

Education as a Vaccine

Sustaining Social Change for and by Children & Young People



Annual Report

Sept. 2011 - Aug. 2012

to build



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

- EVA Mission Statement

www.evanigeria.org



Contents

5-6

Welcome Address

7-8

Our Projects By State

9-36

Stories of Impact

37-38

Quantitative Achievements

39-40

Human Resources

41-42

Financials



Introduction from

Board of Directors Chairman

As the Board of Directors Chairperson, it is my pleasure to present Education as a Vaccine's (EVA) 2011-2012 Annual Report.

As a sexual and reproductive health (SRH) organization focused on sustaining change by and for children and young people, EVA plays an important role in building the capacity of children and youth to realize their full potential. Currently in Nigeria, young people are at a high risk for pregnancy, unsafe abortions, HIV/AIDS, and sexually-transmitted infections (STIs). Over half of all new HIV infections in Nigeria, for example, occur in those between 15 and 24 years of age – with the risk being three times greater for young females. Our projects mitigate these risks and enable children and young people to lead safer, healthier, and more empowered lives. With nearly one third of Nigeria's population between the ages of 10 and 24, this is crucial not only for the beneficiaries and their families, but also for the country's social, political and economic development.

Over the past year, EVA has continued to make great strides in advancing our mission and expanding our reach. In keeping with our 2010-2015 strategic plan, we have stepped up our utilization of technology in programming in order to reach youth, successfully delivering the Electronic Family Life and Health Education (eFLHE) project and implementing the Out of School Youth Access to Sexual Health Education and Economic Strengthening (OASES) project with utilizes an e-learning platform. We have also continued to deepen our focus on projects such as the Married Adolescent Girls Initiative (MAGI) which addresses numerous, interweaving factors surrounding SRH, including education, financial security and gender empowerment. Together, our projects have reached over 211,542 Nigerians in the last fiscal year, continuing EVA's record of steady growth since its inception in 2000.

As our numbers reached grow into the tens of thousands and our impact expands throughout Nigeria, we at EVA remain focused on making a deep, lasting impact in the lives of individuals. The numbers may speak of our accomplishments, but it is the real-life stories of Mercy, Victor, Comfort and the others who are featured in this annual report that are the true indicators of EVA's success.

Chinelo Dike-Minor

Board of Directors Chair

Introduction from

Executive Director

It gives me great honor to present to you our 2012 annual report. The year has proven to be one of many positive changes for us in EVA and we are glad to share some of these stories of change with you. This year, unlike the previous years where we present numerical achievements, we have chronicled some very interesting impact stories.

By reading this report, you will learn more about Nneka, Victor, Comfort, Emmanuel and John Mary, all young people between the ages of 18 and 22, who we have worked with not just to make changes in their individual lives but in the lives of their peers. Mercy and Rahmatu, both young married girls, no longer leave the issue of having children to chance; they are now better able to plan the timing and number of children they want to have. Eunice, a young HIV positive mother who could not afford to support her children, now has the knowledge and financial resources to provide them with good nutrition, education and adequate health care. And Dooshima, one of our project staff, who went over and beyond her job to do more for the lives of orphans in her project communities. These stories are just a few out of the over 188,000 children and young people we have provided essential information and services on sexual and reproductive health, HIV/AIDS and protection.

Furthermore this year, we intensified our fundraising efforts, which resulted in a 61% increase in our operating budget from last year. Moreover, we are happy to note that our administrative expense in this year has dropped from 20% to 11%, allowing us to spend more on programs. This savings enabled us to increase the number of persons we reached this year by 87% above last year. One achievement we are very proud of is the increase in the number of our female beneficiaries, which has risen from 42% to 50%, as implementing programs for adolescent girls and young women in Nigeria has not been an easy task.

All of these positive changes are made possible through the hard work of a dedicated team, board members, staff and volunteers, who I am highly fortunate to work with on a daily basis. I want to use this opportunity to applaud their commitment to improving the lives of children and young people in Nigeria. I hope this annual report inspires you, as much as it inspires us. Thank you for taking the time to learn about our work and the important things we are doing with and for children and young people.

Fadekemi Akinfaderin-Agarau

Executive Director

Board

Board Members

Chinelo Dike-Minor

Chairperson of Board, Member Development Committee and Member Finance Committee

Jimmy Omotowo

Treasurer, Co-Chair Finance Committee

Eunice Eso

Chair, Human Resource Committee

Fadekemi Akinfaderin-Agarau

Secretary of the Board and Executive Director

Cosanna Preston

Chair, Development Committee

Dapo Olagunju

Member, finance committee and Development Committee

Ebunoluwa Taiwo

Co-Chair, Finance Committee

Chikwe Ihekweazu

Co-Chair, Program Committee

Zainab Muhammad-Ildris

Co-Chair, Program Committee

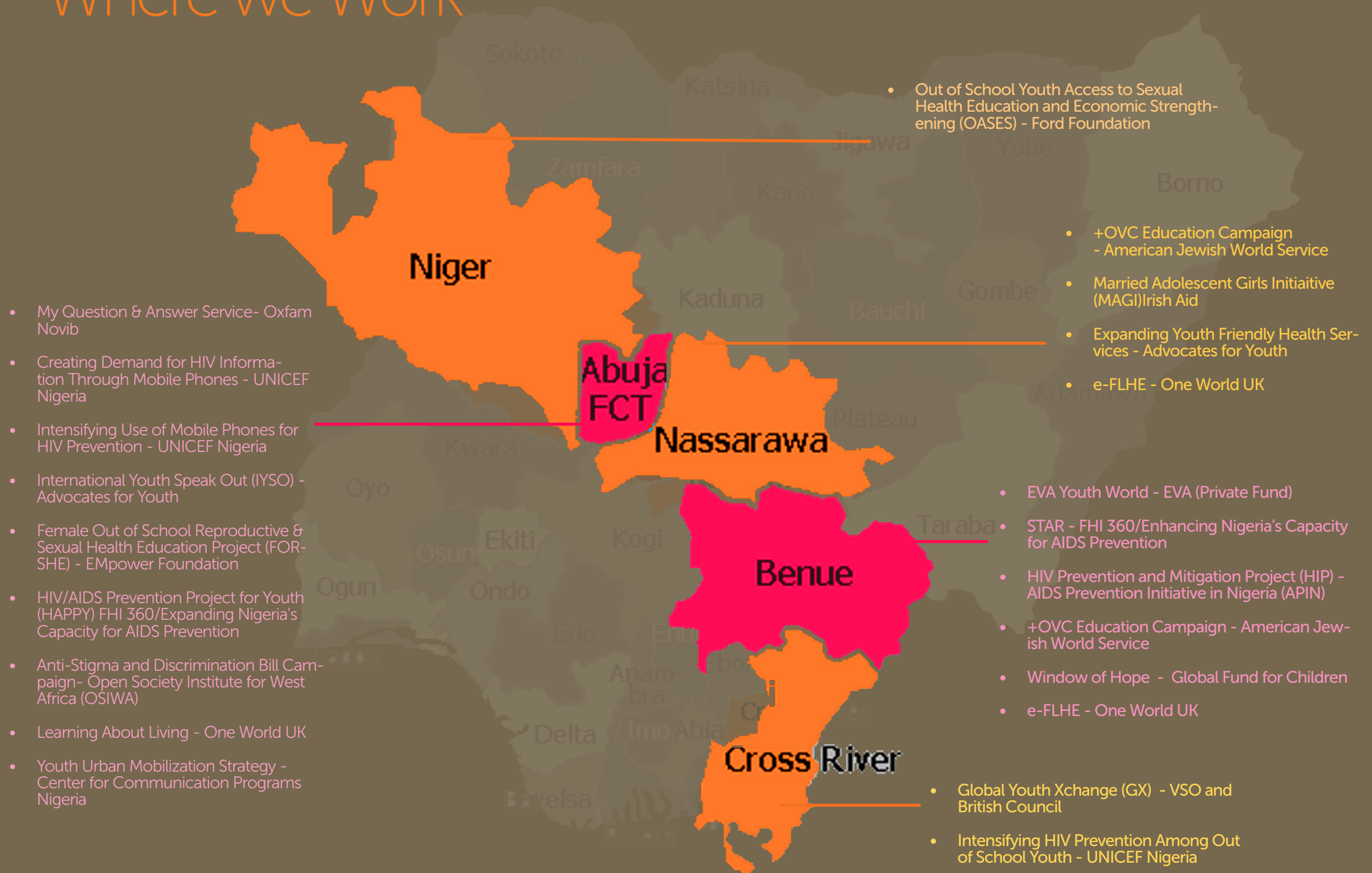
Stanley Garuba

Member, Program Committee



where we work

Where we Work



Stronger

than the Stigma



For Persons Living with HIV/AIDS (PLWHA) in Nigeria, stigma and discrimination are unfortunate yet common aspects of life.

For Persons Living with HIV/AIDS (PLWHA) in Nigeria, stigma and discrimination are unfortunate yet common aspects of life. In addition to the emotional and psychosocial effects, stigma and discrimination can endanger the security, health, education and wellbeing of HIV positive individuals and their families. These are realities that Eunice and her children know all too well.

Two months after marrying a local Benue teacher, Eunice, then 20, became pregnant with the couple's first child. Her husband, she says, was a doting partner and father-to-be. "When I get pregnant, we are happy...And the time I even put to bed the first child, he bathed me, he bathed the baby. Give the baby food. Do everything...We were living very fine." Unfortunately, the young family's contentment would prove to be short-lived. When Eunice became pregnant for the second time, Sulemon, her first child, fell ill. When his condition did not improve, she took him to the local clinic where he was tested and diagnosed as HIV positive. Under the advice of the doctors, Eunice was immediately tested as well. She received the same diagnosis.

Shocked and upset, Eunice went home to seek the comfort and reassurance of her husband and inform him that he should be tested. She did not expect the reaction she received. "He said, 'I will never do that.' He will never [get tested]. I should go and look for this father of this boy I am carrying and the one in my womb and I should get out of his house...he just abandoned me and left me with the pregnancy and this child...We were so close, we were so loving, so caring, that when he just left me so it came as a shock to me."

Eunice tried to support herself and Sulemon with the income from her work as a seamstress, but the anguish of her situation weighed on her. "I wasn't having the strength enough to do my work very well. I lost a lot of customers because when they come to collect their work, their work is not done. And they will be angry and carry it and go away."

When her daughter, Salume, was born and diagnosed as HIV

negative, Eunice was relieved, but now she had another mouth to feed and a son who was due to start school. Eunice approached the woman who conducted the PLWHA support sessions at the clinic. The facilitator promptly contacted EVA and informed them of Eunice's situation. Within days, an EVA staff member had visited Eunice at her home and enrolled her, Sulemon and Salume in an EVA program funded by AIDS Prevention in Nigeria (APIN) for the care of Orphans and Vulnerable Children (OVC).

Through the APIN OVC program, Sulemon and Salume, now five and three respectively, were supplied with school uniforms, socks, sandals, school bags, water guides and mosquito nets. When their mother could not afford their school fees, EVA paid for them. Yet for all the much-needed and much-appreciated supplies, Eunice believes it is the life skills and livelihood workshops that APIN OVC provides for parents that has had the most sustainable and significant impact on the current and future wellbeing of her children. "I learned how to take care of my business, how to save money...before I don't really know how...but now EVA has taught me how to save money. I do save. They taught me I could be doing contribution. I do contribution, by the end of the month I can have 2000 or 1500 and I can get food for my children to eat."

Through EVA's workshops, Eunice has also learned how to better manage Sulemon's HIV and how to improve and sustain the health of both of her children. "[They] have taught me that even though it is three times a day that I am bathing him, I should be changing his clothes, I should not be repeating the same cloth that I am wearing him any time that I am bathing him...and they taught me how to cook nutritious food. Breakfast, lunch and supper."

APIN OVC's effect on the children is evident; both Sulemon and his sister Salume are now strong and healthy and happily enrolled in primary one and pre-nursery respectively. The marked improvement in Sulemon's health and energy levels comes as a great relief to Eunice: "[He] plays with children very well, and

"EVA[s] APIN program have enlightened we that have this positive virus not to feel bad. They have made us to feel among people. They have made us to feel we can do something. They made us to feel that we can do more than people that are negative."

in school too. They say he is he likes playing with children, playing football. And they say if he is not the first person in school, he will be among the first, second, third person in school." As for Salome, she has taken a keen interest in her mother prepare the varied and healthy meals that she has learned of through the APIN OVC workshops.

For Eunice and other beneficiaries, APIN OVC has done much more than provide families affected by HIV/AIDS with counseling, life skills, and provisions; it has given them a sense of empowerment and hope that the virus and accompanying stigma had previously denied them. "EVA[s] APIN program have enlightened we that have this positive virus not to feel bad. They have made us to feel among people. They have made us to feel we can do something. They made us to feel that we can do more than peo-





“...the youths now have views, now have opinions on the development of the community. Before then it was just the elders, they don't give room for the youth to talk.”

being the Change

h

How a group of young people were able to affect change among their peers, their elders, their communities, and themselves.

Last year, Emmanuel made the decision to temporarily close his fabrics and laundry shop in Ikrom, Cross River State. The decision was not based on lack of financing – in fact, his business was doing very well – his decision was based on his desire to give back to his community. “I saw it like a total change; how I can do something different and affect humanity. Not just my own selfish – my own pocket, my own family, I just wanted to touch somebody outside.”

Across town, John Mary, having recently graduated from college, was searching for something meaningful to do with her spare time. “At that time, I stay at the house all day, helping mom and dad. I don't go out. I was always indoors. I never had the information of helping people in my environment.”

These individuals were just two of dozens of young people from across Nigeria and Britain who made the decision to volunteer with the Global Xchange (GX) program.

A joint initiative by Education as a Vaccine, Voluntary Services Overseas, and British Council, the GX program brought together Nigerian and British youth in four batches to deliver development projects in numerous communities in Cross River State. Starting in July 2011, they researched, developed, planned and carried out various projects that included, among many others, educating young people on sexual and reproductive health (SRH); flooring schools; delivering skills acquisition workshops; building public toilets; conducting workshops on personal hygiene; providing HIV testing and counseling; and improving access to clean water.

Emmanuel Nkwam is a shoe and radio repairer from Ajassor Community who benefited directly from a GX skills acquisition workshop. Mr. Nkwam had been struggling for years to provide for his family on his meager income. With the skills he acquired in the phone repair workshop, he was able to expand his business and improve his family's financial security and wellbeing. “As I'm sitting down here, the little that I used to see day and night make me to feel fresh...even sef my wife in the house; I give him money to cook for me to eat. Even sef my son going to school, that is still the money I used to give them...That is self-employment to me.” In Bendeghe Ekim, the head teacher of Presbyterian Primary School, Mr. Takum Egbe, expresses a similar gratitude for the GX program. “Last school year, the Global Xchange, in the company of the Town Council Chairman came to my school and [said] that they want to establish a school library

“...I saw it like a total change; how I can do something different and affect humanity. Not just my own selfish – my own pocket, my own family; I just wanted to touch somebody outside.”

here in the school. I thought it was just a mere dream... To my amazement, all the items you see therein are provided by the Global Xchange.”

While hundreds have directly benefited from the various development projects, the full impact of the GX program extends well beyond individual beneficiaries and project-specific objectives. Village chiefs and leaders in Ajassor and Bendeghe Ekiem stress that as a result of the sum of the GX volunteers' efforts, there has been a significant decline in cultism, unlawful behaviour, and, most notably, teenage pregnancy. “[Teenage pregnancy] have reduce – reduce completely,” says His Royal Highness Ntufam Anthony Iueta II. “Like before, every two months you will hear something, but now the thing has reduced.” The Ajassor chief also reports a considerable increase in the participation of young people in community meetings and decision making. “Before when we announced people should gather in the playground for us to address them, many youths wouldn't come...but from that time [when GX was here]- even last week when we were having a meeting, a general meeting in the playground... my town crier rang and people gathered, the youth were there in their numbers.”

The hard-work of the volunteers and the subsequent changes in the behaviour of the local youth impacted the older generations' views of young people and improved intergenerational respect within the communities. “The truth is around this community, they weren't looking at youth around this area to be responsible, they were like...There is nothing good that can come out of these guys.” But after volunteering, everybody saw that there is a need for youth to be hard-working... Last time I went there, a lot of people recognized me...they were like ‘thank God for you guys, at least our parents have a different view about us now.’”

John Mary agrees, “The youths now have views, now have opinions on the development of the community. Before then it was just the elders, they don't give room for the youth to talk.”

Gratitude for the GX volunteers runs deeply throughout the participating communities. However, the volunteers are quick to point out that they received as much as they gave; that they too are beneficiaries of the GX program. “The GX project has really done a lot to me as a person,” says John Mary, “before now... if somebody's things doesn't concern me, whatever you are doing good or bad, I go on my way...Now I am bold enough to confront one who is doing the wrong thing, and say ‘please, this is wrong.’ And I've learned that working in your community is just the best you can do for them.” Emmanuel's outlook on life, his community and the people within it has also changed. “In the GX program, I got to realize that life is not all about me, it is not all about trying to make it, it is all about trying to help people...”

There was something else I learned from [GX], I learned to accept everybody. And since GX, I don't take anybody for granted. I don't take any ideas that anybody brings – no matter how little you are... as long as you are bringing an idea, I will say, okay let's consider it.”

As Emmanuel learned, anybody, regardless of size or stature, can make a difference. Global Xchange is a shining example of just that, showing clearly that young people too, can be agents of change in their communities.



FORSHE

for Rahmatu

Rahmatu's story is a common one among young girls in Nigeria who, for various reasons, are not enrolled in school. With little or no knowledge about their sexual and reproductive health (SRH), they enter into sexual relationships which often result in unplanned pregnancies.

Rahmatu was 13 when she and her boyfriend Ibrahim became sexually active and 14 when she became pregnant and was forced to drop out of junior secondary school. Though she loves her daughter, Rahmatu regrets becoming a mother at such a young age. Now at 19, her friends are far ahead of her in terms of education. While they study and plan for their futures, Rahmatu sits outside her house selling akara and pap and watching over her daughter. In comparison to her friends, her future looked bleak.

Then one day last year, Rahmatu noticed women gathering near her house. "Me I no know wetin happen by that time. I just see people dey share mineral, I com say make I go join them to drink mineral also." The gathering, she learned, was for EVA's Female Out of School Reproductive and Sexual Health Education (FORSHE) program. Although, Rahmatu didn't get a share of the refreshments that day, she made up her mind to join the next set of classes – with the hope that they would provide some monetary compensation. The FORSHE program did not give Rahmatu the financial handout she anticipated, instead it gave her something that she valued much more: knowledge. "They no give me money but they teach us good things. They give us book [and] bic [pen]. The teaching ma, I like the teaching. Even though they no share money, I like the way they used to teach us...I confirm say na better thing these people are teaching us... before, I no know how to use condom but now, I don dey know how to use it." Prior to joining FORSHE, Rahmatu had no knowledge of sexually transmitted infections (STIs) or ovulation.



"When the pregnancy come, I no know about family planning. I no know. We just dey play life and the pregnancy come." Rahmatu, 18 years, Yangoji Community, FCT.

Rahmatu's parents and grandparents were not happy about her involvement in FORSHE. They felt that by talking to young girls about contraceptives, EVA was encouraging them to become promiscuous. Moreover, they believed that anyone who uses modern family planning methods will not be able to conceive again. When the FORSHE sessions were announced, Rahmatu used to sneak off to join them without her family's permission. However, when she returned, she would sit with her parents and share with them the information she had learned. Rahmatu also took to sharing the information with her boyfriend, Ibrahim.

Over time, Rahmatu's family began to notice a difference in her attitude and actions. The most apparent change was her diminishing visits to Ibrahim's house. It also became increasingly evident to them that Rahmatu and other young girls in the community were becoming more self-confident, assertive and capable of refusing sexual advances from boys. Her family's perceptions were indeed correct; FORSHE had changed the mindset and lifestyles of Rahmatu and many of her female out-of-school peers.

"E [FORSHE] don change me...because my family, e get some girls wey they used to follow follow boys anyhow, without control their selves... but now, they don't used to follow boys like that. They say that if you dey follow boy, that boy no go respect you again and he go pack many girls com keep for him house... Even if though they follow that boy, they no dey deliver anyhow... as this FORSHE come, they teach us how to do family planning...If no be this FORSHE, maybe I for have another child again. I don change. Now, I know how to maintain my body."

Now instead of refusing her participation in FORSHE, Rahmatu's family began to encourage it. "My mother com say this FORSHE is very important because we change for this our community, as she dey see...She say that we girls, we no used to get belle [pregnancies] like that and our boys no used to pregnant girls anyhow again...be-



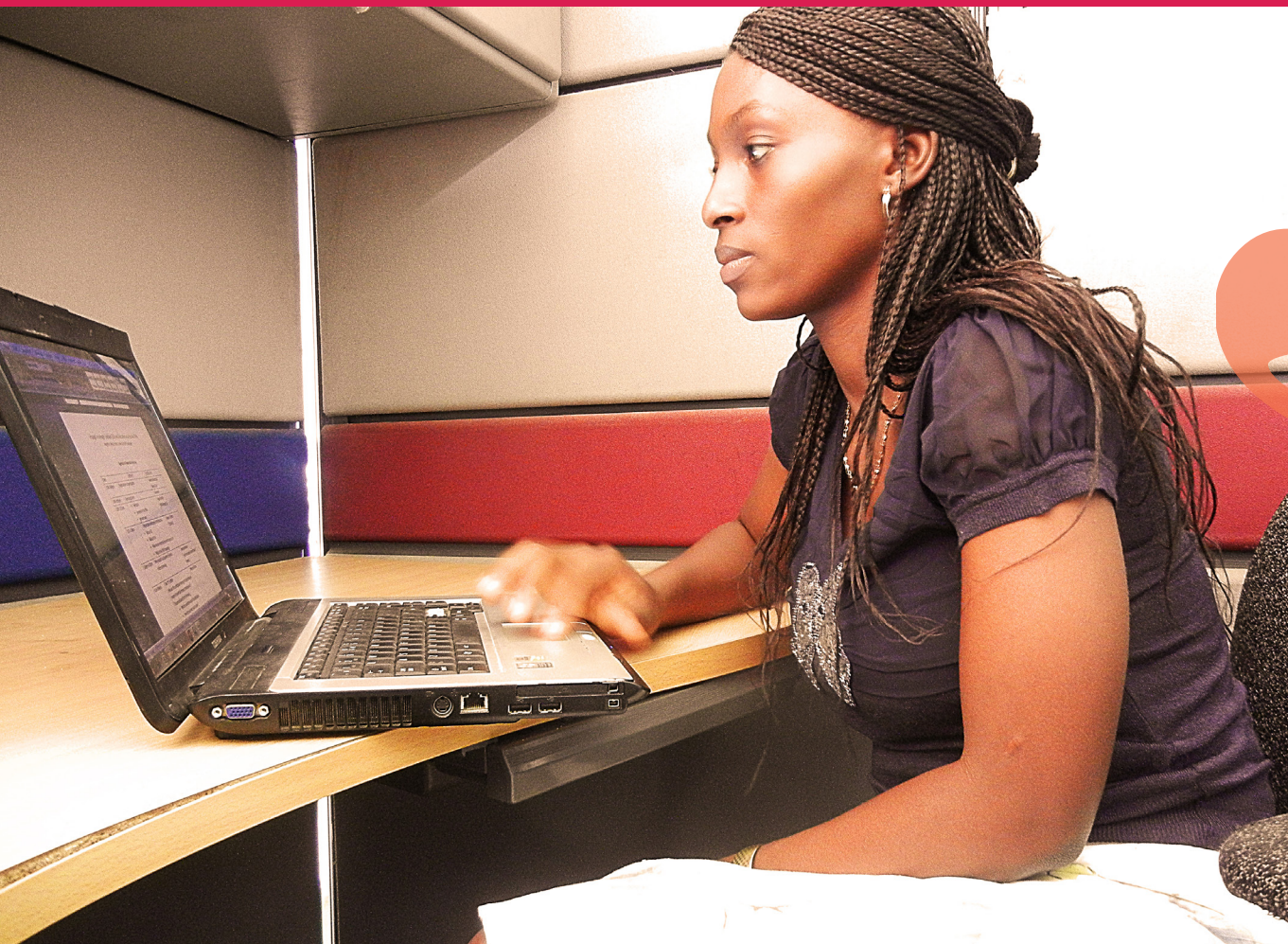
cause of this FORSHE, e dey help we girls understand some things... we no dey leave our body for them anyhow again because of we understand...we no dey for where we dey before."

In the past year, Rahmatu has become an influential participant of FORSHE in the Yangoji community, encouraging numerous other young girls to attend and increase their SRH knowledge and build their self-esteem. As for Rahmatu herself, she now possesses the confidence and self-worth to realize that she's more than a teenage mother and school dropout – she is a leader in her community.



passion

beyond pay



Sende was just three years old when his mother died and twelve when he lost his father to AIDS in 2008. With no brothers and no sisters, he had little choice but to leave his home in Benue and move to his uncle's in Taraba State. His uncle was not a man who valued education; instead of sending Sendé and his own children to school, he sent them to work on the farm. "If you wake up, you will go to farm...if you come back, you will stay at home...if night come, you will sleep...and me, I think that that is not good for me...I don't want to be there anymore. I want to go to school."

After a year of hard work and no education, Sendé made the decision to return to his father's house in Benue where he would farm okra and put himself through school. He left his uncle's home under the guise of visiting Benue State for the Christmas holiday. His uncle was furious when he realized Sendé would not return as promise and promptly abandoned the youth to his fate.

Unfortunately Sendé's new life in Benue did not go forward as he had planned. He could not always afford the pesticides he needed and his crops duly faltered. While he struggled to make ends meet, his friends began putting increasing pressure on him to join the cult they had taken up with while he had been away. "I'm now tired of Agasha...I don't want to be in Agasha anymore...because, one day, my friends will get me into trouble. They always disturb me every day. I don't want to be in Agasha anymore." With no parents or family members to guide him, and no money for school or basic supplies, Sendé was at a crossroads; he did not want to join a cult, yet doing so would offer him the security that he desperately needed.

It was at this pivotal point in his life that Sendé came in contact with Dooshima Anata, a member of Benue's EVA staff. "If I didn't meet Dooshima or EVA, I didn't really know...it is God. I should

"When I went through that...finding it very difficult to afford sugar to take garri...and so many temptations round you, you'll never want your next door enemy to experience that...What I went through in life, I do say 'No girl will ever go through that.'"

have now being stupid... I should have now being following my friends...those bad friends. They do say that if I'm with them, I will be having some money for my own things. But they used to scope me a lot...they confuse me to follow them. They are in cultist...they are in society. They used to steal...to kill...they used to steal and kill people."

Dooshima Anata is the Program Coordinator of EVA's Plus Orphans and Vulnerable Children (OVC) Campaign in Benue Field Office. After her father passed away when she was in senior secondary two (SS2), her widowed mother could not afford to send her to school. It was only through extensive effort and sacrifices on the part of her elder brothers that Dooshima was able to complete her secondary education and enroll in university. Yet simply getting by remained a struggle for Dooshima; to afford food and basic supplies she had to sell mobile phone recharge cards between her classes. Dooshima's experiences instilled in her a determination to help vulnerable young people in need. "When I went through that...finding it very difficult to afford sugar to take garri...and so many temptations round you, you'll never want your next door enemy to experience that...What I went through in life, I do say 'No girl will ever go through that.'"

Dooshima met Sendé during a visit to his community to administer questionnaires on the impact of the fuel subsidy removal on orphans and vulnerable children. She was touched by Sendé's story and the kindness he exuded. She sat the troubled youth down and offered him guidance and encouragement. "I now spoke to him on the importance of going back to school...that it's very, very good for him to become something in future...that he needs to get that education...even to have that money he so desires to get now."

Sendé took Dooshima's advice to heart and approached the priest of a Catholic church in his community. With the priest's help, Sendé was finally able to return to school. He still, however,

lacked many basic necessities and school supplies. EVA was able to provide Sendé with some provisions but it was Dooshima, going miles above and beyond her EVA duties, who personally provided for the rest of Sendé's needs by raising money through her friends and contacts. Sendé has a deep gratitude for the assistance he has received from EVA and from Dooshima in particular. "EVA help us in many ways. As for me, if I didn't farm, I will not have the money to buy my clothes. They used to give us some clothes and some food...and they give us mosquito nets and they used to give us money for soap...they do buy soap for us...Dooshima used to do a lot of things for us because at times, she used to use her money to buy us soaps. Each time I have a problem, I will tell her. She will use her pocket money to solve my own problem, if it is a problem that she can solve...she bought me my [school] sandals...She usually advice me...I even prefer that advice than the other things because anyone that used to advice me, I think that the person loves me."

To date, Dooshima is still providing Sendé with support and assistance that goes far beyond her EVA duties. Currently she is helping him to relocate to an uncle's place in Makurdi, away from his cultist friends. She is also working to have Sendé enrolled in a nearby school, using money that she once again personally raised expressly for his care.



Changing perceptions

through Youth Friendly Health Services



EVA's unique understanding of the needs and mindset of the Nigerian youth.

It is standard practice for most people to seek the services of a doctor or nurse when you have questions or concerns about your health. However, when it comes to the sexual and reproductive health (SRH) of Nigerian youth, medical professionals are often the last people to whom adolescents will turn. Besides the embarrassment of speaking about such issues with adults, young people believe – often rightly so – that doctors and nurses will be harsh and judgmental and very possibly inform their parents of their visit. This pervasive distrust of medical practitioners can put the health and futures of Nigeria's youth at considerable risk. For this reason, Education as a Vaccine (EVA) decided to work with one public and two private hospitals in Nasarawa State to improve services for young people.

EVA has provided all three participating hospitals with specialized training and materials to ensure they have the capacity to meet the unique needs of young people. Moreover, at the public health facility in Akwanga, a separate building has been dedicated to young people so that they may seek services and counseling in private, away from the adult patients. Yet EVA understands that simply establishing Youth Friendly Services (YFS) is not enough; young people must be made aware that these services exist, and be persuaded to overcome their deep-seated wariness of health care practitioners. The best way to accomplish this, EVA believes, is through peer educators like Nneka Oyibo.

Growing up, Nneka was like any other Nigerian adolescent; too afraid to ask her mother or elder sisters about issues pertaining to sex or her body, she would turn to her friends or simply keep her concerns to herself. Such was the case when, at age 14, she did not see her period for over three months. Nneka had enough knowledge to be certain that she was not pregnant, but still she was scared. "At times I would cry at night," she recalls, "it was just eating me up." Like other Nigerian youth, confiding in a medical practitioner was simply not an option for Nneka.

"If it was before, I would just keep it to myself or go to the chemist and tell them that I am having itches, but getting to know about the YFS here and the services that I could achieve here, I just rushed down here."

In 2010, when Nneka was 17, she joined EVA's Nasarawa office as a volunteer and was informed of the YFS center located in her hometown of Akwanga. Despite her confidence in EVA's programs, she remained skeptical of the center's proclaimed confidentiality and friendly, non-judgmental support. However, when Nneka finished her EVA training and began conducting peer information sessions, she found that she would occasionally be presented with questions she could not answer. She began to call on Mr. Muazu, the Youth Friendly Chair at the Akwanga clinic, for his professional assistance. Mr. Muazu's manner and response to her enquiries soon eliminated Nneka's reservations.

"The Youth Friendly Service provider here is very, very friendly and coming here with the way he attends to questions I bring from outside, the way how confidential he was, and friendly, it gave me a second thought... he has made me to open up... Last year I came here for a treatment which was candidiasis... If it was before, I would just keep it to myself or go to the chemist and tell them that I am having itches, but getting to know about the YFS here and the services that I could achieve here, I just rushed down here."

Today, at the peer education sessions she holds in secondary schools and within her community, Nneka shares her own personal story as a testimony to the confidentiality, kindness and friendly support provided by Mr. Muazu and his fellow YFS nurses.

A nurse for over 20 years, Mr. Muazu has been with the Akwanga YFS location since it was jointly instated by EVA and Community Participation for Action in the Social Sector (COMPASS) seven years ago. He has noticed a dramatic expansion in the impact on local youth since EVA took over the program in 2010. "On the average we have maybe a 50% increase on the numbers we used to have before, and if I can put it on a monthly basis, it is roughly between 300 and 500."

The reason, according to Mr. Muazu, is EVA's unique understanding of the needs and mindset of young people in Nigeria. "They know the youth will feel free with their own partners within their age bracket... The impact EVA has created is for training the youth as peer educators to go into the community and try to talk to their own colleagues, youths and peers... Having peer educators is key."



mercy

for her Children



In communities across Nigeria, many traditional methods of birth control continue to be used. Some believe pregnancy can be prevented by jumping up and down after sex, others that an orange peel inserted into the vagina before intercourse will work. Beyond being entirely ineffective, such traditional methods can also lead to serious health problems. Married females under the age of 20 are exceptionally prone to relying on such dangerous traditional methods due to their limited household power, limited control over resources and, often, limited education. Such was the case for Mercy Matthews.

Mercy was only 15 when she dropped out of school and married her husband, a hunter from Nasarawa State. She knew next to nothing about sexual and reproductive health (SRH); she had never heard of condoms or pills, STIs, or family planning. Yet even if she had, the power and age disparity within Mercy's marriage would make it exceedingly difficult for her to broach such topics with her husband. As a result, in a space of less than three years, Mercy became pregnant four times. The closely-spaced pregnancies took a heavy toll on her young body. During her

third pregnancy, Mercy was informed that her baby would not live. "The nurse say the baby go dey sick well well...e go die. And I no want make e die. I com go hospital. They com do am for me, I com comot (abort) am."

A friend noticed the physical effect that repeated childbearing was having on Mercy and suggested that she space out the births to keep her looking fit and prevent her husband from straying. She told Mercy that drinking a solution of heavily salted water immediately after intercourse would prevent pregnancy.

For the better part of a year, Mercy took the salt solution a minimum of twice a week. She began to develop painful swelling in her legs and feet, and problems with her heart, but continued taking the solution under the false belief that it was working. However, before the year ended, Mercy became pregnant. It was her fifth pregnancy in four years. Doctors put Mercy on medication for her high sodium levels resulting from the salt solution, but sadly the child, a girl, was born with developmental deficiencies in her limbs.

EVA developed the Married Adolescent Girls Initiative (MAGI) to improve the lives of young women like Mercy who are negatively affected by power disparities within marriages. The program takes a multi-pronged approach; participants are provided with reproductive, maternal and child health sessions to address their missed opportunities for education and to build their self-esteem, and are also engaged in various income-generating activities (IGAs) to address their limited control over financial and other resources. This past year, over 740 females benefited from MAGI's programs. Mercy, now 26 years old, was among them.

The impact MAGI has had on Mercy and her family has been tremendous. From the education sessions, Mercy has learned about contraceptives, the wide-reaching benefits of family planning, and how to discuss such sensitive issues with her husband. With bolstered self-confidence, Mercy was able to successfully broach the subject of contraceptives with her husband. The couple discussed the options Mercy had learned of in MAGI and together they decided to visit the local hospital where Mercy would begin receiving injectables. Mercy is relieved to find that her health has since improved, but she is exceedingly more grateful for the positive affect the family planning has, and will continue to have, on her children. "This MAGI program came to Sisimbaki here. From there, they teach us how to do family planning. Now, this my baby, there is gap now. I've never take in again...I want to have children but I want them to grow, the way I used to see other children...big man children. They used to space their children well...This family planning...I enjoy am well well, if not, I for don born sef follow this one."



The self-esteem and sense of empowerment that Mercy has gained through the health education sessions are further advanced by MAGI's income generating activities. With a loan of N13, 000 that she received from the group, Mercy purchases used clothes and sells them in the community market on Sundays. With her profit ranging between N1, 500 and N2, 000 each market day, she has been able to gradually pay back her loan while also saving some money. Having her own financial resources has improved the balance of power in Mercy's marriage and has given her the confidence and authority to make decisions regarding family matters, such as her children's educational and physical needs. "Before the MAGI program, my children dey go public school...they don't know how to read. But now that they are going to private school, I see that they are reading. They are better than before when they were attending public school... For savings, before... my children, even slippers I cannot buy for them...But now, I can save; buy slippers, buy other things for them..."

As Mercy's story shows, MAGI's impact extends beyond the 740 married adolescents and young women. With improved health and education, and a mother who serves as positive example of female empowerment, the current and future children of the MAGI participants will continue to benefit in the years to come.

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

peer power

over peer pressure



Comfort is a 21 year old teacher from Nasarawa State. Victor, 20, is a university student from Cross River. While Comfort has not had any sexual partners, Victor admits to having well over 20. Their lives and histories are as far apart as their states, yet what they have in common, along with most young people in Nigeria, is how and from whom they learned about sex. "I had no educator to educate me about how to live a good sexual life so," says Victor, "[My parents] just tell me 'as a youth, it is wrong to engage in sexual activities,' but they never really told me the implications." Comfort's situation was similar: "[My mom] used to call me and say, 'If you get pregnant, I will kill you! You will not give birth to



a child for me in this house.' I was like, how will I get pregnant? I don't even know, she won't tell me anything."

Among Nigerian parents, it is commonly believed that speaking with young people about sex will "spoil" them, but in reality, the opposite is true. The fact is, when youth do not get answers from their parents, they do not stop asking, they simply turn to others with their questions. Unfortunately, those 'others' are generally their friends; adolescents who have little or no more accurate knowledge than they. Within these peer groups, dangerous misinformation on sex, STIs, pregnancy and contraceptives is rapidly

propagated. Victor's friends, for example, told him that condoms ruin the enjoyment of sex. Comfort's friends told her she could not get pregnant in the days following her period, and that taking 20 Panadol tablets will abort a baby safely. Peers also often pressure their friends to become sexually active. Young boys will compel their friends by boasting of the pleasure of the act and taunting each other, while girls commonly assert that you must have sex with your boyfriend or he will break-up with you or cheat on you.

Sadly, in this aspect, Comfort's peers were not entirely wrong; when she was in secondary school, her boyfriend indeed threatened to end their relationship if she did not have sex with him. Luckily, Comfort had a friend who had begun volunteering with EVA and provided her with advice and information. She made the decision to end her relationship with the boy. Shortly after, Comfort signed up for EVA's two week peer education training. She was surprised by the breadth and detail of the information she received. "It was far, far more from what I thought I would get...I didn't actually expect that they were going to show us the practical form of how to use the female condom. I just heard about it, maybe on radio, that it exists, but I have never seen it with my eyes. It was through EVA that I have seen it, shown how to use it, I even took it to school and showed some of my colleagues." Unlike Comfort, Victor was swayed by his friends' stories and encouragement. At 17, he became sexual active and was soon juggling multiple girlfriends at once while also having single sexual encounters with girls he met while out drinking at the bar. He rarely used condoms, and no girl ever asked him to. By the age of 18, he had contracted gonorrhea. Although painful, the STI was not enough to make Victor change his behavior. It was enough, however, to make his sister intervene.

The following year, when Victor was home from university, his sister suggested that he participate in EVA's one-week peer education course on HIV/AIDS and sexual and reproductive health (SRH). Victor had no intention of changing his lifestyle and did not believe there was much he could learn, but given that he had little else to occupy his time during the holidays, he complied. By



the time the course finished, Victor, who had started the program with a cool indifference, had completely changed his mind-set and lifestyle. "The program has really transformed me...If I must have sex, I don't have sex without using a condom. And there is some kind of life I used to live, that I don't find myself doing those kind of things anymore. Like having too many girlfriends. And becoming intoxicated. To me, at that point, I was thinking that's the right way to live. Everybody in the community does it, so why shouldn't I do it? But now I look at it from a very, very different perspective."

Today, Comfort and Victor serve as committed and influential peer educators in their respective communities. Between them, they have counseled and trained over 500 youths in HIV/AIDS and SRH in less than one year. "This program has really impacted positively on the lives of people in this community," says Victor, "the things we taught them they are really putting them into practice."

"The program has really transformed me. . .If I must have sex, I don't have sex without using a condom. And there is some kind of life I used to live, that I don't find myself doing those kind of things anymore. Like having too many girlfriends. And becoming intoxicated. To me, at that point, I was thinking that's the right way to live. Everybody in the community does it, so why shouldn't I do it? But now I look at it from a very, very different perspective."

Statistics

Monitoring and Evaluation

Since our establishment in 2000, EVA has made significant gains in the number of children and young people we impact on an annual basis. With a remarkable 47% increase in the total number of people reached, 2011-2012 has proven to be our most successful year to date. The most notable increase is in the number of female beneficiaries. In 2010 EVA implemented a five-year strategic plan which, among other aims, emphasised an increased focus on reaching the female population. In the first

full year of the plan's implementation, the number of females we reached increased from just under 30% to 42%. In the 2011-2012 year, the figure jumped to over 50%.

As EVA enters a new fiscal year, we strive to reach even more vulnerable children and youth and will sustain our increased focus on Nigerian females who, due to their gender, are at a higher risk of contracting HIV and STIs and of having reproductive health complications.

TOTAL NUMBER OF PEOPLE REACHED IN 2011-2012

211,542
US.

TOTAL PEOPLE REACHED IN 2010 -2011

111,289

The Breakdown....

NUMBER OF PEOPLE REACHED - BY AGE GROUP


CHILDREN (0-17)
28%


YOUTH (18-30)
62%


ADULTS (30+)
10%

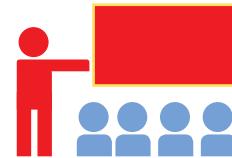
NUMBER OF PEOPLE REACHED - BY GENDER


MALES
50%


FEMALES
50%

NUMBER OF PEOPLE REACHED - BY PROGRAM AREA


STRATEGIC BEHAVIOR
CHANGE COMMUNICATION
20,416


CAPACITY BUILDING
11,810


SERVICE DELIVERY
176,424


ADVOCACY
176,424

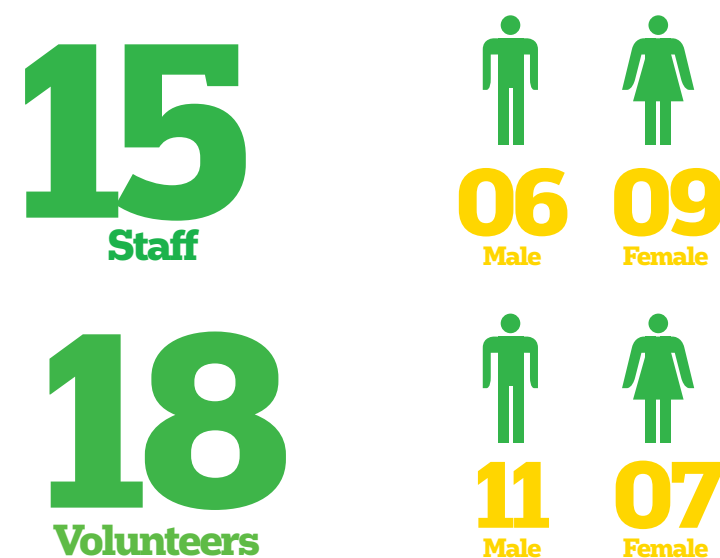
the people

Behind EVA

Total Number of Staff & Volunteers



Number of New Staff & Volunteers



Number of Staff & Volunteers under 30 years



Team Composition



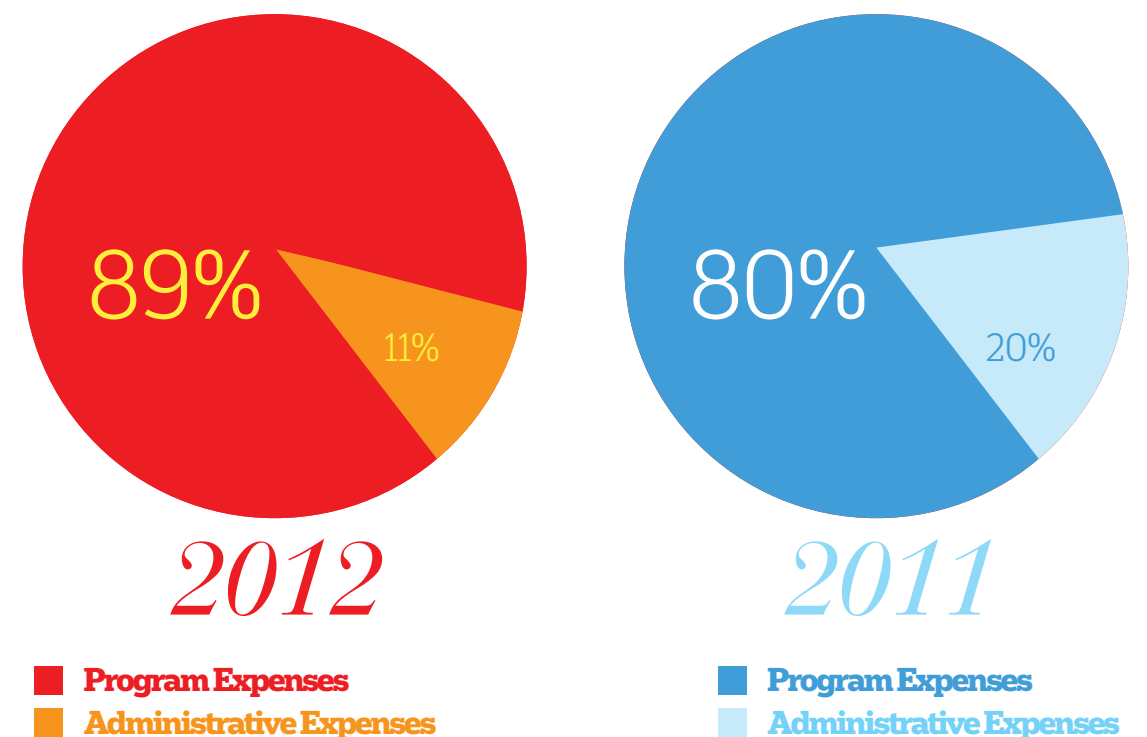
Financials

The Financial Breakdown

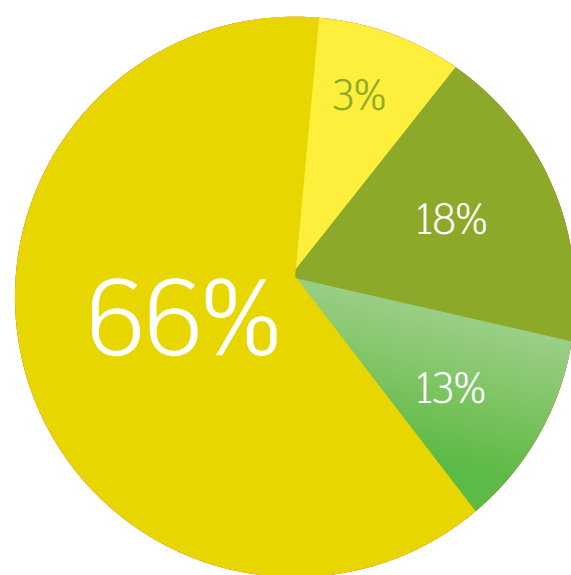
Total Revenue and Expenses



Breakdown of Operating Expenses

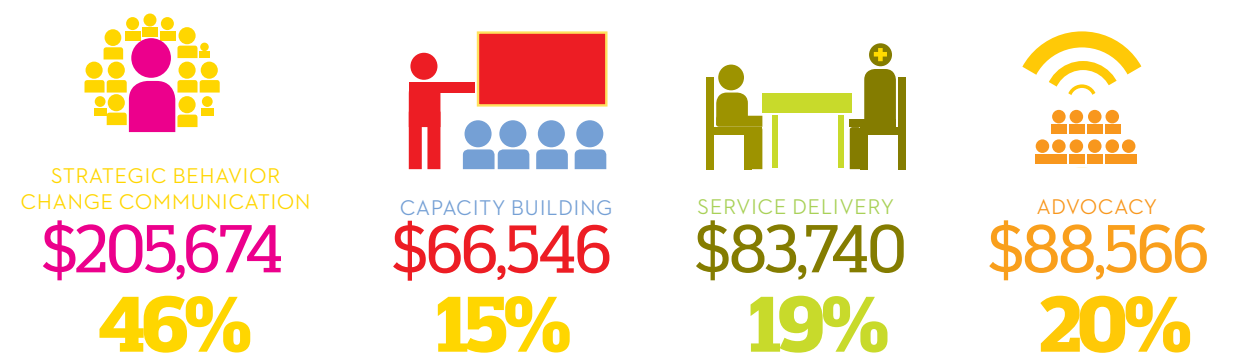


Breakdown of Revenue



■ National Development Agencies
 ■ International Development Agencies
■ Others
 ■ Foundations

Breakdown of Program Expenses



NB: All Figures presented in US Dollars
 2012 figures based on unaudited financial report
 2012 Exchange rate - \$1 : N159
 2011 Exchange rate - \$1 : N150



HQ/FCT

4th floor Standard plaza,
No. 2 Kutsi Close,
Beside Redeemers Private School,
Off Aminu Kano Crescent,
Wuse 2, Abuja
Phone: +2348078546315-6
Email FCT: fct@evanigeria.org
Email HQ: communication@evanigeria.org

Cross Rivers State Field Office

C/O Local Government AIDS committee,
Local Government Secretariat
Ikom, Cross River
Phone: +2347056276401
Email: crossriver@evanigeria.org

Niger State Field Office

1st floor, Farm Center, opp. Awwal Ibrahim
Shopping Complex, Tunga,
Minna, Niger State
Phone: +2348078791201
Email: niger@evanigeria.org

Benue State Field Office

No. 7 New Bridge Road,
Off Otukpo Road, Markurdi, Benue State.
Phone: +234807546317
Email: benue@evanigeria.org

Nassarawa State Field Office

Block 2, Akwanga Local Government
Secretariat, Off Abuja Keffi Road, Akwanga,
Nassarawa
Phone: +2348078546319
Email: nassarawa@evanigeria.org

United States of America

Education as a Vaccine
PO Box 714
Grand Central Station
New York, NY 10163

Web + Email

www.evanigeria.org
eva@evanigeria.org

Social Media

EducationAsAVaccine
www.twitter.com/EVA_Nigeria
YouTube: Education as a vaccine
LinkedIn: Education as a vaccine

