EDUCATION AS A VACCINE

PUTTING CHILDREN, ADOLESCENT AND YOUNG PEOPLE'S RIGHTS IN HEART OF NIGERIA'S DEVELOPMENT

STRATEGIC PLAN 2017-2022

WHO WE ARE:

Education as a Vaccine (EVA) is a non-profit organization founded in 2000 to improve the health and development of children and young people. EVA was registered in Nigeria with the CAC in 2001 and in the United States as a 501C3 organization.

Vision:
Nigeria where children and young people reach their full potential

The organization was founded on the premise that children and young people can play a significant role in development, if given the necessary resources. In line with this principle, EVA has staff and volunteers, who are mainly young people, working at the headquarters in Abuja, and across seven states (Benue, Cross-River, Kaduna, Kano, Nasarawa, Niger) and the Federal Capital Territory (FCT). These young people are directly responsible for developing intervention ideas and implementing the projects in the field. The utilization of this strategy has facilitated community entry and sustained the interest and active participation of young people in EVA's activities.

Mission:
To work in partnership with children and young people to advance their rights to health and protection from all forms of violence by strengthening capacities, providing direct services and influencing policies, for improved quality of life.

WHAT WE Do

EVA works in partnership with children and young people to advance their rights to health and protect them from all forms of violence in the most vulnerable and marginalized communities.

Using youth-friendly approaches, the organization strengthens the capacities of children, young people and other stakeholders to facilitate and sustain social change in the area of health, child rights and education through integrated programming.
EVA has, over the last decade, expanded its program focus and operations significantly to meet increasing demands for its services. EVA's original focus was HIV & AIDS, focusing on adolescents and young people, because of they were the most affected by the epidemic. However, the changes and demands of the external environment, for example, the need for adequate care for children orphaned by HIV & AIDS, necessitated a review of EVA program scope to increase the combination of programs and services to include the Child Program.

Organizational Core Values

Accountable - in our interactions with clients, partners and other stakeholders.
Respect- for the socio-economic and cultural context of the communities we work with.
Commitment – to give the best we can at all times.
Teamwork – we promote working together amongst staff and partners.
Innovative - creative in our approaches and strategies.
Confidentiality - protecting the interest of our clients at all times.

In addition, EVA has also developed unique competencies including effective advocacy skills, and the use of ICT in programming (e.g. MyQ[1]), thus enhancing its emergence as an important national resource that has over the years contributed implement innovative programs.

WHAT WE HAVE ACHIEVED (2010-2015)

Changing Behaviors that Negatively Affect Health and Development

- 76,970 young people reached with HIV&AIDS, SRHR and Child rights information and life skills.
- 464 children and youth groups supported and are championing the issues of HIV&AIDS, ASRH and child rights.
- 305 cases of sexual and gender based violence against children and young people reported and documented, of which 52 cases were promptly addressed.

Provision of HIV/AIDS, Sexual and Reproductive Health Services

- 622,193 adolescents and young people using SRH/HIV&AIDS services through EVA service delivery sites.
- EVA service outlets adhered to 87.5% standard of practice for counselling and HIV testing.
- 1,219 Adolescent and Young People tested positive on HIV-HCT services; 813 were referred to access further services.
- 1,297 Adolescent and Young People (AYP) were on treatment for HIV.
- 1140 orphans and vulnerable children provided with essential services (education, health, nutrition, shelter, and psycho-social support) directly by EVA staff.

Strengthening Capacities of Individuals and Institutions

- 520 partner institutions (MDAs, Health facilities, Government Schools, CBOs and NGOs) received technical assistance and materials, and provided services (SRHR information and services) to 172,545 children and young people.
- 127 young women were empowered to set-up their own small-scale businesses to reduce financial barriers to accessing SRH services.

Influencing Policies, Guidelines and Laws at National, Regional and Global Levels

- 12,990 children and young people were engaged in the monitoring of the implementation of health and education policies.

[1] My Question is a 3-in-1 service that provides adolescents and young people with SRHR information and referrals for services through mobile phones. Adolescents and young people can access information toll-free through voice calls (hotline); text messages and email. The platform has recently expanded to Facebook.

- EVA participated in the review of national development strategies and plans focused on SRHR, HIV and AIDS and child rights issues. This includes (1) National Review of the Implementation of the Millennium Development Goals in Nigeria; (2) Review of National Adolescent and Young People Reproductive Health Strategy; (3) Review of the Implementation of Family Life and HIV/AIDS Curriculum and (4) Review of the National Youth Policy.
- At Global level, EVA engaged Nigerian decision makers at UN to not oppose SRHR issues as it relates to children and young people in international agreements and resolutions (Commission on the Status of Women; Commission on Population and Development and Open Working Group on Sustainable Development Goals)
- Over 100 meetings were held with policy makers, administrators and stakeholders to get support for children, adolescent and young people's health and education advocacy issues.
- EVA supported young people to participate in the development and passage of national laws, policies and plans including the Anti-Stigma Bill, National Health Bill, National HIV Strategy for Adolescents and Young People; National Youth Policy and National Action Plan for the Advancement of Adolescent and Young People's Health and National Strategy for Adolescent and Young People Health and Development.
- Through these activities, the Anti-stigma Act signed into law has specific sections that protect the rights of adolescents and young people by prohibiting mandatory HIV testing as a requirement for entry into education institutions and discrimination within educational settings. For the monitoring of the Universal Basic Education Act, part fee/levy waivers were secured for school in 3 LGAs in Benue state and total elimination of fees/levies in Nasarawa state.

THE PROCESS WE ARE TAKING TO MOVE FORWARD

Since the establishment of EVA in 2000 the organization has successfully developed and implemented two strategic plans for the periods of 2004-2009 and 2010-2015. With the expiration of the 2010-2015 plan there is the need to generate another strategic plan that will continue to make EVA relevant and make more impact in the fast changing internal and external environments.

Between December 2015 and February 2016, two main activities were conducted to contribute to the formulation of the new strategy. First was the implementation review of the expired 2010-2015 Strategic Plan which involved conducting a desk review of relevant project documents and reports, as well as having interviews with board

members, staff, government and CSO partners and project beneficiaries located in five states and the Federal Capital Territory (FCT). Secondly, an internal reflection workshop was held with representatives from EVA field offices. The workshop reviewed and outlined progress made in implementation of the 2010-2015 Strategic Plan, reviewed organizational strengths and weaknesses, and identified gaps that need to be filled in the next phase.

The 2016-2020 Strategic Plan, which is a product of several analyses and strategy development involving all stakeholders, was developed over a five-day planning workshop comprising of a Strategy Formulation Retreat by the leaders of EVA, held from 4-6 April 2016, and an extended planning workshop which had external stakeholder inputs. This was held from 7-8 April 2016.

The planning process adopted an approach comprising three key phases: (i) A step back in time to review the key events in the life of the organization, which gave insights into what was done very well and key challenges encountered; (ii) Analysis of the present situation, looking into the internal and the external environments of the organization, drawing out strategic imperatives that the new Strategic Plan should address; and (iii) Determination of the strategic direction for the organization and the strategic plan, including anticipating the results to be achieved and activities that will produce the results, i.e. using the Result-Based Approach to planning

The Strategic Plan is expected to consolidate on the achievements of the past years and establish a solid foundation for increased overall efficiency, effectiveness and sustainability. The Plan in broad terms will strengthen the capacity of EVA to offer innovative, efficient, and effective SRH and child rights, youth-friendly services that will contribute to the achievement of at least seven (7) among the Global Sustainable Development Goals (SDGs), albeit at the country level.

THE CONTEXT IN WHICH WE OPERATE

There are many challenges to fulfilling the rights of Nigerian children, adolescents and young people.

Limited Access to Sexual and Reproductive Health Information and Services

The average Nigerian adolescent does not receive adequate knowledge about sexuality and reproductive health. The 2006 National Survey on HIV and AIDS Knowledge, Attitude, Practices, Skills, and School Health found that many Nigerian children did not actually receive this education. Only 37% of Junior Secondary School students had ever heard of the program and only 60% indicated that it was taught in

their schools. Implementations at other levels were low or non-existent. The inconsistent and inadequate curriculum contributes to young people's insufficient knowledge about family planning, STI, and HIV/AIDS transmission and prevention.

Sexual and reproductive health in Nigeria has not been given sufficient priority, hence, financing SRH services of adolescent and young women has not been accorded a priority until recent years. Youth aged 15-24 account for the majority of unwanted pregnancy, unsafe abortion complications, and sexually transmitted infections including specifically HIV/AIDS. Governments at the different levels do not have the capacity to provide universal access to SRH services. There are a lot of barriers to accessing sexual and reproductive health services. These include inadequate funding, lack of political will, inadequate reproductive health commodities and supplies like drugs, reagents for investigation, shortage of skilled service providers, as well as insufficient number of youth-friendly facilities.

High Rate of Adolescent Pregnancies

The 2013 Nigeria Demographic and Health Survey (NDHS) data showed that nearly one-quarter (23%) of adolescent women age 15-19 are already mothers or pregnant with their first child. Young motherhood is highest in North West Zone (36%) and lowest in South East and South West Zones (8% each). Six in ten women receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or auxiliary nurse or midwife), most commonly from a nurse/midwife (33%). One-third of women had no ANC at all. ANC coverage varies by zone. About 40% of women in North West Zone received ANC from a skilled provider compared to 91% in South East Zone. Teenage pregnancy constitutes a health hazard both to the mothers and child; the young mother is at increased risk of pregnancy-induced hypertension, anemia, obstructed labor and vesico-vaginal fistula).

No Access to Safe and Legal Abortion

There is serious emotional trauma associated with adolescents unwanted pregnancy. There is legal restriction on abortion in Nigeria. Abortion is only permitted when the life of the woman is at risk. Despite high rates of violence against young women and girl-child including rape, many young women and girls are forced to carry to term an unwanted pregnancy, and complications from unsafe abortion account for almost three-quarters of all deaths of women under 19 years old and 50% of deaths for female adolescents.

Increase in New HIV Infections and AIDS Related Mortality

In 2012, the global estimate of AYP living with HIV was 5.4 million, of which approximately 900,000 were adolescents. Nigeria has the second-largest number of people living with HIV. Its prevalence rate among adolescents aged 15-19 is estimated to be 2.9%, and 3.2% among young people aged 20-24. Young women are more affected by HIV with 3.7% of those aged 20-24 living compared to 2.4% among their male counterparts.

HIV epidemic is complex and is driven by several factors including inadequate knowledge of HIV, multiple and concurrent sexual partnerships, intergenerational sex, sexual coercion, low risk perception, and transactional sex. Other factors include sexually transmitted infections (STI), surreptitious high-risk heterosexual and homosexual practices, international trafficking of women and young girls, and irregular, or no blood screening. The category among AYP who are most at risk of HIV infection include male and female who inject drugs with non-sterile equipment; male and female AYP who have unprotected sex; and female and male who have unprotected transactional sex.

Continuation of Child, Early and Forced Marriages

The ages of married adolescents typically range from 15–19 years, but in extreme cases, even some children as young as 9 years old are being given out in marriage. A large number of adolescents marry at very early age, especially in northern Nigeria. Teenage brides with much older husbands often have restricted ability to negotiate safer sexual relationship and this predisposes them to a high risk of sexual and reproductive health problems including STIs/HIV infection, teenage pregnancy, and birth complications including VVF.

Persistence Practice of Female Genital Mutilation

Nigeria, due to her large population, has the highest number of female genital mutilation worldwide, accounting for about one-quarter of the estimated 115–130 million circumcised women in the world. One-quarter of Nigerian women are circumcised. Older women age 45-49 are more than twice as likely to be circumcised than younger women age 15-49 (36% and 15%, respectively). FGM is most common in South East and South West Zones, where nearly half of women are circumcised. FGC is most commonly performed by a traditional circumciser (72%) followed by a nurse/ midwife (10%). FGM reflects a deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women and girls. The practice of FGM violates young women and adolescents' rights to health, security, physical integrity, the right to be free from torture and inhumane treatment, and the right to life when in the worst-case scenario, the procedure results in death (WHO, 2016).

Increase Cases of Violence Against Children

Children are vulnerable to a lot of risks like separation from family, recruitment as child-soldier, sexual exploitation and gender-based violence, physical harm, neglect, and psychosocial distress. The Nigeria's Child Rights Act of 2003 stipulates protection for the child in all areas from education to health to violence and child trafficking. However, out of the 36 states, only 24 states have domesticated the Act. Child protection includes preventing and responding to violence, promoting their rights to basic needs and care including providing them with basic education. Although the Child Rights Act

provides appropriate protection for children, this has not been adequately enforced, even in states that have domesticated the Act. According to the National Plan of Action for OVC, 39% of children 5-14 are engaged in child labor, and apprximately 40% of children may have been trafficked.

Proliferation of Violence Against Young Women and Adolescent Girls

The 2013 NDHS shows that three in ten (30%) women have ever experienced physical violence since age 15. One in ten women experienced physical violence in the past 12 months. Women in South-South Zone (19%) are more likely to experience recent physical violence than women in North West Zone (3%). The most common perpetrator of physical violence among ever-married women is the current husband or partner (36%). Violence against women and girls (VAWG) includes battery, rape, and sexual assault, forced treatments and the exploitation and commercialization of women's bodies. The causes of violence against women are many and varied depending on the type of violence. In Nigeria, there is a culture of silence with regards to reporting any case of VAWG. This is because of shame and stigma often suffered by the survivors.

Increase Rate of Poverty and Food Insecurity

The percentage of people living on less than a dollar a day in Nigeria rose from 43% in 1992 to 61% in 2010. The situation has not significantly improved since then, rather, it has become even worse. Fourteen million adolescent girls in Nigeria live in poverty, with limited ability to access healthcare, education, and economic sufficiency. Food insecurity and poverty are closely linked, and young women and girls living in poverty are more likely to be malnourished. Inadequate nutrition puts young women at higher risk for a range of negative health outcomes. It lowers a young woman's ability to survive pregnancy and child birth safely, increases susceptibility to infection, and decreases the ability to recover from illness. Malnutrition, food insecurity, and poverty undermine a girl's ability to stay in school and a young woman's capacity to generate income, engage in productive labor, and care for herself and her family.

Livelihood Based Conflict and Other Forms of Insecurity

The conflicts in Nigeria exert a heavy toll on children and young people in an increasing number. Children being used within the ranks of the insurgents as combatants, cooks, porters, and look-outs. Young women and girls being subjected to forced marriage, forced labor and rape (UNICEF, 2015). Conflicts and violence disrupt school and other socio-economic activities. It also creates movement of people away from conflict zones to find accommodation in temporary IDP camps, a situation that does not allow young people to reach their full potentials.

EVA within this phase (2016-2020) wishes to make significant impact by addressing its internal weaknesses and consolidating and expanding its program content and reach. Hence, it is important to address the following strategic imperatives:

a. *Programmatic:*

1. Intensify raising the level of awareness about human (especially women and child) rights within the society.
2. Adopt strengthening community resilience as a strategy to address root causes of development challenges and ensure program sustainability at grassroots level.
3. Promote economic and financial independence of adolescent girls and young women as a right, and a critical strategy to remove impediments to accessing SRH services.
4. Improve the use of the traditional, new and social media platforms to expand access to SRHR and HIV information for children, adolescents and young people and to drive advocacy agenda.
5. Integrate youth-led social accountability into advocacy work at local, state, national, regional and global levels.
6. Deepen and expand interventions to reach most marginalized and vulnerable children and young people, including adolescents, girls and young women, young persons with disabilities, young persons living with HIV and internally displaced young person.
7. Increase collaboration and linkage with strategic partners to expand access to programs and services, and improve operating environment
8. Conduct training and effective supervision of staff, including soft skills for example, time management, program management, report writing, proposal writing, team work, interpersonal communication, IT communication – social media, Skype, etc.,

b. *Institutional:*

1. Extend fund development beyond traditional donor sources, to include private entities and individuals as well as internally generated sources.
2. Address the weak HR System (including updating and implementing policies, succession planning, and improving management capacity of HR personnel.
3. Reconstitute and actively engage the Board in governance oversight.
4. Prioritize the development and implementation of a leadership succession plan for the founder/Executive Director
5. Improve staff welfare package (salary review, awards/commendations for outstanding performance, promotion and career progression).
9. Improve physical infrastructure and working environment including expansion of office space and improving the availability of working tools.

6. Strengthen the capacity of staff to deliver on organizational mandate[2].
7. Expand the use of ICT beyond programming to include daily operations and management[3].
8. Implement robust Knowledge Management (KM), Monitoring, Evaluation and Learning (MEL) and Management Information Systems (MIS) as the means of consciously and continuously building and improving on the organization's practices in line with best international practices.

THE STRATEGIES WE WILL DEPLOY

Advocacy and Social Accountability

The strategic role of government at all levels is to create the enabling environment through formulation and implementation of appropriate policies and legislation, and also provide adequate resources for social services. Evidence abounds to suggest that the absence of appropriate laws and policies, inadequate implementation of existing policies and laws, poor resourcing of social services have limited access by the population, thereby compromising the achievement of nationally and internationally set goals and targets. HIV&AIDS, sexual and reproductive health and child rights services require strong government backing and support at all levels for the desired change to be achieved. Advocacy is a key strategy for EVA to influence policies, legislations, resource allocation and the operating environment in general. In addition, advocacy refers to speaking up, drawing attention to an important issue, and directing decision makers at all levels including the community toward a solution. EVA further sees its advocacy work as a social accountability process, in which children and young people will be supported to claim their rights. We therefore see our advocacy work to include enabling children and youth activism for right to health. The objective of EVA's advocacy is improved policy environment and programs for the health, education, economic development and protection of children, young people and women. Advocacy will be mainstreamed into all the program components of EVA as the ultimate strategy that can sustain and guarantee that gains recorded can last.

2. Capacity development to include improving soft skills (planning; time management, public speaking); technical skills (program management, supervisory and mentoring, report writing and fundraising) interpersonal skills (team work and interpersonal communication) and, ICT skills (social media, IT communication platforms and micro-soft packages)

3 This includes computerizing management information systems; internal communications; human resource management including board management.

Strategic Behavior Change Communication

An outcome of effective behavior change communication is people taking adequate preventive measures. Prevention remains the most cost effective strategy for reversing HIV epidemic, reducing the effects of harmful cultural practices, teenage and unwanted pregnancies, sexually transmitted infections (STIs) and all other forms of social and health problems. Over the years, persistent HIV-risk behavior especially amongst young people often affect their ability to achieve their full potential. This calls for renewed and continuous prevention intervention efforts that will address specific needs of individuals and groups especially at community level to stimulate adoption of appropriate behavior that reduces vulnerability of children, women and young people to health and social problems. This strategy also has the potential to increase demand for prevention services and impact the right knowledge, attitudes, behaviors, and practices that influence appropriate behavior. This strategy will address HIV&AIDS, STIs, teenage pregnancy, unsafe abortion, pre-marital sex, drug/substance abuse, and a host of other harmful practices against children, women and young people. The objective of EVA Strategic Behavior Communication Change is decreased harmful practices endangering the health and development of vulnerable children and young people.

Community Mobilization and System Strengthening

There is a considerable level of ignorance and apathy about human rights among the general populace. This gives room for human rights violations to be widely perpetrated, for examples child abuse, trafficking, rape, FGC, and gender-based violence. Those who are aware of their rights find it hard to defend such rights when violated. Hence, there is culpable silence and low reporting of rights violation, and very few cases are addressed. EVA will emphasize social mobilization to create awareness and defend human rights, especially of children, women and young people through the use of IEC/BCC materials, and via regular and social media. The objective of this strategy is increased awareness of rights among the populace that will, hopefully, lead to more human rights violation cases reported and addressed.

Direct Service Provision

EVA will provide or facilitate access of the vulnerable and most at risk groups to quality SRH, HIV&AIDS and child rights services. Components of EVA services include general counseling, condom distribution, syndrome management, contraceptives, HIV Counseling and Testing and referral for comprehensive RH and HIV&AIDS care, legal support, and Alternate Dispute Resolution (ADR) services. The purpose is to prevent infection/reduce transmission, reduce disease burden, mitigate impact of diseases, reduce rate of school drop-out and forceful withdrawal from school, reduce harmful practices at community level and improve quality of life.

Institutional and Individual Capacity Strengthening

Weak capacity is one of the major challenges confronting individuals and institutions involved in health and socio-economic development programs in public, private and CSOs sectors. Weak capacity reflects in poor/non-existent mechanism for coordination, poor implementation of policies and programs, poor quality of services, weak resource base and ineffective management of available resources, and inadequate knowledge of health and socio-economic issues. EVA will build the capacity of health care providers, police/prison/judicial officers, religious leaders, women leaders, TBAs, youth leaders, community members, artisan employers, Guardians, parents, young people & children, policy makers, public sector officials (state, LGA), CBOs/FBOs/NGOs, teachers, and care givers. Interventions will include training, technical assistance, mentoring, coaching, supportive supervision, workshops/seminars, exchange programs/study visits etc. EVA will use this same strategy to improve its own organizational capacity. The goal of the strategy is strengthened capacity of EVA and its partner institutions to provide health and socio-economic support to children and young people.

THE RESULTS WE WANT TOACHIEVE

EVA recognizes that for the lives of CAYP to be improved, their rights must be fulfilled, the communities they live in must be resilient and EVA as an institution must have adequate capacity to support program delivery. The following is a summary of EVA's strategic goals and activities for the next five year.

Outcome 1: Law and policy environment uphold the rights of children, adolescents and young people to access comprehensive health information and services as well as freedom from all forms of discrimination and violence.

EVA strongly believes that children, adolescents and young people should be provided with the skills, resources and opportunities to lead on matters affecting their lives. To this end, EVA will strengthen the capabilities of individual CAYP and groups, including those most marginalized and excluded, to participate and make inputs in law and policy making processes. Working in partnership with these individuals and groups, EVA will engage, using a variety of communication tactics, policy and law makers to take supportive positions and uphold the human rights of CAYP in the policy and law making processes. If CAYP are part of these process and decision makers are more supportive, there is a higher probability that the new policies and laws will uphold their human rights.

Recognizing that there are some strong policies and laws in place that uphold human rights of CAYP in Nigeria, EVA will work with CAYP and other CSOs to hold institutions

responsible for implementation accountable. EVA will improve knowledge and understanding of partners on the existence of these laws and policies, create technology tools to curate rights violations and and experiences as it relates to the implementation of policies and laws as well as develop and implement social accountability campaigns based on gaps identified. In the implementation of these campaigns, EVA will work with youth, women rights and health movements; while forging new partnerships with institutions working in the governance and human rights movement to integrate right of children, adolescents and young people into their work and scale-up collective action.

Outcome 2: Increased utilization of SRH including GBV information and services by children, adolescents and young people.

EVA will work to generate demand for SRHR including GBV services by continuing to explore and expand the use of social network and ICT platforms for providing information on SRHR, especially for CAYP in urban and semi-urban locations, while leveraging on edutainment and sports for CAYP in rural areas. EVA will also continue its support to the Nigerian education sector in the implementation of the national sexuality education curriculum and will work with the education system to explore low cost solutions to scale-up in rural areas and private school settings. Beyond provision of information, EVA will enhance the life skills of adolescents and young people on SRHR issues through capacity building trainings to enable them change their own risk behaviors and educate their peers as well. While these approaches will focus on improving access to accurate information about sexuality issue and improve essential life skills, these actions on its own will not be adequate to drive demand for services. To this end, EVA will map, document the existence of quality SRHR and GBV services and disseminate this information using traditional and technology based platforms to CAYP in various settings.

To increase access to quality SRH and GBV services, EVA will work with the government at federal, state and local levels to strengthen the health sector to deliver quality SRHR services for adolescents and young people. These will include supporting the development of guidelines for delivering youth competent SRHR; building capacity of formal health service providers for both the public and private sector on SRHR and GBV issues; integrating youth friendly service delivery approaches into new government initiatives[4]. To ensure consistent provision of quality services, EVA will develop platforms including virtual platforms for adolescents and young people to provide feedback to

[4] The new government has create several new initiatives as part of President Buhari's "Change" administration. One of such is the PHC under 1 roof program that aims to revive primary health care services. The program will modernize at least 1 PHC per ward in Nigeria by ensuring it is fully equipped, staffed and renovated to meet the needs of the population.

services providers about quality of services and support these service providers to utilize the inputs.

Recognizing that the formal health sector on its own can't meet the needs of Nigeria's 70 million young population, EVA will scale-up availability of SRHR and GBV services at community level by working with the informal sector. EVA strengthen the capacities of community health providers including patent medicine vendors, traditional birth attendants and young people themselves to provide SRHR services including commodities. EVA will strengthen and scale-up its youth friendly SRH service delivery points and support other CSO and agencies to establish similar centers to reach adolescents and young people outside the formal health sector.

Given that finances is a major barrier to accessing SRHR services, EVA will explore, document and advocate for different health financing models (including user fee waivers through the national health act, community health insurance schemes and competitive voucher schemes), to meet the needs for adolescents and young people. EVA will also work to improve the economic capabilities of adolescent girls and young women, especially those in vulnerable and marginalized communities, through micro-business training, technical assistance, saving/loans schemes to enable them afford to pay for SRH services.

Outcome 3: Reduced rights violations of marginalized and disadvantaged children, adolescents and young people.

Evidence has shown that laws and policies on their own have not been successful in preventing human rights violations. Community level interventions, which challenge the root cause of these violations are an important compliment to criminalization. Applying a community centred approach, EVA will work with community groups including CAYPs to raise awareness of human rights and laws that uphold these rights, using traditional and technology based communication strategies. EVA will also integrate human rights issues into all its capacity building activities across other strategic outcomes to ensure further promotion of human rights issues at various levels. As a means of further securing the rights of children, EVA will educate and link households and communities to birth registration services. Human rights violations, especially those based on gender, age, HIV status and disability are deeply rooted in long standing negative norms at community levels. EVA will work to foster more equitable and just communities by strengthening capacities of key influencers and decision makers; conduct community level dialogues and engage men and boys at household levels to challenge negative stereotypes, norms that support violence.

In an ideal situation, improving understanding about human rights and what constitutes violation of these rights should be adequate; however there will be circumstances in which CAYP rights will still be violated and adequate redress is needed. EVA will strengthen system for reporting and documenting cases of rights violation, building on

its experiences with managing a violence against women and girls observatory[5]. EVA will support governments at state and LGA level to scale-up observatory for tracking and responding to rights violations, including strengthen capacities of GBV responders to provide support to children, adolescent and young survivors at LGA and state level. Using experiences from these actions, EVA will provide technical guidance to the federal government on violence issues for children, adolescents and young people through the Violence against Person's Prohibition Act implementation committees. The culture of silence due to social stigma has limited reporting of rights violations. To this end, EVA will work to improve the agency of young survivors and those most at risk by implementing safe spaces initiatives, educating families and communities about rights violations and importance of seeking services and justice as well as supporting survivors and their families to speak publicly about their experiences including engaging in advocacy for law and policy change.

Outcome 4: Reduced vulnerability of children, adolescents and young people to HIV, conflict and other emerging issues

Resilience of CAYP to challenging circumstances such as HIV and insecurity is highly dependent on the capacities of households and communities. EVA will build on its past experiences and support communities and households to respond to the needs of CAYP affected by HIV and violent conflict. EVA will support communities to set-up systems for identifying and tracking needs of CAYP in vulnerable circumstances, mobilize resources from within the communities to support these needs and link communities to external service providers in the public and private sector. EVA will further strengthen the economic and caring skills of caregivers, especially those from household headed by aged women and adolescents/young people to financially and emotionally provide for CAYP under their care.

To improve community resilience for reducing violent conflict and its impact, EVA will support communities to develop conflict prevention systems by creating prevention plans, setting up dispute resolution mechanisms and raising awareness about climate change adaptation and mitigation. EVA will also support communities to respond to the impact of violent conflict by developing crisis management plans to deal with the immediate aftermath of violence, support communities to provide short-term access to health services and rebuild community level health assets.

[5] EVA currently runs a VAWG observatory in Kano and Kaduna states under the Nigeria Stability and Reconciliation Project managed by the British Council with funding from DFID. The observatory collated incidences of VAWG and work with a multi-stakeholder committee to respond and provide support to survivors.

Outcome 5: Increased resource base for efficient delivery of programs and sustenance of operations.

EVA needs to increase its resource base to support our present and future operations. EVA develop its resource mobilization capacity by strengthen the capacity of the human resource, developing a plan, restructuring the team to be more efficient and providing necessary technology tools. EVA will work to increase its visibility to support fundraising efforts and also forge new partnerships/relationships. To achieve this, EVA. will implement a communication plan, create new communication products, explore the use of different communication channels and engage with relevant stakeholders on a regular basis. EVA will prioritize diversifying our income beyond grants to ensure availability of unrestricted funds to support the mission.

Outcome 6: Effective management systems

EVA recognizes that effective leadership is key to the success of the organization and its programs. To this end, EVA will strengthen the capacity of its leadership which includes the board and senior management. EVA will create structures for regular engagement between the board and senior management and ensure that leadership decisions are effectively communicated to all stakeholders.

EVA will improve its management systems (financial, human, knowledge management), by revising policies, leveraging on technology based tools, and building staff capacity to utilize the resources for efficient functioning of our operations. EVA will work to ensure compliance to policies and standards by improving internal communications. Furthermore it will also implement low cost activities to strengthen inter-personal relations, teamwork and a sense of community amongst volunteers, staff and leadership.

Results Framework

Goal [Impact]	Outcomes	Sub-Outcomes	Outputs
Improved Lives of Children & Young People	1: Rights of children, adolescents and young people fulfilled	1.1: Legal and policy environment uphold rights of children, adolescents and young people to access comprehensive health information and services as well as freedom from all forms of discrimination and violence	1.1.1: Laws and Policies upholding the rights of children, adolescents and young people developed 1.1.2: Strengthened implementation of laws and policies upholding the rights of children, adolescents and young people.

		1.2: Increased utilization of SRH information & services (SRHR, GBV)	1.2.1: Increased demand for SRH & BGV information and services 1.2.2 Increased access to SRHR and GBV services
	2. Strengthened Community Resilience	2.1: Reduced rights violations	2.1.1: Increased recognition and respect for children and young peoples' (including girls and young women's) rights 2.1.2: Increased reporting of rights violation
		2.2: Reduced vulnerability of children, adolescents and young people to HIV, conflict and emerging issues	2.2.1: Improved care and support for vulnerable children and adolescents 2.2.2: Reduced conflict and its impact on communities
	3: Enhanced Institutional Capacity	3.1: Increased resource base	3.1.1: Strengthened resource mobilization system 3.1.2: Increased resource mobilization
		3.2: Effective management system	3.2.1: Effective organizational leadership 3.2.2: Improved budgeting and financial management systems 3.2.3: Improved implementation of institutional policies and procedures 3.2.4: Enhanced M&E and knowledge management system 3.2.5: An effective ICT system 3.2.6: Strengthened human resource management system

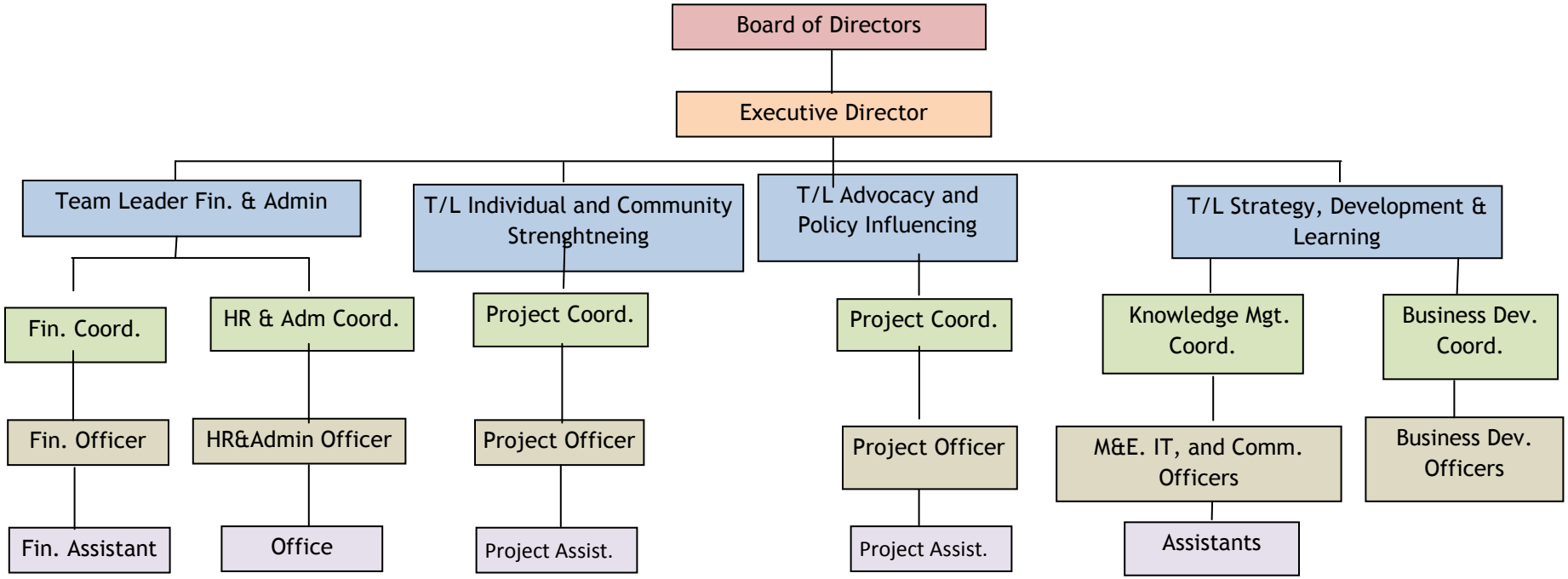
HOW WE WILL TRACK OUR RESULTS

Below is the table summarizing the indicators we will use to track our results for each outcome area.

Outcome		
Rights of children, adolescents and young people fulfilled	**Strengthened community resilience**	**Enhanced Institutional capacity**
Performance indicators		
• Content of bills and policies with sections or clauses on CAYP rights	• Percentage of communities reached leading campaigns on rights of CAYP	• Value of resources raised by type
• Rate of response to implementation of laws and policies upholding the rights of children, adolescents and young people	• Ratio of reported cases resolved	• Value of resources raised by type • Ratio of grants to other income by type
• Proportion of CAYP who access info on the platforms and know where to access SRHR and GBV services	• Evidence of reduction of out of pocket expenditure for AYP to access SRH and GBV services at health facilities by type of service, facility and financing model	• Evidence of use of IT in overall programming
• Proportion of adolescent girls and young women supported economically accessing SRH and GBV services	• % of communities implementing joint /co-dependence activities	• Proportion of staff that scored 70% above in the overall performance evaluation

THE TEAM WE NEED TO DELIVER RESULTS

The following is the proposed organizational governance and management structure that will drive the 2016-2020 strategic plan, and continue to ensure healthy relationships within the organization, promoting participative management, effective governance and decision making, as well as optimum achievement of the organization's stated vision and mission.



Board of Directors: The Board of Directors (BOD) is the highest decision making body of EVA. The BOD has responsibilities to provide broad oversight functions as well as corporate leadership and governance for the entire organization, and it is also committed to raise funds for the organization. The BOD is currently made up of 11 persons, who bring onboard their wealth of experience, professional competence, and circle of influence.

Executive Director (ED]: Is answerable to the BOD of EVA and is charged with the responsibility to provide strategic leadership and take full responsibility for the day-to-day running of EVA. The ED will head the **Senior Management Team,** made up of the Team Leaders of Finance & Admin; Service Delivery & Capacity Strengthening; Advocacy; and Strategy, Development & Learning. The Senior Management Team will support the ED in program design and proposal development, fundraising, quality program implementation, program performance/progress reviews and management, ensuring that all programs, projects and activities are effectively implemented and coordinated. The ED will take overall responsibility for the performance of all the staff and is expected to lead them and build their capacity through training, supervision, technical assistance and mentoring.

Team Leader - Administration and Finance: S/He will take charge of administrative responsibilities to ensure compliance with policies and regulations guiding the management of the organization. S/he will also work under the direct supervision of the ED to provide leadership on issues of human, financial and material resource development and other management systems in the organization, including across various project states. S/he will have responsibility to supervise the Finance Coordinator, and Human Resource & Admin Coordinator.

Team Leader – Service Delivery: The T/L- SD will have responsibility to provide leadership in the design and writing of proposals that will enable the delivery of SRH information and services. T/L SD will also coordinate all socio-economic care and support for vulnerable women and children across the various project states. S/He will work to ensure compliance with donor requirements and ensure that reports of projects are produced and disseminated appropriately and in a timely manner. The T/L SD will directly work with and supervise the Project Coordinator, who is supported by a Project Officer to achieve the set goals and objectives of the Unit/Dept.

Team Leader – Advocacy and Capacity Building (T/L ACS): The T/L ACS will provide leadership in the design and implementation of EVA's advocacy efforts at the head office and across the project states, as well as lead in providing capacity strengthening interventions for the beneficiary groups and partner organizations. The T/L ACS will, working in close contact with the ED, design and deliver capacity building proposals that will enable EVA provide interventions to strengthen the technical, management

and organizing skills of EVA staff. S/He will be assisted by a Project Coordinator and Project Officer.

Team Leader – Strategy, Development and Learning (TL/SDL): will provide leadership in the design and implementation of EVA's business development and knowledge management activities. S/He will see to the design and ensure the application of relevant tools to monitor and evaluate project activities across the various projects. TL/SDL will also ensure proper documentation and communication of project outcomes and share the learning within EVA and with the public. TL/SDL will oversee EVA's business concerns and provide regular feedback to the ED. S/He will directly lead and supervise Knowledge Management Coordinator and the Business Development Coordinator.

THE ASSUMPTIONS WE ARE MAKING

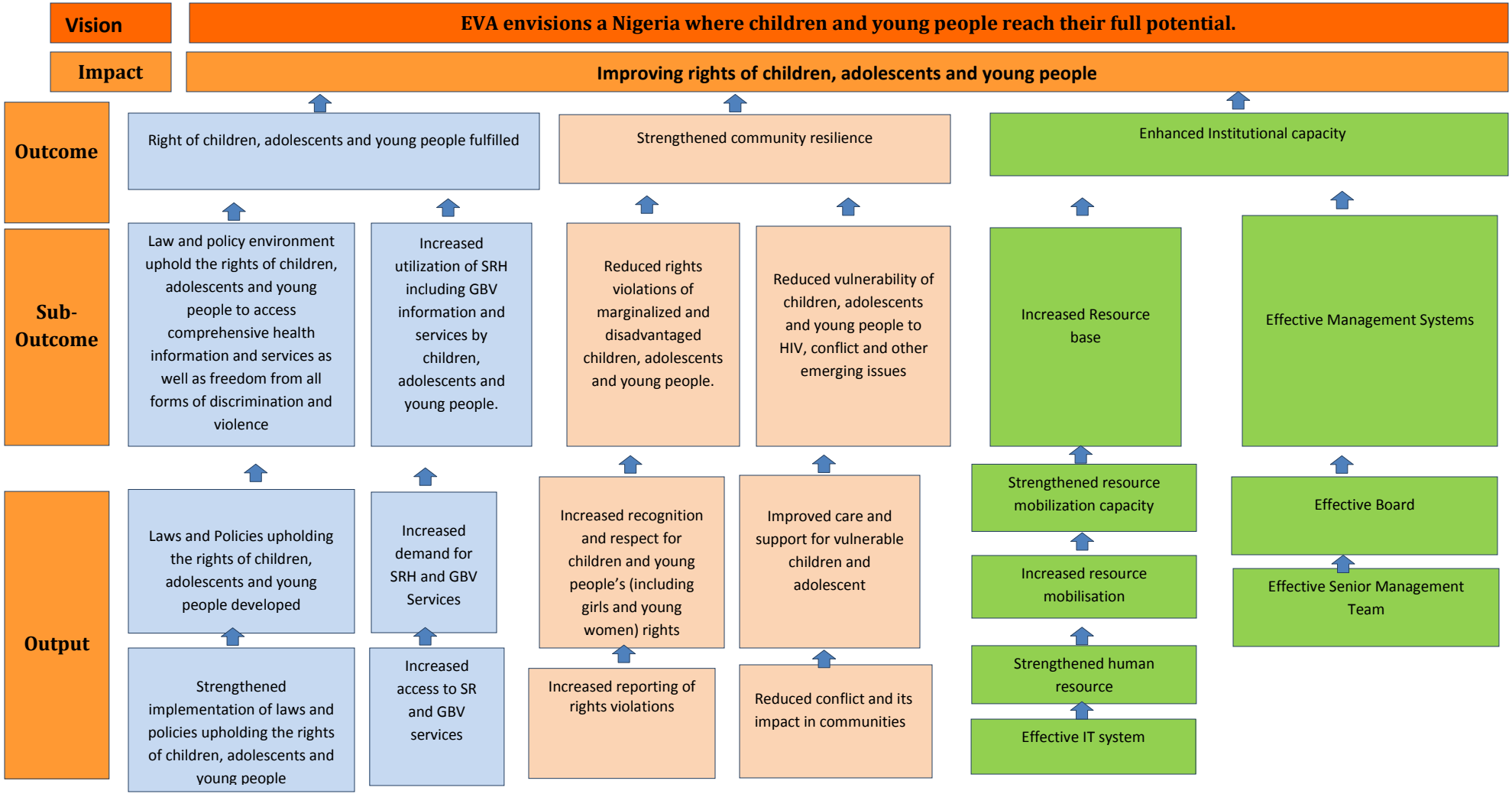
The major assumptions underlying this Strategic Plan include the following

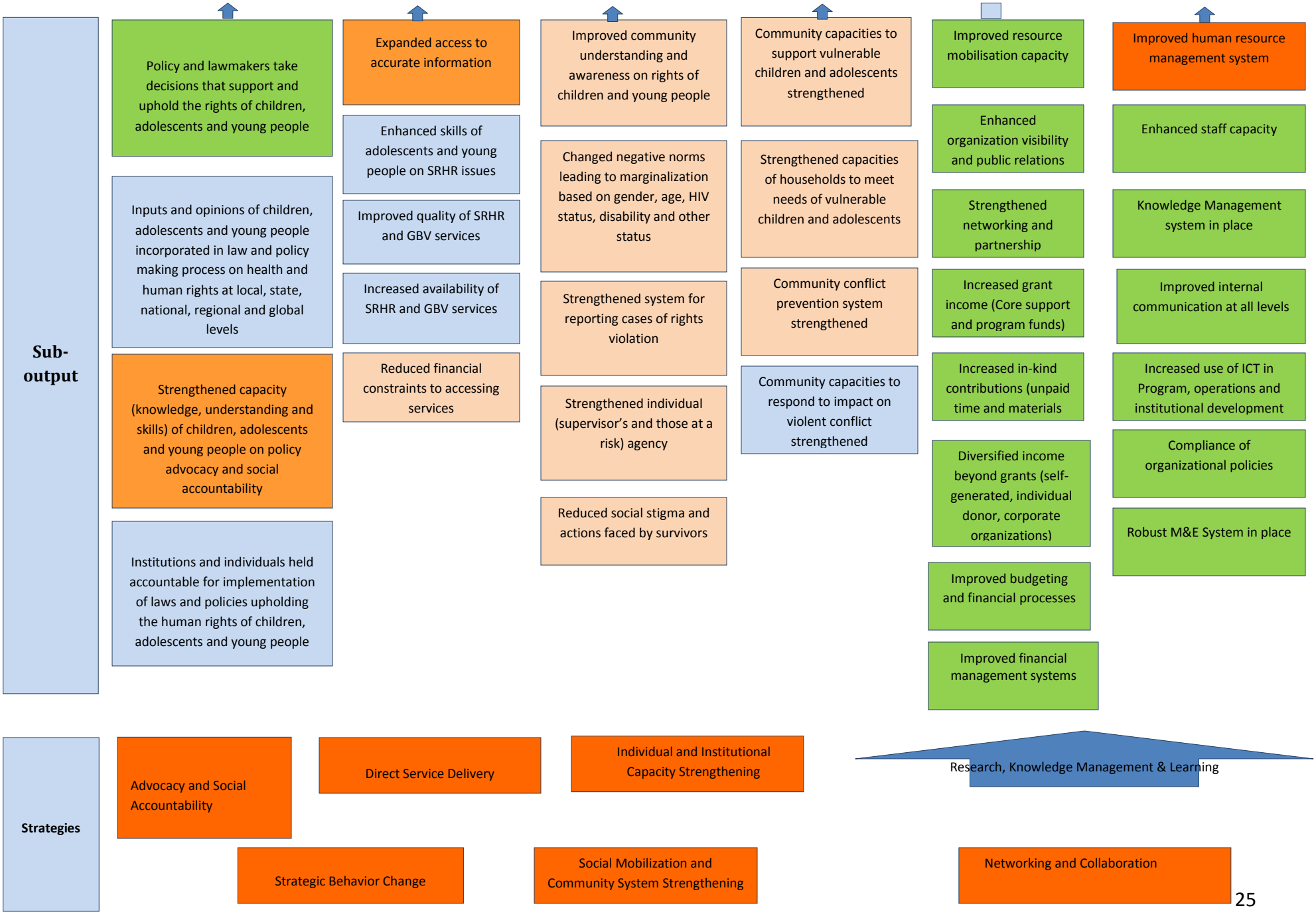
Risk	Potential Adverse Impact	Risk Level (H/M/L)	Risk management Strategy	Responsible Person
Bottlenecks / Delays in passing bills for law reforms	This will stall our drive for law reforms	P/H; I/H	Consultations with stakeholders and lobbying of legislators at State and National Houses and House Committees relevant for the passage of the bill	Board; Advocacy Team
Decreased flow of fund	Inability to render services to clients; inability to pay staff; etc.	P/M; I/H	Training of staff in resource mobilization proposal writing; Resource mapping; documentation and publicity of success stories; Fundraising campaigns	ED; Management

Political instability – electoral violence, terrorism,	Will affect operations on the field; will also affect process of law reforms	P/M; I/M	Reschedule work plan as appropriate	ED; Management
Mismanagement of project funds	Donors will lose confidence in EVA; Loss of reputation and integrity; Inability to raise funds from dissatisfied donors	P/L; I/H	Proper financial and accounting procedures / and manuals to be established; Training in Financial management for Fin. Officers; Proper auditing and financial tracking of use of funds	ED; Team Leader-Finance and Admin; Management
Inadequate skill of human resources	Mediocrity and poor outputs; loss of confidence; inefficiency	P/L; I/H	Training in specific areas of need; intensify "Learn and Share" sessions to encourage learning; Employing skilled staff/volunteers to mentor others	ED; Team Leader-Strategy, Planning & Learning; Management
Inadequate infrastructures (vehicles, computers)	Inability to carry out scheduled activities; Delay in getting office work (reports, proposals, etc.) completed	P/M; I/M	Adopt adequate maintenance of existing infrastructure; Purchase additional infrastructure including project vehicle	ED, Team Leader-Admin & Finance; Management
Accidents, staff caught up in communal violence, and other security risks.	Loss of lives, injuries to staff, and high hospital costs	P/M; I/M	Group insurance on health and life of staff; Orientate staff and volunteers on security and safety measure	Management

Fire outbreak in EVA office	Damage to properties, loss of important data and information	P/L; I/H	Provide fire extinguishers and train staff on how to operate them. Display appropriate warning/advice on how to prevent fire disaster in of environment	Management
Change in Leadership of EVA (appointment of new ED)	Slowdown of tempo of activities as new leader "learns the ropes" Possible change of priorities	P/L; I/M	Appoint new ED early and provide mentoring support to be able to "stabilize" new leader	Board, ED, Management
Noncompetitive salary and allowances	High Staff turn over	P/H; I/H	Conduct salary and allowances review and subject implementation to availability of sufficient funds; Provide other nonmonetary incentives to motivate staff	ED, Management

Theory of Change




Sub-output
Policy and lawmakers take decisions that support and uphold the rights of children, adolescents and young people
Inputs and opinions of children, adolescents and young people incorporated in law and policy making process on health and human rights at local, state, national, regional and global levels
Strengthened capacity (knowledge, understanding and skills) of children, adolescents and young people on policy advocacy and social accountability
Institutions and individuals held accountable for implementation of laws and policies upholding the human rights of children, adolescents and young people
Expanded access to accurate information
Enhanced skills of adolescents and young people on SRHR issues
Improved quality of SRHR and GBV services
Increased availability of SRHR and GBV services
Reduced financial constraints to accessing services
Improved community understanding and awareness on rights of children and young people
Changed negative norms leading to marginalization based on gender, age, HIV status, disability and other status
Strengthened system for reporting cases of rights violation
Strengthened individual (supervisor's and those at a risk) agency
Reduced social stigma and actions faced by survivors
Community capacities to support vulnerable children and adolescents strengthened
Strengthened capacities of households to meet needs of vulnerable children and adolescents
Community conflict prevention system strengthened
Community capacities to respond to impact on violent conflict strengthened
Improved resource mobilisation capacity
Enhanced organization visibility and public relations
Strengthened networking and partnership
Increased grant income (Core support and program funds)
Increased in-kind contributions (unpaid time and materials
Diversified income beyond grants (self-generated, individual donor, corporate organizations)
Improved budgeting and financial processes
Improved financial management systems
Improved human resource management system
Enhanced staff capacity
Knowledge Management system in place
Improved internal communication at all levels
Increased use of ICT in Program, operations and institutional development
Compliance of organizational policies
Robust M&E System in place
Strategies
Advocacy and Social Accountability
Direct Service Delivery
Individual and Institutional Capacity Strengthening
Research, Knowledge Management & Learning
Strategic Behavior Change
Social Mobilization and Community System Strengthening
Networking and Collaboration

Barriers	Societal ambivalence on sexuality issues and not recognizing that children, adolescents and young people have rights	Nigerian government at all levels do not prioritize, the health needs of children adolescents and young people.	Laws and policies do not uphold human rights or further perpetuate acts of discriminates against CAYP.	Increased level of insecurity in several regions of the country is putting more strains on communities and making children, adolescents and young people more vulnerable and at risk for human rights abuses.

Problem	Nigeria ranks amongst the worst globally on health, development and human right violations indices which significantly affect children, adolescents and young people. Over 23% of adolescents girls aged 15-19 are already mothers with 17% of them getting married before their 15th birthday. 10% of the world's maternal deaths occur in Nigeria, 50% of which are amongst adolescent. In Nigeria as at 2013,the prevalence of FGM/C stands at 25%, 5.6% of adolescents and 8.5% of young person's experiencing sexual violence respectively. HIV prevalence rate among adolescents aged 15-19 is estimated to be 2.9%, and 3.2% among young people aged 20-24 with young women affected more. . Orphans and vulnerable children, including adolescents are easily trafficked, prone to sexual assault, less likely to attend schools, stigmatized and excluded. In 8.6 million orphaned children in Nigeria, 930,000 of these are orphaned by AIDS