

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

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

## PROGRAM QUARTERLY PROGRESS REPORT

Q1 [October-December], 2014

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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:</b> \$32,496,889.00
<b>Obligations to date: \$8,811,735</b>
<b>Expenditures this Quarter (may include accruals): \$1,939,175.78</b>
<b>Activity Cumulative Expenditures to Date: \$ 7,334,795.08</b>
<b>Estimated Expenditures Next Quarter: \$ 1,457,000</b>

# 1. Summary of Results:

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

	This quarter target	This quarter actual	This year target	This year actual	Explanation for variance or why not reported during this quarter
<b>SO 1: State &amp; LGA coordinating structures are strengthened to monitor holistic care to OVC and their households</b>					
<b>IR 1.1 S/LGAs use organizational systems and technical capacity to coordinate effective care to OVC and families.</b>					
Number of States/FCT with functioning State coordination mechanism for child welfare in line with the SPA and/or NPA	5	5	5		
Number of LGAs with functioning coordination mechanism for child welfare in line with the SPA and/or NPA	10	8	23		
Number of States/FCT with a functioning QA/QI system (QIT)	5	5	5		
Number of LGAs with a functioning QA/QI system (QIT)	20	20	20		
Number of States with a functional referral system for child protection	0	0	0		
<b>SO 2: Civil society organizations collaborate with communities to manage integrated and comprehensive OVC programs</b>					
<b>IR 2.1 CSOs use the organizational systems and technical capacity to provide effective care to OVC and households</b>					
Number of local civil society organizations receiving support from PEPFAR through the SMILE Program.	42	42	42		
Number of OVC enrolled (cumulative)	137,500	108,628	250,000		Data capture using NOMIS is still on-going due to the update made on the

					NOMIS software, as such many CSOs have not computed all the data for the this quarter. This will be completed and reported next quarter.
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS  Output – PEPFAR C1.1.D	62,500 VC 15,625 Caregivers	17,340 VC 2,261 Caregivers	250,000 VC 70,000 Caregivers		Data capture using NOMIS is still ongoing due to the update made on the NOMIS software, as such many CSOs have not computed all the data for the this quarter. This will be completed and reported next quarter.
Number of active beneficiaries supported to access HIV services.  Output PEPFAR NP. 1	12,500		50,000		Data capture using NOMIS is still ongoing due to the update made on the NOMIS software, as such many CSOs have not computed all the data for the this quarter. This will be completed and reported next quarter.
Number of eligible adults and children provided with psychological, social, or spiritual support		10,850			There are no assigned targets for this indicator in FY 15.
Number of eligible children provided with health care referral		11,557			There are no assigned targets for this indicator in FY 15
Number of eligible children provided with Education and/or vocational training		1,534			There are no assigned targets for this indicator in FY 15
<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.		2,546			There are no assigned targets for this indicator in FY 15
<b>IR 2.2: CSOs provide quality nutrition and food security services to OVC and their households</b>					
Number of OVC accessing Nutrition services		9,731		9,731	There are no assigned targets for this indicator in FY 15,

## **2. Activity Implementation Progress**

### **2.1 Progress Narrative**

*(This brief narrative (1 or 2 pages) should highlight key achievements and whether the program is on/off track as far as work plan/targets in terms of (1) overall program progress for year and (2) the current reporting period (month).)*

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 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 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 reporting period, SMILE conducted a number of activities contributing to enhanced state and LGA capacity to coordinate and monitor services for VC. This included: technical support to facilitate functional coordination platforms and networks in the 5 SMILE states; contributing to establishment and operation of child abuse prevention and response systems in Benue, FCT, Kogi and Edo; child protection policy development and improved child protection case management systems in all 5 states; reactivation of State Child Rights Implementation Committees including technical support to all 5 states to ensure that the Child Rights Law is operational. SMILE also conducted organizational and technical capacity assessments of 20 LGAs and supported the development of LGA performance improvement plans based on assessment results. Pilot of an organizational capacity assessment tool for the network of CSOs against Child Trafficking and Labor was conducted. Efforts to increase VC's access to vital birth registration were stepped up through supporting partnership between CSOs and the National Population Commission in the 5 states. By partnering with TSHI – Nigeria, SMILE contributed to strengthening of the social service workforce by concluding adaptation of curriculum to be used for training of para-social workers from the 5 states and identifying the first group of community based para-social workers to be trained in January 2015. In the same regard, the program supported states to develop and conduct staff skills assessments, staff development plans and clear job descriptions.

In the same reporting period, SMILE also undertook a series of activities aimed at increasing capacity of 42 civil society organizations to collaborate with communities and effectively manage integrated and comprehensive VC programs. This included continued sub-granting to 42 CSOs and provision of technical support for effective delivery of integrated VC service in areas of education, psychosocial support, child protection, health, nutrition and household economic strengthening including food security. Major activities carried out by CSOs in the last quarter include: facilitating VC access to birth registration; supporting re-enrollment of out of school children and fee waivers; provision of health education to communities; referring children to HIV and AIDS testing and treatment facilities; facilitating kids clubs and child counseling; conducting step down training and facilitate formation of 26 Savings and Internal Lending Committees (SILC) groups; provision of nutrition education and counseling including community IYCF, food demonstrations and basic hygiene.

## **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.)*

During the reporting period, the SMILE team carried implemented activities aimed at improving coordination and monitoring capacities of the State and the LGAs.

#### **Strengthened coordination and networking mechanisms**

To contribute to functional coordination of VC services at state level, SMILE facilitated meetings and provided continued technical support to High Level Management Committees, Technical Steering Committees and the Quality Improvement Committees. As a result of this effort, and sustained engagement with the state ministries of women affairs and social development in the five SMILE states, the states now have: information on state actors working on VC issue; established functional mechanisms for engaging with stakeholders; forged strong linkages with other line ministries and civil society organizations to improve coordinated quality service delivery to children. In Nasarawa for example, there is good collaboration between traditional and religious leaders like the Lafia Emirate, state and civil society organizations in efforts to protect almajiris (street children) from abuse and exploitation. In Edo state, the Technical Steering Committee has commenced the process of simplifying the Child Rights Law with the aim to make the law accessible and user friendly, particularly to children.







#### **Improved policy framework for child welfare and protection**

In the last quarter, SMILE has also contributed to the development of an enabling policy environment that is essential for improved child welfare and protection systems. In the FCT, a Child Protection Policy was developed in September 2014 by the Protection Subcommittee members of the Technical Steering Committee on Child Protection and Vulnerable Children Response. SMILE supported this consultative process that brought together wide range of stakeholders consisting of government, civil society organizations and social networks. The policy has becomes a framework to guide all child protection

work in the FCT. In Nasarawa State, the Child Protection Policy was produced and validated by the Technical Working Group, involving CSOs, ministries and agencies involved in protection and social welfare in the state. These included; the Ministry of Women Affairs and Social Development (MWASD), Legal Aid Council of Nigeria, Red Cross Society of Nigeria, Nasarawa State Ministry of Justice, National Human Rights Commission (NHRC), Nigeria Police Force (NPF), Child Protection Network (CPN), Association of OVC Network Nigeria (AONN). The policy document is expected to be disseminated to stakeholders starting from the next quarter and will be implemented as a framework for Improved Case Management System for the protection and welfare of the child across the States (Ministry of Women Affairs and Social Development). In addition, the mechanisms for child protection case management that include; identification and assessment, planning, reporting and documentation, referral and linkages with support services were strengthened in the five State Ministries of Women Affairs and Social Development. As a result, case conferences on support to children were held in Nasarawa, Edo and Benue states to review progress in situations of abused children. The case conferences involved case workers and case managers, the abused children, and family members. SMILE also supported the Reactivation of the State Child Rights Implementation Committees (CRIC) to oversee implementation of the Child Rights Law (CRL) in the 5 states. Efforts to improve child protection through increased access to vital birth registration were stepped up in the form of technical partnership between the 42 CSOs and the National Population Commission in the five SMILE states.

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

In order to strengthen LGA's organizational and technical capacity to effectively coordinate and monitor VC services, SMILE conducted organizational and technical capacity assessments for 20 phase 2 LGAs. The assessment examined 5 domains that include governance, financial management and resource mobilization, technical management, partnership and networking, advocacy and policy. A summary of the OCA scores across the Phase 2 local governments reveals low levels of capacity and inadequate systems in responding to VC issues at the LGA level. Taking Benue State LGAs for illustration, none of the six LGAs assessed scored up to 20%. Ado LGA had a score of 9.7% followed by Okpokwu with 10.2%. Buruku LGA has the highest score of 17.2%. Others were Ukum with 15.4%, Gwer 10.8% and Oju, 10.4%. Organizational and technical capacity of the Network of CSOs against Child Trafficking, Abuse and Labour (NACTAL) was also assessed. NACTAL scored 43.5% as indicated below:

NETWORK ORGANISATION ORGANISATIONAL CAPACITY ASSESSMENT DASHBOARD						
ORGANISATION:	Network of CSOs against Child Trafficking, Abuse and Labour (NACTAL)	Maximum Score possible	Performance Scored (0 - 4)	Weighted Score for Domain	Domain Weighting	Contribution to Overall Score
DATE:	16 December 2014					
ASSESSOR:	Opeyemi Ipinnaiye					
DOMAN 1:	Governance	24	16	15.8	 13%	8.6%
DOMAN 2:	Technical management, collaboration and assistance	24	8	8.2	 25%	8.5%
DOMAN 3:	Financial management and resource mobilisation	16	3	3.0	 18%	3.4%
DOMAN 4:	Advocacy, policy and communication	16	7	7.0	 16%	7.0%
DOMAN 5:	Partnership and networking	40	23	22.9	 28%	16.0%
		120	57	56.9	 43.5%	

To address key organizational and technical gaps identified for both LGA and CSO network, SMILE supported the development of improvement plans that prioritize technical management and collaboration, financial management and resource mobilization and advocacy, policy and communication domains. In addition, SMILE supported the development of a Technical Support Mentoring Guide for the state and LGAs which guides responds to the gaps identified during the organizational and technical assessments.

### **Strengthened social service workforce**

In terms of social service workforce strengthening, SMILE in partnership with TSHI – Nigeria, contributed to strengthening of the social service workforce by concluding adaptation of curriculum to be used for training para-social workers from the 5 states. The first group of community based para-social workers to be trained in January 2015 has been identified. In the same period, SMILE also supported State Ministries of Women’s Affairs and Social Development in the five states to conduct staff skills audit using a standard skills assessment tool. Based on the skills assessment results, ministries were supported by SMILE State Coordinators to develop training plans and clear job descriptions for social welfare or social services departments’ staff. SMILE also commenced ongoing advocacy efforts for staff retention and training by social welfare ministries which involve supporting the ministries to come up with sustainable retention strategies and plans. In Edo and Nasarawa, it is the retention and training plans that are being used to develop ministry staff capacity on VC programming. In the FCT, a Child Welfare Officer was appointed for Bwari Area Council. This was in response to one of the gaps identified during the organizational capacity assessment conducted in Bwari Area Council. The assessment had revealed the nonexistence of a child welfare desk and an officer that would serve as a focal technical person for the monitoring and coordination of vulnerable children responses. This is an example of how governments are responding to identified needs from the organizational capacity assessments.

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

During the reporting period, the CSOs with support from SMILE provided integrated services to vulnerable children and caregivers based on identified need; services provided by the 42 CSOs include; psychosocial support, protection, education, health, household economic strengthening and nutrition.

### **Psychosocial support**

In order to enhance emotional and social well-being of children during the last quarter, 42 CSOs across the project provided a range of psychosocial support services to vulnerable children and their caregivers. These include; home visits, one-on-one counseling, kids’ club meetings and caregivers’ forum. A standard life skills manual was used by community volunteers to facilitate qualitative family sessions to discuss family values, social and emotional challenges and forms of social support required by vulnerable children and care givers. Kids Clubs meetings which held in the entire 42 CSO project



communities afforded the VC the opportunity to participate in group recreational activities with a focus on life skills development and social skills such as positive self-esteem. Volunteers engaged children and care givers in one on one counseling sessions focusing on health education, nutrition and parenting support. CSOs like DHSP, TYECE, AGCOD, WOCHAD, and KHF convened caregivers' forums which are a platform to discuss issues on care for VC, child - care giver interaction and basic sanitation, nutrition education, and health education talks.

### **Child protection**

A range of community based child protection services were provided by community volunteers from the 42 CSOs during the reporting period. These include: conducting community awareness campaign on birth registration; referring abused children to social welfare support services at LGA level; providing psychosocial support to traumatized children and facilitating school enrolment for out of school children. In addition, CSOs continued to work with Community Quality Improvement Teams or Child Protection Committees in their various communities to ensure safety and protection of vulnerable children and their caregivers. Issue facing vulnerable children such as how, when and where to refer children for specialized services like HIV testing and legal protection were discussed during the Community Quality Improvement Team meetings at which volunteers participate. To improve the quality of community based child protection services, 20 phase 2 CSOs developed capacity of community volunteers through integrated VC programing training with a strong focus on the child protection case management approach. SCD and DHSP which are FCT and Edo based CSOs respectively, in collaboration with the National Population commission trained thirty (30) community volunteers and two (2) SCD staff on the importance of birth registration and process for completing the birth registration forms. Trained volunteers are agents of change in their communities where they are already acting as advocates for birth registration. JDPC in Edo commenced advocacy work with the Nigeria Police, NSCDC and the Welfare office sensitizing officers on importance of facilitating access to legal protection for orphans and vulnerable children in Akoko-Edo local Government Area.

### **Education**

To address the challenge of vulnerable children not accessing education in the 5 SMILE states, CSOs conducted a number of activities focusing on school enrolment and completion. Major activities in this regard involved conducting advocacy targeting community leaders, school heads and local education management boards. The aim of the advocacy activities was to make a case for school enrolment, re-enrollment, retention, completion and gender inclusiveness, provision of scholastic materials and school based psychosocial support, and ensuring inclusion of invisible children who are normally the disabled, girls or children from ethnic minority groups. CACA in FCT for instance facilitated re-enrollment of 10 children who were identified to be out of school by CACA volunteers in Dutse Alhaji community. DHSP gave scholastic materials to vulnerable children with the help of a community philanthropist while ACOVID and KHF provided community education awareness to caregivers and stakeholders on the importance of enrolling children in school.

## **Health services**

As part of efforts to step up efforts to improve the health and well-being of vulnerable children and care givers, volunteers from CSOs implemented community based health promotion and education activities. These were implemented through home visit by community volunteers and collaboration with various health agencies in the LGAs and States. Health services provided through community volunteers include; health education, WASH, de-worming, and provision of Vitamin A supplements to vulnerable children and caregivers. AGCOD, ETMLF, ACOVID, Uromi JDPCI and TYECE provided HCT services to children and caregivers to commemorate the world AIDS day. GPI, an Edo-based CSO supported 33 caregivers to receive health education and had their blood pressure checked by trained medical personnel from a local hospital. As a result 7 care givers persons consisting of 6 females and 1 male were referred to the PHC for proper medication and follow up medical support.

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

In order to contribute to sustainable household empowerment, CSOs undertook important Household Economic Strengthening activities during this reporting quarter. These activities relate to supporting functional Internal Lending Committees (SILC) and promotion of livelihood or food security interventions.

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

During the reporting period, the Savings and Internal Lending Communities (SILC) program was expanded through the training of additional CSO partners. A SILC Training of Trainers workshop was conducted in November 2014 where a total of 25 HES Officers (16 males and 9 females) representing 25 CSOs were trained. The organizations have in turn conducted step-down trainings for 146 (104 male and 42 female) Field Agents who are now responsible for implementing SILC activities at community level. As at end of last quarter, 26 active SILC groups with a total of 582 (174 male and 408) members have been formed. The overall total asset value stood at N655, 419 (six hundred and fifty five thousand, four hundred and nineteen naira). The cumulative value of group savings is N590, 290 from which 50 SILC members borrowed N172, 000 or 30.2% of the loan fund for investment in different income generating activities. The meeting attendance rate was impressive at 96.4%. Membership retention rate stood at 100% which is an indication of members' satisfaction with SILC as a Savings Group model. This is a positive development because in SILC as with other Savings Group models, members derive financial benefits while they also build social networks and learn from each other as they work together for a stronger community.

#### **Enhancing food security/household livelihood**

Communal farming is a key approach that a number of SMILE CSOs are implementing to enhance food security or improve household livelihood. For example, a CSO that is implementing this food security approach in Otukpo LGA - Benue State and, that had planted orange fleshed sweet potatoes (OFSP) in a communal farm in September 2014 harvested the crop during in November. A total number of 123 (74 female and 49 male)

caregivers and children received varying quantities of the OFSP as a form of food support. Also in Benue State, two organizations working in Katsina Ala and Kwande LGAs respectively distributed Pro-vitamin A cassava in October 2014 during the late planting season reaching a combined total of 488 (131 male and 357 female) caregivers. This cassava variety is being promoted by SMILE project because of its food and nutrition security as well as income generation potentials. In addition, two CSOs based in FCT and Edo states offer microcredit services as part of their organization's regular programs that SMILE project is leveraging on. Both organizations have reached 84 caregivers in 4 project communities. The value of the loans ranged from N25, 000 for the caregivers in the FCT to N20, 000 in Edo State. The loan was meant either as startup capital for petty trade or to enhance already existing trades. The caregivers were provided financial education to ensure that they invest in profitable business and repay the loans promptly.

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

During the quarter under review, nutrition activities carried out include; nutrition capacity building, facilitating food demonstration, providing nutrition education, basic hygiene, supporting community IYCF and celebration of World Food Day.

##### **Increased nutrition capacity**

During the quarter, step-down training on Introduction to Nutrition was conducted by CBCSP (a CSO in Nasarawa) for 28 people consisting of 22 (16 males and 6 females) new community volunteers, Local Government Nutrition Desk Officer and 5 CBCSP staff (3 male & 3 female). Direct technical support and mentoring was provided to Nutrition Officers from the 42 CSOs. The aim is to ensure efficient delivery of nutrition support to vulnerable children and households. In terms of basic nutrition, community volunteers carried out health education in the communities on basic hygiene including the importance of keeping clean environments to avoid outbreak of diseases.

##### **Facilitating community food demonstrations**

A total of 252 caregivers conducted food demonstration activities in various communities during the reporting quarter. This is set to improve household food preparation as well as use of locally available nutritious foods by care givers

##### **Providing nutrition education:**

To improve nutrition practice in households, community volunteers from CSOs provided nutrition education to care givers and children. This resulted in 437 Vulnerable Households being educated on nutrition, food handling and preparation and tips on how to improve household food security.

### **Supporting community-IYCF**

To ensure improved care and support of vulnerable children, CSOs supported community IYCF activities during the last quarter in the various project communities while 49 new IYCF support groups were formed. The IYCF support groups are functional and meet regularly as scheduled to carry out their nutrition support and counseling activities.

### **Celebration of World Food Day**

NAWYCA, a CSO partners in Nasarawa, celebrated the 2014 World Food day under the theme “Sustainable Food System for Food Security and Nutrition”. This activity was organized by the Galle Community Improvement Team with Support from NACWYCA. The Community Improvement Team mobilized the community members and provided information on nutrition. Community members provided food items to the most vulnerable households from the communities.

### **Strengthen networks linkages for improved nutrition**

During the reporting period, SMILE jointly undertook advocacy and monitoring activities with SPRING targeted at State/LGAs, nutrition focal points. This included a joint monitoring and supervisory visit to selected CSOs and LGAs in Benue state. The team was also joined by Benue state Breast Feeding focal person and 2 LGAs (Vandekya and Gboko) Nutrition Focal persons. Coordination and information sharing strategies were discussed with CSOs State and LGA staff.

## **2.3 M&E Narrative**

### **Capacity development**

During this quarter, monitoring and data collecting was done by the M&E officers across all program communities, supported by the CRS-SMILE team. Staffs of new CSOs were trained on key VC data collection tools for vulnerable children programming in Nigeria. The training provided basic knowledge to participants on household assessment and enrolment, and data collection. The aim of involving all project staff was to ensure that all project staff is familiar with the data collection tools. Community volunteers were also trained to enroll and to record services provided to vulnerable households using the data collection tools.

### **Distribution of data collection tools**

Data collection tools were procured and distributed to both the phase I and II CSOs in the 4 states and FCT. Distribution to all new (Phase II) CSOs was done before the Christmas holiday. Those CSOs were all able to commence the enrollment of vulnerable households. While only a few of the phase I CSOs were covered in December 2014, the remaining CSOs are receiving their tool in January 2015.

### **Data collection and data quality**

Enrollment and service delivery data was collected through community volunteers and project staff who implemented activities within the period. In order to ensure data quality,

project staff supported community volunteers in the initial phase of the enrolment process as well as reviewed data and provided support to close identified data quality issues. Data submitted by the volunteers is reviewed by the M&E Officer with support of other project staff and feedback provided to ensure complete documentation

### **Technical support visits**

Technical support visits were provided to all CSOs through mentoring visits and remotely via phone and emails. This was to ensure appropriate data is collected, verified and entered into the electronic data reporting systems (NOMIS). Appropriate guidance was also provided on how CSOs should report to the LGAs. Special mentoring was also provided to all the phase II CSOs to enhance the enrollment of vulnerable households and service delivery, and documentation.

## **2.4 Implementation challenges**

*(Describe key challenges that affected program implementation and state how these were resolved)*

A few challenges were experienced during this reporting period. As new CSOs came on board, significant time investment was made to orient the new partners and their new community volunteers on the PEPFER 2 programming approach. This gave a slow start to service delivery since the new partners were still coming to terms with the new model of program delivery. However, after the training provided by SMILE, the CSOs are confidently implementing their approved activities with an expectation that program coverage and results will significantly improve by the Semi-Annual reporting period. High staff turnover including some volunteers in some CSOs also delayed program implementation. SMILE keeps encouraging CSOs to come up with ways to motivate and retain staff and community volunteers. Refresher trainings will be done for new volunteers who join in the middle of the program. The security situation is getting tense with the build up to the elections especially in Nasarawa and Benue States. SMILE will not undertake any field travels or support activities during the period of elections and soon after so as not to expose staff to potential danger. CSOs partners have also been encouraged to use their organizational security policies and exercise caution not to proceed with field activities during the election period when the situation is likely to be volatile in some communities. Further guidance is still awaited from USAID on how to proceed with planned systems strengthening activities under SO1 of the approved SMILE Program Design document and Results Framework.

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

*(Address each where applicable and appropriate.)*

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

All SMILE CSO program implementation plans take into account gender issues which is evident in guidance for selection of community volunteers and also reflected in the beneficiary data base that indicates registration of both the male and female care givers as beneficiaries. CACA an FCT CSO partner, with support from the Irish Government provided 43 Female caregivers from the two SMILE project communities (Dutse 25, 23

Mpape) with N25,000 (Twenty Five Thousand Naira) each as revolving loans to start up petty trades and enhance women's participation in economic activities. SMILE staff and representatives from 2 CSO partners participated in a gender training facilitated by CRS Global Gender Technical Advisers. A plan to provide technical support to all 42 CSO partners in this regard will take place as part of implementing the work plan from the training which focuses on integration of gender into all programs activities, policies and staff development plans. A draft module on gender mainstreaming into HES has been completed and is already being pilot in some trainings with CSO partners.

### **3.2 Sustainability Mechanisms**

During the period under review, most CSOs adopted leveraging as key sustainability mechanism; all the CSO in Benue and FCT regions have developed partnership and collaboration with other projects within the State with the intention of providing linkages and further support to enrolled beneficiaries on the SMILE project. The involvement of communities in the project through the establishment of Community Quality Improvement is a major strategy the program is implementing to ensure sustainability of community activities. The involvement of OVC desk officers, M&E, and social welfare officers at the various local government and state level is also part of ensuring that the program is mainstreamed into regular government structures and funding. SMILE has also commenced the process of developing Standard Operating Procedures (SOPs) which will also have clear guidance to CSO partners on how they will develop sustainability plans beyond the SMILE Program.

### **3.3 Youth Development**

A number of CSO partners under SMILE program are implementing youth development specific activities that range from vocational training, life skills and business development. Through some community step down trainings, youth capacities have been enhanced in relation to OVC programming. It is hoped that this as already taking into account unique needs of youth as well as proving support to them to participate and contribute in sustainable ways

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

As part of SO 1 objective, SMILE continues to actively engage government through state based Coordinators in policy dialogue, review and implementation especially in relation to Child Rights Laws and Child Protection Policies. Support to governance is taking place as part of the systems strengthening activities at LGA/state levels. Through strengthening systems the program is influencing resource allocation and accountability processes and outcomes at LGA/state level.

### **3.5 Local Capacity Development**

All the 43 CSOs involve key persons at the community and Local Government levels in trainings, mentoring and joint monitoring activities. SMILE is making a contribution in terms of developing local identification of child protection issues, action planning,

advocacy and monitoring. LGA and Community Quality Improvement Teams are local SMILE supported structures for program sustainability.

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

#### **Impacts**

CACA and Uromi JDPCI have partnered with Irish Aid and SwissHand, Switzerland respectively to provide revolving loans to vulnerable household for economic strengthening. 22 caregivers from Uromi JDPCI received soft loans and 48 caregivers from CACA received soft loans to start up a petty trade or enhance already existing trades. AGCOD collaborated with Benue State Ministry of Women Affairs and Social Development to translate Child Rights laws into Tiv language. Other agencies where the CSOs have established relationship include NPopC and NHIS. ELSOPHI developed partnership with a private eye clinic, OJOMA EYE CLINIC for the provision of specialized eye care and treatment services for caregivers and VC who need such services.

### **3.7 Conflict Mitigation**

With the introduction of the SMILE project to a community by KHAN Initiative, a CSO based in Kogi State, two warring parties came together to work for the common interest of the community. SMILE continues to provide guidance and technical support to partner on conflict resolution, negotiation and inclusiveness when implementing the program's activities at community level

### **3.8 Science, Technology, and Innovation Impacts**

SMILE is considering the option of using communication technology for collecting beneficiary data from community volunteers. If successful this would increase efficiency of data collection thereby improving responsive program decision making.

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

*(Discuss government, regional organizations, NGOs, private sector, community, academia, other donors, etc.)*

During the reporting period, a team from USAID HQ and Nigeria visited CACA – Dutse Community, to have hands on feel of services provided to beneficiaries in the SMILE project. The USAID team visited a Government Primary school to assess the re-enrollment of VC to the school and also visited one of the caregivers currently benefitting from the Irish Aid grant supporting women in small business. Several CSOs on the project have collaborated with the National Population Commission (NPopC) in the various LGAs for the issuance of birth certificates to children under the SMILE program. Government participation in all SMILE program activities is ongoing at LGA/state levels.

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

*(Discuss any issued that negatively affect project implementation. This can include project staff changes, software issues, etc.)*

In the quarter under review, staff attrition rate is still high in some of the CSOs in the five States. Some staff resigned for the purpose of furthering their education while others are seeking better paying jobs. Also, major challenges experienced by CSOs in program implementation relate to the high targets to be reached with limited numbers of volunteers who have other personal work to attend to. CSOs have been encouraged to develop and share volunteer retention strategies. It is also anticipated that the work load will be more manageable once the beneficiary registration period is complete

## **6. Lesson Learned**

*(Please provide a few examples of highlights of project learning. These can either be successes or failures, but show how adaptive learning is used in the program to improve implementation.)*

The strategy of having monthly and quarter review meetings with CSOs provides the platform for peer to peer learning and also opportunity for Government agencies such as the National Population Commission to address challenges faced by CSOs in obtaining birth certificates for SMILE beneficiaries in the project LGAs. Community participation through Quality Improvement teams is fast yielding fruit as seen in the re-enrollment of some vulnerable children into primary schools and active involvement of communities in establishing community food banks and contributing to communal farms.

## **7. Success story**

Mrs. Mercy Danladi, a 33 years old housewife and mother of two, Emmanuel (3 years old) and Glory (eleven months old) lives with her husband, a petty trader in Tasha community in AMAC in FCT. During the nutrition assessment visit carried out in this community, Glory was assessed with MUAC showing a measurement reading of 11cm (red) indicating that she is malnourished and physically unhealthy. The mother of Glory was counselled and educated on nutrition and proper feeding habits especially for children. She attended a food demonstration session organized by SMILE CSO partner, where she learnt how to prepare Tom Brown using locally sourced food materials, a dish very rich in protein, to improve on her household nutritional status. She was visited more often and encouraged to join the IYCF support group to learn more on complementary feeding. During the period of about 2 months the MUAC measurement reading showed 14cm (green). Glory, used to be withdrawn, dull, weak and unhappy but now plays around with her peers; she is stronger, agile, happy and very active. Glory's mother who expressed happiness said "In fact I thank God (laughing) for this Tom brown and the people that teach me. And I "want to teach others too and tell them about Tom brown " [see Glory's pictures under section 11 on Pictures below]

## **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.)*

Major activities planned for the next quarter includes: Trainings on Psychosocial support for all 42 CSOs; Improvement Science Training (Quality Improvement) for phase 2 CSOs; Household Economic Strengthening (HES) for all CSOs; Introduction to Nutrition and Home Gardening for all CSOs; baseline organizational capacity assessment (OCA)



will be carried out for phase 2 CSOs leading to the development of capacity development plans; post OCA will be conducted for the phase 1 CSOs. To improve on the technical capacity of CSO and service delivery, SMILE will develop SOPs for all the services provided in the project. Monthly and quarter program review meetings will be conducted in all the five States in collaboration with the respective State Ministries of Women Affairs and Social Welfare and the Gender Development Department (GDD) in Abuja.

## 9. What Does USAID Not Know That It Needs To?

*(Identify any holes and gaps in our knowledge and how to address them.)*

## 10. How SMILE has Addressed Comments from the last Quarter Report

*(If issues were raised please describe how you addressed them specifically.)*

Security was raised as a major concern in the recommendations made from previous quarter report. To this end, plans have been put in place by CRS through the security Manager to strategically address security challenges through the provision of regular security updates and situation analysis and advisory. SMILE partners have been advised to avoid areas that are termed “high risk” especially those communities with frequent communal clashes. Issues on high staff attrition at the CSO level was addressed during the meeting with the Executive Directors and program Managers during the quarter where commitments were made by partners to ensure proper welfare of staff for optimal results and reduction of attrition. However, SMILE program cannot have control over how and when CSO staff can leave if they choose to. The minimal understanding of PEPFAR 2 approach is currently being addressed through regular monitoring and mentoring visits to CSO, monthly and quarter review meetings with CSO in the 5 States.

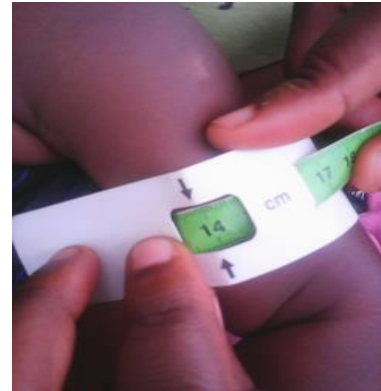
## 11. Pictures



Baby Glory during the 1<sup>st</sup> visit



Baby Glory after 2 months and MUAC measurement



*(Photos from activities conducted in the month)*