SMILE PROGRAM END OF PROJECT REPORT

[APRIL 2016 - JUNE 2018]

Title of project: SMILE PROJECT

Name of organization: CHILD EDUCATION AND COMMUNITY DEVELOPMENT INITIATIVE

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HIV: Human Immuno-Deficiency Virus
M&E: Monitoring & Evaluation
OVC: Orphan & Vulnerable Children
PEPFAR: President's Emergency Plan for AIDS Relief
SILC: Saving & Internal Lending Communities
SMoH: State Ministry of Health
SMoWA: State Ministry of Women Affairs
USAID: United States Agency for International Development
E.tc.....

Table of Content

Page

<u>Acknowledgement</u>

Child Education and Community Development Initiative wishes to express its gratitude to the SMILE technical staffs who worked so hard with CECDI thematic leads to ensure that our goals is achieved in given out effective services to our targeted beneficiaries in Doma Local Government of Nasarawa State.

CECDI appreciates the importance and efforts of the Nasarawa SMILE core technical staffs, who provided technical support to CECDI staffs to ensure that the wellbeing of vulnerable children and their caregivers is taken care of.

Our thanks also go to the stakeholders in Doma LGA, most especially community volunteers, Community Quality Improvement Team, Local Community Quality Improvement Team, Local Government staffs and those who contributed to the success of the program in Doma. We acknowledge the contribution of State Ministry of Women Affairs for ensuring that vulnerable children in Nasarawa state are given a new look._

This OVC SMILE program would not have been at all possible without the commitment, hard work and participation of CECDI staff/CRS Nasarawa staff office whom we honored for their support and hard work in ensuring that capacity of staffs are built in implementing programs of OVC to infected and affected Household in Doma LGA.

Executive summary

In Nasarawa state the HIV/AIDS prevalence rate stands at 8.2% (NARHS Plus 2012). The prevalence show that the most affected population is the young productive adults between the ages of 15 and 49 with the highest infection occurring among women aged 20 to 24 years.

The *2008 Situation Assessment and Analysis of Orphans and Vulnerable Children (OVC)* revealed that 17.5 million or 24.5% of children in Nigeria are vulnerable, with 17% classified as highly vulnerable. The HIV epidemic, poverty, maternal mortality, conflict, harmful cultural practices and gender inequity all contribute to their vulnerability. Over two million children were orphaned by AIDS, with another 260,000 children living with HIV. With more than 50% of the Nigerian population made up of young people, this demographic bears the potential to fuel both economic and social progress. Therefore, the country must develop systems to serve its OVC who often live

in precarious economic and food security conditions with poor access to basic services.

Doma where the project was conducted is located at the southern zone of Nasarawa State with a population of Males 70545 and Females 69062 including children 0-17 (National population Commission 2006). Doma has 10 electoral wards. However, The National HIV sero-prevalence sentinel survey Ante natal Care (ANC) carried in 2010 showed that Doma is having a prevalence of 1.3%, this survey was carried out in just some few selected Primary Health Care Centers.

The project was sited in all the communities of Domathree (3) communities of Doma LGA: Galadima, Madaki and Sabo Gari with comprehensive package of OVC intervention to ensure effective service delivery.

The key aims of the project is to scale up orphans and vulnerable children comprehensive care and support services in Doma LGA while the objectives is to Strengthen institutional and technical capacity of household and to Strengthen the technical capacity of CECDI to manage integrated programs for OVC and their households in Doma Local Governments to provide, manage and monitor integrated comprehensive care to OVC and their families.

CECDI will adopt the National orphans and vulnerable children Data collection tool which has a Data flow of information required to collect, analyses, report and disseminate information. We will use the National OVC Management Information System (NOMIS) which we have knowledge on to ensure that all VC enrolled are capture in it. And ensure that community have the knowledge of project Sustainability.

Introduction

In the past two decades, AIDS and Crises, malaria and other related causes of deaths have orphaned and made vulnerable thousands of children in Nasarawa state. In Nasarawa state AIDS is the leading cause of death among adults ages 15-59, one of the major reason is self-denier of having HIV, low knowledge of ART taken.

Nasarawa has one of the largest populations of orphans in Nigeria, were parents of this orphans and vulnerable children dead due to AIDS, making Nasarawa, as of the state with highest number of AIDS orphans in the Nigeria. Other causes of orphaning in Nigeria have been identified to include

maternal mortality, sectarian and ethnic conflict while large numbers of children are made vulnerable due to poverty, conflict and gender inequality.

In Nasarawa during our program we tend to understand that the burden of orphan dependency on working adult members of the family had increased disproportionately in rural areas while remaining constant or declining in urban area. This suggests a shift of the economic and social burdens from urban to rural thereby increasing the child‟s vulnerability in the latter. We also noted that proportion of orphans who had lost both parents and were under the care of non-relatives increased in communities and the number of relatives that care for orphans has declined or that these relatives have become overburdened. We also observed that orphans are more vulnerable than non-orphans which also make educational outcomes and nutritional status of orphans are worsening. It also shows to us that the loss of either parent or the death of other bread-winning adults in the family setting produced a negative effect on the growth of such children and sometimes resulted in stunted growth.

According to the National Plan of Action on Orphans and Vulnerable Children in Nigeria, an orphan is a child (below the age of 18) who has lost one or both parents, irrespective of the cause of death. Those who have lost both parents are commonly referred to as “double orphans”. Vulnerable children are more difficult to categorize. The definition of vulnerability varies from society to society and is community specific. In consultation with stakeholders including children, the National Action Plan on OVC enumerated the list of children perceived as extremely vulnerable in Nigerian communities. While not exhaustive, it focuses on groups of children who are less likely to live a normal life in comparison to their peers.

Implementation strategies:

1. **Advocacy (Project Introduction) 7/3/2016** A joined advocacy/Project introduction was conducted in Doma LGA between SMILE, Ministry of women Affairs and CECDI, the meeting was aimed at ensuring that all stakeholders in Doma are in line with the SMILE project and understand what the project entails and the community contribution for the VC programming. Also an Advocacy visit was also conducted to the traditional ruler of Doma Local Government the Andoma of Doma who gave us a warm welcome and welcome the project to Doma as it will address the issues related to Vulnerable

children in the locality he thank us for the visit and promised to support the project.

Joined advocacy visit to Doma LGA Chairman Visit to the Doma Traditional ruler
Andoma of Doma

2. **Community Sensitization and Engagement:** Community sensitization and engagement was conducted among community Leaders who are given the responsibility of ensuring that they take care of people in their community such as Dankac's and Ma'Angwan's the main purpose of the visit was to sensitized them on the VC programming of SMILE. However, selection of community volunteers was also done at that level to ensure that the process of selection is transparent, for the first phase of the selection 20 community volunteers were selected and additional 20 was added in the second phase and the last phase 7 volunteers were asked to be recruited.
3. **Integrated capacity training:** An integrated training was conducted to all SMILE supported program officers on SMILE program VC programming in Double K hotel Otukpo Benue State. The training gave an inside of the strategy in ensuring that the VC programme achieve success by ensuring that vulnerable household from its vulnerability level and render effective services to make them stable. Each CSO present at the training are expected to ensure that a step-down training is conducted to selected community volunteers for onward service provision.
4. **Formation of Community Quality Improvement Team:** CECDI did the formation of community Quality Improvement Team and Local Community Quality Improvement Team to ensure that that community are also part of the process in the VC program in their respective communities. However, one of the mandate given to the team are to

Initiate actions that shall ensure the observance and popularization of the rights and welfare of a child as provided for.

5. **Services provision:** CECDI conducted services provision directly and indirectly through community volunteers who are given the mandate to ensure that services to caregivers and VC is adequately carried out. Their capacity has been build reporting tools, completing care-plan and ensuring that those activities are carried before completing the services forms, all activities conducted are adequately monitored by Program staffs of the organization.

Achievement on different areas of implementation

- **Improving access to HIV Testing and Counseling (HTC):** CECDI conducted HIV tested and Counselling, all HIV-positive client were successfully linked to a comprehensive health care facilities for enrolment into HIV treatment and care. A total number 74 VC were tested enrolled and linked to care. Caregivers 359 were tested and linked to care. CECDI also ensure that all identified beneficiaries were provided adherence support to and care.
- **State & LGAs coordinate and monitor holistic care to OVC and their households.**

  CECDI conducted a baseline assessments of the of Doma Local LGAs most especially the social welfare Dept, we came to notice that we need to established a community to develop the technical capacity of the LGA/Community in fulfilling our roles , CECDI organized a meeting to ensure that the community stakeholders capacity is built to address issues related to children. However, the aim of the meeting was to established Community Quality Improvement Team who are given the responsibility to handle issues related to VCs in Doma LGA and their mandates was given to them especially with regards to what the situation identified in Doma. However, Local Child right Implementation Community was put in place in 2016 to identify existing capacity development needs of the LGA/Community in the response.

  The LCRIC was formed in 15 communities.

Strengthened Child Protection Network (CPN) for Case Management Within the same period

The Child Protection Network (CPN) with support from SMILE started playing more active role in Doma. CECDI convened LGA-wide case management

meeting for 10 children who are abuse in Doma, 6 girls were raped, 2 abandonment, 1 Abscondment and Abduction. All the matter was reported to the Local Government social welfare dept and CPN assessment form was use for documentation. The attention of LCRIC and CRIC was drown and emergency meeting was held to address the issue and was resolve that: A committee will be set up to handle the cases and the Local Government Lawyers will handle the case, Health officers, Nutritional officers from Doma LGA, M&E, Protection Officers from CPN, Police, Civil Defense and LGA VC desk officer.

LGA Level Quarterly Learning Sessions held

The LGA Improvement Teams held its Learning Sessions to improvement teams and community at the LGA. In Doma LGA a total of 200 persons (M=170, F= 30) participated in the learning sessions across the community and for the LGA . CECDI allowed the Local Government Improvement Team members to facilitated LGA learning session that brought together CECDI to Work with communities in each Doma in ensuring that they share experience from implementing the service standard, the LGA and Communities were able to record changes in implementing the service standards on vulnerable children. And now they can speck and act on issues challenging their communities in Doma LGA.

Through the effort of the CQIT they were able to established a school in Ohina Kwaha in Doma.

Promotion of household food security

The HES smile program distributed Agric inputs to her beneficiaries twice. In 2017 and in 2018 respectively. In 2017 High Quality Protein Maize was given to 220 beneficiaries of the SMILE Program in Doma. This event brought together key stakeholders in Doma . To mention a few, Hon Musa Osakya – councillor representing Galadima ward who also double as supervisory councillor of agriculture/natural resources Doma Local Govt Council. We also had the presence of the Director of Agriculture Doma Local Govt Council in the name Aliyu Ibrahim, Councillor representing sabon gari ward Hon Hussaini Isa Onawo ,Head of cooperatives Jibrin Agabi and also the head of farmers in Doma ,Usman Osabo.

This maize has a greater nutrient than the usual maize we plant in our farms. It contains a 100 % more lysine ,tryptophan and much of amino acid good for human and mono gastric animals which allows the body to manufacture complete protein thereby eliminating wet mal-nutrition among children.

Children and adult that takes this HQPM are healthier and very little risk of malnutrition illness such as kwashiorkor & marasmus. HQPM are resistant to disease & pest infections like striga . The use of fertilizer while planting as it will boast the outputs of this maize while weeds must be removed and area exposed to hazardous substance should be avoided during planting.

While in 2018 a total number of 306 persons(caregivers) got this Agric inputs. This time we had 3 varieties. The High Quality protein maize, Pro vitamin A maize and the improved soya beans. All these are designed to add more nutrient in the lives of our beneficiaries and Doma in general.

Diversification of Economic Strengthening interventions

Doma town had the first intervention under the HES Smile program. This intervention was the vocational skills program which had the enrolment of fifty smile beneficiaries. These persons were drawn from the various communities that makes up Doma town. These communities are as follows: Madauchi, Galadima, Sabon-gari, Sarkin Dawaki and Madaki . The process brought the following skills: Tailoring, Hair Dressing(saloon), Knitting , Carpentry, Soap making, Shoe making, Barbing, Welding and Window Glass making(aluminium).

Because of what economic strengthening aims to achieve, we enlisted the following categories of people. The Women (caregivers), child headed household and school dropout bearing in mind those effected with the scourge of infectious diseases like HIV & Tuberculosis.

Empowering a woman offers her a path way to a new life for herself and her children. As women are more closer to the children. They are visibly seen daily with their kids than the male offspring who by one reason or the other are not often seen at home.

Child Protection Protecting children from violence, exploitation, and abuse is another component of protecting children from their right to survival, growth and development. CECDI conducted programs in collaboration with stakeholders in the LGA and communities some of the programs include physical, emotional and sexual abuse, neglect and exploitation. We partner with secondary schools in Doma to ensure that students are sensitized on child protection which is aimed at creating awareness on the right of children, community stakeholders were also sensitized on some of the cultural harmful practices that can hamper the growth and development of every children, from 2016 to 2018 a total number of 1895 children got the information on child protection with (F=882 M=1013) during this period

CECDI facilitated the provision of birth certificates for identified OVC who did not have them. A total of M 499 F 527 VC were supported to have birth certificates and other protection services by CECDI.

Table

	FY18 Target	FY18 Achievement (%)	5-year target (April-2014 June 2018)	5 year Achievement (April 2014-June 2018)	Explanation variance between mon and month why not during this m
SO 2: Civil society organizations collaborate with communities to manage integ comprehensive OVC programs					
IR 2.1 CSOs use the organizational systems and technical capacity to provid care to OVC and households					
Numbers of Household enrolled		**582**		**709**	
Numbers of Vulnerable Children enrolled		**3690**		**4344**	
Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (cumulative).		**4800**		**5354**	
Number of active beneficiaries supported to access HIV services. Testing and counselling services		**1917**		**4122**	
Number of PLHIV supported to access HIV care and Treatment services		**10**		**57**	

Number of PLHIV supported to achieve viral load suppression		**10**		**57**	
Number of eligible children provided with shelter and care services.		**0**		**0**	
Number of eligible children provided with health care services.		**3873**		**4324**	
Number of eligible children provided with Education and/or vocational training.		**174**		**274**	
Number of eligible adults and children provided with Protection and Legal Aid services.		**10**			
Number of eligible adults and children provided with psychological, social, or spiritual support.		**261**			
IR 2.2: CSOs provide appropriate HES services informed by market information					
Number of eligible adults and children provided with Economic Strengthening					
Number of persons trained on business management and financial literacy		**992**			
Number of SILC groups formed					
Number of Caregivers linked to assess Loan/Grant,		**266**			

conditional or unconditional cash transfer.					
IR 2.3: CSOs provide quality nutrition and food security services to OVC and their households					
Number of persons trained on Nutrition assessment, Counselling and Supp gardening, Community Infant and Young Child feeding and WASH					
Number of beneficiaries who received Nutrition assessment, Counselling and Support		**461**			
Number of malnourished OVC referred and linked to appropriate nutrition services		**421**			
Number of beneficiaries who has established home garden		**83**			
Number of beneficiaries reached with Sanitation and Hygiene messages		**206**			
Number of beneficiaries who are members of C-IYCF Mother to Mother Support group.		**132**			
Number of C-IYCF support groups		**18**			

Summary of Intervention under Strategic Objectives

STRATEGIC OBJECTIVES

Strategic Objective 1: To Strengthen institutional and technical capacity of State and Doma Local Governments to provide, manage, and monitor integrated comprehensive care to OVC and their families.

Strategic Objective 2: To Strengthen organizational and technical capacity of CECDI to manage integrated programs for OVC and their households.

Strategic Objective 3: To increase the access of 875 Vulnerable Household and their Caregiver to appropriate Household Economic and Nutrition Services.

Objective one

- Strengthen institutional and technical capacity of State and Doma Local Governments to provide, manage, and monitor integrated comprehensive care to OVC and their families.

- **IR 1.1**: S/LGAs use organizational systems and technical capacity to coordinate effective care to OVC and households.

  As part of ensuring out capacity and coordinate effective care to VC and their Caregivers CECDI was able to ensure that activities are carried

Implementation strategies

Achievement on different areas of implementation

LGA and Community System strengthening: CECDI ensure that effective partnerships and networking for VC responses was conducted by Improving the Systems for Coordination and Networking in Doma. However, there was a remarkable improvement in the coordination and networking within the LGA Social Welfare Service Dept and the community LCRIC. CECDI constituted the LGA Quality Improvement Committees at the LGA level, LGA and LCRIC at the community level whom CECDI also linked with the LGA CRIC to ensure that issues relating to abuse of children is reported to the CRIC at the LGA level and issues reported will also be forwarded to the state Ministry of Women Affairs and Social Development and the State Legal Aid Council who are also part of the Child Protection Network in our reporting we used the CPN forms and a narrative of the abuse being made. Within the period CECDI identify and reported 10 cases of child abuse through our community volunteers and actions were also taken by police. But LCRIC and the LGA

CRIC have taken ownership of the process and the LGA Chairman gave his words that the LGA will fund meetings and Abuse cases during our meeting.

Psychosocial support services

Psychosocial Support Provision to vulnerable children and their families was prioritized in the program due to the positive impact it helped VCs and caregivers to cope and live positively. Psychological support was provided mostly during home visits by volunteers, during supportive supervision, and during caregivers sessions, gender norms and other support group meetings. Their was increased number of VCs and caregivers in both emotional and psychological status. However, this was done and facilitated by community volunteers during home visits and Kids Club programs. The activity is aim towards building skills using participatory learning approached a total of M 505 F 487 were provided with PSS services during the period.

Health support

In the SMILE project implementation, CECDI involve community volunteers whom we developed their capacity on some of the health issues to provide basic health care to vulnerable children and caregivers through health education and treatment of other minor illnesses through given referral to clients to nearby health care facility for further management. About 99% of vulnerable children were supported with health care services total M 2193 F 2131 CECDI also provided services which include provision of deworming/Vitamin A, provision of WASH. However, children and VCs who access HTC services are M1237 F 1196.

Education services

- Education: CECDI established ECCD center in Doma LGA to ensure that children from the age of 3 to 5 years have access to education and learn as they grow, the main purpose of establishing the ECCD center is to Promotes Emotional and Social Development of children at that age, Promotes Cognitive and Language Skills, Encourage a Child's Curiosity. SMILE through CECDI supported the school with plastics chairs and tables, renovation, playing equipment (Merry go round and seesaw) However, the center real brought effective change in the children as facilitators teach to ensure that the children know and understand. Community stakeholder were contacted to support the ECCD center the honorable Member representing Doma South Hon Mohammed Okpede supported 50 children with Uniforms, sandals, results booklets, 12 plastic tables and 12 plastic chairs and sucks.

CECDI did block grant scheme in Doma haven done an assessment two schools were supported RCM Doma and Islamiya primary school with three sets of School desks, instructional materials and water Garde. One of the success of the block grant it increases the enrolment of the schools, it improves teaching performance and gave the children conductive learning environment to learn.

Nutrition

Implementing organizations CECDI conducted step-down training for 47 community volunteers (M=29, F=18) on “Introduction to Nutrition”. Also, some community volunteers and 83 caregivers (M=21, F=62) were trained on “Home Gardening”. Moreover, C-IYCF step-down training was also carried out for 132 members of the community.

Also, within the period CECDI provided nutrition and food security services to OVC and their households using food demonstrations, nutrition education & food security, nutrition assessment, counselling support, basic hygiene and sanitation, in order to keep oneself and environments clean and to avoid outbreak of diseases. Nutrition Supplements such as Vitamin A was shared and growth monitoring was done to determine the BMI of young vulnerable children across the implementing communities. However, community volunteers also referred cases of acute malnutrition they could not handle to health facilities while community IYCF were carried out during the quarter in the following communities Madaki, Maduji, Ruttu, Iwashi, Sabon Gari, Yelaw, Idadu, Sarkin Dawaki.

Tuberculosis (TB) services

In line with SMILE mandate to increase community childhood TB case detection, diagnosis and community TB awareness, CECDI ensure that community sensitization was conducted to community members alongside HIV awareness.

TB Interventions done to reduce TB in Doma Community

CECDI has effectively trained community volunteers to effectively deliver services on TB prevention and treatment. CECDI facilitated TB awareness during world TB Day in 2017 to educate the community on the basics of TB, its mode of transmission, how it can be prevented and how it can be treated. CECDI also ensures that HIV/TB Checklists are been administered to beneficiaries quarterly except PLHIV who are been administered the checklist on a monthly basis, this is because they are more prone to opportunistic infections. Once these checklists are being administered, the presumptive TB

cases are being referred or escorted to TB DOTs centers with the help of the community volunteers so that they can be diagnosed and if found positive are started on treatment immediately. Continuous sensitization and awareness is being done during Community dialogues, small group sessions (kids club, adolescent girls club), Caregivers forums and during referral network meetings.

The Stakeholders involved in the TB Intervention

The Local Government

The LACA M&E

TB DOTS focal persons (General Hospital Doma and PHC Doma Town)

Heads of Facilities

Community Volunteers

Total number of children screened for Tuberculosis using standard checklist

Total = 3663, male 1862, female 1801

Total number of presumptive TB cases referred/escorted to diagnostic centers

Total = 9, male 5, female 4

Total number of TB cases identified

Total = 2, male 2, female 0

Total number of TB cases that received treatment

Total = 2, male 2, female 0

Total number of cases who completed treatment/cured

Total = 1, male 1, female 0

Parenting and youth program

The process/steps your organization took in implementing the program

- Mobilization of caregivers (information), Getting a safe space and time for activity, Self-introduction by facilitator and participants, Using of job aid (manual) to facilitate session, Question and answers/concerns.

- **Achievement**

- Three caregivers haven attended better parenting sessions took it upon themselves by stepping it down to their tribal women meeting in Doma. Caregivers understood the impact of negative abuse on children/people, Caregivers understood why teenager behave the way they do, Good parent child communication, Better parenting goes beyond meeting basic needs, The caregiver understood the importance of been a role model to children and children tend to do what they see than what they hear.

- **How many sessions did you do?**

- 21 cohort sessions were held, 9 cohorts in 2017 and 12 cohorts in 2018.

- **How many beneficiaries participated years by years?**

2017- Male=14, Female=191, Total=205

2018- Male=32, Female=143, Total=175.

Grand Total=380.

- Better Parenting program was conducted by CECDI in Doma LGA to ensure that the following objectives are achieved:

- To enhance better understanding on parenting.
- To ensure that caregivers / parent have knowledge on the appropriate and recommended parenting style.

On Youth Development Program CECDI empowered youth in Galadima ward of Doma LGA a total of 58 youths were empowered on reproductive health within the period. Adolescent mentor girls capacity built were on sexually reproductive health, also adolescent were engaged on vocational skills to empower them on to be self-reliance and support their families.

Household economic strengthening services

The HES recorded success in its program implementation by ensuring that the Agric input (got to all our target beneficiaries in Doma. However, in 2017 and 2018 a total number of 512 persons (caregivers) got this Agric inputs including the soya beans. This time we had 3 varieties. The High Quality protein maize, Pro vitamin A maize and the improved soya beans. All these are designed to add more nutrient in the lives of our beneficiaries in Doma in general.

There was also provisions for start-up kits for these individuals to enable them go into their various chosen skills. The HES smile program bought the following start-up kits for the her beneficiaries 17 sewing machines , 2 Alumaco /glass window machine , 1 clipper & 1 generator ,2 weldering machine ,carpentry equipment for 2 VCs and 8 soap making ingredients/ plastics.

As part of activities slated for FY 2017 the communal farm was created to bring our beneficiaries together with the intent to create a structure where our caregivers/ OVC will at the end of farm season have bountiful harvest.

Iwashi is a Community in Doma, Nasarawa state, The majority of people living in this community are the Eggon people but the community is originally owned by the Alagos. Because of this structure both languages are used as means of interaction (Alago & Eggon) while the Hausa language is commonly spoken. The traditional stool here is called the Sarkin of Iwashi in the name of Alhaji Abubakar Ibrahim. Going to this part of the town is by road and the road is not too good for vehicles as it is very sandy as such, motorcycles are the most common means of transportation. Motorbike remains the most used means of accessing this community.

We also commend the chairman of Doma Local Government likewise the director of Agriculture for the role they played at making sure that a tractor was deployed to work on the piece of land given to us by a member of the community for the purpose of this noble activity (communal farm).

The size of the farm is size of a standard football pitch. The land is presently situated at the phase 3 part of the lower river basin community of Doma, a distance of 1.5 kilometres from the main Iwashi community.

The community planted two major crops and these are maize(High Quality Protein Maize) and soya beans. Before embarking into the above we had series of meetings and sensitization with the stake holders in this town to bring to their knowledge what communal farm was all about and the gains.

The cash transfer ceremony was held in on 25th April 2018 at the Doma local government secretariat under the presence of the dignitaries which include the LGA chairman and other Director of the LGA Agri, Director of work, Director of Social, Executive Director child education community development initiative (CECDI) and the Senior Technical Specialist HES & Food Security, Mr Felix Ikyereve of the catholic relief services (CRS). Caregivers benefited from the cash transfer the sum of 20,000 was given to 266 beneficiaries in Doma.

Protection and care services

Child Protection

CECDI did programs on Child Protecting with caregivers /children on violence, exploitation, and abuse which is an integral component of protecting their right to survival, growth and development. The program was in collaboration with other stakeholders implemented the following activities that aimed at protecting children especially Most Vulnerable Children in the tape of protection which are physical, emotional and sexual abuse, neglect and exploitation the program is aimed at creating awareness and sensitize the public on the need to stop cultural harmful practices that can hamper the growth and development of every child, during this quarter SMILE facilitated the provision of birth certificates for identified OVC who did not have. A total of M 499 F 527 OVC were supported and availed with birth certificates and other protection services during the period.

However, 10 cases were reported in the period for sexually, emotional and physical, all were linked to government at both the LGA level and State level.

Key challenges

- *Issues of Caregivers not relating cases of child abuse for action*
- *Stakeholders not following up on cases*

Gender and male involvement intervention

Gender Norms:

a. The total number of persons (both youths and caregivers- using age and sex disaggregation) in the community that completed 10 sessions on gender norms are:

FY17= Beneficiaries =108 (Male=10, Female=98)

Non-Beneficiaries=224 (Male=44, Female=179)

Total people reached=332 (Male=54, Female=277).

FY18= Beneficiaries=171 (Male=19, Female=152)

Non-beneficiaries=75 (Male=13, Female=62)

Total people reached=246 (Male=32, Female=214).

b. What are the key challenges faced in prevention and response interventions.

- Farming activities.
- Lateness to sessions by participants.
- Resignation of some trained CVs which reduces number of target participants to be reached.

<u>Gender Based Violence</u>

a. What is the total number (using age and sex disaggregation) of documented cases of gender based violence (physical, sexual, emotional), exploitation, etc. among adults (18 and above).

All cases (survivors) are minors.

Abandonment=2 (2 weeks and 3 days)

Sexual (Rape)=6 (All are females, 7years, 8 years, 12 years, 8years, 13 years, 13 years).

Abduction=1 (Female 17 years)

Child marriage/reunion=1

Total cases=10

b. Out of this number, how many were successfully linked to relevant services. For sexual violence

- All cases were successfully linked to some relevant services.

c. How many received the PEPFAR minimum post-GBV package (eg. PEP, clinical services, etc).

- 8 cases successfully *received the PEPFAR minimum post-GBV package.*

d. What are the key challenges faced in response interventions.

- Lack of funds to facilitate GBV/Child Abuse.

- Involvement of community head/king to handle case which makes the case to be abandoned/die-off.
- Police non-corporation.
- Hiding of cases by caregivers and community people
- Poverty by community volunteers to enable them follow up cases.
- Involvement of 3rd party which hinders law to take its course.

Male Involvement:

a. What is the total number of men aged 18 and above (using age disaggregation) in the community that have been engaged with GBV and HIV prevention messaging at community level.

Male Involvement		
18-19yrs	**20-24yrs**	**25yrs and above**
		87

b. What are the key challenges faced in implementing interventions.

- Time factor to meet men together earlier than the allocated time.
- Farming activities which makes participants hard to come together at a given time.
- Language barrier.
- Lateness to sessions by participants.

c. Success stories

- By the reason of the intervention in the community, the community stakeholders make resolution to give awareness against stigma and discrimination using the various bodies/platform in the community to pass the information.

Adolescent programming

a. What is the total number of adolescent that received adolescent HIV prevention and sexual reproductive health services within youth clubs and adolescent girls' clubs.

- 58 adolescents' girls received HIV prevention and sexual reproductive health services

b. What is the total number of sexual and reproductive health cases reported for by adolescent (10-17 years).

- 2 cases of STI was reported by the adolescent.

c. How many of the SRH cases mentioned above were successfully referred for services.

- Both (2) cases of SRH were successfully referred and received care.

d.

Monitoring and evaluation

- ✓ ***Before implementation community volunteer's/stake holders have no idea of how to successful capture program activities using the DCT's as a result of the SMILE project community volunteers can actually manipulate the use of DCT's this has bring to the success of the entire SMILE project irrespective of all thematic area.***

- ✓ ***Managing the 47 community volunteer for a successful program implementation is also a success as going through challenges, working with them to actually get results which was achieved and also Community Volunteers have recon with experience for sustainable community development meaning outside SMILE they can go and still serve those HH and any other needs as the case may be.***

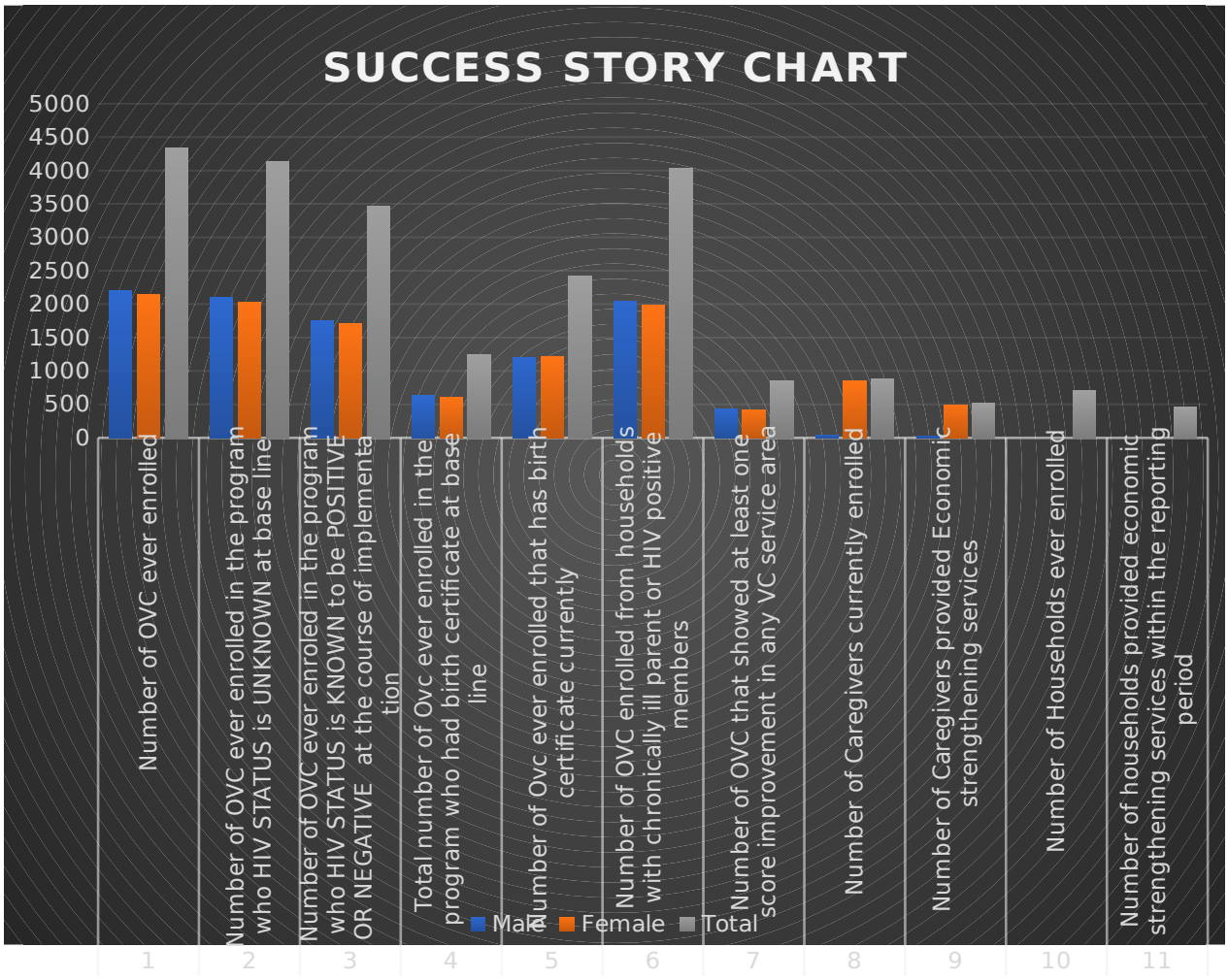
- ✓ ***At the LGA level SW Department of Doma LGA are up to date data keeping record un like then as SMILE Project has systemically & technically advance the department.***

- ✓ ***From the chart below you will agree that the M&E Department CECDI has a success to accord on the SMILE Project as before implementation/enrollment a quite number of Orphan and***

Vulnerable children did not know their HIV status but with the help of the M&E Data Capturing Tools now a quite number of the OVC now have /know their HIV status to be either Positive or Negative Also some of them have showed at least one score improvements in any VC service area, in the area of birth certificate too most OVC were provided with birth certificate compared to went they were enrolled into the program also Number of Caregivers provided Economic strengthening services was highly motivating and encouraging.

	State: Nassarawa LGA: Doma CBO: Child Education and Community Development Initiative Ward/Community: All	Period: June 2016 to June 2018	Age: 0 and above	
S/N	Indicator	Male	Female	Total
1	Number of OVC ever enrolled	2199	2145	4344
2	Number of OVC ever enrolled in the program who HIV STATUS is UNKNOWN at base line	2098	2035	4133
3	Number of OVC ever enrolled in the program who HIV STATUS is KNOWN to be POSITIVE OR NEGATIVE at the course of implementation	1748	1713	3461
4	Total number of OVC ever enrolled in the program who had birth certificate at baseline	631	609	1240
5	Number of OVC ever enrolled that has birth certificate currently	1201	1214	2415
6	Number of OVC enrolled from households with chronically ill parent or HIV positive members	2049	1980	4029
7	Number of OVC that showed at least one score improvement in any VC service area	430	418	848
8	Number of Caregivers currently enrolled	35	846	881
9	Number of Caregivers provided Economic strengthening services	20	491	511
10	Number of Households ever enrolled			709

11	Number of households provided economic strengthening services within the reporting period			461



Success stories

Sarah , a mother of 3 born on the 25th April 1988 made a choice of going into tailoring, a skill she had strong passion for , according to her she said she has always dreamt of being a tailor/fashion designer someday. The HES smile program offered Sarah the opportunity to make choice on a particular skill. The choice of going into tailoring/fashion designing was wholly her decision after a meticulous assessment on the skill(tailoring/fashion designer) in Doma and outside Doma.

Sewing machine used during apprentiship. **HES officer talking to Sarah.**

Sarah started her apprenticeship on the 11th April 2017 at the shop of Mrs. Lami M. Akoh along Ruttu road, Doma motor park. She was thought on how to cut clothes using papers.

Cutting and padding clothes is an integral part of tailoring which must be learnt meticulously by trainees in other to be a good tailor/fashion designer. This aspect took some time in her quest to be a tailor/fashion designer. Sarah got over this aspect and started sewing with clothes before her fellow trainees. This earned her an applause the day we had the presence of the senior technical specialist HES & FOOD security Mr. Felix Terhemba Ikyereve in doma.

Sarah as a newly enrolled trainee at madam lami's shop ruttu road doma town.

Prior before she graduating from her trainer, Sarah had already started something. She started mending torn and sewing clothes while making good earnings to support her household. This privilege was given to by her trainer because of the potentials in her.

During this training program Sarah had the opportunity of attending an orientation program for trainees in doma. This was organised by the SMILE team headed by the senior technical specialist HES & FOOD security. This training gave her an ample opportunity on how to attract

and charge her customers so as to make profit and also how to bring the following things into action, cleanliness ,location, quality, services with smile and convenience.

A visit to Sarah's place today leaves one with a breath of achievement seeing what she does with her sewing machine given by the SMILE program. Today she makes clothes for people, mends torn clothes for people and does other minor sewing like pillowcase and others, her household is free for lack of food and educational support for her three children.

Sarah working with her sewing machine at home to earn a living in Doma.

The impact of this intervention on Sarah's household has reduced the burden on the household head in the following ways:

Today Sarah makes money to buy basic things for the house and also travel to buy materials to sew clothes for her customers, in the case where challenges arises or shock, Sarah she has a good mental ability to recover quickly from it, her present means of livelihood gives room for sustainability, Sharp reduction on dependency on the household head for money and major requests and finally her currently unrealised ability has been brought out not only to her household but to the world.

Sarah buying tailoring materials.

DOMA ECCD SCHOOL STORY OF CHANGE

Before the establishment of Doma ECCD center children between the age of 3-5 mostly don't go to school, this is as a result of parent who do not see the need of children at that age attending school to them is a waste of time because of the inability of government to provide a conductive learning environment for children at that age, to them is better for their children to stay at home than to go to school at that age and will not be taken care of by teachers in terms of teaching, some even show their disappointment where schools don't have seats and children are sitting on the floor. However, we got our finding during enrolment of CECDI/SMILE beneficiaries where we recorded a higher turnout of children with their parents to the center it was surprising and amazing as we couldn't control the crowd present in the first week of opening the center we had to close down the center for two weeks before re-opening the ECCD Centre again.

However, at our own level as an organization whom were given the mandate to enrolled our beneficiaries' we were given a guideline for enrolling children to the center, we had no right to go outside the mandate of our partners SMILE to start enrolling children outside the program. The center was well equip with playing materials, seesaw, merry go round and so many playing and reading materials that will aid and facilitate learning for children. Children at the age of 3-5 who has never attended school but through the help of the establishment of the ECCD center in Arumugye community really helped the children at least they can speak English more than children in public primary schools in Doma and even identify words and say it with English. The two facilitators in the center are really working hard to ensure that children attending the ECCD center learn very well using the ECCD curriculum.

The Education secretary told us in one of our monitoring visit to the center that the Local Government will never forget the great land mark SMILE did in Doma as they testified that children are learning very fast in the center through the help of the facilitators who are really doing a great job at the center, because of the inflow of parent with their children the Local Government had replicate and open an ECCD center in one of the UBEC newly construed site in Doma which also attracted the public whom children have not been going to school to also register and start coming to school because to them now they understood the concern's why Parents don't send their children to school. The SMILE ideal of the ECCD has increased the number of enrolment of children to school and the Local Government have

sensitized all public primary schools in Doma Local Government to open an ECCD center as plans are on ground for government to start supporting those centers with recreational facilities for children to learn while playing.

The nanny in ECD center that couldn't write a word but now she have been learning alongside the ECD pupils and can write her name now and can identify words and say it in English Language.

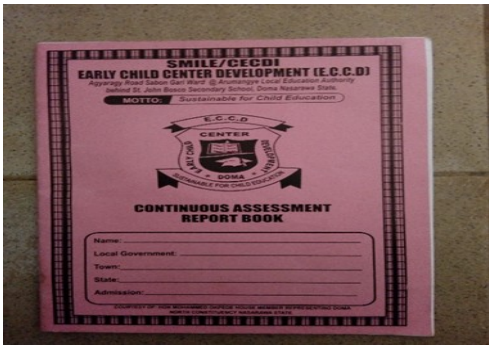
A state legislative member of the Doma central Hon Mohammed Okpede heard of the ECCD center he visited to see the for himself having visited the center and saw a need for him to support the center, he donated uniforms, sandals, procured additional 17 tables for the center and report card sheets for the pupils in the school and promised to be supporting the centre when in need.

Old look of the centre in Doma

New look of the centre

Before uniforms

children in their new uniforms



Sandals of the children and results report cards procured by Hon Okpede

Sustainability

In an effort to promote sustainability on the project CECDI ensure that communal farms were established to and they communities have agreed to work in sustaining it. In view of this also the ECCD center has been taken over by the Local Government to ensure that learning continue in the center. Those trained on vocational skills are also maintaining the sustaining the program as many of them have access to their shops and are doing their entrepreneurship training and recruiting many. The project had also ensured that there is on-going program engagement with the social welfare dept of Doma LGA, while they also develop good relationship with key actors and champions within their implementing communities.

Challenges

Some of the challenges recorded during program implementation are:

- Abgashi community of Doma LGA which takes close to 5 hours ride from the main Doma Town to the community, the community have about 9 villages surrounding the community its really a hard to reach community.

Lessons learnt

Findings from Phase of SMILE PROJECT we learnt that we can reduce the risk of HIV transmission and improve treatment outcomes for HIV-positive caregivers and youth if we specifically focus on improving our processes and services so that all caregivers/youth diagnosed with HIV are linked to HIV care.

Recommendations

CECDI wishes to recommend SMILE for its strong capacity development and program intervention experience suggests that an organization with a strong culture of results and Engages in OVC programming. However the program exposed CECDI to so many strategic in achieving success in program implementation.

Conclusion

Overall, the programme was very relevant in addressing the OVC priority and their needs. Furthermore, its relevance lay in its alignment with the national service standard and OVC National Plan of Action. The approach used ensured active participation of both caregivers and young people in bringing change amongst themselves and their community. This approach proved to be effective in ensuring reach and breaking one of the major barriers to communication about SRH in the community. The participation of YP in the programme was observed to be extensive beginning from programme design, its implementation as well as beyond the programme life. YP actively participated in the identification of the priority SRH needs and proposed intervention strategies. They actively engaged in the IGPs and SRH activities within their areas. YP Volunteers who were trained and supported by Restless Development led the delivery of age-appropriate and contextually relevant SRH services and activities. At the time of this evaluation, YP were observed to be still actively engaging in some of the programme activities.

The programme was also effective in achieving its intended objectives. The evaluation findings show that the programme was highly effective in raising awareness and increasing knowledge on SRH, HIV and AIDS and other crosscutting issues. Results also show that to some extent the programme had been on course towards influencing the SRH behaviour of young people in the communities particularly among those who were exposed to the intervention. As this was a community wide intervention, it is bound to have ripple effects.

Pictures

FOOD DEMOSTRATION DURING CHILD PROTECTION MEETING WITH STAKHOLDERS INCULDING SECURITY PERSONNELS

SCHOOL BLOCK GRANT COMMISSION (SCHOOL DESK/TABLE AND INSTRUCTIONAL MATERIALS

CRIC/LCRIC JOINT MEETING IN DOMA ON CHILD PROTECTION