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FROM THE ED & BOARD CHAIR



Dear Friends,

2016 represents a consolidation year for us at EVA. We focused this year on deepening the impact of our existing projects and we made considerable progress. We were able to increase the number of adolescents and young people using the My Question SRHR platform by 15% from last year. We continued to strengthen the capacities of various stakeholders to better meet the needs of children, adolescent, and young people. We supported healthcare workers, traditional birth attendants, social welfare officers, law enforcement officers and young people themselves to provide responsive SRHR and GBV services in six states in the country. One intervention that we are most proud of in 2016, was our campaign on ending FGM in Osun state. This campaign yielded notable shifts in community opinions and beliefs that resulted in several community leaders declaring FGM a taboo in their communities.

This year we have commenced the process of developing a new 5-year strategy to guide our efforts in the coming years. We are excited at the opportunity to bring the experiences from the previous 5 years, combined with new innovations to address emerging issues that are affecting the development of children, adolescent and young people in Nigeria.

We thank you for the support you have provided to us thus far in achieving the progress listed in this 2016 report. We hope that you continue to support us in the next phase to come.

Happy reading.

Zainab and Fadekemi

BRIEF STATISTICS ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND RIGHT

1. TEEN PREGNANCY



12.2%
of births among girls between 15-19 years

2. UNSAFE ABORTION



50%
of deaths of female adolescents are as a result of complications from unsafe abortion

3. HIV



60%
of the 300,000 new HIV infections every year are accounted for by Young people



4. CONTRACEPTIVE USE



9%
of young women aged 15-24 years currently use a form of modern contraception.

5. GBV



6%
of 15-19 year olds and



9%
of 20-24 year olds has experienced sexual violence.

SOURCE OF DATA

Resurj, Education as a Vaccine and Mailman School of Public Health 2015. "Evidence and Justice: Making the case for adolescent health and rights post 2015"

IMPACT IN NUMBERS BY PROGRAM STRATEGY

		CHILDREN 0-17YRS		YOUTH 18-30YRS		
						TOTAL
	TOTAL INDIVIDUAL REACHED ON SBC	1170	880	4534	2679	9,263
	TOTAL INDIVIDUALS REACH WITH CB	7175	6042	25562	18736	57,515
	TOTAL INDIVIDUALS REACHED WITH SD	6792	8189	28035	23424	66,440
	TOTAL INDIVIDUALS REACHED WITH AD	6792	8189	727	403	1,130
TOTAL		21,929	23,300	58,858	45,242	

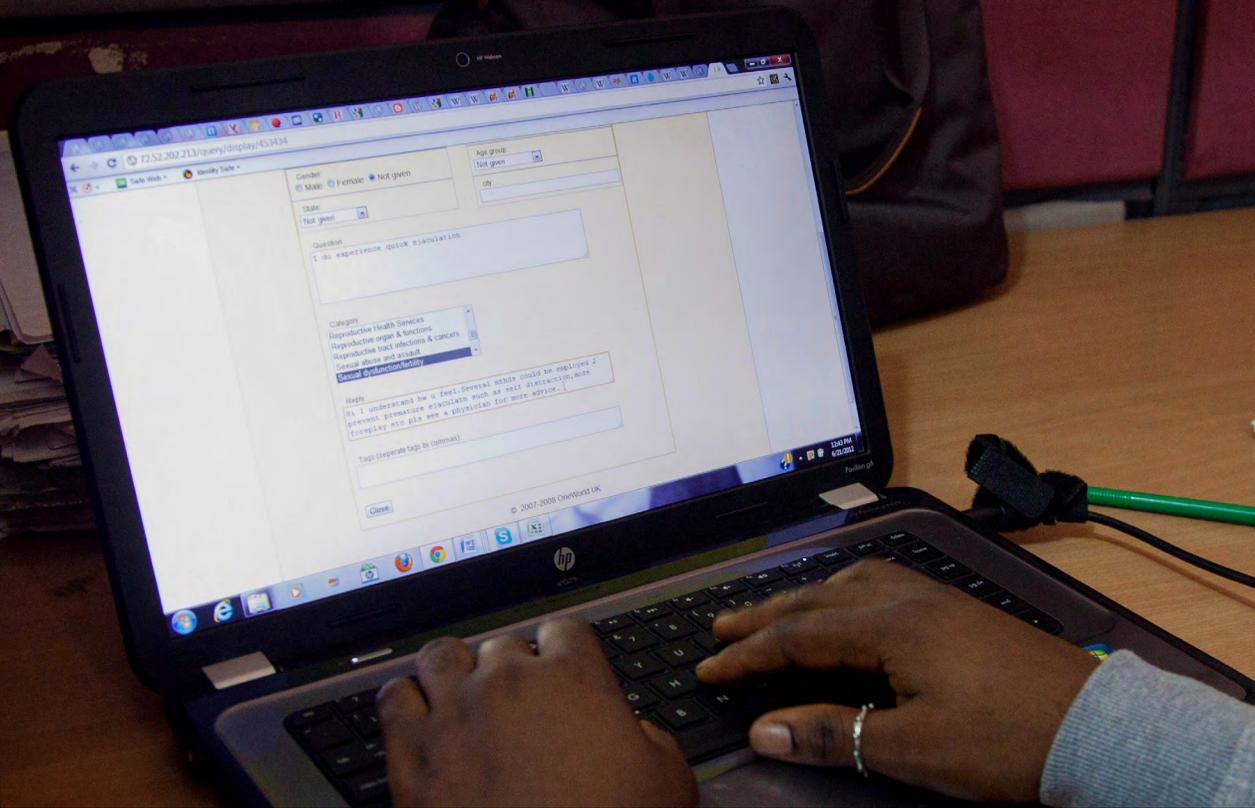
Abbreviations

SBC: Strategic Behavioral Change

CB: Capacity Building

SD: Service Delivery

AD: Advocacy



SERVICE DELIVERY

66,535

adolescents and young people reached with sexual and reproductive health counseling and referrals

25,041

adolescents and young people reached with HIV counseling and testing services.

SERVICE DELIVERY

Progress made by Projects

My Question and My Answer (MyQ&A)

MyQ aims to increase access to accurate information on Sexual and Reproductive Health (SRH) issues for adolescents and young people. MyQ provides a mechanism for young people to ask questions on their SRH and HIV/AIDS through text messages, calling a hotline, e-mail, Facebook and Whatsapp. In this year, 66,535 young people were reached, which represents a 15.2% increase from 2015.

EVA Youth World (EYW)

EYW is EVA's stand alone youth friendly center in Makurdi Benue State, which provides a space for young people to access HIV testing and counseling services in a youth friendly environment. This year, 1457 young people in Makurdi were provided with HCT services at the center.

Comprehensive HIV Service Delivery for AYPs

The AYP project aimed to deliver comprehensive services for AYPs using HCT as an entry point and for 35,000 AYPs to receive HIV prevention, treatment, care and support services. The project funded by UNICEF was implemented in Gboko and Makurdi Local Government Areas of Benue state.

In 2016, the project provided HIV counseling and testing services to 19,988 AYPs between 10 and 24 years through mobile outreach, and supported 9 facilities and 2 youth friendly centers to reach 2538 with HCT services.

Mobile HIV Counseling and Testing (HCT), for Out of School Youth

The aim of this project was to provide Mobile HCT to 1000 OSY in mechanic villages and motor parks in Makurdi LGA area of Benue state. 1058 OSY were reached with HCT services.



SERVICE DELIVERY

Innovative Strategy To HIV Service Delivery

Nigeria remains one of the countries burdened the most with HIV/AIDS globally, with over 3.1 million people living with HIV and adolescent making up 5% of the total population of people living with HIV. According to the 2012 National AIDS and Reproductive Health Survey, HIV Prevalence rate among adolescents 15-19 years in Nigeria stands at 2.9% and 3.2% for young people 20-24 years.

The Comprehensive HIV service delivery for Adolescent and Young People (AYP) in Benue State was a pilot project funded by UNICEF, executed and coordinated by Education as a Vaccine (EVA), Benue State Government agencies including Benue State Agency for the

Control of AIDS (BENSACA) and Benue State AIDS and STD Control Program (SACP), CSOs and other implementing partners to ensure the development and implementation of a cost effective and efficient approach for delivering comprehensive HIV services for AYPs using HCT as an entry point.

EVA built the capacity of existing AYPs living with HIV as Peer escorts to educate their peers on SRH and provide psychosocial support to newly diagnosed peers. Peer support volunteers were involved in counseling and ensuring that reactive AYP move from initial shock, denial or depression to accepting the reality as well as take a step towards positive living. They escorted them to specific youth

friendly ART unit and facilities and ensured that they were enrolled and placed on treatment.

“Personally, it took me a while to recover after the breaking of the news... I even wanted to quit my job but fortunately for some reason, I ended up disclosing to a colleague of mine when he enquired about the type of test I took. In turn, he disclosed his status and that thanks to the ARV he was doing fine! He said I should not resign but rather seek treatment. However, I then had to pay out of pocket money for CD4 count.



SERVICE DELIVERY

Innovative Strategy To HIV Service Delivery

I often tell my story to my clients... I am proud of the work I do to help other AYP in accessing treatment” a female who became a peer escort volunteer after being counseled.

The success of the peer escort support was further reflected by some of the peer escorts as follows:

“A girl in Yandev came and told me that if not for me, she would have died. She was depressed and scared to open up because of what people will think of her. She is currently on ARV. I also met a young boy in an outreach, I kept on calling him and when he finally responded, he was placed on ARV and brought his wife for testing and was referred for further medical attention”.

Health providers were trained on youth friendly health service delivery, and the mystery client approach was used to monitor the quality of HCT services at designated facilities. Tactically, same peer escort volunteers were also involved in monitoring to improve quality

of services at facility levels. The issues reported by the mystery clients were acted upon by project’s stakeholders as they emerged and proved effective in removing the HCT supply-side bottlenecks and thus, improving the youth-friendliness of HCT service provision and up-take of services by AYPs in the 11 facilities covered

A total number of 39,677 adolescent and young people were reached with mobile HCT. Also 515 reactive AYP were encouraged to complete follow up services through psychosocial support and adherence counseling. Follow up services

such as one-on-one talk at point of test; phone calls; home visits and escort visits to facility to access HIV services were also employed to ensure that the reactive AYP’s access health facilities for treatment. Additionally, survey showed that the combination of peer escort and SMS supports led to more number of the AYP taking up follow-up HIV services and completing referral as 99% of AYPs who received both peer escort and SMS supports accessed follow-up HIV services after having





ADVOCACY

159

Policy and decision makers were reached through different advocacy activities.

1,130

Young people were reached through different advocacy activities, to lend their voices and push for prioritizing young people's SRHR.

ADVOCACY

Progress made by Projects

ACT2015

The project has facilitated the establishment of a national youth alliance aimed at ensuring that in the post 2015 development agenda, youth friendly HIV/AIDS and sexual and reproductive services are made a priority. The alliance is working, through advocacy to national decision makers and development partners to ensure that these issues are adequately addressed in intergovernmental negotiations and reflects in the SDGs.

In this year 2016, the alliance embarked on a social media campaign sending advocacy messages to various stakeholders including a twitter message to the President. As a result, the President made no reservations during his speech at the UNGASS. Consultations were held with young people in different communities and they provided information and messages that fed into the communique sent to the President for the official launch of the SDGs in Nigeria.

National Health Act

This project supported young people to advocate for the needs of young people in the National Health Bill. EVA observed that in spite of the huge population of young people in Nigeria and the poor state of health of the Nigerian youth, the National Health Bill did not consider young people a vulnerable group.

In 2016, EVA took the campaign to university campuses in Gombe and Bauchi States as well as the Permanent Secretaries of the Ministry of Health in both states. They made commitments to uphold the advocacy asks during the next meeting of the National Council on Health.



ADVOCACY

Young people lead the campaign to end the age long practice of FGM in Osun State

Female Genital Mutilation/Cutting (FGM/C) is a common practice in some states in the south east and south west of Nigeria, where nearly half of the women population is circumcised. The practice is largely carried out by the Traditional Birth Attendants (TBAs) and remains prevalent notwithstanding the laws that prohibit Female Genital Mutilation, due to the deep-rooted misconceptions, socio-cultural beliefs and norms held in these communities. The Nigeria Demographic and Health Survey (NDHS) 2013, reports that in Nigeria, one in four women is circumcised, with Osun State having the highest rate in the country at 77%. Interventions at

community level that can inform, educate and mobilize community members on why FGM/C must end therefore became imperative.

With funding from UNFPA, the ENDFGM Campaign project was launched. The Campaign was an approach adopted to mobilize and support a network of young grassroots activists to create a generation of young people who will no longer condone FGM and in turn, discontinue the practice.

EVA worked with the Young Men's Network Against Gender Based Violence (YMNAGBV) on a campaign to change the narrative on FGM. EVA employed different edutainment

methods including film screenings and dramas, to educate young people and engage them in conversations geared towards the need to put an end to the practice. Sensitization rallies and community dialogues were conducted also to educate the focal communities.

To dispel the myths associated with the practice, EVA had engaged young people in 2016 through film screenings, rallies and discussions using "JOY" - a 15 minutes short film on FGM across six communities namely: Iba and Ekonde in Ifelodun LGA; Owode-Orolu and Idi-Iroko in Orolu LGA; and Adejuwon and Owode-Ede in Ede North LGA. A total of 399



ADVOCACY

Young people lead the campaign to end the age long practice of FGM in Osun State

Female and 287 Male Adolescents and Young People were reached through film screening and community dialogue in Owode Ede, Ede North; 3200 Females and 2230 Male were reached through rallies and dramas across the six communities. FAQs and handbills were shared during these outreaches and the campaign was taken to 8 secondary schools in these communities.

The strategy of film screening helped young people relate with the gruesome process of FGM as most of the adolescents had no idea how FGM was done, though, they were victims of the practice.

“I was told female circumcision is our culture and it makes child delivery very easy but with what I have seen now, it is terrible” – 13 year female SSS1 student of Great Hephzibah Model College.

“In my community they don’t call it female genital mutilation, they call it Female Circumcision, I was told it is

very good for the ladies and makes them not to be following men. But after watching the film screening and the discussion that follows it, I now know that female genital mutilation is very harmful practice that can hurt a girl’s future. On my own, I will start advising people in my community to stop the practice”–17 year male SSS3 student of Eko-Ende Community Grammar school.

Youth End FGM action plans were developed from the film screening sessions and presented by the adolescents and young people to community leaders, some members of the community were selected as EndFGM champions.

As a result of awareness raised, the King of Ekonde community in Ifelodun LGA, AbdulRafiu Olaniyan Ajiboye, declared after a drama session in his community that “it has become a taboo for anyone to mutilate or facilitate the process of mutilation on any girl child in this community. I and members of my council have

taken it upon ourselves to see to it that FGM is stopped in our community. FGM will also become a regular agenda in our community”.

The feedback on all EVA’s campaigns were positive with community members and AYPs committing to doing their part to put a stop to FGM while passing a resonating national message to ending FGM in this generation. Faleye Kayode took this stand, ***“although, we met our mothers doing it without repercussion, civilization has come and so things must change. Now there is a law and we would abide by it.”***

The concerted efforts of EVA and UNFPA in the state was given a boost when it was reported in the Daily Times newspaper of 7th September, 2016. Going further, EVA will intensify efforts to carry this campaign to other communities in the region and other parts of the country, ensuring that this violent cultural practice against girls and young women is abandoned.



Revolutionizing the HIV
Prevention Response
through Technology

EDUCATION AND INFORMATION

3

SRHR themed mobile applications created.

66,778

Children, adolescents and young people were reached with SRHR education and information through SBCC and Capacity Building.

83

children made vulnerable by AIDS epidemic supported to receive essential services.

EDUCATION AND INFORMATION

Progress made by Projects

Expanding Mobile and Social Networking Solutions for Adolescents and Young People Out-of-School SRHR (EMAPS) project

This project aims to expand the use of mobile device based and social networking platforms to increase access to comprehensive sexual and reproductive health information, discussions, counseling and referrals for services by adolescent and young people out of school in the urban and slums in Nigeria.

This year, 3 SRH mobile applications were developed. Frisky: Sexual Health Risk Assessment and Informational App; Diva: Menstrual Health and Care app; Link Up: Youth Friendly Service Finder app. A youth focused website known as Youth Pulse was also created. The Youth Pulse website is an online community for young people. 53 young people have registered on the website. A total of 240 young people have viewed the three apps from pretests and 14 FGDs held across Gwagwalada, Karu, Kubwa and Dutse. Youth friendly centres across the country are still getting registered on the Youth friendly finder app.



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

The FORSHE project aims at improving the reproductive knowledge of girls and young women who are out of school, through peer education, interpersonal communication and films.

This year the project was implemented in Dakar, Lambata and Petti communities in Kwali Area Council, FCT, and has reached 262 girls and young women with information on sexual health, HIV, Family Planning, and Income Generation Activities. 40 peer educators were trained on the project and 35 mighty men who reached 113 young men to support the young women.

Expanding Access to Adolescent Sexual and Reproductive Health

The project was aimed at improving knowledge of young people on ASRH and providing easy access to SRH commodities at health facilities. The capacities of health facility workers were also built on youth friendly



EDUCATION AND INFORMATION

Progress made by Projects

service delivery. This year, this project implemented in Aliade and Taraku in Benue State and Ekukunela and Edor in Cross River State, trained 93 peer educators who reached 1366 adolescents and young people with SRH information. 4573 adolescents and young people were also reached by trained Community Based Distributors. 13 health facilities were supported, and 9 out of the facilities provided services to 118 AYPs.

Youth Access to Sexual and Reproductive Health Services (Y-Access)

The project is aimed at improving the quality of reproductive health services provided by public health facilities and informal health service delivery points, and improving young people's knowledge on their sexual and reproductive health and services. The project which was implemented for 4 years in 4 States, Benue, Niger, Kastina and Jigawa, ended in 2016.

This year, the 748 trained peer educators reached 5120 young people with information on SRH issues. The trained 174 TBAs reached 5597 young people while the 173 trained PMVs reached 23218 young people. 108 adolescents and young people were reached with non-prescriptive family planning commodities by the community based distributors and they sold 239 voucher booklets to young people to enable them access free treatment on SRH issues.

FACA OVC Care and Support

The project aimed at supporting AIDS orphans and vulnerable children to increase their access to HIV counseling and testing, care and support services. It was implemented in Kuje and Kwali Area Councils.

In 2016, EVA enrolled 83 children and adolescents between the ages of 2-17, surpassing the target set by FACA. 2 functional IGA groups were also supported and 26 of its members currently receiving loans.

Young Men Against Sexual Violence Network

The network of young men against Gender Based Violence (GBV) is a platform for young male leaders to challenge cultural perceptions and stereotypes that fuel all forms of violence and oppression against women and girls, while influencing attitudes and behaviors as change agents. 40 young men across Nigeria have been trained on GBV issues.

In 2016, 5430 adolescents and young people in Osun State were educated on the health risk of Female Genital Mutilation (FGM), and the need for the practice to be abandoned. This was achieved through advocacy, film screening, community theatre and rally.

EDUCATION AND INFORMATION

Breaking Barriers to accessing Sexual Reproductive Health services

With a population of over 150 million people of which more than 50% are young people, Nigeria is ranked 152 out of 188 countries in the world showing low development (Human Development Index (HDI) Report, 2016). This transcends into the poor state of reproductive health among young people in Nigeria, characterized by early sexual debut; low knowledge about sexual and reproductive health issues, low contraceptive use, high birth rates and high rate of unsafe abortions. These issues increase young people's vulnerabilities and risks of HIV/AIDS, other sexually transmitted infections (STI), unplanned pregnancies and a high rate of adolescent girls and young women's mortality from unsafe abortions.

With funding from the Department for International Development (DFID), EVA implemented the **"Youth Access to Reproductive Health (Y-Access)"** a four year project which ended in 2016 in Benue and Niger States in North Central Nigeria.

Y-Access is a community based project aimed at improving the quality of reproductive

health services provided by public health facilities, pharmacies and informal health service delivery points like traditional birth attendants, while increasing the capacity of young people to know more about their reproductive health including where and how to access these services. The project employed combination of different approaches as an innovative way of tackling the barriers faced by young people in accessing SRH services. One of the strategies includes the voucher scheme which was a free and subsidized service where vouchers are provided for young people to purchase contraceptive commodities. The scheme provided sexual and reproductive health services at a lower cost for adolescents

and young people and improved adolescents and young people's level of satisfaction with the provision of sexual and reproductive health services delivered in primary health centers. Also community based distribution of non-prescriptive family planning commodities was established to ensure that sexually active adolescents and young people have access to Family Planning commodities to prevent the risk of HIV/STI infections and unintended pregnancies. Young people in the communities were trained as CBDs to reach other young people who would not go through the formal setting because of issues associated with non-confidentiality and judgmental attitudes on the part of the providers, and provide the non-



EDUCATION AND INFORMATION

Breaking Barriers to accessing Sexual Reproductive Health services

prescriptive commodities at a reduced cost.

"No be say I no want go check myself. The problem be say, I no want when I reach clinic make nurse wey go attend to me they look me one kind eye besides the money for the test too much" lamented a young girl.

To address the social barriers young people face in accessing services, parents, teachers, religious and community leaders were educated on the importance of supporting young people to access these services. In addition, due to the important role health service providers play with regards to access to SRH services for young people, EVA worked with, as well as trained health service providers on adolescent and young people sexual and reproductive health and adolescent/youth friendly health services delivery. We built the capacities of both formal and informal health service providers including Community Health Extension Workers (CHEWs), Nurses, Patent Medicine Vendors (PMVs), Traditional Birth Attendants (TBAs) and Peer Educators in the project LGAs drawn from both the public and private facilities.

"Y-ACCESS has changed the way I relate to young people in the facility. Before I was trained on the project, I used to send young people away or talk to them in a harsh way when they come with one SRH challenges or the other, but now, I attend to them in a friendly and respectable manner"- Abdullahi Baka, a health worker with Primary Health Care attested.

The highlight of the project was integrating technology into the intervention. This was done by mainstreaming Y-Access project into the existing MyQuestion service, a free mobile phone service which is anonymous and provides young people access to accurate, non-judgmental and confidential information. The purpose was to equip young people with the relevant skills and information on sexual reproductive health and HIV/AIDS to enable them make informed decisions about their sexual health, prevent HIV/AIDS and associated complications through mobile phones (SMS and Voice calls).

"My questions were answered to my understanding; the counselors were patient and non-judgmental. Now I feel free, more like a heavy weight lifted off me. Thank you"- a 16 year old female

From inception to date, EVA trained 792 peer educators as well as reached 29,672 young people with information on SRH issues. The trained 175 TBAs reached 6165 young people while the 173 trained PMVs reached 2,016 young people. 2776 adolescents and young people were reached with non-prescriptive family planning commodities by the community based distributors and they sold 239 voucher booklets to young people to enable them access free treatment on SRH issues.

Having successfully implemented this project with all of the strategies put in place for its sustainability, EVA is confident that the impact created will continue to ease adolescents and young people's access to Sexual Reproductive Health Services in these hard-to-reach areas of these states.



CAPACITY BUILDING

3

income generating groups created to support children made vulnerable by HIV

347

community health supporters (traditional birth attendant and chemist) trained to provide contraceptives and SRHR information to adolescents and young people

18

communities supported to prevent and mitigate livelihood based conflicts.

CAPACITY BUILDING

Progress made by Projects

Promoting Affirmative Action to Violence Against Women and Girls (PARV)

This project aims at reducing the impact of Violence Against Women and Girls (VAWG) and reducing their influence on peace building. Under this project implemented in Kaduna and Kano States, EVA as the coordinating CSO managed the VAWG Observatory which is a virtual safe space for documenting incidents of VAWG including the collation, validation and analysis of the data.

In 2016, 191 reported cases of VAWG were documented. Of this number, 82 were acted on by the Observatory Steering Committee.

Conciliation in Nigeria Through Community - Based Conflict Management and Cooperative use of Resources (CONCUR)

The project aims to strengthen the capacity of local leaders to resolve community conflicts in an inclusive, sustainable manner, support the sustainability of dispute resolution through joint economic and natural resources initiatives and raising awareness of the economic cost of conflict and promoting long-term policy solutions through business - led research and advocacy. In 2016 EVA trained 438 persons on group dynamics, micro enterprise fundamentals, leadership, interest based negotiation and motivation to improve on group interaction, relationship, business, dispute resolution among conflicting communities.



HUMAN RESOURCES

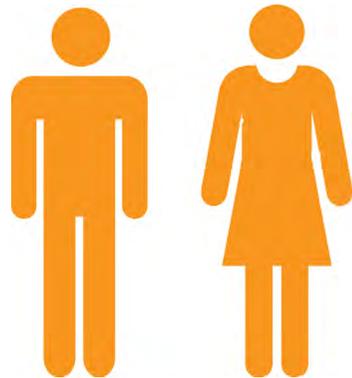
Total number of staff & volunteers

27

Staff

20

Volunteers



11 Male 16 Female



9 Male 11 Female

HUMAN RESOURCES

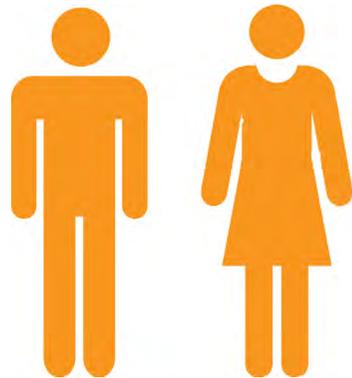
Total number of staff & volunteers under 30

12

Staff

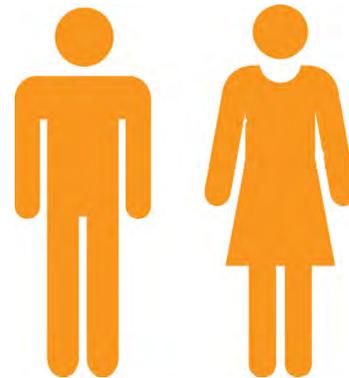
17

Volunteers



6 Male

6 Female



10 Male

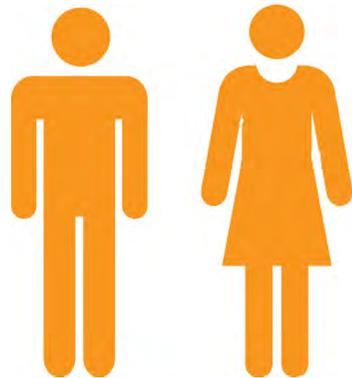
7 Female

HUMAN RESOURCES

Classification of Staff

11

Admin



6 Male 5 Female

16

Program



6 Male 10 Female

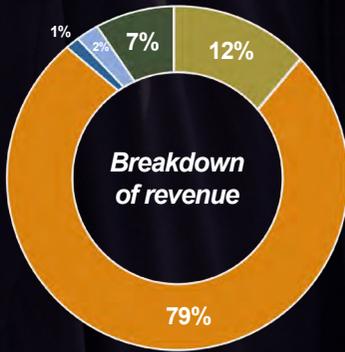


FINANCE

TOTAL REVENUE

\$421,270.56

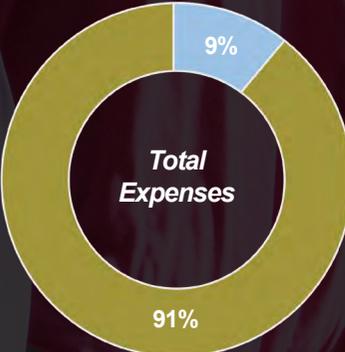
- FOUNDATION
- INT'L DEV AGENCIES & ORGS
- INDIVIDUAL DONATIONS
- GOVERNMENT
- INVESTMENT



TOTAL EXPENSES

\$307,670.72

- ADMINISTRATIVE EXPENSES
- PROGRAM EXPENSES



OUR 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.

