum delivery of programmes and poor coordination of their efforts. The programmes run by these bodies also normally encounter similar obstacles that have limited the efficient operation of the government-sponsored programmes. In addition, there is hardly any verifiable evidence that they pay any special attention to HIV/AIDS issues in the course of the delivery of their own programmes.

The question is: How can literacy as a nonformal education programme be used to promote education for understanding and popularizing awareness of the causes, courses, consequences, prevention, treatment and containment of HIV/AIDS in Nigeria? A response to the question is provided in the section of the paper dealing with strategies.

Civic education

This is an NFE programme that deals with the delivery of packaged educational programmes which seeks 'to enlighten' the citizens. The focus is on rights and obligations of citizens. Civic education is also known as political education in places like Nigeria and Tanzania (Indabawa,1991)

Specifically, civic education is used for popular mobilization towards a public role such as involving the populace in the electoral process (particularly after long periods of military interventions in the governance of some developing countries, in the 1980s and 1990s). Thus the content of civic education is defined by the exigencies of time in the life of different countries. It is delivery through a multi-modal strategy, some times through existing NFE programmes such as face-to-face literacy instructions or through the use of

radio and newspapers. Therefore, the primer used in this type of programme is specially designed by experts in the desired specialties.

Civic education is generally designed and delivered by government agencies and rarely by civil society organizations such as political parties and labour unions (Indabawa, 2001). This means that its utilization to promote HIV/AIDS education is possible. Both the content and delivery mode can be reformed to accommodate elements of HIV/AIDS education.

Child and family health education

This type of NFE programme is used largely to promote awareness of and adaptation of child and reproductive health issues. The content is usually defined by whichever health issues are considered essential for mothers to learn about. Emphasis has been on good motherhood, commencing from how to care for early pregnancies, safe delivery of children and the means and methods of best child rearing or upbringing practices. The main providers are government hospitals and for some time, some NGOs that seek to popularize family planning practices in the communities. One is not sure whether there is a defined content for this although of course the method is always adragogical given that the clients are mothers, who have themselves reached adulthood stages of life.[2] The delivery mode is through face-to-face talks and employment of audio-visual aids to facilitate clarity of content and processes of handling skills of childcare and protection from diseases and health hazards.

Given the attributes of this form of NFE progrmme, it seems that intervention to help raise awareness and use of HIV/AIDS education is possible. Both the providers and beneficiaries are captive enough to be encouraged to infuse the basic elements of HIV/AIDS education in their educational programme.

Strategies

Usually, the key strategies of NFE programmes delivery are 'arousing critical consciousness; providing education for popular mobilization and catering for peoples needs for education, health, agricultural productivity and environmental resource utilisation' (Indabawa et al, 2000: 29). In effect, NFE programmes are provided in an integrated community-based approach and the desired end is positive behavioural change. Based on the above, the following modality is of intervention is proposed.

Intervention through literacy

Literacy for HIV/AIDS education can be provided in this direction in three forms as follows:

(a).Curriculum reform.

Reform the curriculum of existing state-sponsored and NGO basic and post literacy programmes should be undertaken with a view to providing suitable content and elements on HIV/AIDS. The weight of the additional content should be pooled on 15% and 20% in basic and post literacy respectively. This means that where basic literacy is run for six months, it should be extended to cover 9, as envisaged by the National Basic Literacy Curriculum. Where the duration is already 9 months, a month or two should be added to

cater for the extra content. In post literacy, which normally runs for 18 months, perhaps and additional 3 months should be provided to cover the additional content.

(b).Special post literacy programmes

Another strategy that can be tried is to mount special post literacy programmes with a content that is built purely on issues and problems of HIV/AIDS. For now, the programme can be run on an experimental basis. After a while, and depending on the experience gained, the programme can be replicated more widely. There is evidence that such specialized literacy programmes can achieve their goals as indicated in the IFESH-sponsored community development, health and literacy project initiated in 1989 by the Department of Adult Education University of Ibadan and now being run by the University Village Association (UNIVA) in areas of Ibadan (Omolewa, et al, eds. 1994). Given the potency of this approach, it has been indicated that "...in ten years, UNIVA has produced over 5,000 literacy learners (neo-literates), over 1,000 of whom have undertaken post-literacy work" (UNESCO, 2001:63).

As an experimental programme, the target learners can be drawn from among neo-literates in state-sponsored programmes. It is proposed that at least 100 classes of 15 learners should be open in each of the six geopolitical zones of the country. This will give a national total number of 9,000 beneficiaries. The following table gives the details of the proposed programme.

Table 2: **Proposed zone experimental HIV/AIDS post literacy classes in Nigeria**

S/No	*Zones*	*Classes*	*Total enrolment*
1	North East	100	1,500
2	North Central	100	1,500
3	North West	100	1,500
4	South East	100	1,500
5	South -South	100	1,500
6	South West	100	1,500

To implement this proposal, there is need for a specialized working committee to consist of members from UNESCO, UNAIDS, National Commission for Mass Literacy, Adult and Non-formal Education, State Agencies for Mass/Adult and Non-formal Education, select active literacy NGOs and experts from tertiary institutions. The committee should decide on:

- The form and direction of the programme;
- The curriculum;
- Instructional materials;

- Generation and training of instructors;
- Location of classes;
- Financial implications;
- Framework on programme coordination and collaboration; and
- Any other relevant matter, essential for the success of the programme.

I believe that if a pool of 9,000 trained Nigerians on basic HIV/AIDS education can be produced, say in two years, it is possible that these can serve as a critical mass of change agents that can help to bring greater awareness about the disease and its amelioration.

(c). **The third alternative**

If either of the above options is not feasible, a third option can be recommended. Special funds for the promotion of HIV/AIDS education through literacy can be set aside by government and donors[iii]. Interested parties that are engaged in literacy delivery could be invited to take full advantage of the funds where they show definite evidence that HIV/AIDS education is sufficiently catered for in their programme. There will be need for a well-defined standard of performance in this regard, set and implemented in a most impartial manner.

Intervention through civic education

Here, it is proposed that government should once again mount civic education programmes on HIV/AIDS education. The delivery need not be on the regular face-to-face mode. The media of radio and television can be used given that there are community television viewing centres in most parts of Nigeria. Also, most rural dwellers use radio on a daily basis. Perhaps all that needs to be added is additional tempo in terms of government's commitment to eradicating the menace of HIV/AIDS in society. The delivery agents too, will need to be reoriented to make the instructions more attractive to views and listeners.

Meanwhile, the radio and television programmes mounted to sensitize people on awareness of HIV/AIDS should be intensified. In addition, in traditional Islamic and Christian communities, religious injuctions that emphasise abstention from sexual indulgence should be popularised once again. The local mallams and clergy could be used in this direction, for considerable positive impact.

Intervention through child and family health programmes

It seems that since this is essential a health education programme, a major route of intervention in it is to ensure that HIV/AIDS issues and problems are fully catered for. Health institutions and agencies should be attracted to intensify this intervention, perhaps through making special grants of money by government and donors. The personnel who deliver this form of education should be retrained to help raise their expertise in teaching adults, since they are dealing with them. Scolding, bullying and other dehumanizing approaches should be curtailed as far as possible.

Conclusion

There is hardly a limit on what can be said about all the possible links between non-formal education and HIV/AIDS in any society. The fact is that majority of HIV/AIDS sufferers will be adults, who for varying reasons have not taken advantage of formal education provisions. They need to learn more about how to prevent themselves and families from the scourge of HIV/AIDS. They need to educate their own wards on the damages of HIV/AIDS and they need to care and interact with people who live with

HIV/AIDS. The only opportunity for their education and re-education is through the non-formal, out-of-school route. This is what makes non-formal education programmes very relevant to this vital need; for without a serious effort to save the adult population from HIV/AIDS, adults who constitute the key agents of development, society may never experience any meaningful advance socially, politically and politically.

In discussing the relevance of NFE programmes for HIV/AIDS education, a list of 10 major types was given in table 1. From this, another three were isolated for more detailed discussion that sought to show peculiar intervention potentials. Some form of literacy, civic education and renewed child and family health non-formal education programmes have been recommended and mechanism of undertaking the task indicated. We ought to have made an early start on this important matter, but it is better late than never.

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SUMMARY OF THE SESSION VI

Pedagogical Issues and Gender Concerns on HIV/AIDS Education by Mr. OlusolaAdara, (NERDC) Shedda

Mr. Olusola A. Adara was invited to give a presentation on the pedagogical issues and gender concerns on HIV/AIDS Education.

He mentioned that the threats and challenges to contend with applying education to control and prevent the spread of HIV/AIDS are numerous and they range from personal to socio-cultural and gender considerations. As in all the societies across the world, in Nigeria male and female have different status and are expected to play their roles. In the Gender Empowerment Measure (GEM) reported by UNDP in 1997 Nigeria is laying 108 in the round table of 116. Gender problems are often related to incomplete or distorted information, and myths associated with gender. Only correct and complete information about sexuality have realistic and fair expectations of partners and are more likely to lead to good decisions.

To design appropriate responses to HIV/AIDS educational planners have to identify the potential areas of impact of HIV/AIDS in education. Planners should take into consideration that HIV/AIDS has devastating effect on the teachers as their productivity; number of skilled teachers, capacity utilization are reduced. Consequently the class sizes and drop out rates among students are increased. Funds have to be used to pay salaries of sick teachers or settle their medical bills.

Factors militating against the HIV/AIDS Pandemic in Nigeria can be categorized to include:

- *Socio-cultural background,*
- *Religious and traditional beliefs and practices,*
- *Parental attitude towards gender,*
- *National and international migration,*

These challenges can be overcome through appropriate education and targeted information.

Although 50% of the new infections occur in the age group of 15- 24 in the Sub-Sahara Africa, there is need for HIV/AIDS Education for those who may be literates or illiterates and sexually active.

Particular focus should be on the school age, youth and young adults: As studies have shown that youth within the ages of 5- 14 are almost HIV free, particular interest should be to equip these children and adolescents with skills to protect themselves from getting infected.

As teachers are the keys in educational programme implementation, they need to have fundamental knowledge about the basic facts of HIV/AIDS. They should furthermore be versatile in the use of introspective methods, cooperative and participatory learning techniques which help to clarify values, feelings and enhance behaviour change.

Teachers should be open minded persons, whose personal views do not colour issues. A good communication with a relaxed sense of humour can create an enabling environment for discussion of HIV/AIDS matter.

There is the need for integrating HIV/AIDS issues in relevant subjects in the school curriculum as well as in teacher training through a mult-disciplinary approach which should be gender sensitive.

OBSERVATION

It is believed that enough knowledge sensitization and information has been generated for action strategies to begin to evolve.

Issues Raised

1. Are we sincere in our fight against the scourge if we are using only English as the medium of conveyance?

2. Have you considered the PEER education model?

3. What next after the workshop(s)

4. A claim that introducing HIV/AIDS subject into core- curriculum did not work?

5. Inadequate sensitization of policy makers

Responses

1.Use of English is not sacrosanct for all levels except at primary, secondary and tertiary levels but at the non-formal level, the three Nigerian languages will be in use, especially the language of the environment.

2.Yes, it is mentioned in the papers and we should consider peers that are in school but not peers that disappear.

3. The presenter disagreed with this view saying that success or failure will depend on the scenario and people involved.

4 We should be developing action plans and Policy makers would be adequately sensitized

Main Presentation

Introduction

I would like to start this discussion by sharing a thought from Dr. Pat. Matemilola (Coordinator of the National Network of Person living with HIV/AIDS (PLWA) in Nigeria) who stated at a recent master trainers training workshop in Lagos in April, 2002 that "HIV has no respect for persons, gender, class, religion, status, et cetera", to underscore the importance of HIV/AIDS, which the United Nations Secretary – General had also declared "The most formidable development challenge of our time".

After it was first diagnosed in Nigeria in 1986 in a commercial sex worker (CSW), HIV incidence has been progressive, such that the 1.8% incidence recorded in 1991 rapidly became 3.8% in 1993, 4.5% in 1996, 5.4% in 1999 and 5.8% in 2001. It has consequently crossed the critical threshold where an explosive spread is to be expected. Particularly unfortunate is the findings of national zero prevalence studies (NASCP, 1999) which reveal the preponderance of HIV infection among the 15 – 24 years age group (constituting about 40%) of the Nigerian population, that is, the bulk of our students and the nation's workforce.

Although much is still to be known and learned about the epidemic, enough is already known to act immediately to curtail further spread. The <u>choice of action</u> revolves around <u>reducing infection from,</u> unprotected penetrative sex – which accounts for ¾ of worldwide transmission, sharing of needles among drug users, of mother to child from the womb or during breastfeeding. And all these were to bring about <u>change in behaviour,</u> as would render transmission less likely, which situate in educational objective. As with the struggle against poverty education is a critical element in the long term struggle against HIV transmission. In Oxfam's (1999) words it is the world's single most powerful weapon.. "It saves lives. It gives people a chance to improve their lives". Thus the fundamental purpose of the HIV education would be to develop value and attitudes that say yes to life and no to premature and socially unacceptable sexual experimentation.

In terms of impact on the nation's education, HIV/AIDS infections further cause Increased number of drop-out (early school leavers) or orphans as a result of parental infection or death;

Reducing number of skilled teachers who are too sick to work; Increased number of child marriages and child labour of orphans and children of sick parents;

Reduced family budget, diverted fees to settle medical bills; and increased class sizes owing to sick teacher (truancy) and merged classes.

While for too long the nation was in a state of denial and inaction which regrettably had caused the disease to spread unabated, the good news had been that the present democratic government has risen to the task of battling the scourge. It is now common knowledge that Nigeria ranks very high among African nations that have shown political will and commitment to the HIV/AIDS cause through the setting up of a Presidential Council on AIDS (PCA), National Action Committee on AIDS (NACA), HIV Emergency Action Plan (HEAP), National AIDS and STD Control Programme (NASCP) et cetera. The realisation that the education system represents a unique opportunity of influencing attitudes and behaviour of learners from an early age is heart-warming; It also

raised the hope to deal with this developmental issue through life skill empowerment and behaviour modifications.

Section 1: The Challenges

The threats and/or challenges to contend with in applying education to control and prevent HIV spread are numerous. They range from personal to socio-cultural and gender considerations. They deserve appropriate review for the teacher to properly apply relevant pedagogical strategies.

Foremost, the issue of HIV and AIDS disease does not lend itself readily to public discourse owing to the social stigma, silence, shame, and discrimination so often associated with it, apart from its association with the privacy of the individual; as well as the dilemma which confronts the PLWA in terms of its fatality. And yet the ravaging continues unabated with the resultant impacts in all areas of the socio-economy.

Socio-cultural considerations

The factors promoting the rapid spread of HIV constitute a major challenge in themselves, in that they mostly touch on individual feelings, beliefs and circumstances of life which may be difficult to change. They include:

- Religious opposition to use of protective device like condom, and induced abortion;
- Poverty;
- Socially acclaimed early marriage age for females, multiple sex partners;
- Socio-cultural sensitivities and reluctance to discuss sexuality matters.
- Gender inequities – female genital cutting(mutilation), unequal gender relations/weak negotiating position of female for protected sex, unequal access to education/female less educated, unequal economic wherewithal/lower female status, and different age pattern of HIV infection/female earlier than male;
- Large migrant labour force (i.e. rural-urban-rural, and sex workers). Mobility is an important factor in the spread of HIV as evidenced in several countries in sub-Saharan Africa including South Africa, Zimbabwe, Angola, and Uganda. For example, in one town in Zimbabwe near the South African border with a large
- population of migrant workers, 7 out of 10 women attending antenatal clinics tested HIV positive in 1995 (FAO & UNAIDS, 1999).

Getting to help the most affected that is the young Nigerians aged 15 – 24 years (adolescents and young adults) equally presents an over whelming challenge, because (i) this group is reported to start having sex much earlier at 12 – 13 years for reasons of pleasure (56.1%), affection (17.6%) and peer pressures (11.3%); ii) they get inadequate and mostly erroneous sexual education from friends (76%); and iii) they practice unhealthy sexual interactions (such as low use of condoms) owing to peer pressure, coercion (forced sex, rape, abuse), and economic reasons (of wants and needs). Also worrisome is the observation that some cultures even expect them to assume adult responsibilities early albeit without the necessary educational empowerments.

Gender Concerns

In Nigeria as in all other societies across the World, male and female, boys and girls often have different status and are expected to play different roles from cradle to the grave. Male and female are consequently programmed or conditioned to show

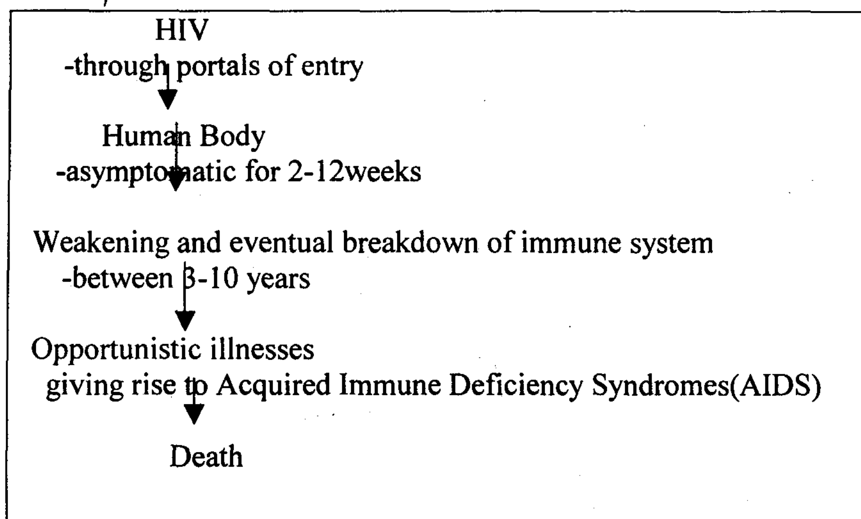
differences in dressing, attitudes, interest, recreation, and general behaviour even though such differences have no genetical basis but largely of societal construct, or in other words based on the concept of gender. These societal expectations unobtrusively also shackle the female-folk at the mercy of the dreaded HIV as enumerated earlier, and unfortunately to the detriment of the society since, biologically, it is the female that must procreate and raise new generations for the society. Thus the disparities in the incidences and zero-prevalence of HIV among the females in Nigeria are unfortunately the result of gender bias in the society.

It further impacts on literacy and standard of living of the nations female population such that the gender-related development index (GDI) and the gender empowerment measure (GEM) reported by UNDP in 1997 for 130 and 116 countries, respectively placed Nigeria in a shameful 100 and 108th positions, respectively. The report further lamented that "Nigeria is among the poorest of the poor in all the three measures (including HDI) and must take a frog-leap out of this low human development and gender inequality quagmire"

A major gender – related concern has to do with incidences of incomplete or distorted information, myths associated with gender. As reported by Fine, 1988, Klein, 1989, and Whatley, 1989, many curricula and educators overemphasize gender differences, avoid any discussion of female sexual desire, and treat females largely as potential sexual victims and males as sexual aggressors, value female over male virginity, and place responsibility on the female for postponing sexual activity and handling contraception. Some educators dismiss or downplay facts about biological differences to promulgate their own gender philosophy. This baffled Hedgepeth and Helmich, 1994 to ask "How can we expect young people to trust adult messages that are tinged with half-truths and lies of omission, or to develop into well-adjusted sexual beings when they have been given primarily sex-negative, incomplete information about their sexuality?" Thus it was emphasized that affirming, accurate, and comprehensive information about sexuality is consistent with democratic values in our society, essential to the development of critical thinking, and ultimately, more effective with learners. Individuals who have correct, complete information about sexuality feel positive rather than shameful about their own sexuality, have realistic and fair expectations of partners, and are more likely to make good decisions and find sexual happiness in their lives.

Section 2: What Needs to be Known about HIV/AIDS

From the discussion so far, which has centered mainly on introducing the concern about the HIV/AIDS epidemic and the general challenges in poses to the Nigerian Society, we can summarise that HIV exists and does take the following course in affecting individuals:



It is perhaps very critical for policy – makers and educational planners to identify the potential areas of impact of HIV/AIDS in education to be able to design appropriate responses. A comprehensive analytical frame-work in this regard was presented sometime in December of 1993 by S. Shaeffer at the International Institute of Educational Planning (IIEP) Seminar, Paris, entitled "the impact of HIV/AIDS on Education; A Review of literature and Experience". It conceptualised ten (10) different mechanisms through which the epidemic is able to affect the elements of the educational system; and they are worth sharing herein:

What HIV/AIDS Can Do to Education

HIV/AIDS has the potential to
Enrolments affect the demand for education
demand for education
Affect the supply of education
Affect the availability of resources
for education
educated;
Affect the potential clientele for
education;
Education
Affect the process of education
Affect the content of education
Affect the role of education
Affect the organisation of schools
Affect the planning and management
Of the education system
Affect donor support for education.

1. Impact on Pupils and School
HIV/AIDS affects the school

because of
-fewer children to educate;
-fewer children wanting to be

-fewer children able to afford

-fewer children able to complete their schooling.

2. Impact of Teachers, Teaching and the supply of Education HIV/AIDS affects the supply of education because of the loss through mortality of trained teachers; the reduced productivity of sick teachers the reduction in the system's ability to match supply with demand because of the loss, through mortality or sickness, of education officers, inspectors, finance officers, building officers, planning officers, management personnel; the closure of classes or schools because of population decline in catchment areas and the Consequent decline in enrolments.	3. Impact of Resources HIV/AIDS affects the availability of resources for education because of the reduced availability of private resources, owing to AIDS-occasioned reductions in family incomes and/or the diversion of family resources to medical care; reduced public funds for the system, owing to the AIDS-related decline in national income and pre-emptive allocations to health and AIDS-related interventions; the funds that are tied down by salaries for sick but inactive teachers; reduced community ability to contribute labour for school developments because of AIDS-related debilitation and/or increasing claims on time and work capacity because of loss of active community members.
4. Impact on the Potential Clientele for Education HIV/AIDS affects the potential clientele for education because of the rapid growth in the number of orphans; the massive strain which the orphan hood problem is placing on the extended family and the public welfare services. The increase in the number of street-children; The need for children who are heading households, orphans, the poor, girls, and street-children to undertake income-generating activities.	5, Impact on the Process of Education HIV/AIDS affects the process of education because of The new social interactions that arise from the presence of AIDS-affected individuals in schools; Community views of teachers as those who have brought the sickness into their midst; The erratic school attendance of pupils from AIDS-affected families; The erratic teaching activities of teachers, who are personally infected, or whose immediate families are infected, by the disease; The increased risk that young girls experience of sexual harassment because they are regarded as 'safe' and free from HIV infection.
6. Impacts on the Content of Education HIV/AIDS affects the content of education because of The need to incorporate HIV/AIDS education into the curriculum, with a view to imparting the knowledge, attitudes and skills that may help to promote safer sexual behaviour; The need to develop life-skills which equip pupils for positive social behaviour and for coping with negative social pressures;	7. Impact on the Role of Education HIV/AIDS affects the role of education because of New counseling roles that teachers and the system must adopt; The need for a new image of the school as a centre for the dissemination of messages about HIV/AIDS to its own pupils and staff, to the entire education community, and to the community it serves; The need for the school to be envisaged as a

The need for earlier inclusion in the curriculum of work-related training and skills, so as to prepare those compelled to leave school early (because of orphan hood or other reasons) to care for themselves, their siblings, their families.	multi-purpose development and welfare institution, delivering more than formal school education as traditionally understood.
8.Impact on the Organization of Schools HIV/AIDS affects the organisation of schools because of the need to Adopt a flexible timetable or calendar that will be more responsive to the income-generating burdens that many pupils must shoulder; Provide for schools that are closer to children's homes; Provide for orphans, for children from AIDS-infected families, and for children who are themselves AIDS-infected, for whom normal school attendance is impossible, by bringing the school out to them instead of requiring them to come into some central location; Examine assumptions about schooling, such as the age at which children should commence, the desirability of making boarding provision for girls, the advisability of bringing together large numbers of young people in relatively high-risk circumstances.	9. Impact on the Planning and Management of Education HIV/AIDS affects the planning and management of the education system because of The imperative of managing the system for the prevention of HIV transmission; The loss through mortality and sickness of various education officials charged with responsibility for planning, implementing, and managing policies, programmes and projects; The need for all capacity-building and human resource planning to provide for (a) potential personnel losses, (b) developing new approaches, knowledge, skills and attitudes that will enable the system to cope with the epidemic's impacts and will monitor how it is doing so, and (c) establishing intra-sectoral epidemic-related information systems; The need for more accountable and cost-effective financial management at all levels in response to reduced national, community and private resources for education; The need for sensitive care in dealing with personnel and the human rights issues of AIDS-affected employees and their dependants The need for a sector-wide strategic approach that will spell out how the education ministry intends to address HIV/AIDS.
10.Impact on Donor Support HIV/AIDS affects donor support for education because of The diversion of donor attention to coping with the epidemic; Donors' concern to promote capacity-building and develop a self-sustaining system, both of which are inhibited by the widespread incidence of HIV/AIDS; Donors' concern lest the effectiveness of their inputs be undermined by the impacts of the epidemic; Donor uncertainty about supporting extended training abroad for persons from heavily infected countries.	

The mechanism consequently no doubt provided sufficient food for thought in dealing with the basic issues of pedagogy in HIV/AIDS education such as the learners/teacher/school resource factors. We shall thus proceed to describe the strata of learners, their peculiarities and pedagogical implications, teacher in-service and pre-service competencies which are relevant for effective HIV/AIDS education at the school level, before dealing with the strategies for applying school resources in imparting knowledge, attitudes and values, protective and preventive skills, and behavioural changes, in sections 3 – 5, respectively.

Section 3: Who the Learners are

Where the learner audience is concerned, the critical consideration has to do with prevalence rate and vulnerability. Despite the paucity of data on the current prevalence rate for the country, it is safe to apply the sub-continent's data from UNAIDS, UNESCO, UNICEF and other agencies in arriving at a decision. As revealed by UNAIDS in 2001, for instance, of the total of over 35 million people now living with HIV or AIDS in the World by year 2000, over 25 million are in sub-Saharan Africa. And of this number, one third (1/3) belong to the 15 – 24 age group, It is also within this group that 50% of new infections occur. This same group incidentally and to a large extent can be effectively reached in schools.

Relatedly, the subcontinent's school age population is about 25 million or 30 percent of its population, and is made up of children and young people in the primary and secondary schools who are "at a period of sexual awakening, learning and experimentation, and need extensive help and support in making constructive use of their new-found powers".

Studies so far have shown that children (aside from the mother-to-child infection cases) and youths within the ages of 5 – 14 years are HIV – free. That is, the necessary to primary school children are HIV-free. They constitute what the nation could consider as the "window of hope" where the future lies for preventing the spread of HIV in that education targeted at this group of learners will protect them from the scourge as they go through school. Although children learn little about viruses and understand little about infections during their first five years of schooling, in high incidence country like Nigeria, they need and would have to acquire the skills to prevent and protect themselves and be fully resolvéd against the disease before adolescence.

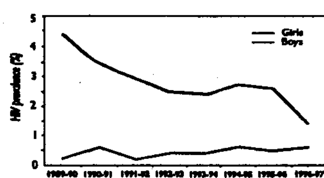
The commitment of the Secretary General of the United Nations to fight HIV/AIDS as reflected in the Millennium Summit goal which aimed at "the reduction of HIV infection rates in persons 15 to 24 years of age – by 25 percent within the most affected countries before the year 2005 and by 25 percent globally before 2010 equally provides the basis for targeting the 15 – 24 year olds foremost.

Even though these two categories of learners (i.e. 5 – 14 and 15 – 25 year – olds) constitute a large percentage of the vulnerable population; a larger numbers of members of this age group are to be found outside the school owing to the peculiar circumstances of developing countries vis-à-vis, socio-cultural and gender considerations. When they are powerless or unprotected, children, women or minorities may be in jeopardy from diseases inflicted by others. "In addition to higher biological vulnerability, the social, economic and gender dependency of women increase their exposure to HIV/AIDS" (UNESCO, 2001). To this effect, efforts need also be considered to reach out

to them to prevent the spread of HIV in the community they reside in since sexual activities in these are not restricted by Illiteracy.

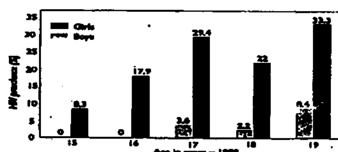
Thus so far, we are able to indicate that though the prevalence of HIV is common to the age group 15 – 25 years, vulnerability spans the 5 – 25 year olds who can be in and out of formal school system. It is however necessary to reiterate that prevalence and vulnerability is higher in girls than boys as shown in these graphs, to underscore HIV education that focuses the girls.

HIV prevalence rate among 13 to 19-year-olds, Uganda



Girls are more vulnerable

HIV prevalence rate among teenagers in Kisumu, Kenya, by age



Source: National AIDS Programme, Kenya and Population council, 1999

It has been reported in 8 African countries that among adults, at least 15% are Infected; infact, Botswana had recorded 35.8% of its adult population as PLWA while South Africa has 19.9%. Uganda and Kenya do no fair better, much as UNAIDS and WHO in 2000 gave an estimate of 1 out of every 20 adult Nigerian as a PLWA (i.e. 3 million adults). All these statistics further translate to a reducing life expectancy in the subcontinent (UN Population Division, 1998). The implication is that either in school or out of school, the nation's adult population is in daring need of HIV/AIDS education also.

Section 4: Who should Teach HIV/AIDS Education

The importance of the teacher in educational programme implementation needs no gainsaying because the effectiveness of a curriculum relies much on the quality of the teachers using it. It is most especially so with HIV/AIDS education due to its sensitive nature. As a prerequisite, the pre-service and in-service training of the HIV/AIDS education teacher should centre on:

the enrichment of the cognitive structure related to HIV/AIDS subject matter such as – basic information about anatomy, physiology, sexual development, puberty, sexually transmitted diseases and contraception.

While it is not essential to make experts out of the sexuality and HIV/AIDS educator in the subject area, they however need to be aware of what they do not know as well as where to find out additional information

For emphasis, it is important to equip the teacher with these facts:

- Transmission of HIV requires a portal of entry for the exchange of infective
- body fluids (that can contain enough HIV particles to be ordinarily infective)
- like – blood, vaginal fluids, semen or ejaculatory fluid of the male, and breast;
- Certain practices enhance the spread of HIV, such as
  - o sharing of skin piercing instruments,
    - transfusion of infected blood,
    - breast feeding by an infected mother,
    - unprotected sexual intercourse and multiple sexual partners,
    - harmful traditional and cultural practices including – widow inheritance and sexual relationship between widow and traditional priest, female genital cutting and male circumcision, traditional manicure and pedicure with unsterilized instrument.
- HIV carriers show no signs or symptoms until body resistance falls to the level that opportunistic infections set in to usher in the AID syndrome complications;
- AIDS patient requires love, understanding and care mainly.

Training in skill building, group facilitation or effective learning techniques. Given the nature of sexuality/HIV/AIDS education, the teacher needs to be versatile in the use of introspective methods and cooperative and participatory learning techniques which help to clarify values, feelings, and enhance behavioural changes with ease.

Ability to situate HIV/AIDS elements and opportunities in the school carrier subjects, realizing that the current school time table is literarily 'choked'. Details of this aspect of pedagogy follows shortly; however, a time tested and effective way of situating the HIV/AIDS elements requires that a comparative content analysis of the carrier subject curriculum and that of the HIV/AIDS curriculum is done to be able to juxtapose specific HIV/AIDS messages, performance objectives, activities etcetera in the relevant carrier subject topics for easy teaching.

The essential skills for the SE/HIV educator also comprise:

- Ability to apply outcome based education which facilitates affective or behavioural outcomes along with increasing cognitive knowledge, thus affecting the learners behaviours related to substance use, sexual exploitation, HIV and STI, Unwanted pregnancy etc.
- Ability to transmit controversial and non-controversial HIV messages, to learners, because avoiding honest discussion or misrepresenting issues often leave students with no protection if and when they do engage in sexual activity.

Section 5: How to Teach HIV/AIDS.

The impact of the ravaging HIV/AIDS in the country as well as the imperative to Prevent its spread caused a desperate search for a policy and programme of education about HIV/AIDS which will be overt and targeted. This ushered in the new paradigm on adolescent reproductive health education in which the adolescent is given the opportunities to develop a perspective on sexual health that includes appreciation of self and others, or opportunities to express desires and feelings in a healthy context. So the

idea developed to find a strategy to achieve the above objective sensitively and avoid indirectly encouraging or condoning sexual activity among teenagers who are not yet sexually active.

Thus in this case, where education must play a major role in HIV/AIDS prevention and reduction, it could not be business as usual; there must be curriculum renewal that will centralize the issue of HIV. For the curriculum to be properly targeted it must recognize and address the factors which affect HIV transmission, including personal behaviour, family conditions, position of women, power relations, community norms, poverty, discrimination, and availability of treatment and healthcare. Such a curriculum - based initiative would be expected to contain psycho-social life skill experiences and strong focus in:

- gender perspectives
- reproductive health and sexual education
- HIV/AIDS in the community.
- Human rights, relationships and responsibilities
- Substance abuse
- Parent and community education and involvement (to support positive lifestyles and behaviour change)

This curriculum would then have to be accommodated within the education system, which is why the National council on Education (NCE) approved and directed the integration of a national "Sexuality Education Curriculum for Primary, Secondary and Tertiary Institutions "in 2001.

The integration/infusion of sexuality/HIV/AIDS Education across the national Schools curriculum implies separating the topics of sexuality or HIV education into various disciplinary components and inserting them at relevant places within the regular school subject – curriculum to facilitate multidisciplinary teaching. This is preferable for several reasons including:

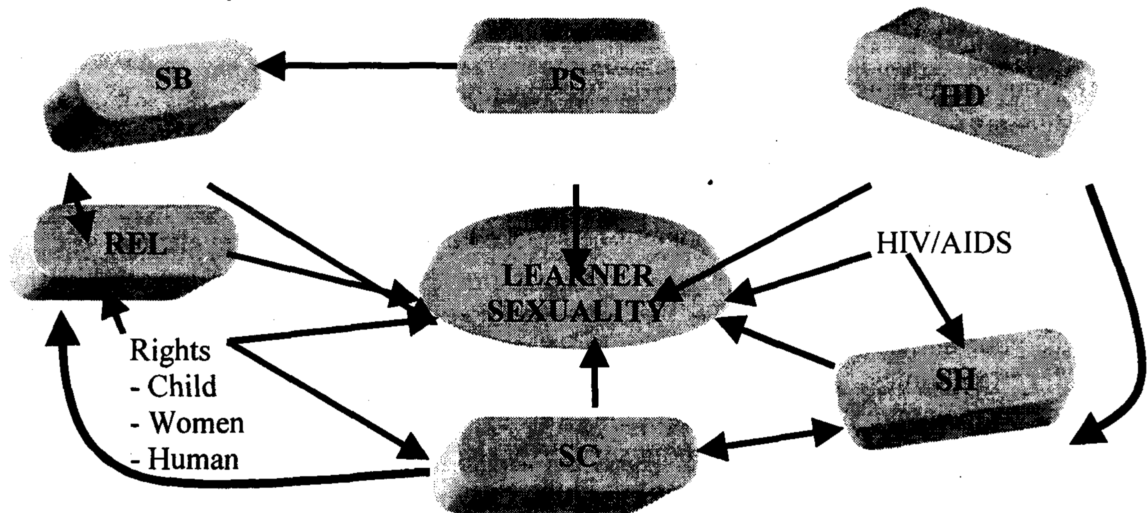
- HIV/AIDS knowledge and skills ultimately reaching more students than the stand alone approach which students may miss (as option),
- Acknowledgement and reinforcement of shared concepts between sexuality/HIV education and the carrier subjects,
- Dignity for sexuality/HIV education as one of the many essential subjects within the regular school curriculum rather than as a special or optional subject of study, and
- Involvement of many more teachers thus enriching SE delivery with their diverse disciplinary perspectives and expertise.

Integrated concepts of HIV education have been reported to impact effectively through subjects like:

- Science (Agriculture, Biology, Chemistry, Physical and Health Education and Integrated Science).
- Social Studies
- Languages and Language Arts
- Mathematics
- Christian and Islamic Religious Studies
- Home Economics and Pop/FLE.

Sexuality Education (SE) was considered an appropriate umbrella to deal with

HIV education noting that beyond treating anatomy, physiology and biochemistry of the sexual response system it also helps the young people to accept that they are sexual and that they have sexual feelings and desires in a culturally sensitive way. The SE model being pursued for Nigeria places the learner in the centre and structures learning experiences relating to life-coping skills, sexual health, society and culture, sexual behaviours, rights of the child, human and women, relationships, and human development around them as follows.



Sexuality Education Scope

A cursory analysis of the approved SE curricula for primary, junior secondary and senior secondary schools revealed a perfect fit between the expected coverage above and the actual prescription. Thus we find as its main objectives:

to assist individuals in having a clear and factual view of sexuality.

to provide individuals with information and skills necessary for rational decision making about their sexual health,

to change and affect behaviour on sexuality,

to prevent the occurrence and spread of HIV/AIDS

Source: NERDC, 2001.....pg iii

Which were then structured into six themes covering Human Development, Sexual Health, Society and which were culture, Relationships, Sexual Behaviours, and personal skills?

The analysis further revealed that the HIV/AIDS - related content of the SE curricula stood at 17% for primary, 33% for Junior Secondary (JS) and 43% for Senior Secondary Schools (SSS); while the personal skill empowerment component rose from 4% in Primary to 12% at the JS and 14% at the SSS.

Specifically the SE curriculum covers knowledge, attitudes, values and Behaviour changes, and the necessary skills that are age-appropriate, while its special attributes include being learner-oriented in the prescribed activities, spiral arrangement of

the content, thematic content selection and organisation for robustness and ability to accommodate other contemporary concerns.

Many teachers may feel embarrassed to start the discussion about HIV/AID and sexuality but need to note that the teaching of children and youths requires frankness and explicitness on the mode of transmission and methods of protection against HIV. It is infact beneficial for the teacher to accept this and start the class discussion by saying "it often is an embarrassing topic and when people are uncomfortable they laugh, make jokes or do other things to cover up their nervousness" And this has been reported to be very effective for the purposes of class control.

Ten Ways to Get off to a Good Start

1. Share your credentials for teaching sexuality education.
2. Tell students why you think it is important for everyone to learn about sexuality.
3. Demonstrate your comfort with hearing sexual slang, translating it into correct terminology.
4. Demonstrate, if possible, that you cannot be shocked easily by student revelations or comments.
5. Don't avoid certain topics or issues.
6. Express your anticipation of and sensitivity to student discomfort with sexuality or with certain topics.
7. Promise to maintain student confidentiality (except for revelations you can not keep confidential, e.g. disclosures about sexual abuse or harassment).
8. Tell students what you hope to accomplish in the class.
9. Be explicit about your philosophy of education and how you view your role in the class.
10. Let students know what you expect of them and how they will be evaluated.

Source Hedgepeth & Helmich, 1996.

From that point on, the teacher is advised to switch to participatory mode of learning and teaching which encourages personal reflections in order to situate such sensitive topics as sexuality and relationships within personal experiences for easy assimilation and or accommodation.

All too often we consider the issue of HIV/AIDS as 'distant' and as 'somebody else's problem'. Thus participatory methods are used to "validate the learners' experience and give them confidence, knowledge and skills to question themselves and others, and take action with regard to themselves and others." It facilitates the process of discovery

and communication between learners. These participatory techniques of teaching and facilitation include:

- Case Studies – of posters, pictures, and specific HIV/AIDS stories or cases which usually may be fictional. It allows the students to discuss someone else's behaviour and therefore to avoid revealing personal experiences that may be embarrassing to them. This offers the opportunity to talk about other aspects which bother on feelings and it definitely arouses learners interests.
- Brainstorming – draws from every student an opinion or response on a topic, all of which are then jointly prioritised and focused, Brainstorming is thus effective in rapidly gathering a lot of ideas, for sensitive and controversial issues in HIV/AIDS, and in encouraging hesitant students to enter into class discussion.
- Discussion – in dyads, triads or small groups stimulates free exchange of ideas, and helps individuals to clarify ideas, feelings and attitudes.
- Drawing – Substitutes for writing and is particularly useful for younger or less literate learners, to express ideas and feelings.
- Stem Sentences – draws the learner into responding to or completing sentences like
  the best method of avoiding HIV infection is.......
  Under no circumstances would I ever use.........
  people who have sex and don't use protection are....

The teacher could develop any number of stem sentences for a given aspect of HIV/AIDS and Sexuality Education and use them to get a group warmed up and focused, as a way of stimulating discussion, as a dyad or triad activity, or as a solo thinking activity.

- Fishbowl - In a fishbowl activity, observers surround an interactive group, for example, girls in the inner circle can express their feelings about being female while the men around them listen; and then the two groups switch, and the girls listen to the boys. The audience effect seems to heighten awareness and expression of feelings and values by both the inner group and, in their turn, the outer group. Because of the observation role taken by the outer group, feedback on the inner group's process and content, how they interacted as well as what they said becomes valuable information for discussion after the fishbowl. The most effective topics for fishbowls are those that air opposing views or differing perspectives, as with HIV/AIDS issues.

- Peer Education and Role Play - Teens exist in an environment where most of their information, attitudes and behaviours are profoundly affected by their peers. Young adults frequently have a wonderful peer communication network and can be very effective at exchanging correct information and positive support.... Through peer education, both the peer educator and the recipient of the information benefit.... Training teenagers to educate other youth creates expertise and establishes resource people within peer groups. Frequently, youth educators can become positive community role models, resource people and special advocates for their peers. (Hedgepeth & Helmich, *1996)*

. Other potent strategies for educating the youthful and adult population about HIV/AIDS are as follows.

i) Introspective Method - which helps learners to see relevance of HIV/AIDS to their circumstances; it helps to connect vital concepts or messages to prior experiences, interests, feelings, beliefs, and needs. It also encourages the

learner "to think and reflect, to look inwards (introspect), examining or observing one's own mental and emotional processes". The beauty of Introspection lies in the fact that it is solo in nature and gets all learners involved. Learners have privacy and confidentiality, and can work at their own levels of risk and thought as in Self talk; Focus writing, Stem sentences, etc. *(*Adara, *2002)*

ii) Promoting the use of Voluntary Counseling and Testing (VCT)
iii) Use of Behavioural Change Communication (BCC).
iv) Addressing the economic root of gender vulnerability,
v) Advocacy in order to enhance solidarity and support and
vi) Comprehensive reorientation and re-training of teachers and teacher education

There are several ways in which the school can promote gender sensitivity and equality and consequently reduce the deleterious effects of high drop-out rate for girls, truancy, teenage pregnancy, rape, low self-esteem, falling attraction of education and poor academic performance. These include:

1.the use of a sex- positive view of human sexuality, use of examples which include the experiences and interests of female and male pupils – that is, balancing the gender scale – in their interpretation and application of the content of the curriculum.

2.avoiding the use of gender bias illustrations/pictures, words and expressions, and making sure that certain expressions do not make one sex feel inferior or more important than the other or that one sex is not illustrated more often than the other sex in textbooks.

the conscious efforts by teachers not to allow societal biases to override the need for gender sensitivity and equity in the school environment . In which case, the teachers should be mindful of cultural and sexual pluralism and universal values.

CONCLUSION & RECOMMENDATIONS

Throughout this paper we have been able to appreciate the burden of HIV/AIDS on the nation and the critical need for a preventive education which empowers the Nigerian Schooling population in the areas of knowledge, understanding, life coping skills including preventive and protective skills, attitudes, values and behaviour. We have countenanced the socio-cultural and gender-factors influences on the society, and their implications on the content of a national curriculum – based initiative for HIV/AIDS education. It was thus emphasized that the teaching of HIV/AIDS, aside from being participatory in nature, requires knowledgeable, resourceful, honest and accommodating teachers with skills to implement sexuality and HIV/AIDS education curricula as contained in the national SE curriculum. In terms of delivery, a series of potentially effective and gender sensitive technique were presented for application by a multidisciplinary team of teachers in schools, within a learner-centre mode. By being integrated into the national schools curriculum, learners' achievement can be readily evaluated as with the carrier subjects, thus elevating its importance to education and the nation to save the Nigerian society from HIV/AIDS.

Finally, the following recommendations are proffered to facilitate Sexuality/HIV/AIDS education in Nigeria and beyond in the next decade.

- National and international support for the development of S/HIV/AIDS curriculum for the lower primary school, to carry HIV/AIDS & sexuality concerns

to the 5 – 9 year old schooling group in addition to that existing for the 10 – 29 year olds (Responsible Agency (RA) – NERDC, FME)

- Integration of Sexuality/HIV/AIDS curriculum into core carrier subjects at all levels of education, including Agriculture, Biology, Chemistry, Integrated Science, Physical and Health Education, Social Studies, Mathematics, English Language and Nigerian Languages, Christian and Islamic Religious Studies, Communicative Arts, & Mass communication (RA – NERDC, NUC, NCCE).
- Inclusion of sexuality/HIV/AIDS Education in higher education Institutions curriculum, including pre-service teacher training (RA – NCCE, NUC, NBTE)
- Development of sexuality/HIV/AIDS resource materials for teacher training, teachers & learners (RA – NERDC, Authors & Publishers, NGOs)
- Orientation and re-orientation workshops for teachers on Sexuality/HIV/AIDS education in zones of the federation, to enrich teacher competencies in curriculum implementation. (RA-NERDC/FME, NTI)
- Integration of sexuality & HIV/AIDS life skills into sports and cultural events. The urgency of preventing HIV spread among our youths necessitates extra-curriculum/co-curricula based initiatives to supplement the school curriculum. Thus presentation of peer programmes and activities that focus on positive lifestyle, would reach-out to all including the out-of school youths and adults. (RA – Min. of Sports, Culture, Women Affairs, Education and NERDC).
- Support for the establishment of youth-friendly services by NGOs, CBOs working in sexuality/HIV/AIDS and Gender education (RA – Government and Donor Agencies).
- Support baseline studies for obtaining statistics on HIV/AIDS issues in Nigeria for planning purposes in education, economy, health etc. (RA – Donor Agencies, NERDC, FME, UNIVERSITIES)
- Support the establishment of a National sexuality/HIV/AIDS Education website for rapid exchange of information among all HIV/AIDS stakeholders (RA-NERDC/FME/NACA/NGOs)
- Build capacity of national agencies responsible for sexuality/HIV/AIDS education planning curriculum development and implementation, monitoring and evaluation (RA –Donor Agencies, FME/NERDC, NACA)

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Summary of session VII

Psycho-social and care issues in HIV/AIDS Education, by Dr. Cyrilla Bwakirah, UNICEF, Abuja.

Cyrilla Bwakira gave a presentation on psycho-social and care issues in HIV/AIDS Education, an area of interest for UNICEF as well as UNESCO.

HIV/AIDS is often negatively associated in Education and the society generally. In many countries you find reluctance and denial of the disease and the disease is associated with stigmatization and shame. There is the act of denial of care for the infected and the affected, turning them into victims instead of positive role players in the fight against the disease. The possibility of denial of access to medical care for the PLWHA and the possibility of loss of jobs lead to silence and denial and makes prevention work very difficult. Therefore it is important to understand and consider the psycho-social dimensions of HIV/AIDS in order to understand attitudes of the people.

Psycho-social issues refer to those human behaviours that concern personality and the social environment. The psycho-social variance includes: issues of personality and environment like:

1. *Personality development of the individual.*
2. *Home background (Parental Ed. School type etc.)*
3. *School type, curricula, teacher factor etc.*
4. *Peer group influence*
5. *Norms and Values*
6. *Cultural influence i.e. early marriage.*
7. *Religious influence in sex education wrongly referred to as a taboo for discussion etc.*

- *Based on Erik Erikson, personality development is taking place through a series of identity crises that must be overcome and internalized in preparation for the next step of development.*
- *While the locomotive stages (2 to 6 yrs) are marked by a conflict of initiative and guilt, the next stage (6 to 12yrs), the conflict is between achieving excellence and failure.*
- *In the stage between (12 to 18 yrs) the crisis is due to role confusion where adolescents often cannot make deliberate decisions and choices.*
- *According to Herbert Kelman, persons are generally influenced by their social environment in 3 ways:*
  1. *Internalizing*
  2. *Identification*
  3. *Compliance*
  4.

Internalizing involves a revision of attitudes and values based on the obvious credibility of the source. Identification occurs when a person perceives the target of identification as attractive.

And compliance refers to public support of a position without a private commitment.

The presenter closed by making the following suggestions:

- *Teachers and Educators should remember that HIV/AIDS is a life threatening disease*
- *A change of attitude is crucial since HIV/AIDS has always been associated with disease that are already stigmatized in the society and PLHIV/AIDS are looked upon as responsible for their plights as they may have engaged in inappropriate behaviours.*
- *Counseling and testing should be made available*
- *Equip and train teachers with necessary skills and language to communicate the issue of HIV/AIDS convincingly to their students*
- *Take advocacy to the grassroots*
- *Use of role models i.e. PEER in Education*
- *Return to the African Culture of care for one another.*

Issues Raised and Responses

The major question that was discussed is "Do religious organizations constitute barriers to Sexuality Education?"

It was agreed that religious institutions have always been a formidable opposition even by the nature of what they represent. Being a very powerful group that have great influence on us and our belief systems, the crucial balance to keep us going was thought and it was agreed that the religious systems must be worked on to influence its coming to the level of possible collaboration with the programmes put in place to fight HIV/AIDS.

It was noted that they should be targeted for invitation to workshops though it was noted that the attitude of the religious groups delayed the indulgence in sex and other risky behaviours, it was however noted at a recent workshop of churches, that they have waited too long and that Education is the key to HIV/AIDS prevention.

Finally, it was agreed that the challenge of fighting HIV/AIDS should be thrown back at religious bodies who we could allege are "failing" in their focal goal of keeping society's moral at an acceptable level.

It was agreed that it will be dysfunctional to question the sexuality focus of the current drive at fighting HIV/AIDS since all the other modes of transmission put together do not account for more than 5% of models of transmission.

What about stigmatization?

This is unavoidable especially as the transmissions of HIV/AIDS are associated with circumstances that are stigmatized from the beginning of times. However, there could be legal framework put in place to protect carriers, i.e. Legal framework for protection, legal framework for care and support:

- *It was noted that while laws do not stop attitudes, they would at least provide frameworks for punishment and may serve as deterrent.*
- *On the whole it was agreed that attitudinal change toward HIV/AIDS and carriers will be the most crucial requirement is dealing with stigmatization.*

PSYCHOSOCIAL AND CARE ISSUES IN EDUCATION

By Cyrilla Bwakira, UNICEF

Overview

- Why ?
- Consequences of negative attitude to HIV/AIDS
- Psychosocial Dimensions
- (Personality Dvlpt) Social Environment
- What Education should address ?

Why Psychosocial and Care Issues are of Concern

- Reluctance of people to acknowledge the existence of the disease at the personal level. The private culture towards HIV/AIDS has usually been one of denial and rejection.
- Stigma, shame, rejection and discrimination are associated with the disease in most societies.

Why Psychosocial Issues Are of Concern contd.

- If Sero Status is known, possibility and Risk of :
- Denial of Access to Medical Care
- Loss of Employment
- Excercabation of the Human Rights of the Infected and Affected HIV/AIDS persons.

Why Psychosocial Issues Are of Concern contd.

- Religious Responses to Sexuality Education
- Ignorance of the most vulnerable group to protect themselves properly against the disease.
- Continued Reckless Behaviour and Attitudes of Youth and the Young Adults to Sex

Tragic Consequences of the Negative Attitude to HIV/AIDS

- The attitude breeds silence, produces an uncanny insincerity and denial both at personal and institutional levels. AIDS is concealed as 'tuberculosis', 'malaria' or other mild sounding illness.
- Ignorance, lack of knowledge, fear and denial makes prevention work difficult

The Psychosocial Dimension

- Psycho-social variants refer to those aspects of human behaviour that concern personality and the social environment.
- Attitudes exhibited by individuals towards an object or issue will therefore be largely guided by these psychosocial variants

Psychosocial Dimension contd.

- Psychosocial Variants derive from :
  - the **personality development** of the individual (self-concept and self-esteem)
  - the **home background** (parental education, status, and child rearing practice etc.)

Psychosocial Dimension contd.

- **the school** (type of school, the curriculum content and delivery, school environment - physical and social, teacher factor etc.)
- **personal experiences** (socialization process)
- Peer group **influence/pressure** (especially for the adolescents)

Psychosocial Dimension contd.

- societal **norms and values** (e.g. societal perception of wealth vis-à-vis hardwork; the male dominance vis-à-vis the rights of women ....)
- **cultural influence** (relating negotiation, to early marriage for the girl child etc.)
- religious influence (sex education wrongly perceived as taboo for discussion)

Personality Development

- Erik Erikson (1982), a German-US Psychoanalyst sees personality development as taking place through a series of identity crises that must be overcome and internalized in preparation for the next stage of development.
- 8 stages were identified by Erikson, **each characterised by a psychosocial crisis, based on physiological development, but also on demands put on the individuals by parents an/or society.**

Personality Development contd.

- ***3. Locomotor Stage*** (2 to 6 years; Early Childhood), the conflict here is between '**initiative**' and '**guilt**' as the child assumes self-independence. For a positive outcome at this stage, the child must learn to accept without guilt, and must be able to use his/her imagination properly.

Personality Development contd.

- *4. Latency Stage* (6 to 12 years; Elementary and Primary School years). **Schooling is the singular important event at this stage. The main conflict is between 'industry' and 'inferiority'**. At this stage, the child has a wide variety of events to deal with, including academics, group activities and friends. Difficulty with any of these leads to a sense of inferiority.

Personality Development contd.

- *5. Adolescence Stage* (12 to 18 years; Adolescence) and the major conflict faced by the child **is between establishing own 'identity' and 'role confusion'**. Peer relationship is the most important event at this stage. If the adolescent cannot make deliberate decisions and choices, especially about vocation, sexual orientation, and life in general, role confusion becomes a threat.

Personality Development contd.

- Despite theoretical and empirical criticisms against the Erikson's theory, the identified psychosocial variants still provide very good insight into our understanding of personality development issues especially as they affect the attitude to HIV/AIDS and acceptability/care of HIV/AIDS patients and affected persons.

THE SOCIAL ENVIRONMENT

- People are generally influenced by their social environment in 3 ways:
  - internalization
  - identification
  - compliance ....Herbert Kelman (1961)

THE SOCIAL ENVIRONMENT contd.

- Internalization involves a revision of attitudes and values based on the obvious credibility of the source. People internalize the view of experts and state these views as their own.
- Identification occurs when a person perceives the target of identification as attractive. New attitudes are formed that make the person feel closer to or more similar to the target.

THE SOCIAL ENVIRONMENT contd.

- Compliance refers to public support of a position without a private commitment. Newman and Newman (1983) identified the most relevant social factor influencing people's thoughts and behaviours as family, friend, peer group, reference group, co-worker or authority figure. Finally, the belief system, culture and religion of most people affect and shape their attitudes towards objects and issues.

IMPORTANT CONCERNS THAT EDUCATION SHOULD ADDRESS ON HIV/AIDS

- HIV/AIDS is a life-threatening disease
- The disease's association with behaviours that are already stigmatized in many societies;
- PLWHAs are often thought of as being responsible for having contracted the disease;
- Religion or moral beliefs that lead people to conclude that having HIV/AIDS is the result of a moral fault (such as promiscuity or "deviant" sex) that deserves punishment.

BREAKING THE HIV/AIDS's YOKE THROUGH EDUCATION

- Discrimination and stigma against HIV/AIDS have been found to be deeply rooted in the personality, culture and belief system of a people. ***Only positive education*** can uproot this negative responses. Sexuality and peace education should be incorporated in the school curricula at all levels of the education system.

BREAKING THE HIV/AIDS's YOKE THROUGH EDUCATION contd.

- At the non-formal level, simple to read literature on sexuality education should be developed and made available to students at work and learn centres.
- Advocacy on HIV/AIDS should now shift to grassroot mobilization to access the lowly and traumatized, the parents and the community at large.

BREAKING THE HIV/AIDS's YOKE THROUGH EDUCATION contd.

- Making Guidance and Counselling a serious business in the schools at all levels, including the non-formal sector.
- Encourage Voluntary Counselling in the entire fabric of the society by making the service available at low cost and ensuring strict confidentiality.

BREAKING THE HIV/AIDS's YOKE THROUGH EDUCATION contd.

- Equipping Teachers at all levels with skills to communicate the HIV/AIDS message convincingly to their students with a view to achieving behavioural change.

BREAKING THE HIV/AIDS's YOKE THROUGH EDUCATION contd.

- HIV/AIDS advocacy should not only focus on providing **information** to people but also towards providing **services and social support** aimed at countering the prejudices and obnoxious beliefs about the disease.
- Use of role models and peer educators should be embraced with utmost urgency.
- Good practices in the African culture, such as caring for each other in the community should not be allowed to die. Educators should positively inculcate the good practices at all levels to ensure future gains.

WE ALL KNOW

- While Health is still searching for a vaccine, Education has, over the years, been in possession of a most potent vaccine against the disease.
- Education is the only 'doctor' with the enduring vaccine against HIV/AIDS. ***This vaccine is the power to change the attitude of people to sex and care for the afflicted and bring about relatively permanent change in their behaviour!*** **There is no other way out. We have waited for too long already.**

THANK YOU FOR LIS

Summary of Session VIII

Framework for Action by Dr Iyabo Fagbulu of UNESCO Abuja.

The Presenter informed participants of the need for a model guideline for the framework for action. She indicted that a framework for action takes its source from recommendations and declarations at the end of high-level meetings, conferences, seminars and workshops of stakeholders. This would serve as reference and guide for National Government, International Organizations and donor agencies.

Goals and Target

She highlighted that goals and targets should be clearly stated and due consideration be given to available resources, priority and urgent needs. Doing this would create a sense of achievement and allow for monitoring and evaluation for further review when necessary.

Principle of Action

Speaking further on this, the presenter indicated the need to identify active participatory processes involving all kinds of stakeholder including the grassroots communities and each should be able to say the level of commitment through the task they can undertake. The levels for which action should be taken to implement all decisions should be mentioned. Explaining further she said there was also the need to identify the implementing partners e.g. NGOS, CBOS/CSOS, Government agencies, international agencies, private sector, etc.

Priority Action to be taken

The presenter said in this package that, there must be priorities, which should start with a need assessment from which the plan of Action will be derived. This required that the National Government should make Policy Statements that will enable implementation to take place. Advocacy, collaboration, managerial capacity-building will be priority areas for information sharing.

Expected Results

Concerning this issue, she mentioned that there should be concrete and specific result from the plan of Action.

Models for framework of Action

The presenter gave the following models framework for action as a guide for the Plan of Action:

FRESH: focusing Resources on effective school health which has four (4) components and three (3) supporting strategies

- *HIV/AIDS related policies*
- *Provision of safe water and sanitation*
- *Skills-based heath education to prevent HI/AIDS*
- *School-based HIV/AIDS Service*

Supporting strategies:

- *Effective partnerships between teachers and health workers and between the education and health sectors*
- *Effective Community Partnerships: and*
- *Pupils awareness and partnership*

UNESCO Strategies for HIV/AIDS Preventive Education

She informed the participants that the UN has been given a mandate for HIV/AIDS Education to UNESCO to carry out enlightenment campaigns, workshops conferences, seminars and meetings to ensure that preventive education is successful.

In carrying out UNESCO's mandate, five goals are prioritized:

1. *Advocacy at all levels;*
2. *Customizing the message*
3. *Changing risk behaviour*
4. *Caring for the infected and affected; and*
5. *Coping with the institutional impact of HIV/AIDS*
6.

Why Preventive Programmes fail?

Talking on this sub-theme, the presenter acknowledged the fact that preventive programmes have had successes. However, mentioned that they have also experienced losses which were due to the following:

1. *Targeting the wrong audience*
2. *Programmes used are not sustainable*
3. *Poor implementation and lack of commitment on the part of teachers, using unjustified ways of imparting knowledge and lack of availability of treatment etc.*

Actions

She informed participants that it was worthy of note that UNESCO strategy ends with actions. That action must be feature prominently in order to have a frame work for action

Objectives

The following objectives were highlighted for the workshop:

- *To develop a national framework for Action for Preventive Education*
- *To identify partners to work with in the fight against the HIV/AIDS Scourge*
- *To identify institutions to be used*
- *To identify the kind of messages to be sent out*
- *To use systematic ways for data collection*
- *To use the right audience and right language for communication*

Issues Raised

1. *What strategy should Nigeria put in place?*
2. *Why do Nigerians have problem talking about sex?*

Responses

1.The National Framework to be developed should be put in place

2. Due to cultural barriers: The cultural barrier should be broken and the sex issue be discussed openly to save the lives of many who are dying in ignorance.

A Guide to designing a Framework for Action

A Framework for Action should take its source from recommendations and declarations at the end of high-level meetings, conferences, workshop of stakeholders including representatives of governments, non-governmental organizations, international agencies etc.

A Framework for Action derived from these sources is weighty with commitment and the intention for action on the part of the undertakers. Frameworks for Action serve as a reference and guide for national governments, international organizations, bilateral aid agencies, non-governmental organizations in formulating their own plans of action and programmes for implementing declaration. All efforts put into the development of individual plans of action will encourage and facilitate cooperation and collaboration among and between stakeholders.

Goals and Targets

National goals and targets to be met should be clearly stated and each level of stakeholders must set its goals and targets. In setting these goals and targets, consideration should be given to available resources and priority and urgent needs. This will create a sense of achievement and allow for progress measurement. It will also allow for the review of targets.
Constraints that exist against implementation should also be stated

Principles of Action

There exists the need to identify, through an active participatory process involving all manners of stakeholders including the grassroot communities, at what levels will action be taken to implement decisions undertaken by all. Who are the implementing partners? Who will do what? What institutional arrangements and mechanisms for delivery exist ? for cooperation? Do facilities exist for joint actions with other agencies or organizations, NGOs, international development agencies, the private sector?
What roles and responsibilities does each stakeholder have to ensure implementation?

- Government at all levels (Federal, State, Local)
- CBOs/CSOs
- NGOs
- The Private Sector Organizations
- International Development Partners?

Priority Actions to be taken

A Framework for Action will indicate areas in which priority action is necessary. The determination of priority actions should necessarily start with a needs assessment from which the plan of action will be derived. The national government should also make policy statements that will enable implementation to take place across the levels of various stakeholders. Advocacy will therefore be one the priority areas to look into. Managerial capacities must be built.

The need to mobilize information and communication technologies channels for knowledge and information sharing among stakeholders is very important. This will enhance efficiency and impact of programmes and actions.

Not the least among the priority actions, strengthening of existing partnerships, building new ones and mobilizing resources are actions that should be considered urgent for a developing country.

Expected Results

What concrete results and outcomes do you expect from the envisaged actions ?

Models of Framework for Action

Focusing Resources on Effective School Health (FRESH): A FRESH Start to Enhancing HIV/AIDS Prevention

The Core framework for action under FRESH has four components that should be packaged and made available in all schools. These are:

1. HIV-related policies
2. Provision of safe water and sanitation
3. Skills-based health education to prevent
4. HIV/AIDS
5. School-based HIV/AIDS services.

The Supporting Strategies include:

1. Effective partnerships between teachers and health workers and between the education and health sectors;
2. Effective community partnerships, and
3. Pupil awareness and participation

UNESCO's Strategy for HIV/AIDS Preventive Education

The Strategy

- Collaboration:
- UNESCO'strategy on HIV/AIDS start with collaboration among UN agencies and the specific contributions that UNESCO itself can make.
- Preventive Education

Fighting HIV/AIDS through preventive education, UNESCO directs its priority towards five core tasks:

1. Advocacy at all levels;
2. Customizing the message;
3. Changing risk behaviour;
4. Caring for the infected and affected; and
5. Coping with the institutional impact of HIV/AIDS.

Constraints: why prevention programmes fail:

Preventive education programmes have had great successes – but also notable failures:

1. The audience is elsewhere – e.g. children having dropped out of school;
2. Focus on knowledge, attitudes and skills not embedded in a broader, consistent and sustained programme;

3. Poor implementation of otherwise good programmes – e.g. by lack of commitment, unease of teachers, mixed messages, no access to related health services, etc.;
4. Fear – unjustified – that preventive education leads to increased sexual activity;
5. Fragile education systems – overcrowding, unsafe schools, poor classroom facilities and teaching materials, irregular salaries and teacher attendance, etc.; and
6. The availability of treatments can lead to more risky behaviours.

Actions

Each core task is followed by precise actions that UNESCO will perform in executing the tasks, in close collaboration with UNAIDS and its co-sponsors in the UN system.

Expected Results

Key outcome expected is reduction of the number of HIV/AIDS –infected young people by 25% by 2010 – but in different ways all groups must be reached. The expected results of preventive education are to be found in effective advocacy, customized educational material, changed risk behaviour, enhanced care and better coping with the impact of the epidemic.

Summary of Group Discussions

Group Work on: Barriers in Integrating Education for HIV/AIDS Prevention into National School Curricula

Definitions of key words/terms in the Topic

Barriers: Something that limits, hinders, threatens the achievement of the Stated goals.

Integration: putting together, incorporating, bringing into, knitting together

Prevention: to stop

Curriculum:
- subject taught in school environment or within the Walls of a classroom
- course content
- planned programme of academic activities
- organized learning activities
- sum total of planned activities for learning.

Conclusions of Sub-group #1 on Barriers in integrating Education for HIV/AIDS Prevention into School Curricula in Nigeria · In Nigeria and other sub-saharan African countries, HIV/AIDS is closely linked with sexuality which itself is seen as sacred subject that should not be discussed in the open. This no doubt, accounts for unchanging stigma and discrimination associated with HIV/AIDS.

After brainstorming, we agreed for us to achieve meaningful preventive education and communication for change in behaviour emphasis must be on sexuality education.

Having said this, we therefore addressed the topic in the context of sexuality education and identified the following as barriers militating against integrating education for HIV/AIDS prevention into national school curricula in Nigeria.

- Socio-Cultural sensitivities and reluctance to discuss sexuality matters; discussion of sexual issues is taboo in most cultural settings in Nigeria.
- Community Ignorance: Most people do not know what sexuality education entails hence their misconception and attendant prejudice to sexuality education.
- Lack of Trained Personnel in Sexuality/HIV education: Sexuality education is a sensitive and complex subject that requires a systematic and multi-discipline approach. Hence the need for sexuality education specialist teachers cannot be over-emphasized.
- Religious Opposition: Religion plays a major role in the life of individuals, communities and nations. The minor conflicts in the content of sexuality education and some religious teachings is a major barrier in integrating sexuality /HIV education into national curricula for schools.
- Lack of Strong Political Commitment: Government have always identified the needs for policies into guidelines on sexuality education, adapting these policies and guidelines but the commitment to implementing these policies have always been a problem.

- Non-Availability of Resource Materials in the various Nigerian Languages for Elementary and Non-Formal Sector.
- Gender Concerns/Bias
- Inadequate Funding: Funds is an essential factor in the review and integration of sexuality/HIV education into national school curricula in a developing country like Nigeria.

STRATEGY

1. Establishment of an institute for sexuality and HIV education in Nigeria.
2. Education against cultural practices of :
    - Widowed inheritance
    - Genital mutilation
    - Social engagements that would expose men and women to risk and uncontrolled sex e.g. excessive drinking of alcohol
    - Mutual polygamy
3. Poverty reduction programme
4. Campaign against Prostitution as well as rehabilitation of prostitutes
5. Integration of religious leaders into all activities against the spread of HIV/AIDS.

Group work on

SENSITIZATION OF EDUCATION SECTORS STAKE HOLDERS AND TOP MANAGERS ABOUT HIV/AIDS PREVENTION IN FORMAL/NON-FORMAL EDUCATION

Approaches: The group discussed and identified the principal Stakeholders in categories. This was followed by the identification of the relevant sensitization needs as well as the facilitation needs for the sensitization. The following represents the group report.

S/N	STAKEHOLDERS	SENSITIZATION NEEDS	FACILITATION NEEDS
1.	THE LEARNER Pupils Students (of various categories)	Information about HIV/AIDS Awareness Education (i) Preventive (ii) Care and Support	IEC materials Human resources, teachers, etc. Pictures
2.	TEACHERS/LECTURERS	Information Awareness Education (i) Preventive (ii) Care (iii) Care and Support	Materials: textbooks, charts, pictures, IEC materials Funds Human Resources
3.	SCHOOL ADMINISTRATOR Head teachers Principals Vice Chancellors Rectors Provosts Board of governors Advisory Councils	Information Awareness and their roles as leaders to facilitate the campaign against HIV/AIDS Advocacy	Funds IEC Materials Human Resources Gvt. Support with relevant policies
4.	THE COMMUNITY PTA NUT NGOs, CBOs Opinion leaders Religious leaders Traditional leaders Donor Agencies Foreign Partners Etc.	Information Awareness on their roles toward mobilizing the community against HIV/AIDS Advocacy	IEC Materials Financial Support Human resources
5.	STAKEHOLDERS Political Leaders Head of State	Information Awareness Advocacy	IEC materials Human and other material resources

	State Governors Other Political leaders Local Govt. Chairmen Policy Makers - FG, FME, MOEs LGEA Relevant Parastatals UBE, NCCE, NTI, ERDC, NUC, SPEB, PPEB NMEC,NCNE.	Effective policy formulation	Financial Resources

Group work on

Mechanism for information gathering on impact of HIV/AIDS on education systems in Nigeria.

The group submitted that we have to which extent HIV/AIDS affects teachers, students and school managers and gather information on:

- Research
- Looking at the existing records in Schools, Teaching Hospitals, School Clinics and from NGOs such as AFRH.
- Mechanism of collaboration among education sub-sectors and NGOs,
- Available documentation on impact.

Recommendation.

The group recommended that a committee with membership drawn from six geo-political zones, directors in charge of HIV/AIDS from the Federal and States Ministry of Education, 2 representatives of donor agencies and representatives of NGOs. This committee will coordinate, supervise and provide technical assistance for fieldwork and follow-up activities.

Group work on

TRAINING NEEDS

- In order to determine the training needs, the group established the fact that the conduct of a Training needs Assessment among the target groups is necessary.
- The group also brainstormed on the important stakeholders in ensuring HIV/AIDS Prevention,
    1. Primary stakeholders - Students, Peer Educators
    2. Secondary stakeholders - Parents, Teachers, Principals
    3. Local Inspectors of Education
    4. Faith based Organizations
    5. Opinion leaders/Community leaders
    6. Funders

What Program Approaches – HIV/AIDS Preventive Education Approaches

Formal Setting - School
Non Formal -Faith based organization
Trade Union
NGOs

What skills are required in HIV/AIDS Education

- Prevention
- Care and Support
- Sustainability

What can be done in our community to prevent HIV/AIDS?

- Sensitization seminars
- Advocacy at policy level
- Training of all stakeholders on prevention, care and support and sustainability
- Training of behaviour change communication for educators
- Development of relevant IEC materials for wide distribution
- Media and Massive Awareness campaign

Challenges

1. Lack of funds to carry out continuous activities
2. Denial of HIV/AIDS as a problem in Nigeria
3. Stigmatization/abandonment of people affected with AIDS

Cultural Practices that prevent HIV

1. Wife inheritance
2. Genital mutilation
3. Prejudice against the girl child. and preference for the male child.
4. Concept of chastity by girls until marriage.
5. Lack of parental communication on sexuality matters
6. Non acceptance and provision of information of condom use among young people

Work Plan.

TRAINING NEEDS	TARGET FORMAL EDUCATION	TARGET NON-FORMAL
HIV/AIDS PREVENTION Advocacy skills training Sensitization seminar Training of teachers on – Curriculum development, review, and adaptation Peer Education Leadership Counseling skills Behavioural change Communication	Teachers School Counselors Head of Schools Youth/Peer Groups Educational Planners Students	Parents Opinion Leaders Community Leaders NGO/CBO Faith Based Organizations Trade Union Leaders Out of School Youth
CARE AND SUPPORT Counseling skill training Basic sexuality education and Life skills training	Teachers living with AIDS Teachers Non-Academic Staff Administrators in PABAS	Parents Opinion Leaders Community Leaders Traditional Leaders PABAS
SUSTAINABILITY Program Management skills training Supervisory skills training Curriculum Adaptation Integration into school curriculum and scheme of work	Educational Planners Policy Makers School Administrators Local Inspectors of Education Principals/Headmasters Teachers	NGOS, CBOS Traditional Institution PTA

Group Work on

Research Agenda on Short, Medium and Long terms

The group stressed the need for research, needs assessment, baseline data even as it noted that in doing so there was need to include the non-formal sector.

In essence the group saw the need to conduct researches to identify;

1. The impact of awareness campaigns and how it has changed their practices.
2. Who plays the key role among the stakeholders?
3. Why more successes are achieved in some parts of the nation than others.
4. How much culture practices have affected the campaigns e.g. polygamy, wife inheritance, genital mutilations and identify mode of approach in view of the varying cultures.
5. Level of prevalence among soldiers, lorry drivers, tanks, social workers as the basic carriers.
6. Why carriers spread virus intentionally
7. Identify why most programmes are not working with a view to modifying them.
8. How effective is the curricular used in training the trainers for primary, secondary and tertiary institution.
9. How many teachers and students have died as a result of the virus whether diagnosed or not.
10. Identify rate of dropout students and causes.
11. How has the budgetary allocation impacted on the sector?
12. How much should go into the sector for an effective education of the people.
13. How message has impacted on a particular group
14. Action research on work d one so far, method used, where and how they have been carried out and find ways of solving them.
15. Identify the % of teachers who died within a given period via when they should have retired – cost implication of treating them, premature death despite government huge investment.
16. How many education administrators have died as a result of the scourge
17. Identify teacher's absenteeism and non-performance as a result of the scourge.
18. How the epidemic has impacted on the demand for education
19. It's impact on girl access to education
20. Teacher/Student sexual relationship – sex abuse of students by teachers in making the education system a source of risk.
21. Need for qualitative and quantitative research to be adopted.

22. Long term research – to identify their behavioural change, age of sex debut, number of sexual partners, use of barriers methods to sexuality
23. Identify need for capacity strength to teach HIV related subjects.
24. Identify the financial barriers to research needs.

REPRODUCTION METHODS

OVER ALL IS INDIRECT BASELINE RESEARCH OF THE FOLLOWING:

1. Need to conduct research on the impact of awareness campaign on the HIV/AIDS programme is their dream
2. How much have campaign been able to change their attitude and practices – how do they now conduct themselves.
3. To identify who plays the key role among stakeholders and who to relate to.
4. Why is there more success (i.e. acceptability) on the information gathered in one part than in other parts of the unity?
5. How has the knowledge impacted on teachers, how many of them have died over the times, even if they are not diagnosed but based on
6. Symptoms save for students.
7. Identify rate of dropouts and causes.
8. How has the budgetary allocation impacted on the sector and purpose of retromine drugs
9. How much money will go into the sector for there to be created an impact?
10. How many teachers have got the basic know how or knowledge to impact on their student in the primary, secondary and university.
11. Is there a more effective curriculum for training the trainers?
12. Because of cultural belief identify the best way to approach a problem area according to their varying needs
13. Action research method of work, where they have been carried out and how they identify the problem (lapses) and articulate ways of moving forward
14. Need for periodic research on whether they will change or improve their sexual habits.
15. Why some know the damages but refused to change
16. How does it impact a partner's role
17. Identify level of prevalence among soldiers.

Group Work on

IDENTIFICATION OF NEEDS IN THE AREA OF INTER AND INTRA SECTOR COMMUNICATION AND NETWORKING

A. ORGANIZATIONAL NEEDS

1. Formulate a framework (legal administrative, social for networking among Task Force members as well as other groups or stakeholders.
2. Identify all relevant sectors and list them.
3. Identify the ingredients necessary for effective networking and inter/intra sectoral communication
4. Assign responsibilities/roles/functions to itself (i.e. the Task force and other stakeholders in the promoting and encouraging of communication between the Task force and other stakeholders and among stakeholders
5. Identify needs of each stakeholder within the context of its constitution, goals and objectives

B. SECTORIAL LIAISON

1. Ministries
   - Ministry of Information and National Orientation
   - Ministry of Health
   - Ministry of Women Affairs and Youth Development
   - Office of the Special Adviser to the President on Education and National ethics
   - Ministry of Justice
   - Ministry of Education
   - Ministry of Labour and Productivity
2. Parastatals and Government Agencies
   - National Universities Commission (NUC)
   - NCCE
   - NERDC
   - NTI
   - NMEC
   - NDLEA
   - NACA
3. Associations and Unions
   - Nigerian Union of Teachers
   - ANCOPSS
   - Student Unions and Associations
   - Parent-Teacher Association
   - Human Rights Organization
4. NGOs, CBOs and Communities
   - CISCGHAN
   - ARHF
   - AHICSACEFA
   - NNPLWHA
   - Religious leaders

- Community leaders
- Local politicians

C. TERMS OF REFERENCE OF THE TASK FORCE

1. Formulate the structural framework for cooperation and understanding between the Task Force and all relevant stakeholders
2. Carry out monitoring and evaluation to bridge the gap between NACA and other stakeholders and also between policy and implementation
3. Serve as the arm of implementation of the NACA in regards to HIV/AIDS prevention, control and care.
4. provide effective networking with all sectors for the purpose of "scaling up" the fight against HIV/AIDS
5. Explore and exploit alternative sources of funding with a view to reaching all levels, particularly the grassroots

D. INTER AND INTRA – SECTORIAL COMMUNICATION – INGREDIENTS OF EFFECTIVE NETWORKING

1. Sharing of information on successes and failures, strength and weaknesses of HIV/AIDS programmes
2. Sharing information, knowledge and skills on HIV/AIDS prevalence, preventions, control and care
3. Recognizing intra-sectoral communication within each level of government (Federal state and local) and among the three levels
4. Recognizing inter-sectoral communication between Ministries, Stakeholders and Taskforce
5. Promoting and encouraging continuous flow of information, transparency and accountability
6. Using the information media of communication to achieve its objectives and goals:
   - -Regular roundtable meetings (bimonthly)
   - -Quarterly Network Bulletin to promote news about activities of each
   - Stakeholder
   - -Published inventory of all stakeholders complete with address,
   - Telephone, E-mail and chief executive officer of each outfit
   - -Mass media -Churches & Mosques
   - -Internet website -Traditional methods
   - -Markets & Square

COMMUNIQUÉ

(Approved by the participants at a four-day Workshop on HIV/AIDS and Education in Nigeria 9-13 June, Merit House, Abuja)

We affirm that education remains the most effective strategy to change people's attitudes and behaviours in the fight against the scourge and spread of HIV pandemic in Nigeria.

PREAMBLE

A four-day national workshop on Education for HIV/AIDS Prevention was held in Abuja, Nigeria from 9-13 June 2002. The workshop Co-sponsored by UNESCO, the Federal Ministry of Education and supported by UNAIDS and DFID brought together a total of 150 participants representing the Federal and State Ministries of Education, State Primary Education Boards, Civil Society Organizations (NGOs and CBOs) in Nigeria. Two resource persons – from the international Bureau of Education in Geneva and from South Africa – joined national experts in presenting papers to the meeting.

The historic event was declared open by the President of the Federal Republic of Nigeria His Excellency Chief Olusegun Obasanjo who was represented by his Special Adviser on Education and Ethics Chief S. K. Babalola and was chaired by the Honourable Hajia Aisha Ismail, Minister of Women Affairs and Youth Development. The keynote address was delivered by the Honourable Minister of Education Professor Babalola Borishade.

The theme of the workshop was "Education for HIV/AIDS Prevention in Nigeria." Its primary purpose was to prepare a framework for the education response to the challenges of HIV/AIDS in Nigeria.

DECLARATION AND RESOLUTION

Two decades since HIV/AIDS was first reported, it has become the most devastating disease in the recorded history of man. The rapid spread of the disease in sub-Saharan Africa has taken a heavy toll on the economy as well as on social and psychological well-being of individuals, families, communities and in fact, entire societies. The undermining of education systems and institutions by HIV/AIDS is of particular concern.

We the participants at this workshop acknowledge the commitment made through international declarations, resolutions and agreements such as the Universal Human Rights Declaration, the Dakar (2000) World Education Forum Declaration on Education For All and the June 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. We also identify with the joint Resolution of UNESCO, UNICEF, WHO and World Bank, to work together and Focus Resources on Effective School Health (FRESH). We also note the resolve of UNESCO to invest most of its resources in preventive education. Our discussion was also informed by the November 2001 inquiry process approach adopted by DFID through the Association of Commonwealth Universities.

We acknowledge and re-affirm our support for national commitment to the Universal Basic Education (UBE), including non-formal and nomadic education as means of achieving education for better citizenship for all Nigerians and hence for improving the environment within which the anti-HIV campaign is to be conducted.

We recognize the existing policy and infrastructure in Nigeria and acknowledge that the Federal Ministry of Education is structurally capable to facilitate a successful

education programme for the prevention of HIV/AIDS through the mechanisms of the Federal and State Ministries of Education.

Given the continued increase of cases of HIV/AIDS infections in Nigeria, and empowered by the June 2001 Declaration of the UNGASS and the subsequent directive of the Director-General of UNESCO, we the participants at the first workshop on HIV/AIDS and Education declare our commitment to effective planning for the increased involvement of the education personnel and structures in the prevention of HIV/AIDS in Nigeria.

To this end, we call on all governments, political office holders, all senior government officials, stakeholders in education as well as members of the civil society to support and implement the recommendations and resolutions of the workshop.

Resolution

We resolve that Nigeria, being a party to all international commitments and agreements on Education For All and because of our reliance on education for a drastic reduction in the spread of HIV, develop a national programme for HIV prevention bearing in mind the key principles agreed internationally including FRESH, the UNGASS agreements and the UNESCO Strategic Plan on Education for the prevention of HIV/AIDS.

PRIORITIES FOR ACTION

In the course of our deliberations we identified some issues that are critical to the planning and implementation of preventive education to which all stakeholders must note for decisive action:

- support for appropriate legislation and development of policy that will facilitate the commitment as well as involvement of all stakeholders,
- identification of socio-cultural barriers to the integrating of education for HIV/AIDS prevention into national school curricula,
- sensitization of persons in authority: political office holders, education sector stakeholders and top managers concerning the preventive education challenge
- further promotion of the role of non-formal education structures and programmes in changing attitudes and behaviour,
- collection and analysis of information on impact of HIV/AIDS on the education systems
- capacity building for teachers as well as education managers and
- establishment of integrated networks among the various sectors,
- involvement of civil society in the general mobilization, formulation and integration of the HIV/AIDS education contents in the core school subjects, and
- adaptation of the various global recommendations on Education for All and their implications on the prevention of HIV/AIDS.

We realize the need for effective coordination among the various arms of governments and civil society as well as International Donor Agencies as paramount to judicious utilization of financial, material and human resources in the process of planning and implementation. We also recognize the need to tailor preventive education along the socio-cultural practices of the various ethnic and religious groups.

RECOMMENDATION

In line with our resolution, we recommend the following for immediate action:

1. The establishment of a National Task Force on Education for HIV Prevention (NTFEHP);
2. A study on the impact of HIV on the education systems should also be conducted, informed by the various existing data;
3. The conduct of a needs assessment survey on the training needs of teachers;
4. Establishment of mechanisms that would allow for the mainstreaming of the sexuality education curricula into the school core subjects;
5. Assistance to Civil Societies in building the capacity of their members for the tasks ahead;
6. Advocacy for appropriate legislation, policies and adequate funds allocation for the implementation of actions on all identified problems, needs as well as logistics;
7. Full involvement of the UN Systems and other partners working together in strengthening the various arms of government relevant to the development and implementation of education for HIV prevention in Nigeria;
8. The adaptation to the Nigerian Preventive Education for HIV/AIDS Programme of the Framework for Action of the World Education Forum, Dakar 2000, the Resolution of UNGASS and the outcome of the thematic discussion on school based health that is Focusing Resources on Effective School Health.
9. Education for the prevention of HIV/AIDS should be integrated into non-formal education programmes at all levels including strong participation of religions leaders,
10. The development of learning programmes designed to counter the stigma and discrimination faced by people infected with and affected by HIV/AIDS,
11. Development of evidence-based, culturally sensitive, curricula for education on HIV/AIDS prevention, beginning with primary schools but involving as well secondary and higher education institutions.

EDUCATION AS A TOOL IN THE NATIONAL RESPONSE TO HIV/AIDS IN NIGERIA

FRAMEWORK FOR ACTION

Preamble

The spread of HIV/AIDS has enormous economic, social and psychological implications on the education sector. Teachers, administrators, students and pupils alike are affected by HIV/ Aids. In education, Aids has a negative impact both on the supply of teachers and on the capacity of children to continue in school. Children, especially girls, of affected families are likely to drop out of school and students in tertiary institutions are likely affected. The direct and indirect costs on the education and skills are immense. On the other hand, education has a key role to play in preventing careless behaviour and stigmatization and mitigating its impacts on individuals, families, communities and society. The educational system should develop behavioural change communication strategies in order to prevent HIV/ Aids. Education can promote health and prevent disease by behaviour that reduces risk, improves care and lessons the impact of illness.

In June 2001, the United Nations General Assembly Special Session on HIV/AIDS set in place a framework for national and international accountability in relation to the epidemic. As a contribution to the global call and as a strategic move to enhance and expand the overall response to the epidemic in Nigeria, UNESCO Nigeria, in collaboration with the Ministry of Education and supported by UNAIDS, organised a national workshop on HIV/Aids and Education; bringing together all relevant stakeholders to assess the impact of HIV/Aids on the education system in Nigeria and to define appropriate formal and non-formal education strategies to address the epidemic.

THE MISSION

The overall mission of the education sector in the fight against HIV/AIDS in Nigeria is to increase awareness amongst the Nigerian population and to achieve dramatic change in behaviour by eliminating information and cultural barriers. In line with President Olusegun Obasanjo's commitment to the multi-sectoral response, the mission underpins Education as key to the prevention, control and mitigation of HIV/AIDS.

OBJECTIVES

The objective of the framework is to engage the education system to play a significant role in directly and indirectly impacting on people's behaviour, norms and values in the society. The framework further develops education mechanisms that will stem down the spread of the pandemic and information and communication policies, strategies, structures and processes that should simultaneously act on reducing risk, reducing vulnerability and reducing impact of HIV/AIDS.

FRAMEWORK I

POLICY AND ADVOCACY

The principal tool for developing the framework is enacting of appropriate legislation and development of policy that will facilitate the commitment as well as involvement of all stakeholders. The components that augur the development of the policy and advocacy framework are: removal of barriers to large-scale responses to HIV/AIDS: behaviour, information, and systemic barriers, prevention of HIV infections through targeted

educational interventions for care and support for persons infected and affected by HIV/AIDS. The results are:

- reduction in the rate of infection through sensitisation and awareness generation
- Impact mitigation on people living with and affected by HIV
- Sustainable, multi-sectoral and decentralised education sector response to HIV/AIDS prevention and impact mitigation.

This will precipitate national multi-sectoral and multi disciplinary mobilization for AIDS prevention to develop and implement a multi-sectoral, multi disciplinary institutional framework and legal machinery for HIV/AIDS prevention and increase awareness and sensitisation among the population and strategic targeted stakeholders and hence promoting behaviour change in both low and high-risk populations. The policy focuses on sensitizing people in authority, political office holders and education sector stakeholders and top managers about HIV/AIDS prevention in formal and non-formal education systems. These are State Executive Governors, Ministers, national/State Assembly Heads, Local Government Chairman Advocacy visits and Commissioners of Education, Permanent Secretaries, Directors, Chief Inspectors of Education, Chairmen of Education Boards, Secretaries of LGAs etc. The advocacy policy zero's on:

- promotion of public awareness for an urgent and sustained response
- Respect, protection and fulfillment of human rights; compassion and active opposition to all forms of stigma and exclusion of PLWHA.
- Intensified efforts to enhance local capacity and resources of existing national and local entities, and the mobilization of new and non-traditional partners in the response.
- The Vision for HIV/Aids advocacy often returns to a single point: HIV/AIDS – Everybody's concern. While the goals of advocacy efforts may vary, many are premised on a shared aim: to mobilise all stakeholders in a scaled up, coordinated, supported, and effective and efficient response to the pandemic.

FRAMEWORK II:
STRATEGIES AND PROCESSES

The strategic and process elements refer to the identification of socio-cultural barriers to the integrating of education for HIV/AIDS prevention into national school curricula; tailoring preventive education along the socio-cultural practices of the various ethnic and religious groups and the development of evidence-based, culturally sensitive, curricula for education on HIV/AIDS Prevention, beginning with primary schools through secondary schools and up to teachers' training colleges and universities. This would also means setting up of mechanisms that would allow for the mainstreaming of the sexuality education curricula into the school core subjects with minimal cost implications.

The following plan of action has been proposed for implementation with a time-frame. (1) Baseline Studies – 1st six months; Research instruments to be developed and (2) Advocacy and Sensitization – 1 year. With respect to the following stratified groups of stakeholders and top managers the following methods are identified for advocacy and sensitization.

- Heads of higher institutions, principal and teachers
- School Counselors 1 day sensitization workshop) IEC materials
- Headmasters and Teachers 1 day sensitization workshop) IEC materials

- NUT, ANCOPSS, COPSHON, APPEDIN 1 day sensitization workshop) IEC materials, Radio and Television programmes, Jingles, discussion forums
- Community: PTA , Religious leaders, traditional leaders, opinion leaders, traditional leaders, CBOs, All high risk groups
- Students and pupils: Entertainment, posters, drama, peer educators, clubs
- Prefects/students unions, quiz competition, essay competitions, Advocacy, Advocacy during inter house sports/games, HIV/AIDS based-leisure games, care support, film show, radio, television jingles, pep talks, celebration of AIDS day in school.
    1. Integration of HIV/AIDS into carrier subjects from the primary to the tertiary level – By the 3rd quarter of the 1st year
    2. Capacity Building Development of a Training Manual each for the Primary, Secondary and Tertiary levels Sources: NERDC, UBE, NMEC, FME, ARFH, NUC, NIEPA, NLAN - Training of Master Trainers – 2 weeks for each of the six geopolitical zones - Training of teachers should be in the six geopolitical zones
    3. Monitoring and Evaluation – across board – twice a year
    4. Research identification of areas of research and modality to be decided.
    5. Care and support for the infected and affected: psychological support through counseling, strengthening network of PLWA, partnership with care provider groups to ensure information access to treatment with Anti-retroviral drugs and development of vocational training for the infected
    6. Establishment of National Data Bank on HIV prevention in educational institutions.
    7. Coping with the impact of HIV epidemic by assessing its effect on the students, teaching and non-teaching staff of educational institutions.
    8. Facilitation of legislation to protect labour, studentship and other rights of the infected.

The adaptation to the Nigerian Preventive Education for HIV/AIDS Programme of the Framework for Action of the World Education Forum, Dakar 2000, and the Resolution of the United Nations General Assembly Special Session (UNGASS) and the outcome of the thematic discussion on school based health that is Focusing Resources on Effective School Health (FRESH).

III

FRAMEWORK FOR ACTION

STRUCTURES

NATIONAL TASK FORCE

In line with the urgency associated with and the need for action on the HIV/AIDS pandemic in Nigeria, there is a need to establish a Ministerial Task Force that will act as an advisory body and pressure group to facilitate the implementation of programs of action on HIV/AIDS Education. The Task Force will be made up of the following agencies/bodies: ARFH, CAN, CSACEFA, DFID, FME, NACA, NNPLWA, SCIA, The National Assembly (Senate Committee on Education) The World Bank, UN Theme Group, UNESCO and USAID. The taskforce will ensure the establishment of integrated

networks among the various sectors and effective coordination among the various arms of governments and civil society as well as international donor agencies as paramount to judicious utilization of financial, material and human resources in the process of planning and implementation.

The UN Systems and other partners will work together in strengthening the various arms of government relevant to the development and implementation of education for HIV prevention in Nigeria.

UNESCO's global and national strategies on HIV/AIDS Education will serve as appendix to this framework.

Appendix I

UNESCO's initiative on HIV/AIDS Prevention Education in Nigeria Strategic Plan of Action

The mission

UNESCO's overall mission in the global fight against HIV/AIDS, in line with the overall aims of the UN is to "support communities and countries to reduce risk and vulnerability to infection, to save lives and alleviate human suffering, and to lessen the epidemics overall impact on development."

Within this general framework, UNESCO's key mission in Nigeria will be to engage in advocacy, information sharing about the epidemic, capacity building to reduce risk, and lessening of the institutional impact of the epidemic, through intensified preventive education.

Background

Within a period of two decades, the HIV/AIDS epidemic has become a global development disaster, with implications for health, human development, food production, economy, national security and so on. Global trends indicate that infection rates are rising exponentially. In the year 2000, it was estimated that 40 million people were living with HIV or AIDS globally. In Nigeria, HIV/AIDS became a reality around 1986 when the first case was diagnosed. Since then the rate of infection has continued to increase at an alarming rate. The 2001 sentinel survey reported a record high 5.8% increase amongst the age group 15-49. This translates into over 2.8million people living with HIV/AIDS. It is estimated that by the year 2004 over 4.5 million will be living with HIV/AIDS.

The HIV/AIDS epidemic has been particularly devastating for development by destroying productive capacity and widening the gap between the rich and the poor. Furthermore, it disproportionately affects young adults, especially women – the group most vital for development. The epidemic has an exceptional impact on the economy in two ways. Firstly, by loss of productivity due to the loss of the most productive; secondly, the burden of caring for the sick and tending for orphans sap human and other resources which would have been used for other productive endeavours. AIDS is wiping out decades of investment in education and in human development.

AIDS attacks not only the human body, but the body politic as well. For instance, in many countries, it already has an unprecedented institutional impact, not only on the organisations most needed for development, but also on those most needed to prevent the spread of the epidemic itself. The high rate of the disease amongst teachers, health workers and other trained professionals will make replacement increasingly hard to find – and there will be fewer to educate and care for them. It will erode access to education, and interfere with the capacity of key institutions to function. Governance itself may be threatened by decimation.

In response to this global epidemic, the United Nations has declared the fight against HIV/AIDS one of its top priorities, with the Secretary General regarding the epidemic as

"the most formidable challenge of our time". To overcome this, the Secretary General thus recommends that the Millennium Summit adopt as an explicit goal:

The reduction of HIV infection rates in persons 15-24 years of age – by 25% within the most affected countries before the year 2005 and by 25% globally before 2010.

And to that end, he also recommended that governments set explicit prevention targets: by 2005 at least 90 percent, and by 2010 at least 95 percent, of young men and women to have access to the information, education and services they need to protect themselves against HIV infection

To help meet this monumental target, UNESCO is mapping out below its strategy plan for combating the HIV/AIDS epidemic in Nigeria.

The Goal of the Strategic Plan:

The overall goal of UNESCO's strategic plan of Action for HIV/AIDS Prevention Education in Nigeria is to reduce the spread of infection by providing preventive education to school-based youth and technical support to the institutions most relevant to the education of adults using appropriate resources in its areas of competence: education science, culture and communication.

An additional goal is to provide an effective and pioneering leadership in HIV/AIDS interventions in Nigeria

Objectives

Specific Objectives of the Action Plan are:

- To support the accelerated development of national and state education services in the area of HIV/Preventive education.
- To protect children and school-based youth people from the epidemic and its impact.
- To affirm and strengthen the capacity of communities and institutions to respond to the epidemic.
- To reduce the stigma associated with HIV and AIDS and to protect human rights through personal, political advocacy and the promotion of policies that prevent discrimination and intolerance.
- To ensure an extra-ordinary response to the epidemic including the full engagement of top-level leaders to achieve measurable targets.
- To actively support the development of partnerships required to address the epidemic, in particular those required to improve access to essential information and services.
- To strengthen human resource and institutional capacity required to support service providers engaged in the response to the epidemic, in particular those in education.
- To contribute to the development of enabling policies, legislation and programmes that addresses individual and societal vulnerability to HIV/AIDS and mitigates its socio-economic impact
- To support the development of school curricular that address sexuality education.

UNESCO's Response to HIV/AIDS in Nigeria

Core Activities

UNESCO's priority in the fight against HIV/AIDS in Nigeria is narrowed to the particular area of preventive education. In this regard, its core tasks include:

- Consolidating UNESCO's in-house capacity
- Advocacy at all levels
- Empowering of journalists,
- Facilitation of study/reflection among education personnel regarding prevention strategies
- Customising and delivering the message using cultural resources
- Preventing risky behaviour
- Teacher Training for more effective preventive education
- Gender Mainstreaming
- Technical support to the Federal Ministry of Education
- Research and Evaluation

Action Plan

Consolidating UNESCO's in-house capacity

To ensure that UNESCO Nigeria's office is equipped to meet the goals of its strategic plan, it will:

- Increase its in-house HIV/AIDS personnel
- Improve its in-house material and information on HIV/AIDS
- Ensure that all staff have relevant information on preventive education
- Increase its in-house capacity to meets the public's needs for information on HIV/AIDS
- Work with the education communities in order to generate strategies and prevention methods

Specific Tasks

- Establish a Task Force of education and health specialists
- Appoint a capable Nigerian resource person to support Federal Ministry of Education's HIV Desk as well as NGOs involved in preventive education
- Appoint an international Expert on HIV/AIDS
- Support the provision of at least 10 additional Information Education and Communication (IEC) print, audio and visual material for its library
- Support the FME in creating and advertising an in house helpdesk and hotline for the public on HIV/AIDS Preventive education, which will also:
    1. Generate a database in the public's HIV/AIDS Preventive education information needs
    2. Document most frequently asked questions for research and planning purposes.
    3. Work towards the inclusion of youth friendly facilities in education institutions and learning centres

Advocacy at all levels

The key to an effective preventive education strategy is the repeated and unrelenting advocacy and support of political authorities at the highest national level. In this regard UNESCO will:

1. Identify key government ministries and officials with which to collaborate in its fights against HIV/AIDS
2. Provide effective leadership, mobilisation and co-ordination for these key ministries identified for the purpose of engaging in high level advocacy for preventive education.
3. Mobilise the Federal Ministry of Education, and other relevant ministries, schools and the media to become advocates for efforts in preventive education.
4. Collaborate with non-governmental organisations and civil society to increase advocacy at all levels.
5. Collaborate with other UN agencies and other interested international bodies, especially UNAIDS, UNICEF and the World Bank in their advocacy initiatives.

Specific Tasks

- Organise at least one advocacy workshop for ministry officials (policy makers) and other key school authority personnel
- Organise at least one national stakeholders' workshop.
- Identify NGOs to partner with in the advocacy campaign.
- Keep abreast of initiatives in other UN agencies.

Customising the message

For preventive education to be effective, the message must be customised to accommodate all social strata, gender, educational level, cultures and languages of Nigeria. In this regard UNESCO will:

- Actively take part in the development and dissemination of curricula tailored to recipients at different levels of understanding of HIV/AIDS.
- Produce Information Education and Communication (IEC) material and do training in local languages.
- Create gender awareness in HIV/AIDS training and IEC material.
- Encourage the incorporation of gender sensitive training and material by its partners.
- Include and support the development of relevant knowledge, attitudes and skills in health and other school subjects.
- Support and promote programmes that attend to modes of communication and information, which are youth friendly.

Specific Tasks

- Undertake a survey of locally produced materials on preventive education
- Evaluate available materials on preventive education
- Produce a primary school level teacher manual on HIV/AIDS Preventive education
- Produce a secondary school level teacher manual on HIV/AIDS Preventive education
- Produce a video drama for school children on HIV/AIDS
- Produce comic books for school children on HIV/AIDS
- Translate all IEC material into the three main Nigerian languages
- Produce radio and television jingles/adverts on HIV/AIDS

Preventing Risky Behaviour

The critical test in evaluating the extent to which preventive education has been effective is the extent to which the message changes behaviour. In this regard UNESCO will:

- Investigate and introduce effective learning strategies relating to HIV/AIDS
- Encourage the production and dissemination of accurate and informative material about HIV/AIDS.
- Encourage provision of books and other information to schools and libraries all over Nigeria.
- Promote educational efforts addressing the issues that put women at risk, such as violence and powerlessness. Also support education and counselling that equip women better to cope and protect themselves.
- Engage the media and NGOs in information dissemination especially targeted at school age children.
- Advocate for the speedy dissemination of the recently approved sexuality education curricula.
- Review the sexuality education curricula for schools in Nigeria to ensure that it:
    1. Focuses on helping teenagers to change their behaviour-using role playing, games, and exercises that strengthen social skills.
    2. Advocates social learning theories as a foundation for program development, focusing on recognising social influences, changing individual values, changing group norms, and building social skills.
    3. Utilises experimental activities designed to personalise basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse.
    4. Promotes activities that address social or media influences on sexual behaviours.
    5. Reinforce clear and appropriate values to strengthen individual values and group norms against unprotected sex.
    6. Promote modelling and practice in communication, negotiation, and refusal skills.

Specific Tasks

- Provide at least 10 HIV/AIDS books and information to at least 10 schools and libraries per state.
- Advocate that the Federal and various State ministries of education provide HIV/AIDS books and material to all schools.
- Organise a media workshop to train journalists on disseminating youth friendly HIV/AIDS information.
- Produce a radio drama series and appropriate jingles that focus on HIV/AIDS information for youth.
- Organise at least one national conference on gender issues in HIV/AIDS relevant to teachers and schools.
- Support sexuality education for primary and secondary schools.
- Organise at least one national conference on the link between education and HIV/AIDS.

- Support at least one youth and gender friendly HIV/AIDS information help desk and telephone hotline per state for school age children.
- Provide pupils with information on NGOs working on HIV/AIDS and support networks in their state.

Teacher Training

For youths and adolescents, who also happen to be those greatest at risk of HIV/AIDS infection, the schoolteacher remains a main educator, role model and repository of knowledge and thus the best ally in disseminating preventive education. In this regard UNESCO will:

- Support teacher training entities including non-governmental organisations to train teachers in primary and secondary schools in all the states of Nigeria on HIV/AIDS prevention and care.
- Assess, develop and communicate effective teaching and learning methods that are sensitive to culture as well as potent in practice.
- Support and take part in the training of curricula developers, teacher training and teachers to adopt and use HIV/AIDS materials and other relevant material, in this regard assist in the establishment of a Department of Preventive education at the NTI and other colleges of education.
- Support and help improve the teaching of life skills in the education system and the wider society.
- Work to overcome teacher discomfort about addressing sexuality issues and mobilise other professions, such as health personnel to take part in preventive education programmes.

Specific Tasks

- Work towards the establishment of a Department of Preventive Education at the National Institute for Teachers Training.
- Provide international technical assistance to support the above.
- Train at least 10 teachers, especially guidance counsellors and biology teachers per state from state-owned schools in all 36 states of the federation
- Support the establishment of one help desk per state for teacher's support and information
- Provide teachers with information on NGOs working on HIV/AIDS and support networks in their state

Gender Mainstreaming

The *de facto* second class status of women, especially adolescent girls in Nigeria creates both direct and indirect threats to their health and education, making them more vulnerable to the HIV/AIDS epidemic than men. In this regard, UNESCO will:

- Pay particular attention to information and programmes that target young girls.
- Promote and support the development of curricula sensitive to gender.

- Promote and support gender mainstreaming in schools, the Federal Ministry of Education and other relevant education bodies.
- Strategize and encourage ways to promote girls education in Nigeria.
- Encourage research that examines the particular problems young girls face in Nigeria that makes them more vulnerable to HIV/AIDS.
- Disseminate information on the relationship between gender and HIV/AIDS.
- Stimulate advocacy for the right to health and education for women.

Specific Tasks

- Organise at least one gender-mainstreaming workshop for schoolteachers and key personnel of the Federal Ministry of Education and other education bodies.
- Stimulate discussions and programmes with all relevant education bodies, especially the Federal Ministry of Education on ways to promote girls education and health
- Collaborate with other UN agencies, especially UNIFEM in their gender mainstreaming efforts.
- Support at least one research and publication on the impact of gender on HIV/AIDS transmission, especially for young girls.
- Disseminate research and publication on the impact of gender on HIV/AIDS transmission to schools.
- Advocate for gender mainstreaming in government parastatals.

Technical Support to the Federal Ministry of Education

As the highest education decision body in Nigeria, collaborating closely and effectively with the Federal Ministry of Education will ensure speedy progress in the institutionalisation of HIV/AIDS education in Nigeria and the further empowerment of States Ministries of Education. In this regard UNESCO will:

- Sensitise ministry policy makers on the need to integrate HIV/AIDS prevention and impact mitigation into the education development plan
- Support the ministry to be become an active leader in the fight against HIV/AIDS
- Review existing education programmes and efforts of the ministry that promote HIV/AIDS education with the aim of:
    1. Supporting effective ones
    2. Promoting new programmes and efforts that can better deliver an effective HIV/AIDS education
- Evaluate the capacity and resources of the ministry and personnel to effectively deliver goals with the aim of:
    1. Improving their capacity
    2. Providing other needed support
- Promote a Rights-based approach within the ministry
- Encourage gender education and mainstreaming within the ministry

Specific Tasks

UNESCO will support the Federal Ministry of Education in

- Organising one awareness creation workshop for ministry personnel
- Identifying training and capacity building needs of the Ministry

- Conducting relevant training and capacity building workshops for personnel
- Providing relevant material and resources for personnel
- Facilitating the appointment of an HIV/AIDS focal personnel within the ministry
- Facilitating the development of a broad based framework of preventive education for the ministry
- Developing a plan of action for the ministry, with set targets and deliverables
- Production and distribution of IEC material by the ministry for schools
- Facilitating the speedy adoption and dissemination of the recently approved sexuality education curricula for schools

Research and Evaluation

In order to customise information, ensure gender awareness, engage in effective advocacy and plan intervention programmes; research and evaluation have to be key in the HIV/AIDS preventive education programme for Nigeria. In this regard UNESCO will:

- Promote HIV/AIDS preventive education research in Nigeria.
- Strengthen relationship with the NUC and select higher education institutions in promoting research
- Continually evaluate the effectiveness of its programme and technical support.
- Collate UNESCO Abuja best practice and those of other partner agencies.
- Share best practices with the Federal Ministry of Education, NGOs and the media.

Specific Tasks

- Commission an HIV/AIDS preventive education research in Nigeria, with specific emphasis on youths and adolescent girls.
- Design an in-house monitoring and evaluation system.
- Design a monitoring and evaluation system for schools and the Federal Ministry of Education.
- Document best practices.

Conclusion

The above strategic plan is the first in demonstrating UNESCO's seriousness in tackling the HIV/AIDS epidemic in Nigeria. It is hoped that the successful implementation of activities outlined in the strategy document will help provide HIV/AIDS information to at least 50% of all school-age children with the first two years of commencement of activities. It is also expected that all guidance counsellors and biology teachers of all state schools would have adequate information on AIDS prevention within this period. Furthermore, the Ministry of Education would have been adequately sensitised staff trained to provide HIV/AIDS Prevention information on their o0wn schools without the assistance of UNESCO. Finally, it is hoped that the research and evaluation studies will help provide up to date information on best practices and effective education for Nigeria. An indication of the success of UNESCO's activity will be an at least 40% reduction in the spread of HIV/AIDS amongst adolescents in Nigeria.

It is however, important to note that while the strategy documents is a guiding light for HIV/AIDS Prevention strategy for Nigeria, it not cast in stone. Instead, it is assumed that as activities commerce there might be need to modify or even expand the scope of the strategy plan in order to accommodate the needs of stakeholders and ensure cultural sensitivity.

Appendix II

UNESCO's WELCOME ADDRESS BY HUBERT CHARLES, UNESCO ABUJA.

On behalf of the Director General of UNESCO, and on behalf of the entire UN System in Nigeria, I wish to welcome you to this activity. Let me say a special word of welcome to Chief S.K. Babalola, Special Adviser to the President on Education and Ethics, who is representing His Excellency the President at this activity. A special word of Welcome is due also the Hon. Minister of Education Professor Abraham Borishade Babalola under whose leadership the Ministry has redoubled its effort in the area of HIV. I am pleased to offer a hearty word of greetings and welcome to our distinguished Chairperson, the Hajia Aisha Ismail, Minister of Women's Affairs and Youth Development. I welcome in a special way, my colleague the Chair of the UN Theme Group on HIV/AIDS and Resident Representative of UNFPA, Mr. Niangoran Essan. Let me take this opportunity to wish you all the very best during your tour of duty in Nigeria. A special word of welcome to the representatives of UN organisations here present. This group includes Dr Constantinos of UNAIDS who is largely responsible for the funding of this activity. To the representatives of our partners in the donor community – DFID, USAID and other partners welcome all. Finally, we offer a special word of welcome to the participants – the representatives of the Nigerian community of educators. This effort would be wasted without your presence and commitment.

Ladies and Gentlemen:

The subject matter of this meeting has been with us for just over twenty years. During that time, the virus has infected some 60 million persons. In the view of UNAIDS, HIV/AIDS has become "the most devastating disease humankind has ever faced." In 2001 the global death toll of HIV/AIDS was 3 million. It is now the leading cause of death in sub-Saharan Africa. HIV/AIDS has evolved from a disease affecting largely gay men to one, which affects heterosexuals with equal deadliness. It has been described as a disease of the poor. However, in its impact, HIV/AIDS has touched rich and poor alike. HIV/AIDS does not discriminate. In fact, the impact of the disease on the worst affected countries is such that it was subject to a special resolution of the UN Security Council, which in July 2000 regarded it as a threat to peace – the first time that a non-military threat has attracted the attention of this world body.

Scores of laboratories around the world are engaged in a frantic race against time to develop a vaccine for HIV. To date the most they have managed to do is to produce a variety of highly expensive drugs, a cocktail of which results in boosting the immune system of those with the virus. Life is extended and can appear normal. However, the victims are condemned to a lifetime of dependence on usually toxic drugs and to a health care regime that seeks to make as little demand on the immune system as possible.

Initially, the disease was regarded as being largely the responsibility of the health sector. However, the potential of education in managing this incurable disease and in changing behaviour was recognized early. In his 1987 Report on AIDS, Dr. C. Everett Koop, then United States Surgeon General, wrote of the need to influence the behaviour of adolescents whom he regarded as being particularly vulnerable since this is the stage at which "they are exploring their own sexuality and perhaps experimenting with drugs".

He noted that "Teenagers often consider themselves immortal and these young people may be putting themselves at great risk.[i]" Two years later, John Washburn, a former school superintendent suffering from the disease, was credited with the now famous phrase "education is the only vaccine we presently have against HIV.[ii]"

Of course, much of the early educational effort was intended to inform the general public and school age pupils of the dangers inherent in behaviours regarded as risky in the era of HIV. Governments, particularly in the West achieved some initial successes with these campaigns. Thus, during the 1980s and 90s, rates of infection of sexually transmitted diseases in the UK dropped dramatically in response to hard hitting advertisements and public education campaigns. Not only was there a significant drop in infections, but the knowledge of the public regarding the virus and the attitude of persons to those affected also improved markedly.

Recently, however, the rise in infection rates among young people in the UK has begun to worry medical specialists. In a report released by the British Medical Association in February this year, information was provided to the effect that between 1995 and 2000 the number of "sexually transmitted infections, which include HIV/Aids, gonorrhoea and syphilis" had soared by almost 300,000 cases[iii]. This information is extremely important for those countries which are now being offered easier access to HIV therapies that save the lives of infected persons. The availability of these drugs does not obviate the need for sustained and systematic education efforts.

Perhaps it is good at this stage that we remind ourselves of the commitment made by Nigeria and other members of the United Nations at the UN General Assembly Special Session on HIV in June 2001:

- Realise a 25% reduction of HIV infection among 15-24 year olds by 2005
- Develop national strategies to provide a supportive environment for orphans and children affected by HIV by 2003.
- Ensure that by 2005 at least 90% of young men and women aged 15 to 24 have access to information and education including peer education and youth-specific HIV education to reduce vulnerability, and
- Have in place by 2003 strategies that counter under-development, economic insecurity, poverty, social exclusion, illiteracy and other factors that promote vulnerability to HIV infection.

Of course, we must also recall the view expressed at the EFA Summit in Dakar, that Education for All is unlikely to be achieved unless, countries worked towards the creation of "safe, healthy, inclusive and equitably resourced educational environments conducive to excellence in learning".

Through this meeting, therefore, we wish to do several things:

1. Alert all sections of society to the lasting threat posed by HIV,
2. Advocate for the view that "education is the only vaccine we presently have against HIV,"
3. Rally educators to the challenge of fostering behaviour change among pupils, out-of-school youth and adults as a means to preventing the continued spread of HIV infections, and
4. Assist the Ministry of Education in its plans to effectively position itself to lead and support the preventive education effort in Nigeria. This means increased

awareness of the impact of HIV on the education system as well as awareness of strategies for decentralising responsibility for action, empowering community based initiatives and seeking to involve other ministries in the education effort.

However, this is not an independent activity. It must be seen within the framework of the work of the UN in Nigeria. It will be recalled that HIV/AIDS is one of the main focus areas of the recently developed UNDAF programme for Nigeria that commits all UN Agencies to ensuring that HIV prevention and care (including care of orphans of HIV/AIDS) is at the heart of their work. This programme must also be seen within the context of the work of the NACA and other governmental agencies dedicated to preventing and responding to the spread of HIV infections in Nigeria.

With your permission, Ladies and Gentlemen, I wish to spend a few minutes on what I believe to be the central challenge of Nigerian and African educators – the behaviour change challenge. How is it to be facilitated? How do we transform our teachers (themselves susceptible to the scourge of HIV) into convincing and credible information bearers? How do we convince our young learners to go beyond information to knowledge and behaviour change? How do we convince them to choose life?

You may already be familiar with the fact that there are several theories relating to behaviour change that point the way to the development of curricula and the preparation of appropriate learning experiences for pupils and adults. Four of the most prominent are the Health Belief Model, the AIDS Reduction Model, the Stages of Change and the Theory of Reasoned Action. Stage 1 of the AIDS Reduction Model, one assesses not only the learner's knowledge of those sexual activities that are associated with HIV but also the perception that he or she is susceptible to the disease. The model also examines the extent to which the learner perceives that contracting HIV is undesirable. Stage 2 of the model assesses the factors that the learner considers prior to making a commitment to change behaviour, and Stage 3 involves action in the direction of obtaining information, obtaining remedies and affecting the solutions[iv]. Included in this framework would be the whole gamut of issues relating to self esteem and the avoidance of social pressures to engage in risky behaviour, and the creation of an environment that allows for frank discussion of matters relation to sexual behaviour. However, the challenge you face, does not end there. It must embrace issues as curriculum management and the identification and empowerment of appropriate message bearers, particularly in culturally diverse societies as exist in Nigeria.

Nigerian educators will be encouraged to systematically reflect on these constructs, to determine their validity and to use them in the development of appropriate curricula. Additionally, they will be encouraged to look at Nigerian learning styles, and Nigerian culture and to determine whether there are elements in the environment that will allow learners to go beyond information to behaviour change regarding HIV.

One matter that has not yet been fully resolved is the point at which education about HIV should begin. Most believe that specific instruction regarding HIV should commence at the point when pupils begin to experiment with sex. Others believe that it should begin earlier. This matter will need extended reflection by Nigerian and African educators generally. They will be encouraged to look at language use regarding HIV and to determine whether the linguistic references in which the issue is clothed, contribute to the difficulties being experienced in managing the attitude change that is required to accommodate the disease.

In order to go some way in facilitating the reflection that is suggested above, UNESCO Abuja will establish an HIV and Education Task Force intended to provide guidance in this important area. However, this work cannot be the province of the Task Force only. Whether or not you are part of the UNESCO Task Force on HIV and behaviour change, we urge you to stand up to this scourge that threatens the very foundations on which sustainable African societies have been established. Thus, every university, all educational parastatals dedicated to research and implementation as well as every teachers college should set up a working group on HIV and behaviour change. There is no room for complacency in this struggle.

So far, I have touched largely on the imperative of behaviour change among school going age groups and on the challenges that face the formal education system. However, the challenge is no less urgent for learners with special needs, out-of-school youth and adults. A key issue here is the design and implementation of public education programmes that counter the prevailing impression that HIV can be hidden away or at best, wished away. The key goal of mass education programmes around HIV must be to increase sensitivity to the fact that we are all obligated to work towards the better management of this pandemic. True some group are more susceptible than others. But in the final analysis, the changes that must be put in place are societal. Thus, education programmes must be designed and managed in a way that allows all segments of society to accept the need to "accommodate" to or normalise our approach to the disease. In addition, we need to come to terms with the fact that HIV affects and impacts human lives. We need to take on board the view that even after they have been infected, the victims of HIV remain human with expectations for rights-based treatment and importantly with hopes, dreams and ambitions that yearn to be satisfied.

Let me end this introduction by saying an additional word about UNESCO's strategy in this important area. Advocacy remains at the heart of the work of UNESCO. It should be clear, though, that government cannot be the only target of advocacy. Special attention is being directed to key entities in the wider community: the private sector, parastatals and community based organisations, with each being encouraged to regard HIV awareness as a central part of human resource development activities. Another key plank in the UNESCO strategy involves collaboration with partner agencies within and outside of the United Nations System. UNAIDS is both a product and an instrument of this collaboration. Mention has already been made of the link between the health of learners and the achievement of the EFA goals. Through the initiative to Focus Resources on Effective School Health (FRESH), UNESCO contributes to the development of skills-based health education thus creating an environment more favourable to the promotion of basic education and to the fight against HIV infection.

Given the importance of making the campaign against HIV effective and sustainable, UNESCO will seek to build a specific capacity within our Nigeria office in the area of preventive education. We will strengthen our contacts with relevant headquarters'units and with the field offices to ensure that effective collaboration is pursued and the experiences of other countries in the Africa region are available to Nigeria. More importantly, we will seek to further strengthen our relations with the Ministry of Education at Federal and State levels so that in the end more and more pupils demonstrate a confident approach to the future in which they feel they have a stake.

In closing, I wish to say a special word of thanks to those staff members (they know themselves) and other members of the planning committee who were responsible for the organisation of this meeting. Your energy and commitment to this programme has not gone unnoticed. I will, however, mention the Ministers of Education and Women and Youth Affairs. Your presence here suggests that the political will that is so crucial to the success of this behaviour change campaign, is in place. We have every assurance that education provision at all levels will adapt appropriately to the pandemic. We in the UN community pledge our unstinting support to your efforts.

Finally, I wish to offer a special word of thanks to the International Bureau of Education and to its representative D. Inon Schenkler for having agreed to partner us in this activity. We hope you enjoy your first visit to Nigeria and that you will stand ready to assist our office and this country in the future. My thanks as well to Mr. Jonathan Godden, former Director of Education of Western Cape, whose services have been sponsored by DFID. To all Nigerian educators who have contributed and will contribute to the success of this venture, we salute you.

Ladies and Gentlemen, I thank you for your attention.

June 2002
UNESCO Abuja

Appendix III

A KEYNOTE ADDRESS PRESENTED BY THE HONOURABLE MINISTER OF EDUCATION PROFESSOR A. B. BORISHADE.

Today we are gathered under the guidance of the Almighty God to address an issue that is threatening human existence and the survival of mankind.

I am convinced that this not a mere forum for sharing experiences but an opportunity for us to collectively pool our human and material resources together to salvage our country and indeed humanity from the brinks of disaster. The Conference objective goes beyond exchanging anecdotes about living but includes the search for strategies for living well in spite of the unfortunate aggression of HIV/AIDS in the continued survival of our people.

This workshop is significant for the simple reason that it signals the determination of Nigerians to tackle head on, a single problem that is today threatening our survival as a nation. HIV/AIDS, if allowed to go unchecked, may jeopardize our capability to control our destiny, and may even deny us the full benefits of our youths maturing into leaders of tomorrow.

It is pertinent to not that since the first reported incidence of the HIV/AIDS epidemic in the country, over 39,000 cases of fully –blown AIDS cases have been reported in Nigeria this is up from only 2 cases in 1986. Similarity, estimates from national zero prevalence surveys have indicated that the number of HIV infections in Nigeria has risen astronomically from about 600,000 in `1991 to 3,600,000 in 2002. It is important to note that over 50% of these infections were among youths between the ages of 15-29.

However, HIV/AIDS is not confined to the shores of our country. It is a pandemic. No part of the world is spared. HIV/AIDS is no respecter of person, socio-economic class, religion, tribe or race.

It defies international borders and migratory restrictions. HIV/AIDS is not only a health problem, but also developmental catastrophe capable of eroding or even reversing our modest developmental achievements of several decades. Consequently, our national response to this epidemic should of necessity be multi-sectoral, if we intend to prevent further spread of HIV/AIDS and mitigate its impact on the larger society significantly.

HIV/AIDS has devastated and continues to devastate many sectors of our national life and endeavour, including the Education Sector. It is important that we break the silence and talk openly and frankly about HIV/AIDS. This will help us combat the stigma surrounding the disease and enable us to mobilize individuals, families, communities and the larger society to fight HIV/AIDS.

Although the whole world is threatened by HIV/AIDS by HIV/AIDS, Africa is disproportionately affected. Sub-Saharan Africa with less than 10% of the global population bears over 70% of the global burden of HIV/AIDS.

We know, now, more than at any other time, that Education has a great role to play in the prevention, control and mitigation of HIV/AIDS. The Education Sector can assist to reduce the spread of the disease.

The significance of the Education Sector to help combat the disease becomes very obvious if we remind ourselves that as of today, HIV/AIDS has no cure or vaccine, that preventive education remains the strongest weapon against the epidemic worldwide, and

that we have a significant proportion of the most vulnerable of the population segment, the youth in our education institutions.

We therefore need to develop our capacity and strengthen the education system to enable us acquire the skills to design, implement, monitor and evaluate Education sector based HIV/AIDS interventions. Teachers constitute a window of hope in a world with AIDS. Let us trust that they can act to make a difference.

Available records and statistics have shown that the Education Sector has had tremendous impact in the prevention, control and mitigation of the disease in some other countries.

The impact of the Education Sector in Nigeria on the prevention and curtailment of HIV/AIDS is already visible although much needs to be done. The Federal Ministry of Education in its responsibility to address issues related to HIV/AIDS and Education in Nigeria recognizes and appreciate collaborative roles of UNAIDS and UNESCO, the two UN agencies with a mandate to lead the education sector.

I commend their noble efforts and initiatives. I am acknowledging particularly UNESCO's Global initiative on preventive education against HIV/AIDS with emphasis on African experience, Pedagogical issues and Gender Concerns on HIV/AIDS education which includes programmes designed to target beneficiaries of non-formal education – the Nomads, the fishermen etc through mass literacy initiatives

I wish to recognize the noble initiatives and efforts of some NGO's like AFRH, ALTI, ACTION AIDS, CHESTRAD and others, In some programme areas like Girl-child education, Adolescence reproductive health, youth empowerment, Parent-Child Communication and HIV/AIDS and Education. Your efforts are highly commendable and appreciated by the Federal Ministry of Education.

One of the noble objectives of this workshop is to identify the various roles to be played by the different tiers of Government (Federal, State, Local) and other key Stakeholder.

For the global strategy to be successful, it must emphasize, responses that have their roots in communities. Since factors that influence the spread of HIV/AIDS are rooted in peoples' behaviours, their norms, values, attitudes, tradition and culture our collective response to the epidemic must put these factors into consideration if we desire to make significant impact in the prevention and control of HIV/AIDS in Nigeria.

Nigerians for a long time have played down the incidence of HIV/AIDS, believing that HIV/AIDS was not real. The period of lull has allowed the virus to spread among its citizenry. Now we are faced with the danger that a significant number iof our youth may not reach adulthood, that even the majority of our work force will succumb to the epidemic and their education wasted and the economy battered.

To address the situation, President Olusegun Obasanjo set up the National Action Committee on AIDS (NACA) to coordinate the countries multi-sectoral response to HIV/AIDS. One of NACA's mandates is to mobilize all the line Ministries including FME to join in the fight against HIV/AIDS My Ministry responded by establishing an HIV/AIDS Desk and a Coordinating team for all sub-sectors of the Ministry. The Desk is saddled with the responsibility of designing, implementing, monitoring and evaluating the sectors response to HIV/AIDS.

Our several policy decisions, which include the introduction of sexuality education into the curricula of schools as a prelude to fighting HIV/AIDS, are yielding fruits. The

NERDC in collaboration with Action Health incorporated and some other local consultants have produced a culturally sensitive and acceptable Curricular on sexuality education, which has been ratified by the National Council on Education (NCE) for use in the schools.

In addition, my Ministry also in collaboration with Action Health Incorporated, a Nigerian NGO, organized two-week training in Lagos for 48 master trainers, in sexuality education. The training had articulate professionals and experts participating as facilitators. The step down training at the States and local government levels will soon commence. I solicit the co-operation of all States to ensure the success of this programme.

Our tertiary institutions through the NUC and NCCE have incorporated HIV/AIDS courses on the General Studies curriculum for undergraduate programmes. However, plans are on, by the NUC to start postgraduate studies in sexuality education and reproductive health to train teachers who will carry on the message.

Nigeria's HIV zero prevalence of 5.8% is indicative that the epidemic has escaped into the general population and therefore not restricted to high-risk Groups only. Information on the modes of transmission of HIV and the skills to protect one from infection is not widely and readily available. The youths are particularly disadvantaged in this regard as they are underserved by any information source. Consequently all population segments, especially the youth, are highly vulnerable to HIV infection.

If we desire to reduce the spread of HIV/AIDS, then the use of Education will be key and central in our national strategy to combat HIV/AIDS. A concomitant growth in our level of literacy and increased commitment and support by policy makers and the country's political leadership at all levels, is crucial for the success of our HIV/AIDS prevention and control activities.

While his Excellency President Olusegun Obasanjo has established NACA to co-ordinate Nigeria's multi-sectoral response to HIV/AIDS, it is the responsibility of the state governors and local government chairpersons to compliment Mr. President's initiatives at the state and local government levels. Programme activities should be decentralized such that community based organizations (which include faith-based organization) spearhead community responses. Collaborating with these groups will ensure that our programmes reflect the real needs of the communities that we serve and guarantee sustainability.

All over the world, children and young people have been disproportionately affected by HIV/AIDS. Level of infection peaks between the ages of 15 and 25. Furthermore, the impact of the epidemic on families, households and communities is often even harder on them.

The UNGASS declaration of commitment on HIV/AIDS sets the target of reducing HIV/AIDS infection among 15-24 years olds by 25% in the most affected countries by the year 2005 and globally, by 2010.

It also calls upon government to develop a plan by year 2003 and complete implementation by 2005. The FME is already setting National Strategies to provide a supportive environment for orphans and children infected and affected by HIV/AIDS.

Among its many provisions, the Dakar Framework for Action draws attention to the urgent need to combat HIV/AIDS if the goals and objectives of Education for All (EFA) programme are to be achieved.

Moreover the Universal Basic Education will be one of the most powerful weapons in the fight against HIV/AIDS. Thus, everyone has a responsibility to ensure that the National EFA plan of actions on HIV/AIDS are fully implemented

EFA and the millennium development goals cannot be achieved without urgent attention given to HIV/AIDS. This framework should focus on the need for urgent action on two fronts – First to prevent HIV infection through Education and second to mitigate the impact of HIV/AIDS.

Your Excellencies, distinguished ladies and Gentlemen: our fight against HIV/AIDS should begin with good governance and exemplary political leadership. Participatory planning and inter-sectoral partnership are essential to a successful response. Programme planning and implementation should reflect the rights-based approach. Through the activities of EFA, efforts are being made at strengthening the National Mass Education Commission, the Nomadic Education Commission and the National Teachers Institute. These structures provide us with effective platforms for combating HIV/AIDS.

I hope that your deliberations in the next four days will identify the challenges faced by individuals, communities and organizations in their fight against HIV/AIDS. It should also identify culturally acceptable best practices for combating the epidemic. Real change can only be achieved through actions and activities rooted in communities and geared towards eliciting behaviour change.

Our HIV/AIDS interventions should be designed to encourage delay age at sexual debut, increased use of condom, reduction in the number of sexual partners and elimination of risky behaviours such as drug abuse especially injecting drug use.

This is a worthy and timely assembly; the lives already claimed buy the epidemic are just a fraction of those to come. As we deliberate we must realize that the impact of HIV/AIDS does not end with the death of those infected.

Unless adequately handled, the psychological and socioeconomic impact on children from society's mainstream. The FME is already developing strategies to provide care and support to children confronted with HIV/AIDS including AIDS orphans and other vulnerable children.

Education is the key if we are to address denial, myths and misconception, ignorance, stigma and discrimination.

In this regard, I am sure the workshop will come out with appropriate guidelines that will help to develop policies and legislation against discrimination based on one's HIV status. We need to break the silence and discuss HIV/AIDS openly and frankly. Government will also provide support for prevention of HIV/AIDS in vulnerable populations such as injecting drugs users, Commercial Sex Workers (CSW) and men who have sex with men (MSM).

God bless you all as we untie to fight HIV/AIDS in order to salvage our fatherland from the brinks of disaster.

Thank you.

Appendix VI

THE OPENING ADDRESS BY HIS EXCELLENCY THE PRESIDENT OF THE FEDERAL REPUBLIC OF NIGERIA – CHIEF OLUSEGUN OBASANJO

I am glad to address you today on this opening ceremony of the National Workshop on HIV/AIDS and Education. This occasion is a crucial point in our battle against HIV/AIDS epidemic.

HIV/AIDS is ravaging the whole world with about forty million infected people globally and an annual incidence of six million infections every year. Of the above figures over two third of the infected HIV/AIDS people are in sub-Saharan Africa alone.

Estimates have shown that as of today thee are about 2.8 million people in Nigeria living with HIV/AIDS and that one Nigerian is infected every minutes (UNAIDS report on Nigeria).

It is the desire of my administration to join hands with the rest of the world in the fight against the dreaded disease. This ambition led to my establishing the Presidential Action Committee on AIDS (PCA) with the Vice-President, key-line Ministers and myself as members. To mobilize support and commitment for the fight against HIV/AIDS in Nigeria as well as ensuring conducive policy environment for the implementation of anti-AIDS activities

I also directed the establishment of the National Action Committee on AIDS (NACA) to co-ordinate Nigeria's multi-sectoral response. NACA in collaboration with all partners and key stakeholders have midwife the national HIV/AIDS Emergency Action Plan (HEAP) to guide the implementation of various sectoral actions in the country for short and long term.

This administration has mobilized and invested a lot of financial resources in the fight against AIDS more than any previous government put together. Today my administration has provided four million US dollars and secured a ninety-dollar soft loan from the World Bank towards the implementation of HEAP. My government also believes that prevention, care and support should go hand in hand and has taken a gigantic step to import anti-retroviral drugs for the treatment of infected persons.

My interests in the prevention, control, care of the infected and affected persons go beyond the shores of this our great country, as the disease knows no border(s) and defies migratory restrictions. On April 27th, 2000 African leaders and Heads of government gathered here in Abuja at my instance to deliberate on the threat of HIV/AIDS in Africa and to proffer solutions. It was during this summit that I launched the HEAP. It is my belief that my African brothers are following up on our decisions with concrete actions in their various countries.

I have also organized a Presidential Forum on HIV/AIDS principally to mobilize more support among state Governors and chart a new course in our response to the scourge.

You are gathered here today because a new entrant into a multi-sectoral battle against HIV/AIDS has taken the bull by the horn to innovatively intervene, accelerate education process that will make meaningful contribution to reduce both the further spread of the disease and its impact. What we are witnessing today is a significant milestone in our

fight against the pandemic. Education provides knowledge fosters attitudinal change and skill through cultural sensitive and effective communication. It has been established that low infection rate is due to successful preventive education. While every effort must be made to develop medically, means of prevention education for positive behaviour change reduce infection rate. In the absence of the discovery of curative vaccine and affordable treatment for now, education is the most effective strategy.

I congratulate the Honourable Minister of Education, UNAIDS and UNESCO for taking steps to save our people, especially our youths in various institutions from the devastation of the epidemic. As you deliberate on your Action Plan, I would implore you to pay particular attention to the youths in our institutions since they are the most vulnerable. You should look into the possibility of integrating HIV/AIDS, Sexuality and Reproduction Health Education in schools' curricular at all levels.

You should also train our teachers so that they can integrate and teach these courses in relevant subjects in the school curriculum. My administration will continue to strive to provide you and indeed all-active sectors with the necessary support that you will require to successfully intervene in your efforts to fight this great battle.

Once again, I welcome you all and wish you a good and happy deliberation.

Thank you.

Appendix V

GOODWILL MESSAGE BY NACA CHAIRMAN, PROFESSOR IBIRONKE AKINSETE.

On behalf of the National Action Committee on AIDS (NACA), I wish to welcome you all to this workshop.

Ladies and Gentlemen, it is now 20 years since HIV/AIDS was first reported. Although we have learned so much abut this disease, there is till a lot that we do not know.

One of the lessons that we have learned is that HIV/AIDS is not only a heath issue, but is also a developmental and socio-economic problem. We have also learned about what works, what has not worked and what needs to be scaled up. The challenges of the epidemic are still very great and this demands, a lot of resources both human and financial.

In Nigeria, we have been very fortunate to have political commitment at the highest level, which has been demonstrated nationally and internationally at the Abuja Summit on HIV/AIDS and Other Related Infectious Diseases, by the Abuja declaration and plan of Action, UN General Assembly Special Session (UNGASS) and declaration of commitment. The OAU summit in Lusaka, Zambia and the setting up of the Global fund on HIV/AIDS, TB and Malaria to which Nigeria contributed.

We are also fortunate that in collaboration with out stakeholders, the HIV/AIDS Emergency Action Plan (HEAP) was completed and launched by President Olusegun Obasanjo. Financial resources have been mobilized nationally and internationally for the Action Plan. Multi-sectoral SACAs and LACAs are being formed in the states, local governments and communities. Many States have developed their Action Plan based on the framework of the HEAP, and others are still to develop theirs.

The priority right now is to move from successful small scale projects that reach relatively few individuals to effective strategies that really make an impact on the epidemic. The challenge before us now is how do we effectively scale up using the frame work of the HEAP and the strategies for an effective response. We need therefore to consider the following:

- We must ensure that the programs are focused and involve individuals and groups that will have the most significant effect on the dynamics of the epidemics
- We must ensure that we have a wide coverage, and that many key people and groups are reached
- We must ensure that the quality of programs and interventions are appropriate and of consistently high standard
- We must ensure that sustainability is built into the organization and the program.
- We must ensure that all these issues have an impact on the epidemic

I am happy that the Education Sector has now joined the battle against HIV/AIDS in Nigeria. I am confident that at the end of this workshop, we shall be able to articulate strategies for an expanded and comprehensive response to HIV/AIDS in Nigeria. We

have great expectations from this workshop and that at the end of it all, we shall have some excellent HIV/AIDS fighters on our hands.

Thank you all for coming, and I wish you happy deliberation.

Appendix VI

A GOODWILL MESSAGE DELIVERED BY UNICEF

UNICEF is greatly delighted at this initiative, championed by UNESCO, UNAIDS, the Federal Ministry of Education and fully supported by UNICEF, to develop innovative strategies for combating the vicious HIV/AIDS pandemic, using Education as the weapon. There is no doubt that Nigeria with its huge population of 120 million, and a conservative estimate of 5.8% HIV/AIDS prevalence rate is fast approaching a state of jeopardy with respect to the spread of the disease. This in essence means that more than ever before, all hands must now be on deck to fight the disease. It is no longer a health issue, but a development issue which must be attached from all sectoral angles – health, social, economic, education and other sectors.

The relatively slow pace of harnessing education in the HIV/AIDS fight in Nigeria has been of concern to Education Stakeholders because education is apparently the major sector with the 'vaccine' that can effectively fight and prevent the spread of the disease. Through various learning strategies and plans both in the formal school settings, the home and non-formal settings, education is capable of bringing about the desired positive behaviours and attitudes in youth and adults which can curb the spread of the disease and abate fresh attacks. It is therefore a welcome development that Nigeria's Education Stakeholders are being mobilized to brainstorm on what education can do for HIV/AIDS. Let me quickly say that using education as a weapon for checking the further spread of HIV/AIDS will not only save activities in other sectors from being disturbed, it will also help to prevent the stalling down of educational development.

In this address, permit me to digress a little on the impact of HIV/AIDS on the education section. As many of us would have known, HIV/AIDS impact on the demand, supply and content of education. It affects the number of children demanding to go to school and also affects the availability and supply of qualified teaching and administrative personnel for the schools and the Educational Section as a whole.

Although there is presently a dearth of data on the actual death toll of teachers and other education sector workers due to HIV/AIDS. A DFID/World bank sponsored workshop held in Nigeria on the "Impact of HIV/AIDS on the Education Sector in five Nigerian States of Lagos, Jigawa, Ekiti, Benue, Jigawa and Plateau using the Ed-SIDA planning model reveals a significant loss of teachers to AIDS over the next decade, corresponding to between 3% and 26% of the current teaching population. This staggering revelation has very challenging consequences for education planning in Nigeria if the EFA and UBE goals are to be met. The report shows that some states would need as m any as 500 teachers every year to replace those who died from AIDS-related diseases. There is therefore and urgent need for a systematic and reliable data collection and educational management information systems to assist planners in forecasting the needs of the education sector well in advance and to come up with strategies for containing the further spread of the disease.

On the demand side, the immediate and visible impact will be fewer children wanting to go to school. Fewer children will also be unable to afford education because funds that could have been channeled to meet their school demands (school fees, learning materials

etc.) would have to be diverted to proving medical care for affected family members. Sick children or those whose parents or siblings fall victims to HIV/AIDS would also be unable to attend school regularly. In Malawi,, Zambia and Zimbabwe, the picture is gloomy as there is extrapolation of the infant/child mortality tripling by 2010. In situation where children are unable to attend school because of the need to care for a sick parent or sibling, the girl child is usually the one that suffers the brunt. The rights of women (including the girl child becomes heavily exacerbated in the HIV/AIDS setting. The average woman does not find it easy protecting herself in a male dominated society like Nigeria. Her rights to education are also mortgaged.

Seemingly, the most problematic area where HIV/AIDS impinges on education is attitudinal. Thee is a stigma that comes with HIV/AIDS which make the affected and the infected persons to cow their heads in shame and keep silent about it. People are scared to go for the HIV/AIDS test because a positive serous status immediately brings about problems of discrimination, rejection and sometimes loss of employment and access to medical care. It is shameful to observe the rather than give hope and succour to the affected and infected persons, the societal attitude of rejection and discrimination often push sufferers to commit suicide or ostracize themselves completely till death comes.

These impacts of HIV/AIDS on demand and supply have the challenging consequences for Education planning in the country.

- HIV/AIDS Policy: It is time the HIV/AIDS Policy was finalized with all stakeholders' input obtained. A look at the updated draft has not shown strong input in the Education Sector.
- Evolve a Strategic Plan for HIV/AIDS Control and Management: This plan must take account of schools, and colleges, technical institutions, learners and educators.
- Baseline Survey of Schools: there is urgent need to have reliable and accurate data on enrolment, retention and completion of children at all levels to enable planners have adequate information to make good projections and strategize plans more positively. On the teacher supply side, planners should be able to estimate correctly, the number of teacher loss expected in the next five years and the plans to redress the gaps.
- Adopting Appropriate Planning Model: A appropriate model like the ED-Sida Model for estimating the impact of HIV/AIDS on Education should be adopted and put into use. Good planning is crucial in the battle against HIV/AIDS.
- HIV/AIDS Critical Mass: The critical mass at the Federal, Stat and Local government levels should be strengthened managerially and equipped to take steps to stabilize the education system by mitigating the HIV/AIDS impacts and responding creatively to the problems it creates.
- Reinforce Inter-sectoral collaboration: especially between Education and Health. For instance, Maternal Education both pre and post- natal will go a long way in reducing HIV/AIDS related deaths among infants and young children. Professionally qualified instructors no doubt have superior skills to impact the learners more effectively.
- Content of HIV/AIDS: The workshop must come up with appropriate approach for incorporating the HIV/AIDS teaching in the school curriculum. At the Primary and Secondary School levels, NERDC in partnership with Action Health

has developed a Curriculum on Sexuality Education, which has been approved by the National Committee on Education. The posers for the workshop are the modalities for making teachers ready to use and apply this curriculum in schools.

In concluding, we hope some of the issues mentioned will foster action stimulating discussions that will move the Education Section ahead as it rises up to meet the challenges posed by the HIV/AIDS'S scourge. On behalf of UNICEF, I wish you a fruitful meeting and giant strides ahead.

Appendix VII

THE PROGRAMME OF THE NATIONAL WORKSHOP ON HIV/AIDS AND EDUCATION

Background

In many sub-Saharan African countries, the spread of HIV/AIDS has enormous economic, social and psychological implications on the education sector. In education, AIDS has a negative impact both on the supply of teachers and on the capacity of children to continue in school. Children lose their teachers to AIDS and in some countries many more teachers die than retire and the teaching force is being depleted almost as rapidly as new teachers can be trained. Quality of education is affected as class sizes are on the increase and there is evidence that urban-rural disparities in educational access are growing. Children of AIDS affected families are likely to drop out of school for economic and social reasons. Sick and dying caregivers take their wards out of school because their careers do not have the funds for school fees and in rural areas they may also be required to work in the fields. Girls are more likely to be removed than boys, resulting in lower female education, more-out-of school youth putting the health and lives of these same children at risk. Many students in universities and other tertiary institutions are likely affected or infected with HIV/AIDS. The direct and indirect costs of AIDS on the education sector are immense, both in quantity and quality of services. Skills and personnel are being eroded at a time when they are vital.

On the other hand, Education has a key role to play in preventing HIV/AIDS and mitigating its impacts on individuals, families, communities and society. Some two decades after the first cases were reported, AIDS has become the most devastating disease the world has ever faced.

Some 40 million people globally are now estimated to be infected with HIV. The 2001 Sentinel Survey reported a record high 5.8% increase amongst the age group 15-49 in Nigeria. This translates into over 2.8 million people living with HIV/AIDS. In addition social silence results in soaring infection. Faculty knowledge results in careless behaviour. Lack of knowledge leads to lack of care for those that are infected and to stigmatization that turns the infected into outcasts. Denial may hasten death. The sub-Saharan Africa has been hardest and the disease is ravaging the ranks of teachers there. There fore the educational system should develop behavioural change and communication strategies in order to prevent HIV/AIDS and mitigate its impacts on individuals, families, communities and society. Education can promote health and prevent disease by behaviour that reduces risk, improves care and lessens the impact of illness.

In June 2001 the United Nations General Assembly Special Session (UNGASS) set in place a framework for national and international accountability in relation to the epidemic. Each government pledged to pursue a series of benchmark target relating to prevention, care and support, treatment, impact alleviation as well as children orphaned and made vulnerable by HIV/AIDS.

As a contribution to the overall national HIV/AIDS, response, UNESCO Nigeria, in collaboration with the Ministry of Education and supported by UNAIDS, is organizing a

National workshop on HIV/AIDS & Education in Nigeria bringing together all relevant stakeholders to assess the impact of HIV/AIDS on the education system in Nigeria. The workshop will also discuss and define the roles of the various stakeholders in order to develop appropriate strategies how to address HIV/AIDS in formal and non-formal education. As the education system is playing a significant role in directly and indirectly impacting on people's behaviours, norms and values in the society the workshop; furthermore aims at deliberating on education mechanisms that will stem down the spread of the pandemic. A communication strategy should simultaneously act of reducing risk, vulnerability of HIV/AIDS.

THE LINK BETWEEN HIV/AIDS AND EDUCATION

Shortly before the UNGASS meeting the international community reaffirmed its commitment to achieving education for every citizen in every society during the Work Education Forum held in Dakar April 2000. The Dakar Frame work for Action, outlines goals and strategies for attaining that garget by 2015. But it made a commitment to tackling HIV/AIDS as a matter of urgency. This commitment is essential, because HIV/AIDS and education for all have an intimate link. good quality education is in itself a weapon against HIV/AIDS.

NON-AVAILABILITY OF CURE FOR HIV/AIDS

The AIDS crisis continues to expand in numbers and reach without immediate medical solution in view as it has no cure. Of the millions that have been infected with HIV non have been able to get rid of it. There is at the present moment no treatment that eradicates the virus from the body. The infection can be held at bay and the progression of AIDS slowed, but the virus cannot and not in the foreseeable future be eliminated.

Vaccination has provided protection against many infectious diseases, from small pox to polio. Due to intense research, effective vaccination is a hope but is not likely to be available for the next few years. On the long run this will be only permanent solution.

In view of this scenario, and as long as no vaccine exists and treatments are unaffordable, education is the most effective strategy. So far prevention is not only the mot economical response, it is the most patent and potent response, i.e. changing behaviour buy providing knowledge, fostering attitudes and conferring skills through culturally sensitive and effective communication.

NON-FORMAL INTERVENTION

Though no institution reaches wider than schools, it is nevertheless a fact that many children are out of school, and more drop out with increasing age. In many countries, more than half of the youth have left the education system by the time they reach puberty. Hence preventive education is too important to be left with schools alone schools do not reach all and they reach fewer in the age groups that are most at risk. Moreover, schools do not reach other highly exposed groups such as migrant workers, soldiers or sex workers. This is the major reason why non-formal education-indeed all media must spread socially targeted and effective message and skills about communicative diseases. And it is a key reason which all social institutions must become institutions for renewed preventive education businesses, religious institutions and community based organizations.

STRATEGIES

Preventive education is no single point program. Priority in preventive education will be directed towards five core tasks:

- Advocacy at all levels
- Customizing the message
- Changing risk behaviour
- Caring for the infected and affected
- Coping with the institutional impact of HIV/AIDS

Thus a critical factor for a renewed and effective strategy for preventive education is the massive, unfailing and unrelenting advocacy and support of political authorities at the highest level. And if the epidemic is to be confronted, the message to the people must be valid, it must get across and it must be acted upon. All institutions must be mobilized to become media for renewed efforts in preventive education; ministries, schools, businesses, trade unions and newspapers. Education in this regard is therefore to promote health and prevent disease by providing the knowledge, the attitudes, the skills and the means to foster and sustain behaviour that reduces risks, improves care and lessens the impact of illness.

OVERALL GOAL

The overall goal of the workshop is to contribute to the inauguration and acceleration of educational processes that will make a contribution to reducing the spread of HIV/AIDS in Nigeria.

Workshop Objectives

- Discuss the strengths and weaknesses of the current education strategies in HIV/AIDS in Nigeria
- Identify lead educational institutions, training needs, essential materials, and methods of establishing links between education and HIV/AIDS
- Identify best practices in African countries for possible adaptation in Nigeria
- Identify education efforts by NGOs/CBOs in Nigeria that have been used in HIV/AIDS prevention
- Recommend an education strategy (ies) that could be evolved in the Nigeria situation
- Identify the various roles to be played by different tiers of government (federal, state. local and ward) and other stakeholders
- Recommend appropriate management structure for all tiers of government on HIV/AIDS and education
- Assess the impacts of HIV/AIDS on education
- Strengthen the HIV/AIDS Education Unit of the Federal, States and Local governments
- Establish linkages with international institutions like IIEP and others for best practices in the prevention of HIV/AIDS
- Reposition UNESCO as the focal point on preventive education against HIV/AIDS within the UN System

Activities

The workshop will achieve the stated objectives through the following activities: Presentation of papers, Discussion of papers at syndicate groups, Preparation of Action framework on preventive education against HIV/AIDS in Nigeria, Adoption of resolutions and communiqué, Preparation and documentation of report, Development of a blue print on HIV/AIDS education in Nigeria.

Theme :

NATIONAL WORKSHOP ON HIV/AIDS AND EDUCATION IN NIGERIA.

Sub Themes and Presenters.

- Global initiatives on preventive education against HIV/AIDS with emphasis on the African experience – Dr Inon Schenker, Senior HIV/AIDS Preventive Specialist. International Bureau of Education, UNESCO, Geneva.
- NGO experiences on HIV/AIDS Education in Nigeria -Chief Mrs Ebun Delano, Vice President, Association for Reproductive and Family Health, Ibadan.
- Pedagogical issues and gender concerns on HIV/AIDS education-Dr E.M.Adara, Curriculum Specialist, Nigerian Education Research and Development Council,(NERDC) Abuja.
- Management issues in HIV/AIDS education- Professor Babatunde Oshotimehin, World Bank Abuja..
- Non-formal Education and HIV/AIDS- Dr Sabo Ndabawa, Adult and Non-formal education Specialist, National Development Project,Abuja.
- Psycho-Social and Care issues in HIV/AIDS education- Dr Cyrilla Bwakirah, UNICEF, Abuja.
- The impact of AIDS on education systems in South Africa.
- Dr Jonathan Godden, USAID, University of Natal, South Africa.
- Framework of Action on HIV/AIDS Education in Nigeria-UNESCO,Abuja.

Expected Outcome

- Strengths and weaknesses of current preventive education strategies in Nigeria discussed
- Global experiences with emphasis on Africa on the use of education for the reduction of HIV/AIDS shared
- NGOs and CBOs efforts in the use of education for the prevention of the spread of HIV/AIDS discussed
- Pedagogical issues and Gender concerns on HIV/AIDS raised
- Management approaches in HIV/AIDS education identified
- Non formal education strategies on HIV/AIDS presented
- Strategies for strengthening HIV/AIDS education Unit at all levels of education identified.

- Appropriate management structure at all tiers of government recommended.
- Roles of different tiers of government and other stakeholders in the prevention of HIV/AIDS highlighted

Conclusion

The various submissions subjected to critical and interactive discussions will certainly lead to the production of an enduring preventive education policy, pedagogy and process that will transform the education system as a leader in the fight against the spread of HIV/AIDS in Nigeria.

DAY 1 MONDAY JUNE 10, 2002

Morning Session

Formal Opening

Programme

9.00-10 .00 Registration

Arrival of all Guests

– 11.00 Tea Break

11.00 -11.15 Welcome Address UNESCO Representative

11.15 – 11.30 Chairman's Address- Hajia Aisha Ismail
Hon. Minister of Women Affairs and Youth Development.

11.30 – 11.40 Goodwill Messages
UN Theme Group Chair Mr Essan.
WORLD BANK Don Taylor
DFID Claire Moran
ADB Margaret Kilo
NACA Professor Mrs Akinsete
NNNPLWHA: Dr Pat. Matemilola
Special Adviser to the President on Education
Chief S.K.Babalola.

11.40 – 12.30 Key Note Address: Honourable Minister of Education
Professor Babalola Borishade

12.30 – 12.45 Presidential Opening Speech
(His Excellency President, The Federal Republic of Nigeria, Chief Olusegun Obasanjo

12.45 12.55 Chairman's Closing Remarks

12.55 – 1.00 Announcement
Coordinators: Rashid Aderinoye, Anthony Maduekwe,
Mrs Oyinloye and Mrs Bridget Okpa
Rapporteurs Dr Ola Adeniyi and Mrs E.M.Gbasha.

1.00-2.00 Group Lunch

Afternoon Session

2.00-3.30 First Plenary Sessions

Chairman, Professor Gidado Tahir

Paper 1 Presenter Dr Inon Schenker

I B E UNESCO, Geneva.

Title: Global initiatives on HIV/AIDS and Education

Rapporteur Mrs Momodu Z.U

Paper 2 Presenters, Dr. E. M. Adara

Title: Pedagogical issues and Gender concerns on HIV/AIDS and Education

Rapporteur 2 Mrs. Mary Atolagbe

Questions and Contributions

3.30-4.00 Tea Break

Syndicate Group
Towards a National Task Force on Education for HIV/AIDS Prevention (NTFEHP): identifying the needs
(Participants will be divided into 6 sub-working groups to elaborate on the following topics, and bring their conclusions to plenary):
Sub G # 1: Barriers in integrating education for HIV/AIDS Prevention into national school curricula in Nigeria
Sub G # 2: Sensitization of education sector stakeholders and top managers about HIV/AIDS prevention in formal education
Sub G # 3: Information gathering on impact of HIV/AIDS on the education systems in Nigeria
Sub G # 4: Training needs
Sub G # 5: Research agenda: short, medium and long term
Sub G # 6: inter and intra sector communication and networking

5.30-6.00 Announcement

HOST IYABO FAGBULU

DAY 2 Tuesday June 11, 2002

Discussion of Syndicate Group 1
(This part is to sum-up identified needs as discussed in the sub groups, as well as barriers)
Chairman Professor Mrs Bridget Sokan:
Raporteur: Mrs Rekiyyah Momoh

2nd Plenary Sessions

Paper 1 Non- Formal Education and HIV/AIDS

Presenter: Dr. Sabo Indabawa

Chairman Dr E.M. Adara
Rapporteur Mrs E.M Gbasha

Paper 2 Management issues and HIV/AIDS Education
Presenter : Professor Babatunde Oshotimehin
Rapporteur Dr Ola Adeniyi
Questions and Contributions

1.00-2.00 Group Lunch

Afternoon Session

Syndicate Group 2
Towards a National Task Force on Education for HIV/AIDS Prevention (NTFEHP): outline of an operational plan
(Participants will be divided into 6 sub-working groups to elaborate on the following topics, and bring their conclusions to plenary):
Sub G # 1: Addressing identified barriers in integrating education for HIV/AIDS Prevention into national school curricula in Nigeria
Sub G # 2: Methods for sensitization of education sector stakeholders and top managers about HIV/AIDS prevention in formal education
Sub G # 3: Mechanisms for information gathering on impact of HIV/AIDS on the education systems in Nigeria
Sub G # 4: Outline/plan for training workshops on a national level
Sub G # 5: Research: short, medium and long term

Sub G # 6: development of communication and networking within the education sector in Nigeria

3.30-4.00 Tea Break

3rd Plenary session

Title; The impact of AIDS on education systems in South Africa
Presenter Dr Jonathan Godden

Chairman Dr Sabo Indabawa
Raporteur Mrs Z.U. Momodu

5.30-6.00 Announcements

HOSTS E. M OYINLOYE – BRIDGET OKPA

DAY 3 WEDNESDAY JUNE 12, 2002

Morning Session

9.00-10.30 a.m. 4th Plenary Session

Paper 1: NGO/CBO Experience.
Presenter. Chief Mrs. Ebun Delano

Paper 2: Consideration of Syndicate group 2 report
Presenters; Group Facilitators

Rapporteur: Mrs Mary Atolagbe

10.30-11.00 Tea Break

11.00- 1.00 4th Plenary Session

Paper 1: Psycho-Social issues and HIV/AIDS Education

Chairman Professor Charles Onocha

Presenter Dr Cyrilla Bwakira:
Raporteur Rekiyyah Momoh

Paper 2: Framework for Action

Presenter: Mrs Iyabo Fagbulu
Raporteur: Mrs M.J.Gadi
1.00-2.00 Group Lunch
Syndicate Group 3
Analysis of the various issues already discussed at the group level preparatory to arriving at a concrete document on mitigating the impact of HIV/AIDS in Nigeria for consideration.
3.30-4.00 Tea Break
4.00-5.30 Discussion of Syndicate Group 3 Report
Chairman:Chief Mrs Ebun Delano
Raporteur Mrs Z.U. Momodu

Announcement

HOST S A. MADUEKWE – GESA KUPFER

DAY 4 THURSDAY JUNE 13 2002

9.00-10.30 Draft Communiqué

Chairman: Dr Berhe Costantinos
Raporteur Dr Ola Adeniyi

10.30-11.00 Tea Break

11.00-12.30 Presentation and adoption of communiqué

Chairman: Mr Hubert Charles
Raporteur: Mrs Mary Atolagbe

Closing Ceremony

FORMAL PRESENTATION OF FRAMEWORK FOR ACTION TO THE HONOURABLE MINISTER OF EDUCATION
Chairman: Honourable Minister of Education
Presenter Mr Hubert Charles
Raporteur: Mrs E.M.Gbasha

HOSTS U. ESSIET AND KEHINDE OSINOWO

PLANNING GROUP

Hubert Charles	UNESCO
Berhe Costantinos	UNAIDS
Gesa Kupfer	UNAIDS
Iyabo Fagbulu	NESCO
Anthony Maduekwe	UNESCO
Rashid Aderinoye	UNESCO
E.M. Oyinloye	FME
Bridget Okpa	NATCOM-UNESCO
Uwen Esiet	Action Health Incorporated
Kehind Osinowo	AFRH

Appendix VIII

List of participants.

S/N	NAME	MINISTRY/ORGANIZATION	ADDRESS
1.	ODOCHA, N. A. DR. (MRS.)	Human Development Network (HUDNET) Tel: 09-4135785	Plot 521 Usuma Close Off Gana Street, Maitama - Abuja
2.	ADAMU, E.	Private Organization Tel: 080 23183080	Plot 115 Akintola Samuel, Garki II, Abuja.
3.	EKWELU, O.O.	NATCOM	NATCON – UNESCO, Federal Ministry of Education, Abuja.
4.	DR. AWUSAKU R.U.O	F. I. S./Fed. Min. Of Education, Abuja.	P. O. Box 146, Garki, Abuja.
5.	MATEMILOLA, P.	National Network PLWA	C/O Lagos State AIDS Control Agency, P. O. Box 6113, GPO Marina – Lagos Tel: 080-33061278
6.	ABDU, H. T.	Federal Ministry of Education (Women & Basic Education)	Federal Ministry of Education Women & Basic Education – Div) Abuja. Tel: 08033141622
7.	NWAGWU, I. N.	Federal Ministry of Education, Abuja.	Federal Ministry of Education, Abuja
8.	ODEJINMI, A.	Guidance & Counseling Division, DESS Department.	Educational Support Services, Fed. Min. of Educ., Abuja.
9.	AZEEZ, A.	Broadcasting Corporation	BCOS P. M. B. 01, Agodi Post Office, Ibadan. Tel: 02-710607, 8107683
10.	DAIRO, D. T.	National Universities Commission	P. M. B. 239, Garki GPO, Abuja.email:dokund@yahoo.com Tel: 09-4133176-81, 0803331995
11.	YUSUF, H. O.	UBE – Abuja.	Wuse bZone 4, IBB Close, Abuja. Tel: 09-5237898, 08033207255.
12.	OKWUTEHIE, P.	Fed. Ministry of Labour, Abuja.	NACA, Tel: 09-8090502
13.	ADETIBA, C. O.	NGO Women In	14, Fadahunsi Street,

	MRS.	Progress	Ijeshatedo-Aguda. Lagos.
14.	AGUSIOBO, A. (MRS)	National Hospital, Abuja	Agusiobo Amaka, P. O. Box 4492, Garki Pharmacy Dept. Tel: 08033220470
15.	ANOEMUAH, B. O.	Japan International Cooperation Agent, (JICA)	AP Plaza, 2nd Floor, Ademola Adetokunbo Cresent, Wuse II. Tel: 09-5232869
16.	NWOSU, S. I.	Olive Branch Youth Foundation	Plot 18, Lome Street, Zone 7, Wuse-Abuja. Tel: 09-5231166
17.	AWOFUWA, Y.	King's College, Lagos	P.M .B. 12533, Lagos.
18.	MOHAMMED, K. U.	NANS	NANS Headquarters, Abuja. Tel: 09-23104431
19.	AKPABIO, M. (MRS)	Fed. Min. of Health, Abuja.	Fed. Epidemitology Division, Fed. Min. of Health, Fed. Secretariat, 3rd Floor – Abuja. Tel: 09-4137710-19
20.	IDEN, A.	DFID Nigeria	Plot 607, Bobo Street, Maitama – Abuja. Tel: 09-4137710-19 Ext. 2008
21.	IKEDIASHI, A.	National Institute for Nigeria Languages	PMB 7078, Aba. Tel: 080-33317869, 082-281311
22.	AZORBO, V. U.	Education Department, MFCT	PMB 25, Garki- Abuja. Tel: 09-3141266
23.	ALEOGENA, V.	MFCT Education Department	PMB 25, Garki-Abuja. Tel: 09-3141266
24.	CHIBOKA, A. O. (MRS)	School Science Branch, Federal Dept. of Science and Technology Fed. Ministry of Education.	C/o Dept. of Technology & Science Education, Fed. Secretariat, Abuja. Tel: 09-5232825
25.	NWAGBARA, C. DR. (MRS)	NERDC	PMB 91 Garki – Abuja. Tel: 09-8822204 08033442914

26.	UYA, G. E. (MRS)	NERDC	PMB 91 Garki – Abuja. Tel: 09-8822204
27.	OKEBUKOLA, E. M. (MRS)	Federal Ministry of Education	Dept. of Tech. & Science, Room 348, Fed. Secretariat. Tel: 09-5232825
28.	ADENIRAN, M. B. (MRS)	NUC –Abuja	PMB 237, Garki P. O. Abuja. Tel; 09-4133176-181,09-5232806
29.	FALEYE, O.	AFRPH	Box 30259, Secretariat, Ibadan, Tel: 02-8100164
30.	ADENIYI, E. O. (DR)	NERDC	Lokoja/Kaduna Road, Sheda, PMB 91, Garki-Abuja. Tel: 09-8822206 090802411
31.	SCHENKER, I. (DR)	International Bureau of Education	IBE/UNESCO Switzerland. L. P. 199, Geneva 20, CH-1211, Switzzerland. Tel: 491-22-9177822
32.	FALANA, O. O.	Academy for Educational Development	C/o Vision Project 4th Floor, Elephant Cement House, Alausa-Ikeja. Tel: 0803-305-9509
33.	MUSA, M. (DR)	UBE	IBB Close, Wuse Zone 4, Abuja. Tel: 09-5237898.
34.	UGOR, V. K.	Benue State Action Committee on AIDS	18, Peter Achimugu Avenue, Benue State HIV/AIDS Program Development Project, Office of the Governor, Makurdi.

			Tel: 044-533399
35.	IWU, C. U. DR (MRS)	Ministry of Education, Owerri.	Min. of Education, Owerri, Imo State. Tel: 083-233141
36.	GADAMA, A. (DR)	Primary Health Care Agency, Jigawa State	Min. of Education, Birnin Kudu, Jigawa State. Tel: 064-501268/9
37.	AMEH, J. A.	HIV/AIDS Unit Federal Ministry of Education	HIV/AIDS-In-Education Desk, Fed. Min. of Education, 6, Gimbiya Street, Area 11, Garki –Abuja. Tel: 0803-328-4485
38.	MOFUNANYA, O. C. (MRS)	Education Tax Fund	13/15 Azores Street, Off Aminu Kano Crescent, Wuse II, Tel: 09-4130425,4139111,080-33221026
39.	ATOLOGBE, M. G. (MRS)	Federal Ministry of Education	Fed. Min. of Education, Fed. Secretariat Complex Abuja. Tel: 08033863193, 09-2348594
40.	ADELEKE, V. M. (MRS)	National Teachers Institute	PMB 2191, NTI H/Quarters, Kaduna. Tel: 062-316972
41.	GBASHAH, E. M. (MRS)	Fed. Min. of Education	PMB 02, Abuja Tel:0837866059

42.	LADIPO, O. A. (PROF)	AFRFH	815A, Army Officers Mess Rd, Ikolaba GRA, Ibadan. Tel: 02-8100164, 8102760
43.	AJAGBE, K. L.	Oyo State Ministry of Education, Science and Technology	Oyo State Ministry of Education, Science and Technology, Secetariat, Ibadan
44.	OSINOWO, K. A. (MRS)	AFRFH	P. O. Box 30259, Secretariat, Ibadan. Tel: 02-8100164, 8101669
45.	EZEAMAGU, C. J.	UBE	UBE Building, IBB Close, Wuse Zone 4. Tel: 09-5237898
46.	UJI, I. F.	Liverpool Associate in Tropical Health	Lath Filed Office, c/o Otukpo General Hospital Otukpo, Benue State. Tel: 044-662777
47.	CHUKWU, O. E.	Liverpool Associate in Tropical Health	Lath Filed Office, c/o Otukpo General Hospital Otukpo, Benue State. Tel: 044-662777
48.	LONGE, S. O. (MRS)	Health/SACA	Ministry of Health/SACA Office, Govt. House, Ado-Ekiti, Ekiti State. Tel: 030-251476
49.	UFONDU, C. N. (MRS)	Ministry of Education Awka-Anambra	4, Igweze Street, Off CAT Road, P. O. Box 560, Awka, Anambra State. Tel: 048-553367
50.	OLONIYO, K. M.	Science, Technology And Technical Education Board, Lokoja	C/o Science, Technology And Technical Education Board, (STTEB) Lokoja. Tel: 058-220675

51	AKAGU, J. H. (MRS)	KOGI State Primary Education Board	Kogi State Primary Education Board, Monitoring and Evaluation Dept. Lokoja Tel. 058-220817 058-220974
52	SUBERU, O.J.	International foundation for Education and Self Help (IFESH)	P. O. Box 20258, Port Harcourt Tel-084233440
53.	AZIBA, O.S.	National Commission for Mass Literacy, Adult and Non-Formal Education	P.M.B. 295, Area 3, Garki-Abuja Tel. 09-2344030
54.	ADELAJA, J.T.	National Judicial Institute	Supreme Court of Nigeria Tel. 09-2347786
55.	IDOWU, A.	C.A.P.P.	Tel..09-5234253
56.	OVBEREDJO, M. (DR)	NACA	Tel. 09-52334253
57.	ESSIEN, N	UNESCO	777 Bouake Street, Wuse Zone 6, Abuja Tel. 5237088
58	CHIGBU, P. DR (MRS)	Federal Ministry of Health Abuja	Fed. Min. of Health, Fed. Epid. Division Fed. Secretariat Abuja
59.	ORUGUN, O. (MRS)	UBE	IBB Close, Wuse Zone 4, Abuja Tel. 09-523-7898

60.	NWOKEFORO, J.L.U. (MRS)	Federal ministry of Education (Inspectorate)	P.M.B. 146, Garki, Abuja Tel. 08033147088
61.	ADEOYE, A. A.	Educational Support Services (ESS)	6, Gimbiya Street, Area 11, Garki-Abuja. Tel: 09-3141215
62.	NEGE, J. I.	UBE	UBE Building, IBB close PMB 5068, Wuse Zone 4, Abuja. Tel: 09-5237898, 0803-3155-792
63.	BISHEN, E. S.	UBE	UBE Building, IBB close PMB 5068, Wuse Zone 4, Abuja. Tel: 09-5237898
64.	OGUNSOLA-BANDELE (DR) M. F	S. T. A. N	P. O. Box 9430, Kaduna. Tel: 08023095478, 062-240339
65.	ALADE, P. I. (DR)	NACA	Fed. Secretariat Complex. Tel: 523425
66.	PAIKO, J. Y.	National Commission for Mass Education	PMB 295, Area 3, Garki-Abuja. Tel: 09-2344030
67.	EMEKA, I.	Ministry of Education, Calabar	Min. of Education, PMB 1007, Calabar, Cross Rivers State. Tel: 087-232085
68.	LIMAN, M. S.	NBTE, Kaduna	Plot B Bida Road, PMB 2239, Kaduna. Tel: 062-247609

69.	DAIRO, A. M. (MRS)	NCCE, Abuja	Plot 829, Abuja. Tel: 09-234-2028
70.	BELLO, K. H.	UBE	Wuse Zone 4, Abuja. Tel: 09-5230087
71.	TAYLOR, D. (DR)	World Bank & (DFID)	World Bank Country Office, Asokoro-Abuja. Tel: 34-14-5269
72.	KALU, D. O.	Fed. Min of Education	Tel: 09-5237488
73.	FADOKUN, J. B.	National Institute for Education Planning and Administration	PMB 562, Ondo, Ondo State. Tel: 034-244992, 242762
74.	ONI, O. (DR)	Edo State Ministry of Education	P. O. Box 10411, Tel: 08023383573
75.	ELOIKE, T. (DR)	Enugu State Ministry of Education	3, Kingsway Road, GRA, Enugu Tel: 042-252945
76.	ESSIET, E. A.	National Assembly Response on HIV/AIDS	PMB 141, Abuja. (Three Arms Zone). Tel: 0803-3494284
77.	BALA, D. K.	National Assembly, Abuja.	Tel: 0803-326573, 09-5236562

78.	ADEGUN, F. A. (MRS)	NETC, Kaduna.	PMB 2027, Kaduna Tel: 062-313973
79.	ALIYU, I. S.	NETC, Kaduna.	PMB 2027, Kaduna Tel: 062-313973
80.	OMOGIAFO, P. N. (MRS)	NABTEB	PMB 1747, Benin City, Edo State.
81.	ORAEKI, B.N. (MRS)	NTI, Kaduna	PMB 2191, Kaduna Tel: 062-316972
82.	EDWARD, A. O.	NNPLWHA, Katsina	National Network of PLWHA, Lafia Road, Katsina.
83.	MADUEKWE, A (DR)	UNESCO, Abuja	UNESCO Office, Plot 777 Bouake St. Wuse Zone 6, Abuja
84.	TIKA, A. A.	BGamji Literacy Club & HIV/AIDS Campaign Team	Women Development Centre, Gidan HAKC, P. O. Box 100, Sokoto
85.	ELOJI, L. .I (MRS)	Fed. Min of Education	Federal Inspectorate HQ, Federal Secretariat Phase III, Abuja. Tel: 5230812
86.	IBANA, A. E.	JAMB Bwari, Abuja	JAMB National HQ, Bwari-Abuja. Tel: 09-8501756, 09-8501757

87.	DANJUMA, Y. A.	FME/DPRS	PMB 146, Garki-Abuja, Tel: 030-33105787
88.	AYANDELE, M. K.	Japan International Cooperation Agency (JICA)	AP Plaza, Adetokunbo Ademola Crescent, Wuse 2, FCT-Abuja. Tel: 09-5232869
89.	OKERE, D.C. (MRS)	ETF	13/15, Azores Street, Off Aminu Kano Crescent, Wuse II, PMB 361, Garki-Abuja. Tel: 09-4139111
90.	UMAR, A. M. (MRS)	Fed. Min of Education	PMB 146, Garki-Abuja. Tel: 5237488
91.	AGBAOSO, R. N.	National Commission for Nomadic Education, Kaduna.	PMB 2343, Tel: 062-242672, 249175
92.	OSENI, K.	Child Labour Prevention Foundation	C/o Archeology Dept. University of Ibadan, Ibadan. Tel: 08023251458
93.	KUPFER, G. (MISS)	UNAIDS	UN Office, Aguiyi Ironsi Way, Maitama-Abuja. Tel: 09-4135671, 4137828
94.	GALEYA, U. K.	Min. of Education HQ, Jalingo.	PMB 1075, Jalingo, Taraba State
95.	AGYA, U. S.	Min. of Education, Lafia.	PMB 44, Lafia-Nasarawa.

96.	AMALI, J. M. (MRS)	Teachers Registration Council, Abuja	Aminu Kano Crescent, Plot 567, Wuse II, Abuja. Tel: 09-5231439
97.	AKINSANMI, T. DR (MRS)	Teachers Registration Council, Abuja.	Aminu Kano Crescent, Plot 567, Wuse II, Abuja. PMB 526, Abuja Tel: 09-5231439
98.	COSTANTINOS, BERHE (DR)	UNAIDS	UN House, Maitama-Abuja. Tel: 413-5671
99.	JUBRIL, M	F. I. S. Headquarters	Fed. Min. of Education, Shehu Shagari Way, Abuja. Tel: 090-600839
100.	AGBELUSI, J. S. S.	Fed. Min. of Education (Inspectorate)	Fed. Min. of Education (Inspectorate) Phase III, Fed. Secretariat Abuja. Tel: 080-37879219
101.	ADARA, O. A	NERDC, Sheda	PMB 91, Garki-Abuja. Tel: 09-8821614
102.	MSHELIS, B. A.	Teachers Registration Council, Abuja.	PMB 526, Garki-Abuja Tel: 09-5231439
103.	TUKUR, H. A. (MRS)	Fed. Min. of Education, Abuja	Fed. Min. of Education, Shehu Shagari Way, Abuja.
104.	OFFONG, V. E.	Teachers Registration Council, Abuja.	Plot 567, Aminu Kano Crescent, Wuse II, Abuja. Abuja Tel: 09-5231439

105.	USMAN, F. (MRS)	UBE	Wuse Zone 4, UBE Building, IBB Close. Abuja. Tel: 09-5237898, 08033110643
106.	MUSA, F.	CSACEFA-ACDR	BS 107 Banex Plaza, Wuse II, P. O. Box 4100, Garki-Abuja. Tel: 09-4132905
107.	ONYIA, M. C.	Nigeria Labour Congress	Labour House, Plot 820/821 Central District Area, Abuja. Tel: 09-2344342, 080-23071909
108.	NJOKU, L. N.	Fed. Min of Health, NASCP	P. O. Box 11450, Garki, Area 10, Abuja. Tel: 09-5238950-51
109.	JUBRIL, I. B.	World Bank	433, Yakubu Gowon Crescent, Asokoro, Abuja.
110.	OKONKWO, F.	Intra-West Africa Communications	20, Achaja Kofoworola Crescent, Ikeja. Lagos. Tel: 080-23448976, 09-2342573
111.	INGAWA, S. Y. (PROF)	University of Abuja.	PMB 117, Abuja. Tel: 09-8821380
112.	IKOTUN, O.	University Women Association	University of Ibadan, Ibadan.
113.	AGBAI, C. V. (MRS)	Fed. Min. of Health, Abuja.	PMB 083, Garki-Abuja

114.	SHAJOBI, G.	NUC	Plot 430, Aguiyi-Ironsi Crescent, Maitama-Abuja. Tel: 09-4133176-81
115.	CHIEF (HAJIA) REKIYA MOMOH-ABAJI	National Productivity Centre, Plot 1498 Abidjan Street, Wuse Zone III, Abuja.	Plot 1498, Abidjan Street, Wuse Zone III, Abuja. 09-5238680, 080-33499200, email: reckybest02@yahoo.com
116.	MRS. DOROTHY, C. OKERE	Education Tax Fund, ETF, Abuja.	ETF 13/15 Azores Street, Off Aminu Kano Crescent, wuse II, Abuja. Tel: 41399111
117.	ANTHONIA ENO IBANA	JAMB, Bwari, Abuja	Tel: 8501759, 8501757, 8501206 (D/L Admissions)
118.	SABO A. INDABAWA, P. hd	National Devt. Project (NDP) Abuja.	Tel: 09-3141463, e-mail: @yahoo.com
119.	MRS. OYINLOYE E. M.	HIV/AIDS in Education Fed. Mini of Education, 6 Gimbiya Street, Area 11, Garki. Abuja.	6, Gimbiya Street, Area 11, Garki – Abuja.
120.	MRS. H. O. OGUNSINA	HIV/AIDS in Education Fed. Mini of Education, 6 Gimbiya Street, Area 11, Garki. Abuja.	6, Gimbiya Street, Area 11, Garki – Abuja.
121.	MRS. Z. U. MOMODU	HIV/AIDS in Education Fed. Mini of Education, 6 Gimbiya Street, Area 11, Garki. Abuja.	6, Gimbiya Street, Area 11, Garki – Abuja.
124.	USMAN S. AGYA	Ministry of Education, Lafia	PMB 44, Lafia.

125.	FEMI MUSA	CSACEFA-ACDR	Plot 461, Kumasi Crescent, Off Aminu Kano Crescent, P. O. Box 1890, Wuse II, Abuja
126.	ALI F. O.	Creterion, Ilorin.	P. O. Box 6294, Ilorin Tel: 031-222825 Res., 224829 Fax, 223761
127.	PHARM UDOKWU IJEOMA O.	Ministry of Federal Capital Territory, Abuja, Dept. of Health & Social Services	Pharmacy Dept. Wuse general Hospital, PMB 204, Zone 3, Wuse Tel. 08033236054
128.	ELLA ABECHI	CAPP (NGO)	234 6780 Area 10, Borno Street, Garki, Abuja
129	EBELE MERCY	A.P.P.	P. O. Box 342
130	OLUPEJU SOPE	Partner For Health Protection Inc. USA	24, Sobo Arobidu GRA Illeja, Lagos, 0803-318111
131	SHEHU ADO	I.M.A.N	P.O.Box 873, Kano
132	V.T. SOLARIN	UNICEF	33 Usuman St. Off Gana,Abuja, 0-413468 - 9
133	BWAKIRA CYRILLA	UNICEF	33 Usuman St. Off Gana,Abuja, 0-413468 - 9

134	PROF. (MRS.) SHOKAN BRIDGET	UBE	UBE Building IBB Close P.M.B 8068, Wuse Zone 4.
135	OLATUNJI BUKOLA	This Day Newspaper	P.O. Box 54749, Ikoyi, Lagos, 0802-3165411
136	DANNY McCAIN (DR.)	UNIVERSITY OF JOS/IICS	P.O. Box 10402, Jos
137.	CLIFF ELISHA CLIFF	Organization for Positive Productivity	09-4134799 Opproductivity@yahoo.com
138	C.O. ONOCHA	UBE	UBE Abuja
139.	OGUNBANJO OLUBUNMI	Civil Society action Coalition on education for All (CSACDFA)	Plot 461, Kumasi Crescent, Off Aminu Kano Crescent, Wuse II, Abuja
140.	OKPA, BRIDGET (MRS)	NATCOM – UNESCO	PMB 476, Garki-Abuja 09-4139138, 4139137 Fax)
141.	Dr. RASHID ADERINOYE	UNESCO Office, Plot 777 Bouake St. Wuse Zone 6, Abuja	234-9-5237088
142.	CHIEF S. K. BABALOLA	Office of the Special Adviser on Education to the President	Presidency, Abuja.

143.	DR. MRS. IYABO FAGBULU	UNESCO Office, Plot 777 Bouake St. Wuse Zone 6, Abuja	09-5237088, UNESCO 08034030002
144.	MR. HUBERT CHARLES	UNESCO Office, Plot 777 Bouake St. Wuse Zone 6, Abuja	Presidency, Abuja
145.	OFFIAH, N.B. (MRS)	HIV/AIDS in EDUCATION (FME)	6 Gimbia St. Area 11 Garki, Abuja
146.	NNORON E. E. (MRS)	HIV/AIDS in EDUCATION (FME)	6 Gimbia St. Area 11 Garki, Abuja
147.	UFONDU, C. N. (MRS)	Ministry of Education, Awka, Anambra State	Min. of Education, Schools Dept. New Secretariat Complex, Awka, Anambra State, 048-553367
148	CHUKWU O. EDWARD	CARE AIDS TEAM	C/O St. Vincents Hospital, P.O.Box 41, Aliade Benue State
149.	A. A. JALAM	National Maritime Authority, liaison Office, Abuja	Tel. 09-5237016
150	ONUCHE, AKOGU	Federal govt. Girls College, Bwari	Federal govt. Girls College, Bwari
151	MR. FALUSI PATRICK	NNPC, Abuja	No. 2, Jomo Kenayatta, Off Yakubu Gowon Crescent, Asokoro, Abuja

152	DR. TUNDE FATUNDE	UNESCO Abuja	Fatunde@yahoo.com
153	OMOWORARE FOLUKE	LIFE VANGUARDS	9, Lordship Close, Opp Capital Hotel, Osogbo, Osun State, 035-243552, Fax-035-243552
154	MR. LOUIS AIGBIREMSHEN	OSUNDE FOUNDATION	No. 105, Sapele Road, Benin City
155	MR. THOMAS ODU	TONY MLERO DECORATON	95 Mission Road, Boki, Cross River State
156.	MR. JONATHAN GODDEN	HEAD, UNIVERSITY OF NATAL SOUTH AFRICA	Postnet 169, Private Bag X9063, East London, South Africa
157	DR. MUNIRAT OGUNLAYI	DFID	Plot 607, Bobo St. Off Gana St. Maitama, Abuja, 09-4137710-19
158.	MOHAMMED MOMO	NEWS AGENCY OF NIGERIA	Independence Avenue, Opposite Bolingo Hotel, Abuja, Tel. 5239054, 08033023199
159	J.P. NYAM	HOUSE COMM. ON EDUCATION, NATIONAL ASSEMBLY	National Assembly Complex 09-5235017

Appendix IX

List of Resource Persons

- Dr Inon Schenker,
  Senior HIV/AIDS Preventive Specialist,
  International Bureau of Education,
  UNESCO, Geneva.

- Chief Mrs Ebun Delano,
  Vice President, Association for Reproductive and Family Health,
  Ibadan, Oyo State.

- Mr. E.M.Adara,
  Curriculum Specialist,
  Nigerian Education Research and Development Council,
  (NERDC) Abuja.

- Professor Babatunde Oshotimehin,
  IDA. (World Bank)
  Abuja.

- Dr Sabo Ndabawa,
  Adult and Non-formal education Specialist,
  National Development Project,
  Abuja.

- Dr Cyrilla Bwakirah,
  UNICEF,
  Abuja.

- Dr Jonathan Godden,
  USAID,
  University of Natal,
  South Africa.

- Mrs Iyabo Fagbulu ,
  UNESCO,
  Abuja.

Appendix X

Planning Group

Mr. Hubert Charles	...	UNESCO
Mr. Berhe Constantinos	...	UNAIDS
Ms Gesa Kupter	...	UNAIDS
Mrs. Iyabo Fagbulu	...	UNESCO
Mr. Anthony Maduekwe	...	UNESCO
Mrs. E.M. Oyinloye	...	FME
Mrs. Bridget Okpa	...	NATCOM-UNESCO
Uwen Essiet	...	Action Health Incorporated
Kehinde Osinowo	...	AFRH
Mr. Rashid Aderinoye	...	UNESCO (Workshop Coordinator)

Appendix XI

PLANNING AGENCIES

1. **Federal Ministry of Education**
   Federal Secretariat Complex
   Shehu Shagari Way
   Abuja
   Nigeria
   Telephone No: +234 9 523 28 00
   Fax No: +234 9 523 78 39

2. **UNESCO Abuja Office**
   Plot 777 Bouake street
   Off Rabat Street
   Off Herbert Macaulay Way
   Wuse Zone 6
   Abuja
   Nigeria
   Telephone No. + 234-9-523 70 88
   Fax No: + 234-9-523 80 94
   Email: unescoabuja@netscape.net; abuja@unesco.org

3 **UNAIDS**
   United Nations Office,
   Cooperative Bank Building,
   Beside British High Commission
   Aguiyi Ironsi Street
   Maitama
   Abuja
   Nigeria
   Telephone No: +234 9 413 56 71
   Fax No: +234 9 413 78 28

Note on Editors

Hubert Charles is Head of Office and UNESCO Representative to Nigeria. He believes that HIV/AIDS is likely to be most profound challenges faced educators and education managers in Africa. A former coordinator of UNESCO's Caribbean Network for Educational Innovation for Development, he advocates tirelessly for systemic education reform as a means to decreasing the vulnerability of education systems to the pandemic.

Berhe Costantinos is Head of UNAIDS Office in Nigeria. He is an international expert on HIV/AIDS and an Adviser to the President, Federal Republic of Nigeria on African AIDS issues

Iyabo Fagbulu is a Language specialist and Educationist. She has to her credit the successful development of strategic plan of action on HIV/AIDS and for the development of framework of action on AIDS. Currently is the UNESCO Abuja, National Programme Officer (Education)

Bridget Okpa is a Senior Education Officer at the Federal Ministry of Education. Curriculum specialist currently serving as Programme Officer Education with the National Commission for UNESCO.

Gesa Kupfer is Programme Officer with the UNAIDS office in Nigeria. She has wide experience in activities around education and HIV/AIDS

Rashid Aderinoye is an Adult and Non-formal Education specialist attached to UNESCO Abuja Preventive Education Unit. He co-coordinated the planning and execution of the national workshop on Education and HIV/AIDS and ensured the final production of this report.

NOTE ON EDITORS

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Berhe Costantinos is Head of UNAIDS Office in Nigeria. He is an international expert on HIV/AIDS and an Adviser to the President, Federal Republic of Nigeria on African AIDS issues.

Iyabo Fagbulu is a language specialist and Educationist. She has to her credit the successful development of strategic plan of action on HIV/AIDS and for the development of framework of action on AIDS. Currently is the UNESCO Abuja, National Programme Officer [Education].

Bridget Okpa is the secretary to the Education Sector at the National Commision for UNESCO.

Gesa Kupfer is Programme Officer with the UNAIDS office in Nigeria .She has wide experience in activities around education and HIV/AIDS.

Rashid Aderinoye is an adult and non -formal Education specialist attached to UNESCO Abuja Preventive Education Unit. He co-cordinated the planning and execution of the national workshop on Education and HIV/AIDS and ensured the final production of this report.

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Tel: 0803 3125450, 090503440, 093140111, E-mial:jodeznig@yahoo.com, joneschudi@hotmail.com