

2014

Annual
Report



UNLOCKING CAPACITIES

Education As A Vaccine



Content

| | | |
|--|--|---|
| Impact in Numbers | Health and Economic Leadership in Young Rural Women: | Young People take on Nigeria and the Post-2015 Development Agenda |
| 06 | 08 | 12 |
| Changing the Narrative on Violence Against Women & Girls | Going Beyond Boundaries and Expectations | Cracks in the Wall: |
| 16 | 20 | 24 |
| Creating Alternatives with Private Companies | Personal Changes Improve Healthcare Delivery: | Advocate in the Making |
| 28 | 32 | 35 |
| Capacity Strengthening Development as a Sustainability Strategy: | People | Finance |
| 39 | 43 | 45 |

Mission

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





Board Members

Zainab Muhammed-Idris

Chairperson Of Board

Chinelo Dike-Minor

Vice Chairperson Of Board

Jimmy Owotomo

Treasurer & Chair, Finance Committee

Eunice Eso

Chair, Human Resource Committee

Ebunoluwa Taiwo

Member, Finance Committee

Rotimi Alade

Member, Human Resource Committee

Fadekemi Akinfaderin-Agarau

Secretary & Executive Director

Chikwe Ihekweazu

Chair, Programs Committee

Stanley Garba

Member, Programs Committee

Cosanna Preston-Ididia

Chair, Development Committee

Dapo Olagunju

Member, Development Committee



Board Chair and Executive Director

Address



Zainab Muhammed-Idris
Chairperson Of Board



Fadekemi Akinfaderin-Agarau
Executive Director

2014 has been another eventful year for us at Education as a Vaccine (EVA). We are both inspired and motivated each day by the results of the amazing work of our colleagues on the board, staff and volunteers. These results are chronicled in this year's annual report called 'Unlocking Capacities'.

We are excited to share with you stories about how we have improved the capabilities of young people to positively maintain their health, enhance their financial security and challenge structures and policies that affect their health and education. We also share with you successes of how we have strengthened capacities of different stakeholders, including our staff, to deliver the much needed health services for children, adolescents and young people. Beyond the human stories, we have seen a sustained improvement of our impact in numbers. We

are pleased to inform you that we served over 226,000 people in 2014 fiscal year, which is 32% more than last year. We have also sustained our commitment to ensuring that both young women and men equally benefit from our programs and services.

We recognize that our ability to build young potentials is as a result of our strong partnership with children and young people themselves, communities, government, funders and other NGOs. On behalf of the team, we are very grateful for your commitment and belief in the abilities of our organization.

We hope that you enjoy learning about our work, as we have taken joy in creating and sharing them with you.

Sincerely,

Zainab & Fadekemi

2014 Impact

In Numbers

226,470

Number of individuals reached by
EVA's programs

32% more than last year

71%

of individuals reached
by EVA's programs were
young people between
the ages of 18-30

19%

of individuals reached
by EVA's programs were
children between the
ages of 6 -17

54%

of individuals reached by
EVA's programs were female

83,657

Children and young people
reached indirectly through our
capacity building programs

110,440

Children and young People
provided with sexual and
reproductive health and HIV
counselling, testing and referrals



Health and Economic Leadership in Young Rural Women:

The Story of Hajara Yakubu



“

She also started talking about and insisting that she and her partner use condoms to prevent another pregnancy.

”

In Dakah, a small settlement on the outskirts of Nigeria's capital, Abuja, girls as young as 15 are already mothers, many of them single mothers. The lack of support for these girls and the consistent issue of teen pregnancy inspired the Female out of School Reproductive and Sexual Health Education (FORSHE) project. Through life-skills education, support and training that helps girls and young women develop self-confidence, communication skills, and income generating activities, the project aims to improve their health and self-sustainability.

Hajara Yakubu is 25 years old and married with five children. Like many women in Dakah she lacked basic sexual and reproductive health (SRH) knowledge. For example, Hajara did not know about contraceptives, which led to a pregnancy virtually every year. She would also hide her children when health workers visited Dakah for immunizations, a common practice in the community.

“Anytime we hear say those people (health workers) they come immunize children, all the women go run, go hide their children even me, because we think say the immunization go paralyze them or go make them sick.”

Hajara's husband is seldom at home because he works

in a different community. The burden of supporting her family rests on her alone with very little means to do so. Although she had a small egusi farm (a melon seed that is a staple in many Nigerian dishes), she barely made enough profits from her sales as virtually all the women in Dakah are involved in egusi farming. Items like soap and food condiments were a luxury to her. Personal savings weren't a remote possibility.

“I no get money to even buy ingredients for soup, I no fit buy soap to baff (bathe). Before I go market buy one small bowl of rice to cook for me and my 5 children 'cos no money”

Through the FORSHE workshop she came to realize that among other misconceptions she'd had about health, she had been putting her children's lives at risk by preventing them from being immunized. She also started talking about and insisting that she and her partner use condoms to prevent another pregnancy. Condoms are also important to her because she was concerned about HIV and STIs given that her husband is rarely at home.

Through FORSHE Hajara received a small loan of N12,000 (\$65 USD) to start a small scale businesses. She used the loan to buy two bags of egusi, of 50kg



On her first firewood investment she used N24,000 (\$130 USD) to produce five lorries of firewood. She now has become a major firewood supplier in Dakah, hiring labourers and Lorries to fetch firewood from the forests and distributing it to wholesalers.

each, which she sold in small measuring bowls called mudu at N60 per mudu. With her profits she was able to reinvest the funds into more bags of egusi for additional sales. After just seven months she had tripled the loan amount she was initially granted and was able to pay it off completely while keeping her working capital intact. The initial success inspired her to diversify her business by venturing into the production of firewood. On her first firewood investment she used N24,000 (\$130 USD) to produce five lorries of firewood. She now has become a major firewood supplier in Dakah, hiring labourers and Lorries to fetch firewood from the forests and distributing it to wholesalers.

"I dey happy say my life don change... I dey try to look clean every time and my children too. Now I dey save my money, things don better for my life. Before wey I dey buy rice inside cup but now na bags of rice I dey buy for my family.

Today, she shares her experiences with other women in her community and encourages them to properly plan for their families. Hajara is now

working as a mentor with EVA to set up an economic strengthening cooperative group in Dakah and also to expand the project to the nearby community of Lambata in the Kwali Area council, of the Federal Capital Territory.



160

adolescent girls and young women benefiting from Forshe project

15

young girls and women provided with loans to establish micro-enterprises

75%

of girls supported with IGA program report depending less on their partners for money on a monthly basis

100%

of girls supported with IGA report finding it easier to meet basic household expenses

Young People take on Nigeria and the Post-2015 Development Agenda

“I have some knowledge when it comes to the sexual rights of young people but I had never, before now, considered the vulnerable and marginalized ones, especially the girls.”

The Millennium Development Goals, which were signed fourteen years ago, are coming to an end in 2015. The world, including Nigeria, is trying to answer the question: what's next? How can we improve and reach more people? To try and answer these questions 52 young people from 31 of the 36 states in Nigeria gathered in Abuja on August 3-5, 2014 to participate in the Nigerian portion of the global ACT2015 campaign. ACT2015 is a youth-led campaign that advocates for the inclusion of youth sexual and reproductive health and rights (SRHR) and HIV in the next development framework. EVA worked in collaboration with the Federal Ministries of Youth and Health, and the National Youth Network on HIV/AIDS and with financial support from the ACT2015 global team, UNAIDS and UNICEF, to coordinate the 3-day strategy meeting and campaign activities in Nigeria.

Alalade Akinola, 24 years old, a youth program assistant with the Population Council, was one of the participants. Using the ACT2015 Advocacy Roadmap Toolkit, Alalade worked with other participants to identify which categories of young people have been missed in the implementation of the MDGs, one of which was adolescent girls and young women.

“I have some knowledge when it comes to the sexual rights of young people but I had never, before now, considered the vulnerable and marginalized ones, especially the girls. This meeting was an eye opener as to how they have been relegated to the background with no one to advocate for their needs. The rights of girls have been neglected in a number of ways, some girls cannot go to school to get education, just because she is a girl and not a boy. Some are raped and the first assumption is that she asked for it, either through her dressing or the like.” At the end of the three days, the participants had decided that efforts to provide adolescents and young people with comprehensive information and services in Nigeria was grossly





The successes of the ACT2015 campaign in Nigeria was recently showcased at a review meeting of all ACT2015 countries held in New York and was also cited as a key accomplishment by the UNAIDS Executive Director in his quarterly newsletter to UNAIDS team globally.

inadequate. Their ACT2015 request is that:
Access to youth friendly HIV and SRHR information and services including:

- **age appropriate comprehensive sexuality education;**
- **confidentiality of services;**
- **access to HIV counseling and testing;**
- **contraception including female condoms and emergency contraception;**
- **post-exposure prophylaxis;**
- **post-abortion care for all young people including vulnerable and marginalized groups; and**
- **specialized treatment and care for adolescents and young people living with HIV,**

should be reflected in the post-2015 development framework with related indicators.

Reflecting on the process and outcomes of the 3-day meeting many young people felt equipped and energized about the possibilities for advocating.

Roseeline Owoseni, 21, was excited about the new skills she'd learned including government advocacy and health education and communication skills to encourage HIV and SRHR discussions.

"If the advocacy toolkit and ideas shared [at this meeting] are used, there will be more youth friendly services all over the country," she said. Precious Anslem, 22, from Abuja agreed, "it turned out to be a very successful meeting and this is one of the most active groups of people I have ever met since I have been doing advocacy work."

A major outcome of the strategy meeting was the creation of the Nigerian Act 2015 Youth Alliance. Since the meeting, the Youth Alliance have set up a mailing list and a WhatsApp group to continue communicating about the progress they are making in their advocacy efforts. The alliance participated in a Presidential Summit on the MDGs held in Abuja on the 18th and 19th of August and also held advocacy meetings with the Minister of National Planning, the Special Advisor

to the President on Youth and Student Affairs, and the Commissioner of Health for Ondo State. These advocacy meetings aimed to expand the network of supporters who could influence the President to include elements of the alliance's advocacy request in his speech at the United Nations General Assembly. Additional planned activities include: social media engagements, TV and radio appearances, blog posts, a letter writing campaign to the UN Mission, and additional meetings with government officials. The successes of the ACT2015 campaign in Nigeria was recently showcased at a review meeting of all ACT2015 countries held in New York and was also cited as a key accomplishment by the UNAIDS Executive Director in his quarterly newsletter to UNAIDS team globally.



52

adolescents and young people trained to influence Post 2015 agenda

97

children and youth trained who engaged in advocacy on health and education issues nationally

5450

children and young people involved in the monitoring of national health and education policy implementation



Changing the Narrative on Violence Against Women & Girls

Young Men's Network Against Gender Based Violence



“ Since the first meeting of 50 young men, back in December of 2001, the MAGBV has reached 5000 men across: Edo, Benue, Plateau, Kogi, Kano, Nassarawa, Lagos states and Abuja. ”

On a daily basis women are beaten and “punished” for supposed misbehavior, raped and even murdered by members of their family. In some cases, vicious acid attacks leave them with horrific scars. It has long been documented that these violent acts are predominately committed by husbands, partners and fathers.¹ In response to these trends Education as a Vaccine (EVA), formed the Men against Gender Based Violence Network (MAGBV) at the end of 2011 with support from the United Nations Population Fund (UNFPA). The network is comprised of younger men, between 18 and 35 years, And focuses on getting them involved in the conversation about gender based violence and its effects on the survivor’s general wellbeing. EVA provides technical support including support for work plan development, program ideas, and the dispensing of funds for the network’s activities. Since the first meeting of 50 young men, back in December of 2001, the MAGBV has reached 5000 men across: Edo, Benue, Plateau, Kogi, Kano, Nassarawa, Lagos states and Abuja. The training and network have been very well received by the participants. “The trainings have been immensely helpful, I see my wife as a partner. I

understand that we are a team. I teach my little daughter to believe in herself to know that she is equal to a man, that whatever he can do she can as well,” said Ayo, 29, coordinator FCT State chapter and a member of the network. This year’s focus was on a capacity development manual. EVA and the UNFPA, Through the Ministry of Women’s Affairs, aided the network with the manual development, which has become a tool for developing young champions. The manual was first used in June 2014 at a workshop in Lokoja, Kogi State and then again in Lagos in August. The network intends to distribute the manual to every state as a standard training document for similar trainings in the future. In addition to workshops, the network uses messaging



¹ Amnesty International. 30 May 2005. “Nigeria: Unheard voices”. AFR 44/004/2005



In addition to workshops, the network uses messaging platforms on social media, particularly WhatsApp, as an avenue for discussion. The group chats hash out topics like gender stereotyping, gender equality and review case studies that push members to examine and discuss causes of gender-based violence

platforms on social media, particularly WhatsApp, as an avenue for discussion. The group chats hash out topics like gender stereotyping, gender equality and review case studies that push members to examine and discuss causes of gender-based violence in homes. The network also reaches out to young men in secondary schools and during school breaks. Additionally, the network is seeking out avenues for alliances with older men from different networks with the aim of taking the word to these older men that young men in Nigeria stand up to stamp out gender-based violence in their immediate sphere of influence and beyond.

EVA is proud to document and witness the growth and impact of this young men's network. It is hoped that in the next five years the network will be self-sustaining and will continue to spread across Nigeria with a concrete operational structure.



321

young men trained on gender based violence issues

8

states have young men against gender based violence network chapters

\$27,000

channelled to the network with support from UNFPA and Nigerian Federal Ministry of Women Affairs



“

Saidu attested that, with his new approach, he has seen a change in the behaviour of drug abusers and a surge in the uptake of condoms from his chemist shop.

”

Going Beyond Boundaries and Expectations:

The Role of Informal Health Workers in Sexual and Reproductive Health Service Delivery

The Y-Access project, funded by Department for International Development DFID, is an EVA programme that focuses on sexual and reproductive health education for young people and adolescents in Niger and Benue States. A key focus of the project is working with informal health care workers who are often the front-line providers in communities where clinics are hard to reach or viewed as too expensive. However, due to their informal status they often dismissed by health initiatives providing training and support. Examples of these providers include:

- **Patented medicine vendors (PMVs), individuals who sell pharmaceuticals but are not pharmacists, and do not require prescriptions for sale;**
- **Traditional birthing assistants (TBAs), major sources of healthcare for women, especially young women and unmarried girls, who often suffer stigma and condemnation from formal healthcare workers.**
- **EVA's own peer health educators, young people who are tasked to gather 15 of their peers to discuss sexual and reproductive health knowledge they receive from EVA.**

Over a two year period, through the Y-Access project, EVA has trained 173 PMVs & 174 TBAs to facilitate sexual and reproductive health services in their communities. What follows are testimonies from the beneficiaries on how the training has benefited their work and their communities.

Saidu Wasa, a 29 year old PMV, owns a small shop in Kudodo village, outside Erena, in Niger State where he sells drugs to members of his community. As a local drug store owner, his store is the first place members of his community run to when there are signs of ill health. Prior to receiving training, Saidu attested that he would sell any drugs if requested, regardless of if they were the right type. This included selling to young people, even when he knew they would abuse them. He had the same attitude towards all of his customers; as far as he was concerned, he was running a business. The training has helped to change his perspective.

“I am improving and getting better at my work now. I advise young people against taking codeine because excess intake can lead to violent mood swings. I also encourage them to use condoms instead of depending on emergency contraceptives because the emergency contraceptive cannot protect them from STIs”



Thanks to Danladi's hard work there is now a sense of support for young people learning about sexual and reproductive health issues from community members.

Saidu attested that, with his new approach, he has seen a change in the behaviour of drug abusers and a surge in the uptake of condoms from his chemist shop.

Danladi Dada, a 26 year old peer educator, comes from Galkogo village, also outside Erena. Danladi meets with his peer group three times a week where they discuss issues around sexual and reproductive health, HIV/AIDS, and risky behaviours such as drug use.

"So far we have achieved a lot of changes in the attitudes of young people. Two people in my group have stopped drug abuse," he says.

It was not easy at the beginning to organize the group. Danladi recounts how members of the community initially assumed that the gathering was politically inclined.

"It took a lot of persuasion to get them to believe that it wasn't, and to finally get the blessing of the village head. He now has approved the training and group meetings."

Thanks to Danladi's hard work there is now a sense

of support for young people learning about sexual and reproductive health issues from community members.

Ramatu Danbala, a 34 year old TBA in her community of Figi, a settlement in Erena, receives a number of 20 women a month visiting her for maternity care.

"Anytime any woman wan born for this place, them dey call me and I go help them deliver their baby and I go tell them how to take care of their body... as I go for this training, I come see I no know plenty things. Since then, any woman's case wey pass my power [to hard to handle], I go tell her make she go clinic for proper treatment."

Ramatu was particularly grateful for the training on family planning, specifically contraception. The training helped her in counselling her clients better talking to them about their sexual reproductive health and how they can live healthy lives. She now provides referrals to clinics and hospitals, especially for difficult cases she cannot handle.

After attending the Y-Access training, Abanger Terkaa, 31 year old PMV in Gboko, Benue State chose to address the issue of HIV amongst adolescents and young people by sharing some information on HIV prevention and testing, contraceptives, drug abuse, teen pregnancy and the risks of unsafe abortions but also how to refer clients to clinics.

"Now I refer them to the appropriate clinic instead of ignoring them like I used to do before. Because I know I don't have the ability to handle this type of case."

Abanger acknowledges that sometimes young people will walk away when he talks to them about sexual and reproductive health issues publically but that the same young people approach him privately. He thanks the training for teaching him how to create a positive and safe rapport with young people.



174

traditional birth attendants trained to provide information and sexual reproductive services to young people

173

Patent Medicine Vendors trained to provide information and sexual reproductive services to young people

900

young people trained and supported as peer educators to provide information and referrals for sexual reproductive health services

9406

young people provided with HIV and Sexual reproductive health rights information, life skills, development and referrals for services



Cracks in the Wall:

New Virtual Observatory Breaks
Down the Silence of Violence Against
Women and Girls



“This kind of project is really important for persons with disability... one of the most vulnerable groups that face and endure all forms of violence”

When it comes to violence against women and girls, especially sexual violence, silence is the default position due to fears that the survivor and family may be stigmatized. In many cases, young women and girls are blamed for the occurrence of the incident with suggestions that the survivor ‘asked for it’ through her choice of clothing or behaviour. As a result survivors keep silent, left to cope and heal, trying to pick up the pieces of their lives with little or no support.

In May 2014, Education as A Vaccine (EVA) in collaboration with Funds for Peace (FFP) was selected by the Nigeria Stability and Reconciliation Programme (NSRP), set up an online observatory to document, validate and address incidences of violence and abuse against women and girls in Northern Nigeria, using Kano and Kaduna as a pilot.

The observatory collects data directly from survivors, as well as from third parties and media reports on violence. By collecting and analysing this much needed information about the incidences of violence, the virtual observatory can be used as a strong evidence base to support the development of policies, laws and support programming to combat violence against women and girls.

collection of information about violence is important but not enough to address the violation faced by women and girls. EVA & NSRP established the observatory Steering Committee (OBSTEC) which is made up of lawyers, health providers, law enforcement agencies, CSOs, religious and community leaders, and government ministries and agencies to take action in response to the data provided. Through these members the OBSTEC helps to link the survivors, their families and communities with support services.

Risikat Idowu, the Executive Director of Women Living with Disabilities commented on the importance of OBSTEC and the observatory in protecting vulnerable women and girls.

“This kind of project is really important for persons with disability...one of the most vulnerable groups that face and endure all forms of violence. ... We know the stories we receive from women and girls but this will help show the magnitude of the problem,” she said.

Risikat recalled a case where a woman with a hearing and speech impediment was able to leave an abusive relationship thanks to the support of OBSTEC and the Observatory.



Cracks in the Wall:



“Awareness about the observatory has encouraged people to come forth and report. The trainings we have received on violence reporting, confidentiality, child protection, and counselling has changed the way I live, work and interact.”



Partner NGOs including the Gender Awareness Trust, Legal Awareness for Nigerian Women, Women with Disabilities and the Self-Reliance Centre run peace clubs which are led by young community facilitators. EVA supports these facilitators to raise awareness about the observatory and report incidencies through mobile tools like texting and whatsapp.

Mohammed Yagaji, youth leader in Tudun Wada, Kaduna, is one of the community facilitators that was trained. He is now helping to raise awareness about the Observatory by showing others the simple ways to report incidences of violence against women and girls. His message is clear: something can and will be done if cases are reported promptly and evidence of abuse is obtained.

In total EVA has trained 51

community facilitators in the pilot regions of Kaduna and Kano and 13 reports have been received over the first two months. While 13 may not seem like a large number, it is important to note that these cases would have otherwise gone unreported; the observatory has helped to take a first step at making a crack in the enormous wall of silence.

“This is such a timely project, the culture of silence ... is being broken little by little,” said Amina Audi, a lawyer and member of International Federation of Women Lawyers (FIDA) who serves as the Chairperson of the OBSTEC in Kaduna state.

“Awareness about the observatory has encouraged people to come forth and report. The trainings we have received on violence

reporting, confidentiality, child protection, and counselling has changed the way I live, work and interact.”

Although the Observatory is still in its beginning stages, EVA is confident that these steps will continue to make positive contributions to breaking the culture of silence on violence against women and girls.

51

youth community facilitators trained on use of mobile tools for reporting cases of violence against women and girls.

2

observatories established in Kano and Kaduna states

35

advocates, community and opinion leader serve as members of OBSTEC





Creating Alternatives with Private Companies

Sexual Health Education In Cybercafés in Niger State



“EVA worked with cybercafés in Minna and Suleja, two of Niger’s largest centres, providing training to the owners and operators.”



Despite the rise of smart phones, young people, especially out-of-school youth, continue to troop out to cybercafés as a central place for socializing, education, information and entertainment. Expected transactions like the Joint Admissions and Matriculation Board registration (school applications) and job applications are common place but young people also surf various websites including pornographic sites.

EVA saw this interest in sex as an opportunity to transform curiosity and entertainment into education. With funding support from the Ford Foundation, EVA developed the Out-of-School-Youth Access to Sexual Health and Economic Strengthening (OASES) project in Niger State to provide sexual health information and improve livelihood skills for adolescents and young people. A key element of the project is the Learning about Living (LAL) site (www.learningaboutliving.org/extra), an interactive site that challenges perceptions of sex, sexuality, gender and personal relationships that young people get from pornography and other social influences. To help get the site in front of young people, EVA worked with cybercafés

in Minna and Suleja, two of Niger’s largest centres, providing training to the owners and operators. The training covers sexual health issues and also the use of the program for educating young people. One of the training participants, Isiaku Garba, a staff of De-Fee Computers, in Gwada Kutard, Minna, installed the LAL program on the computers in the cybercafé and encouraged young customers to watch it, noting that it was beneficial to both the young customers and other patrons.

“Young people who spend their time browsing through pornographic sites and other non-educational websites make other customers and staff around feel uncomfortable”. Isiaku was particularly happy to report on a young couple who previously disturbed other customers with their loud laughing and the sexual content they were viewing.

“When they started reading about relationships on the software that we installed...a lot of questions were coming up. From then they don’t go to those [pornographic] sites again. They have shifted from all those websites to where they can get information...” This example speaks to a trend Isiaku is noticing. Young people are now less disruptive and are actively



Hassan has now incorporated the LAL site into the computer classes he offers at his cyber-café, making it a regular class for people who enrol for computer lessons

seeking out information on sexuality and reproductive health, often turning to Isiaku with questions, which he is always willing to answer.

"... I see the OASES project as a good step towards positively changing the lifestyle of young people in not only my community but also outside Minna."

Hassan Adamu, the owner of the Khaisal Cybercafé and a teacher in one of the private schools in Minna, Niger state, agreed with Isiaku, Acknowledging that the training made him much more knowledgeable and comfortable discussing matters of sexuality and sexual health with young people.

"Before now, I used to avoid talking about sex to people openly. I thought it was a private subject that should be kept private."

However, Hassan has now incorporated the LAL site into the computer classes he offers at his cyber-café, making it a regular class for people who enrol for computer lessons. And it doesn't end there. Hassan also uses the tool when he serves as a consultant teacher to other cybercafés. The reception by his students has been extremely positive.

"...when I teach my students sexual education, they also talk to their other friends and siblings about it so

it's a continuous process... they want to download the application on their mobile phones and tablets so that they can be watching it from time to time."

Since the implementation of this project, 28 cybercafés have introduced LAL into their training programs, with an estimated reach of 399 young people. Another 13 cybercafés are planning to incorporate it in the near future. With renewal funding from the Ford Foundation, EVA is working to create a mobile version of the LAL Extra site and other mobile applications, which will allow more adolescents and young people to access it easily on their mobile phones.



13

cybercafes supported to include LAL in their training programs

8

NGOs trained on how to integrate LAL in their youth programs

6

Niger state ministries, departments and agencies trained on how to integrate LAL in their youth programs

200

LAL Compact Discs produced and distributed to stakeholders providing sexual reproductive health education for young people



Personal Changes Improve Healthcare Delivery:

Supporting Healthcare Workers to Better Serve Young People.

... a key component of the training was an interactive session where young people shared their assessments of the participating facilities. While providers found the assessments difficult to hear, most recognized their accuracy.

The primary health care system in Nigeria is set up to bring basic health services close to communities. Sadly, most healthcare professionals at all levels of the health system are not adequately equipped to provide services to adolescents and young people. This is especially the case when it comes to sexual and reproductive health services.

Cultural and religious beliefs about sex and sexuality are touted by healthcare professionals as reasons to avoid providing the much needed information and services, especially if someone is not married. The result is that many young people feel formal health facilities, and service providers, are unapproachable and judgmental.

To help address this gap EVA implemented the Expanding Comprehensive Sexual and Reproductive Health project funded by United Nations Population Fund (UNFPA).

The programme provides youth-focused training for 37 health providers in Benue and Cross River states, covering topics like:

- **physical and emotional development of adolescents;**
- **socio-cultural perceptions of adolescent sexuality;**
- **contraceptive counselling;**
- **HIV and STI prevention; and**
- **Communication with adolescents.**

Grace Nsing, Florence Ekoigbe and Sylvanus Bigira are three healthcare workers who participated in the training. All three acknowledged that prior to the training they provided little or no information about sexual and reproductive health to young people, and let their opinions bias their treatment.

Grace Nsing, a health officer in the community of Edor, in Ikom local government of





The training has brought a major change to my community... [The youths] usually invite me to counsel and in some cases test them... About 5-10 young people walk into the facility every day to access the services here.

Cross River State, admitted that her dismissive views of pregnant, unmarried girls had impacted her objectivity in her care. "... Young people in my community were not accessing the facility as they thought it was meant for women and children. This was as a result of the lack of youth involvement from our part. This in turn was driving them away from the facility as they felt there was no activity for them here." Sylvanus Bigira, a community health extension worker (CHEW) in Gboko, Benue State since 1982, said he'd been taught that it was wrong to talk to a young boy or girl about sex. "I was completely ignorant of the adolescent stage. I did little or nothing with the adolescents in my community and had little or no interaction with them," he said. In addition to the course topics, a key component of the training was an interactive session where young people shared youth assessments of the participating facilities. While providers found the assessments difficult to hear, most recognized their accuracy. "Initially we wanted to defend ourselves and give explanations for some of the

low scores the youth gave us," said Florence Ekoigbe, a health officer who has been working the primary health care facility of Edor since 2012. "We scored very low in waiting time and it is because we have a lot of clients as the only facility attending to pregnant women and children for immunization... But the facilitators encouraged us to listen and get suggestions from [the young people] on how to improve our work." Since the training, all three health providers have noticed notable changes in their abilities as well as the perceptions young people have about them. Grace noted, "The training has brought a major change to my community... [The youths] usually invite me to counsel and in some cases test them... About 5-10 young people walk into the facility every day to access the services here." The improvement in the relationship between adolescents and health providers has started to yield positive results in the uptake of services, especially contraceptives. For example, since the training 817 young people have accessed services at the primary health centre in Edor. Sylvanus also mentioned

that there has been a higher demand for condoms by young people in his facility since the training. "...Before [condoms would] get expired as no one was coming for them. But now, even if you supply 5000, it will finish sharp sharp!" EVA continues to support the capacity of health providers and increasing youth involvement in health care delivery. Representatives of young people sit together with healthcare providers on a monthly basis to review and discuss service statistics from the facilities and brainstorm on new strategies for attracting more young people to use sexual and reproductive health services at primary health centers.



81

primary health care facilities supported to provide sexual reproductive health services to young people

123

health providers trained to improve sexual reproductive health rights service delivery for young people

76,221

adolescents and young people provided with sexual reproductive health rights services at supported health facilities



An Advocate in the Making:

The Story of Eno-Obong Ekwere



“EVA gave me the opportunity to learn, understand and use information to respond in scenarios like this and with EVA I trained as a counsellor for sexual violence cases.”

When I joined Education as a Vaccine (EVA) I was 26 years old, I started out from my National Youth Service Corp (NYSC) where I was trained as a peer educator on adolescent sexual reproductive health, HIV and AIDS. Before my work with EVA, I didn't know much about sexual and reproductive health rights or sexuality (beyond knowing what sex was). I also did not know much about sexual abuse. I didn't understand the psychological trauma associated with it, the different forms of sexual abuse, or the punishment given to perpetrators of sexual violence. I had always longed to know more, to get that confidence when talking on the subject matter, and to be able to help people make the right choices. My interest in sexual and reproductive health started when I was in university. I had a chance to talk to a teenage girl who got pregnant at the age of 13. She said she took "contraceptives" in the form of salt and water and also an antibiotic to prevent the pregnancy but this did not work for her so she had to procure an abortion. This is the usual story for most young girls. They do not have sufficient information about their sexual and reproductive health. My interest in sexual abuse and assault peaked when I started working with EVA, training students in a secondary school in Abuja. They had questions they could not ask anyone until

that training. One day a girl walked up to me and told me how she was raped and when she reported the issue, nothing was done to the man, he walked around freely boasting, saying 'she could go to anywhere and nobody will do anything to him'. EVA gave me the opportunity to learn, understand and use information to respond in scenarios like this and with EVA I trained as a counsellor for sexual violence cases. I have also participated in trainings on sexual and reproductive health, family planning and the universal access to female condoms (UAFC). From the training I learnt that sexual violence is not limited to a sexual act or domestic violence, it cuts across many situations. It could be harmful traditional practices or obnoxious widowhood rites, it may not include physical contact. It could also be peeping, threats of sexual abuse, talking about and circulating





“

If I find myself in situations like the story of the girl that was raped I will know what to do and be able to help.

”

nude pictures; it knows no boundaries of geography, age, culture, education and economic status. Anyone can be a victim of sexual violence. Sexual violence is perpetrated by colleagues, strangers, and especially by people the victims love, trust and know. Both males and females are sexually violated; however most times women and children are the victims of sexual violence. Now I work as a program officer and counsellor with EVA's My Question and Answer Service (MyQ&A). Through this service we counsel young people on sexual and reproductive health issues including STIs, family planning, unsafe abortions, and sexual violence. I believe I have been able to use my skills to help young people make the right choices. If I find myself in situations like the story of the girl that was raped I will know what to do and be able to help. I hope to be able to advocate for young people who have been violated and need assistance. I intend to build my skills by attending other capacity building trainings on sexual abuse and assault, and participating in online courses on sexual violence.



124,751

people counselled through mobile phones on sexual and reproductive health including sexual violence issues

51%

of Staff attended at least one external training in 2014.



Capacity Strengthening Development as a Sustainability Strategy:

A Personal Reflection by an EVA staffer

“... I know this well but it hadn't occurred to me that when we say EVA is an organization by young people, for young people that it meant we as staff members also would be empowered to realise our own potential.”

At EVA, helping young people realise their potential through sustainable capacity development is a corner stone of our work. I know this well but it hadn't occurred to me that when we say EVA is an organization by young people, for young people that it meant we as staff members also would be empowered to realise our own potential. However, my training with the Foundation Center, a leading source of information about philanthropy worldwide, changed that perception.

While I felt I understood the need for sustainability in our program development work, the training made me realise that I wasn't applying the key lessons of sustainability to myself, and my own position. It's not necessarily a surprise; the average young employee in Nigeria doesn't think much about the longevity of their organization. Yet, I realized that if I wasn't thinking about the future of my organization it meant I was undermining the very work we were trying to do. How could I claim to be part of an organization that was developing young potentials when I wasn't working to ensure that EVA would still be a relevant empowerment and employment platform for young people after I was gone? I had to do my best to make sure that I played my own role in ensuring EVA operated sustainably.

I am a prime example of EVA's commitment to empower Nigerian youth. I was hired for the job of fundraising officer with no prior experience in fundraising. My background in communication was the most leverage I had. The Foundation Center training taught me the basics; to be a good fundraiser, I need to be constantly up-to-date on the projects across our 7 state offices and I need systems in place to ensure my work is done in a transparent, institutionalized manner. As a result of the training, my understanding and appreciation of what EVA is and does outside of head office has completely changed. I now hold bi-monthly phone meetings to get new updates about projects and I undertake field visits with project staff to see how projects are implemented and meet with beneficiaries. With this deeper insight, I am in a much better position to advocate for EVA amongst potential donors.





Fundraising is not a skill you learn in Nigerian schools and that is what makes on-the-job capacity building very important.

Another key lesson I took from the training is that cultivating relationships is the basis of successful fundraising; every individual I meet personally and professionally can be a potential donor or fundraiser for EVA. Now I look for events and opportunities to meet and engage individuals outside the development sector that would traditionally not know about EVA and I educate them about the important work we do as an organization.

While my Foundation Center training has now concluded, my development has not. I receive direct mentoring from board members on our development committee. The chair of the committee provides monthly technical support by making inputs into the fundraising and communication work-plans as well as materials developed for engaging donors. Again, it's a regular process of feedback and evaluation that we have established and can continue long after I and the board chair have left.

With these steps I know I am only just starting. Fundraising is not a skill you learn in Nigerian schools and that is what makes on-the-job capacity building very important. The fact that EVA is investing in capacity development, not only for its beneficiaries but also for its young staff demonstrates to me a commitment to sustainability of the organization itself.



87%

of employees are satisfied with their job at EVA

92%

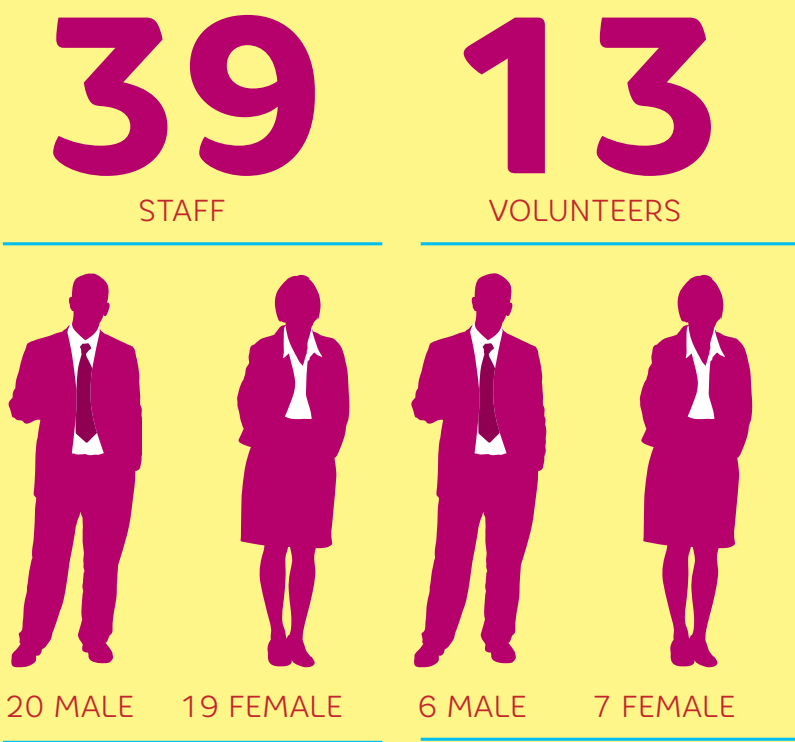
of volunteers placed at EVA are satisfied with their job, working tools and environment.

24

New Staff & Volunteers joined EVA in 2014.



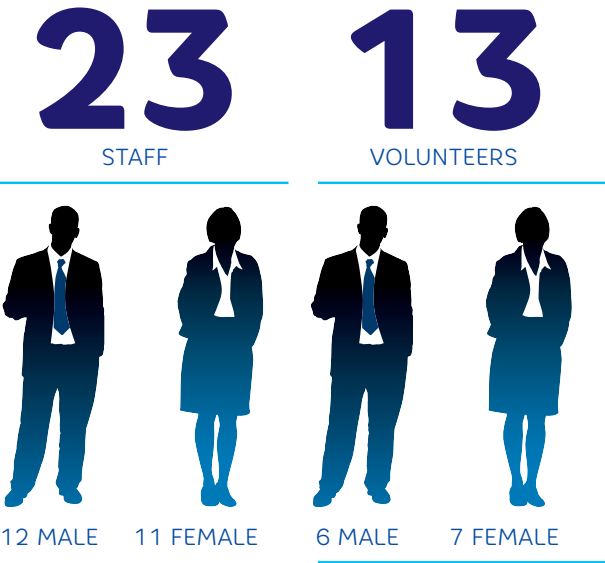
**Total
Number Of
Staff &
Volunteers**



People

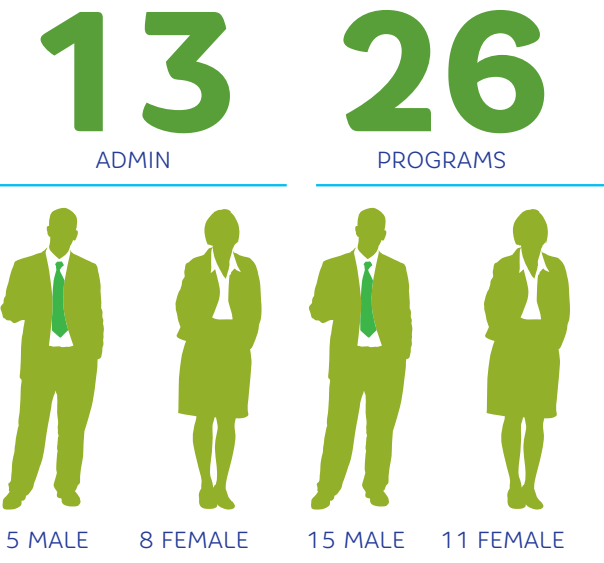


People



**Total
Number Of
Staff &
Volunteers
Under 30**

**Classification
of Staff**



People



Finance

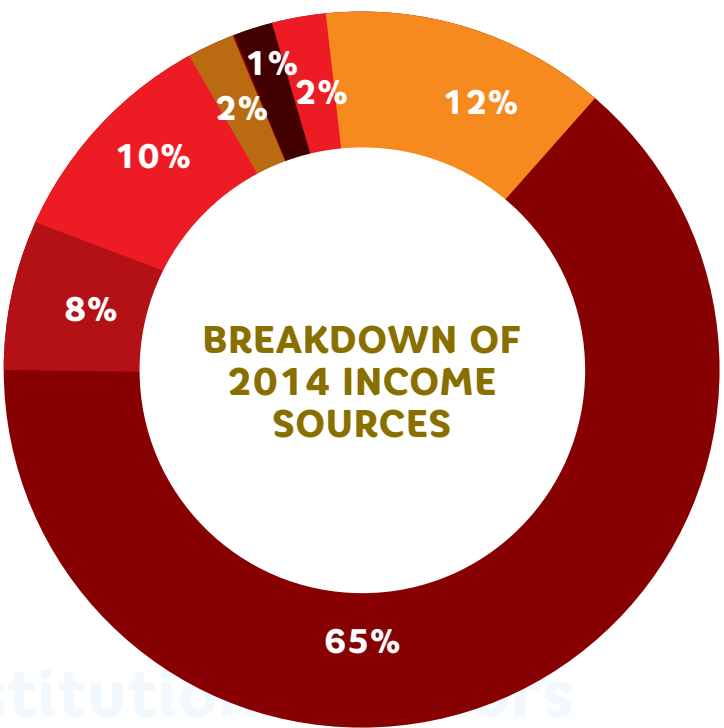


\$771,555

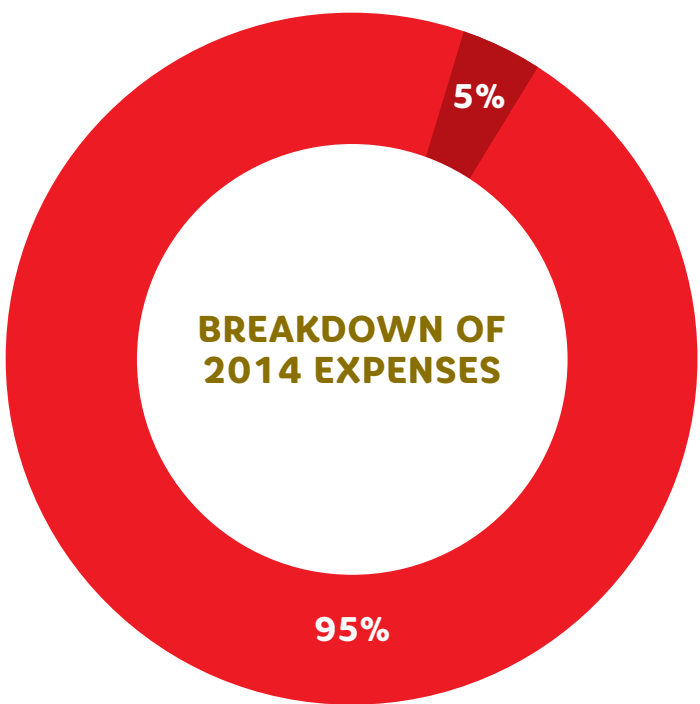
TOTAL INCOME
2013

\$910,626

TOTAL INCOME
2014



- INT'L AGENCIES
- OTHERS
- GOVERNMENT
- INVESTMENT
- NATIONAL AGENCIES
- FOUNDATION
- INDIVIDUAL



- ADMINISTRATION
- PROGRAMS

CAPACITY BUILDING
\$391,761

SERVICE DELIVERY
\$82,274

ADVOCACY
\$105,731

STRATEGY BEHAVIOUR CHANGE
\$145,241

ADVOCATE FOR YOUTH UNICEF, NIGERIA FHI360/ENAP OPEN SOCIETY INSTITUTE WEST AFRICA OXFAM-NOVIB
MILLENNIUM CAMPAIGN UNITED NATIONS POPULATION FUND MERCY CORPS UK AID GLOBAL POVERTY ACTION FUND
NIGERIA SECURITY AND RECONCILIATION PROJECT GIRE/RESURJ RUTGERS-WPF STAR FOUNDATION
GLOBAL FUND FOR AIDS, TB AND MALARIA - ADOLESCENT HEALTH AND INFORMATION PROJECTS

GLOBAL FUND FOR AIDS, TB AND MALARIA/CIVIL SOCIETY FOR HIV / AIDS IN NIGERIA UNITED NATIONS
INTERNATIONAL PLAN PARENTHOOD FEDERATION INTERNAL WOMEN HEALTH COALITION
AMERICAN JEWISH WORLD SERVICE EMPOWER FOUNDATION FORD FOUNDATION
FCT ACTION COMMITTEE ON AIDS /WORLD BANK HIV AND AIDS FUNDS
FEDERAL MINISTRY OF WOMEN AFFAIRS AND SOCIAL DEVELOPMENT



communication@evanigeria.org

 [@EVA_nigeria](https://twitter.com/EVA_nigeria)  [Education as a Vaccine](https://www.facebook.com/Education as a Vaccine)

www.evanigeria.org