

SUSTAINABLE MECHANISM FOR IMPROVING LIVELIHOODS & HOUSEHOLD EMPOWERMENT (SMILE)

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

PROGRAM QUARTERLY PROGRESS REPORT

Q3 [April - June], 2015

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QUARTERLY PROGRESS REPORT

ACTIVITY SUMMARY
Implementing Partner: Catholic Relief Services
Activity Name: Sustainable Mechanism for Improving Livelihoods & Household Empowerment (SMILE) Cooperative Agreement No. AID-620-A-13-00003
Activity Objective: 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"> 1. State and LGAs coordination and monitor holistic care to OVC and their households. 2. Civil society organizations collaborate with communities to manage integrated and comprehensive OVC programs with a focus on the following: <ul style="list-style-type: none"> • CSOs provide appropriate HES services informed by market information and • CSOs provide quality nutrition and food security services to OVC and their households • CSO provide increased access to HIV prevention, care & support and TB services to OVC and their households.
USAID/Nigeria SO: Investing in Persons (IIP)
Life of Activity: Five years
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Life of Activity: Five years
Total Estimated Contract/Agreement Amount: \$ 32,493,889.00
Obligations to date: \$ 12,736,763.00
Expenditures this Quarter (may include accruals): \$ 1,591,998.71
Activity Cumulative Expenditures to Date: \$ 10,267,364.70
Estimated Expenditures Next Quarter: \$ 1,610,719.00

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%)		All the four states and FCT were covered during the second quarter of FY15
Number of LGAs with functioning coordination mechanism for child welfare in line with the SPA and/or NPA	6		6		23		16 (64%)		
Number of States/FCT with a functioning QA/QI system (QIT)	NA		NA		5		5 (100%)		All the four states and FCT have functional QA/QI since the second quarter of FY15
Number of LGAs with a functioning QA/QI system (QIT)	8		6		20		20 (100%)		
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%)		All the CSOs have been fully engaged
Number of OVC enrolled	37,500		8,083 (22%)		150,000		152,121 (101%)		SMILE has met her annual target by third quarter of FY15, hence the reduction in the enrollment during the quarter
Number of active beneficiaries served by PEPFAR OVC	OVC	62,500	92,807 (148%)		250,000		208,157 (83%)		The quarterly and overall achievements show an improvement over the previous

programs for children and families affected by HIV/AIDS (OVC_SERVED)	Care givers	17,500	25,591 (146%)	70,000	63,846 (91%)	quarter for both OVC and caregivers served.
Number of eligible adults and children provided with psychological, social, or spiritual support			61,763		154,755	
Number of eligible children provided with health care referral			71,185		179,174	
Number of eligible children provided with Education and/or vocational training			9,196		25,577	
IR 2.2: CSOs provide appropriate HES services informed by market information						
Number of eligible adults and children provided with Economic Strengthening services	OVC					The significant achievement over previous quarter and overall is due to new strategies to support caregivers in HES activities
	Care givers	8,750	18,680 (213%)	35,000	26,654 (76%)	
IR 2.3: CSOs provide quality nutrition and food security services to OVC and their households						
Number of OVC accessing Nutrition services			63,850		192,866	
IR 2.4: CSOs provide increased access to HIV prevention, care & support and TB prevention to OVC and their households						
Number of active beneficiaries supported to access HIV services. (OVC_ACC)	18,750		15,126 (80.6%)	75,000,	25,539 (34%)	Compared to last quarter's achievement of < 5% (total), there is considerable improvement this quarter largely due to an acceleration of program strategies for improving access to HIV services.

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); quality nutrition and food security services and increased access to HIV and TB services.

During the quarter under review (April-June 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 five states included facilitating functional coordination structures, planning processes and formation of improvement teams in 40 LGAs as well as local government involvement in monitoring of VC services to ensure adherence to national quality standards. Technical support was also provided to all 42 CSOs to deliver 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 of people living with HIV/AIDS; development of Standard Operating Procedures (SOPs) on SMILE OVC service delivery and data management enhancing capacity of community quality improvement teams to mobilize communities for increased school enrolment and retention; 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; providing children and care givers accessing HIV testing, treatment, prevention, care and support through enhanced community-facility linkages and referrals for HIV services; improving child nutrition through supporting community Infant-Young Child Feeding (C-IYCF), 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.

Participation in state technical and management committees and inauguration of Child Right Protection Committees

During the reporting period, the Technical Steering Committee (TSC), High level Management Committee (HMC) and the Improvement Teams met to discuss child related issues. In the FCT,

TSC and other child advocates in the FCT successfully advocated for the signing of the Child Rights Act (CRA) into law, twelve years after its passage in 2003. In Nasarawa State, the Child Rights Implementation Committee (SCRIC) and LGA Child Rights Implementation Committees (LCRIC) in seven LGAs were inaugurated. The LCRIC developed work plans pursuant to Section 262/Subsections 1&2 of the 2005 Nasarawa State Child Right Law (CRL). A total of 180 participants (M=125, F=55) were trained on CRLs. The Nassarawa Chief Judge committed to re-activating family courts, remand and juvenile centers for child protection cases including rape cases, which were hitherto assigned to the High Court. . The Chairman of Toto LGA, Nassarawa inaugurated the LGA critical mass committee, chaired by the head of social welfare department; In Benue State, the children second quarterly 'State of Children' report, which highlighted the situation of vulnerable children across the state, was developed by AONN and the Benue Child Protection Network (CPN) CSOs and presented to the TSC meeting in June, 2015. One of the findings from this report was the existence of special schools for children with disabilities being managed by the state Rehabilitation Board. The Ministry of Education has committed to supporting the school with special teaching aids. The TSC has requested the support of SMILE in setting up LCRIC in the project LGAs whilst promising to replicate the same in non-SMILE LGAs and also mobilize resources for sustainability.

The Social Development Secretariat of the FCT conducted Children Parliamentary Election to facilitate the participation of children in the implementation of the Child Rights Act. One hundred and twenty children selected from public and private schools voted for the speaker and deputy speaker.

In the area of collaboration among OVC partners at the state level, the strengthened partnership among implementing partners was demonstrated by the joint planning and hosting of the 2015 Children's Day which was attended by the state governor.

The Kogi State Ministry of Justice has commenced the process of activating the Kogi SCRIC. Four improvement teams were inaugurated and 113 persons (M=76, F=37) trained on Improvement Science to provide direction, monitor the quality of services provided by CSOs and evaluate the impact of such interventions. In Benue, LGA committees were also inaugurated by the council chairmen across the six SMILE Phase II LGAs following the training of 123 persons on quality improvement science. Participants were introduced to improvement methodology and the national VC service standards, and action plans developed to guide their work. In Edo State, the LGA improvement teams were also inaugurated in four LGAs namely Orhionmwon, Esan Southeast, Owean East and Akoko. This was preceded by the training on Improvement Science which was attended by 100 persons.

Improvement Science learning sessions

One of the key components of the Improvement Science is the use of learning sessions to mobilize communities and advocate for improved services for vulnerable children. In Nasarawa State, seven LGAs held learning sessions attended by 310 (M=227,F=83) participants. The learning sessions

provided opportunities for members of the communities to engage with policy makers at the LGA and state levels. There was learning and experience sharing from implementing the VC service standards in the project communities. In Obi LGA, the Director of Primary Health Care made a commitment to enlist members of the Community Improvement Team (CIT) in the Polio immunization and other health related services. In Makurdi LGA of Benue state, 33 persons (M=25, F=8) attended the learning sessions; the SMILE state coordinator used the meeting to re-orientate the CITs on Plan-Do-Study-Act (PDSA) component of the improvement methodology. Their roles in child protection cycle which includes protection and care for children was also explained. The learning sessions in Kogi state were held in 3 LGAs of Ankpa, Dekina and Okene. The CIT identified high teacher/student ratio resulting from retirement and non-replacement; deplorable condition of the health facilities and procurement of wheel chairs for physically challenged students as problems requiring immediate attention.

Partnership and networking:

In Nasarawa, ten households selected from Keana and Obi LGAs benefitted from a two-week cosmetology training on making soaps, creams, disinfectants, air fresheners, just to mention a few; conducted by the National Directorate of Employment (NDE). The NDE also provided start-up funds to the trainees to start their own businesses.

Child Protection Systems Strengthening

Development of Child Protection Policies

The FCT Child Protection Policy was formally launched by a representative of the former FCT Minister, Honourable Bala Mohammed on May 27th, 2015. The policy was developed by the Social Development Secretariat with technical support from SMILE and FCT Technical Working Group (TWG) on Child Protection and Vulnerable Children. The policy provides guidance on safeguarding the rights of children in the FCT. The Kogi State Child Protection Policy (CPP) was also developed in June, 2015 by participants selected from child related networks in the state.

The Edo State CPP was finalized with technical support from SMILE Project between 13th – 15th May 2015 and validated on June 4th, 2015 by the state CRIC.

Inaugural Child Protection Systems Strengthening Modelling Meeting

SMILE participated in the two-day inaugural meeting on child protection systems strengthening organized by UNICEF with support from the USAID and the EU, which held at Lagos in June 9-10, 2015. In participation were USAID VC implementing partners (CRS-SMILE, Save the Children-STEER, ARFH-LOPIN, WeWe-LOPIN), as well as CDC partners and representatives of the federal and state ministries of Women Affairs and Social Development. The meeting objectives were to initiate mechanisms to develop a robust and cohesive national policy and regulatory child protection framework; create a replicable comprehensive child protection system model and to model the system in focus states of Lagos, Benue, Edo, FCT, Kaduna, Kano and Plateau. A draft framework for desirable and essential components of the proposed system was finalized and states were asked to identify state level priority actions for the modelling process and systems

strengthening for the next two years. The roles of the state and national core Child Protection Systems Learning Groups (CPSLG) were defined and the next meeting tentatively fixed for September, 2015.

Sensitization on the provisions of the 2014 HIV Anti-Stigma and Discrimination Law:

As part of efforts to address HIV/ AIDS stigmatization and discrimination among children, SMILE organized a two-day sensitization meeting with the Vulnerable Children Coordinating Committee which also serves as the Quality Improvement Team in Bwari and AMAC in June, 2015 on HIV Anti-Stigma Discrimination Law.

State-level VC referral directory development and validation

To create demand and improve access to VC services, SMILE supported the development and validation of state-level OVC service directories. The directories contain information on facility OVC service providers, business hours, details of contact persons and services provided per facility. In the FCT, a telecommunication company, Etisalat provided a toll free line and a radio station, Precious FM 102.5 in Nasarawa provided free airtime slots for the broadcast of VC related programs. As a result, an estimated 200,000 people were reached with information on VC services through media coverage and broadcast.

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

Psychosocial support

Kids Club activities were conducted by community volunteers in 221 communities reaching 53,928 children. PFS and Imade Foundation in Edo State; NACWYCA and FAHCI in Nasarawa state; ACOVID and PCI in Benue state set up recreation centers for children. AGCOD and KHF in Benue established youth-friendly centers to promote sexual and reproductive health through evening coaching and counselling sessions conducted by community volunteers. Eight partner CSOs in Edo, Kogi and Nasarawa states organized Children's Day celebration with the theme "Stop Violence against Children," on the 27th of May, 2015 featuring dancing competitions, drama presentation, cultural dances, football competition, talk on Child Rights Law and presentation of prizes to children.

Protection

Ten partner CSOs in Benue, Edo, Kogi and the FCT facilitated birth registration for 987 vulnerable children. A total of 250 students (M=132, F=118) from 28 schools participated in monthly Child Rights club activities facilitated by AGCOD and EFFH in Benue. TYECE in Edo State organized a one-day training for 56 heads of primary schools in Etsako West LGA to discuss child protection and related policies to create awareness about children's safety.

Education Support

WOCHAD, PCI, JDF and KHF in Benue State advocated for fee waivers and re-enrollment of out-of-school children. FAHCI and First Step in Nasarawa State re-enrolled 95 (M=65, F=30) out of school children in primary schools and early child development (ECD) centers. IHP and AGCOD in Benue State with the support of volunteers and school teachers organized extra lessons for 208 primary school children (M=120, F=80) with low grades. JDF and IHP in Benue State conducted performance assessment for 889 children (M=475, F=414) to determine the school attendance rate and academic performance. NACWYCA in Nasarawa State and DHSP in Edo State liaised with philanthropists to provide school supplies, fees and uniforms to 63 children (M=45, F=18) AAP, CBCSP and FAHCI in Nasarawa State conducted school visits to monitor attendance and academic performance of 4,350 beneficiaries (M=3,143, F=1,207)

Shelter and Care

IHP and KHF in Benue State, in collaboration with community improvement teams mobilized resources to provide clothing to 78 vulnerable children (M=24, F=54).

Health Care Support

IHP collaborated with Bishop Murray Medical Centre, Make We Talk Coalition CBO and HIC central pharmacy in Benue State to provide health services including health education, deworming, treatment of minor illnesses and access to HTC services to 3623 (M=1907, F=1716) beneficiaries. ETMLF in Benue State partnered with the MAPS project to provide 278 long lasting treated mosquito nets to children, pregnant women and lactating mothers. KHF and JDF in Benue State; TYECE and JDPC Auchi in Edo State provided key messages on WASH, basic hygiene and sanitation deworming and anti-malarial drugs to 7,120 children and their caregivers CBCSP in Nasarawa State referred 57 children to OLA Hospital for the treatment of minor illnesses while First Step dewormed 607 vulnerable children M=239, F=368).

2.2.3 CSOs provide appropriate HES services informed by market information

Functional Savings and Internal Lending Communities (SILC) Groups

The SMILE program recorded significant increases in the number of SILC groups, membership strength and the value of assets. The number of active SILC groups rose from 177 reported last quarter to 350 representing a 98% growth rate. Similarly, the number of group members increased by 91% from 3,838 reported last quarter to 7,347 (M=2048, F=5,299). Total asset value increased by 161% to N14, 114,560 from N5, 413,105 reported last quarter. Cumulative value of group savings stands at N12, 325, representing 165% increase over last quarter's record of the N4, 650,166. SMILE migrated from the Excel-based MIS to the Savings Group Information Exchange (SAVIX), a web-based Savings Groups Management Information System that enables implementers of savings group projects to effectively monitor and assess performance of groups, staff and projects. SMILE performance in the SILC program can be viewed online on SAVIX.

Diversification of Economic Strengthening interventions

CSOs are diversifying livelihood opportunities for caregivers and older children. A total of ten children (all males) supported by PCI in Okpokwu LGA in Benue State graduated from a three-month apprenticeship on traditional cloth making while AGCOD in Katsina Ala enrolled two male children as motor mechanic apprentices based on their interest and result of market assessment conducted in the community. AGCOD also linked caregivers to private extension agents for information on the use of agro-chemicals in pest, disease and weed management. A total of 372

caregivers (M=273, F=137) were linked to an input dealer for the service. With the late rains this year, agricultural activities did not start early. However, some CSOs supported caregivers to raise nurseries for home gardens considering its importance in food and nutrition security as well as income generation. JDF Gboko, JDPCI Uromi, CACA Abuja and ELSOPHI Anyigba supported a combined total of 177 caregivers (M=57, F= 120). The head of department of Local Government Agric Department, OVC Desk Officer of Esan North East L.G.A in Edo State participated in the home gardening conducted by JDPCI Uromi thus strengthening SMILE relationship with the public sector. FAHCI Lafia conducted financial education for 337 (M=87, F=253) caregivers using Nigerian Agricultural Enterprise curriculum (NAEC), Business Development Services (BDS) and the Grassroots Entrepreneurship Training (GREST) manual to increase their money management knowledge and skills for better financial decision making.

Promotion of household food security

SMILE introduced orange-fleshed sweet potatoes (OFSP) and pro-vitamin A cassava as part of its integrated program strategy to improve outcomes in HES, nutrition and food security. These priority crops of US Government's Feed the Future program with potentials to generate income through value addition, promote nutrition security because they contain beta carotene which is the precursor of vitamin A and food security. HRF, NACWYCA and First Step Ayragu in Nasarawa state distributed orange-fleshed sweet potatoes vines to 1118 (M=378, F=740) caregivers in the last week of June, 2015. Recent research also revealed that the latter crop is useful in diarrhea treatment among children (available at: <http://dx.doi.org/10.1016/j.worlddev.2015.04.007>). Other CSOs will receive planting materials for these crops in July, 2015. ELSOPHI Anyigba, Kogi State also opened the food bank in Biraidu community and provided food to 24 caregivers in need of food assistance.

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

Capacity Building

Three-days step-down trainings on nutrition basics were conducted by eight partner CSOs for 249 community volunteers (M=110, F=139). Five hundred and ninety-one caregivers (M=258, F=333) participated in home gardening trainings facilitated by thirteen CSOs. A total of 422 caregivers (M=166, F=256) gained skills in C-IYCF.

Nutrition – HES Community of Practice meeting.

The joint quarterly Nutrition and HES community of practice meeting was held for partner CSO HES and nutrition Officers. Seventy five persons (M=31, F=44) attended the meeting. The Country Manager, Harvest Plus and Program Manager and OFSP subject matter specialist from National Root Crop Research Institute (NRCRI) lectured participants on pro-vitamin A cassava and orange fleshed potato agronomy, processing technology and income generating potentials through value addition.

Other Nutrition activities

Nutrition and food security services were provided to 63,850 VC (M=33,350, F=30,500) and their households. A total of 1,706 caregivers (M=292, F=1414) in thirteen LGAs participated in food demonstrations; 3,211 caregivers including older VC (M=1,381 males, F=1,830) were educated on good nutrition and the essence of food security while 346 households received training on home

gardening. One thousand six hundred and thirty-three VC (M=989, F=644) received Vitamin A supplement while 288 pregnant and lactating mothers received iron supplements to improve their nutritional status. 182 new IYCF support groups were formed while the 260 old support groups held their monthly meetings.

2.2.5 CSO provide increased access to HIV prevention, care & support and TB services to OVC and their households

State HIV stakeholders' identification and engagement

SMILE met with the state action committees on HIV/AIDS in Benue (BENSACA), Nassarawa State (NASACA) and Edo State (EDOSACA) respectively, to introduce and solicit support for the HIV Prevention, Care & Support component of the SMILE project. Implementing partners engaged were the Society for Family Health (SFH) offices in Benue and Edo states, Achieving Health Initiative (AHNI), Edo State; Institute of Human Virology (IHVN) and Centre for Integrated Health Programs (CiHP) in Benue State. In Edo state, partner CSO conducted advocacy to public and private health facilities management, religious leaders and community leaders seeking support and partnership. A partner CSO, Teens and Youth Empowerment and Capacity Enhancement (TYECE) has successfully signed a Memorandum of Understanding (MoU) with Central Hospital Auchu, Edo state where beneficiaries supported by SMILE would be referred to, for clinical HIV services.

Improving access to HIV Testing and Counseling (HTC)

Active advocacy with SFH in Benue, successfully yielded its support to the SMILE project with 4,500 rapid test kits (RTKs) which enabled eight partner CSOs in Benue and Nasarawa to directly provide HTC to 2,871 beneficiaries (M=1,048, F=1,823), out of whom 42 tested HIV-positive and were referred to comprehensive health facilities for enrolment into HIV care. These are also being followed up to ensure retention in care. Following advocacy meetings with the Community Mobilization and M&E Officers of EDOSACA on June 26th and 29th, 2015 seeking for partnership in the areas of supply of RTKs to partner CSO partners, EDOSACA promised to make RTKs (Determine & Unigold) available to SMILE partner CSO in July 2015.

In June, 2015, SMILE also successfully engaged SFH Edo State Zonal Office and AHNI Edo State to sign MoUs with some SMILE partner CSOs. With this partnership, SFH will help build the capacity of partner CSOs to conduct HTC, malaria rapid diagnostic testing (RDT) and provide malaria treatment to beneficiaries in SMILE project communities. A training by SFH Edo for SMILE partner CSO HIV Care and Support Officers on RDT is scheduled for July 2015.

Strengthening HIV referral coordination and linkages

In order to achieve effective referrals and linkages for HIV services, SMILE worked with partner CSOs in Benue, Edo, Nassarawa, Kogi states and the FCT to map community and facility HIV service providers for inclusion in the state-level SMILE service referral directories which are currently being developed to increase access to OVC services. Stakeholder validation of the state directories was held in Benue, Edo, Kogi, Nassarawa states and the FCT. Also in June, 2015, SMILE had meetings with IHVN and CiHP on supported HIV referral coordination networks in Gboko, Vandeikya, Makurdi Kwande and Katsina Ala LGAs in Benue State. Subsequently partner CSOs will participate in these LGA-level referral network means in order to establish a relationship with other LGA referral structures and facilitate effective two-way completed referrals.

Pilot Community Childhood TB project in Benue state

In line with USAID mandate to increase community childhood TB case detection, management and community TB awareness, SMILE participated in a two-day USAID TB stakeholders meeting in Abuja on the 29-30 June, 2015; in attendance were Pathfinder International, FHI360 (SIDHAS), Save the Children (STEER), MSH (Pro-ACT), WHO, JSI (DELIVER), KNCV (CHALLENGE TB), CRS (SMILE) and state TB Coordinators for Cross River, Benue, Ondo, Kaduna, Kano, Akwa Ibom. The purpose of the meeting was to present the current USAID TB portfolio to its partners especially the Save the Children-STEER and CRS-SMILE. SMILE will commence a pilot community childhood TB interventions in ten LGAs in Benue state within the next quarter.

Supportive supervision

Technical support and supportive supervision was provided to partner CSOs in Benue, Edo, Kogi, Nasarawa and the FCT. CSO focal persons will receive capacity-building on HIV Prevention, Care and Support in the next quarter.

2.3 M&E narrative

M&E Capacity Building

In order to enhance the capacity of the states, LGAs and CSOs on SMILE project, a five-day training on OVC M&E plan including NOMIS was organized for implementing CSOs, LGA Social Welfare Officers (SWOs) and OVC Desk Officers (ODOs) of SMWASD from Nasarawa, Benue, Kogi, Edo states and FCT. Sixty seven participants (M=52, F=15) comprising 41 CSOs staff and 26 government partners from the five states were trained to improve their knowledge and skills in monitoring, documentation and reporting of project activities for improved service delivery. A two-day M&E community of practice (CoP) was held for 42 CSOs on the SMILE project with 41 PMs and 43 M&E Officers and 6 CRS M&E staff in attendance to share knowledge on field experience and best practices as well as review challenges and look at recommendations for improving monitoring activities; participants were also trained on reporting through the District Health Information System (DHIS). Another major activity at the CoP meeting was preparation for follow up assessment of FY14 SMILE beneficiaries where the assessment tools were reviewed with the participants. Eight SMILE staff (M=7, F=1) were also trained on the Savings Information Exchange (SAVIX) software to enhance their ability to properly track and report SILC activities on the program.

Mentoring and Technical Support

SMILE M&E Team provided technical support to 42 partners in all SMILE states for ensuring data quality and the use of NOMIS for effective data analysis and use. Mentoring on various M&E activities was done via hands-on training, onsite support, emails and telephone calls. Forty two CSOs were supported on data quality. This activity was geared towards strengthening the quality of data received, documentation and filing, completion of service registers, and reports on the project as well as identifying gaps in their monitoring, evaluation and reporting (MER) systems. The exercise identified gaps and developed action plans to address the identified gaps. Forty-two CSOs conducted monitoring visits in their respective communities. Community Volunteers collected program data on enrollment and service delivery within the quarter appropriately.

Reporting and data use

Forty-two CSOs in all the SMILE program states and FCT analyzed data and reported on DHIS for every month during the quarter. Similarly, they were mentored on how to generate various reports

from NOMIS. During the quarter under review, data quality assessors under USAID mandate, from the Nigerian Monitoring and Evaluation Management Services II (NMEMS II) visited five CSOs in Edo and FCT to conduct Data Quality Assessment (DQA). Two CSOs, Catholic Action Committee on HIV/AIDS (CACA) Archdiocese of Abuja, and ELOHIM Foundation were visited in the FCT, while in Edo State, were Department of Health Service providers (DHSP), Imade Foundation, and Uromi Justice Development and Peace Caritas Initiative (JDPCI). Findings and recommendations were shared with the senior management of the CSO during debrief at the end of the visits. The purpose was to highlight areas of strength and weakness of the M&E systems and to strengthen their documentation and improve the quality of data reported.

2.4 Implementation challenges

Some of the challenges of implementation during the reporting period were as follows:

- (i) Lack of funding for government agencies and non-payment of government staff salaries which stalled government led activities as it demotivated staff from performing basic duties. In Oju LGA in Benue, staff were on strike when the QI trainings were held but SMILE SC negotiated with them to participate in the training.
- (ii) Communal clashes in Obi, Keana, Nasarawa-Eggon and Guma and political instability in Nasarawa State made the unsafe for effective project implementation.
- (iii) The general elections and transition created insecurity and limited movement across the states and affected the implementation of planned activities during the quarter. SMILE provided regular security updates and communities with high risk levels were avoided.

3. Integration of Crosscutting Issues and USAID forward Priorities

3.1 Gender Equality and Female Empowerment

SMILE partner CSO in Benue State increased their engagement of communities activities related to gender and female empowerment during the quarter. They held several sessions and meetings with community members using the “*Men as Partners*” curriculum to improve the relationship and change in gender roles of both men and women in the community. This has over time increased men’s acceptance of women’s participation in (SILC groups) a savings group and other social gathering which were earlier perceived as restrictive.

SMILE has engagement a consultant to assist with gender mainstreaming into the CSO partners’ policies, child protection and other program areas. The process will bring about an increased number of CSO partners receiving training and capacity to mainstream gender into their organizational processes.

3.2 Sustainability Mechanisms

SMILE Project has been investing in capacity building of its partners through training and mentorship. For every central training conducted, such as CP, IYCF, HES, SILC and M&E, CSOs

conducted corresponding stepdown trainings to local institutions, and volunteers to equip them with relevant skills to provide quality services to caregivers and their children. Similarly, the staff from the SMWASD and LGAs were regularly trained and mentored for the purpose of transferring skills and competencies for effective coordination of OVC program.

3.3 Youth Development

Youths were engaged as community volunteers and in the process acquired knowledge to better their own lives and the lives of members of their communities. AGCOD in Benue State set up Youth friendly centers as safe spaces to promote interaction and learning on health, psychosocial wellbeing and other issues that affect youths. SMILE will support other CSOs to adopt this model.

3.4 Policy and Governance Support

VC services and data management Standard Operating Procedures (SOPs) were developed and disseminated to all the 42 CSOs during the quarter and SMILE technical team during the quarter. The grants management team conducted financial system monitoring to determine partners' level of compliance to USAID and CRS financial regulations. Corrective action plans were developed to address observed gaps and thus strengthen their financial systems.

3.5 Local Capacity Development

SMILE in collaborated with THSI trained 44 volunteers as auxiliary social workers to provide quality social welfare services to vulnerable households. The financial systems assessment was conducted for CSOs to determine those that can graduate from FOG to sub-recipient instrument. Forty-five (45) CSO staff members (M=34, F=11) were enrolled in Project Management for Professional (PMDPro1) course to acquire additional knowledge and skills for effective project management. SPRING trained 37 CSO staff as IYCF coaches responsible for cascading IYCF trainings to community volunteers and caregivers.

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

CSOs with support from SMILE have continued to work very closely with GoN through its partnership with key government ministries and institutions especially states ministries of women affairs and social development. SMILE staff participated in various TWG and had regular MoH, SACA, NPoPC, LGA social welfare department and NDEs. SMILE collaborated with SFH, AHNI and CIHP to access HIV/AIDS test kits which increased the number of beneficiaries with known HIV status

3.7 Conflict Mitigation

CSOs in Benue and Nasarawa states identified conflict prone communities especially those CSOs implementing in Obi and Keana LGAs and applied their knowledge in conflict early warning and early response to provide services in such communities without casualties. The CSOs have also device a means of how they serve their beneficiaries devoid of conflict e.g. in Tachia community of Keana LGA which is predominantly a Tiv community, HRF ensures that in the composition of CIT they allow equal representation of people from the community as well as other minority groups as a member of the CIT in order to mitigate conflict.

4. Stakeholder Participation and Involvement

Collaboration with USG IPs and government agencies

In order to scale up access to HIV/AIDS services and close the gaps in HIV prevention intervention SMILE engaged with government partners and other USG implementing partners in Benue State including SACA, CIHP, SFH, CCFN and MoH and secured 5,000 test kits to increase the number of children and caregivers with known HIV status and link reactive ones treatment facilities.

Participation in stakeholders meeting

SMILE participated in stakeholders' meeting organized by Benue State planning commission (BSPC) to review activities of Implementing partners, CSOs and networks, ministries, departments and agencies (MDAs) receiving support from donors and implementing partners.

5. Management and Administrative Issues

During the quarter review meetings held across the five SMILE staff to address challenges on the project that was found in the past quarter such as staff attrition rate, late submission of reports and liquidation, data quality issues and some other operational issues. There has been an improvement in reporting and plans are being developed by CSOs to improve on retention rate such as having a performance development plan (PDP), review of contract documents, showing evidence of payment of tax and pension with some other fringed benefits to increase this.

6. Lesson Learned

SMILE learned that communities can drive their own development if they have appropriate knowledge and skills. This was demonstrated in terms of creative ideas contributed by community members during the formation of improvement science teams and training. Secondly, the involvement of the heads of departments and the executive councils of the local government administration in planning the improvement science training ensured the release of some funds for the activity and high attendance rate.

SUCCESS STORY

Saving Lives: Kogi allocates N10m for OVC Care Services

A significant number of children in Kogi State are either orphaned or vulnerable as a result of HIV and other factors. The Ministry of Women Affairs and Social Development (MWASD), as part of its mandate allocated N10 million for OVC care services in the 2015 budget to improve the quality of life and wellbeing of children in the state. This is the first time since the creation of the ministry in 1997, that budget allocation would be made for OVC care services. This followed the creation of a line budget known as "OVC Care Services" with the code 22020779, which is functional under "Other General Care Services" of the ministry's budget. The Director, Planning Research and Statistics (DPRS) attributed this change to the partnership and collaboration with the SMILE Project.

A Malnourished child recovers after administration of Tom Brown Therapy

In Nasarawa state, more than 14.3% of 878,607 children are considered to be vulnerable. Children in the state have reduced access to education, psychosocial support, and essential health services including support facilities for HIV and AIDS support. The state is further plagued by problems of insecurity rising from attacks by Fulani herds men leading to reduced harvest of crops with escalating issues of nutrition for children whose primary care giver source of livelihood has been displaced due to communal conflict. Children over time had faced problems of reduced nutritional intake, starvation and other health related issues.

Malnutrition among children under 5 is common in the internally displaced camps or among household members housing the affected population. Family Health care initiative (FAHCI) is a local NGO in Lafia area of Nasarawa state under the SMILE –USAID program providing support to vulnerable households and their children. FAHC has enrolled over 4,000 vulnerable children and has conducted national assessment on the children using the weighing scale and height meter, the program supports the use of MUAC tape for conducting assessment for children under 5 years of age. Trained community volunteer with staff of the local NGO were used to conduct the nutritional intervention after identifying children who were malnourished. The case of Rebecca Magani, a three year old vulnerable child was found on the 27th of February 2015 in Tundun Gwandara community. The child weighed 10kg with MUAC showing yellow with pale hair structure. The caregivers were provided with nutritional education and counselling with therapeutic plan on preparation of tom brown fortified diet using maize, crayfish meal, mixed vegetables, soya beans and peas. Growth monitoring and promotion training was done, followed by constant home visits. The child will graduate from the plan if the situation improves, the households received information on water, sanitation and hygiene in supporting the strategy of helping the child to have a good place to survive, after repeated visits to the household. A picture showing improved nutritional status of the child was taken on the 13th of April 2015. The child now weighs 15kg. The community stakeholders with volunteers are using this strategy to support other households with children who are malnourished.



BEFORE



AFTER

Improving income through home gardening

Forty two years' old Adiza Adamu, is widow from Alogoni community of Nasarawa Eggon LGA, Nasarawa State and a mother of three children. She farms for a living. Following the knowledge

she gained by participating in home gardening training, Adiza established a nursery for vegetable and pepper. She made sales of over ₦10,000 in 2 months; a feat she never dreamt of achieving. *“Before the intervention of **SMILE** project on home gardening, I do not make nursery until there is a rainfall which doesn’t often come early. But during the training on home gardening principles we were trained on how to make early nursery, I was convinced to start up a garden earlier in the year. I have this pepper nursery and have been able to sell them and make some money to buy other food items I do not have”*, she said excitedly. NACWYCA the local NGO in the area has moved to support more households to multiply the knowledge in helping them towards sufficiency and sustainable food security

Pictures



BEFORE: Adiza during the tending of the nursery, which she fenced round to preventing animals from destroying the crops.



AFTER: Due to the training and mentoring received through the SMILE –USAID support program by Adiza, she is now able to provide for her children through sales of the farm produce. She is proud and willing to transfer knowledge to other vulnerable community members

11. Pictures



Children sensitizing the crowd on Child rights during the 2015 Children's Day Celebration at Eagle Square Lafia. The event was attended by His Excellency the Executive of Governor Nasarawa State at



: Distribution of Pro-vitamin A cassava



Home garden vegetable nursery



Figure 5: Caregivers' Forum



Figure 6: SILC Group meeting

8. Planned Activities for Next Quarter Including Upcoming Events

(Indicate opportunity/need for media and/or SMILE involvement, particularly for SMILE project monitoring site visits. Upcoming project events or any need for SMILE troubleshooting.)

- Operations Research on effective Parenting Practices among caregivers in selected SMILE communities
- Participation at the USAID/ASPIRE HES training.
- Community of Practice meeting - HES/Nutrition
- Conduct a 5 day training for CSOs on HIV care and support
- Conduct the OVC and household follow up Assessment
- Participate in the SPRING annual work plan meeting
- Develop a Gender framework for SMILE and support to CSOs for gender mainstreaming into organizational systems and polices
- Support to CSOs to strengthen their Resource Mobilization and Strategic Planning strategies
- Monthly Partners review Meeting
- SILC- Training of Trainers for Field Agents