

# SUSTAINABLE MECHANISM FOR IMPROVING LIVELIHOODS & HOUSEHOLD EMPOWERMENT (SMILE)

COOPERATIVE AGREEMENT NUMBER AID-620-A-13-00003

## PROGRAM QUARTERLY PROGRESS REPORT

Q2 [Jan-Mar], 2015

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## QUARTERLY PROGRESS REPORT

<b>ACTIVITY SUMMARY</b>
<b>Implementing Partner: Catholic Relief Services</b>
<b>Activity Name:</b> Sustainable Mechanism for Improving Livelihoods & Household Empowerment (SMILE) <b>Cooperative Agreement No. AID-620-A-13-00003</b>
<b>Activity Objective:</b> SMILE will improve the well-being of 500,000 OVC and 125,000 caregivers in five states through a comprehensive and coordinated program with the following two objectives: <ol style="list-style-type: none"><li>1. State and LGAs coordination and monitor holistic care to OVC and their households.</li><li>2. Civil society organizations collaborate with communities to manage integrated and comprehensive OVC programs with a focus on<ul style="list-style-type: none"><li>• CSOs provide appropriate HES services informed by market information and</li><li>• CSOs provide quality nutrition and food security services to OVC and their households.</li></ul></li></ol>
<b>USAID/Nigeria SO: Investing in Persons (IIP)</b>
<b>Life of Activity: Five years</b>
<b>Total Estimated Contract/Agreement Amount: \$32,000,000</b>
<b>Obligations to date: \$12,736,763.00</b>
<b>Expenditures this Quarter (may include accruals): \$2,103,930.73</b>
<b>Activity Cumulative Expenditures to Date: \$7,729,880.58</b>
<b>Estimated Expenditures Next Quarter: \$1,797,493</b>

**1. Summary of Results:**

**Sustainable Mechanism for Improving Livelihoods & Household Empowerment (SMILE)**

	This quarter target	This quarter achievement	This year target	This year achievement	Explanation for variance or why not reported during this quarter
SO 1: State & LGA coordinating structures are strengthened to monitor holistic care to OVC and their households					
IR 1.1 S/LGAs use organizational systems and technical capacity to coordinate effective care to OVC and families.					
Number of States/FCT with functioning State coordination mechanism for child welfare in line with the SPA and/or NPA	NA	NA	5	5 (100%)	
Number of LGAs with functioning coordination mechanism for child welfare in line with the SPA and/or NPA	6	6 (100%)	23	16 (70%)	
Number of States/FCT with a functioning QA/QI system (QIT)	NA	NA	5	5 (100%)	
Number of LGAs with a functioning QA/QI system (QIT)	8	6 (75%)	20	20 (100%)	
Number of States with a functional referral system for child protection	0	0	0	0	
Number of states and LGA staff trained		152		370	
SO 2: Civil society organizations collaborate with communities to manage integrated and comprehensive OVC programs					
IR 2.1 CSOs use the organizational systems and technical capacity to provide effective care to OVC and households					
Number of local civil society organizations receiving support from PEPFAR through the SMILE Program.	0	0	42	42 (100%)	
Number of OVC enrolled	37,500	50,570	150,000	133,716	

			(135%)		(89%)	
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (cumulative)  Output-PEPFAR (OVC_SERVED)	OVC	62,500	54,220 (87%)	250,000	156,445 (63%)	
	Care giver	17,500	17,212 (98%)	70,000	38,255 (55%)	
Number of active beneficiaries supported to access HIV services.  Output PEPFAR (OVC_ACC)		31,250	2,856 (9%)	125,000	4,432 (4%)	
Number of eligible adults and children provided with psychological, social, or spiritual support			35,563		49,708	
Number of eligible children provided with health care referral			41,208		59,725	
Number of eligible children provided with Education and/or vocational training			5,654		6,649	
<b>IR 2.2: CSOs provide appropriate HES services informed by market information</b>						
Number of eligible adults and children provided with Economic Strengthening services	OVC		1,291		1,477	
	Care giver		3,207		5,741	
<b>IR 2.2: CSOs provide quality nutrition and food security services to OVC and their households</b>						
Number of OVC accessing Nutrition services			39,961		61,278	

## **2. Activity Implementation Progress**

### **2.1 Progress Narrative**

The SMILE Program is a five-year (April 2013 –March 2018) Cooperative Agreement between Catholic Relief Services (CRS) and the US Agency for International Development (USAID). CRS Nigeria leads the SMILE consortium consisting of ActionAid Nigeria and Westat. SMILE is designed to scale-up care and support services for orphans and vulnerable children (OVC) in Benue, Kogi, Edo, and Nasarawa states and the FCT. The program seeks to improve the wellbeing of 500,000 Vulnerable Children (VC) and 125,000 caregivers. It is being implemented through an umbrella grants mechanism (UGM) whereby Civil Society Organizations (CSOs) receive sub-grants to support capacity strengthening and OVC program implementation at the community level. The project also strengthens the Nigerian VC response by working at the state level to enhance the coordination and monitoring capacity of the five State Ministries of Women Affairs and Social Development (SMWASD) and Social Welfare Departments of targeted Local Government Areas (LGA). In addition, SMILE facilitates CSOs' collaboration with communities to increase access to integrated and comprehensive services for vulnerable children and households with a focus on household economic strengthening (HES) and quality nutrition and food security services.

During the quarter under review (January – March 2015), SMILE conducted activities that contributed to improvement in state and LGA capacity to coordinate OVC services while strengthening organizational, technical and institutional capacities of CSOs to increase delivery of sustainable services to vulnerable children (VC) and households. Major support to the 5 states included facilitating functional coordination structures, planning processes and formation of improvement science teams in 42 LGAs. The program also facilitated enhanced local government involvement in VC service monitoring to ensure adherence to national quality standards. This resulted in the establishment of referral coordination systems across the 42 LGAs with the involvement of local governments, CSOs, the private sector and other relevant stakeholders. Technical support was also provided by the program to enhance delivery of sustainable quality services to households and children. These include: training and mentoring support to the 42 CSOs in psychosocial support (PSS) with a special focus on supporting grieving children and families living with HIV and AIDS; development of Standard Operating Procedures (SOPs) to ensure quality programming and services delivery by CSOs across all sectors; enhancing capacities of community quality improvement teams to mobilize communities for increased school enrolment and retention; contributing to household economic strengthening (HES) by increasing the numbers of functional (Savings and Internal Lending Community) SILC groups and provision of agricultural inputs to vulnerable households; increasing numbers of children and care givers accessing HIV and AIDS testing, treatment and counseling through enhanced linkages and referrals to facilities; improving child nutrition through supporting community Infant-Young Child Feeding (I-YCF) or mother to mother support groups, community food banks, home gardening and food demonstrations.

## **2.2 Implementation Status**

### **2.2.1 State & LGAs coordinate and monitor holistic care to OVC and their households.**

*(This should consist of a narrative of activities implemented under this intermediate result area, and include what was planned versus what was actually achieved.)*

#### **Supporting enabling environment for protection of Children's Rights**

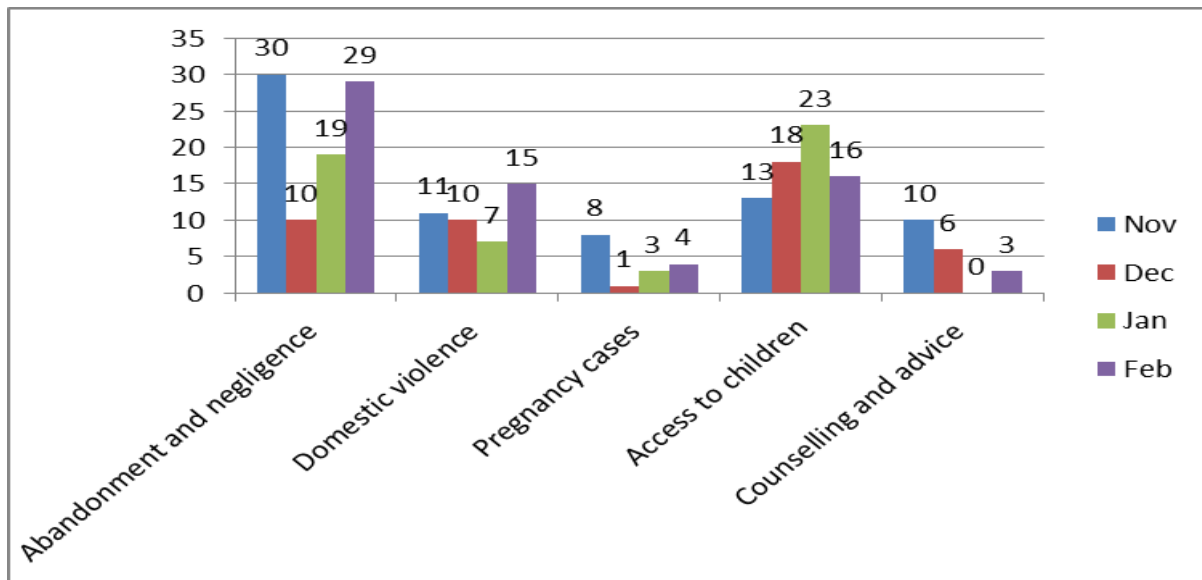
As part of its increased efforts to contribute to the creation of enabling environment for the protection of the rights of vulnerable children across the SMILE States, the program supported Benue State Ministry of Women Affairs to develop the child protection policy for the state government agencies and other child focused institutions in state. The draft policy was presented for validation to a cross section of stakeholders working on children issues in the state including: state vulnerable children's technical steering committee, child focused CSO networks, Benue children's parliament, and the State Child Rights implementation committee. The policy has been adopted by key stakeholders for implementation in Benue State. To improve child abuse reporting in the FCT, SMILE contributed to the formation of a partnership between FCT Gender department and Etisalat, a leading telecommunications company in Nigeria. This resulted in the company donating a toll free number dedicated for child protection response. The toll free number 08090444444 will be inserted in the FCT's child protection to enable the public to report cases of child abuse, exploitation and any cases of child neglect or child abandonment.

#### **Improved State/LGAs coordination and networking mechanisms**

To further strengthen state's coordination capacity, the program facilitated planning, costing and technical working group processes. In Edo State, SMILE supported validation and costing of Ministry of Women Affairs and Social Development's State Plans of Action (SPAs). The process benefited from inputs of State Technical Steering Committee members from ministries, government agencies, networks and civil society organizations. This resulted in a plan and budget for the next 3 years to guide VC program implementation in the state. In the FCT, SMILE facilitated coordination efforts of the Technical Working Group (TWG) on Child protection and vulnerable children to develop strategies of strengthening the referral mechanism in the FCT with emphasis on access to HIV and AIDS and child protection service providers. The process resulted in establishment of thematic committee to lead the development of comprehensive referral directory for FCT. In Kogi state, SMILE facilitated meetings for the State and LGAs Quality Improvement Teams. The team focused on formation of thematic groups to support policy, advocacy, monitoring evaluation and protection issues in the state and LGAs respectively. The M&E TWG group will initiate the process of VC data collection from all the relevant stakeholders in the state. At the Local Government level, the Quality Improvement Teams (LG QIT) which also doubles as Vulnerable Children Coordinating Committee was established for Yagba-East, Kabba-Bunu, Igalamela-Odolu and Bassa LGAs. The Local Government council recognizes the value of the team as a platform to galvanize support for VC response in the Local Government.

In Edo, SMILE supported consultative processes of the High Level Management Committee that came up with important resolutions that include: capacity development by National Population Commission (NPopc) on birth registration for orphanages; developing strategies for awareness creation on child right law; identifying a partner to print the child friendly simplified pamphlets on Child Rights Law and nutrition education; lobbying Edo SACA to improve on the

sensitization of HIV anti-stigma law to address high levels of HIV related stigma in communities, work places, orphanage homes and shelters and; MWASD to improve on the implementation of family tracing, fostering and adaptation policies by orphanages operating in the state. In FCT, reporting on child protection cases increased in the last quarter as a result of the Child Protection Case Management training facilitated by SMILE. The Family Services Division of the Gender Development Department managed between 19-72 cases of abandonment, domestic violence, pregnancy and counselling from November 2014-February 2015 as indicated the following graph on case breakdown.



There has been an increase in the number of abused babies, with 3 cases reported while one of these 3 cases is already in the court indicating increase in community reporting of child abuse

In Benue, SMILE facilitated a meeting of the State Child Rights Implementation Committee (SCRIC) in March which reviewed implementation status of the state child rights law and action plans for 2015. Sub-committees were formed in the SCRIC, while the committee also received the child protection policy document, and endorsed it for use alongside the child rights law of the state to ensure the rights and privileges of Benue children realized. .

### **Improved state monitoring of VC services**

To further strengthen state monitoring of reach and quality of services to vulnerable children. SMILE supported installation of National OVC Management Information System (NOMIS) for VC data management in Edo State. NOMIS software was installed on the computers being used by the ministries and one LGA. Technical support on how to install NOMIS, enter data and generate reports was provided to three staff of the state ministry of women affairs in the planning unit, child development and 1 LGA planning department of Estako West. Mentoring was also provided for the use of the NOMIS software and the trained staffs are now practicing entering data into the system. The Child Development Department in Edo SMWSD with technical support from SMILE successfully developed orphanage and shelter monitoring assessment tool which was reviewed and deployed by the Quality Improvement members in the state during monitoring visits state.

### **Enhanced organizational and technical capacities of LGAs and networks**

To increase capacities of networks in VC issues and advocacy, SMILE conducted an organizational capacity assessment of three networks using the Organizational Capacity and Assessment Tool (OCAT). The organizations include Association of OVC NGOs in Nigeria (AONN) and the Child Protection Network (CPN), both in Kogi State. This was in addition to similar assessments conducted for LGAs that include Gwagwalada Area Council in the FCT. The overall score for Gwagwalada was 16.3% which implies that concerted efforts needs to be put in place to strengthen the organizational and technical capacity of the Area Council. The networks namely, AONN and CPN scored 42.5% while CPN had 22.5% respectively. One of the key findings from the assessment for CPN indicated that relevant stakeholders were not active in its activities because the network is more or less driven by individuals with minimal involvement of key government agencies and departments in supporting child protection case management processes.

### **2.2.2 CSOs provide appropriate integrated VC services (PSS, Child Protection, Education, and Health)**

#### **Psychosocial support (PSS)**

During the reporting period, the 42 CSOs increased care and support efforts to children by enhancing provision of psychosocial support services through community volunteers. This followed Training on Introduction to Psychosocial support organized by SMILE and facilitated by a team of experts from the Regional Psychosocial Support Initiative (REPSSI). Family Health Care Foundation FAHCI and Community-based Care and Support Program (CBCSP) have stepped down the training to 68 people consisting of staff members and community volunteers while other CSOs are expected to conduct the step down training to community volunteers and some caregivers in the next quarter. Key psychosocial support services provided to children include; story-telling, sports, recreation/play, group activities and traditional games to children based on their age groups. This was linked to monthly Kids Club meetings that take place in the communities. Kids Club session were facilitated using a standard Kids Club manual to guide the volunteers in helping children process and cope with their situations as well as building resilience among children. A total of 23,173 vulnerable children and caregivers were provided with PSS in the last quarter through platforms like regular home visits, one-on-one counselling and life skill support activities for youth. Centre for Women Youth and Community Action (NACWYCA), First Step Action, Kejie Health Foundation (KHF), Integrated Health Program (IHP), Advocates for Community Vision and Development (ACOVID), Emmanuel Teryila Memorial Foundation (ETMLF), Girls' Power Initiative (GPI), Lift Up Care Foundation (LUCAF), Justice Development and Peace Commission (JDPC) Uromi and Association for Grassroots Councilors on Health and Development AGCOD) also organized caregivers forum meetings to discuss issues pertaining to parenting support adolescent risk, HIV disclosure, child health and development.

#### **Child Protection**

As part of increased effort to create safe environment for children and strengthen care givers and families to protect children, CSOs continued to work with Community Quality Improvement Teams or Child Protection Committees in their various communities that are leading child



protection advocacy and response working closely with vulnerable children and their caregivers. During this reporting period one of the SMILE CSOs LUCAF in Kogi, advocated to local government authorities (Social Welfare Departments) to step up their support for vulnerable children. In collaboration with the National Population Commission GPI, Catholic Action Committee on AIDS (CACA) and LUCAF AGCOD, IHP, JDPC Otukpo, JDF, Vofca and WOCHAD facilitated procurement of 1,223 birth registration certificates for vulnerable children who did not have birth identity prior to the commencement of SMILE program in Benue and Nasarawa. In the FCT, SMILE facilitated a joint meeting between management team of FCT and the National Population Commission as part of efforts to increase access to birth registration services. Subsequently, the Comptrollers from the three Area Councils of the FCT will work closely with SMILE CSOs to increase access to birth registration services in different communities in need. National Population Council (NPopC) will also train the CSOs and Community volunteers on the processes involved in birth registration at the Area Council level. All 42 CSOs conducted a variety of community based interventions to create or strengthen child rights awareness in families, schools and communities. In order to strengthen the social and child welfare workforce in the communities, SMILE in partnership with the Twinning for Health Support Initiative (THSI) trained 90 persons using the accredited para-social workforce curriculum. People trained included community volunteers from all the 43 CSOs and representatives and public sector representatives. Though this initiative, SMILE is contributing to building the capacity of community based workers and volunteers to be able to better handle child protection issues relating to vulnerable children within their communities than before while increasing referrals and linkages between communities and facilities that provide specialized services child protection services.

### **Education**

To enhance child protection and broaden life skills and opportunities, CSOs facilitated activities that increased access to education by vulnerable children. DPC Uromi, IHP and WOCHAD were able to facilitate vulnerable children's access to primary and secondary education through temporary and targeted support for uniforms, school and exam fees waivers. Adult mentors to support children through life coaching and after school support was provided. Community volunteers from JDPC Uromi in Egbele provided educational or learning materials support to desperate vulnerable children. WOCHAD in collaboration with the Local Government Education Authority continues to support school age children by advocating for fee waiver for children whose parents cannot afford to pay school or examination levies. The advocacy effort has reached out to eight (8) primary schools resulting in sixty-seven (67) children being re-enrolled in school. IHP through its collaboration with the community improvement team, school head, teachers and community have provided tutoring services to 377 children in RCM primary school under the supervision of the school head teacher while 607 children were provided with education writing materials. DHSP and LUCAF are working with community improvement teams (CQIT) to facilitate school enrolment for out of school children in the respective communities were both organizations work. A total of 4,304 care givers from Benue and Nasarawa supported by ACOVID, IHP, KHF, and WOCHAD CBCSP and NACWYCA have provided educational support services ranging from school visits to performance assessment of children in various schools with the aim to ensure improved retention and performance of vulnerable children in school.

## **Health services**

In the reporting period, the 42 CSOs provided health services to children and care givers. This included referrals to services including for as HIV and AIDS testing, health education, and treatment of various childhood illnesses. Community volunteers facilitated immunizations of children under 5years by working closely with caregivers. Home based care services were also provided to sick parents or guardian by the volunteers. This involved counseling or adherence support, facilitating treatment as well as educating caregivers on basic nutrition, sanitation and hygiene. JDPCI, GPI, WJF, FAHCI and CBCSP referred a total of 5,094 vulnerable children and adults to health facility for treatment of minor ailment in Benue and Nasarawa. First Step Action, AGCOD, ETMLF, JDPC Otukpo, KHF and WOCHAD, TYECE, JDPCI-Uromi provided HCT services to 4,176 vulnerable children and caregivers. ETMLF successfully referred all reactive cases to CCFN site for onward ART treatment, while KHF has been referring its beneficiaries to CIHP sites for ART. GPI and ACOVID conducted advocacy visits with support from SMILE to Central Hospital, Benin and other Primary Health Centers within the project sites to seek collaboration in providing HIV counselling and testing services to children and care givers referred from SMILE program communities. ELSOPHI in Kogi State has partnered with a private Eye Clinic to provide eye care services to vulnerable households in the SMILE program. Through this partnership, a total of 122 persons were diagnosed of various eye infections and received treatment while 34 of them got eye spectacles. A total of 18,142 children and care givers from Benue and Nasarawa received Health and HIV and AIDS support in the last quarter.

### **2.2.3 CSOs provide appropriate HES services informed by market information**

#### **Functional Savings and Internal Lending Communities (SILC) Groups**

As part of its efforts to strengthen household economic sustainability, the program stepped up formation and provision of technical support to SILC groups in the last quarter. A total of 177 active SILC groups with a total of 3,838 (1,034 male and 2,804 males) members have been formed. A total asset value stands at N5, 413,105 (five million, four hundred and thirteen thousand, and one hundred and five naira). The cumulative value of group savings is N4, 650,166 from which 395 SILC members borrowed N2, 755,300 or 59.2% of the loan fund for investment in different income generating activities. Although most groups' investments are in the earlier stage, groups retained earnings however stood at N12, 144 or 0.2%. The meeting attendance rate was impressive at 97.9% while membership retention rate stood at 99.2% which is an indication of members' satisfaction with SILC as a sustainable Savings Group model.

#### **Promotion household food security**

CSOs undertook activities aimed at improving household food security. EFFH, AGCOD, KHF and JDPC Uromi reported existence of active communal farming within this quarter with the aim of supporting vulnerable families with food supplies from the communal food farms. EFFH harvested potatoes at the communal farm in Mbapusu community in Vandeikya LGA in Benue with 20 most vulnerable households benefitting from food supplies from the communal farm. Some households in Obeidu community benefitted from yam distribution with support from the Community Quality Improvement Teams. SMILE also initiated a process to support CSOs to source high yield cassava and orange flavored sweet potato seed. The seed will be distributed to vulnerable households in preparation for the coming rainy season. Partnership is being

established with certified seed suppliers for provision of technical support to the farmers as well as linkages to markets as part of value addition.

### **Capacity building and technical support in Household Economic Strengthening (HES)**

Training was organized to further strengthen the capacity of CSOs to respond to household economic needs. This also included integration of gender, human rights and child protection principles in the context of HES interventions. 42 HES officers from all the CSOs in the five implementation states were trained while 10 CSOs have already conducted step down for 602 community volunteers, caregivers and focal persons in the LGAs. A community of Practice meeting was organized to share knowledge and promote learning across the 42 CSOs. A total of 84 HES and Nutrition officers from the 42 CSOs attended the meeting. Direct mentoring and technical support was provided to CSOs focusing on scaling up SILC and other HES activities across the CSOs.

### **2.2.4 CSOs provide quality nutrition and food security services to OVC and their households**

#### **Capacity development for nutrition programming**

During this reporting period, 5 day training on introduction to nutrition was conducted for the 20 new CSO. 44 persons attended and these included, Nutrition and HES officers. The training covered basics of nutrition which included field work and food demonstration. Subsequently, fourteen (14) CSOs have conducted step down training for 551 people. These include community volunteers, some caregivers, LGA nutrition focal persons and Social Welfare Officers. Eight five (85) persons were trained while six (6) CSOs have conducted a three (3) day step down for 510 community volunteers and some caregivers. Mentoring and direct onsite technical support was also provided to partners during the reporting period.

#### **Functional IYCF/Mother-to-Mother Support Groups**

In the last quarter, pregnant and lactating mothers were engaged with C-IYCF counseling through functional mother-to-mother support groups facilitated by 15 CSOs across the five implementation states. 2,624 people were in attendance. Community volunteers from the CSOs informed the support groups on the benefits of exclusive breastfeeding, complementary feeding, and hygiene practices to the mother and child. Fifteen (15) CSOs from the five SMILE program states in partnership with the focal persons in selected Primary Health Center provided mentorship to 210 functional IYCF support groups in their project communities.

#### **Community food demonstration**

To promote use of nutritious locally available food and good food preparation practice, DHSP in Edo organized food demonstration in Oka 1 and 2 and Ugbekun communities for caregivers. Food demonstration was carried out on how to prepare food fortifier for children under 24months using soya bean. Also, under this period KHF, WOCHAD, IHP, JDPC Otukpo carried out similar food demonstrations for identified malnourished children and their caregivers to provide and enhance community and caregivers knowledge on issues surrounding malnutrition in their communities including how to prevent and reduced malnutrition. A total of 1,142 caregivers and children were reached with this service during the reporting period.

### **2.3 M&E narrative**

Strengthening a functional Monitoring and Evaluation system is a key Monitoring, Evaluation Accountability and Learning (MEAL) deliverable that will enable the realization of proper documentation, storage and processing of data on SMILE interventions as well as resultant outputs. As part of the project M&E system, all the CSO adopted a web-based database provided by the project to enable online submission of reports and also to serve as a forum for information dissemination and exchange. All 42 CSOs use program data to inform ongoing program improvement.

#### **Deployment of NOMIS**

For effective management and reporting by CSOs, NOMIS was deployed to 20 new CSOs while the data base of 22 FY 14 CSOs was also updated. The aim of updating the data base of the FY14 CSOs was to ensure data base improvements by including new nutrition assessment forms and reports, household vulnerability assessment analysis and other administrative privileges for enhanced confidentiality and data protection. The aim of the deployment sessions were to orient and mentor CSO M&E and program staff on the installation, set up, and use of NOMIS for data entry , transmission and reporting. The orientation was also meant to facilitate the setup of LAN for the CSOs. The deployment adopted hands-on training approach to ensure participants are able to conduct data entry, analysis, use and reporting, through demonstration and return demonstration.

#### **Data Collection**

In the last quarter, all 42 CSOs conducted monitoring visits in their respective communities. Volunteers collected program data on enrollment and service delivery within the quarter. Some data quality issues such as incomplete data, cancellations were identified and corrected. Supportive supervisory visits were conducted in all project communities to support volunteers in collecting quality data and quality service delivery.

#### **M&E Technical Support**

SMILE team provided technical support to partners in all five states to ensue data quality, appropriate use of NOMIS and effective data analysis and utilization. They provided technical assistance, developed the capacity of the CSOs to use NOMIS to enter and report data for use by program staff for informed decision making. All the 42 partners are now using NOMIS for reporting to SMILE.

### **2.4 Implementation challenges**

Monthly reporting by sub grantees has greatly improved though occasional late liquidations affect timely funds disbursement. The program has provided ongoing support and mentoring to reduce such occurrences. Some CSO reported challenges in monitoring, data quality and data use. In addition, most of the community volunteers were facing some challenges with data collection and reporting especially for the new CSOs. This has been resolved through refresher training, mentoring and direct technical assistance to concerned partners. Uptake of SILC

activities has been gradual in some communities was due to some unpleasant experiences community members have had in the past with related savings and lending associations that did not result in significant savings to care givers. However, as care givers see the uniqueness and positive results from SILC groups in their communities; this has improved level of enthusiasm and participation.

### **3. Integration of Crosscutting Issues and USAID forward Priorities**

*(Address each where applicable and appropriate.)*

#### **3.1 Gender Equality and Female Empowerment**

Selected community Volunteers, Community Improvement Team members and beneficiaries of the project are made-up of a good mixture of male and female members. Caregivers were educated on women empowerment and girl-child rights and the importance of educating girl children during caregiver forums and IYCF support groups. All CSOs were trained on integration of gender into HES activities including SILC groups. ELSOPHI commemorated International Women's Day with the theme *'EMPOWER A WOMAN, EMPOWER THE NATION'*. The aim of this activity was to advocate support for women empowerment and thereby address the issue of lack of access to economic opportunities by women in communities.

#### **3.2 Sustainability Mechanisms**

To ensure program sustainability, all CSOs worked closely with NPoPC, Agriculture and Education Departments, as well as private businesses owners to leverage on resources that support ongoing interventions. Some of these collaborations have resulted in increased access to birth registrations for OVC and increased access to high yield seed and agricultural inputs for vulnerable households. All CSOs have created networks between the communities and the relevant partner service providers within their LGAs including health and HIV and AIDS facilities. DHSP, a CSO in Edo and other Faith-based CSOs are enjoying the sustainability structure of their Archdiocese

(Archdiocese of Benin's sustainability projects: farm and candle manufacturing factory) which has undergone expansion in order to generate funds internally and sustain vulnerable children's interventions in DHSP project communities.

#### **3.3 Youth Development**

All CSOs have included youth as members of community volunteers under the SMILE program. CSOs support youth development by training and strengthening their capacity in leadership, SILC and various vocational activities. In line with this, the youth have specific slots allocated to them during community trainings and workshops. Some youth have been supported to own bank account into which their allowances are paid which has contributed to youth economic participation and improved saving culture.

#### **3.4 Policy and Governance Support**

There were good efforts to advocate and partner local government education Authority Boards and the Ministry of Education for the enrollment of children into school with a particular focus on out of school girls. This has resulted in vulnerable out of school children being enrolled into

primary and secondary schools located within the communities. Organizational policies that support institutional strengthening relating to HR, Finance and general administration of the organizations are being developed by CSOs with support from SMILE.

### **3.5 Local Capacity Development**

CSOs reported engaging local groups such as community quality improvement teams, youth associations, religious groups and women's groups by working in partnership with them for improved community led sustainable service delivery to vulnerable children and in building institutional and technical capacities for effective advocacy and community mobilization.

### **3.6 Public Private Partnership (PPP) and Global Development Alliance (GDA) Impacts**

Active dialogue, collaboration and coordination across government, civil society, and development partners were established the CSOs for increased reach and impact Some CSOs have approached key departments at State and LGA level for advice on strategic information and inter-ministry coordination in relation to services that vulnerable children can benefit from. GPI initiated a partnership agreement with ADP and NDE for household economic strengthening in the communities. This resulted in the signing of Memorandum of Understanding (MOU) with ADP while the NDE made a commitment to give thirty (30) slots to vulnerable children or care givers who would be referred by GPI for each vocational skills training session.

### **3.7 Conflict Mitigation**

During the quarter under review CBCSP collaborated with Child protection Network (CPN) Nasarawa chapter and Mercy Corps International, a Non-Governmental Organization that works in Economic Development and Natural Resource Management. The two organizations carried out voter education prior to elections, sensitized and created awareness on the importance of peace to youth in communities of Akwanga and Nasarawa Eggon Local Government. In Benue, 20 children (14-18 years) and fifty caregivers received training on conflict early warning and early response from JDPC. The training provided skills on pro-active early conflict monitoring, conflict signs and how to respond to conflict during emergencies.

## **4. Stakeholder Participation and Involvement**

CBCSP engaged the Police and the Parish Priests of Akwanga Catholic Church in the case of an abandoned child which was logically concluded on 28<sup>th</sup> February 2014. This resulted in a reunion of the mother and child. All 42 CSOs reported involving the relevant LGA staff in program implementation activities including program monitoring in communities and participation at several community level trainings.

## **5. Management and Administrative Issues**

Staff attrition still occurs among CSOs. However the program has put mechanisms in place to support CSOs to develop development and motivation strategies for their staff. SMILE also supports rapid rehire and orientation programs in situations where staffs leave to minimize disruption to program implementation activities.

## **6. Lesson Learned**

The review of various CSO reports indicated that most of them leveraged on the comparative advantages of other organizations through determination and innovations in overcoming the obstacles faced during program implementation. Successes recorded by the CSOs are built upon a foundation of strong relationships within the community. All the CSOs facilitated community leadership and ownership through the Community Quality Improvement teams (CQIT). The CQIT have been able to sensitize the communities on importance of coming up with community solutions to meet needs of children in sustainable and appropriate ways.

## **SUCCESS STORY**

### Success Story: Access to small loan through SILC gives a small business life



#### **Elizabeth Antav trades on native bread and pap in Ugundu community of Benue state**

“Since I joined the SILC group, my dreams of being able to pay my children’s school fees have come to life, I can now save money which was not possible through farming” Elizabeth is a mother of four who lives in a predominantly farming community. Her children dropped out of school due to her inability to pay their fees. She had also struggled to feed her children as crop yield is low. Elizabeth was introduced to the Savings and Internal Lending Community (SILC) group supported by SMILE-USAID program. According to her the group has provided mentoring on finance and marketing. This has helped her business to grow. The SILC group has supported well over 30 members within this community through loans. The community is a rural setting with bad roads and no access to government infrastructure. The SILC group is gearing to become a strong force for helping vulnerable households and families to have hope within an environment where government and private support is lacking. The SILC group also provides a social welfare fund to support members through interest generated from lenders. Elizabeth has been able to increase her savings for the future due to her membership on the SILC group. “I can now feed my family from the little business and re-enroll my children into school”.



## 11. Pictures

*(Photos from activities conducted in the month)*



**Figure 1** cross section of participants at Kids Club session



**Figure 2** Participants at one of the IYCF support groups meeting



Members of CIT and JDPCI officers at the food bank location.

Member of the CIT presenting yams to one of the beneficiary