An Assessment of The Roles of Government And Non Governmental Organizations in The Prevention And Management of Hiv/aids in Nigeria, 2000-2006

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Abstract

The outbreak of HIV/AIDS in Nigeria in 1986 was indeed disastrous. It took a serious toll on the population of the nation and brought untold hardship as well. To mitigate the potency and painful consequences of this disease, the Government of Nigeria as well as non-governmental organizations made frantic efforts in the area of prevention and management of the disease. The main objective of this paper therefore is to assess the various roles played by Government and Non-Governmental organizations in the prevention and management of HIV/AIDS in Nigeria from the year 2000 to 2006. Findings of this research will benefit the people of Nigeria generally. Secondary source of information was majorly used in writing the paper.

Keywords: HIV/AIDS, Non-governmental organisation, Prevention and Management

INTRODUCTION

Sub-Saharan Africa had remained the region worst hit by the HIV/AIDS scourge in the world. According to data available, almost three quarters of those infected with the HIV/AIDS virus were found in Africa. By 1997, countries of central, eastern and southern Africa had been identified as belonging to the “main AIDS belt”, because they possessed the world's highest HIV sero-prevalence levels among the general population.[1] Although a few countries like Uganda (and Thailand in Asia) have responded decisively to AIDS by adopting a multi-sectional approach prominently featuring condom use, among other things, not many countries in the developing world especially Africa had demonstrated convincing political will and economic wherewithal to effectively prosecute a sustained war against the epidemic.[2]

Although the situation in Nigeria and other West African nations was not as bad as in the “main AIDS belt”, it was equally worrisome. While HIV prevalence in West Africa was generally below five percent (5%) Nigeria and a few other countries, namely Cote d'Ivoire, Burkina Faso and Togo had prevalence figures well above the regional average. The situation in Nigeria had made a multi-sectional approach in combating the epidemic inevitable. Moreover, the lessons learned from the experiences of the countries in the “main AIDS belt” made it imperative for other countries outside the belt to take preventive measures to arrest the spread of HIV/AIDS.[3]

This paper examines the roles of Government and Non-Governmental organizations in the prevention and management of HIV/AIDS in Nigeria from the year 2000 to 2006. This paper is segmented into five major parts. The first segment is the ongoing introduction, the second segment examines the role of Government in the prevention and management of HIV/AIDS in Nigeria, the third segment considers the role of Non-Governmental Organisations (NGOs) in the prevention and management of HIV/AIDS in Nigeria, and the fourth segment looks at the role of the family in HIV/AIDS prevention and management in Nigeria, and the fifth segment is a conclusion.

The Role of Government in the Prevention and Management of HIV/AIDS in Nigeria

Early in the year 2000, the president of Federal Republic of Nigeria then Chief Olusegun Obasanjo formed the National Action Committee on AIDS, (NACA) which emphasized a multi-sectoral approach to the disease – HIV/AIDS. Membership included representatives from ministries, the state also formed to spearhead a local multi-sectoral response to the epidemic. Nigeria's first HIV/AIDS Emergency Action Plan prepared by the National Action Committee on AIDS was approved in 2001.[4] The plan's objectives included: increasing awareness and making the general population and key stakeholders more aware of the epidemic, promoting behaviour change in both low-risk and high-risk populations, ensuring that communities and individuals were empowered to design and initiate community specific action plans.[5]

The other objectives included the ensuring that, laws and policies encouraged the mitigation of HIV/AIDS in Nigeria, the institutionalization of best practices to provide care and support for people living with HIV/AIDS, the mitigating efforts on the effects of the disease (HIV/AIDS) on orphans, people living with HIV/AIDS and other affected groups. Also, there was the objective of creating networks for people living with HIV/AIDS and others affected by the disease as well as the establishment of an effective HIV/AIDS surveillance system and stimulation of research on the disease. “The state of activities on the HIV/AIDS epidemic was suggestive of a determined role of considerable momentum to qualify Nigeria for the action stage of the onslaught against it”.[6]

There was a political commitment at the highest level with president Olusegun Obasanjo hosting a major international conference on HIV/AIDS in 2001 in Abuja during which the United Nation's Secretary General proposed a Global Fund against AIDS, Tuberculosis and Malaria.[7] The Federal Government had outlined a HIV/AIDS Emergency Action Plan (HEAP), a three-year U.S. $190 million joint funding between the government, bilateral donors and World Bank IDA (International Development Association) credit which was to come interest-free since IDA provides interest free loans, called credits, to government of the poorest countries.[8]

The 1997 National Policy on HIV/AIDS and Sexually Transmitted Infections (STI) was reviewed. The policy ultimately sought to achieve a reduction of HIV/AIDS prevalence to less than 1% of the population of Nigeria by the year 2010.[9]
There was the establishment of National AIDS and STDs (Sexually Transmitted Diseases) Control Programme (NASCP) which developed guidelines on key interventions. It also supported monitoring and surveillance of the epidemic.[10] The establishment of a Civil Society Consultative Group on HIV/AIDS Nigeria (CISGHAN) to help with NGO coordination and advocacy on the epidemic was seen.[11]

Between 2000 and 2006 when NACA was established, Nigeria had developed a comprehensive HIV/AIDS response implementation structure and financing process that absorbed and effectively utilized the budgetary savings from debt conversion to stop AIDS in Nigeria. Based on the strong programme planning and implementation structures developed during the first phase of the HIV/AIDS Emergency Action Plan (HEAP), (2001 – 2003), the government went ahead by projecting a requirement of $500 million per year, for a total of $1.5 million, to achieve accelerated results over the timeframe of 2003 –2005.[12]

As from 2002, NACA moved towards a "financial flow" mechanism based on global standards for achieving programme impact and financial accountability. International accounting firm KPMG was the official auditor for NACA and equally served as the local monitoring agent for the Global Fund.[13] Resources were programmed through the above mentioned mechanism which operated under the oversight of joint committees that included representatives of governments civil society and the private sector.[14] The tripartile accountability structure comprised established procedures and rules based on international standards and contained a strong motivation to minimize excessive bureaucracy and inefficiencies.[15]

The government of Nigeria also during the period, proposed that, all resources provided through the conversion of debt servicing payments should be programmed through the financial flow mechanism, supported by the government's Due Process Mechanism. The Due Process Mechanism was a key element of government's drive to combat corruption and was already used in a variety of transactions to guarantee accountability and transparency in the procurement of pharmaceuticals for ARV programmes.[16] Since 2001, Nigeria had had this procedure in place to safeguard government budgeting and procurement. This process enforced compliance with rules in budgeting, procurement and spending. The main agency responsible for implementation of the procedure was the Budget Monitoring and Price Intelligence Unit (BMPT), which was created in early 2001 and which received full, legal authority in October 2001.[17] This was located in and had the full backing of the office of the presidend. The goal of the mechanism was to confront Nigeria's history of carrying out budgeting and procurement without adequate planning and regularity, cost benefit analysis, broad and public bidding for government contracts or clear and objective criteria for bid evalution.[18]

Difficulties for Effective Governm ent Role in the Prevention of HIV/AIDS in Nigeria

Difficulties of great magnitude confronted the Nigerian government in her quest to intervene or prevent the HIV/AIDS scourge in Nigeria. The major ones were Corruption and Unsustainable Debt burden.

Corruption

An international corruption and transparency expert, Jack A Blum said the "biggest single problem" Nigeria faced was the "corruption of the past" which was "hanging over" its future economic growth in the form of a large external debt.[19] The attorney who specialized in controlling bank fraud, government corruption and money laundering, when called upon to testify on the Nigerian debt and corruption situation by the United States Congress said "many of the people who took those public funds were sitting in London as some of the wealthiest people in England. Those assets were not to be overlooked because they ran into billions, $40 billion at least since independence", with some estimates running as high as $90 billion.[20]

Corruption was and is a global phenomenon which was and is an anti-social behaviour conferring improper benefits contrary to legal and moral norms and which undermined government's capacity to secure the welfare of all citizens.[21] In Nigeria it became the major means of accumulation of wealth. All regimes – military and civilian had been victims of corruption.[22] Enhanced by oil revenues, there were deepening crisis of corruption which resulted in a combination of scandalous wealth accumulation among the ruling class which deepened poverty, misery and degradation among the masses while the economy and social institutions continued to decay. This trend in itself engendered HIV/AIDS infection in Nigeria.

Unsustained Debt Burden

It has been argued that if Nigeria was to sufficiently finance an expanded and comprehensive HIV/AIDS response, innovative resource mobilization mechanisms were required. Drawing from the provisions of "Debt Relief Enhancement Act 2002" the capping of Nigeria's debt service payments to 5% of its net internal revenues, based on her public health crisis, particularly, the HIV/AIDS emergency. The debt sustainability ratio for 2001 and 2002 was 23% and 18% respectively.[23] The United States waves of HIV/AIDS study of five of the world's most populous countries, including Nigeria warned that, the

countries needed "dramatic shifts in priorities" to control their epidemics by 2010 because the disease had built up significant momentum. Health services were not adequate and the cost of education and treatment was overwhelming.[24]

Referring specifically to Nigeria, Dr Gordon, one of the authors of the report, said the AIDS epidemic caused tensions in the country. That, the AIDS epidemic weakened her peacekeeping roles on the continent. Government officials acknowledged that but argued that, beyond that situation, Nigeria's debt overhang was to blame for the government's diminishing capacity to respond to the humanitarian, social and economic consequences of HIV/AIDS as repayment of liabilities had tied resources that would otherwise have gone into HIV/AIDS programmes. In 2002, the Debt Management Office of the Federal Government put the nation's total indebtedness at US $28.6 billion, which represented about 80% of Gross National Product (GNP) or 186% of export earnings. A report entitled "filling the funding gap" which made a case for the conversion of debt payments to combat HIV/AIDS in Nigeria argued that, debt repayments were unsustainable and that the nation's income from oil sales should not be used to justify denial of debt cancellation or significant debt reduction.[25]

In 2000, Nigeria paid creditors US $1.5 billion in debt service, nine times more than its total health spending. She paid US $2.1 billion in 2001 and another $1.1 billion in 2002, an average of $1.56 billion over the past three years. These payments represented a massive drain on Nigeria's resources, severely handicapping the country's efforts to tackle poverty and to respond effectively to the HIV/AIDS emergency. An excessive external debt burden limited government capacity by trying up financial resources that could have been used for urgent HIV/AIDS programming.[26]

At the Nigerian national and state levels there was need to scale up interventions more rapidly and speed up efforts to reach the Abuja Declaration's 15% goal of Federal spending for health care so as to continue efforts in health reform and containment of high transmission rates among high risk groups, such as port workers, truckers and commercial sex workers and their clients. The legislative would have passed legislation to protect people living with HIV and AIDS and government generally would have urgently initiated comprehensive programmes for orphans and other vulnerable children. Provision of life saving AIDS medication for parents and economically productive adults would have been made a high priority for accelerated procurement of generics AIDS medications in order to address the HIV/AIDS problem.

The Role of Non-Governmental Organisations (NGOs) in the Prevention and Management of Hiv/Aids in Nigeria

The Non-Governmental Organisations under consideration here includes The Christian Church and the Support to International Partnership Against AIDS in Africa (SIPAA) in Nigeria.

The Christian Church and HIV/AIDS Prevention/Management in Nigeria

They played enormous roles in the prevention of HIV/AIDS in Nigeria. The research shows that, some denominations did set up their own HIV/AIDS awareness programmes to educate pastors, church leaders, women's fellowship groups and young people.[27] The Evangelical Church of West Africa (ECWA) led the way in Nigeria. The ECWA AIDS Ministry (TEAM) traveled from state to state in Nigeria, visiting churches to give training about AIDS. TEAM also operated the Spring of Life Counselling Centre, an AIDS Counselling Centre at Evangel Hospital in Jos. Besides providing counselling for inpatients and outpatients suffering with AIDS.[28] Spring of Life Counselling also visited the homes of people with HIV/AIDS, giving home-based care to those who needed it. They also taught families how to care for the persons dying with HIV/AIDS, and once a month they ran a support clube for those living with HIV/AIDS.[29] The ECWA AIDS Ministry (TEAM) also trained staff in ECWA's primary health care clinics to do AIDS Counselling and Care. In the area of education, they developed HIV/AIDS lessons for ECWA primary schools.[30]

The Church of Christ in Nigeria (COCIN) also developed its own AIDS Awareness and Care Programme.[31] They educated pastors and church leaders to know how to teach their congregations about AIDS, and how to counsel members who had AIDS.[32]

"Tarayar Ekklesiyoyin Kristi a Nigeria" (TEKAN) along with Sudan United Mission/Christian Reformed Church, also had AIDS awareness and care programme, - "Beacon of Hope". They worked with all member denominations that made up TEKAN, to encourage each one to be active in AIDS awareness and care in their own areas of northern Nigeria.[33]

The Roman Catholic Church (RCC) was prominently involved in the prevention/awareness and management of HIV/AIDS in Nigeria. They were known for organization of conferences and seminars aimed at creating more awareness on the HIV/AIDS

pandemic. Such conferences and seminars gathered priests, seminarians, religious communities of men and women, and the laity of the various dioceses. These for a desired to marshal the participants in becoming critical agents in their communities, helping to educate and organize local networks towards furthering similar activism relative to HIV/AIDS.[34] The Catholic Church's early awareness campaigns against HIV/AIDS began prior to the proactive stance of the Nigerian government in this direction. The tenure of the late Professor Olukoye Ransome Kuti as Federal Minister of Health was to witness a proactive attention by government to establish the Federal Ministry of Health's National Expert Advisory Committee on AIDS. This committee produced HIV/AIDS materials such as pamphlets, posters and other texts that proved useful in the awareness campaign on HIV/AIDS. One of the most detailed materials published by the committee in this regard was the pamphlet Fifty Questions and Answers in AIDS.[35]

The materials were crucially helpful in heightening public awareness. The Catholic Church more significantly, was involved in the free distribution of these materials in Nigeria. Furthermore, the Catholic health care as members of the joint ecumenical collaborative health care initiative – the Catholic Healthcare of Nigeria (CHN) venture headquartered in Jos, vitally continued to address the issue of HIV/AIDS. Through conferences, seminars and other events organized by this institution, the Catholic Church was able to share the nature of their work and network among institutions in furthering their work for healthcare in general but specifically on HIV/AIDS and other such diseases.[36] Since Catholic healthcare was not only focused upon curative medicine but also preventive, it relied on the published educational materials of CHN, especially printed flyers, pamphlets, booklets and other relevant instrumentations published in different languages (especially Nigeria's main languages – English, Hausa, Igbo and Yoruba), as aids in conducting specific educational events.[37]

Catholic healthcare institutions were able to acquire essential and scarce pharmaceuticals easily, especially ethical and retroviral drugs for the management of HIV/AIDS cases. Such process helped health care institutions, to save costs and time regularly lost in bureaucratic procedures.
The Catholic Healthcare of Nigeria (CHN)'s partnership with overseas agencies such as the World Council of Churches (WCC) and Christian Charitable Organizations like Oxfam and Caritas were significant, as these partners helped to secure, package and ship these medications at cheaper costs than at manufacturers' prices, thus allowing for the efficient and lower costs affordable for most Catholic and Mission health care institutions. Such collective efforts also minimized the unfortunate bureaucratic bottlenecks associated with the importation and clearance procedures of medical drugs and equipment. Below is a list of Catholic healthcare distribution in Nigeria.

Table 7.1: Catholic Hospitals, Clinics and Health Centres

Metropolitan Ecclesiastical Jurisdiction *(Diocesan sees constitutive of metropolitan jurisdiction in parentheses)	Number of healthcare institutions	Number of Healthcare Training Institutions	Health Coordinator 0=No, 1=Yes
Abuja Ecclesiastical province *(6)	28	1	0=1, 1=5
Benin Ecclesiastical province (5)	11	1	0=5, 1=0
Calabar Ecclesiastical province (5)	16	0	0=4, 1=1
Ibadan Ecclesiastical province (5)	27	3	0=2, 1=3
Jos Ecclesiastical province (5)	19	1	0=3, 1=2
Kaduna Ecclesiastical province (8)	19	2	0=2, 1=7 (6) (6+1=7)
Lagos Ecclesiastical province (3)	40	0	0=1, 1=2
Onitsha Ecclesiastical province (6)	31	1	0=6, 1=0
Owerri Ecclesiastical province (6)	26	1	0=5, 1=1
Cumulative Total 9(49)	217	9	0=29, 1=21

Source: Adapted mainly, with some updated modifications, from the Cathol Directory 2002, pp. 109

The table above shows the number of Catholic healthcare institutions in Nigeria. These institutions, as shown by the table were higher in number in the Lagos Ecclesiastical province (40) while the lowest being the Benin Ecclesiastical province (11). What is important to note here is the fact that, it within these units that the prevention and management of HIV/AIDS case by the Catholic Church was handled. Below is also information on related Catholic institutions of care.

Table 7.2: Related Catholic Institutions of Care

Metropolitan Jurisdiction	Leprosaria	Rehabilitation	Dental care	Elderly Home care
Abuja province	-	-	-	-
Benin province	1	-	-	2
Calabar province	1	2	-	-
Ibadan province	-	-	-	1
Jos province	-	1	-	-
Lagos province	2	-	-	1
Kaduna province	-	-	-	-
Onitsha province	1	-	1	-
Owerri province	-	1	-	1
Total	5	4	1	4

Source: Adapted mainly with some updated modifications, from the Catholic Diary and Directory 2002, pp. 109 – 263.

In the table above, Lagos has the highest number of Catholic Leprosaria (2) with Calabar having the highest number of rehabilitation centers (2). Benin has also the highest number of Catholic Elderly home care units (2) in Nigeria.

Other Catholic related institutions are shown in the table below:

Table 7.3: Other Catholic Related Institutions

Metropolitan Jurisdictions	Health Learning Institutions	Family Planning	Disability care
Abuja province	1	-	-
Benin province	2	-	-
Calabar province	-	-	-
Ibadan province	3	1	-
Jos province	-	-	2
Lagos province	1	-	-
Kaduna province	2	-	-
Onitsha province	-	-	-
Owerri province	-	-	-
Total	9	1	2

Source: Adapted mainly with some updated modifications, from the Catholic Diary and Directory 2002, pp. 109 - 263.

From the above table, it could be seen that Ibadan province has the highest number of health learning institutions (3) as well as family planning units (1). Jos province has the highest number of disability care units (2) within the catholic cycles respectively. The important point here is that, the Catholic Church indeed spread its tentacles to many social endeavours.

From these social outfits the church was able to embark on campaigns of prevention and management of HIV/AIDS in Nigeria.

Para-Church Organizations and HIV/AIDS in Nigeria

Various para-church organizations (Christian organizations other than church bodies) did very effective jobs in reaching out with HIV/AIDS awareness. The Aid for AIDS/Design for the Family Programme (AAFP) of Fellowship of Christian Students (FCS) was one of the first organizations in Nigeria to catch the vision of what needed to be done to prevent the impending AIDS disaster.[38] The FCS leadership started their programme with little finance or backing. However, since 1997, more than 5,500 trainers were trained to the HIV/AIDS awareness work. This FCS training team travelled from state to state through the twenty northern states of Nigeria and the Federal Capital Territory. Scripture Union (SU) in the southern part of Nigeria had a similar ministry, thought not well developed as of 2002.[39]

The Mashiah Foundation (MF) also ministered to

many people with HIV/AIDS as well as those without it. They primarily had counselling and care ministry for those near the end of their lives. They also supported the families of the dying through loans to start small businesses.[40] AIDS awareness programmes in schools were also carried out by the Mashiah Foundation. The Mashiah Foundation group also cared for people who were rejected by their families and society.[41]

The International Institute of Christian Studies, based at the University of Jos worked with the Fellowship of Christian Students, Professors in the Islamic Studies department and the Federal Ministry of Education to develop faith-based AIDS awareness curricula for primary and secondary schools for the Christian and Islamic religious studies teachers.[42] Universities in Nigeria were much affected by this disease (HIV/AIDS). It was discovered by the research that, many factors were responsible for the spread of HIV/AIDS in Nigerian Universities. Prominent among these factors were poverty, promiscuity peer-group pressure, stigmatization, low self esteem, lack of appropriate sexual education.

Poverty drove a lot of people into doing what they would naturally not do. In Nigeria, many families lived below poverty line. They had difficulty in eating three meals a day and even in sending their children to school. In situations where some of these poor families were able to send their children to schools and even universities, some of these children led lives that promoted the spread of HIV/AIDS. For instance, most female students in the universities from poor backgrounds engaged in commercial sex. They had sex with anyone that was willing to pay and use money to pay their tuition fee and living expenses. Sometimes these girls used part of the money to augment their family income.[43]

A promiscuous person is that who keeps many sexual partners. Some members of the Nigerian university communities were not satisfied with one partner or their spouses. Their promiscuous life style had helped in spreading HIV/AIDS in the Nigerian Universities.[44]
Peer-group pressure was one other factor that was responsible for the spread of HIV/AIDS in the Nigerian universities especially among students. A lot of students were engaged in sexual intercourse because their peers were doing it. Some of these students came to these universities as virgins but had to give in to the slogan that "everybody is doing it". Though they were knowledgeable and concerned about contracting HIV/AIDS from their partners, they still gave in to peer pressure.[45]

On stigmatization, it was observed that, due to the stigma associated with HIV/AIDS, a lot of people were afraid to declare their HIV status. Since the disease was not made manifest in them until after some years they went about having unprotected sex with other members of the university communities.[46] Apart from this, people with low self-esteem or low social status were sometimes powerless to reject risky behaviours or negotiate preventive actions for fear of loosing their partners.

Lack of appropriate sexual education was one other reason for the spread of HIV/AIDS in Nigerian universities especially among students. Because of the belief of shielding young people from receiving sex education so as to avoid their becoming sexually active, these youngsters became exposed to pornography, on their own through television, internet, magazines and mobile phones.[47] By these means, the young people got involved in discriminate sex life that promoted the spread of HIV/AIDS in the Nigerian universities.

The International Institute of Christian Studies, the Africa Christian Textbooks (ACTS) and other para-church groups having understood the factors responsible for the spread of HIV/AIDS in the Nigerian universities, embarked on awareness campaigns against the disease in these institutions.

The Role of the Support to International Partnership against AIDS in Africa (SIPAA) in the Prevention and Management of HIV/AIDS in Nigeria

The support to International Partnership against AIDS in Africa (SIPAA) Programme was a three year initiative managed by the Regional Office for Africa of Action aid International (AAI) and funded by the British Government's Department for International Development (DFID) as part of the broader DFID's support to the International Partnership Against AIDS in Africa. The SIPAA programme was conceived and developed within the framework and principles of the International Partnership Against AIDS in Africa (IPAA). IPAA was initiated and approved by the United Nations Joint Programme on HIV/AIDS (UNAIDS) and African Governments as a working strategy to mobilize support for an extra ordinary response to fight HIV and AIDS in Africa.[48]

The SIPAA programme initially implemented in four African countries – Ghana, Ethiopia, Rwanda and Burundi was extended to five more countries – Cameroon, Lesotho, Swaziland, Tanzania and Nigeria after the programme Review of July 2003. In February 2004, an inception mission came to Nigeria from the Africa Regional Office to:

a) Introduce the SIPAA programme to stakeholders at all levels in the National response,
b) Collect information on the status of the National Response and identify possible SIPAA support niche in the country and
c) Plan possible SIPAA support to the National HIV/AIDS response and agree on the inception phase activity plan.[49]

After extensive consultations with various stakeholders, the Nigeria SIPAA programme was eventually developed and was designated to run between 1st April 2004 and 31st March 2005. The programme had a budget of £568,587 British sterling. However, a 6 months extension, which carried no implication for the programme budget, was obtained at the end of the original duration.[50]

The goals of the Nigeria SIPAA was to contribute towards reducing poverty in Nigeria, by reducing the spread and impact of HIV and AIDS through support to the International Partnership Against AIDS in Africa.[51] The programme had a two folds purpose: that is, to support, intensified, better coordinated and more effective national and community level responses to HIV and AIDS in Nigeria and to build the capacity of State Action Committees on AIDS in three states in Nigeria to respond to HIV and AIDS. The programme was also designed to realize three other major outputs: that is, the capacity for management of response in three states of Nigeria enhanced through support to SACA, make policy and practice informed by links between HIV and AIDS and poverty reduction by the end of the project and provide capacity to monitor and evaluate impact of national HIV and AIDS responses in three states enhanced in Nigeria. These states were selected on the basis of the geopolitical spread and balance; interest shown in the SIPAA programme by relevant stakeholders during the situational assessment surveys; absence or inactivity of World Bank HIV/AIDS programme in the state(s); low donor or international development partner presence in the states; and SACA structure in place. On the basis of these factors, these three states were selected: Cross River in the South-South zone of the country, Lagos in the South West zone and Nasarawa in the North Central zone.[51]

SIPAA's activities were implemented in all the three output areas. Under the capacity Building for Management and Coordination Initiative, the SIPAA programme built capacity through training, technical mentoring and support of staff of SACA (State Action Committee on AIDS) and other stakeholders in the state response; supply of equipment to improve the institutional capacity of SACA; and enhanced partnership framework and coordination system to improve response. Activities implemented under these, included the participatory process of Development and Dissemination of Terms of Reference; Workshop for Development of Strategic Plans and Work plan; and supply of Equipment and Materials.[52]

Human capacity development activities were carried out by SIPAA. These activities included improving knowledge and skills of key SACA staff on HIV response management and coordination. The training based on identified gaps; HIV/AIDS Advocacy and Sensitization Workshop for the State Legislators; and improving communication in the HIV/AIDS Response.

Without doubt, the SIPAA programme made a significant difference to the Nigerian National HIV/AIDS response. Some of the major areas where SIPAA made distinct differences in the HIV/AIDS response included the following: building alliances and strengthening partnership; giving voices to the voiceless groups within the HIV/AIDS response community; enhancing governance and management of programmes; and building human and institutional capacities.

Below is a timeline for key activities conducted by SIPAA in focal states of Nigeria.

Table 7.4: Timeline for Key Activities Conducted in Focal States of Nigeria

S/No	Key Activity	Location	Dates
1.	SIPAA stakeholders meeting	Abuja	October 4th 2004
2.	Production of 1st Edition of SACA Newsletter		January – March 2005
3.	Support of SACA meetings	1) Calabar 2) Lagos 3) Nasarawa	July – Nov. 2004 Oct 2004 – Sep. 2005 July – September 2005
4.	Stakeholders meeting of McArthur SIPAA Budget Tracking	Abuja	Nov. 11 – 13 2004
5.	Terms of Reference Workshop for NASACA and LASACA	1) Nasarawa 2) Lagos	Nov. 28 – Dec. 5th 2005

6.	National Response Information Management System (NNRIMS) Training of Trainers	Nasarawa	Nov. 2004
7.	Country Programme Review	1) Calabar 2) Lagos 3) Nasarawa 4) Abuja	Jan/Feb 2005
8.	Provision of Office Equipment and furniture	Calabar	January 2005
9.	Support for HIV/AIDS Mainstreaming Activities of Groups Working in the area of poverty	1) Ogoja 2) Akpabuyo 3) Calabar 4) Bakassi	August 2005
10.	Nasarawa State Strategic Plan Technical Working Group Review meeting	Nasarawa	26 & 27 August 2005
11.	Team Building for LSACA	Lagos	August 8 – 12, 2005
12.	Workshop	1) Calabar 2) Ikom 3) Ogoja	July – August 2005
13.	Partnership forum	Nasarawa	March 31, 2005
14.	Second partners forum in Lagos state	Lagos	August 4, 2005
15.	Capacity building forum	Calabar	August 2005

Source: Adopted from Olufemi Faweya (ed.) Catalysing an Extra ordinary HIV and AIDS Response in Nigeria, July 2004 – September 2005, pp. 65 – 68 .The activities outlined above for SIPAA in three states of Nigeria and Abuja were instrumental in the prevention and management of HIV/AIDS in Nigeria during the period (2004 – 2005).

The Role of the Family in the Prevention and Management of HIV/AIDS in Nigeria

The family is the closest social network to which an individual belongs. The nuclear family is supposed to consist of parents and their children. However, in some communities, such as African and Asians, the family is more likely than not to include uncles, aunts, cousins, nephews, nieces, grandparents and other close relatives. This traditional extended family has always been relied upon as the safety net for handling social ills.53

The needs and suffering caused by the HIV/AIDS proved that this safety net could no longer hold.54 The family had a great influence on how an individual responded to the epidemic in Nigeria. The family was instrumental in the lessening of the vulnerability of an individual to HIV and AIDS. Most families in Nigeria rejected individuals who were known to be practicing or who had behaviours that put such families at risk of HIV. Individuals affected were those that were involved in commercial sex work or who were suspected to be already living with the virus. On the other hand, good families in Nigeria supported such individuals and helped them to reduce their vulnerability to HIV and its associated physical and social ills.55

Ways of Help, Nigerian Families used to Reduce Youths Vulnerability to HIV/AIDS

The major issue was the way adults perceived the sexuality of youths. Many adults were intellectually aware that children start sex quite early in their adolescence. However, very few adults emotionally accommodated this fact when it came to their children. Most Nigerian parents preferred to imagine that the sexuality of their youths was something which did not exist.56 These families were observed only to be mentioning the fact that sex to their youth was dangerous and should not be undertaken until these youths were happily married. They failed to recognize the fact that adolescence is a period when the biology and social setting of young people induces them to fell sexually attractive to others and to want to be loved and that temptation for sex grows rapidly during this period.57 Most Nigerian families applied or used the following ways to prevent HIV/AIDS infection in the country.

In the first place, these families exposed issues of sex to their children. It was observed that families loaded with emotions about sex ran the risk of rejecting and abusing their own children at this stage. Also, parents that view every behaviour of their youth with suspicion eroded trust and built communication barrier between them and their youth.58 During the youthful period, there is much experimentation and risk taking and youths face many dangers including alcohol and drug addition, HIV, STD, teenage pregnancy, rape and other forms of violence.59 The understanding of some families that enable them to expose these issues to their youth went a long way in

preventing the spread of HIV/AIDS in Nigeria during the period (1986 – 2006). But, the perceived insensitivity if parents to adolescence sexuality caused a dilemma when health workers discovered that a young person was pregnant or had Sexually Transmitted Disease (STD). It remained debatable whether it was ethical to treat a 13 year old for a sexually transmitted disease without notifying the parents. Some argued that informing the parents could be counterproductive, while counselling by the doctor or another adult could be more useful.60

Secondly, some families avoided marriage risks. Some married women were vulnerable to HIV and AIDS because their male partners had extramarital relations. Some of these women suffered forced sex. Many of these women had no power to negotiate safer sex or to insist also that their husbands or sexual partners use condoms outside marriage.61
Most families in Nigeria as part of their HIV/AIDS interventions focused on the strengthening of the women-men partnerships in order to reduce these marriage risks mentioned above. These families employed good communication, love, understanding and mutual respect as well as equal access to options by both partners. These steps prevented the spread of HIV/AIDS in Nigeria to a large extent.

Thirdly, some Nigerian families were clearly against Ritual sexual cleansing. So many societies in Nigeria had a practice of widow inheritance or widow sexual cleansing of women. This was done supposedly to chase away the spirits of the deceased husbands. This practice increased the widows' risk of HIV/AIDS transmission or reinfection. Most Nigerian families according to this research called for the abolition of this dangerous tradition and its replacement with safer rituals.62 L. Adeokun et al,63 observed that there should be a remarriage or development of new relationships after the previous one or two relationships were ended due to death of spouse or partner from HIV/AIDS.

HIV prevention strategies by the Nigerian family have been summarized as a scenario of three boats; one of Abstinence, the other of Faithfulness and a third of Technology which is Use of Condom.

Conclusion
HIV/AIDS indeed ravaged the Nigerian society since its official declaration in 1986. Government and Non-Governmental Organizations between 2000 and 2006 made frantic efforts with respect to the prevention and management of the disease. The paper explored the roles of government from the angle of its efforts towards preventing the HIV/AIDS scourge in Nigeria. Here, the establishment in 2000 of the National Action Committee on AIDS (NACA) was captured. The government's difficulty in curbing corruption and national debts were discussed by the paper. It was observed that, these key issues were major obstacles of effective government preventive measures against HIV/AIDS in Nigeria. SIPAA (Support Partnership Against AIDS in Africa), the family as well as the Church were the major case studies used to explain the Non-governmental efforts against HIV/AIDS in Nigeria.

ENDNOTES

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