My Question and My Answer Service:

Lessons Learnt: 2007-2012
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<tr>
<td>AHI</td>
<td>Action Health Incorporated</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>BFW</td>
<td>Butterfly Works Netherlands</td>
</tr>
<tr>
<td>EVA</td>
<td>Education as a Vaccine</td>
</tr>
<tr>
<td>FLHE</td>
<td>Family Life and HIV/AIDS Education</td>
</tr>
<tr>
<td>FME</td>
<td>Federal Ministry of Education</td>
</tr>
<tr>
<td>FMH</td>
<td>Federal Ministry of Health</td>
</tr>
<tr>
<td>GPI</td>
<td>Girls Power Initiative</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication materials</td>
</tr>
<tr>
<td>LAL</td>
<td>Learning about Living</td>
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<td>MyQ and MyA</td>
<td>My Question and My Answer</td>
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<tr>
<td>NACA</td>
<td>National Agency for the Control of AIDS</td>
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<tr>
<td>OWUK</td>
<td>One World UK</td>
</tr>
<tr>
<td>SMS</td>
<td>Short message service</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and reproductive health</td>
</tr>
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</table>
About the implementing organisations

**EVA** is a youth led non-profit organization, whose mission is to establish systems and structures that will provide opportunities for youths to make informed decisions regarding their development. Since inception, EVA has been implementing activities to mitigate the spread and impact of HIV/AIDS amongst youths using youth friendly approaches such as HCT services, peer health education etc. EVA concentrates its work on the North Central region of Nigeria, where the HIV/AIDS prevalence rate is reported to be the highest and its targets are vulnerable and marginalized youths.

**OneWorld UK** is part of the international OneWorld network. It seeks to innovate technology and participatory media for NGO and citizen-led social change. OWUK aims to achieve its goals by brokering collaborative partnerships between local and global civil society organisations and citizens. OWUK is managing the Learning About Living project and leads in the development of the mobile platform, drawing on its experiences in using mobile technologies for development in East Africa and South East Asia.
Acknowledgements

The My Question and My Answer service would not be possible without collaboration from a range of different organisations, which are acknowledged below:

One World UK, for co-managing the service. The donor organisations, which have provided the vital funding for the project’s development and implementation: Oxfam Novib, The John D. and Catherine T. MacArthur Foundation and the National Agency for the Control of AIDS (NACA).

ADDITIONS?
Introduction:
Young people are the major sufferers of reproductive health problems, and with 47 million people in Nigeria being aged between 10-24 years (over one third of the country’s population), the need to educate them on sexual and reproductive (SRH) issues is critical.

Education as a Vaccine (EVA) works with One World UK (OWUK) and several other leading local organisations to implement the MyQ and MyA services with the aim of using mobile phones to improve young people’s access to sexual and reproductive health.

My Question (MyQ) offers a 3-in-1 service whereby young people can ask questions via SMS, voice call or the internet.

My Answer (MyA) is a monthly competition service that allows young people to engage more with SRH issues. Every month a question is publicised and young people get a chance to respond through their preferred medium.

Results:

MyQ Service: voice call
- The number of voice calls fluctuates each year, with the greatest number of calls having been received during the first year of program implementation (2007-2008).
- There are consistently more male users of the voice call service than female users.

MyQ Service: SMS
- The SMS service has shown a consistent increase in popularity since 2007.
• SMS use far exceeds use of the voice call service for every year of program implementation.
• The number of SMS questions responded to within a 24 hour period has increased each year, with 72.78% of questions in 2010-2011 being responded to within 24 hours.
• There are more users of the SMS service in the south of Nigeria than in the north.
• There are consistently more male than female users of the SMS service.
• The majority of the users of the SMS service are aged between 16-25 years, with 2010-2011 and 2011-2012 being the first program implementation years’ with some users being older than 26 years.

MyA Service

• The number of incoming answers for the MyA competition has increased every year.
• KNOWLEDGE BASED ON CORRECT ANSWERS?

Evaluation of the service

• Users are most likely to be motivated to use the service for sexual and reproductive health (SRH) issues.
• 62% of users contacted in 2011 felt that the service had helped them and met their needs.
• The most common reason for dissatisfaction with the service was users not receiving a response to their question.
• The 2011 evaluation shows an increase in knowledge relating to sexual and reproductive health issues in comparison to 2010.

Recommendations:

• Awareness raising and advertising activities need to include a range of different methods in order to reach as wide an audience as possible, including methods that are accessible to people with low literacy levels.
• All awareness raising and advertising activities need to make it clear that the service is free of charge (for both SMS and voice call), and fully confidential.
• Develop programs targeting young women and the Northern regions to bridge the gender and geographical gaps.
• Synergy with other services working on sexual and reproductive health issues, including investigating the possibility of linking with other mobile phone programs providing similar services.
Introduction

The Problem:

Young people are the major sufferers of reproductive health problems, and with 47 million people in Nigeria being aged between 10-24 years (over one third of the country’s population)\(^2\), the need to educate them on sexual and reproductive (SRH) issues is critical. The majority of adolescents in Nigeria have had sex before reaching 17, with 56% of boys and 31% of girls estimated to have had at least two sexual partners by this age\(^3\). Despite the high levels of sexual activity, young people in Nigeria, especially young women, have poor knowledge of sexual and reproductive health issues, with findings from the 2008 Nigeria Demographic and Health Survey (NDHS) demonstrating that only 52% of women aged 15-24 knew that using condoms reduces the risk of contracting HIV (compared to 64.6% of men). Other findings show that 37.5% of young women aged 15-19 years and 30.8% of young women aged 20-24 years had no knowledge of STIs (compared to 19% of males aged 15-19 and 4.3% of males aged 20-24 years)\(^4\). Most young women receive little or no sexual or reproductive health education, and any education that is provided often acts to reinforce common misconceptions regarding the use of modern contraceptives, unintended pregnancies, and STI treatment\(^5\).

These issues are exacerbated by cultural norms in Nigeria, which allow and promote female subordination, limiting women’s ability to gain economic independence and empowerment, and to improve their health status. Young girls are discouraged from influencing decisions about contraceptives and being equal partners in their relationships. The culture in Nigeria frowns upon open discussion of sexual issues and until recently it was not seen as appropriate for young people, especially young women, to access information on issues relating to their sexuality and reproductive health. The assumption was that access to such information would encourage young people to engage in risky behaviour. As a result of these issues there are numerous SRH complications amongst young people in Nigeria. Teenage pregnancy is very high. The 2008 NDHS demonstrated that 23% of young
women aged between 15-19 had begun childbearing and had either given birth or were pregnant with their first child. Out of over 1.3 million unintended pregnancies that occur annually in Nigeria, half of these pregnancies result in abortion. Use of family planning methods is also very low, with figures from 2008 demonstrating that only 15% of married women aged 15-49 used family planning methods and only 10% used a modern method of family planning. In terms of HIV/AIDS prevalence, young people account for over 30% of all HIV/AIDS cases in Nigeria. Young people aged between 10-24 years account for 60% of new HIV infections. HIV prevalence among women aged between 15-49 years is 4.1%. Studies have demonstrated STI prevalence rates ranging from 14-17% amongst adolescent females, and the 2008 NDHS showed that the prevalence rate of STIs among youths was 40%.

Out of over 1.3 million unintended pregnancies that occur annually in Nigeria, half result in abortion.

Women in Nigeria, and especially young women, are therefore at risk of STI infection, including HIV, low contraceptive use, unintended pregnancies, high birth rates and a high rate of unsafe abortions. These negative consequences can be mitigated if young people are adequately informed and educated about their sexual and reproductive health in an effective, easily accessible, yet culturally appropriate way. This is where the Learning about Living (LAL) project comes in. Following the introduction of a national sexuality education curriculum for young people (the Family Life and HIV Education (FLHE) Curriculum), the LAL project grasped the opportunity to use innovative and interactive digital media to promote and extend FLHE within and beyond Nigerian classrooms, empowering young people to gain access to accurate SRH information on their own terms.
The Project:

The My Question and Answer Service started in 2007, when OWUK secured funding from the MacArthur Foundation USA and Oxfam Novib Netherlands to implement the LAL project. The LAL project consists of two components, the eLearning system and the My Question (MyQ) and My Answer (MyA) mobile phone services. This report focuses on the lessons learnt from the implementation of the MyQ and MyA services from 2007 until date. OWUK works with Education as a Vaccine (EVA) and several other leading local organisations to implement the MyQ and MyA services with the aim of using mobile phones to improve young people’s access to sexual and reproductive health (Figure 1 shows how the partnership works).

The components of the LAL project:

- **eLearning system**: a system for the Nigerian Family Life and HIV/AIDS Education (FLHE) curriculum. eFLHE is based on experiential learning and encourages a participatory approach to teaching sexuality education and life skills.
- **The mobile phone services, which will be the focus of this report**: There are two mobile phone services to support and extend the eLearning programme. The My Question (MyQ) and My Answer (MyA) services.

The MyQ and MyA services build on the fascination that young people have with mobile phones, as well as the increased use of mobile phones amongst young people in recent years. The aim of the service is to provide a platform for young people to ask the SRH and HIV/AIDS questions that they often have, but that they do not feel able to ask out loud.

**My Question** offers a 3-in-1 service whereby young people can ask questions via SMS, voice call or the internet. SMS in particular offers the chance of anonymity for those questions on sexuality that young people may not feel comfortable discussing out loud, or which may arise during the eLearning experience or in their personal lives. The questions are answered by experienced members of EVA staff and allow for a database of Frequently Asked Questions to be established.

![Figure 1: How the partnership worked (NACA??)](image)
**My Answer** is a monthly competition service that allows young people to engage more with SRH issues. Every month a question is publicised and young people get a chance to respond through their preferred medium. The competition opens on the first day of the month and closes on the last day. Ten randomly selected numbers are chosen from a pool of correct answers to win the prizes for the month. The answers which the young people provide to the questions give an indication of their level of knowledge of the topic.

**How does it work?** The technology provides a single platform through which the counsellors can answer incoming questions (see Figure 2). This enables monitoring and improvement of the service by EVA staff and the OWUK technical team, who constantly work to ensure the service is user friendly and effective.

**Figure 2: How the mobile platform works**
Results

Data from users of the MyQ and MyA Service

The user data from the MyQ and MyA services will be presented separately, and will be segregated by the program year, beginning with the first month of program implementation in November 2007. The report presents the data up until February 2012 so as to provide as much up to date information as possible, however when considering the data from November 2011 to February 2012, it is important to consider that this data only spans 4 months of program implementation rather than a full year.

MyQ Service: Voice calls

The voice call service received the most calls during its first year (2007-2008), with the number of calls per year fluctuating each year since then. The following graph demonstrates the total number of calls received each year, in addition to the number of full calls, cut calls, hoax calls and beeping calls. ADD EXPLANATION FOR THE DIFFERENT TYPES OF CALLS. In terms of gender, the data shows that there have been consistently more male clients using the voice call MyQ service every year since the project began.

Graph 1: Number and type of voice calls received 2007-2012

Graph 2: Gender distribution of the MyQ voice call clients from 2008 - 2011
MyQ Service: SMS

The MyQ SMS service has shown a consistent increase in popularity since 2007, with the number of incoming messages increasing every year. The data from November 2011 to February 2012 indicates that this trend will continue for the current year of implementation, with incoming questions from this four-month period already exceeding the number of incoming questions from the same four-month period in all previous years of implementation. In terms of service delivery, the median number of SMS questions responded to within a 24-hour period has increased each year. The exception to this is from the period of November 2011 to February 2012, which has shown a slight decrease. This decrease is as a result of staff changeover, and is therefore a temporary issue that EVA is working to correct as a matter of urgency.

Graph 3: Total number of incoming SMS questions per year

Graph 4: Medium number of SMS questions responded to within 24-hours
Graph 5: Location of MyQ SMS users

Users of the MyQ SMS service are more likely to come from the South East or South South regions of Nigeria. With the location data it needs to also be considered that not all users of the service provide their location. These figures are therefore only based on those users who provide this information.

Graph 6: Gender distribution of the MyQ SMS clients from 2007 - 2011
In terms of the gender distribution of clients, more males use the MyQ SMS service than females. However, as a result of recent awareness raising activities that have been focusing on adolescent girls and young women, this trend decreases in the 2011 data.
The majority of clients using the MyQ SMS service are aged between 16-26 years, with there being more male clients than female clients in each of the age categories.

Graph 7 (a, b, c and d): Age and sex distribution of MyQ SMS users per year
My Answer Service

The number of incoming answers for the My Answer monthly competition has increased each year since the project began in 2007.

Graph 8: Number of incoming answers for MyA competition

ADD NUMBER OF CORRECT RESPONSES ...
Evaluation of the My Question and My Answer Service

Evaluation of the service is undertaken on an annual basis to measure how well the project implementation has met its objectives and the extent to which any changes in outcomes can be attributed to the program. The evaluation focuses on the clients’ satisfaction, including their ability to access the service, as well as the quality of the service provided. Users of the services are selected at random from an overall database of phone numbers that have contacted the service, and respondents are called and asked if they would mind taking part in a short telephone interview.

“I’m really grateful for the info you are giving me because I’m able to enlighten my friends who don’t know much about HIV/AIDS. Thanks so much.”

MyQ and MyA user

“...In fact I must commend this program, it has helped me to know a lot of things I found difficult to ask openly as a male child. More powerpl to your elbows and kudos to MTN for this.”

MyQ and MyA user
Awareness of the My Question and My Answer Service

Table 1: Percentage distribution of how respondents in 2010 and 2011 heard about the MyQ and MyA service

<table>
<thead>
<tr>
<th>Knowledge source</th>
<th>2010 (%)</th>
<th>2011 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of mouth / friend</td>
<td>43.2</td>
<td>31.3</td>
</tr>
<tr>
<td>Flyer / poster</td>
<td>20.4</td>
<td>24.5</td>
</tr>
<tr>
<td>Radio / TV / Newspaper</td>
<td>13.9</td>
<td>10.0</td>
</tr>
<tr>
<td>Bulk SMS</td>
<td>10.5</td>
<td>22.7</td>
</tr>
<tr>
<td>School / teacher</td>
<td>1.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Heart-2-Heart centre / health facility</td>
<td>1.0</td>
<td>2.3</td>
</tr>
<tr>
<td>NGO</td>
<td>1.3</td>
<td>1.4</td>
</tr>
<tr>
<td>Rallies</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>7.0</td>
<td>3.5</td>
</tr>
</tbody>
</table>

In order to understand how best to publicise the service in the future it is important to know how users come to here about the service, so that any awareness raising and advertising efforts can be focused on the most effective methods. In both 2010 and 2011 the greatest proportion of the respondents had heard about the service via word of mouth or from a friend. It is important to note that in 2011 there was an increase in the number of respondents who had heard about the service via bulk SMS, reflecting the extra focus that had been placed on that method of awareness raising.

Table 2: Percentage distribution of the motivational factors that caused respondents in 2010 and 2011 to use the MyQ and MyA service

<table>
<thead>
<tr>
<th>Motivational factors</th>
<th>2010 (%)</th>
<th>2011 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual and reproductive health</td>
<td>25.2</td>
<td>33.6</td>
</tr>
<tr>
<td>HIV / AIDS and other STIs</td>
<td>25.2</td>
<td>21.4</td>
</tr>
<tr>
<td>Was sick / wanted information</td>
<td>19.1</td>
<td>15.8</td>
</tr>
<tr>
<td>Interest in the service / whether it was real</td>
<td>9.4</td>
<td>14.0</td>
</tr>
<tr>
<td>Introduced by friend</td>
<td>9.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Improve relationships with others</td>
<td>5.2</td>
<td>2.6</td>
</tr>
<tr>
<td>Forgotten / don’t know</td>
<td>0.9</td>
<td>1.8</td>
</tr>
<tr>
<td>Other</td>
<td>5.7</td>
<td>0.9</td>
</tr>
</tbody>
</table>

In terms of the factors motivating clients to use the service, in 2010 the most motivational factors were sexual and reproductive health and HIV/AIDS and other STIs, and in 2011 the greatest percentage of respondents said that it was HIV/AIDS and other STI issues that motivated them.
Client satisfaction

Graph X: Respondents answer to the question “Did the service help you, or meet your needs?”

Whilst there was an increase in client satisfaction from the 2009 to 2010 evaluation, this level then decreased again in 2011.
Reasons for dissatisfaction with services

<table>
<thead>
<tr>
<th>Reason for dissatisfaction</th>
<th>2009 (%)</th>
<th>2010 (%)</th>
<th>2011 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know</td>
<td>59</td>
<td>13</td>
<td>6.9</td>
</tr>
<tr>
<td>No response</td>
<td>8</td>
<td>60.4</td>
<td>75.2</td>
</tr>
<tr>
<td>Delayed response</td>
<td>20</td>
<td>8.8</td>
<td>0.7</td>
</tr>
<tr>
<td>Not satisfied with answer</td>
<td>11</td>
<td>21.4</td>
<td>15.7</td>
</tr>
<tr>
<td>No prize for MyA competition</td>
<td>1</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Inadequate awareness in rural areas</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table X: Percentage distribution of how the respondents in 2010 and 2011 said the MyQ service had helped them

<table>
<thead>
<tr>
<th>How the service helped</th>
<th>2010 (%)</th>
<th>2011 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know more about HIV and other STIs</td>
<td>20.5</td>
<td>11.0</td>
</tr>
<tr>
<td>Know more about health/other issues</td>
<td>23.2</td>
<td>28.3</td>
</tr>
<tr>
<td>Helped with relationships/social life</td>
<td>4.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Change in attitudes</td>
<td>8.2</td>
<td>9.8</td>
</tr>
<tr>
<td>Take care of myself</td>
<td>8.0</td>
<td>2.9</td>
</tr>
<tr>
<td>My question was answered</td>
<td>10.6</td>
<td>28.5</td>
</tr>
<tr>
<td>Know more about the service</td>
<td>1.0</td>
<td>0.7</td>
</tr>
<tr>
<td>Sexual/reproductive health concerns</td>
<td>9.2</td>
<td>4.6</td>
</tr>
<tr>
<td>Directed me to where I can get tested</td>
<td>2.8</td>
<td>1.0</td>
</tr>
</tbody>
</table>

In 2009 the majority of the respondents could not provide a reason for their dissatisfaction with the service, however in 2010 and 2011 the main reason for dissatisfaction was clients not receiving a response to their question. Three quarters of the people who were dissatisfied in 2011 were dissatisfied as a result of not receiving a response.

In the 2010 and 2011 evaluations the respondents who had said the service had helped them were asked to explain how. In 2010 the greatest percentage of respondents said that the service had helped to teach them more about health and other issues, whereas in 2011 the greatest percentage of respondents said that their question had been answered. It is promising to note the increase in the number of respondents who felt the service had helped them because it had answered their question.
<table>
<thead>
<tr>
<th>Use</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used it in school assignment</td>
<td>2.8</td>
<td>0.4</td>
</tr>
<tr>
<td>Referred to a doctor</td>
<td>2.8</td>
<td>6.5</td>
</tr>
<tr>
<td>Cleared my doubts/fears</td>
<td>4.4</td>
<td>1.5</td>
</tr>
<tr>
<td>Can’t remember</td>
<td>2.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**Graph X: Percentage distribution of how the respondents in 2010 and 2011 used the information obtained through the MyQ service**

In order to understand the full impact of the service it is important to ascertain whether users of the service pass on the information they gain to others, or whether they just use it themselves. The data from 2010 and 2011 shows that the greatest proportion of respondents also shared and discussed the information with friends as well as using it themselves.
One measure of effectiveness of the service is an improvement in knowledge relating to sexual and reproductive health issues. Overall levels of knowledge were high for both 2010 and 2011. Importantly, the respondents in 2011 demonstrated consistently more favourable responses than those in 2010 for all statements.
Lessons Learnt

- The MyQ and MyA service cannot stand on its own. Synergy is needed with projects that improve young peoples’ SRH knowledge and attitudes, including sexuality education programs, so that young people can proactively seek out further information, and the MyQ and MyA service can then fill that gap.
- Factors such as poor network quality, which are out of the immediate control of EVA as the service provider, can have a negative impact on clients satisfaction with the service, and decrease the likelihood that they will use the service again.
- It takes new staff members time to get used to the system and this leads to an increase in response time which is likely to negatively impact upon client satisfaction.
- Consistently more females use the service than males, and clients are more likely to be from the south of the country than the north.
- The SMS service is more popular than the voice call service. It is possible that this is as a result of clients not being aware that both services are free, as previous research conducted by EVA has shown that when cost is not an issue, people are more likely to prefer a voice call service than an SMS service. It is also possible that as the voice call service can only be accessed free of charged from one network provider, whereas the SMS service can be accessed from four different providers, this affects the number of people who can use this service. This is therefore an issue that can be tackled through marketing of the service, and trying to extend the voice call service to more than one mobile provider.
Recommendations

The following recommendations are made based on the analysis of the data from the MyQ and MyA services from 2007 until 2012, and should be taken into consideration for the future implementation of the program.

Promotion and raising awareness of the services:

- The mobile phone numbers for the MyQ and MyA services should be included on all promotional and Information, Education and Communication (IEC) materials.
- The IEC materials and all advertising and awareness raising campaigns should make it clear that clients can use both the voice call and SMS services free of charge. It is possible that the preference for the SMS service is as a result of clients not realising that the voice call service is also entirely free.
- Marketing of the service should focus on advertising the service as not just curative, but preventative as well. It needs to be highlighted that people do not need to wait until they have an issue or are worried about something before using the service. It needs to be promoted that if they are curious about something, and just want to gain accurate information, they can use the service.
- Marketing of the service needs to highlight that it is entirely confidential and non-judgemental, so that people are not worried about using it due to confidentiality and privacy issues.
- Using advertising methods that are accessible to people with low literacy levels is critical.
- A diverse range of advertising methods needs to be used, with no single marketing strategy likely to reach everyone in the target population.
- As part of the demand creation effort strategies are needed that go beyond creating awareness of the service, and actually motivate clients to take the next step and use the service.

Program implementation:

- Develop programs targeting young women and the Northern regions to bridge the gender and geographical gaps.
- Explore the possibility of creating links with other tools available on mobile phones that provide SRH information.
• The program needs to consider that the target population of young males and females is not a homogenous group. Therefore interventions need to take into consideration the similarities and differences that may exist.

• Staff succession planning needs to be fully built into service implementation, so as to avoid staffing issues having a negative impact on service implementation.
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Do you have any questions about HIV/AIDS and/or sexual and reproductive health? Call +2348027192781 for FREE from an Airtel line or send an SMS to 38120 from MTN, Airtel, Glo or Starcomms, for FREE. You can also send an Email to MyQ@learningaboutliving.com or check www.learningaboutliving.org

Education as a Vaccine is a non-profit organization created in 2000 to improve the health and development of children and young people. EVA envisions a Nigeria where children and young people reach their full potentials and works to build and implement innovative and sustainable mechanism for improved quality of life for vulnerable children and young people. Using child and 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, protection and education through integrated programming. The organizational programming priorities are aligned with Millennium Development Goals (2-6) with a focus on sexual and reproductive health, HIV and AIDS, child health and basic education. The organization has its headquarters in the Nigerian capital, Abuja and three field offices in Benue, Nassarawa and Cross River states.

**HEADQUARTERS/FCT**
4th Floor Standard Plaza,
No 2 Kutsi Close,
Beside Redeemers Private School,
Off Aminu Kano Crescent,
Wuse II, Abuja.

Phone: 08078546315-6
eva@evanigeria.org

**CROSS RIVER**
C/O Local Action Committee on HIV/AIDS,
Local Govt Secretariat,
Ikom, Cross River

Phone: 07056276401
crossriver@evanigeria.org

**BENUE**
7 New Bridge Rd,
Off Otupko Road
Makurdi, Benue

Phone: 08078546317
benue@evanigeria.org

**NASARAWA**
Flat B, Akwanga LG Secretariat
Akwanga, Nassarawa

Phone: 08078546319
Nassarawa@evanigeria.org

**UNITED STATES OF AMERICA**
P. O. BOX 1525
Grand Central Station
New York, NY 10163

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