



early one third of Nigeria's 160 million people are between the ages of 10 and 24. Nigerian adolescents' sizeable share of the population makes them integral to the country's social, political, and economic development. Education as a Vac-

cine (EVA) is a non-profit organization focused on improving the health and development of these children and young people.

EVA envisions a Nigeria where children and young people reach their full potential. Using youth-friendly approaches aligned with Millennium Development Goals 2-6, EVA strengthens the capacities of children, young people, and key stakeholders to initiate and sustain social change.

EVA's comprehensive approach to programming recognizes that everything is connected. HIV/AIDS issues cannot be solved without considering larger issues surrounding sexual and reproductive health. What's more, these issues cannot be addressed without impacting the underlying economic, social, and cultural influences that drive these issues.

The organization is managed by an eleven person Board of Directors and its daily operations are coordinated by an Executive Director. The Executive Director and Program Team Leaders are supported by a team of staff and volunteers who have vast experience in the development field.



A Nigerian society where all children and young people reach their full potential.

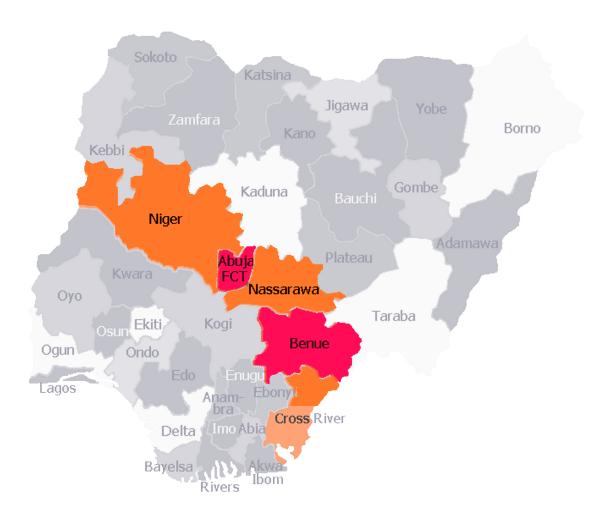
- EVA's Vision

To build innovative and sustainable mechanisms for improved quality of life for vulnerable children and young people.

- EVA's Mission

where we work

Guma Shiroro Kwali Akwanga Ikom Makurdi Wamba Mokwa Etung Gwagwalada Gwer Keffi Rafi Bwari Ogoja Kwande **AMAC** Mashegu Vandeikya Suleja Otukpo Gboko





HIV/AIDS Prevention Program for Youth (HAPPY)

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UNESCO estimates approximately 8.6 million children in Nigeria are currently out-of-school. Youth who do not attend school or who drop out in the process, miss not only the fundamentals of basic education, such as reading and writing, but also lose the opportunity to learn about reproductive health and HIV in a credible environment. This presents a significant challenge, as out-of-school youth are more likely to account for the majority of new HIV infections amongst the general youth population.

"Now, I'm advanced, in terms of protection....
Before, I was not educated about female condoms. Even in secondary school, we never saw a condom. They just told us there is something you'll fix... they never showed it to us."

-Elisha, Paiko Community, Abuja, FCT

The HAPPY project aims to increase out-of-school youth's knowledge of effective HIV prevention practices, including correct and consis ent use of condoms, while improving life skills to reduce sexual risk.

The project uses innovative and engaging methods such as films, small group discussions, peer education sessions, quizzes, and dramas. Implemented in rural FCT, HAPPY has reached over 4900 adolescent and young people who have never been to school or dropped out of school.

The project is funded by FHI360 and Enhancing Nigeria's Capacity for AIDS Prevention



Female Out-of-School-Youth Reproductive and Sexual Health Education (FORSHE)

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In Nigeria, the education of girls lags significantly behind that of boys, particularly in secondary school attendance. In Nigeria's capital city, Abuja, 15.4% of girls have never received an education, compared to 4.4% of their male counterparts. The fact that young girls are more likely to miss out on education also means they are less likely to gain the knowledge and skills needed to have a healthy reproductive life. Where programs are implemented to educate young people about reproductive health issues, young girls are less likely to benefit due to patriarchic and cultural barriers.

The Female Out-Of-School Youth Initiative aims to improve the health of young girls who have dropped out or never been to school by encouraging changes in unfavorable health behaviors, improving self-confidence and communication skills, and ensuring access to services including contraception. The project facilitates the creation of girl-only social groups where music, films, and drama are used to provide information on sexual and reproductive health. Adolescent and young girls are trained on key life skills such as self-esteem, assertiveness, negotiation and communication and are mentored by project staff, who are also young women. Recognizing the strong link between poverty and high risk sexual behaviors, the girls are also supported in initiating and managing small scale income generation activities.

The project is funded by EMpower foundation and has reached 350 young girls.

"My mother com say this FORSHE is very important because we change for this our community, as she dey see...She say that we girls, we no used to get belle like that and our boys no used to pregnant girls anyhow again... because of this FORSHE, e dey help we girls understand some things...we no dey leave our body for them anyhow again because of we understand..we no dey for where we dey before."

-Rahmatu, 19 years old, Yangoji Community, Abuja, FCT



Married Adolescent Girls Initiative (MAGI)

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he latest National Demographic Health Survey revealed that 58% of women between the ages of 20-49 years were married by age 20. Early marriage is associated with a higher rate of Sexual and Reproductive Health (SRH) complications, such as Sexually Transmitted Infection (STI) and HIV infections, due to lack of participation rights,

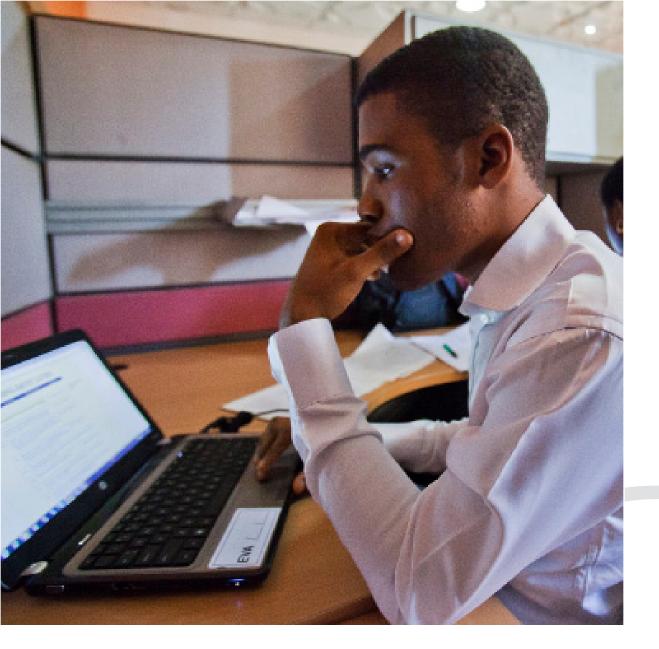
little control over resources, and little household power. Due to cultural pressure and expectations, young girls who marry early are also more likely to experience early child birth, placing them at risk of pregnancy-related complications. Furthermore, married adolescents often disappear from the social context of other young people and therefore present a significant challenge to outreach efforts. As young mothers become part of the adult population, they may not receive the benefits of youth friendly initiatives that could provide them with needed SRH information and services in a manner that is appropriate to their age.

The MAGI project aims to improve the health and development of young girls who are married or single teenage mother. The project uses safe space forums to educate married girls about culturally sensitive reproductive and child health issues and improve their communication and negotiation skills. The young women are financially supported to create economic self-help groups and are linked to health services by supporting nurses and midwives to conduct community outreaches. Young girls who are living in extreme poverty and are the most vulnerable are supported to learn a skill that would enable income generation. Approximately 500 married girls and teen mothers have benefitedfromtheprogram. Justasimportant, the projected ucates community and religious leaders and male partners to be more supportive of young women's health issues.

This project is funded by Irish AID.

"This MAGI program came to Sisimbaki here. From there, they teach us how to do family planning. Now, this my baby, there is gap now. I've never take in again...I want to have children but I want them to grow, the way I used to see other children..."

-Mercy, mother of four, 25 years old, Nasarawa State



Out of School Youth Access to Sexual Health Education and Economic Strengthening

Out of School Youth Access to Sexual Health Education and Economic Strengthening (OASES)

cross the globe and in Nigeria, out-of-school youth are a diverse group. They may have completed, dropped out, or never started school. They work in factories, live on the street, hawk vegetables in the market, stay at home for housework or child care, or are unemployed. Just as this group is diverse, so are their health needs. Results of an EVA study indicate low use of modern contraceptive

methods, early sexual debut, marriage and childbearing by this group. These poor health practices increase the risk of contracting Sexually Transmitted Infections (STI) and the rate of unplanned pregnancies and unsafe abortions. Information Communication and Technology (ICT) channels provide an opportunity to address these risks. The surge in availability of mobile phones, internet, and computers has created an easy and ideal platform for educating this diverse group of young people.

The OASES project harnesses the power of technology to educate young people about Sexual and Reproductive Health (SRH) issues, provide referrals for services, and improve the skills and knowledge necessary to take advantage of economic opportunities. The project utilizes technology tools such as viral videos, an online and offline e-learning program, and social media outlets, in addition to keying into the My Question and Answer Service, to link young people to health services. The project will allow EVA to pilot the use of these technology tools in a semi-urban community in Niger state as a compliment to our traditional SRH interventions.

This project is funded by the FORD Foundation.

"Generally, most young people are not comfortable discussing sexuality issues with anyone other than their peers. The tools developed from this program will provide an outlet for young people to get their concerns addressed without disclosing their identity"





EVA Youth World

ith 60% of new HIV infections occurring in people under the age of 24, the number of youth living with HIV/AIDS is increasing. HIV Counselling and Testing (HCT) is crucial in reducing HIV transmission in those who test negative and in those

who test positive by promoting the practice of safer sex, early management of opportunistic infections and STI, referral to support groups and acceptance of status. Although HCT services are readily available in Nigeria, these services are typically not used by young people because of stigma associated with HIV and lack of confidentiality at these service delivery sites. To address this gap, EVA established the EVA Youth World, a standalone youth friendly health centre in the heart of Makurdi local government.

The EVA Youth World is the 1st youth friendly HCT Centre in Benue state. The centre has served over 5000 young people since its establishment in 2006. The high patronage of the centre by young people is primarily due to the fact that services are provided by youth counsellors and staff, confidentiality is protected, and there is no fee for service.

The centre uses two main strategies to provide services: (1) standalone centre located in the urban area and (2) mobile outreaches in rural communities. Apart from HIV testing, young people also have access to contraception including condoms, STI testing and pregnancy testing, and referrals for other sexual health issues.

The establishment of the centre was funded by FHI360 through the Strengthening Nigeria's AIDS Response (SNR) Project . The reproductive health services are funded by UNFPA Nigeria.

"I came here scared but I'm going back full of confidence and assurance based on the information I have recieved about my health. The people working here really understand me."

- Benue State University Student



Window of Hope

Window of Hope

hildren affected by HIV and AIDS may be more likely to have poor health outcomes, drop-out of school, experience stigma/discrimination and long-term psychological trauma as well as become victims of sexual abuse and exploitation. Orphans and Vulnerable Children (OVC) are more vulnerable to HIV infection because they have fewer economic opportunities, due to lower educational qualification, and thus may be forced into sexual trade to meet their daily needs.

"This project has made me to stop moving around in the night. Moreover, it has given me good knowledge about HIV/AIDS, how to not get it and how to increase my self image /esteem and I want to thank my teacher Juliet and EVA for everything"

- Dooren, 12 years old, Benue State

The goal of the Window of Hope project is to improve the quality of life of children made vulnerable by the AIDS epidemic and works with young volunteers to provide essential services. These services include managing a children's support club to address psychological issues, providing educational scholarships for children out-of-school, running after school lessons to help improve school performance, delivering counseling through routine home visits, conducting HIV testing and referrals for treatment. The project also works with the children's primary caregivers, who are average aged grandparents and extended relatives, to improve their capacity to earn more income while also training them on health education, child protection, and nutrition.

The unique element of the project is the community-centered approach that enables young people to take the lead in improving the lives of children. Over 3000 children have benefited from Window of Hope activities. The project has been funded by the Global Fund for Children and the Harvard University AIDS Prevention Initiative in Nigeria.



Young Men Against Sexual Violence Network

Young Men Against Sexual Violence Network

round 44.8% of girls age 15 – 19 have experienced sexual violence according to the 2008 demographic health survey in Nigeria. Leaving men and boys out of efforts to end gender violence separates them from the solutions, reaffirms gender norms around

male violence, and leaves the burden of addressing violence squarely on women's shoulders. Men and boys have a critical role to end violence against women and girls, especially in challenging and eliminating the attitudes, norms, and practices that perpetuate men's control and power over women and reinforces tolerance for violence against women and girls.

"I believe our role as young men in ending gender based violence is very important. Being a member of the network has helped me reach other men like me"

- Aliyu Sidi, Network Member, Sokoto State The Network of Young Men against Gender Based Violence (GBV) is a platform for young male leaders to challenge cultural perceptions and stereotypes that fuel all forms of violence and oppression against women and girls while influencing attitudes and behaviours in their various communities as change agents. The network's 46 members are young men from universities and different communities spread across 26 states in Nigeria and includes Mr. Incredible (MI), a famous musician, as its ambassador. The young men use interpersonal communication to

educate other young men on GBV, while lobbying and advocating to community leaders, government officials, and policy makers to enact favourable policies that can end GBV. EVA supports the network through trainings, provision of education materials, and organizing national events around the 16 Days of Activism against Gender Violence every December.



International Youth Speak Out

International Youth Speak Out



oung people, aged 10-24 years, account for one-third of Nigeria's population. It is generally recognized that the health status of Nigeria's young people is poor, characterized by early sexual debut, low knowledge of reproductive health issues, low contraceptive use, high birth rates, and high rates of unsafe abortions. In Nigeria, there are currently a wide variety of policy documents that focus on adolescent and youth sexual health issues, however the country is still

unable to adequately address the Sexual and Reproductive Health and Rights (SRHR) needs of young Nigerians. It is therefore important to hold government accountable for the implementation of these policies, as part of a process for ensuring the needs of young people are adequately addressed.

When young people take direct ownership of issues that affect them the results are can be phenomenal. By getting involved in the decision making process they are empowered to know and exercise their rights. The International Youth Speak Out Project is based on this premise and aims to respond to the challenges of youth reproductive health and rights by empowering young people to advocate for their own reproductive and sexual health. The project formed and created a Youth Advocates Group (YAG), which is team of young Nigerians between the ages of 15-24 years residing or schooling in the Federal Capital Territory and concerned with young people's health and development issues. The YAG uses communication and advocacy strategies to educate and mobilize young people, adults, and policy makers to take action on young people's reproductive health issues at the national level. The advocacy focus of the group is to push for the implementation of global and national commitments and policies that affect young people.

Since the establishment of the group in late 2008, it has successfully engaged 65 national policy makers and implementers on youth and adolescent SRHR issues, increased 6,870 young people's awareness about national SRHR policies, and contributed to strengthening the capacities of two informal youth groups to engage in SRHR advocacy at state levels. YAG has also successfully engaged and educated the media, which resulted in 32 media mentions on SRHR issues in print and electronic outlets. The project is supported by Advocates for Youth and UNFPA Nigeria.

"The International Youth Speak Out project has totally transformed me from being clueless and timid to an informed, creative, smart, outspoken and bold young person. It has created a platform for me to unleash my potential. I never knew I could think creatively and speak with boldness but IYSO brought that out."

-Kike Taiwo, Youth Advocate



Intensifying HIV Prevention Amongst Young People Out-Of-School

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n Nigeria, an estimated 3.6% of the population is living with HIV and AIDS. Although HIV prevalence is much lower in Nigeria than in other African countries such as South Africa and Zambia, the size of Nigeria's population (around 149 million) provides that in 2009, there were almost 3 million people living with HIV. Young people have been at the centre of the HIV/AIDS epidemic, as it is estimated that 60% of new infections are amongst young people.

In response to the rise of the epidemic, the Intensifying HIV Prevention Amongst Young People Out of School project, aims to reduce the spread of HIV amongst young people. Using sports and radio drama programs, the project provides comprehensive HIV prevention information, life skills training, and referrals for services to hard to reach out of school young people.

The project has reached over 2,900 young people and is funded by UNICEF.

"Before I become enrolled and trained as a Peer Educator my life was not coordinated, I had more several girlfriends and I never understood the risks I was putting myself into. But after attending the training and having sessions with my peers the reactions and learning experience about STIs opened my eyes and made me afraid. I decided to stick to only one girlfriend and it has helped me to get my life back in good shape financially and spiritually".

- Male, 24, Ikom, Cross River State



Y-ACCESS

Youth Access to Sexual and Reproductive Health Services

Youth Access to Sexual and Reproductive Health Services

oor reproductive health is both a cause and consequence of poverty. Poverty is associated with high-risk sexual behaviors, such as coerced sex, rape, and unsafe sex in exchange for monetary incentives. These behaviors put young people at risk of unintended pregnancy and contracting HIV and sexually transmitted infections, which can

affect their reproductive health. Poor household conditions often force young women to engage in sex work and UNAIDS reports that the majority of sex workers are under the age of 25 years globally. Poverty and poor healthcare systems compound the vulnerability of young people and contribute to poor health status. Young people living in northern Nigeria have the worst reproductive health indicators in the country.

The Improving Youth Reproductive Health in Northern Nigeria (Y-ACCESS) project aims to increase the availability and young people's access to comprehensive reproductive health services in four northern Nigerian states. Y-ACCESS is a community based project that will improve the quality of reproductive health services provided by public health facilities, pharmacies, and informal health service delivery points, like traditional birth attendants, while increasing the capacity of young people, so they know more about their reproductive health, including where and how to access these services. The project will also address financial and social barriers to accessing services by providing free and subsidized service vouchers and educating parents, teachers, and religious and community leaders on the importance of supporting young people to access services.

The project is jointly implemented with Association for Reproductive & Family Health (ARFH) and Society for Women Development and Empowerment of Nigeria (SWODEN). Y-ACCESS is funded by DFID's Global Action Poverty Fund.



My Question and My Answer

My Question and My Answer (My Q&A)

ecent statistics show there are more mobile phone users in the developing world than in the developed world. In Nigeria, in the year 2000, there were 30,000 mobile subscriptions, which increased to over 87,000,000 by 2010. Due to cultural views, discussion of sexual and

reproductive health issues is frowned upon, making it difficult for adolescents and young people to obtain reliable information. On this basis, a growing number of programs are turning to mobile phones to communicate with young people about reproductive health and HIV/AIDS prevention.

The My Question and Answer service is a unique project that utilizes mobile phones to engage young people. MyQuestion provides a mechanism for young people to ask questions surrounding sexual health and HIV and AIDS by text messages, through a telephone hotline, or through e-mail or a web-based interface. MyAnswer gives young people the opportunity to learn and win prizes by correctlyansweringamonthlyquestionregardingsexualandreproductivehealth. This service provides the opportunity for young people to access accurate, nonjudgmental and confidential information anonymously, irrespective of their location, and at their convenience.

Since the project started in 2007, MyQuestion has received 500,000 text messages, 21,000 voice calls and 660 online submissions, while 28,000 young people have participated in the MyAnswer competition. The project was developed in partnership with One World UK and has been funded by UNICEF Nigeria and National Agency for the Control of AIDS (NACA). It is presently funded by Oxfam Novib.

"Thank you counselors. I have confidence on myself now. I go to places without fear in me and I talk to people without fear."

-Female, 16 years old, Benue State

"When I started, I was doing it [answering questions] because I need the recharge card [prize], but as time goes on I started getting to know so many things, like I got information that really helped me grow well...Like the way I am a guy cannot really come and deceive me."

-Nneka, 19 years old, Nassarawa State



Electronic Family Life and Health Education (eFLHE)

Electronic Family Life and Health Education (eFLHE)

any cultural and religious traditions of the Nigerian society do not encourage discussions or access to information by young people on issues relating to their sexuality and reproductive health. The perception is that access to sexuality information will encourage risky behaviour, however, equipping young people with accurate reproductive health information helps them in making positive decisions.

The eFLHE program is based on the Nigerian national sexuality education curriculum and combines experiential and participatory learning approaches to teach sexuality education. The content responsibilities as well of the curriculum is delivered to young people using illustrated cartoons, games, and quizzes. The project improves electronically. The landiscussion and information reproductive health education and reduces socio-cultural tendencies that for every young person to lead to reluctance in discussing these issues with young people. Teachers are given basic computer appreciation training and supported to use the

"This is my first time learning about my rights and as having access to laws guage is also very simple get along. Am excited".

-Ejue Zake

e-learning platform to teach their students. The program also engages education government officials and school administrators to invest in the provision of computers and support to use of e-learning approaches in education.

The pilot and scale-up phase of the project reached 13,000 students and 538 teachers in 110 schools and was supported by One World, UK with funding from the John D. and Catherine T. MacArthur Foundation. Presently, EVA provides technical assistance to State Ministries of Education to scale-up the use of e-learning approaches in their primary and secondary schools with public/government funding.

"Lessons using eFLHE are different, they are exciting, students are more involved and discussions are with very good examples. You find students filling the lab even before you get there. eFLHE lessons are lessons we look forward to."

-Ene Edet, Teacher, Uwanse Model Secondary School



Youth Friendly Services

Expanding Youth Friendly Health Services for Young People

nmarried people, including youth, are not expected to engage in sex and therefore do not need family planning. Unplanned pregnancy is widespread, especially in rural areas. Knowledge and access to contraception is extremely low, thus accounting for high rates of unplanned pregnancy and abortion-related deaths. Girls who become pregnant outside of marriage do not attend antenatal clinics because

of the shame and stigma attached to unmarried pregnant women. While knowledge of Sexually Transmitted Infections (STIs) exists, young people have misconceptions about STI transmission. HIV is a major reproductive health problem in Nasarawa, as it has second highest prevalence rate in Nigeria, which is more than twice the national rate. Reproductive health facilities are available in all communities and are delivered through public primary and secondary health facilities and private and missionary clinics/hospitals. Despite this, utilization of SRH sevices by young people in Nasarawa is low.

The YFS project aims to increase the use of reproductive health services by young people. It works with a network of public and private hospitals and builds the capacity of health staff to be more youth friendly and deliver quality health care services. The project also works with young people themselves to raise awareness about reproductive health issues and location of services. Given that most young people do not feel comfortable accessing contraception at health facilities, the project supports youth leaders to distribute contraception to their peers privately at the community level. Funded by Advocates for Youth, YFS has educated over 5,000 young people on sexual and reproductive health. In addition, 6,750 sexual health-related visits have occured at the project supported facilities, representing a 107% increase in services prior to the implementation of the project.

"Before I became a peer educator, hospital and clinics were places I disliked so much, such that even when I am sick, I would never visit a health centre, except when I am forced by my parents. When I had an issue with my reproductive health, I went to the Primary Healthcare Centre. What amazed me was the friendliness I got from the service provided. Since then, I have encouraged so many young people to use the health facility using myself as a testimony"

... Nneka Oyibo,19 years old, Nassarawa State



HIP& STAR

HIV Impact Mitigation Project STAR Project

ccording to the 2008 HIV/AIDS sentinel survey, Benue state has the highest prevalence rate in the country, which is almost double the national average. Since the 1st case was discovered, the state has consistently had one of the highest prevalence rates, with an average of 10.6% in 2008. It is estimated that the state is home to over 239,000 people infected with HIV.

Statistics from the 2008 National Demographic and Health Survey (2008 NDHS) indicated that only 23.7% females and 35.2% males between the ages of 15 and 29 had comprehensive knowledge about HIV and AIDS. Young people are therefore a vital target for a change in the trend of HIV prevalence in the country.

"I never knew about this STI before. Even in my school, I don't hear it. I don't even know that they have sexually transmitted disease. When I was at the training I heard about it and I learn it."

– Beauty, 21 years old, Benue State

The HIV Impact Mitigation Project and STAR project were developed to address the high rate of HIV infection amongst young people working in the informal trade sector in Benue state. HIP and STAR projects aim to reduce risky behaviors and increase use of HIV prevention services by young people. The project works with youth leaders from different artisan groups such as carpenters, barbers, hairdressers, and tailors by training them to educate their work-based peers on HIV and AIDS prevention while providing access to condoms and referrals for HIV testing at EVA Youth World Center. Both projects have reached over 8,617 young people working in the informal trade sectors. HIP is funded by Harvard AIDS Prevention Initiative in Nigeria (APIN), while STAR is funded FHI360 through the Enhancing Nigeria's Capacity for AIDS Prevention project.

"They taught us how to use condoms, then demonstrate it for us... Before I contacted myself with EVA program, it's very different. Now it is not easy for a man to come closer to me... I ask him to use condom, if not he leave me alone. Simple."

-Beauty, 21 years old, Benue State



Plus OVC Education Campaign

Plus Orphans and Vulnerable Children Education Campaign

he AIDS epidemic is significantly affecting the lives of vulnerable children and making more children vulnerable, thus affecting their quality of life. Nigeria has one of the largest burdens of Orphan and Vulnerable Children (OVC)

in the world, with over 17.5 million children either orphaned or considered vulnerable. Education is an essential service needed for the adequate development of a child and there is growing amount of evidence that supports the fact that orphans have higher drop-out rates than their non-orphaned counterparts. Despite the opportunities for education through the Nigerian Universal Basic Education policy, which ensures compulsory and free basic education for the first nine years of school, many orphans and vulnerable children are not accessing or effectively participating in education.

The +OVC Education Campaign aims to advocate for the educational needs of children orphaned and made vulnerable by HIV/AIDS in the North Central zone of Nigeria by children, working with caregivers, and communities to facilitate increased access to educational services by orphans and vulnerable children. The project trains adults and children as community advocates and

"EVA has help me to know that I can go and see our councillor and the local government chairman to let them know that I am not in school because of fees"

-OVC, Igbor community

creates opportunities for these advocates to target education decision makers from the school to national level to advocate for elimination of school levies for orphans and vulnerable children.

Funded by the American Jewish World Services, Plus OVC has sensitized 130 stakeholders (community leaders, ministry of education, health, and PTA representatives), 22 head teachers, and 54 teachers on OVC issues to bring the case of OVC education to the forefront, gain support and commitment, and proffer specific recommendations and action steps. Through the initiative, a total of 140 OVC and 130 community advocates have been trained and a 50% fee waiver for orphans in Agasha community of Benue State has been achieved.



Anti-Stigma BILL CAMPAIGN

Anti-Stigma BILL CAMPAIGN

ith over three million people living with HIV/AIDS, Nigeria has the second largest population of persons infected with the virus after South Africa. It is also estimated that approximately 1.8 million young people in Nigeria between the ages

of 10-24 are infected with HIV/AIDS. Along with the high HIV rates comes high rates of stigma and discrimination, thereby making it important for Nigeria to have a law in place that protects the rights of all people living with HIV and AIDS. Unfortunately, the Anti-Stigmatization and Discrimination of Persons Living with HIV/AIDS Prohibition Bill 2009, the proposed legislation, has not been passed into law. Furthermore, the draft legislation failed to recognize the impact of HIV stigma and discrimination on young people, especially within the education sector.

The Anti-Stigma Bill Campaign is funded by the Open Society Institute West Africa (OSIWA) protect the aims to rights fundamental human of young people living with HIV/AIDS against stigma and discrimination by advocating for the passage of the Anti-Stigmatization and Discrimination of Persons Living with HIV/AIDS Prohibition Bill 2009. Working with the EVA Youth Advocate Group, a team of young Nigerians between the ages of 15-24 years, the project drafted a specific section for the bill that focuses on young people. Beyond

"I must commend your work. I am even more excited that young people like you are engaging us on issues like this, we will definitely work with you to ensure we get the desired result"

-Hon Joseph Kigbue, Chair House of Representatives Committee on HIV/AIDS, Tuberculosis and Malaria

the youth specific reference in the bill, the project uses videos, radio programs, and social media to mobilize and educate young people about the law. It also creates mediums such as letter writing campaigns and public forums for young people to engage their legislators to support the passage of the bill.

To date, the campaign has reached over 1,000 community and youth leaders and sensitized over 2,000 young people across 5 campuses on the bill and how to take action. By working with over 11 coalitions, networks, and organizations, the campaign has collected over 350 signatures for accelerated passage of the bill and has engaged and received commitment from the committee chair and legislative staff. Additionally, the campaign has trained over 30 youth leaders on advocacy, legislative processes, and public speaking.

HEADQUARTERS/ FCT OFFICE 4th Floor Standard Plaza, No 2 Kutsi Close, Besides Redeemers Private School, Off Aminu Kano Crescent Wuse II, Abuja communication@evanigeria.org, fct@evanigeria.org 08078546315-6

BENUE STATE FIELD OFFICE No 7 New Bridge Road, Beside ETB Bank, Off Otupko Road Makurdi, Benue State benue@evanigeria.org o8o78546317

NASSARAWA STATE FIELD OFFICE Block 2, Akwanga Local Government Secretriat, Off Keffi/Abuja Road, Akwanga, Nassarawa State nassarawa@evanigeria.org o8o78546319 CROSS RIVER STATE FIELD OFFICE C/O Local Government AIDS Committee, Local Government Secretariat Ikom, Cross River State crossriver@evangieria.org 07056276401

NIGER STATE FIELD OFFICE 1st Floor, Farm Centre, Opp. Awwal Ibrahim Shopping Complex, Tunga, Minna, Niger State. niger@evanigeria.org 08078791201

UNITED STATES OF AMERICA PO Box 714 Grand Central Station New York, NY 10163

