



Réseau Ouest et Centre Africain de Recherche en Education
Educational Research Network for West and Central Africa

**Contributions of non formal education to HIV preventive
education in Nigeria: Case study and inventory of NGO practices**

**With Support of
UNESCO Institute for Education, Hamburg, Germany.**

**Dr. Dayo Odukoya
Dr. Temi Busari
Mrs. Alice Ateh-Abang**

January 2006

Authors' Contact Addresses:

Dr. Dayo Odukoya

Secretary General,
Educational Research Network for West and Central Africa (ERNWACA)
C/o Christ School International,
Opposite Lagos State Polytechnic,
Sagamu Road, P. O. Box 1167,
Ikorodu, Lagos State, Nigeria.

Tel : 234 8034730219

E-mail: dayo_odukoya@yahoo.com

Dr. Temi Busari

Vice National Coordinator,
Educational Research Network for West and Central Africa (ERNWACA)
Former Head of Department,
Department of Science and Technology Education,
Faculty of Education,
University of Lagos,
Akoka, Lagos State, Nigeria.

Now a Programme Officer with UNESCO, Abuja, Nigeria

E-mail: olabusa@yahoo.com

Mrs. Alice Ateh-Abang

Assistant Director

National Commission for Mass Literacy, Adult and Non-Formal Education,
Abuja, Federal Capital Territory, Nigeria

Executive summary

This paper is concerned with the need to address the fact that with over 5% of the population of Nigeria infected with HIV, and the adult mortality rate continuing to rise, Nigeria is now at a potentially explosive stage of the epidemic. In particular it is concerned with the role of Non-Formal Education (NFE) in combating the spread of HIV/AIDS.

It begins by first outlining the numerous positive steps taken by the following organisations: the Nigerian Government, the education sector, Federal Parastatals, civil society, non-governmental organisations and donor agencies. Key target populations are then identified to clarify how HIV/AIDS preventive education can be integrated into existing NFE programmes.

Three case studies on the Association for Reproductive and Family Health then follow showing how NFE can rapidly communicate HIV/AIDS prevention messages, effecting lasting behavioural change in people of all age groups and social classes, literate or not, and providing real hope of controlling the spread of the virus.

The first case study is concerned with The Expanded Life Planning Education Project (ELPE) a programme of NFE in schools dealing with human development, relationships, sex, family life and personal skills. The goal is to improve the sexual and reproductive health of adolescents in Oyo State, and it concludes in particular that young people acting as peer educators can be agents of change if their skills, talents and energies are properly channelled.

The success of the second project, "HIV surveillance in four markets in Oyo State", is significant in that market communities represent all social classes with a large number of their members being non-literate.

The third study, aimed at promoting positive reproductive health practices amongst out-of-school youth in Yemetu, an indigenous community with characteristics of a poor urban environment, illustrates that core traditional communities can be affected positively.

With over 500 NGO's using NFE approaches to combat the spread of HIV in Nigeria there is a clear need for their efforts to be coordinated. The paper concludes with an inventory of the main NGO's and agencies using NFE interventions in Nigeria.

Table of contents

Abbreviations/Acronyms

I. Introduction

2. Case Study Report 1 on Association for Reproductive and Family Health (ARFH)

3. ARFH's Case study 2 HIV surveillance in four markets in Oyo State"

4. ARFH'S Case study 3 Promoting best reproductive and sexual health practices among out-of-school youth in Yemetu Community"

Overview of contributions of NFE TO HIV preventive education in Nigeria

Challenges of NFE in Nigeria

Recommendations

Conclusion

References

Authors' Contact Addresses

Inventory of NGO and Agencies using NFE interventions to combat HIV in Nigeria

Notes

Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARFH	Association for Reproductive and Family Health
BCC	Behaviour Change Communication
CBO	Community Based Organisation
CSO	Civil Society Organisations
CSW	Commercial Sex Workers
DfID	Department for International Development
ELPE	Expanded Life Planning Education
FBO	Faith-Based Organisation
FMOE	Federal Ministry of Education
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immune-Deficiency Virus
IEC	Information, Education and Communication
IIEP	International Institute for Educational Planning
MTCT	Mother-to-Child Transmission
NACA	National Action Committee on AIDS
NCCE	National Commission for Colleges of Education
NCE	National Council on Education
NCNE	National Commission on Nomadic Education
NERDC	Nigerian Educational Research and Development Council
NFE	Non-Formal Education
NGO	Non-Governmental Organisation
NMEC	National Commission for Mass Literacy, Adult and Non-Formal Education
NTI	National Teachers Institute
NUC	National University Commission
NYSC	National Youth Service Corps
PABA	People Affected by AIDS
PCA	Presidential Council on AIDS
PLHA	People Living with HIV/AIDS
PPFN	Planned Parenthood Federation of Nigeria
SACA	State Action Committee on AIDS
SE	Sexual Education
SMOE	Oyo State Ministry of Education
TESCOM	Teaching Service Commission
UBE	Universal Basic Education
UIE	UNESCO Institute for Education
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Development
UNICEF	United Nations International Children's Fund
WHO	World Health Organisation

1. Introduction

Since the first case of AIDS was reported over two decades ago, HIV/AIDS has spread to every corner of the world. Consequently, millions have died while for many countries the pandemic is fast reversing socio-economic development. The World Education Forum that met in Dakar, Senegal in 2000 identified HIV as having the capacity to undermine progress towards the attainment of the Education for All (EFA) goal by 2015.

Since the first case of AIDS was diagnosed in Nigeria in 1986, the infection has continued to spread from 1.8% sero-prevalence in 1988 to 3.8% in 1994; 4.5% in 1996 and 5.8% in 2001. Having crossed the 5% threshold, Nigeria is now at a potentially explosive stage of the epidemic. Adult mortality is rising and today the death rate is 20% higher than it was in 1990.

It is against this background that UNESCO, Abuja, in collaboration with UNAIDS, the National Action Committee on AIDS (NACA), UNESCO-IIEP, DFID and related partners embarked on the formulation of a strategic plan of action on preventive education and subsequently a national workshop on education and HIV/AIDS. It was this workshop that recommended the setting up of a special task force to further address the issue of preventive education and subsequently mobilised the NGOs, civil societies and related agencies into action.

1.1 The Nigerian Government's initial response

The Nigerian government's initial response to HIV/AIDS was health-focused and directed by the Ministry of Health. The year 1999 brought in a committed democratic regime that recognised the increasing danger of allowing the epidemic of 5.8% sero-prevalence to spread amongst its 120 million people. Some of the responses of the government include:

1. Setting up of the Presidential Action Commission (PAC) on HIV/AIDS under the chair of the President.
2. Formation of a multi-sectoral body called the National Action Committee on AIDS (NACA)
3. The setting up of the HIV/AIDS Emergency Action Plan (HEAP). HEAP is built around two strategic components: creation of an enabling environment and specific HIV/AIDS interventions targeted at high-risk groups. It has 15 strategies and over 200 activities which allow for a broad based multi-sect oral participatory approach. It provides for capacity building, removal of restrictive barriers, empowering communities, prevention, mitigation, care and support activities. HEAP is the basis of all HIV/AIDS structure, legislation and policies in Nigeria.
4. Mainstreaming of HIV/AIDS intervention programmes into primary health care at the local government and ward levels.

1.2 The education sector's response

In line with the Elmina Conference recommendations, UNGASS Declaration of Commitment and the Abuja Accord, the educational sector has put the following structures in place:

1. Development of a National Strategy Action Plan in line with HEAP.
2. Establishment of a critical mass with the Federal Ministry of Education.
3. Infusion of Family Life Education and HIV/AIDS issues into curricula of schools and teacher training institutions.
4. Use of non-formal strategies (Peer Education, Anti-AIDS clubs, Drama, Art, Youth Dialogues, Music and Comic Books)
5. Periodic sensitisation, mobilization and awareness campaigns.
6. Establishment of HIV/AIDS desks at parastatals under the ministry.
7. Useful collaborations with NGO's, Civil Society Organisations and donor agencies.

8. Establishment of HIV/AIDS preventive education unit at National Teachers Institute (NTI), Kaduna.
9. The National Strategic Action Plan was developed by the education sector with the assistance of UNESCO while UNAIDS provided the funds. The plan identified the role of each tier of government, its agencies as well as innovative strategies for HIV/AIDS preventive education in Nigeria.

1.3 The role of federal parastatals in HIV/AIDS prevention

Federal parastatals have contributed immensely to HIV/AIDS prevention using NFE approaches in Nigeria. Some pertinent examples are cited below:

1. **The Nigerian Educational Research and Development Council (NERDC)** developed the curriculum and teaching manual on Family Life Education and HIV/AIDS for use in and out of Nigerian schools. The curriculum focuses on causes, prevention, control and mitigation of the effect of HIV/AIDS vis-à-vis care and support of people affected / infected with HIV.
2. **The Universal Basic Education Commission (UBEC)** is responsible for the nine-year universal, free and compulsory basic education covering primary and junior secondary education. UBEC's term of reference further includes the education of rural population, nomadic population, and persons in physically isolated settlements, adult illiterates, street children and adolescents with special needs using non-formal strategies. The current focus of the UBEC HIV/AIDS desk is the making of a nationwide sensitisation and awareness campaign through the use of posters and jingles. It has also published HIV/AIDS training manuals for use in Nigerian primary schools.
3. **The National Teachers' Institute (NTI)** has established an HIV/AIDS desk that focuses on prevention, control and mitigation of HIV/AIDS. Recently, NTI signed a Memorandum of Understanding with UNESCO, Abuja to establish a preventive education unit. The unit is expected to develop course materials that will include HIV/AIDS content. NTI is also expected to train 37 teacher coordinators on HIV/AIDS preventive education for the 37 states in Nigeria. With time, it is hoped that NTI will become a member of the International Network of HIV/AIDS Preventive Institutions.
4. **Nigerian Institute for Education Planning and Administration (NIEPA)** was set up as a training centre for Education Planners and Administrators. NIEPA's HIV/AIDS desk is very active in the prevention, control, mitigation, care and support of PLWA.
5. **National Commission for Nomadic Education (NCNE)** was established to provide nomads and migrant fishermen and women in Nigeria with access to functional education. NCNE has established an HIV/AIDS desk that focuses on mass mobilization and awareness campaigns on HIV/AIDS.
6. **The National Commission for Colleges of Education (NCCE)** sets the criteria for the accreditation of Colleges of Education in Nigeria. The NCCE's Desk coordinates all HIV/AIDS interventions in all the Colleges of Education in Nigeria.
7. **National University Commission (NUC)** sets minimum standard for academics and research in Nigerian universities. The HIV/AIDS Desk at NUC monitors and coordinates the interventions in the universities.

Virtually all these organisations use formal and non-formal approaches to prevent the spread of HIV and AIDS in Nigeria.

1.4 Contributions of civil Society, NGOs and donor agencies

A number of civil societies, NGOs and donor agencies have contributed immensely in using non-formal education approaches in raising awareness on HIV/AIDS prevention.

1. **Action Health International (AHI)** contributed technical and financial resources to the development and acceptance of Family Life and HIV/AIDS in the curriculum (Sexuality Education) and Peer Education in Nigeria.
2. **The Association for Reproductive and Family Health (ARFH)** committed human and financial resources to improving the sexual and reproductive health of young people through its Expanded Life Planning Education (ELPE) project. Peer Education is the pivot of the project. The success story of the ELPE project and its positive social impact on secondary school students in Ibadan, Nigeria led to the request from the Oyo State Government for the extension of the programme. It is for this same reason the ARFH's ELPE project was selected as one of the Case Studies in the current project.
3. **Centre for Health Sciences Training, Research and Development International (CHESTRAD)** is another NGO whose focus is on youth empowerment against HIV/AIDS. It encourages young people to be active against HIV/AIDS through anti-AIDS clubs.
4. **Education as Vaccine against HIV/AIDS (EVA)** is another NGO that is youth focused.
5. **The Society for Family Health (SFH)** initiatives and interactions are nationwide. SFH supported the Education Sector's interventions through the regular donation of IEC materials. SFH also sponsored multimedia jingles, musical concerts and radio drama that educate the populace on HIV/AIDS prevention nationwide.
6. **UNESCO, Abuja.** The Education Sector also worked extensively with the UNESCO Abuja Office. UNESCO has set an HIV/AIDS prevention unit at its office in Abuja. UNESCO has been very supportive in the sharing of documents as well as in the provision of human and technical resources. UNESCO further organises workshops, sponsors HIV desk officers to relevant conferences for capacity development and often collaborate with other donor agencies to assist in resource funding for HIV/AIDS projects. The production of the resources book on education in the context of HIV/AIDS is one of UNESCO's most laudable achievements in Nigeria.
7. **UNICEF** has also contributed immensely to the development of HIV/AIDS prevention in Nigeria. It provides funds for skills acquisition in communication and advocacy. It also provides computers to build up institutional capacity in the sector. UNICEF further introduced Peer Education in State Secondary Schools in collaboration with Action Health International (AHE) and Association for Reproductive and Family Health (ARFH). In the landmark HIV preventive education Programme, UNICEF trained National Youth Service Corps (NYSC) members to serve as Peer Educators. NYSC members are fresh tertiary institution graduates who are enlisted to serve the nation for one year.
8. **UNAIDS** and **USAID** also supported the Education Sector's Initiatives through funding of programmes at national, state and local government levels.
9. **The United Kingdom Department of International Development (DfID)** provided support for the Expanded Life Planning Education (ELPE) in Oyo State. In this project, DFID collaborated with ARFH (the Project Managers) and Oyo State

Ministries of Education and Health. The ELPE project has empowered young people in and out of school to protect themselves against HIV. The huge success of the ELPE project prompted its inclusion in the list of case studies conducted in this study.

10. Other partners and donors that collaborated with or supported the Education Sector in Nigeria to fight HIV/AIDS using non-formal approaches are: the World Bank, UNDP, African Development Bank (ADB), Action HD and Japan International Cooperation Agency (JICA).

1.5 NFE target population in Nigeria

Below are some of the key target populations addressed by NFE programmes in Nigeria:

- (i) **Out-of-school children.** This is a special group of persons catered for under the non-formal education mode. The exact number of persons in this category cannot be determined although estimates are possible. For example, in 1993, the Federal Government of Nigeria (FGN) with financial support from the European Economic Community (EEC) conducted a survey of out-of-school children in Nigeria. It was found that there was over 5 million of this population at the time.

The main characteristics of out-of-school children include the following: they often come from poor homes, they lack care, they lack paternal and maternal affection and they are often found in cities and towns. They are also engaged in hawking and non-formal economic activities for survival. They are vulnerable to diseases, and lack opportunity for rapid social mobility. They live insecure lives and are always likely to grow up as adults who are not literate. They also pose threat to security of life and property in the society

- (ii) **Out-of-school youth.** These are adolescents and young adults who are not in school. Perhaps the only difference is in age. This group is older and could have dropped out of primary and secondary schools or the equivalent. They are more vulnerable to criminal influences and need rehabilitation to restore them to normal life. They are sexually active and this makes them particularly vulnerable to HIV/AIDS, which they could spread within the community.
- (iii) **Orphans and motherless Babies.** Orphans are children whose parents have died while motherless and fatherless babies are those abandoned by their parents for various socio-economic reasons. Many of them are cared for in homes and reformatory institutions operated by government and numerous civil society groups in cities and towns. Many of the orphans are babies/children of parents who died of AIDS infections. Such babies and children may be carriers of the HIV viruses themselves.
- (iv) **Non-literate adults.** These are non-literate male and female adults found in urban slums and rural communities. They are usually poor, unemployed or lowly employed and without any real prospects for the pursuit of a meaningful life in society. This group accounts for the largest proportion of persons who need non-formal education programmes to meet varying needs and aspirations.

Non-formal education programmes could serve as a vehicle for upward mobility for this group. Despite there being a state agency for mass or adult and non-formal education in all the 37 states of Nigeria (The Federal Capital Territory in Abuja inclusive), an apex national commission for mass literacy, adult and non-formal education, as well as numerous non-governmental agencies are providing non-formal

education services, a lot more work seems necessary in order to make Nigeria a wholly literate society.

- (v) **Semi-literate artisans and farming adults.** These are persons who have had some educational experience, but would do better with more knowledge, skills and competences, which they may not obtain through formal schooling. Like non-literate adults, this group too is critical for the development of society. The more they are given opportunities for learning and acquisition of enhanced life skills, the better are their chances of improving their productivity and gaining higher standard of living and quality of life.
- (vi) **Poor women.** These are persons found in remote rural communities and in poverty-stricken urban areas. They are mostly non-literate and their personal progress is often hampered by negative patriarchal traditional practices and customs. Where you find any number of persons who are not literate, you will realise that women are always more than half of them. As a result, women suffer from different types of disadvantages as they are excluded from the mainstream of life in society.
- (vii) **The nomads and riverine fisher persons.** It was estimated that in 1993 there were about 10 million nomadic persons in Nigeria. They comprised five major nomadic groups, namely: Fulani, Shuwa, The Buduman, The Badawi and the fishermen and women found in southern riverine areas of the country.
- (viii) **Persons with disabilities (PWDs).** These are persons who are constrained by their physical and mental impairments. They need formal and non-formal education to help ameliorate the effect of their disability and its negative impact on their lives. There is a blueprint on special education and a range of institutional arrangements to cater for their educational needs. Nevertheless, there is still dire need to supplement these efforts with non-formal education.
- (ix) **Those who need further continuing and professional education.** These are professionals who need retraining and capacity building programmes to meet the dynamic nature of their professional callings and activities.
- (x) **Any other category of persons that cannot be catered for under the formal education system.**

1.6 NFE programmes in Nigeria

There are many types of non-formal education programmes in Nigeria. However, it will be helpful to enumerate the basic ones to clarify how preventive education on HIV/AIDS could be infused. The list presented here is definitely not exhaustive.

- (i) **Adult literacy.** This can be offered at basic and post levels. While the basic level seeks to offer equivalent competencies and abilities of reading, writing and numeracy, the post level builds on this to achieve the equivalence of primary class 6. One can then move on to higher education levels, depending on the goal set for individual learning initiatives. The target groups for these programmes are the non-literate adults and their neo-literate counterparts.
- (ii) **Remedial, coaching and extra-mural.** These are offered to those who have already obtained the equivalent of primary education or better, or who drop out of junior and secondary education programmes or those who performed poorly on their final secondary education examinations and desire to improve on their achievement.

- (iii) **Workers on-the-job training or retraining.** This is meant to empower workers either to gain skills for improved efficiency in the workplace or gain knowledge of, and competence in work related issues and problems.
- (iv) **Extension education.** This is meant to help occupational groups to gain skills and competencies or acquire the know-how on the application of new methods, say of farming, livestock keeping, etc.
- (v) **Parent and family life education.** This seeks to offer competencies and ideas about issues of concern to families, especially on reproductive matters such as pregnancy, child bearing and rearing practices, family planning, safe motherhood skills, etc.
- (vi) **Health and environmental education.** Here, learners are assisted to acquire information about the causes of diseases, their effects on humans, treatment, care and prevention. It also seeks to teach people about issues of concern to the environment such as sanitation, purification of water, food consumption practices, environmental management, collective efforts and initiatives to protect the environment and use its endowments wisely.
- (vii) **Civic or political education/community education.** This form of NFE seeks to help learners to acquire knowledge, skills and competencies on basic rights and obligations of citizenship, including the protection of human rights, etc.
- (viii) **Popular education/community theatre.** Here, the focus is on development, poverty, disease and mobilization for social goal attainment.
- (ix) **Distance and open learning.** This is learning done at a distance. Learners are sent course materials to pursue a course or programme of equivalent weight to its counterpart at secondary or tertiary levels. The time and other inputs into open learning programmes are suited to learners' convenience. Learners handle assignments on their own and sit examinations at suitable intervals. For greater efficacy, distance and open learning programmes also allow some time for face-to-face contact, within an academic session. Today, many Distance and Open Learning Programmes are available online. The National Open University of Nigeria (NOUN) and University of Lagos Distance Learning Institute are examples of such institutions in Nigeria.
- (x) **Leisure education.** This is educational experience organised to meet the need of individuals on the proper use of non-work times. It may involve a lot of recreational activities suited to the interest of participants and time available to them.
- (xi) **Continuing professional education.** This is intended to help learners to gain newer ways of handling their professional activities. For example, accountants, engineers, lawyers, teachers, architects or medical doctors may wish to go for a short refresher course to help learn about new developments in their professions.
- (xii) **Cooperative education.** Here, the emphasis is on organizing learners to pursue an activity of common interest. The commonest being adashi or esusu (local savings practices) etc. Members take keen interest in carrying whatever new information to the group hence its relevance for passing details on preventive education on HIV/AIDS in the community.
- (xiii) **Special education.** This includes all educational programmes on HIV/AIDS for people with difficulties.

- (xiv) **Artisan education** – used in the training of artisans.
- (xv) **Religious education** – This takes place regularly in churches and mosques.
- (xvi) **Other need-driven educational activities** designed to suit the interest of any sub-group in the community, not mentioned above and which cannot be provided in the formal school system.

2. Case study 1: Association for Reproductive and Family Health (ARFH)

2.1 Introduction

Adolescent reproductive health issues have been receiving increasing interest in the last two decades. Reproductive health problems of young persons especially teenage pregnancy and Sexually Transmitted Infections (STIs) pose a serious threat to national growth, development and security.

Young people are a great resource and any responsible and visionary leadership must realise this and rise up to the demand to nurture, protect and develop this resource to its maximum potential. The government has acknowledged at different forums the magnitude of social and reproductive health problems amongst youth, hence, the open support given to any initiative that can favourably reverse the trend. The government also recognizes the importance of investing in the development of its youth and that explains the various developmental programmes and activities initiated and implemented to respond to the physical, recreational, social and economic needs of youth in Oyo State. One such is the Expanded Life Planning Education (ELPE) Project in Oyo State public secondary schools which was specifically designed to respond to those areas of students' needs which were not adequately addressed within the formal educational system.

2.2 Concept of Expanded Life Planning Education (ELPE)

The Expanded Life Planning Education project is a metamorphosed project that evolved after successfully piloting Life Planning Education on youth in four secondary schools in Oyo state, Nigeria. Its success eventually motivated and empowered the Oyo State Government to adopt the project. ELPE is a planned programme of education concerned with human development, relationships, sexuality, family life and personal skills development. The goal is to improve sexual and reproductive health of adolescents in Oyo State as a model for national replication while its purpose is to improve sexual and social behaviour and utilization of appropriate services by adolescents in target communities of Oyo State. There is an increasing and growing consciousness that the school environment provides a haven to sensitise and mould the young people with the ultimate aim of stemming the tide of the various social and reproductive health problems especially STIs and HIV/AIDS.

Background and problem

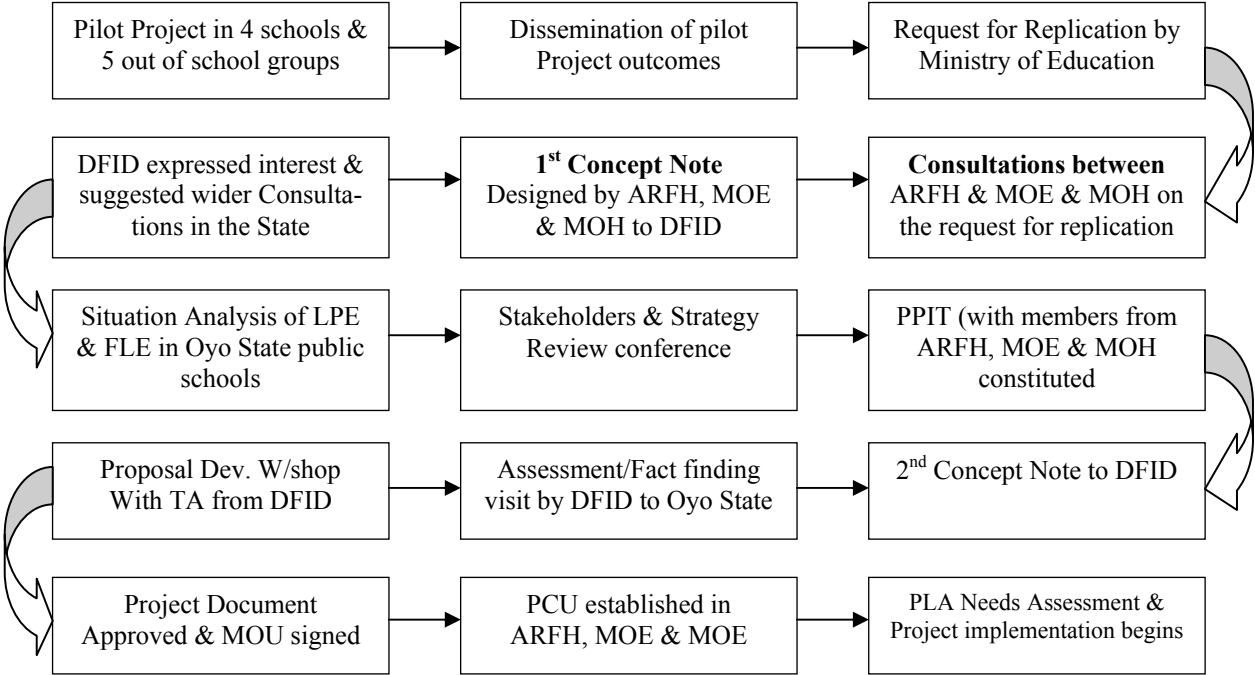
In 1994, some concerned teachers and parents in Ibadan, noting the rising incidence of truancy, unwanted pregnancy and deaths resulting from complications of abortion, invited the Association for Reproductive and Family Health (ARFH) to provide health education to secondary school students and out-of-school youth in the neighbourhood. This request led to the Life Planning Education project, implemented with support from the Overseas Development Administration (ODA) of the UK Government (later to be called the Department for International Development or DFID).

This project was piloted in four schools and five out-of-school groups in Ibadan, using the peer education approach to influence the sexual and reproductive health behaviour of adolescents. Evaluation of the impact of this two-year project revealed that young people could be powerful agents of change in modifying the sexual behaviour and health habits of their peers.

The positive social impact of the pilot project led to a request from the Oyo State Ministry of Education (SMOE) to the Association for Reproductive and Family Health (ARFH) to develop a joint project to extend Expanded Life Planning Education (ELPE) to all the public secondary schools in Oyo state. It was also agreed that the State Ministry of Health (SMOH) should be invited to collaborate as a principal stakeholder, since it was felt that clinical

services would be needed for youth friendly services to support the work in schools. Some time later, after exhaustive consultation with local stakeholders (teachers, parents, NGOs, etc) and, a detailed fact-finding mission undertaken by consultants, the four year Expanded Life Planning Education (ELPE) project was conceptualised and DFID agreed to provide financial support. Figure I provides the framework of the ELPE design process.

Fig. I: ELPE Design process



2.3 Key elements and activities of ELPE

In 1999, there were 327 public secondary schools in Oyo State. One hundred and thirty-one of these, with a total enrolment of over 100,000 students, were involved in the three phases of the ELPE project, namely:

- Phase I: 26 schools
- Phase II: 49 schools
- Phase III: 56 schools

In each of these phases, teachers were trained in each school to deliver ELPE through a variety of modes. Nearly 2,500 students were also trained as peer educators to supplement teacher delivery of LPE lessons with interpersonal peer education activities in and out of the schools. Youth-Friendly Clinics (YFCs) were set up close to the ELPE schools to provide health care services to students and out-of-school youth in the neighbourhood.

Needs assessment and baseline survey

A participatory approach was used in conducting a needs assessment and baseline survey to gain more insight into the expressed needs of local communities and primary stakeholders (teachers and students) for the purpose of designing a relevant and acceptable project. This Participatory Learning Approach (PLA) provided the opportunity to involve the local population in the discussion of issues relating to adolescent reproductive health (ARH) and the development and welfare of young people. It also helped to elicit from them the perceived needs of young people and means of solving their social and reproductive health (RH) problems.

Advocacy

Advocacy activities were consistently and extensively used to enlist the support of key stakeholders at each level. These included consultative meetings, visits, seminars, and lobbying of policy makers, including State House of Assembly legislators. This helped in reducing the controversy surrounding open discussion of sexuality issues that are considered taboo in our cultural setting, and out of place in the school context.

State-wide advocacy seminars were conducted at the beginning of the project to sensitise policy makers and community leaders on project goals and purpose. The seminars confronted them with the gravity of the needs of young people and with ways in which project activities could meet those identified needs.

A major outcome of the advocacy efforts was an official endorsement by the State Government on 8th march 2001 of what had hitherto been a largely non-government initiative.

Training

Different short-term courses were organized for teachers, health service providers, peer educators and project coordinating staff, enabling them to acquire the knowledge and develop the management skills needed for project implementation.

The teachers, peer educators and health providers were selected on the basis of their willingness to work as volunteers, their availability for training, and their ability to take on the extra workload. This contributed to their enthusiasm and the overall success of the training programmes. In all, 2,422 students and 644 teachers were trained as Peer Educators and Life Planning Education teachers respectively in the three phases of ELPE.

In addition, Local Inspectors of Education (LIE), and Maternal and Child Health and Primary Health Care coordinators, were given Supervisory Skills training. Nurses, Community Health Extension Workers (CHEWs) and Health Attendants were trained to provide youth-friendly health services.

A series of training and capacity building programmes were carried out. Some staff from partner institutions had the opportunity to attend training in the UK on Technical Cooperation Training (TCT) awards. The training helped:

- Teachers and health providers to overcome their inhibitions in discussing sex and sexuality with young people and to develop more appropriate attitudes for meeting the needs of students and out-of-school youth; and
- To develop the capacity of partner institutions (particularly ARFH, SMOE, and SMOH) so that they would be able to manage, monitor and sustain the project effectively.

Development of ELPE curricula and educational materials for schools

The ELPE curriculum was developed during a workshop, by a multi-disciplinary group of secondary school teachers, students, staff from the College of Education, representatives of the Nigerian Educational Research and Development Council (NERDC), health providers, representatives of Curriculum Development Unit of Oyo State Ministry of Education (SOME), and other stakeholders within the community. Extensive use was made of existing curricula in adolescent sexuality education. The national guide provided an approved framework from which the ELPE educational materials were developed. The final product was subsequently pre-tested amongst ELPE teachers for a range of criteria including cultural acceptability. Feedback from the teachers led to further review of the curriculum.

Implementation of ELPE curriculum in schools

Various approaches have been adopted for the delivery of ELPE in schools. Most of the ELPE is taught in the classroom as a stand-alone subject. Health talks on assembly grounds by ELPE teachers or by invited youth-friendly providers are also organised. Quite often, nurses from the nearby youth-friendly clinics are invited to give talks. The literary and debating society are also used for the discussion of ELPE issues.

A number of teachers were selected from project schools to develop and produce drama pieces on ELPE issues. The use of drama in ELPE teaching has proved effective and popular.

The level of student participation in teaching ELPE varies according to the method used. The most popular sessions which tend to have better results are those which involve the greatest participation of students such as role play. Much depends however upon the demand on teachers' time, but many teachers report that the participatory methods actually helped them in their normal teaching.

Youth friendly services

In raising awareness of health issues in the school setting, it is inevitable that a demand will be created for further information and for services. The project recognised that the existing public sector health service delivery system would not meet the special needs of adolescents in terms of access to reproductive health information, counselling and services. Hence Youth-Friendly Clinics (YFCs) evolved. Whilst YFCs have been provided by ARFH and other NGOs, no evidence was found that this had been tried in the public sector, so this element of the project was especially innovative. The clinics were selected on the basis of their proximity to ELPE schools while ensuring that at least one was located in each of the 33 local government areas (LGAs).

Criteria for YFCs:

- Readiness and commitment of LGA
- Proximity to school
- Availability of staff to be trained and dedicated to YFC
- Availability of space within PHC to be made 'youth friendly'
- Attractive environment, with pictures and IEC materials
- Readiness to extend opening hours or to work on shift system
- Adequately staffed with friendly, non-judgemental professionals
- Provides essential package of adolescent-friendly services (counselling, contraceptives if appropriate, treatment of common ailments including STIs, etc)
- Privacy and confidentiality
- *Short waiting times.*

Project management

Part of the project's success has been in its management. Whilst ARFH has been the contracted partner of DFID, it has worked in close partnership with the Ministries of Education and Health as well as the Teaching Service Commission (TESCOM).

The partnership of Government and NGO's has resulted in a positive exchange of work values and the development of mutual respect and an uncommonly strong spirit of collaboration. The project thus provides not only a useful model in terms of the ELPE approach and content but also the process of partnership.

The working relationship between partners created an effective communication between them. One asset to the implementation of the project was the ready cooperation between

the leadership and personnel of the partner organisations. It allowed a complimentary working relationship between the bureaucracies of government and the pragmatism of an NGO in responding to challenges.

Monitoring and evaluation

In the ELPE project, continuous (longitudinal) monitoring was done to track trends and problems over the life of the project. Through regular visits to schools and clinics project performance was assessed and technical assistance requirements identified and provided. These visits were incorporated into the normal schedule of duties of supervisory officers of the Ministries. Participatory methods of data collection as well as questionnaire surveys and observational checklists were used.

2.4 ELPE outcomes

Through this project, it was learnt that young people could be agents of change if given the chance and if their talents, skills and energies were properly channelled. It is worthy of note that the peer education approach was effective in empowering young people in the areas of public speaking, interpersonal communication, counselling, decision making, problem solving and development of leadership skills. Peer education also assisted in improving the health care seeking behaviour and access to reproductive health information of the target beneficiaries in the following ways:

- More than three quarters (79.2%) of the students either know or have heard of menstruation,
- At least 6 in ten respondents are aware of body changes and development during adolescence, abortion, HIV/AIDS.
- More than five in ten reported knowledge of wet dreaming, STIs, early/unplanned pregnancy
- Four out of ten mentioned sexual feelings and relationships (This was an improvement over a baseline survey carried out four years earlier).
- Over half of parents interviewed in a recent survey observed that their children have reduced risky sexual behaviour. (Four years earlier, the Baseline Survey revealed that parents were aware of a high level of sexual risk taking among their children and unwanted pregnancy was the leading problem of female youths).
- School Principals are also more sensitive to the plight of female students who become pregnant. Most of them allow the girl to deliver her baby and either return to the school or help her to get a place in another school.

The contribution of ELPE to this development is significant.

Other outcomes are:

- 1) ARFH is mentoring three NGOs to replicate Life Planning Education in three states of the Federation, namely: Kebbi, Bauchi and Gombe.
- 2) UNICEF has adopted peer education as a strategy for HIV/AIDS prevention in secondary schools within the organisation's collaborative work with the NYSC Directorate.
- 3) Teachers trained on the ELPE project served as trainers on the UNICEF/NYSC project.
- 4) A Jamaican NGO, with support from Advocates for Youth, Washington, USA visited Nigeria to understudy the ELPE so as to replicate the programme in Jamaican public schools. ARFH is providing technical assistance to the project.
- 5) Officials from the Federal Ministry of Education (FMOE) and Ministry of Education in four states of Benue, Ekiti, Jigawa and Enugu undertook a study tour to the project and on their return to Abuja, the FMOE introduced ELPE into a number of schools in

the Federal Capital Territory, while the four states have initiated plans to have similar projects embarked on in their states.

- 6) Some of the LPE Teachers have taken ELPE beyond schools. Such include HIV/AIDS campaign in churches, integration of HIV/AIDS into their Christian Mission work; some have joined NGOs involved in care and support as volunteers while a Catholic Sister had carried out HIV/AIDS programmes in several parishes on invitation.
- 7) One of the teachers attended an International Workshop in Ghana based on the abstract she submitted on Life Planning Education.

2.5 Challenges

The most persistent problems identified were intra-local government transfer of YFC providers, poor record keeping by teachers and peer educators (PEs), low clinic attendance by youth, improper clinic set-up, and absence of recreational facilities, inadequate record keeping and failure of providers to go on school and community outreach.

With the successes that have been recorded on the project, enthusiasm and expectation for replication has been created in those public secondary schools that were not part of the initial intervention phases. In this respect, teachers in the remaining schools need to be trained for effective LPE delivery while selected students of the remaining schools will also be trained as peer educators.

More than half of the expenditure incurred under ELPE was devoted to a variety of training activities.

With the attrition of peer educators as they leave secondary schools, more will be needed in both project schools and other schools that are included in subsequent phases. It is important to make provisions for refresher training for peer educators in order to continually update their knowledge and improve their skills for effectiveness either when they are in school or after completing their education.

Given the role that poverty plays in leading adolescents to engage in high risk behaviours, and noting how difficult poverty eradication is, the concepts and practices relating to income generation, and understanding the features of poverty will need to receive greater attention within ELPE.

2.6 Constraints

The implementation of the ELPE was not devoid of constraints. Generally these constraints were due to basic differences in structures and administration between the Civil Service and NGOs. The bureaucratic nature of civil service is at variance with the pragmatic approach of NGOs. It required patience on both sides to compensate for these differences.

The modes and methodologies of delivery of ELPE to students differ significantly from the conventional teaching methods most teachers employ. Role-play, drama and other devices for delivering ELPE make a demand on ELPE teachers which some felt was excessive considering their normal teaching load. However, such was the popularity of ELPE sessions among students that ELPE teachers had no alternative but to accommodate the demands of ELPE on them.

Even in schools where ELPE was delivered within carrier subjects, some teachers felt that since ELPE was not examinable, students tended to treat it with levity. It was the utility of the ELPE content, therefore, as well as the participatory methodology that sustained students' interest.

3. Case study 2: HIV surveillance in four markets in Oyo State

3.1 Background

The Association for Reproductive and Family Health (ARFH) designed and implemented the first phase of HIV prevention project titled “HIV Surveillance in Four Markets in Oyo State” between January and December 2004. The project was supported by AIDS prevention Initiative in Nigeria (APIN). The primary target of the project was the market community member of four markets in two main towns of Oyo state of Nigeria.

The market communities were considered to be the most appropriate model of a community as all social classes are well represented in a market. The choice of the project towns (Ibadan and Ogbomoso) was informed by high HIV prevalence in the towns. Ibadan, Ogbomoso and Saki are towns documented to have highest HIV prevalence in the state with prevalence rate of 1.7%, 4.6% and 6.2% respectively. The HIV prevalence in Ogbomoso and Saki are higher than the state prevalence of 3.9% but comparable with the national prevalence of 5% (National Sentinel Survey, 2003). Saki however, was not selected owing to the fact that a similar project is currently being conducted there.

One of the major strategies employed in the implementation of this project is the capacity building training for the project market agents (most of whom were non-literate) as project peer educators. Other strategies included behaviour change communication (BCC), advocacy, evaluation and monitoring.

3.2 Objectives

Increase awareness of HIV and AIDS in the project market communities;

- Educate project market communities on basic information on HIV and AIDS;
- Promote the utilization of Voluntary Counselling and Testing (VCT) services;
- Promote the adoption of positive behaviour required for HIV prevention amongst project market agents and their clients;
- Contribute to the reduction of stigma and discrimination of people living with HIV and AIDS;
- Promote “Positive Living” among market agents and their clients who test positive to HIV;
- Promote the utilization of support services on HIV and AIDS available in and around the project communities.

3.3 Methods/strategies

- Advocacy
- Capacity building training
- Behaviour change communication (BCC)
- Evaluation (needs assessment/ situation analysis and final evaluation)

3.3 Innovations

Most of the innovations of the project were informed by the challenges faced during the course of implementing the project. The major innovations of the project included the following:

1. Meeting the challenges of conducting an effective training programme for non- literate participants

The innovation employed in meeting the challenge above included;

- Conducting the training in local language
- Use of visual aids like video, pamphlets and posters.
- One-to-one oral pre- and post-test assessment style
- Experience sharing and story telling
- Use of analogies to pass down basic but abstract information like “HIV prevalence” and “Window period”².

2. Getting the commitment of market agents who volunteered as peer educators

It was a great challenge getting the commitments of the market agents trained as peer educators. The project overcame this challenge through meetings and rewards for the best performer on a monthly basis.

3. Getting the support and the cooperation of the market leaders

The project overcame this challenge through the effective use of advocacy strategies. The market leaders were visited and properly briefed on the project objectives and activities at the point of entry into each of the project markets. Secondly, the leadership hierarchy of each market was identified with and members selected as Project Implementation Committee (PIC). The PIC was actively involved at every stage of the project implementation. This promoted community ownership and brought about great support and cooperation from the project market leaders.

3.4 Implementation procedure

The implementation procedure followed on the project was in the order stated below:

- Identification and selection of project markets
- Selection of members of Project Implementation Committee
- Recruitment and training of market agents as Peer Educators
- VCT/ HIV Advocacy and sensitisation of market communities of the project
- Baseline survey of project market communities
- surveillance in project markets at interval of six months
- Monthly monitoring and supervision of Peer educator/ update and continuous education
- Monthly outreach on HIV and AIDS for all market agents in the project markets.
- Post-intervention evaluation.

3.5 Data analysis

Both baseline and post-intervention surveys were conducted. The procedure was such that, in each situation, instruments were designed by the Evaluation and Operation Research Department of the organization. The instruments were validated using face-validity (reviewed by experts in the field) and was also found reliable using split-half test. After validating the instruments, enumerators were recruited and trained to administer the instrument in project markets. The data generated were analysed using SPSS package.

3.6 Results

- Significant increase in awareness and knowledge of HIV/AIDS in project market communities
- Significant decrease in stigma and discriminations
- A sum total of 1200 market agents took HIV test twice (at 6-month interval) within the one year duration of the project
- 90% of those who tested positive adopted positive living with HIV
- 80% of those who tested negative reported the adoption of safe sex practices after testing.

- More than 2000 market agents reported the adoption of positive behaviour as HIV prevention strategy.
- Less than 1% of the market agents sero-converted during the project duration of one year.

3.7 Challenges

- A major challenge encountered on the project was educating market agents who are mostly non-literate and obtaining documented feedback in order to evaluate the various training in terms of knowledge gain and skills acquisition.
- Another challenge is that of getting the market agents committed to volunteering as peer educators alongside their primary mission in the market, which is strictly buying and selling activities.
- It was a big challenge getting the project market agents to take repeated HIV tests every six months, as was required in a surveillance programme.

3.8 Lessons learned

- Provision of formal /non-formal HIV and AIDS education promotes willingness and desire to take HIV test within a market community
- Involvement of stakeholders at the beginning of the project increases the chances of achieving results in a community based project
- Market community is an organized community and a well-planned programme can be implemented with a high rate of success if quality advocacy is carried out amongst the market leaders
- Involving private health sector within the market communities promoted health care seeking behaviour of the market agents
- Maintaining the confidentiality of the market population by being transparent promotes greater involvement of the market communities

4. Case study 3: Promoting best reproductive and sexual health practices among out-of-school youth in Yemetu Community

4.1 Background

Nigeria is the tenth most populous country in the world with an estimated population of 120 million and annual growth rate 2.9 (NDHS, 2003). It is estimated that the young persons make up about 30% of the total population. In addressing the already documented poor reproductive health status within the out-of-school youths in Nigeria generally, the Association for Reproductive and Family Health initiated a youth project aimed at promoting best reproductive health practices amongst the out-of-school youth in Yemetu community in Ibadan, Nigeria. Yemetu community is an indigenous community with characteristics of a poor urban environment.

The project target community is densely populated with high record of reproductive health problems among the youth population of the community. Notable reproductive health problems recorded in the community before the project implementation included; unwanted pregnancy, sexually transmitted infections, HIV/AIDS and unsafe abortion.

4.2 Problems

- As a result of emerging new trends of life occasioned by unrestricted socialization collapse of traditional values, poverty, media influence etc. young people have carved out a niche for themselves in all areas of life including sexual activities.
- These manifest in early sexual initiation, unprotected sexual intercourse, multiple sexual relationships, rape, drug abuse etc.
- The resultant effects are: unplanned pregnancy and abortion, STIs, HIV and AIDS, school drop out etc.
- Most interventions have been concentrated on the in-school youth giving less attention on the out-of-school youth
- The out-of-school youth classified as a group with special needs enjoy a high degree of freedom and have some measure of control over resources hence it was possible for them to have easy access to sex workers or other partners.

4.3 Aim and objectives

The broad aim of the project is to:

- Promote reproductive sexual health practices among young people in Yemetu community

The specific objectives are to:

- Create awareness on dangers of unhealthy sexual reproductive health practices amongst 10,000 out-of-school youth.
- Increase the knowledge of 10,000 youth in the causes and prevention of STIs/HIV/AIDS.
- Increase the access of the out-of-school youth in project community to contraceptive through special outlets
- Sensitise 200 parents/guardians of the out-of-school youth to sexual and reproductive health needs of their wards
- Build the skills of 40 out-of-school youth through a special education programme to be able to deliver reproductive health information to their peers in the project communities

4.4 Methods/strategies

- Advocacy and community mobilisation
- Evaluation (needs assessment/baseline survey and final evaluation)
- Capacity building (training and mentoring)
- Youth-friendly service provision
- Information, education and communication.
- Monitoring and supervision
- Social marketing of condoms

4.5 Implementation procedure

- Peer educators training
- Community coordinator/supervisor training
- Religious leaders training
- Community outreach activities
- Community drama
- IEC materials production and distribution
- Advocacy
- Community mobilization
- Social marketing of condoms
- Clinical service provision and referral services
- Monitoring and supervision

4.6 Data analysis

Both baseline and post-intervention surveys were conducted. The procedure was such that, in each situation, instruments were designed by the Evaluation and Operation Research department of the organization. The instruments were validated using face-validity (reviewed by experts in the field) and was also found reliable using split-half test. After validating the instruments, enumerators were recruited and trained to administer the instrument in project markets. The data generated were analysed using SPSS package.

4.7 Results

- A reduction in the percentage of youth who live alone when compared with the baseline finding. This is a positive step towards promoting safer sex.
- An increased knowledge of reproductive health issues as measured by youths' ability to answer RH related questions correctly.
- Increased level of contraceptive awareness/knowledge
- Improvement in the health-seeking behaviour of youths as revealed by prompt treatment of STIs.
- A relative increase in the knowledge of modes of HIV transmission and prevention.
- Contact with IEC materials through the medium of peer educators.
- A greater percentage of the youths laid claim to the fact that, in response to the various campaigns carried out in the project community, they have opted for a fewer sexual partners.

4.8 Challenges

- Reaching adults in the community with reproductive and sexual health information without a shift in the focus of the project.

- Peer educators demand for a financial incentive was a challenge on the project, contrary to their willingness to serve as volunteers at project inception. This may not be unconnected with their low economic status occasioned by underemployment and unemployment.
- The project experienced high attrition rate among the peer educators due to their high mobility and completion of apprenticeship. Although, the remaining number of years of apprenticeship was a prime consideration in the selection of peer educators, some of them graduated earlier than planned and thus had to leave the system. Others left for a variety of reasons.
- The priority need of some young people was financial and that indirectly had impacts on their reproductive and sexual behaviours. The fact that the project did not have a strong poverty alleviation component such as loan scheme made young people consider the project as incomplete.
- The inability of the community to support the establishment of a service delivery point for young people within the community to facilitate easy access to RH services despite expressing strong preference for such facility.

4.9 Lessons learned

- The various approaches adopted ensured that core traditional communities could be affected positively if adequately mobilized and involved in project planning and implementation.
- Community support can be harnessed and sustained if adequate recognition is given to project stakeholders.
- The enter-education strategy adopted during community outreaches was very effective. It not only attracted community people to the scene but serve as a graphic way of giving them proper RH education.
- The enter-education strategy adopted during community outreaches was very effective. It not only attracted community people to the scene but serve as a graphic way of giving them proper RH education.
- Adjusting implementation strategies in line with feedback from community members is a strong factor in the acceptability of the project.
- When peer education strategy is adopted with out-of-school youth, project continuity may face some problems. This is because the out-of-school youth are a very mobile group. In addition, other sundry reasons largely economical could serve as set back in the use of the approach for out-of-school programmes. The use of a faith-based approach in HIV/AIDS prevention is emerging as a strong intervention. This was the consideration for the partnership with religious institutions in the community.

5. Overview of contributions of non-formal education to HIV preventive education in Nigeria

From the case studies of ARFH reported above, the following can be deduced on the contributions of NFE to HIV preventive education in Nigeria:

- With the use of non-formal education approaches, it is possible to reach **millions of the literate population** that are no longer in the formal education system with the messages of HIV and AIDS.
- With the use of non-formal education approaches, it is possible to convey the message of HIV and AIDS to **millions of the non-literate population** that could not ordinarily be reached using the formal education approaches.
- From the ARFH experience and from psychological research findings, it appears non-formal education approaches such as live testimonies from people infected with HIV, dramatisation and simulations are **better at effecting learning vis-à-vis positive behaviour change** than the formal education approaches such as the commonly used in verbal teaching.
- From these case studies, one can also see that NFE approaches tend to be **more cost effective** [or cheaper to administer] than formal education approaches
- The case studies also tend to reveal that non-formal education approaches **consumes less time** than the formal education approaches. This therefore tends to make the NFE approaches more effective at reaching the people faster with the HIV message. In the light of the urgency this matter requires, this should be a welcome development.

5.1 Challenges of NFE in Nigeria

Language

In a multilingual country such as Nigeria, with over 400 indigenous languages/ethnic groups and an official exogenous language, English, communication in NFE programmes becomes a challenging factor. The diverse nature of the population means that one has to choose carefully the language medium to use and the mode of presentation, whether oral, written, Braille or sign language that is best suited for use in preventive education for a given population (Charles et al, 2003). This is absolutely necessary if we are to adequately inform, raise awareness, motivate, influence, arouse and sustain interest and ultimately effect the behavioural and attitudinal changes desired. Currently, majority of the NFE programmes and delivery modes in Nigeria are in English while few are performed in popular local languages. But the truth is that a large percentage of the Nigerian population is not literate, hardly able to read even the written local languages. Only a few of these have access to the NFE programmes presented on radio and television. The consequence is that, despite the colossal amount of human, material and financial resources being invested in NFE preventive education in Nigeria, only a few are being reached.

Producing lasting behavioural change

Another challenge of non-formal and formal education is the complexity of human nature and the dynamics of the human mind. For instance, how can we explain how a group of literate young people who are well informed of the consequences of HIV infection become so vulnerable at the point of decision? The power of sex is almost inexplicable. Even the most intelligent and seem to lose his or her mind in the heat of the moments. This is the great challenge of HIV preventive education

Reliable and effective participatory-action research/data base There is an urgent need for consistent and effective research, particularly in the field of NFE and HIV in Nigeria. The haphazard delivery of the NFE programmes invalidated NFE strategies, lack of reliable data/record of the effectiveness of the NFE strategies are amongst the cogent issues

demanding concerted, consistent, reliable and pragmatic intervened research. ERNWACA, Nigeria is already working towards helping in this area, giving the necessary support.

Bureaucratic bottlenecks in FMOE and its parastatals tend to slow down, if not hamper, the effective delivery of NFE strategies in Nigeria.

Uncoordinated NGO activities Under the National Commission for non-formal education in Nigeria alone, there are over 500 registered NGOs. Many of these NGOs move into schools and institutions in uncoordinated way (Charles et al, 2003, p.12). There is an urgent need to monitor and coordinate the NGOs and parastatals responsible for the delivery of non-formal HIV preventive education in Nigeria. This will greatly avert the waste of scarce human, material and financial resources while facilitating the achievement of the goal of preventing the spread of HIV/AIDS. ERNWACA, Nigeria again has plans underway to help (i.e. conducting a thorough evaluation of NFE/HIV NGOs' projects and activities in Nigeria).

Inconsistency in Governmental policy operations General experience of some NGOs reveals that policy implementation often develops some obstacles especially when the officials on such assignments are transferred. The consequences of relating with new officials mid-project frequently produces delay, frustrations and other non-motivational hindrances that could jeopardize the project.

Cultural cue In some of the States, cultural practices of ascertaining a woman being silent or ensuring the release of a bottle of Gin, contrary to the elements of HIV preventive education become a challenge.

5.2 Recommendations

In all, it is our recommendation that government and non-governmental organisations involved in HIV preventive education do the following:

- Research and develop a more nationally acceptable language of communication for NFE programmes.
- Research and develop a more pragmatic strategy for effecting lasting behaviour change on HIV/AIDS issues.
- Develop reliable database on best and effective practices in the field of HIV preventive education.
- Monitor and evaluate the activities of NGOs', parastatals and related agencies responsible for HIV preventive education in Nigeria.

5.3 Conclusion

Non-formal education could result in reducing the spread of HIV/AIDS in Nigeria and the world at large. The reason is that it is natural, long lasting, not location-bound and cost-effective.

With a little more understanding of the modus operandi of NFE strategies and how they work to effect lasting behavioural change, we may be getting the much needed truly effective HIV/AIDS "vaccine" sooner than we thought.

Bibliography

ARFH, SMOE, TESCOM (2004). Partnership for Change: The Story of Expanded Life Planning Education in Oyo State, Nigeria.

Charles, R.; Clarke, D.; et al. (2003): Education in the Context of HIV/AIDS (A Resource Book). UNESCO-Nigeria Task Force on Preventive Education.

UNAIDS. (1999). Peer Education and HIV/AIDS: Concepts, Uses, and Challenges. UNAIDS Best Practice Collection, 1999.

<http://www.unaids.org/publications/documents/care/general/peer.pdf>

Peer Education, Youth Development, and Youth-Adult Partnerships. webpage from Advocates for Youth, with an on-line manual on how to build an effective peer education programme <http://www.advocatesforyouth.org/peereducation.htm>

Annex 1: Inventory of NGOs and agencies using NFE interventions to combat HIV in Nigeria

1. Nigeria Youth AIDS Programme (NYAP)

History	The NGO started in 1991 at Calabar, Cross Rivers State (CRS). The Lagos office was opened in 1994. NYAP currently has offices in urban and rural settings in five Local Government areas in CRS: Ikon, Ajasoh, Ugeb, Etung and Ubong. Other States covered are: Ogun State (Odeda community), Edo State, Delta State and Lagos State.
Main objectives	To promote positive behaviour on reproductive health and development. To initiative, co-ordinate and promote action research and advocate for social change through dissemination, publication and collaboration on youth RH and development issues at local and national level. To develop, produce and disseminate information, education and communication (IEC) materials and programmes for positive behaviour change.
Strategies	Abstinence key message Adult-youth communication
Methodology	Participatory-action research. Advocacy research Capacity-building
Curriculum	Published training manuals for different capacity building projects. Published manuals for their partners.
Partners	The Partners in this initiative are UNICEF ACTION AIDS international Ford Foundation UNODC
Challenges	The main challenges are: Cultural issues e.g. belief system of the community. For instance, one cannot talk to the community until a bottle of Gin is deposited. Government bureaucracies – these are real bottlenecks. Policy inconsistencies. This occurs when top officials are transferred, their policies change with them. Inconsistency of administration of the Ministry of Education Sexual violence: The silent cry myth.
Lessons learned	Working with the target constituencies especially in the area of programming and monitoring. Resource mobilization, especially young people, is essential for successful programme implementation. The use of home visits and free medical treatment at NYAP mini clinic. Community involvement in HIV/AIDS prevention education.

2. Association for Reproductive and Family Health (ARFH) – ELPE Project

History	ARFH was inaugurated in 1978 at Ibadan, Oyo State while the ELPE project started in 1994.
Main objectives	The goal is to improve sexual and reproductive health of adolescents in Oyo State as a model for national replication while its purpose is to improve sexual and social behaviour and utilization of appropriate services by adolescents in target communities of Oyo State.
Strategies	ELPE is a planned programme of education about human development, relationships, Sexuality, family life and personal skills development.
Methodology	Training of trainers and peer educators Youth-friendly clinics
Curriculum	Curriculum developed for junior and senior secondary school
Partners	The partners in this initiative are Oyo state Ministries of Education and Health TESCOM DFID
Challenges	Intra-local government transfer of YFC providers, Poor record keeping by teachers and peer educators (PEs), More than half of the expenditure incurred under ELPE was devoted to training activities of one sort or another. Attrition of peer educators as they pass out from secondary schools, Need to train more peer educators in both project schools and other schools.
Achievements	School principals are also more sensitive to the plight of female students who become pregnant. There was an improvement over a baseline survey carried out four years earlier. ARFH is mentoring three NGOs with the aim of replicate Life Planning Education in three states of the Federation, namely: Kebbi, Bauchi and Gombe States. Presently, ARFH is working in 26 out of the 36 states in Nigeria. UNICEF has adopted peer education as a strategy for HIV/AIDS prevention in secondary schools within the organisation's collaborative work with the NYSC Directorate.

3. Community Health Information Education Forum: Out-of-school HIV preventive education project

History	Community Health Information Education Forum started in 1998 while the out-of-School HIV preventive education project commenced in the year 2000. It was established in the urban area but covers both rural and urban settings.
Main objectives	To prevent the spread of HIV among out-of-school youth.
Rationale	The organization observed that there is a neglect of out-of-school youth who have nobody to cater for them. This group of youth has no education but is left on their own to take decisions concerning reproductive health matters. With this lapse, it is observed that society tends to explore and exploit such youth. Moreover, the government programme on HIV/AIDS seems to hinge on clinical issues rather than on education.
Main activities	Conveying a needs assessment to identify the status quo of youth in

Contact details

rural and urban with reproductive health education
 Conduct participatory discussion between Project management team and youth in the community
 Community Health Information Education Forum
 6, Baiyetulo Court, Gbera Community,
 Off Lagos-Epe Expressway, Lagos.
 Tel: 234-8023014365
 E-mail: chiefngo@yahoo.com

4. PIERT-N (Poverty and Illiteracy Eradication Rescue Team - Nigeria)

History	<p>This is an NGO (non-governmental organisation) conceived by a group of retired educationists who spent the latter part of their service in the non-formal sector - as Directors. They have organised train-the-trainer workshops for different stakeholders in the use of the new participatory approach to adult literacy.</p> <p>The group has been involved in community development projects using multi-sectoral approach in bringing in Health, Agricultural and other experts in relevant fields of intervention. A number of literacy circles have been formed in target community groups at Apo, Kpaduma and Galadimawa in the FCT.</p>
Main objectives	<p>To complement efforts of Federal Government and its agencies on the eradication of illiteracy by the year 2015 the end of the literacy decade.</p> <p>To network with international and national NGOs and relevant stakeholders in empowering particularly the women with the view to eradicating poverty.</p> <p>To cater for the interest and needs of the poorest of the poor communities using the new participatory approach - REFLECT (Regenerated Freirean Literacy through Empowering Community Techniques).</p> <p>To organise train the trainer workshops for volunteer facilitators who would in turn train adults and youths in the acquisition of functional literacy.</p> <p>To improve on the attitudes that mitigate against individual and community development.</p> <p>To collaborate with relevant agencies and NGOs in organising campaigns on current health issues that impact negatively on the well being of target community members; the current being on HIV/AIDS, using the REFLECT strategy.</p>
Target Groups	<p>Marginalised and deprived community groups in urban setting and rural areas particularly those with high illiteracy rates.</p> <p>Women groups in target communities e.g. non-literate market women, out-of-school girls.</p> <p>Areas with high incidence of HIV/AIDS and other vulnerable groups.</p> <p>Literacy stakeholders like agency workers and volunteer facilitators.</p>
Key Messages in HIV Campaign	<p>What is HIV? What is AIDS? Acquired Immune Deficiency Syndrome</p>

	<p>How is HIV contracted? What are the symptoms of HIV/AIDS? How do you know your HIV STATUS? HIV/AIDS management measures</p>
Major Methodology/ Approach	<p>Participatory approaches - major thrust is the use of REFLECT (Regenerated Freirean Literacy Empowerment through Community Techniques). Our programmes are essentially community based and participatory. Every member of the community is carried along in the major workshops on:</p> <ol style="list-style-type: none"> a) Action b) Obstacles to actualising the vision c) Implementation. <p>There are no pre-operated textbooks or curriculum. Each community is unique and so is led to generate its own through the use of maps, matrices, transect walk, health calendars etc.</p>
Collaborators/ partners	<p>Those we have worked with in the past include Academic Associates, Peace Works, Shell Petroleum Development Co., Better Life Programme for African Rural Women, The National Commission for Mass Literacy, Adult and Non-formal Education etc. Some of the projects undertaken in the past were partly financed by GTZ, Shell, UNICEF, and National Commission for Mass Literacy, Adult and Non-formal Education.</p>
Activities	<p>Community based train the trainer workshops for staff of local government and agencies for mass education trained as facilitators using the REFLECT APPROACH.</p> <p>Formation of literacy circles in Kpaduma and Galadimawa communities in the FCT; Tomoro, Ilado in the riverine area of Lagos State.</p> <p>Community development projects in 15 communities of Karu Local Government Area of Nassarawa State.</p> <p>2-week train the trainer in REFLECT approach to adult and non-formal education in five communities of Rivers and Bayelsa States, Training other NGO, LGA and state agency staff in the use of this new strategy.</p> <p>Formation and registration of cooperatives in some of the communities like Kpaduma and Galadimawa.</p>
Innovative features	<p>Sensitisation campaign among vulnerable groups (HIV/AIDS)</p> <p>REFLECT and other participatory approaches.</p> <p>Small-scale enterprises. They are taught to initiate and plan what to do, and to name, run and manage their own businesses.</p>
Achievements/ impact	<p>At least two major projects communities attained total transformation. The level of literacy was enhanced and living standard improved. In Kpaduma for example, there is visible evidence of transformation in village outlook, from poorly ventilated thatched mud houses to well-ventilated solid ones; personal hygiene and environmental sanitation was also improved.</p> <p>Attitudinal change is also evident.</p> <p>They now initiate, plan, embark on and complete community development projects. Ownership of and commitment to programmes</p>

	<p>ensures sustainability.</p> <p>Womens, groups have become more enterprising - prudently managing their own cooperative societies - e.g. Ayenajeyi Women's Cooperative Society.</p> <p>Health wise, community members are now well informed about family planning and the HIV/AIDS pandemic.</p> <p>Community members are capable of using their local resources - processing and marketing them. New crops are sometimes introduced to boost their agricultural economy, for example, soya beans and cassava introduced to Kpaduma community.</p> <p>Members of target community groups have started reaping the benefit of literacy - for example, in Tomoro, five beneficiaries have been gainfully employed. The intervention has also led to increased girl-child enrolment in schools.</p> <p>About 102 volunteer facilitators have been trained during the REFLECT train the trainer workshops.</p>
What contributes to sustainability	<p>Every project is community based, initiated, planned and driven. Interest and confidence generated lead to commitment. REFLECT methodology is essentially participatory.</p> <p>All the sections of the community, including youth, elders, women, and religious leaders are involved.</p> <p>Relevance of projects to the felt needs of target groups.</p> <p>Internally generated revenue, material and human resources needed to implement the project greatly helped the project.</p>
Long term plan	<p>By 2010, 150 poor communities targeted within and outside the FCT (Federal Capital Territory).</p> <p>By 2015 the end of the Literacy Decade, at least 150 literacy circles to be formed in each of the 6 geo-political zones.</p> <p>Further collaboration with governments at Federal and State levels; national and international NGOs in their efforts to significantly reduce the incidence of HIV-AIDS and eventually to its being controlled through intensive campaigns, counselling and management</p>
Problems	<p>No permanent sponsors. More time is expended on sourcing for funds.</p> <p>Inadequate vehicles for HIV/AIDS and literacy campaigns.</p> <p>Lack of political will on the part of government - inadequate funding of relevant agencies expected to work in partnership with NGOs.</p> <p>Materials for HIV/AIDS available in only two major languages (English and Hausa). There is need for further translation into more local languages.</p> <p>Accessibility to isolated communities was difficult.</p>

5. Agency for Mass Education in Calabar (Government Agency for Non-Formal Education)

History	HIV/AIDS Unit of the Agency started in Calabar in the year 2000 when research revealed that both learners and instructors were dying because of HIV/AIDS
Objectives	<p>Provide knowledge of HIV/AIDS</p> <p>Increase awareness of HIV/AIDS</p> <p>Provide counselling to affected learners and direct/refer patients to relevant clinic for screening.</p> <p>Assist learners with preventive measures.</p> <p>Organise train the trainer workshops for instructors and facilitators.</p> <p>Embark on advocacy drives to affect communities</p> <p>Organise talk-shops with affected communities.</p> <p>Provide medical check-up, counselling, care and support in rural areas</p> <p>Provide adult learners with non-formal education centres, instructors and supervisors</p> <p>Organise train-the-trainer workshop on preventive methods such as abstinence, not sharing sharp objects and counselling.</p> <p>Organise person to person discussion, stakeholder interactive session, classroom discussion, jingle on mobile van etc</p>
Curriculum or manual	It followed a specified manual
Partners	The National Commission for Mass Education [NMEC], State Government [CRS] and the Agency for Adult and Non-Formal Education.
Nature of support	Provision of fund, books, manuals and personnel by the Cross River State Government
Achievements	<p>The number of deaths in the centres has been reduced</p> <p>Learners now know what HIV/AIDS is and how it can be contracted/prevented.</p>

6. Participatory Rural Development Initiative (PARDI) Education

History	PARDI started at Wunti, Bauchi in 2001 after a PRA/REFLECT training programme where young people were found to be dying prematurely, rarely reaching the age of 40 years.
Main objectives	<p>To provide communication strategy to the learners</p> <p>To build trust and confidentiality</p> <p>To help instructors and supervisors develop the listening skills to</p> <p>To be able to understand and use body language.</p>
Strategies	<p>Train the trainers workshop,</p> <p>Grassroots sensitisation and mobilization.</p> <p>Lecture method,</p> <p>Discussion</p> <p>Person-to-person discussion</p>
Target group	Supervisors, instructors, community members and non-formal education providers
Curriculum or	It does not follow a specific curriculum or manual, but lecture/discussion are participatory – providing answers to what

manual	learners want to know
Collaboration	Collaborating with Association of NGOs involved in non-formal education (NOGALSS). This involves support in cash, in kind and invitations to seminars and conferences
Achievements	Trained UNICEF desk officers on the use of stepping stone principles. This is a package on HIV/AIDS communications and relationship skills. HIV/AIDS lessons were linked to education through health science, poems and songs. HIV/AIDS patients have developed confidence to face up to life and live positively. People now know that HIV can be spread through sharp objects. Prevention of the spread of HIV to a part of the community The project is participatory, being people centred and people driven. The people see the programme as theirs.
Challenges	Lack of funding Stepping down training

7. Total Empowerment Agency, Umuahia, Abia State, Nigeria

History	Total empowerment agency was inaugurated in Umuahia in 1999
Method	Advocacy, mobilization, sensitisation and awareness creation. Basically, it is non-formal education geared towards enhancing knowledge of HIV/AIDS as well as prevention and awareness creation
Objectives	Increase awareness of HIV/AIDS and enhance prevention
Target group	Adolescent boys and girls
Core messages	AIDS is real. People with HIV/AIDS may appear healthy. HIV can be transmitted from mother to child.
Strategy	Discussion method, public enlightenment campaign with mobile van
Curriculum	No specific curriculum was used
Partners	Board of Directors of TEA Board of Directors for national mass education commission and NOGALSS
Funding	Self-funding and assistance from NMEC, SAME and NOGALSS in form of material and financial support
Achievements	There is now increased awareness that AIDS can be avoided through abstinence, being faithful to a single partner and through the use of condoms. There is also general behavioural change. Participatory and discussion method used made participants and teachers to begin to see the project as theirs.
Challenges	Inadequate funding Stepping down training to other local governments in the state

8. Centre for Rural Reproductive Health and Development [CRRHD].

Vision	A Nigerian rural populace with easy access to affordable and sustainable health and development services.
Mission	CRRHD is a rural specific, community driven non-governmental organisation promoting and providing holistic and participatory health, community and human capacity development services aimed at accelerating sustainable development, growth, good health and poverty eradication amongst the target rural communities.
Project	A one-day HIV/AIDS sensitisation outreach to young migrant farmers in Igbodudu Village, Ibarapa north LGA, Oyo State.
Funding	Self sponsored.
Challenges	Mobility Translating IEC Materials into local language Lack of funds Logistics
Lessons learned	Hold training sessions during the evening More youths available for outreach during the post-harvest season Give project beneficiaries adequate notice Use audio-visual aids and IEC materials
Contact details	Gbolahan Olubowale [MSW, AMNIM]. CRRHD, Apinnite Area, Off Amifas, Saki Town, Oyo State. P.O. Box 20587, U.I Post Office, Ibadan, Oyo State. Tel: 0803 370 3772, 0802 655 0968, 0805 940 9274 E-mail: crrhd1@yahoo.co.uk

9. Goodworker Movement International

Vision	To raise a positively oriented healthy youth population worldwide.
Mission	To promote good behaviours and healthy lifestyles among the youth through education, campaigns.
Past projects	Training of schools guidance counsellors on strategies of preventing drug abuse, violence and HIV/AIDS among in-school youth. HIV and AIDS reduction among drug users, their partners and street children in Beere/Mapo Area.
Funding	It was funded by The International AIDS Alliance through NELA, Ibadan. The Project on HIV/AIDS reduction among drug users, their partners and street children in four local government areas in Oyo state was funded by the Oyo state action committee on AIDS
Challenges	The negative influence of un-reached peers slows down the response of the already reached youth to positive behavioural change communication. A good number of youth from polygamous family have little or no economic strength thus making them vulnerable to drug abuse, commercial sex works, violence etc. Limited financial strength. Some of the youth do not have basic education hence it is a bit difficult to reach out to them with IEC materials.

Lessons learned	<p>If youth handlers (like parents, counsellors, and teachers) can be empowered to discharge their responsibilities well, behaviour can be changed.</p> <p>If youth can be engaged with various positive activities (plus economic empowerment), it is likely to reduce their exposure to negative influences.</p>
Contact details	<p>Pastor Tunji Agboola 4 Afunlehin Close, Bashorun, Ibadan P.O Box 10463, Dugbe, Ibadan Oyo State, Nigeria. E-mail: goodworkermovement@yahoo.com Tel: 234-8032271294</p>

10. Mark Makers International

Mission	To alleviate poverty and improve standard of lives by providing easy access to global information to the less privileged societies/localities through education, skill development and innovative technologies
Vision	Maximising information technology and skill development as tools for poverty reduction and a sustainable life.
Target group	Youth and slum dwellers
Projects	Some of our recent projects are listed below. They are classified into two, namely: self-funded and donor-funded projects.
Self-funded projects	<p>Informal lectures and symposium for out-of-school youth on the need for abstinence as a sure preventive approach to HIV/AIDS. It was organized to commemorate the International Youth Day 2004</p> <p>Life building skills seminars and behavioural change campaign was taken to selected secondary schools in Oyo state. It carried the caption: "Good goal; Sweet sex". The programme emphasised the need for young people to first set and focus on goals before settling for sweet sex instead of sex before setting goals, which brings about "sad sex" and tales of woes.</p>
Donors-funded projects	<p>The management of the broadcasting corporation of Oyo State (BCOS) Ibadan, Nigeria sponsored a live educational television interview on issues of youth empowerment and unemployment on Dec. 25, 2004.</p> <p>Essay competition on issues of HIV/AIDS was organized for selected Secondary school students in Oyo state, Nigeria as a way of evaluating their knowledge about the deadly virus and surrounding issues attached to it. It was put together to commemorate the International Youth Day 2005. Reference could be seen on the United Nation's youth website: http://www.un.org/esa/socdev/unyin/iyd2005.htm</p> <p>It was funded by NELA (Network on Ethics Law and AIDS). NELA is the fronting/linking organisation for International HIV/AIDS Alliance in Nigeria. http://www.aidsalliance.org/sw7216.asp</p>
Lessons learned	<p>It is very dangerous to assume that people already have adequate knowledge about particular issues when you have not evaluated what they claim to know.</p> <p>The more we work and network with other organisations the more improvement we achieve as a youth-led organisation</p>
Challenges	<p>Youth-led organisations are not given the necessary recognition and it makes youth participation in decision making somehow difficult.</p> <p>Lack of adequate technical facilities that are youth-friendly is creating problems in our centre.</p> <p>Inadequate funding.</p>

Contact details

Adefioye Paul Temitope
 25 Akin Alamo's house,
 Papa Alakia-Iyana Church Road,
 New Ife Road, Ibadan Oyo state 234 Nigeria.
 Tel: 234-805 953 7829,
 E-mail: markmakers_int@yahoo.com

11. Actors against Aids, Drug Abuse and Social Vices (Triple 'A'DS)

Vision	Building healthy and developed individuals and communities where HIV/AIDS, drug abuse and other social problems are reduced to the barest minimum
Mission	To contribute significantly to the global response to HIV/AIDS epidemic as well as drug abuse and other social vices by mobilising individuals and communities in Nigeria and beyond to action, through enter-educate performances, capacity building and advocacy
Organisational type	A membership organisation with a Board of Trustees, the Executive Committees, Project Management Team and a pool of Internship members and volunteers. TRIPLE 'A'DS also has a team of professionals in the area of health and development that render consultancy services for the organisation
Target group	Youth, women and the general population
Main objectives	To reach the most vulnerable groups and the hard-to-reach individuals and communities with positive behavioural change information To promote the sustainability of effective enter-educate intervention by providing a scaleable model for building the capacity of NGOs, CBOs and other key players in the entertainment world. To promote youth-to-youth approach in the control of HIV/AIDS among youths, in accordance with the national and international youth development policy To use enter-educate productions as advocacy tools in mobilizing care and support for PLWH/A. To empower communities to mobilize resources both locally and internationally for women and community development.
Activities	<p>2005 Peer educators training for in- and out-of school youth in Ibarapa East, Saki East and Oriire LGAs of Oyo State on HIV/AIDS prevention and control – Funded by World bank /Oyo State HAF Fund</p> <p>2005 Public rally on eradication of drug and substance abuse among youth in Ibadan metropolis funded by NDLEA Oyo State Command</p> <p>2005 Training of 200 out-of school youth in Ondo state on television and film production techniques funded by Positive F.M./Studio 2 Communication</p> <p>2004 "AIDS ON FOOT" project funded by NANTAP targetting Over 10, 1000 youth in Oyo, Ilora and Fiditi with HIV/AIDS prevention intervention</p> <p>2004 Sensitisation seminar for out-of-school youth on prevention of drug and substance abuse -funded by Consolidated Breweries/ NDLEA</p> <p>2003 Participatory community assessment of youth development challenges in Ona Ara LGA of Oyo state</p> <p>2003 Training of faith-based youth groups on the use of enter-</p>

	<p>educate strategies for youth programmes funded by Triple 'A'DS Annual Youth Forum being funded by Triple 'A'DS</p>
Challenges	<p>Youth are very mobile as they change home or school address, which may lead to the discontinuation of their participation in youth activities. To address this, we usually organise annual Youth Forum where all our youth far and near meet and interact for development.</p> <p>The concept of volunteerism is still very new to many people. Thus, to maintain our pool of volunteers, we provide incentives like giving them, IEC materials, and free ticket to watch stage shows and films.</p> <p>The informal structure of out-of-school youth often makes targeting them difficult. To overcome this, we usually reach them through their social clubs and associations as well as artisans and professional groups.</p> <p>Funding is another major challenge. To address this, we try continually to increase our volunteer base.</p>
Lessons learned	<p>Youth-to-youth approach is the best strategy of reaching youths with healthy and developmental information.</p> <p>Youth can only participate effectively in programmes when their guardians like parents, teachers and masters are adequately informed and give their support.</p> <p>Youth interactions at developmental-oriented programmes facilitate positive peer influence.</p>
Contact details	<p>Mr. Bashiru Akande L. Block E3, Trade Fair Complex, Sango-Samonda Road, Ibadan</p>

12. Global Health Foundation

Type	Global Health Foundation is a non-governmental, non-political agency of the Evidence Christian Mission
History	Global Health Foundation was established in the year 2000 in response to the decay in its immediate environment caused by the level of poverty of the inhabitants of the Federal Capital Territory in general and Gwagwalada Area Council in particular. Within a period of two years of its existence, as the impact of its community developmental efforts were felt, other Christian missions and churches in acknowledgement and appreciation of our efforts requested for our programme to be extended to their areas. This necessitated the Agency's registration with the Area Council in Gwagwalada, with the Corporate Affairs Commission, Abuja and with the Agency for Mass Education, a department of The Federal Capital Territory Administration.
Method	The mode of operation of the GLOBAL HEALTH FOUNDATION is as contained in its constitution, which is mainly the mobilization of the people (especially at the grass root level) for mass literacy through vocational training by skills acquisition in various fields of human endeavour, semi-formal acquisition of information technology education and application skill and the mobilization of funds for the enlightenment of the rural and urban masses on the HIV/AIDS pandemic. The

OVC activities	programme also provides general knowledge that can empower the masses, thereby enabling them to break away from the circle of perpetual poverty.
List of OVC activities in the last three years	<p>Over the years, Global Health Foundation even before it became a full fledged NGO had sought women widowed by HIV/AIDS related diseases and has in a small way granted them soft interest-free loans to enable them engage in small businesses, so that they can sustain themselves and the orphans left behind. With the introduction of the present programmes, from our Mass Literacy / Skill acquisition centres, Global Health Foundation as a matter of policy fund the training of at least 10 beneficiaries (particularly those orphaned by HIV/AIDS) in each of our 103 centres spread across 15 states of the federation. Our graduates are not only awarded certificates but are helped by the organisation to acquire such equipment as computers (for the graduates from our mass literacy department) and sewing machines and accessories (from our skill acquisition centres).</p> <p>Sensitisation Rally on the need to avoid stigmatising orphans of HIV/AIDS in Abejukolo, Omala L. G. A., Kogi State; June 16, 2003.</p> <p>Organised Visitation to selected homes of widows and orphans in Egume, Abejukolo, Agojeju, Dekina (all in Kogi State); Kwaita, Dukpa, Kilamkwa (all in Gwagwalada area Council of Abuja) through the instrumentality of Global Health Foundation by the Evidence Christian Mission; 12th April, 2004.</p> <p>Sponsoring of the first ten OVC through Global Health Foundation Computer Appreciation programme at our Ogori Mangogo Centre (Kogi State); August 4, 2004.</p> <p>Sponsorship of eight widows through Global Health Foundation tailoring skills acquisition in the Umuaihia Centre (Abia State). The Free Training of 50 OVC in our computer appreciation programme from our Lokoja, Bauchi Central, Kaltungo, Jalingo, and Minna centres: January to November 2005</p>
Number of OVCs reached	From 2004 to 2005 November, Global Health Foundation has been able to reach no less than 103 OVCs.
Area of coverage	Our geographical spread covered 20 states of the federation with over 103 training centres in about 25 local government areas
State of coverage	Abia, Adamawa, Bauchi, Benue, Enugu, F. C. T., Gombe, Imo, Kaduna, Kogi, Niger, Rivers, Taraba and others
Affiliation	Global Health Foundation has collaborated so far, mostly with sister Christian organisations, mass literacy N.G.Os.; such as, Majesty Literacy Foundation, Agape House (mass literacy) and the Agency for Mass Education
Source of funding	The funding of Global Health Foundation has mainly been by contributions from the mother Ministry (Evidence Christian Mission), donations from patrons and philanthropic individuals, and sponsorship of certain programmes of the organisation by some local government councils for the benefit of their people.
Staff	Global Health Foundation is run by a headquarter staff of 20 staff, (eight management staff, eight intermediate staff and four junior staff),

<p>Target group</p>	<p>20 state coordinators, 15 area facilitators and 103 centre instructors.</p> <p>The Mass Literacy. The target groups here are non-literate adults and school dropouts. Among the beneficiaries are orphans and vulnerable children (those orphaned as a result of HIV/AIDS and have to drop out of school) and illiterate widows who are helpless after the demise of their spouse.</p> <p>Computer Appreciation Programme. Beneficiaries are taught to become computer literate, thus opening to them a world of opportunities. Our target group is youth (both urban and rural including children orphaned by HIV/AIDS.) Vocation Skill Acquisition Centres: In the vocational and skill acquisition centres spread across the country vocational skill in tailoring (where we produce qualified seamstresses at the end of the programme) and catering are impacted. Our target beneficiaries are rural and poor urban women with specific emphasis on female school drop outs and widows (through HIV/AIDS).</p>
<p>Benefits</p>	<p>The ultimate benefit of our programmes to the targeted beneficiaries is to be able to empower them so as to enable them become self-employed and subsequently, break away from perennial circle of poverty</p>
<p>Observable changes in benefiting communities</p>	<p>Within the past two years there has been a remarkable change in the people's attitude towards the issue of HIV/AIDS as a result of becoming better informed. Take the example of Aguniya of Dukpa, a Gwari settlement of Gwagwalada Area Council of Abuja. A 15 year- old boy was discriminated against as a result of his HIV/AIDS status even by his own parents who believed that the whole family will contract the disease and die by allowing him to stay in the family house . After our advocacy and sensitisation visit, they were better informed and they brought him back home and cared for him for another six months before he eventually died in November 2005. Our target beneficiaries are becoming better informed; even their attitude towards casual sex is gradually changing. More so, orphans as a result of HIV/AIDS are becoming more empowered and self-employed. And their meaningful engagement is having a knock-on effect in specific centres and towns like in Agojeju in Kogi State and Karim–Lamido in Taraba State to mention but a few.</p>
<p>Contact details</p>	<p>Global Health Foundation can be reached through the following address: No. 1, Evidence Avenue, Doma Layout, Phase 1, Box 45, Gwagwalada, Abuja – F. C. T.</p> <p>Or any of the underlisted phone numbers: The President: 08042136695, 08035061575. The Director of Programmes: 08053379263, 08064475464. E-mail: sayyad23hope@yahoo.com.uk globalhealthfoundation@yahoo.com2005</p>

13. Crystal Adult Literacy and Educational Resource Development

History	Started September 2005, we are a non-governmental, political and religious organization involved in adult and youth literacy, we are duly registered with FCT agency for mass education and non-governmental association of literacy support services. (NOGALSS) in addition to adult primary and secondary education, we are extensively involved in mass sensitisation on HIV/AIDS in Bwari area councils and by extension all the area councils in FCT wards and villages
Vision	To extend the program to all area councils in all villages wards and hamlets, as the majority of the population of these areas have not heard of HIV/AIDS and they are mostly non-literate and therefore most vulnerable
Target group	Adults, youth and secondary school students in the area councils, wards and villages in the Federal Capital Territory [FCT], Abuja
Programmes	<p>Screening</p> <p>Education on (a) symptoms, (b) management of infected persons, (c) stigmatisation, (d) prevention and (e) from mother to child.</p> <p>Mass education on knowledge of HIV/AIDS, history, how it is transmitted, through unprotected sex, multi-sexual partners, transfusion of unscreened blood, customary method of transmission: throwing light on circumcision with native instruments, use of infected tooth brushes, manicure and pedicure implements, shaving with native or infected knives or clippers, blood covenants.</p> <p>Sharing of condoms,</p> <p>Education on avoidance of multi-partners sexual relationship,</p> <p>Mass testing to determine HIV status and relevance of knowing the HIV status.</p> <p>Differentiating between HIV and AIDS,</p> <p>Mass literacy in adult schools,</p> <p>Lectures in secondary schools,</p> <p>Use of local chiefs for campaigns,</p> <p>Rallies in market places, religious organisations such as churches and mosques</p>
Funding	Effectively, we have no source of income. We are only affiliated with CANZ Medical Diagnostic Laboratory who has helped tremendously the association. Due to this lack of funding, it has really hindered our effort
Achievements	<p>At the point of entry, the majority of our target groups are 99% ignorant of HIV/AIDS. Most of them were indifferent and some were afraid that knowledge of their HIV/AIDS status is synonymous with death. Today, the situation is changing for the better.</p> <p>We have identified good means of educating and reducing the incidence of HIV/AIDS, its spread, management and attendant stigmatisation in FCT Abuja. However, our aspirations and goals are limited due to lack of funds.</p>
Request	We need assistance in the provision of public address system, mobility to reach out, video cameras and hand cameras, use of pamphlets, posters and booklets, hiring of resource persons and professionals,

Contact details

provision of anti-retroviral drugs, enriched food materials which will lead to reduction of CD4 and provision of accommodation for our lectures
Barrister (Mrs) Chioma Ijezie (**NCE, BSc, LLb, BI**)
3 Dabban avenue, Zango Bwari Abuja Fct, Nigeria
Tel: (234) 08034752049, 08037213026, 08035890394

14. Live Vanguard**Vision
Programmes**

Involved in youth programming for in- and out-of-school youth
Youth exchange programmes, ARH, HIV & AIDS awareness raising
Implements programmes that have mitigating impact on HIV/AIDS
Conducts advocacy activities

Challenge

Inadequate funding

Contact details

42, Lordship House, Osogbo, Nigeria
E-mail: livanig@skannet.com
Tel: 234(35)242738; 230117

15. Prevent AIDS Society**Target
Activity
Funding**

Works essentially with in- and out-of-school youth
Massive awareness campaign on HIV/AIDS
Has received funding from DFID and NACA for the implementation of youth programmes

Challenge

Inadequate staffing
Ilawe Abiye Maternity Centre,

Contact

Ilawe Road, Ado Ekiti,
Ekiti State, Nigeria
E-mail: preventraidssociety@yahoo.com

16. Youth Action Rangers of Nigeria (YARN)

Type	Youth-led, youth-focused, non-profit making, non-governmental organisation.
Vision	To meet the SRH needs of the youth within its community
Strategy	It uses the peer education approach
Programmes	YARN implements Advocacy Training and Capacity building Behaviour change communication/Internet based intervention Health services
Achievements	Facilitated the inclusion of youth representation on the facilitation committee of civil society consultative group on HIV/AIDS in Nigeria (CISGHAN) in 2001 In 2002, facilitated the youth committee as one of the working group in Lagos State HIV/AIDS control agency (LSACA) In 2002, organized NGO/Media conference on youth partnerships in HIV/AIDS prevention in Nigeria In 2001, implemented the Massive Awareness Raising Campaign (MARC) /World AIDS Day activity in Ikorodu Local Government Area, under LSACA with support from National Action Committee on HIV/AIDS (NACA) and UNICEF Organised the post-Barcelona Youth Forum on youth-adult partnership in 2002, in collaboration with Development Communication Network (DEVCOM) and Network of Adolescent and Youth of Africa (NAYA) In 2003, organised Adolescent Reproductive and Sexual Health (ARSH) policy advocacy training where over 40 youth leaders in Lagos State were present and a “call to action” on promoting ARSH in Nigeria was developed.
Challenges	Inadequate funding Inexperience
Contact details	56B Moleye Street, Alaagomeji, Yaba, Lagos E-mail: nyar95@hotmail.com

17. Guidance and Counselling Development Association

Vision	Works with in- and out-of-school youth
Activities	Advocacy activities Works on ‘New Horizon’ funded by Ford Foundation and some other projects funded by PPFAl and some other donors
Achievement	Introduced Life Planning Education (LPE) to 12 schools in 4 years
Challenges	Inadequate funding
Contact details	Sarafatu Memorial Plaza, Bauchi Road, P.O.Box 1390, Gombe, Nigeria

18. Community Health and Youth Friendly Association

Vision	Works with in- and out-of-school young people in the far north of Nigeria
Activities	Conducts advocacy activities Implements Life Planning Education in Borno State schools
Achievements	Introduced LPE to schools in Borno state with funding from the Ford Foundation
Contact details	Shehu Laminu Way Maidoki Ward, Opp Open Air Theatre Maiduguri, Borno State

19. Reproductive Health Initiative and Service Association

Vision	Works with in- and out-of-school young people
History	Established in 2002
Activities	Implements youth projects funded by ActionAid Selection and training of out-of-school youth as Peer Educators
Achievements	Has a sizeable number of out-of-school youth volunteers
Contact details	6 Maiduguri Bye Pass Opposite Plaza Hotel Bauchi, Nigeria

20. Adolescent Health Information Project

Vision	Works with in- and out-of-school in some states in Northern Nigeria
Activity	Provision of reproductive health information and services to young people
Challenge	Inadequate funding
Contact	Gidan Ahip, Plot 270/271, Maiduguri Road, Kano E-mail: ahipng@yahoo.com

21. Independent Living for People with Disabilities

History	Established in 1995
Objective	To assist persons with disabilities live a fully integrated life in society
Target group	Works with in- and out- of- school youth especially those living with disabilities
Achievements	Civil society survey LPE with young persons with disabilities in collaboration with ARFH Massive awareness raising on HIV/AIDS Pedagogic skills for teachers in 4 LGAS in Oyo State

Challenges	Discrimination/ stigma against persons with disabilities Lack of funds Cultural differences
Contact details	Behind Polytechnic Staff Guest House, Polytechnic Ibadan

22. Positive Change International (PCI)

Vision	Offering total care and effecting positive change in human behaviour that tend to undermine and mitigate individual, community and national development, especially those affecting children, youth and women
Objectives	Fight against stigmatisation Caring for orphans and motherless babies Giving those affected and infected with HIV/AIDS hope and a means of living [Positive Living] Caring for street children Encouraging in- and out-of-school youth to wait for sex Offering anti-retroviral drug services Occupying youth with gainful activities such as developing and using their talents Economic empowerment of women, especially widows and rural women
Method	Offering adult education to illiterate women and youth Advocacy Advertisements Radio Jingle Film and drama production Seminar and talks in schools, churches, artisan workshops, markets etc Organising entrepreneurship seminars Publications Modelling
Achievements	Life testimonies of PLWHA PCI, through its extensive Entrepreneurship Seminars that featured in major cities across the country [Nigeria], is beginning to economically empower its target population. Testimonies abound to prove this assertion. PCI, through its faith-based messages in schools, churches and related gatherings is also effecting positive change in the sexual behaviour of youth and adults in the south west region of Nigeria PCI, through its experimental school based in Ikorodu, Lagos State [Lolita Christ Private School] is also capturing them young and thus inculcating in children positive habits and attitudes.
Funding Registration Contact	None yet. Self-funding Registered with CAC, Abuja Mr. Igho Orienru P. O. Box 75032 Victoria Island, Lagos, Nigeria Email: csiworldwide@yahoo.com ; gotebs@hotmail.com Tel: 2348029767226; 2348034730219

23. Educational Research Network for West and Central Africa (ERNWACA), Nigeria Chapter

History	ERNWACA was inaugurated in Liberia in 1989. Today, the network is strongly represented in the following countries: Benin, Burkina Faso, Cameroon, Côte 'Ivoire, Gambia, Ghana, Guinee, Mali, Nigeria, Senegal, Sierra Leone, Togo and Niger. The regional coordination office is in Bamako, Mali
Vision	Building the research capacity of Educationists in West and Central Africa Using the powerful tool of empirical research to ameliorate and eliminate the numerous social problems, such as poverty, gender inequality, HIV/AIDS, that are disturbing the growth and development of individuals and educational communities
Aim	Promote African expertise on education so as to positively impact on educational practices and policies
Main objectives	Improve the quality of education research. Build national and regional education research capacity. Disseminate findings and stimulate social dialogue so as to positively impact education practice/policy.
Capacity building objectives	Small grants programme for education research Manual on education research methodology Research methodology workshops (for small grants, for revenue generation) Visiting researcher programme Executive development seminars with WGESA of ADEA Bring sector analysis closer to the actual practice of ed. Reform Look at how sector deals with urgent contemporary problems: EFA, HIV/AIDS, quality of education FAPED – education policy analysis tool for parliamentarians
Research objectives	Database of researchers, including overall profile Consultancies Review of the literature Transnational Studies (AIDS education, girls, teachers as change agents, private sector, African values) REFORMA (collaborate with this teacher training network on a study)
Method	Organising seminars, conferences and short courses to build the members intellectual and research capacity Conducting research on issues disturbing African development. Disseminating useful and reliable information to relevant masses in the most accessible manner. Creation of reliable database in our areas of focus. Organising advocacy on policy and cultural change. Formation of a powerful and effective network within and outside Nigeria, realising that in unity is our strength.
Collaborators & partners	USAID UNESCO-IIEP, Paris UNESCO-Institute of Education, Germany ADEA, IDRC, University of Lagos SARA, AED UNICEF
Achievements	MOEs of respective countries etc. Transnational Studies Conducted to date: Factors affecting access and retention in elementary schools Effects of community participation on access and quality of basic

Seminars etc.	<p>education</p> <p>Effects of community participation in terms of financing, curriculum development and skills development</p> <p>Complimentarity between formal and non-formal education</p> <p>2002 IDRC small grant Projects: Effect of internet browsing on standard of education at the tertiary level of education in Nigeria.</p> <p>Compilation of literature on the quality of basic education in selected African countries.[sponsored by ADEA]</p> <p>2004 : 'Literature review on HIV/AIDS and education in Nigeria'</p> <p>Compilation of inventories and case studies on the contributions of non-formal education to HIV preventive education.</p> <p>2005: Organised a Café at Adeniran Ogunsanya College of Education, Ijanikin, Lagos State on 'Empowering Educational Institutions for Productivity and Development'</p>
Contact details	<p>Prof. Kasali Adegoke</p> <p>National Coordinator, ERNWACA, Nigeria</p> <p>Director, Distance Learning Institute, University of Lagos.</p> <p>Tel: 08022903995</p> <p>Dr. Dayo Odukoya</p> <p>Secretary General, ERNWACA, Nigeria</p> <p>C/o Christ School International</p> <p>Opposite Lagos State Polytechnic, Sagamu Road, P. O. Box 1167, Ikorodu, Lagos State.</p> <p>Tel: 234 8034730219</p> <p>E-mail: ernwacanigeria@yahoo.com, dayoodukoya@yahoo.com</p>

24. Society for Women and AIDS in Africa, Nigeria (SWAAN)

Project vision	Increasing awareness of HIV/AIDS/STI among in-school youth in Nigeria – A MacArthur
History	Foundation Project In 2002, the Society for Women and AIDS in Africa, Nigeria (SWAN), requested funding from the John D. and Catherine T. MacArthur Foundation to continue its efforts to increase awareness of HIV/AIDS/STI among in-school youth between the ages of 10-19 in seven states of Nigeria, namely: Anambra, Borno, Edo, Kaduna, Kano, Osun and Oyo.
Main objectives	Increase HIV/AIDS/STI awareness by 50% among in-school youth between 10-19 years within a period of one year; Increase and provide information and skills of peer health educators (PHEs), necessary for training peers; Increase number of PHE trained per state by 50% within one year; Increase number of schools with anti -Aids clubs by 50% within one year.
Methodology	Five new schools were to be chosen in each of the states and in each of these schools, ten peer health educators (PHEs) were to be trained. The project predominantly adopts non-formal education approaches.
Finding, outcomes & achievements	400 in-school youth were trained and anti-AIDS club members in these schools were sworn in; 40 schools were reached with awareness on HIV/AIDS/STI; Cases of teenage pregnancies, HIV/AIDS/STI were reduced among in-school youths in these schools; Acknowledged materials were distributed to target groups at outreach programmes; Promises were made by some school authorities to mark the world AIDS day each year to keep the activities of the anti-AIDS clubs sustained; By 2001, an average of 23,192 youths had been reached in 40 local government areas in these states. In 2002, over 3,760 additional youth were reached, bringing the total number of youths reached to 26,952. SWAAN Newsletters. SWAAN produces informative Newsletters quarterly. SWAAN, Benue established adolescent youth-friendly centre: The youth are one of SWAAN's major target groups. They need adequate information and guidance to develop emotionally, psychologically and socially. It is against this background that on 16 February 2001, Action Health Incorporated (AHI) visited SWAAN Benue and other NGOs that work with youths. SWAAN, Benue was selected by AHI as the implementing NGO for adolescent youth-friendly health services project in Makurdi of Benue State. The 2 nd advocacy seminar was held 26-27 July 2001 with AHI/ UNICEF in collaboration with SWAAN Benue. With the training of other members and the purchase of some games for the youth, the activities at the youth-friendly centre commenced fully as both in and out of school youths came to receive information on sexual and reproductive health as well as HIV/AIDS.

25. Family Health International, Nigeria – Rapid Assessment of AIDS Project

Background	Family Health International (FHI), Nigeria conducted a rapid assessment in Lagos state [and four other states] as part of the process of redesigning its ongoing IMPACT (Implementing AIDS Prevention and Care Project) being funded by the United State Agency for International Development (USAID).
Aim	The overall goal of the redesign is the development of comprehensive programs in key risk areas for both prevention and care
Main objectives	<p>The objectives of the assessment, which was conducted in three local governments - Epe, Ikeja and Lagos Mainland - from 5th November 2000, were to:</p> <ul style="list-style-type: none"> Identify risk setting and behaviours Identify risk groups Identify potential implementing partners, networks and structures for prevention and care and support of People Living With HIV/AIDS (PLHA) Identify health and social welfare systems and structures Assess the political environment for HIV/AIDS/STI programming.
Major findings	<p>Lagos is the most populous and urbanised state in Nigeria with over 15 million inhabitants. Some of the risk settings are: motor parks, bars/nightclubs/hotels, tertiary institutions and secondary institutions. Among the high risk and vulnerable populations found are transport workers, female sex workers (FSWs), drug users, youth in school, area boys, boy/girls and youth out of school, apprentices, traders etc.</p> <p>There is a state response to HIV/AIDS epidemic with the establishment of the multi-sectoral Lagos state HIV/AIDS foundation, which represents the State Action Committee on AIDS [SACA].</p> <p>The state is dotted with ad-hoc enlightenment campaigns for youth on several areas of reproductive health. However, nobody is coordinating or monitoring these activities.</p> <p>There is generally high level of awareness of HIV/AIDS among the population but a very low level of response in terms of behaviour change.</p> <p>There is a limited comprehensive care and support program for PLHA, which is compounded by the inadequate capacity of health care workers. There is only one PLHA support group identified in the whole state. Only very few NGOs participate in caring for orphans and other vulnerable children (OVC).</p> <p>Stigmatisation and discrimination against PLHA are still very strong.</p> <p>There are 931 public primary and 371 public secondary schools in Lagos state. Only few of these schools have counsellors. In addition, there are 1,214 and 114 privately owned nursery/primary and secondary schools respectively. There are 8 public tertiary institutions in the state, including satellite campuses of several other universities.</p> <p>The state is divided into 20 local education districts (LEDs), staffed by guidance counsellors who supervise special programs including HIV/AIDS.</p> <p>Ministry of Education runs yearly training programme for teachers on incorporation of family health/population education issues into the curricula of selected school subjects. Since 1998 and with facilitation from the Nigerian Educational Research and Development Council (NERDC), eight teachers per local education district (84 teachers in all) were trained per year.</p>

Notes

1. It is apparent from these inventories that a wealth of discoveries has been made, and is still being made by the NGOs, FBOs and related agencies covered and uncovered. Apparently, there are some innovative practices that require further investigation to establish their efficacy and possibly replication in other settings. There is clearly an urgent need for the integration of efforts of the NGOs for more effectiveness. These points call for further research.

2. There are over 500 NGOs registered with NOGALSS that are using Non-Formal Education approaches to combat the spread of HIV in Nigeria. At a recent meeting between ERNWACA, Nigeria and the National Commission on Mass Education [which is charge of NOGALSS], it was suggested that a collaborative study that would serve as a follow-up to the present study should be undertaken. The study is to update the database on all NGOs that are registered with NOGALSS using ICT. Consequently, it will be easy to store and access detailed information on the NGOs via Internet, and on what is working and what is not working.

Support is hereby solicited for this project