

# NATIONAL EDUCATION SECTOR **HIV & AIDS** STRATEGIC PLAN (2006 – 2010)

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## **PREFACE**

In the last two decades, the HIV&AIDS epidemic has spread relentlessly, affecting people in all walks of life and decimating the most productive segments of the population particularly women and men between the ages of 20 and 29 years, many of whom are in educational institutions. The sector is experiencing an increasing number of AIDS – related absenteeism from workplaces and deaths that is a reflection of the precarious nature of the epidemic. Other negative impacts of the epidemic include high dependency ratio, reduction in GDP growth and productivity rate, increasing poverty, rising infant and child mortality as well as growing numbers of orphans. The children under the age of ten years bear more burdens of AIDS than adults because they are more vulnerable and the impact lasts longer on them. Consequently, HIV&AIDS epidemic poses a serious threat to education, economic and other social services. However, it is an established fact that addressing HIV&AIDS epidemic is essential to achieving global and national education target of access, quality, equity and completion.

Prior to the current democratic leadership under President Olusegun Obasanjo, the response to HIV&AIDS was purely regarded as a health issue. The unabated spread of HIV and AIDS cuts across all sectors and all walks of life and the absence of a vaccine has led to the global thinking that a multi-sectoral approach is necessary to curb the spread of the epidemic.

With the adoption of the multi-sectoral approach, the Federal Government set up the National Action Committee on AIDS (NACA) to drive HIV and AIDS response in the country. An all- inclusive HIV&AIDS National Strategic Framework for Action (NSF) was also developed in line with the “Three Ones” Principles of one coordinating body, one strategic framework and one national monitoring and evaluation mechanism which should transcend all sectors and levels of implementation. As a result, HIV&AIDS units were created at the Federal and State Ministries of Education and State Universal Education Boards, which provided unique opportunity to review their activities to date and put in place sector specific HIV&AIDS National Strategic Plan. This National Education Sector HIV &AIDS Strategic Plan is therefore, a step in the right direction since it is aligned with the NSF, National Policy on Education (NPE), National Economic Empowerment and Development Strategy (NEEDS) and the Millennium Development Goals (MDGs).

It is my hope and fervent prayer that all Education Sector HIV&AIDS interventions, at all levels will be aligned with this National Education Sector HIV&AIDS Strategic Plan to ensure that the Sector succeeds in its objective of delivering a sustainable and effective HIV&AIDS response. More importantly, commitment and adherence to this plan will lead to better coordination, monitoring and supervision. It will also enhance linkages, networking and partnerships as well as effective mobilization and utilization of resources towards HIV&AIDS service delivery in the sector.

This Education Sector HIV and AIDS Strategic Plan must be fully integrated into the 10 year Strategic education plan, as well as the medium term and annual federal and state plans to ensure that HIV and AIDS activities are effectively implemented. Similarly the education sector HIV and AIDS strategic plan should also be reflected in LGEA and whole school development plans.

I urge all stakeholders to support, domesticate and implement this education sector strategic plan for the achievement of our common goal of preventing new HIV infections and mitigating the impact of the HIV & AIDS epidemic on our education sector within the next five years.

Thank you.

**Dr. Mrs. Obiageli Ezekwesili.**  
The Minister of Education

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The past and present leadership of the Federal Ministry of Education has contributed in no small measure to the development of this document. The support of The Minister of Education, Dr. Mrs. Obiageli Ezekwesili was an important impetus in moving this document to its conclusion.

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## ACRONYMS

AHI	Action Health Incorporated
AIDS	Acquired Immuno-deficiency Syndrome
BCC	Behavior Change Communication
CAA	Children Affected by AIDS
CBOs	Community-Based Organizations
CiSNHAN	Civil Society Organisations on HIV&AIDS in Nigeria
CRA	Child Rights Act
CSOs	Civil Society Organizations
CUBE	Capacity for Universal Basic Education
CWT	Core Working Team
ECCDE	Early Childhood Care and Development Education
ENHANSE	Enabling HIV&AIDS Tuberculosis and Social Sector Environment
FBOs	Faith-Based Organizations
FCT	Federal Capital Territory
FEC	Federal Executive Council
FGN	Federal Government of Nigeria
FLHE	Family Life and HIV&AIDS Education
FME	Federal Ministry of Education
FMOH	Federal Ministry of Health
FMWA	Federal Ministry of Women Affairs
FMIGA	Federal Ministry of Inter-governmental Affairs, Youth Development & Special Duties
GIPA	Greater Involvement of People Living with HIV&AIDS
HEAP	HIV&AIDS Emergency Action Plan
HIV	Human Immuno-deficiency Virus
IDPs	International Development Partners
IEC	Information, Education and Communication
ILO	International Labour Organization
LACA	Local Government Action Committee on AIDS
LEA	Local Education Authority
LGA	Local Government Area
MDGs	Millennium Development Goals
MIPA	More Involvement of People Living with AIDS
MoU	Memorandum of Understanding
M&E	Monitoring and Evaluation
NACA	National Action Committee on AIDS

NARHS	National Adolescent and Reproductive Health Survey
NASCP	National HIV&AIDS/STI Control Programme
NCE	National Council on Education
NCNE	National Commission for Nomadic Education
NDHS	National Demographic and Health Survey
NEEDS	National Economic Empowerment and Development Strategy
NEMIS	National Education Management Information System
NEPWHAN	Network of People living With HIV&AIDS in Nigeria
NERDC	Nigerian Educational Research and Development Council
NESP	National Education Sector HIV&AIDS Strategic Plan
NFE	Non-Formal Education
NGO	Non-Governmental Organization
NIEPA	National Institute for Educational Planning and Administration
NMEC	National Commission for Mass Literacy, Adult and Non-Formal Education
NNRIMS	Nigeria National Response Information Management System for HIV&AIDS
NPC	National Planning Commission
NPE	National Policy on Education
NSF	HIV&AIDS National Strategic Framework For Action
NUC	National Universities Commission
NUT	Nigerian Union of Teachers
OIs	Opportunistic Infections
OPS	Organized Private Sector
OVC	Orphans and Vulnerable Children
PABA	People Affected By AIDS
PLWHA	People Living With HIV&AIDS
PTA	Parent Teachers Association
SACA	State Action Committee on AIDS
SBMC	School Based Management Committee
SGF	Secretary to the Government of the Federation
SMoE	State Ministry of Education
SUBEB	State Universal Basic Education Board
TOT	Training of Trainers
TRT	Technical Reference Team
UN	United Nations
UBE	Universal Basic Education
UBEC	Universal Basic Education Commission
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crimes
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

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## **EXECUTIVE SUMMARY**

Every new report released and every article published, state the fact that a generation of developmental genius is being wiped out by HIV&AIDS epidemic. It is also true that epidemic is affecting people in all works of life and is decimating the most productive population especially in sub-saharan Africa..

In Nigeria, the HIV&AIDS emerged in 1986. Since then, the National Prevalence has been rising from 1.8% in 1999 to 5.8% in 2001. There was a slight decline in 2003 from 5.8% to 5% and in 2005 there was further decline to 4.4%. There is still no reason for complacency, because given Nigeria large population of estimated 130 millions, about 3 million people are living with the virus. It is also estimated that 20 new infections occur every day in Nigeria. Most of these infections fall within the age bracket of 15 – 25 years.

At present, HIV&AIDS has neither cure nor vaccine and it is generally agreed that education is the only complementary, preventive and mitigating strategy to treatment. Therefore, school based preventive education is a logical strategy to reach young people many of whom are not yet infected, and promoting our “Window of hope” to stem the spread of the epidemic. In recognition of the above, education is the leading agent of social change because of its influential role in shaping the pattern of thoughts and equipping younger generations with the relevant social and economic skills. Education also play a key role.

To combat the epidemic Nigeria has adopted the multi-sectoral response and set-up the National Action Committee on AIDS (NACA) to drive HIV&AIDS response in the country. An all inclusive National Strategic Framework was developed in line with the: “Three Ones Principles” of one coordinating body, one strategic framework, one monitoring and evaluation mechanism which should transcend all sectors and levels of implementation. As a result, all sectors were mandated to develop sector specific strategic plan that would achieve the goal and objectives of the National Strategic Framework.

HIV&AIDS Units were established at the Federal and States Ministries of education to implement, coordinate, monitor, and evaluate HIV&AIDS programmes and activities in their sub-sectors. These sub-sectors, partners and FME unanimously agreed to put in place a National Strategic Plan that will give direction to the interventions in the Education Sector. This is a step in the right direction since it is alien to the National Strategic Framework, (NSF) National Policy on Education (NPE0, National Policy on HIV&AIDS for the Education Sector, NEEDs and Millennium Development Goals (MDG).

The NESP document is intended to serve as a regulatory mechanism for sub-sectors collective response to HIV&AIDS, and provide guidance facilitate coordination of sub-sector activities and activities of other stakeholders towards achieving clearly defined HIV&AIDS preventive and control targets in the sector.

The National Education Sector Strategic Plan (NESP) document was developed through participatory approach and is a product of series of discussions and consultations as well as advocacy with stakeholders at all levels. As a result, a draft document was produced and widely circulated to all stakeholders including development partners. This was then presented to JCCE Reference Meeting at JCCE plenary sessions and was recommended for approval to NCE which the highest policy is making body in Education.

Education Sector intervention to HIV&AIDS is targeted at the following thematic areas:

- Planning and Coordination;
- Prevention;
- Support for OVC and ;
- Policy Environment.

The under listed Goal, objectives, output results and strategies were developed to address the thematic areas listed above.



## Goal

Reduce the risk of HIV and AIDS infection by at least 25% among staff and learners and mitigate the impact of HIV and AIDS in the sector by 2010.

## Objectives 1

To increase the number of functional HIV and AIDS Critical Mass mechanism in the sector at all the 36 states, FCT and in at least 50% of the LGAs in Nigeria by 2010.

### Strategies

- 1.1 Establish HIV/AIDS unit and critical mass in remaining 5 states and 387 LGAs.
- 1.2 Strengthen capacity of critical mass, education managers and policy makers for effective coordination and management of HIV and AIDS interventions in the education sector including resource mobilization and utilization.

### Output Results

- ❖ Critical mass for HIV and AIDS programme established in remaining 5 states, and 387 LGAs.
- ❖ HIV and AIDS units of the FME, SMoE, FCT Education Department and 387 LGEAs utilize the TOR for Critical Mass mechanism to guide their operation.
- ❖ 70% of members of critical mass and 40% of education managers / policy makers acquire additional knowledge and skills in HIV and AIDS programme planning, coordination, management and resource mobilization and utilization
- ❖ 5% annual increase in resources available for HIV and AIDS programme in the sector at all levels

**Objective 2:** To increase HIV and AIDS knowledge by 25% among staff and 40% among learners, as well as 20% improvement in attitude, behaviour and skills and practice among learners and staff by the end of 2010.

### Strategies

- 2.1 Facilitate HIV and AIDS knowledge and Life skills for learners through curricular approach
- 2.2 Facilitate HIV and AIDS knowledge and Life skills of staff and learners through co-curricular approach
- 2.3 Promote access and utilization of Condom in tertiary institutions, adult literacy centers, and among staff in the sector.
- 2.4 Improve utilization of multimedia educational materials for behaviour change on HIV and AIDS among staff and learners.

### Output Results

- ❖ Staff and learners have their HIV and AIDS knowledge increased by 25% and 40% respectively.
- ❖ Staff and learners have their attitude, behaviour and skills on HIV and AIDS improved by 20%.
- ❖ 15% of learners in the basic and senior secondary education delayed sexual debut

- ❖ 10% of learners in tertiary institutions and staff in the sector use condom correctly and consistently.

**Objective 3:** To increase access of at least 50% of identified infected and affected Staff and learners to HIV and AIDS education support services by 2010.

*Strategies*

- 3.1 Strengthen capacity for education support to OVC in the sector
- 3.2 Facilitate access of staff and learners to VCT and other support services

**Output Results**

- ❖ Infected and affected staff and learners in the sector identified.
- ❖ 25% of identified OVC received psycho-social support and holistic scholarship
- ❖ 50% of identified OVC are integrated into basic education (ECCDE, NFE and primary and junior secondary school)
- ❖ 50% of infected staff and learners have access to care and support services

**Objective 4:** To promote the implementation of the National Policy on HIV and AIDS in the Education Sector at federal level and in at least 50% of all states, and FCT by 2010.

*Strategies*

- 4.1 Domestication of National Policy on HIV and AIDS by additional 17 states and FCT
- 4.2 Strengthen the capacity of Policy makers and education managers to implement the National and state policies on HIV and AIDS in the education sector.

**Output Results**

- ❖ Additional 17 states domesticated National Policy on HIV and AIDS in the Education Sector
- ❖ Policy makers and education managers in FME and at least 50% of states, and FCT have skills to create a supportive work and learning environment for HIV and AIDS interventions.

**Objective 5:** To ensure effective collection, analysis and dissemination of Education HIV&AIDS data into Nigerian Education Management Information Systems (EMIS) and Nigerian National Response and Information Management Systems (NNRIMS) by 2010.

*Strategies*

- 5.1 Strengthen capacity of the critical mass for routine monitoring and periodic evaluation of HIV and AIDS activities and outputs

**Output Results**

- ❖ HIV and AIDS units of the FME, SMOEs, FCT Education Department and 387 LGEAs utilize the NESP monitoring tool for routine monitoring of HIV and AIDS interventions in the sector.
- ❖ M&E focal points in the HIV and AIDS units of the FME, SMOEs, FCT Education Department and 387 LGEAs have knowledge and skills in the monitoring and evaluation of HIV and AIDS interventions in the sector.

## **Next Steps**

- The NESP document to be presented to NCE
- Print and circulate copies of the NESP document
- Dissemination meeting with stakeholders
- Develop implementation guidelines and costed plan
- Step-down NESP in the remaining States.

## **1.0 NIGERIA: COUNTRY PROFILE AND HIV & AIDS SITUATION**

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### **1.1. NIGERIA: BACKGROUND, GOVERNMENT AND ADMINISTRATION**

The Federal Republic of Nigeria is situated in the West African sub-region and lies between longitudes 3<sup>0</sup> East and 15<sup>0</sup> East of the Greenwich Meridian and latitudes 4<sup>0</sup> North and 14<sup>0</sup> North of the Equator and occupies a landmass of about 923,768sq km and 800km of coastline. The country has an estimated population of 130 million with about 400 ethnic groups and languages.

It has a three-tier government structure of the Federal, 36 States and 774 Local Government areas (LGAs). The capital is in Abuja with six Area Councils. The Federal Executive Council (FEC) comprises the President and the Cabinet of Ministers. The FEC is the highest decision-making organ of government and is supported by a Federal Civil Service. The Federal Civil Service has line ministries and parastatals principally responsible for implementing policy decisions of government. The Federal Legislature is bicameral comprising the Senate, and the Federal House of Representatives. The Federal Judiciary is made up of the Supreme Court, the Appellate Court and the Federal High Courts of Justice. The Chief Justice of the Federation (CJN) heads the Federal Judiciary.

At the State level, the Executive is composed of the Executive Governor and State Commissioners, who make up the State Executive Council. A State Civil Service implements its policy decisions of the State executive council. The State Civil Service is composed of line Ministries and Parastatals. The State Legislature is unicameral, having only a House of Assembly, whose members are elected on a population basis. The State Judiciary is made up of High Courts of Justice, Magistrate Courts and the Customary Courts. The State Chief Judge (CJ) heads the State Judiciary.

The Executive Chairman and Supervisory councilors comprise the executive arm of LGA administrator who are supported by civil service administrators. The Legislature arm is unicameral in nature and composed of elected councilors.

### **1.2. NIGERIA HIV & AIDS SITUATIONAL ANALYSIS**

#### **1.2.1. Trends**

Sub-Saharan Africa remains the global epicenter of the HIV & AIDS epidemic. A little more than one-tenth of the world's population lives in sub-Saharan Africa, yet the region is home to almost 64% of all people living with HIV—24.5 million. An estimated 2.7 million people in the region became newly infected with HIV&AIDS in 2005. 70% of the global death from AIDS related death is in this region translating to 2.0 million adults and children. Almost 90% of all children under the age of 15 years are living with HIV in Sub-Saharan Africa. The disproportionate burden of the HIV & AIDS epidemic on the region is set to grow even further as infection rates continue to rise in Africa, where poverty, poor health systems, stigma attached to AIDS, and negative cultural attitudes fuel the spread of the virus.

In Nigeria, the first case of AIDS was diagnosed in 1986. Since then, HIV prevalence rates has increased steadily from 1.8% in 1991, to 5.8% in 2001, and registering a slight decline to 5.0% in 2003. The natural adult HIV prevalence rate is currently estimated to be 4.4%, which translate to about 3 million people living with HIV in Nigeria. It is estimated that 20 new infections occur every day in Nigeria; 60% of which are in the 15-25 age group; 65% of who are women. According to the 2005 National HIV &AIDS Sentinel Survey Report <sup>1</sup>, 800 deaths occur daily in Nigeria as a result of AIDS-related illnesses.

#### **1.2.2. Factors Affecting Transmission**

About 80% of HIV infections in Nigeria are transmitted by heterosexual means. Blood transfusions account for 10%, while the remaining 10% are acquired through Mother-to-Child-Transmission (MTCT), Men having Sex with Men (MSM), and sharing contaminated needles.

In general, the root causes for the high rates of HIV transmission include: negative cultural and religious practices that perpetuate gender power imbalances such as forced and early marriage, violence against women, low level of condom use etc; lack of accurate information about HIV and AIDS; high level of Sexually Transmitted Infections (STIs), indifference to treating STIs; denial of the existence of HIV and AIDS, false claims of cures for HIV, stigma and discrimination against PLWHA and People Affected by AIDS (PABA). In addition, multiple sex partners in and out of marriage; low perception of risk towards HIV; low levels of HIV & AIDS knowledge; low level of skill for HIV risk reduction among high-risk groups; and the high level of sexual networking, particularly among young people. Furthermore, there are inadequate health care services in Nigeria to provide for the infected.

### **1.2.3. Impacts of HIV & AIDS on the Education Sector**

In both low and high prevalence settings, HIV and AIDS affects key macro sectors of the economy, such as education, agriculture and industry and in the process, places obstacles on human development. Infact, it has the potential to destroy gains made in education by government in terms of access, quality and achievement and in he supply and quality of teachers. of education are often seriously threatened by HIV & AIDS epidemic. The impact of the epidemic on education is severe as it affects demand, supply, quality, content, process, organization, fund available, potential clientele, as well as planning and management of the education system.

The major impact on the Sector is that HIV&AIDS reduces supply of education through reduction in the number of teachers and resources available for teaching. The high prevalence rate among teachers results in mortality of trained teachers, teachers absenteeism through sickness and reduction in the ability of the system to meet the demand for supply of teachers because of loss of teachers through death or sickness. the resources the increased in incidence of HIV & AIDS among teachers resulting in the low supply of teachers available for teaching.

Also, the epidemic reduces the demand for education, as children are withdrawn from schools to take care of sick parents and in response to rising household medical expenditure, and to provide care for sick family members. As a result, there is increased absenteeism high dropout rate as fewer children are able to complete their education. As demand for education reduces, it is the girl child that is negatively affected because it is the girl child that is usually stopped from going to school in order to take care of sick parent. of especially among girls negatively affects overall pupil enrolment.

The HIV &AIDS epidemic also affects the quality of education in the form of teacher absenteeism and attrition, less time for teaching, and disruption of classroom and college schedules and reduction of productivity. There are at least four dimensions to the impact that HIV&AIDS has on the quality of education through teachers and teaching. Other areas of impact of HIV&AIDS on education includes content, process, organization, fund available, potential clientele, as well as planning and management of the education system.

Beyond this HIV&AIDS impacts on the content of education it has raised the need to incorporate the inclusion of Reproductive Health, Lifeskills and HIV&AIDS in the School Curriculum. This is with the view of promoting behaviour change, which subsequently will reduce the spread of HIV and mitigate its impact.

One of the most visible impact of HIV&AIDS epidemic is the growth in the number of orphans and other vulnerable children. The growing number of orphans is posing challenges to the coping strategies of families and society at large. Many of these orphans have dropped out of school because they cannot afford to pay their school fees. Many of them have to work to take care of themselves and support their younger ones; many of such children become child -headed families. The most severe aspect is that these children drop out of schools and miss education. who have lost parents to AIDS related illnesses.

## **2.0. EDUCATION SECTOR HIV & AIDS RESPONSE REVIEW**

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### **2.1. The Nigerian Education Sector and HIV&AIDS Response**

In Nigeria, Education is on the legislative concurrent list, which allows the participation of not only the three tiers of government but also the private sector. At the Federal level, the Federal Ministry of Education coordinates and supervises the activities of the sector through its Agencies and Parastatals by providing the policies and implementation of frameworks. The educational responsibilities of the states are discharged through the 36 States Ministries of Education (SMOEs) and the Federal Capital Territory (FCT) Departments of Education as well as the 774 Local Government Education Authorities (LGEAs). To contribute to HIV&AIDS response like other line ministries, the Federal Ministry of Education initiated its own actions with the establishment of the HIV&AIDS Units to coordinate the response of its Ministries and Parastatals. Prior to the development of NESP, education sector response has been in the following four areas.

- ❖ Planning and Management
- ❖ HIV&AIDS Prevention
- ❖ Support for OVC
- ❖ Policy Frameworks.

The experiences in these areas have contributed immensely to the development of NESP.

#### **2.1.3 Planning, Management and Coordination**

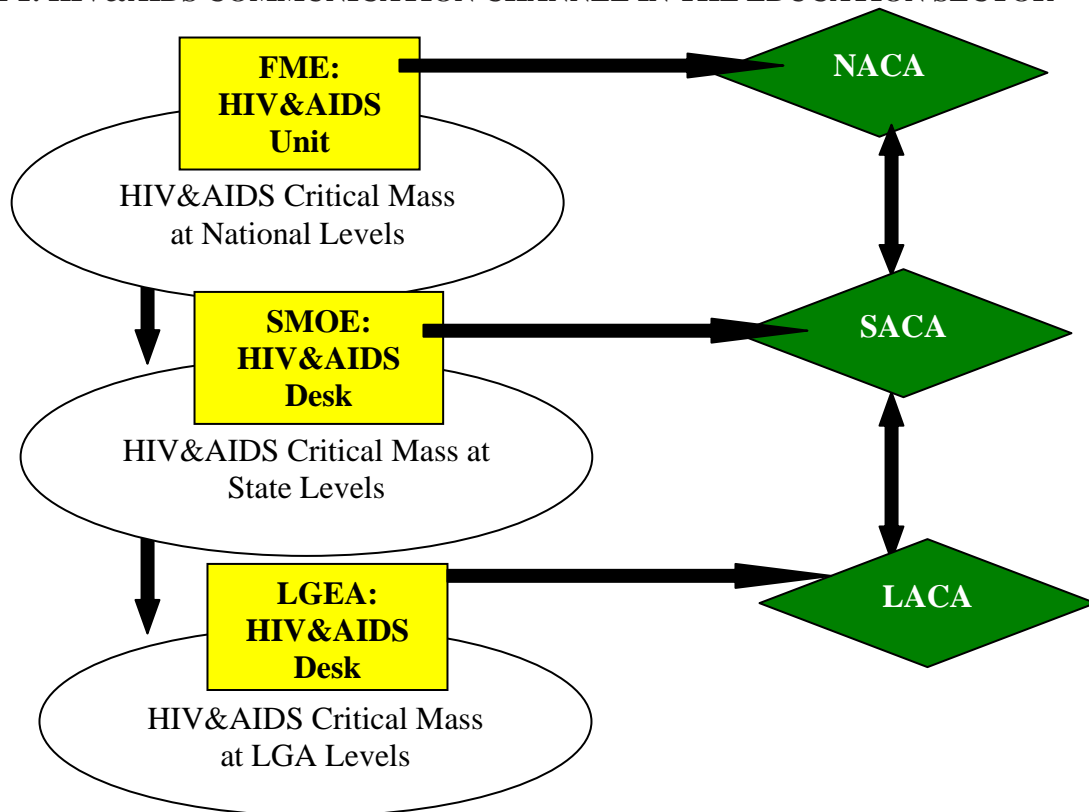
HIV&AIDS Unit of the Federal Ministry of Education was established in 2002 to coordinate the sector response to HIV&AIDS. The Unit is mandated to provide policy direction, build capacity, partnerships, mobilize resources and perform oversight function with regards to the sector response at all levels. In addition, a critical mass of HIV&AIDS focal points in various Departments, Agencies and Parastatals of the Ministry was constituted by the Unit for the coordination of the sector response. Similar structures were established at state levels within the sector. The head of HIV&AIDS Unit at the Federal Ministry of Education represents the Sector on the National Action Committee on AIDS (NACA), and the head of the Unit at the state levels assume similar function in the State Action Committee on AIDS (SACA). Similar structures are being developed at the LGA level. Figure 1 shows the communication channel on HIV and AIDS with the sector as well as with the National, State and Local Action Committee on AIDS.

#### **2.2.4. HIV and AIDS Prevention**

A two-pronged approach has been adopted by the Education Sector to address the prevention of HIV&AIDS infection among learners namely: the curricular and co-curricular approach. The curricular approach focuses on mainstreaming FLHE at basic & secondary school levels. The FLHE Curriculum, which is the main tool & strategy in the sector addresses provision of knowledge, attitude and skills at these levels. A similar curriculum on Sexual and Reproductive Health for use in the tertiary institutions had been developed and approved. While the FLHE is focused: on human development, personal skills, sexual health, relationships, sexual behavior and society and culture the Peer Education focuses on awareness creation, and life skills development. The Sexual and Reproductive Health Curriculum in tertiary institutions include condom promotion and youth friendly health services. Adaptation of these curricula for use in other education sub-sector like ECCDE, Primary and Secondary Education, NFE, Teacher training and other tertiary institution as appropriate is necessary for adequately coverage of learners across the sector.

Co-curricular HIV&AIDS prevention activities have included establishment of anti AIDS Clubs and Peer Education. These activities are often been ad-hoc, civil society led, donor-driven, and not coordinated. There is a need to ensure that such activities are coordinated and integrated into the sector response.

**FIGURE 1: HIV&AIDS COMMUNICATION CHANNEL IN THE EDUCATION SECTOR**



### 2.2.5. Support to Orphans and Vulnerable Children (OVC)

While education support for OVC is a core component of the OVC National Plan of Action<sup>2</sup>, there is limited capacity to effectively facilitate education access for OVC and other disadvantaged children. In 2005, the National Council on Education approved the provision of holistic scholarships for OVC at Basic and Secondary Education levels. The scholarship seeks to complement the provision of Universal Basic Education (UBE) on free and compulsory education for all children. The holistic Scholarship aims to support other aspect of the education of learners such as school, which is uniforms, textbooks, levies etc.

Information on the number of children directly affected by the HIV&AIDS epidemic is very limited across the country. Detailed surveys have rarely been undertaken and typically estimates of the number of the children affected/infected by HIV&AIDS vary considerably from location to location even within the State. No OVC inventory is in place and few states have developed plans to address the needs of OVC so, it is difficult to identify orphans across board. A major aspect of the identification problem is the difficulty in establishing whether a child, parent or caregiver is ill or has died as a result of AIDS complications. Secondly, the culture where orphans are integrated into the extended family makes it difficult to get information, even from community members regarding the number of OVC in their communities. Thirdly, the silence, secrecy and denial that surrounds HIV&AIDS, also makes it difficult to obtain any information on school children who are HIV positive and or have AIDS related illnesses.

It is important to note that Federal Ministry of Women Affairs is at the driver’s seat of OVC national response and with a National Plan of Action on OVC in place, the NESP will further strengthen OVC response in the sector

## 2.2.6. Policy Environment

The National Council on Education (NCE) in 2005 approved the National Policy on HIV&AIDS in the Education Sector, which is in line with the objective 2 of the NSF.

The specific objectives of the Policy are to:

- Promote awareness on HIV&AIDS and other sexually transmitted infections;
- Develop strategies and interventions that support behaviour change;
- Create a supportive work and learning environments for infected and affected staff and learners;
- Provide a workplace environment devoid of stigma and discrimination on the basis of real or perceived HIV status, or vulnerability to HIV infection.

The Policy was developed to ensure positive policy environment, which is critical to the success of HIV&AIDS interventions in the Sector. In addition, it will facilitate the current UNAIDS scale up drive against the epidemic. If fully operationalized, it is hoped that the National Policy will go a long way to ensure access and equity to education especially for vulnerable groups and orphans and to protect persons infected with HIV&AIDS in the sector from discrimination.

The challenge of this strategy is that all states need to domesticate and implement the plan in their states.

## 2.3.0. Challenges and Opportunities

Nigeria still faces many challenges on effective tackling of the AIDS epidemic. The Education Sector like any other sector of the economy is not spared. Domestication and dissemination of the National Policy at all levels as well as limited capacity for policy implementation remains a major challenge. In addition to low capacity of educators, inadequacy of teaching and learning materials required for effective delivery of the Family Life HIV&AIDS Education Curriculum remains a major challenge to implementation.

The impact of the epidemic can be felt in the violation of rights of the infected and affected persons, supply and demand of education, loss of valuable skills and experience as a result of death from AIDS related illness; increase in the numbers of OVC, threat to occupational safety and investments; gender inequalities and increased burden on women and the girl-child who bear the brunt of the epidemic. Estimates based on the 2001 Sero-Prevalence results show that female AIDS cases out-numbered male cases by a ratio of approximately 1.17 to 1 in 2000 and will continue to rise through to 2015 with female to male ratio of 1.27 to 1. In 2004, projections based on the 2003 Sero-Prevalence results suggested that about 200,000 adults died as a result of AIDS, giving rise to about 600,000 OVC in Nigeria. (*National Sero-Sentinel Survey, FMOH, 2003*). It is also noted that the families of the infected persons are not spared from the impact of the epidemic such as stigma and discrimination among others.

Attention to HIV&AIDS in the Sector is largely targeted at formal education, particularly primary and secondary schools, and to limited extent in tertiary institutions. Based on this, non-formal education, technical education and other sub-sector in education do not have adequate capacity to mitigate the impact of the epidemic. The situation is worse for staff of the sector. Involvement of stakeholders such as parents, private sector and civil societies has been on ad-hoc basis hence there is a need to make this more systemic and coordinated.

Some resources exist for HIV&AIDS programming in the country both in government, the private sector and development partners. Therefore, the development of a strategic plan will ensure effective utilization of the resources and improved effectiveness of interventions within the sector.



### 3.0 STRATEGIC PLANNING PROCESS

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In 2005, the National Action Committee on AIDS (NACA) developed the National Strategic Framework (NSF). The goal of the NSF is to reduce HIV&AIDS incidence and prevalence by at least 25% between 2005 and 2009; provide equitable prevention, treatment, care and support, that will mitigate its impact on women, children and other vulnerable groups and the general population in Nigeria. With the NSF in place, it is crucial for Nigeria to ensure sustained and well-coordinated implementation of the framework. It is therefore mandatory for all relevant line Ministries to adapt the NSF to suit the peculiarity of their sectors.

NESP was developed in response to the need to domesticate the NSF in the Education Sector. The planning process of NSF started with the formation of two groups: the Core Working Team (CWT) made up of document was developed to place to coordinate the development of this Sector Strategic Plan. A Core Working Team (CWT) made up of staff from the HIV&AIDS Unit with representation from the Critical Mass of the Federal and State Ministries of Education, UNICEF and Capacity for Universal Basic Education (CUBE) served as a Steering Committee for the development process. Also, a Technical Reference Group (TRG) chaired by the FME HIV&AIDS National Coordinator, with seven consultants and members of the Unit were in attendance while UNICEF and CUBE provided technical assistance. The CWT and the TRG developed the plan through participatory approach, series of dialogues, consultations, as well as advocacy with stakeholders in the sector. coordination of the process. The draft document was presented to both JCCE Reference and Plenary Committee sessions and was recommended for approval of the National Council on Education (NCE). An important aspect of the Strategic Planning Process was the involvement and contributions of International Development Partners and CBOs in Nigeria. Their involvements and contribution enriched the document and further strengthened the existing collaborations across sectors and build a strong foundation for increased international assistance to fight the epidemic.

The National level consultations on the Sector response were stepped down to the sub-national level through a series of training workshops aimed at accelerating Education Sector Response to HIV&AIDS. These workshops were organised by FME for Federal and State HIV&AIDS Desk Officers in collaboration with the National Institute for Educational Planning and Administration (NIEPA) from 2003 to 2005. In 2006, a review workshop was organised by FME for SMOEs and SUBEBs Desk Officers to assess progress made in terms of implementation, achievement, lessons learned and challenges from previous trainings and to introduce the NESP. The meeting also linked NESP with the NSF to chart future HIV/AIDS interventions. The National level consultations within the sector were coordinated through FME Critical Mass on HIV&AIDS. Following these series of consultations, the following activities were undertaken:

1. There were trainings for Critical Mass on project conceptualization and implementation on HIV&AIDS in March 2003, consequently a framework was developed and a committee was set up to develop the framework into a National Action Plan.
2. At the first Seminar on Accelerating Education Sector Response to HIV&AIDS in 2003, it was unanimously agreed that the National Action Plan should be developed into a National Strategic Plan.
3. At the release of the National Strategic Framework by NACA, then the Core Working Team (CWT) was formed to review the overall Education Sector Response to HIV&AIDS and to develop a 5-year HIV&AIDS Strategic Framework for the Sector in the context of the National HIV&AIDS Strategic Framework (NSF), Education for All (EFA) Agenda and Millennium Development Goals (MDGs). This was done in 2005.
4. A larger Technical Reference Group was formed to incorporate more stakeholders. This group comprises; CWT and 17 additional members of FME agencies, State representatives, Development Partners and CBOs. This group developed the first draft of the NESP in 2006.

5. The draft NESP document was circulated among stakeholders and development partners. The IDP recommended that technical advisers should be involved for their technical input. Five Consultants and Technical Adviser from UNICEF and CUBE were involved in 2006.
6. First draft of NESP was presented to JCCE Reference committee sessions in April 2006
7. Extensive dissemination of the first draft among stakeholders for their inputs was done from May to June 2006
8. State Consultative Review of first draft, incorporation of comments from stakeholders and development of second draft was done in July 2006
9. Presentation of second draft to JCCE Plenary session took place in August 2006
10. Extensive dissemination of second draft among stakeholders for their inputs; and collation of comments was done between August and September 2006
11. There was the development of State Plans aimed at stepping down the document at State level at the Accelerating Education Sector Response to HIV&AIDS review workshop at NIEPA. At this workshop, inputs were made and corrections were effected leading to the production of the third draft of the NESP document between August and September 2006
12. Dissemination of third draft to partners and stakeholders for technical review and this took place between September and October 2006.
13. A Technical Workshop for the finalisation of the fourth draft document for presentation to NCE for approval was held in November 2006
14. Document for NCE consideration and approval to be done in November 2006
15. Public Presentation of NESP document will be done in February 2007

This National Strategic Plan intends to guide States and Education sub-sector at all levels to develop annual work plan to accelerate implementation of HIV&AIDS programmes.

### **3.0 THE STRATEGIC PLAN**

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#### **3.1 PRIORITY INTERVENTIONS**

The following target groups and interventions were identified from the National Policy on HIV&AIDS for the Education Sector in Nigeria, National Policy on Education, and National Strategic Framework for Action (2005 – 2009).

##### **3.1.1 Target Groups**

1. Staff of the Education Sector in Nigeria at all levels: Education administrators, teachers and non-teaching staff.
2. Learners in the Education Sector in Nigeria at all levels:
  - a) Universal Basic Education ‘means’ early childhood care and education, the nine years of formal schooling, adult literacy and non-formal education, skills acquisition programmes and the education of special groups such as nomads and migrants, girl-child and women, almajiri, street children and disabled groups.
  - b) Senior Secondary Education: Is the education children receive after completing basic education and before the tertiary stage
  - c) Tertiary Education: Is the education given after senior secondary education in institutions such as colleges of education, polytechnics, monotechnics and universities

##### **3.1.2 Thematic Areas**

The NESP addresses the following thematic areas:

1. Planning, Co-ordination and resource mobilisation
2. Prevention of new infections
3. Impact mitigation
4. Enabling policy environment
5. Monitoring and evaluation

## **3.2 NESP Goal, Purpose, Objectives, Output results and Strategies.**

### **3.2.1. Goal**

Reduce the risk of HIV and AIDS infection by at least 25% among staff and learners and mitigate the impact of HIV and AIDS in the sector by 2010.

### **3.2.2 Purpose**

The purpose of the NESP, is to provide strategic focus, accelerate the response of the sector at all levels, protect vulnerable groups, enhance effective implementation of programmes to reduce new HIV and AIDS cases, and mitigate its impact in the sector.

### **3.2.3. Objectives**

**Objective 1:** To increase the number of functional HIV and AIDS Critical Mass mechanism in the sector at all the 36 states, FCT and in at least 50% of the LGAs in Nigeria by 2010.

#### **Strategies**

- 1.3 Establish HIV/AIDS unit and critical mass in remaining 5 states and 387 LGAs.
- 1.4 Strengthen capacity of critical mass, education managers and policy makers for effective coordination and management of HIV and AIDS interventions in the education sector including resource mobilization and utilization.

#### **Output Results**

- ❖ Critical mass for HIV and AIDS programme established in remaining 5 states, and 387 LGAs.
- ❖ HIV and AIDS units of the FME, SMoE, FCT Education Department and 387 LGEAs utilize the TOR for Critical Mass mechanism to guide their operation.
- ❖ 70% of members of critical mass and 40% of education managers / policy makers acquire additional knowledge and skills in HIV and AIDS programme planning, coordination, management and resource mobilization and utilisation
- ❖ 5% annual increase in resources available for HIV and AIDS programme in the sector at all levels

**Objective 2:** To increase HIV and AIDS knowledge by 25% among staff and 40% among learners, as well as 20% improvement in attitude, behaviour and skills and practice among learners and staff by the end of 2010.

#### **Strategies**

- 2.5 Facilitate HIV and AIDS knowledge and Life skills for learners through curricular approach
- 2.6 Facilitate HIV and AIDS knowledge and Life skills of staff and learners through co-curricular approach
- 2.7 Promote access and utilization of Condom in tertiary institutions, adult literacy centers, and among staff in the sector.
- 2.8 Improve utilization of multimedia educational materials for behaviour change on HIV and AIDS among staff and learners.

### **Output Results**

- ❖ Staff and learners have their HIV and AIDS knowledge increased by 25% and 40% respectively.
- ❖ Staff and learners have their attitude, behaviour and skills on HIV and AIDS improved by 20%.
- ❖ 15% of learners in the basic and senior secondary education delayed sexual debut
- ❖ 10% of learners in tertiary institutions and staff in the sector use condom correctly and consistently.

**Objective 3:** To increase access of at least 50% of identified infected and affected Staff and learners to HIV and AIDS education support services by 2010.

### *Strategies*

- 3.1 Strengthen capacity for education support to OVC in the sector
- 3.2 Facilitate access of staff and learners to VCT and other support services

### **Output Results**

- ❖ Infected and affected staff and learners in the sector identified.
- ❖ 25% of identified OVC received psycho-social support and holistic scholarship
- ❖ 50% of identified OVC are integrated into basic education (ECCDE, NFE and primary and junior secondary school)
- ❖ 50% of infected staff and learners have access to care and support services

**Objective 4:** To promote the implementation of the National Policy on HIV and AIDS in the Education Sector at federal level and in at least 50% of all states, and FCT by 2010.

### *Strategies*

- 4.3 Domestication of National Policy on HIV and AIDS by additional 17 states and FCT
- 4.4 Strengthen the capacity of Policy makers and education managers to implement the National and state policies on HIV and AIDS in the education sector.

### **Output Results**

- ❖ Additional 17 states domesticated National Policy on HIV and AIDS in the Education Sector
- ❖ Policy makers and education managers in FME and at least 50% of states, and FCT have skills to create a supportive work and learning environment for HIV and AIDS interventions.

**Objective 5:** To ensure effective collection, analysis and dissemination of Education HIV&AIDS data into Nigerian Education Management Information Systems (EMIS) and Nigerian National Response and Information Management Systems (NNRIMS) by 2010.

### *Strategies*

- 5.2 Strengthen capacity of the critical mass for routine monitoring and periodic evaluation of HIV and AIDS activities and outputs

### **Output Results**

- ❖ HIV and AIDS units of the FME, SMOEs, FCT Education Department and 387 LGEAs utilize the NESP monitoring tool for routine monitoring of HIV and AIDS interventions in the sector.

- ❖ M&E focal points in the HIV and AIDS units of the FME, SMOEs, FCT Education Department and 387 LGEAs have knowledge and skills in the monitoring and evaluation of HIV and AIDS interventions in the sector.

**OBJECTIVE 1: To increase the number of functional HIV and AIDS Critical Mass mechanism in the sector to all the 36 states, FCT and in at least 50% of the LGAs in Nigeria by 2010.**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
1.1 Establish HIV&AIDS Units and critical mass in the remaining 5 states and 387 LGAs	1.1.1 Review the TOR of the HIV&AIDS Critical Mass and HIV&AIDS Unit at all levels within the education sector	36 states and 387 LGAs	N/A	N/A	Federal State LGA	FME	TORs for the Critical Mass and HIV&AIDS units developed	TOR document	Qtr 1- 2 2007	IDPs FME	Existing guideline for the Critical Mass at Nat. level will be adapted for use at all levels
	1.1.2 Establish HIV&AIDS focal point at the remaining 5 states and 387 LGAs	5 states and 387 LGAs	Equal representation	N/A	State LGAs Agencies, Parastatals and departments	SMEs LGEAs	Improved coordination of HIV&AIDS Sector response	Report of meetings of Critical Mass	Qtr 3 2007 to Qtr 4 2008	NACA FME IDPs	Membership of the Critical Mass Focal points will constitute the critical mass

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
Strengthen capacity of critical mass, education managers and policy makers for effective coordination and management of HIV/AIDS interventions in the education sector including resource mobilization and utilization	1.2.1 Develop and adapt gender mainstreaming guidelines and protocols for HIV&AIDS Programming in the Education sector.	Members of the 38 Critical Mass Team	Equal representation	N/A	ALL	FME	Gender mainstreaming guidelines and protocols developed	National Gender mainstreaming guideline for HIV&AIDS Programming in the Education Sector	Qtr 4 2007	NACA IDP	The guideline will be incorporated into the training package of members of the critical mass
	1.2.2. Develop coordination plan and build human and institutional capacity for an effective sector response	Critical mass teams, education managers, and policy makers at all levels	N/A	N/A	ALL	FME SMoE LGEA sSUBEB Partners	increased efficiency of critical mass	Annual Coordination plan	Qtr 1 2007  Qtr4 annually	FME NACA IDPs private sector	Coordination plan will be effectively utilized.



Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.2.3 Conduct periodic review meetings with critical mass and desk officers at all levels	Members of the critical mass		N/A	All	FME SMoE LGEA	Number of meetings held	Activity report  Minutes of meeting  Attendance sheet	Qtr 3, Annually	FME SMoE IDPs, NACA SACA	
	1.2.4 Establish partnership with stakeholders at all levels	IDPs Private Sector CSOs	N/A	N/A	All	FME SME LGEA	No, type and levels of partnership developed	Signed MOU  Activity report	As necessary	FME SMoEs LGEAs	These partnerships will be linked with the Partnership drive led by NACA and SACA.
	1.2.5 Conduct the mapping of HIV /AIDS resource availability and utilization in the education sector, and disseminate widely.	All HIV& AIDS Desk Officers	Equal Representation	N/A	All	FME	Mapping conducted and disseminated	Report of the mapping exercise	Qtr 3 2007.	Government  Development Partners.	Mapping will assist resource mobilization drive in the sector

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.2.6 Develop guidelines for tracking resource flows in the sector.	Policy makers ,All HIV& AIDS Desk Officers	N/A	N/A	All	FME SOME , SUBEB LGEAS	Nature of resource mobilization guideline developed	Resource mobilization guideline	Qtr 3 – 4 2007	FME NACA SMOE SACA	Guideline will improve efficiency of available resource in the sector
	1.2.7 Advocate for the creation of budget lines for HIV&AIDS programmes at all levels in annual education sector budgets	Policy makers All critical mass teams	N/A	N/A	All	FME, SMOE , SUBEB LGEAS	No levels and units where budget line for HIV&AIDS have been created	Sector HIV&AIDS budget document	Qtr 1-2 2007 & Qtr 3 annually	N/A	The budget line will guarantee resources for the program
	1.2.8 Train key staff in the sector on resource mobilization and management	50% of members in the critical mass team at levels	Equal representation	N/A	All	FME, some SUBEB LGEAS NIEPA	% of members of critical mass team trained at all levels	Training reports	Qtr 2 2008 & Qtr 2 2010	FME SMOE SUBEB	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	1.2.9 Advocate for the mainstreaming of HIV&AIDS Education into management training at management training institutions	NIEP A	N/A	N/A	National	FME,	No of management training institutions that mainstreamed HIV&AIDS into their training programmes	Training brochure	Qtr 2-4 2008	Government, IDPs.	This activity will provide opportunities for education administrators, managers and planners to be equipped with skills for programming around HIV&AIDS

**OBJECTIVE 2: To increase HIV&AIDS knowledge by 25% among staff and 40% among learners, as well as 20% improvement in attitude, Behaviour, skills and practice among learners and staff by the end of 2010.**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
2.1 Facilitate HIV & AIDS knowledge and Life skills through curricular approach	2.1.1 Adapt the FLHE / Sexual and Reproductive Health curricula as appropriate in all the sectors e.g NFE, ECC, Technical Education etc	All learners	N/A	N/A	Fed, State LGA	FME NERDC SMOE	# and type of curricular adapted	Activity report  Copies of the adapted curriculum	Qtr 1-3 2007	FME SMOE NACA SACA IDPs UBE	Adapted FLHE/ Sexual and Reproductive Health curricula will be produced and utilized in all sectors
	2.1.2 Produce and distribute copies of appropriately adapted curricular to all educational institutions at all levels	At least 3 copies in each educational institutions at all levels	N/A	N/A	All Levels	FME NERDC SMOE	% of schools with copies of curricula	Copies of curricula	Qtr 2-3 2007	FME, SMOEs UBEC, DPS NACA	Availability of curricula will facilitate teaching

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.1.3. Conduct modularization of topics in FLHE curriculum into appropriate carrier subjects / teaching guides at all levels	All educators in Pry & Sec. Schools, NFE	N/A	N/A	Federal State	FME NERDC NMEC SMOEs, and its agencies	# & Type of modules teaching guides developed	Modularized curriculum  Teaching guides  Report of activity	Qtr 3 <sup>rd</sup> – 4th 2006	FME UBEC IDPs SMOEs	Teaching guide and Modularised curriculum for primary, secondary school have been developed in 2006
	2.1.4. Produce and distribute the modularized curriculum and teaching guiders	All schools at all levels	N/A	N/A	Federal State LGA	FME NERDC NMEC SMOEs	Number of copies of curriculum and teaching guides distributed.	Report of activity  Modularized Curriculum  Teaching guides	Qtr 3-4 2007	FME NACA UBEC DPs SMOEs	Availability of modularized curriculum and teaching guides
	2.1.5 Develop and adapt resource materials in English and Major Nigerian languages for teaching of FLHE curriculum at all levels	All teachers learners in Pry & Sec. Schools, NFE	Materials are gender sensitive	N/A	Federal State LGA	FME NERDC	Number of resource materials developed and adopted	Activity report  Resource materials.	Qtr 2, 2007 – end of plan (on-going)	FME Private Sector SMOE IDPs	Resource materials are based on FLHE Curriculum

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.1.6. Produce and distribute the resource materials	All teachers and learners in primary and secondary School NSF	Materials are gender sensitive	N/A	Federal State LGA	FME SMOEs	No of materials produced and distributed	Activity report Resource materials	Qtr 3, 2007 and of plan (on-going)	FME Private sectors SMOEs DPs	Availability of resource materials.
	2.1.7 Conduct in-service teacher training on FLHE / Sexual and Reproductive Health Curriculum in relevant Sub-Sectors.	300,000 teachers in primary and secondary schools. 50,000 educators in NFE . 1200 in tertiary institutions	50% female	N/A	Federal State LGA	NTI NCCE NUC NBTE NMEC NCNE SMosE NERDC	Number of educators trained (Disaggregated by state, gender, institution, levels, and subject)	Activity report Training reports	Qtr 3 2007 to Qtr 3 2009	DPs FME SMOEs UBEC Govt.	In-service teacher training will bridge the gap in the interim

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.1.8 Advocate for curricula review in teacher training institutions to incorporate FLHE / Sexual and Reproductive Health in pre-service teacher training		N/A	N/A	Federal State Private teacher training institutions	NTI NCCE NUC NBTE SMoE Private teachers training institutions	Number of teacher training institutions that incorporate FLHE/S&RH into their curricula	Activity report  Copies of Teacher training curricula	2007/2008 Academic Year (on-going)	FME SMoEs Private teacher training institutions	Availability of FLHE and Sexual & Reproductive Health Curriculum

Strategies	Activities	Target Beneficiaries	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions	Strategies	Activities
2.2. Facilitate HIV & AIDS knowledge and Life skills of staff and learners through co-curricular approach	2.2.1 Develop guidelines and adapt resource materials for HIV & AIDS peer education at all levels	In- and out- of – school learners	Gender sensitive materials	Out-of-school learners	All levels	FME NMEC CSOs NERDC NUC NCCE NBTE NTI	% of institutions with PE guideline  No by type of resource materials in use	Copy of the Peer Educators guideline  Copy of adapted resource materials  Activity reports	Qtr 4 2007 to 2009	IDPs, FME SMOEs UBEC DPs CSOs	Available resources with CSOs will be adapted for use
	2.2.2 Conduct HIV&AIDS Peer Education training for learners	2% of learners in institutions	Equal representation	Out of school learners	All levels.	CSOs SBMC /PTA Educators, NYSC FME, NERDC NUC NBTE NCCE NTI	% of learners trained as peer educators	Activity reports from SOME LGEA  Training Reports from CSOs	Qtr 4 2007 – Qtr 3 2010	CSO IDPs FME SMOEs NACA UBEC	The capacity to facilitate this activity is available at the State and LGA level



Strategies	Activities	Target Beneficiaries	Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions	Strategies	Activities
	2.2.3. Establish functional Anti-AIDS Clubs.	50% of Pry & Sec Schools, NFE.  100% of tertiary institution	N/A	N/A	Education institutions at all levels.	CSOs SBMC / PTA Educators  NUC NBTE NCCE NTI	No of education institution with functional Anti-AIDS Clubs	Report of meetings, Attendance list.	Qtr 1 – 4 2008	Govt CSOs DPs	School authorities and learners will cooperate in establishing the clubs
	2.2.4 Organize entertainment and competition activities to celebrate World AIDS Day and other special school events to promote behaviour change on HIV & AIDS related issues	All learners	N/A	N/A	All	FME SMoE LEA CSOs Tertiary Institutions Ant-AIDS clubs	No of schools that organisa such events at all levels  % of learners participating in the activities	Activity reports	Qtr 4 annually	IDPs Private sector FME SMoE DPs Tertiary Institutions CBOs Private Sectors.	Cooperation of school administrators is guaranteed

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
2.3. Promote access and utilization of Condom in tertiary institutions, adult literacy centers, and among staff in the sector.	2.3.1. Periodic sensitization workshop on the correct use of Condoms	All students and staff of tertiary institutions.	N/A	Moralist and religious groups	All tertiary institutions.	NUC NBTE NCCE NTI Institution authorities.	Number of staff and students sensitized.  No of institutions covered.	Activity reports	1 <sup>st</sup> and 3 <sup>rd</sup> quarter annually	FME SmoEs NACA Private Sector CBOs DPs	The workshops will be acceptable to the institutions  The institutions head will cooperate.
	2.3.2. Distribute condoms through strategic points, Youth Friendly Centres and Health Centres.	All staff and students	N/A	Moralist and religious groups	All tertiary institutions.	NUC NBTE NCCE NTI Institution authorities.	Number of condoms distributed.	Activity reports	2007/2008 Academic Year	FME SmoEs NACA Private Sector CBOs DPs	Condoms will be used.

Strategies		Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
2.4 Improve utilization of multimedia educational materials for behaviour change on HIV&AIDS among teachers and learners	2.4.1 Design, produce, distribute and transmit culturally and age appropriate gender sensitive print education support materials on HIV&AIDS	Learners and staff at all levels	Materials must be gender sensitive	N/A	All	FME SMoE LEAs CSOs Organized Private Sector NERDC	No and type of materials produced  No and nature of activities the materials are used for	Copies of the education support materials	Qtr 2-3 2007 to end of plan (on-going)	Private sector, Govt IDPs  FME SMoE DPs Private Sector	Materials to address all aspects of HIV & AIDS prevention, care and support including Stigma and discrimination
	2.4.2. Design, produce and distribute culturally and age appropriate gender sensitive Enter-Educate materials (Films) on HIV&AIDS	Learners and staff at all levels	Equal representation	Non-Formal and adult literacy sub-sector	Federal State	FME SMoE	No of education institutions reached with Enter-Educate film on HIV&AIDS  % of education institutions with appropriate multimedia equipments	video tapes/CD of the Enter-Educate films  Activity report	Qtr 1- 4 2009	Govt CSO Private Sector	

Strategies		Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	2.4.3. Procure Multi Media equipment (TV, Video, VCD/DVD, Computers, Multi Media Projectors, Computers etc.) and distribute to LGEAs, educational institutions and sub-sectors at all levels	All Sub-sectors, education institutions, and LGEAs		Non-Formal and adult literacy	Federal State	FME SMoES SUBEB	No of educational institutions, Sub-sectors, and LGEAs that have multi-media equipment	Multi media equipment	Qtr 1 2007-qtr 4 2008	DPs FME SMoEs SUBEB	Multi-media equipment will increase access of learners to HIV&AIDS information, knowledge and behaviour through films, video, radio and television programmes

**OBJECTIVE 3: To increase access of at least 50% of identified infected and affected Staff and learners to HIV and AIDS education support services by 2010.**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
3.1 Strengthen capacity for education support to OVC	3.1.1 Conduct periodic mapping of communities with high number of OVC	Communities with high HIV prevalence	Data disaggregated by age and sex	Hard to reach rural communities	State LGA Communities	SOME in collaboration with SMWA & Community leaders.	Number of community where the mapping was conducted  # of primary schools in the sample community  % of available schools with ECCDE in the sample community	Report of the mapping exercise	Qtr 2 -3 2007 &  Qtr 4 2009	IDPs FME FMWA SMOE SUBEB NACA SACA	Mapping exercise linked to the OVC National Plan of Action

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.1.2 Advocacy visits to State for the establishment of ECCDE in communities with high number of OVC	Communities with high HIV prevalence	N/A		State LGA Communities and schools	SOME in collaboration with SMWA	% of pry schools in the sample communities with functional ECCDE  % of all pupils who are OVC	Advocacy report  School Census report	Qtr 2 2007 – Qtr 3 2008	SOME SUBEB	ECCDE will facilitate access of OVC to schools
	3.1.3 Periodic Sensitization meetings with members of SBMC / PTA, Association of Head teachers on the plight of OVC within the school environment	36 State Branches of PTA / SBMC and Assoc. of Head Teacher + the FCT	Equal Representation	N/A	State, LGA Communities and schools.	SMOE SUBEB LGEA	No of sensitization meetings conducted  No of PTA & Assoc. Of Head Teacher Assoc. members sensitized	Meeting reports	Qtr 2 2007, 2009 & 2010	SMOEs SUBEB LGA	Sensitized members of PTA/SBMC and Head teachers will serve as advocates for OVC at school & Community levels
	3.1.4 Conduct advocacy visit to UBE and SUBEB to cover the HGSFHP to ECCDE especially in OVC endemic communities	OVC in the ECCDE in the sample communities		N/A	Federal, state, LGA Communities & schools	Critical Mass Team at all levels	# of ECCDE with HGSFHP	School census Report	Qtr 3 2007, 2009 & 2010	FME SMOE SUBEB LGA IDP	School Meal will guarantee access, and retention of OVC in ECCDE

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.1.5 Develop and produce training manual on Psychosocial support to OVC in school community	ECCDE care giver, teachers and G&C	N/A	N/A	Federal	FME / UBE in collaboration with FMWA	Training manual on Psychosocial support to OVC developed	Copy of the training Manual  Activity report	Qtr 3-4 2007	FME FMWA NACA IDP	The manual will strengthen the capacity and increase psychosocial support for OVC
	3.1.6 Train teachers, G&C and care givers to provide psycho-social support to OVC in the school community	All ECCDE care givers, at least 1 teacher and 1 G&C the in endemic community	Equal representation	N/A	State, LGA, Communities and schools	SMoE SUBEB LGA & SBMC	# of ECCDE care givers, teacher and G&C trained  # of ECCDE / schools with trained caregivers, teachers and , G&C	Training report	Qtr -3 2007& 2010	FME NACA SUBEB SACA IDP	Capacity building will increase psychosocial support for OVC in schools

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.1.7 Advocate for school-based health services in ECCDE and Primary Schools	Communities with high HIV prevalence	N/A	N/A	State LGA	Critical Mass team at all levels	# of schools / ECCDE with school-based health services	School report	Qtr 1- 3 2008	FME SMOE SUBEB LGEA IDPs	The service will be integrated within the framework of the national school health programme and would address OI in infected OVC
	3.1.8 Facilitate access of OVC to holistic scholarships	All OVC	Equal representation	OVC in endemic communities	ALL	FME SMOE LGA & CSOs	% of all OVC who have accessed holistic scholarships	List of beneficiaries	Annually	FME SME LGA IDPs CSO	Critical Mass will mobilize resource for it.
3.2 Facilitate access of staff and learners to VCT and support services	3..2.1 Establish linkages between the education sector and network of PLWHA at all levels to increase access to care, treatment and support services for infected and affected staff and learners	All staff and learners	N/A	N/A	All education sub-sector	Critical Mass team at all levels	# of linkages established at all levels	Activity report	ongoing	FME SMOE SUBEB NACA SACA NEPW AN	Network will improve care and support services to affected and infect staff and learners



Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	3.4.2 Develop referral systems with health facilities for staff and learners to access VCT and treatment services	All staff and learners	N/A	N/A	Federal State LGA	Critical Mass team at all levels	# of referral systems established at all levels	Activity report	ongoing	FME SMoE SUBEB NACA SACA FMOH SMOH	Referral will increase access to VCT and treatment services

**OBJECTIVE 4: To promote the implementation of the National Policy on HIV & AIDS in the Education Sector at Federal level and in at least 50% of all states ,and FCT by 2010**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
4.1 Strengthen capacity for improved HIV&AIDS policy environment at all levels in the sector	4.1.1 Develop National Implementation guidelines for the National Policy on HIV&AIDS in the Education sector	Staff & Education Administrators at all levels	Equal representation	N/A	Federal , State, Local Govt.	FME NACA FML CSO	Policy guidelines in existence and being utilized	Policy guideline	Qtr 1 – 2 2007	Fed State NACA SACA IDPs	Commitment of relevant line Ministries
	4.1.2 Print and disseminate widely the National HIV&AIDS Policy in the Education Sector and the Implementation Guideline	10,000 copies to all sub-sector	N/A	N/A	Federal , State, Local Govt.	FME SMEs ZEOs SPEB SACA LACA	No. of document produced and distributed.  No. of States and Organisations with the Policy document	Activity report	Qtr 3 2007 – Qtr 2 2008	Fed State NACA SACA LACA Partners NGOs	Availability of the printed policy documents

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	4.1.3 Training of Desk officers in SMOE and SUBEB on the Policy	HIV&AIDS Desk officers in 36 states and FCT	N/A	N/A	State, Local Govt.	FME SMOEs SUBEB LGEAs PPSMB	No. of Desk officers trained	Activity report	Qtr 2 – 4 2007	SACA SUBEB SMOE	Improved capacity for effective performance
	4.1.4 Assessing periodically the implementation of the Policy	FME, 36 States and FCT	NA	NA	FME States, FCT LGEAs	FME SMOEs SUBEB LGEAs FCT	No of states that domesticated the Policy	Activity report	2 <sup>nd</sup> -4 <sup>th</sup> quarter	FME SMOE SACA SUBEB	Improved utilization of Policy at all levels
	4.1.5 Sensitization meeting for policy makers and key staff at all levels on the policy implication for the sector	4,000 staff	N/A	N/A	Federal, State, Local Govt.	Federal, State and LGEA Critical Mass Team	# of staff sensitized	Activity report	Qtr 1 -4 2009 & 2010	Fed State NACA SACA LACA Partners	

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/Assumptions
		Total	Gender	Relevant Vulnerable Group							
4.2 Facilitate the removal of impediments to HIV&AIDS programming in the sector	4.2.1 Advocacy visit to relevant federal and state agencies for the review of rules and regulations that impedes successful implementation of the National HIV&AIDS Policy in the Education sector	All levels	N/A	Infected and affected women  OVCS	Federal, State,	FME SMOE	No. and types of rules/regulations, and codes of conduct reviewed.  # of agencies visited	Reports of Advocacy meetings	Qtr 2 – 4 2010	Fed State NACA SACA	Revised rules and regulation will improve policy implementation at all levels
	4.2.1 Building capacity Federal and states Desk officers on sensitization and advocacy on the policy document	FME FCT SMOE	NA	NA	FME FCT SMOE	FME FCT SMOE	No of Desk officers trained	Activity report	QTR1-4 2007-2010	FME FCT SMOE NACA SACA	Building of capacity to improve performance

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	4.2.2 Periodic sensitization meeting with staff at all levels on existing legislations on sexual harassment, coercion and rape to reduce risk of new HIV infection within the sector.	3,000	Equal representation	Infected and affected SM	Federal, State, LEA	Critical Mass team at all levels	No. of staff reached	Activity reports	Qtr 2 2009 – Qtr 2 2010	Fed State NACA SACA LACA Partners	Awareness of existing legislation will produce enabling environment in the educational sector

**OBJECTIVE 5: To ensure effective collection, analysis and dissemination of Education HIV&AIDS data into Nigerian Education Management Information Systems (EMIS) and Nigerian National Response and Information Management Systems (NNRIMS) by 2010.**

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
5.1 Strengthen capacity of the critical mass for routine monitoring and periodic evaluation of HIV&AIDS activities and outputs.	5.1.1 Develop indicators, Print and disseminate the report of the 2006 National school-based HIV&AIDS KABS Study.	5,000 copies to all sub-sector and institutions	N/A	N/A	All levels	FME and IDPs	Baseline information on HIV and AIDS in schools	National Baseline HIV/AIDS KAP and School Health report	Qtr 1 2007	FME IDP	The report of the study is available in 2006
	5.1.2 Identify, appoint and build capacity of M&E focal points in HIV&AIDS Units in the FME, all States and LGAs.	FME SMoE LEAs	Gender equity to be applied.	N/A	All	FME SMoE LGA			Qtr 1 2007	FME SMoE IDPs	The report of the study is available in
	5.1.3. Equip all HIV&AIDS M&E with necessary materials (hardware and software) relevant to their level of operation.	HIV&AIDS units at all levels	N/A	N/A	All	FME	M&E materials in existence and functional.	M & E guidelines	Qtr 2– 3 2007	FME IDPs	Funding inadequate
	5.1.4 Prepare annual M&E Plan by HIV&AIDS Units at all levels.	FME SMoE LEAs	N/A	N/A	All	FME SMoE LGA	Number of HIV/AIDS units with functional M&E plan.		Qtr 2 2007	FME SMoE LGA	The commitment to prepare M&E plan.

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	5.1.5 Conduct training of Inspectors on the HIV&AIDS M&E tools.	Federal, State and Local Govt Inspect ors of Educati on.	Equal represen tation	N/A	All	FME SMoE LGA	# of HIV/AIDS Inspectors trained	Training reports	Qtr 1 - 2 2008	FME SMoE IDPs	State level training will include LGEA inspectors
	5.1.6 Integration of HIV&AIDS M&E tools into the School inspection schedules.	Federal, State and Local Govt Inspect ors of Educati on.	N/A.	N/A	All	FME SMoE SUBEB LGEA		Reports.	Qtr 1 – 4 2008	FME SMoE SUBEB LGA IDPs	
	5.1.7 M&E of HIV&AIDS activities using the NESP tools linked to all Teacher training activities carried out in schools	All	N/A	N/A	All	NCCE NTI		Report	Qtr 2-4 2007	Govt. IDP	Analysis will focus on staff

Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	5.1.8 Conduct National follow-up school –based HIV&AIDS survey in 5% of schools in each geo-political zone	All	N/A	N/A	All	FME SMoE LGEA		Report	Qtr 4 2008	FME SMoE LGA	
	5.1.9 Integration of NESP into the annual, short, medium and 10-year education sector plan in federal, state and LGA	FME annual, short, medium and 10- year plan	N/A	N/A	All	FME SMoE LEA		The plans	2006	FME SMoE LGA	Reports will be collected through routine channels as well as through coordination meetings
	5.1.10 Conduct National sector analysis of the impact of HIV&AIDS on the Education Sector.	FME SMoE LGA	N/A	N/A	All	FME NACA	% of staff and learners who are infected and affected  Type of support services available for PLWHA / PABA, OVC, CAA etc in the sector	Survey Reports	Qtr 2 – 4 2009  Qtr 2- 3 2011	FME IDPs NACA	Funds are available  Baseline Information available both from the 2006 School-Based Survey on HIV/AIDS and the 2007 Sector Based Analysis on the impact of HIV/AIDS



Strategies	Activities	Target Beneficiaries			Levels of implementation	Who is responsible	Objectively Verifiable Indicators (OVI)	Means of Verification (MOV)	Time Yr/Qtr.	Funding Source	Risk/ Assumptions
		Total	Gender	Relevant Vulnerable Group							
	5.1.11 All data collected and analysed to be fed into NEMIS & NRIMS.	All stakeholders	N/A	N/A	All	FME / NACA SMoE / SACA LEA / LACA	Level of achievement of the set targets in the NESP	Evaluation Report	Qtr 3 -4 2011	FME IDPs	Funds are available

## ANNEX 2: NESP RESULT MATRIX

<b>Goal:</b> Reduce the risk of HIV and AIDS infection by at least 25% among staff and learners and mitigate the impact of HIV/AIDS in the sector by 2010.		
<b>Strategic Result</b>	<b>Outcome Results</b>	<b>Output Results</b>
25% reduction in the prevalence of HIV and AIDS among staff and learners in the Education Sector in Nigeria by the end of 2010	<p><b>R1:</b> Critical Mass of the FME, SMoE , FCT Education Department and 387 LEAs are effectively coordinating HIV and AIDS interventions in the sector by the end of 2010.</p> <p><b>R2:</b> 5% annual increase in resources available for HIV and AIDS programme in the sector at all levels by end of 2010</p>	<ul style="list-style-type: none"> <li>• Critical mass for HIV and AIDS programme established in additional 5 states, and 387 LGAs by end 2008</li> <li>• HIV and AIDS units of the FME, SMoE, FCT Education Department and 387 LEAs utilize the TOR for Critical Mass mechanism to guide their operation by end 2009.</li> <li>• 70% of members of critical mass and 40% of education managers / policy makers acquire additional knowledge and skills in HIV and AIDS programme planning, coordination, management and resource mobilization by end 2010</li> </ul>
	<p><b>R3:</b> Staff and learners demonstrate 25% and 40% improvement in HIV and AIDS knowledge respectively, as well as appropriate attitude, life skills and behaviour on HIV and AIDS prevention, care and support by the end of 2010.</p>	<ul style="list-style-type: none"> <li>• Staff and learners have their HIV and AIDS knowledge increased by 25% and 40% respectively by end 2010</li> <li>• Staff and learners have their attitude, behaviour and skills on HIV and AIDS improved by 20% by end 2010</li> <li>• 15% of learners in the basic and senior secondary education delayed sexual debut by end 2010</li> <li>• 10% of learners in tertiary institutions and staff in the sector use condom correctly and consistently by end 2010</li> </ul>

	<p><b>R4:</b> 50% of identified OVC are integrated to basic education and receive psycho-social support and holistic scholarship by the end of 2010</p> <p><b>R5:</b> 50% of PLWHA in the sector are accessing care and support services by end of 2010</p>	<ul style="list-style-type: none"> <li>• Infected and affected staff and learners in the sector identified by end 2007</li> <li>• 25% of identified OVC received psycho-social support and holistic scholarship by the end of 2010</li> <li>• 50% of identified OVC are integrated into basic education (ECC, NFE and primary and junior secondary school) by end 2010</li> <li>• 50% of infected staff and learners have access to care and support services by the end of 2010</li> </ul>
<b>Strategic Result</b>	<b>Outcome Results</b>	<b>Output Results</b>
	<p><b>R6:</b> Ministries of Education at Federal and State level, and the FCT department of Education are implementing the National Policy on HIV and AIDS in the Education Sector by end 2010</p> <p><b>R7:</b> HIV and AIDS units and Education Inspectorate Services of the FME, SMoE, FCT Education Department and 387 LEAs are practicing evidence –based planning linked to NEMIS and NNRIMS in the implementation of the NESP by end of 2010.</p>	<ul style="list-style-type: none"> <li>• Additional 17 states domesticated National Policy on HIV and AIDS in the Education Sector by end 2009</li> <li>• Policy makers and education managers in FME and at least 18 SMoE have skills to create a supportive work and learning environment for HIV and AIDS interventions by end 2010</li> <li>• HIV and AIDS units of the FME, some, FCT Education Department and 387 LEAs utilize the NESP monitoring tool for routine monitoring of HIV and AIDS interventions in the sector by end 2007.</li> <li>• M&amp;E focal points in the HIV and AIDS units and Education Inspectors of the FME, SMoE , FCT Education Department and 387 LEAs have knowledge and skills in the monitoring and evaluation of HIV and AIDS interventions in the sector by end 2010.</li> </ul>

### ANNEX 3: NESP MONITORING MATRIX

Result	Indicators / Measure	Means of Verification
<b>Strategic Result</b>		
25% reduction in the prevalence of HIV and AIDS among staff and learners in the Education Sector in Nigeria by the end of 2010	<ul style="list-style-type: none"> <li>• % reduction in HIV prevalence rate among adult and learners</li> </ul>	<ul style="list-style-type: none"> <li>• National HIV &amp; AIDS Sero-Prevalence Survey</li> </ul>
<b>Outcome Results</b>		
<b>R1:</b> Critical Mass of the FME, SMoE , FCT Education Department and 387 LEAs are effectively coordinating HIV and AIDS interventions in the sector by the end of 2010.	<ul style="list-style-type: none"> <li>• # of Critical Mass established at Federal, State and LGA levels</li> <li>• # of critical mass with clearly defined TOR at all levels</li> <li>• % of members of critical mass trained on HIV and AIDS Programming</li> <li>• # of education managers / policy makers sensitized on the impact of HIV and AIDS on the education sector</li> <li>• # of Annual HIV and AIDS education Plans developed and implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Education Sector HIV and AIDS report</li> <li>• Training Reports</li> <li>• Sensitization report</li> <li>• Institutional Assessment Report (Evaluation)</li> </ul>
<b>R2:</b> 5% annual increase in resources available for HIV and AIDS programme in the sector at all levels by end of 2010	<ul style="list-style-type: none"> <li>• % change in annual resources for HIV&amp;AIDS Programmes in the sector</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Education Sector HIV and AIDS report</li> </ul>
<b>R3:</b> Staff and learners demonstrate 25% and 40% improvement in HIV and AIDS knowledge respectively, as well as appropriate attitude, life skills and behaviour on HIV and AIDS prevention, care and support by the end of 2010.	<ul style="list-style-type: none"> <li>• % change in HIV and AIDS Knowledge among learners and staff</li> <li>• % increase in HIV and AIDS attitude, Life Skills, and behaviour among learners and staff</li> <li>• % increase in learners in basic education practicing abstinence</li> <li>• % increase in learners in tertiary education and staff</li> </ul>	<ul style="list-style-type: none"> <li>• KABP Survey in Education Sector (Baseline and Progress)</li> <li>• National Adolescent Reproductive Health Survey</li> <li>• NEMIS</li> </ul>

	practicing safe sex	
<b>R4:</b> 50% of identified OVC are integrated into basic education and receive psycho-social support and holistic scholarship by the end of 2010	<ul style="list-style-type: none"> <li>• % of OVC in basic education</li> <li>• % of OVC receiving psycho-social support in schools</li> <li>• % of OVC accessing holistic scholarship for education at all levels</li> </ul>	<ul style="list-style-type: none"> <li>• Report of OVC mapping in basic education (baseline and Progress)</li> <li>• NEMIS</li> </ul>
<b>Result</b>	<b>Indicators / Measure</b>	<b>Means of Verification</b>
<b>R5:</b> 50% of PLWHA in the sector are accessing care and support services by end of 2010	<ul style="list-style-type: none"> <li>• % of PLWHA (staff and learners) accessing VCT services at all levels</li> <li>• % of PLWHA (staff and learners) linked with HIV and AIDS support groups</li> </ul>	<ul style="list-style-type: none"> <li>• NARHS</li> <li>• KABP Survey in Education Sector (Baseline and Progress)</li> <li>• Annual Education Sector HIV and AIDS report</li> </ul>
<b>R6:</b> Ministries of Education at Federal and State level, and the FCT department of Education are implementing the National Policy on HIV and AIDS in the Education Sector by end 2010	<ul style="list-style-type: none"> <li>• # of states with domesticated Policy on HIV and AIDS in the education sector</li> <li>• # of education managers / policy maker sensitized on the implementation of the policy on HIV and AIDS in the education sector at all levels</li> </ul>	<ul style="list-style-type: none"> <li>• Policy document</li> <li>• Annual Education Sector HIV and AIDS report</li> </ul>

<p><b>R7:</b> HIV and AIDS units of the FME, SMoE, FCT Education Department and 387 LEAs are practicing evidence –based planning linked to NEMIS and NNRIMS in the implementation of the NESP by end of 2010.</p>	<ul style="list-style-type: none"> <li>• Nature and type of routine monitoring report produced</li> <li>• Nature and type of programme review report produced</li> <li>• Nature and type of programme evaluation report produced</li> </ul>	<ul style="list-style-type: none"> <li>• NEMIS</li> <li>• Annual Education Sector HIV and AIDS report</li> <li>• KABP Survey in Education Sector (Baseline and Progress)</li> <li>• Report of OVC mapping in basic education (baseline and Progress)</li> <li>•</li> </ul>
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