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better care for kids

AN OVERVIEW OF THE SMILE PROGRAM IN NIGERIA



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Vulnerable students of the Galle South Primary School in the village of Galle, Nasarawa State, Nigeria. These students were provided with uniforms through the Center for Women, Youth and Community Action (NACWYCA), which CRS supports through the SMILE program. *David Snyder for CRS*

DISCLAIMER

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INTRODUCTION

overview of the SMILE program

With funding from the United States Government, a large-scale development effort is helping hundreds of thousands of Nigerian children live healthier, happier lives. Launched in 2013, the SMILE* program is the result of a unique collaboration between the U.S. Agency for International Development (USAID), Catholic Relief Services (CRS), the Government of Nigeria, and dozens of local non-profit organizations. Working closely together, CRS and our partners are:

STRENGTHENING THE CAPACITY of social service systems

SUPPORTING CIVIL SOCIETY ORGANIZATIONS

IMPROVING CHILDREN'S HEALTH by educating caregivers about nutrition

BOOSTING HOUSEHOLD INCOME by helping families learn how to save money and earn profits through small businesses

PROTECTING VULNERABLE CHILDREN by promoting information about their rights and strengthening family and community care

ENABLING MORE KIDS TO GO TO SCHOOL by mobilizing communities to enroll vulnerable children and get them the supplies they need

LESSENING THE BURDEN OF ILLNESS by increasing access to tuberculosis and HIV prevention and care services

As the lead agency in the SMILE consortium, CRS manages the USAID grant, oversees implementation, and ensures direct service delivery. Action-Aid Nigeria is strengthening the capacity of the the State Ministries of Women Affairs and Social Development, the Social Welfare Departments of local government areas, and the non-profit partners working at the community level. Westat, a U.S.-based corporation, is the third partner in the



Children of SMILE participant Abubakar Berikisu at their home in the community of Angwa Rimi. Berikisu was trained how to start a home garden by SMILE volunteers. *David Snyder for CRS*

consortium. It developed an information system that provides SMILE staff members with concrete data on which to base their day-to-day decisions.

More than 40 grassroots partners are working on the ground to make the program a success. These partnerships are a crucial component of CRS' approach to development, which holds that gains can only be sustained if people are directly involved in designing and carrying out the activities that affect their communities.

Another key component of CRS' programming approach is integration—the belief that human beings cannot reach their full potential if their needs are addressed in isolation, or if some are not addressed at all. For this reason, the SMILE program integrates activities in health, education, nutrition, microfinance and protection, for a truly holistic approach to helping Nigeria's most vulnerable children and the people who care for them.

THE PROGRAM AT A GLANCE

- April 2013 to March 2018
- U.S. \$32 million from USAID
- Serving 500,000 vulnerable children and 125,000 caregivers
- Consortium led by CRS, in partnership with ActionAid, Westat and more than 40 local civil society organizations
- Locations: Federal Capital Territory and Benue, Kogi, Edo and Nasarawa states
- Activities focused on scaling up care and support services for vulnerable children
- Main objectives:
 - strengthen government structures so they can better coordinate and monitor the care given to vulnerable children and their caregivers
 - strengthen civil society organizations so they can better work with communities to manage social service programs

LOCATION OF ACTIVITIES





SYSTEMS STRENGTHENING

voice to the voiceless

A strong country requires a strong government. In Nigeria, though social-service institutions are well established, they struggle to serve the nation's most needy—especially vulnerable children. To help the government address the many needs that exist, SMILE made system strengthening a central pillar of its work.

“The system is there, but it's poor, so we want to strengthen those systems that may not be working,” said Mary-Ann Odibike, State Project Coordinator for SMILE consortium member Action-Aid. “We are here to enable them to be on top of issues that impact vulnerable children in the state.”

The approach is basically twofold. First,

SMILE partners work closely with the state government to identify gaps that impact the lives of vulnerable children, providing technical support to help ministries function more efficiently and effectively. Second, SMILE partners fill those gaps with technical support, improved systems, and equipment.

“What SMILE has been able to do along with the government is to identify gaps in our capacity, like report writing and record keeping, and because of that we have seen many changes,” said Abari N. Aboki, Permanent Secretary of the Ministry of Women Affairs and Social Development for Nasarawa State. “We are now able to identify and address areas of need.”

Abari N. Aboki, Permanent Secretary of the State Ministry of Women Affairs and Social Development (Nasarawa State), in his office in the Lafia Local Government Administration. *David Snyder for CRS*

“ Our culture does not permit children a voice, so they don’t speak. I am the voice of the voiceless.”

— **Luter Orkar**, ActionAid State Coordinator for SMILE in Benue State

But what exactly does that look like? It can be something as simple as making introductions, says MaryAnn Obidike, forming links between one ministry and another so each can coordinate their efforts on child welfare issues. In other cases, it can be providing written frameworks used to gather data on vulnerable children within the state.

“For them there are constraints on budget, so we are helping them to get moving, for instance by developing policy briefs,” Obidike said. “Those briefs then become an advocacy tool, using facts and figures about vulnerable children.”

And while technical support is critical to building capacity, equipment is also needed. Cash strapped and often unable to respond to the fast-paced needs of modern reporting, Nigeria’s state governments can rely on the support of SMILE where crucial equipment needs arise, Secretary Aboki says.

“We didn’t have many computers to generate reports, but now SMILE was able to provide three desktops for us,” said Secretary Aboki. “That is a big change because if we aren’t generating reports we are not able to monitor our activities, and whether staff who have been trained are carrying out their responsibilities.”

By basing themselves physically in the offices of the state governments, SMILE staff are able to coordinate closely with ministry officials—a closeness necessary for building trust, says Luter Orkar, ActionAid State Coordinator for SMILE in Benue state.

“It is important to be in the office because you need to follow up with a lot of issues,” Orkar

said. “Being there also helps the ministry understand you are part of their system and you are actually there to support them.”

Since launching in 2013, that support has focused largely on implementing child rights laws and child protection frameworks in Nigeria, both existing but tenuously enforced structures essential to protecting Nigeria’s vulnerable children. Through that effort, SMILE is working with the ministry to help train the judges, assessors and policemen who work directly with those children within the state, educating them on how to protect kids from further damage as they go through the legal process.

And while the pace of government in Nigeria can be frustrating, it doesn’t diminish Orkar’s ability to keep track of the big picture of his work with SMILE, which, for him, is about more than training and statistics.

“Our culture does not permit children a voice—so they don’t speak,” Orkar said. “So I am the voice of the voiceless.”



Luter Orkar, ActionAid. *David Snyder for CRS*



SUPPORT TO CIVIL SOCIETY ORGANIZATIONS

the crucial role of local non-profits

Civil society organizations are the drivers of change in many countries around the world, reaching like a capillary system into even the smallest communities to help those in need. Working with 42 such organizations, SMILE set out to ensure that the quality of those services was the best that it could be, launching a wide range of capacity building efforts to strengthen Nigeria's non-profit network.

Father John Attah knows the impact of those efforts better than most. As the Director of SMILE partner agency Justice Development and Peace Commission (JDPC) of the Catholic Diocese of Otukpo, in Benue State, his staff have been working directly with SMILE for nearly one year, assessing gaps in their services, procedures and structure.

"Through SMILE we have strengthened our internal systems and controls, and developed our policies," Fr. John said. "In capacity building for staff they have supported us through trainings, which have been so wonderful."

Operational since 2004, JDPC is typical of the organizations this capacity development is designed to help, providing health, education and nutrition services to local communities. And while the will to help is there, many organizations have never benefitted from skills training or been provided with simple record-keeping forms to do their job properly. Through SMILE, JDPC and others receive the training, forms, consultation and even equipment they need to plan, execute, monitor and account for the services they provide.

"The difference between now and two years ago is very clear," Fr. Attah said. "We have better internal control of our systems, and we have been able to pick up a lot of gaps in our management and service delivery as well."

Examples of SMILE's impact are plentiful. Since working with SMILE, JDPC has sent finance staff for international training, received computers to document its work, brought on a communi-

ty-based HIV Test Officer, and learned to develop both strategic and staff development plans. After a SMILE training, JDPC began linking rural farmers in their catchment area to larger product markets, and in 2015 organized, trained and began supporting 15 groups that help spread the message about healthy breastfeeding and nutrition. With the program's support, JDPC also incorporated child protection and gender components into its structure, and is currently training in resource mobilization and proposal development to ensure long-term sustainability. A more efficient office, Fr. Attah says, is having dramatic impacts on programming as well.

"Before SMILE we were not using community volunteers. Now we have 54 volunteers," Fr. Attah said. "We also have developed community improvement teams, so I see the flow of capacity trickling down to the community level through them."

As staff learn more about administration, accounting, record keeping, monitoring, and assessments, their job skills grow. With that growth, Fr. Attah says, comes a confidence to reach deeper into the communities they serve, and share the knowledge they have gained through trainings in new and dynamic ways. Now when JDPC staff and volunteers go to the field, Fr. Attah says, they take a message of both change and personal responsibility to those they serve—perhaps the greatest impact of the SMILE program.

"We teach communities that a child is entitled to quality education, a child is entitled to good health," Fr. Attah said. "These are your children—do not wait for the government to come help.' We are trying to change their mentality."



Kemi Ezeanyim in her DHSP office. *David Snyder for CRS*

Sharper focus

Capacity building and trainings are key components of the SMILE program. For Kemi Ezeanyim, Program Manager at SMILE partner Department of Health Services Providers (DHSP), the training came just in time; she knew there were areas that she and her colleagues needed to improve.

"Before SMILE we did an assessment and identified gaps in our structure," Ezeanyim said. "So SMILE came in to build our capacity based on those gaps."

Through SMILE, Ezeanyim and the DHSP staff received computer training, updated their human resources manual, and rewrote an agency-specific child protection policy. In addition, they learned to develop a five-year strategic plan, and then to base their annual staff plans on that outline, receiving the computers, documents, and training they needed to carry out their community work. Though less than one year into the partnership, SMILE support is paying clear dividends.

"Our policies were inadequate, so after training by SMILE we did a reassessment," Ezeanyim said. "Before, we tested 58% in accounting, personnel and programming. After the training we tested 94%."

Better equipped now from the top down to implement their health services, Ezeanyim and the DHSP team are thinking of expanding both their staff and services, which can only have a greater impact on the communities they serve.

"Before we just provided services," Ezeanyim said. "But now we provide services based on the exact need of the beneficiary, so now we are much more focused."



NUTRITION EDUCATION

getting children the nutrients they need

More than 500 children die every day in Nigeria because they don't get enough to eat, don't eat enough of the right foods, or can't process the food they do eat.¹ In the poorest parts of the country, all three often happen at the same time.

To help vulnerable children get the nutrition they need, SMILE trains volunteers on the basics of nutrition so they can teach what they've learned to their communities. The trainings are extensive—one month of four-hour daily sessions on everything from how to prepare food in a way that preserves the nutrients to the importance of

hand-washing to prevent illnesses that hinder nutrient absorption. After the initial training, each volunteer passes the information on to a minimum of 30 other women through mother-to-mother support groups. There, the participants learn how to choose nutritious locally available foods and about the importance of eating a variety of vegetables, many of which they can grow in their home gardens. .

"I used to grow only okra," says Ramatu Habibu, 20, holding her nine-month-old daughter Asmau, in Alogani Central, Nasarawa State. "Now I grow tomatoes, peppers, spinach and pumpkins."

SMILE is also helping communities un-

¹ Joint report by UNICEF and the Government of Nigeria, August 2015

derstand how some cultural practices, though widely accepted, may be depriving infants of the protein they need.

“Because of superstition, we didn’t feed chicken or fish to our babies,” says Abigail Ishaya, a women’s leader in Galle, Nasarawa State. “But now we do and they are stronger.” Ishaya also learned that grilling beans is better than boiling them because it maintains their nutritional content.

Breastfeeding is another crucial way to help children thrive during infancy. While the practice was common in the project area long before SMILE arrived, few women knew about the benefits of exclusive breastfeeding for the first six months of a child’s life, or how to introduce complementary foods until age two or beyond. They also learned about the importance of cleaning their hands and breasts prior to nursing, and giving newborns colostrum, the first breast milk produced after birth that is high in protein and contains antibodies essential for protecting against disease.

In Alogani Central, a couple hours southeast of the capital city of Abuja, a young mother named Hajara Abubakar, sits on her front porch with her 9-month-old daughter. She is thankful for the SMILE program because she has learned about practices that she was not aware of with her first child, now age 7.

“Before, we gave our babies water right away and we took them to the health center all the time,” she said. But [SMILE] taught us that breastfeeding will make our children stronger. Now they don’t get sick so much.”

Basic hygiene practices are also taught during the trainings, to help prevent



Hajara Abubakar feeds her baby a porridge called “Tom Brown,” a nutritious blend of corn, soybean and peanuts. *Rebeka Martensen for CRS.*

common childhood diseases such as diarrhea, which prevents nutrients from being absorbed by the body. “We used to come from the fields and just rinse our hands a bit before we prepared food,” says Abigail Ishaya. “But now we wash them well.”

Though the goal of the mother-to-mother support groups is to share knowledge about nutrition and hygiene, they also provide a safe forum for women to speak freely, enabling them to identify needs and share resources. And for the poorest families in the SMILE program, that has the biggest impact of all.



MICROFINANCE

how savings groups boost income

The village of Mbaadegba lies beside a rutted dirt road, a few hard miles outside of Makurdi, in Benue State. It is here that 23 men and women gather eagerly each week to shape their futures through a SMILE-supported savings and lending group.

Supported through local partner Integrated Health Program, the gathering is typical of scores of such groups formed through the program. The goal of the project is simple: to provide caregivers the opportunity to save and borrow money they can use to meet their household needs, and break the cycle of poverty. The first concept of these groups, which CRS calls “SILC” (Savings and Internal Lending Communities), is teamwork.

“Things are hard, but when you work together it is much better than trying to work alone,” said Felicia Tyodugh, a founding member of the Mbaadegba group, which is called Dooshima.

As step one in the process, potential group members are educated about the SILC concept by local SMILE partners, provided with a metal lock box, and taught accounting and record-keeping basics. Then, community members select their own group members, an important step in the process because, for the concept to work, each

“ Now they are able to feed their children well.”

— Chito Obiara, SILC Program Manager with Catholic Action Committee on AIDS

person must trust that every other member will be able to make the payments needed. Each week thereafter, every group member makes a savings contribution—in the case of the Dooshima group, not less than 100 Naira (about .47 cents) or more than 1,000 Naira (about \$4.70). Once those savings have accumulated, group members can take a loan up to double the amount they have contributed, which they agree to pay back with ten percent interest. While many use the loans to support existing farms, buying inputs like seeds, others like Felicia Tyodugh see even greater opportunity.

“I borrowed 14,000 Naira (about \$67) and bought two pigs,” said Tyodugh, the first in her group to take a loan. “I knew I had to pay the money back, but I knew pigs [re]produced quickly.”

The strategy paid off. Within six months, Tyodugh had 31 piglets, two of which she was able to sell for

“ If I send my children to school [...], maybe one will even become a medical doctor, and I will be very happy.”

— Felicia Tyodugh, SILC member

the full amount of the loan, while at the same time paying the loan down weekly. Within four months, she had repaid the full loan plus the required ten percent, providing a growth base for future loans and payouts from the group’s savings. At the end of one year, the group plans to disperse the loan to all group members who will recoup what they invested, plus the additional savings the loan interest has produced.

True to the goals behind the SILC concept, the impact on Tyodugh’s family was dramatic. With the nearby public school closed for years due to a teacher’s strike and violent conflict between farmers and herdsmen, community residents were forced to send their children to a private school—a hardship that required yearly school fees many simply could not afford.

“Before this group I didn’t have money to pay school fees, so [my children] stayed at home for two terms,” Tyodugh said. “I only sent them to school for one term per year.”

Since selling her two pigs, however, Tyodugh says she now has money available for school, a simple but life-changing reality in this and many other communities where SILC groups are operational.

“These are caregivers, so the loan money is very important for school fees,” said Chito Obiora, a SILC Program Manager for SMILE partner agency Catholic Action Committee on AIDS in Abuja. “Now they are able to feed their children well.”

For Felicia Tyodugh, herself educated through secondary school and accredited as a teacher, education is a prized goal. With seven children, two



Felicia Tyodugh and members of her SILC group in Mbaadegba, Benue State. *David Snyder for CRS*

of them still in school, she is energized by the opportunities SILC affords, and sees Mbaadegba as a start, not an end, for their lives.

“I believe that if I send my children to school they will live differently than children who will stay in the village,” Tyodugh said. “Maybe one will even become a medical doctor, and I will be very happy.”



PROTECTION

defending children's rights

Protecting the rights of children is a central tenant of the SMILE program. While that protection can take many forms, one of the simplest and most essential is ensuring that newborn children are issued legal birth certificates.

“A birth certificate protects them from being misidentified, so they have their rights in Nigeria,” said Jacob Agee, a Nutrition Officer for CRS partner Caritas of the Catholic Diocese of Gboko in Benue state. “I have a right to work here, to go to school here as a citizen, because a birth certificate shows I am a true Nigerian.”

Unfortunately, says Agee, many parents are simply not aware of the document's importance. Because many births take

place at home, newborns are often not registered. Still others fall through the cracks, as Nigeria's understaffed National Population Commission (NPC), responsible for issuing birth certificates, cannot reach into all corners of the country.

That is where local partners like Caritas Gboko step in. Through trained volunteers, Caritas Gboko is reaching into four local communities, where assessments in 2014 determined that 80% of vulnerable children do not have birth certificates. The volunteers are identifying the most vulnerable children and registering them with the NPC. It is a format that is helping to register tens of

A vulnerable child in Tyogbenda village, Benue State, displays a legal birth certificate he received with help from SMILE partner agency, Caritas. *David Snyder for CRS.*

“When a child is abused, [the courts] will want to know whether they are legally children under age 18. With a birth certificate, we will be able to know that to protect the child.”

— **Olatunji Sanni**, birth registration official

thousands of vulnerable children, says Olatunji Sanni, Head of the NPC's Birth Registration Department for Edo state, where he works closely with local SMILE partner Girls' Power Initiative (GPI).

“We don't have the manpower to reach the people in every community with awareness, so that is why we are building this partnership,” Sanni said. “GPI is reaching those people for us that we cannot reach in our catchment area because their volunteers are known in the community, so they are readily accepted.”

But the role of birth certificates does not stop with employment and education, Sanni says. State governments allocate resources like police stations and clinics based on population figures taken from the census. Those figures, Sanni says, are often drawn directly from a count of registered birth certificates, ensuring communities are properly represented with government services. Further still, Sanni says, there are direct issues of child protection to consider.

“When a child is abused, [the courts] will want to know whether they are legally children under age 18,” Sanni said. “With a birth certificate, we will be able to know that to protect the child. If we don't know their age, that is much more difficult.”

Yet despite the challenges of reaching out to every rural community, SMILE and its local partners have made huge



A toddler in Tyogbenda holds his birth certificate. *Rebeka Martensen/CRS*

strides in registering the nation's vulnerable children. Since launching its registration effort in 2014, GPI has issued more than 1,000 birth certificates through NPC. Nearby in Benue state, Caritas Gboko issued another 875 in the first nine months of its project. For Jacob Agee, those figures represent a brighter future for Nigeria's youth, even if they cannot yet appreciate the document their parents now hold.

“A two-year-old child does not know the importance of a certificate, but a 10 or 11-year-old child will begin to see the value,” Agee said. “That certificate protects their right to be heard one day.”



HEALTH AND HIV SERVICES

fighting back

HIV has set back generations of progress in sub-Saharan Africa, pushing already fragile health systems to the brink and giving rise to a class of orphans and vulnerable children. In many cases, caregivers are simply unable to meet the needs of children in their care and lack even basic information on available services.

To bridge that gap in Nigeria, the SMILE program offers community mobilization and sensitization, voluntary counseling and testing, and referral services to get caregivers the help they need. Recognizing the critical role that civil society organizations play in local communities, SMILE works with partners

like Teens and Youth Empowerment and Capacity Enhancement (TYECE) to build their capacity, amplifying their reach in Nigeria's Edo state.

"We advocate to reduce stigma for persons who are infected with HIV," explains Promise Alegeh, Program Officer with TYECE. "We target communities for public awareness sessions, [and] we use visual aids and demonstrations to pass across the message."

During such visits, staff and volunteers trained by SMILE share information on HIV and conduct rapid HIV tests, offering counselling and support to any who test positive. For Victoria Simeon,

Victoria Simeon holds the medicine she is now taking for HIV-related ailments at her home in Apana, Etsako West. *David Snyder for CRS*

“They tell me to eat good food. I now eat rice, beans, and lots of vegetables.”

— Victoria Simeon



Victoria Simeon with SMILE volunteer Andrew Umoru. *David Snyder for CRS*

a widow living with two grandchildren and a stepson, it was exactly such a test that revealed her status. Simeon did not know her husband was HIV positive.

“I was very faithful to my husband,” Simeon said. “After he died, I refused to remarry, insisting I will stay to take care of my children. I was very surprised with the [test] result.”

To help, TYECE linked Simeon to the general hospital located in the neighbouring town of Auchì. There she was able to access the medical care she needs to fight her HIV infection, and begin regular visits with a doctor. For Simeon, it was critical support at a time when she was unsure of her next step.

“When I was diagnosed [HIV] positive, [TYECE] came to my house and escorted me to the hospital,” Simeon said. “They came with the local volunteer here who is well known to me.”

Such volunteers are crucial to supporting HIV positive caregivers and vulnerable youth, and are the backbone of SMILE efforts in communities across the program’s five target states. Trained through SMILE to support caregivers who are infected, this cadre of 1,669

volunteers serves as the local eyes, ears, and voice of the SMILE program—a vital link between the community members and the organization itself. Trained in a range of nutritional and psychosocial support techniques, the volunteers are for many clients the only friendly faces they see as they navigate the stresses of living with HIV.

“We have volunteers who are themselves HIV positive,” explains Promise Alegeh. “With their testimony and stories, infected persons learn that being infected is not a death sentence, nor is it the end of the world.”

In Victoria Simeon’s case, that message was reinforced by volunteer Andrew Umoru, a retired policeman and volunteer with TYECE, and Simeon’s closest ally in the Apana community where they both live. Aside from the knowledge he brings on healthy eating and staying positive, Simeon says Umoru’s regular visits encourage her, the impact of which is difficult to measure.

“It is always exciting to have someone close by,” Simeon said. “I feel very happy when people visit me.”



EDUCATION

bringing development back

As headmaster of the primary school in the village of Alogani, in Nasarawa State, Daniel Bala Takyun needed no convincing when SMILE asked him to help engage parents about educating their children. It is a truth he holds dear.

“My parents were not educated, but they were able to sponsor me as a pupil, so I was able to get a job and then support my brothers and sisters,” Takyun said. “So I have seen personally the impact of education.”

With Takyun and other community leaders onboard as willing recruits, SMILE partner agency NACWYCA set about sensitizing the community on the need

to enroll their children in school—a key pillar of the SMILE program. Approaching the village headman first, SMILE partners explained their goals, stressing the role that education can play in helping a child, a family, and ultimately a community develop to their full potential. Here in the village of Alogani, it was a message that found eager ears in village headman Al-Hadji Israka Oko.

“Since the children have started learning, my hope is that they will be the future leaders of this community,” Oko said. “This they will be able to achieve on their own, because they are improving themselves.”

“Any person who goes to school will make better choices.”

— Jume Issa



Orphan Suliman Ibrahim (left) learns carpentry with a furniture maker as part of the SMILE program. The lessons were set up through partner agency NACWYCA when his caregiver could no longer afford for him to attend school. *David Snyder for CRS*

Seeing education as a means of ensuring a brighter future for vulnerable children, SMILE has taken the message literally door-to-door across its five-state operational area, where it works in half of the local government areas in each state. With the goal of enrolling 500,000 vulnerable children into the program, the SMILE consortium sees education as a universal umbrella under which vulnerable young people can thrive—and for many, the means out of poverty.

Working through more than 40 local organizations, SMILE is creating hundreds of community improvement teams comprised of educators, village heads, religious figures and caregivers. Once trained through SMILE to become advocates for education—which is not always stressed in Nigeria’s impoverished villages—team members act as a voice for the most vulnerable members of their community, working with their neighbors to solve issues that may be keeping kids out of school.

“There were some vulnerable children who did not have uniforms, so we went to the community and explained the situation,” said Takyun. “The community members provided the five uniforms, as well

as books and pencils to ten students.”

Still, on a national level, the figures are shocking. UNICEF estimates that fewer than 58% of Nigeria’s children attend school (2012 figure), leading to an adult literacy rate of just over 51%. Married young because of traditional practice or for lack of resources, many young people—especially girls—do not attend secondary education. Still others drop out to support their families through farm labor. Yet despite those challenges, volunteers like Takyun say the message on education is getting through. In the two years since the SMILE program launched in 2013, enrollment in his school climbed from 201 students to 271, a jump he attributes directly to the program’s outreach efforts.

For Jume Issa, a mother of six in the nearby village of Umme, SMILE has opened up a new understanding of the role education can play in her childrens’ lives.

“Any person who goes to school will make better choices and will be positioned to support themselves,” Issa said. “A good child who leaves with education will still remember where he came from, and will bring development back.”

POSITIVE CHANGES

“ There is a market for me here, depending on the quality of my services.”

— Nimetu Abubakar, SMILE program participant

the story of Nimetu

When her father died when she was ten, Nimetu Abubakar wanted to help her mother take care of the family. She enrolled in a local tailoring class to learn sewing, a skill she hoped would help her support her three younger siblings. After 30 months of classes, however, Abubakar was unable to pay the 8,000 Naira—about \$36—required to graduate.

Hearing of her plight, SMILE community volunteer Paul Akowe stepped in to help. Approaching the community improvement team in her village of Emewe-Opada, the group met with Abubakar’s uncle, who agreed to take the debt in payments so that she could graduate from the course. Seeing that she was unable to afford her own sewing machine, the team members then pooled resources from the community and bought her one. “I was very happy when they presented the machine to me,” Abubakar said. “I want to use it to make money to take care of myself, and since I am the oldest, to care for my brothers and sisters.”

Now just 15-years-old, Abubakar bears the weight of being the sole breadwinner for her family. But equipped with the skills she learned in class, and her new sewing machine, she feels up to the many



Nimetu Abubakar demonstrates her sewing skills. David Snyder for CRS

challenges ahead. “There is a market for me here, depending on the quality of my services,” Abubakar said. “But I am confident.”

SMILE progress to date

457

COMMUNITY TEAMS TRAINED IN NUTRITION & HYGIENE

1,168

MOTHER-TO-MOTHER SUPPORT GROUPS TRAINED

12,908

HOUSEHOLDS SENSITIZED ABOUT SENDING KIDS TO SCHOOL

27,461

CAREGIVERS PROVIDED HES SERVICES

304,570

OVC AND CAREGIVERS SERVED

214

STEP-DOWN TRAININGS CARRIED OUT BY VOLUNTEERS

5,710

NEW SCHOOL ENROLLMENTS DUE TO CAMPAIGNS

77,883

OVC & CAREGIVERS GIVEN ACCESS TO HIV SERVICES

23,756

BIRTH CERTIFICATES REQUESTED FROM THE NIGERIA GOV'T

192,866

VULNERABLE KIDS ACCESSING NUTRITION SERVICES

The backbone of SMILE

The SMILE program reaches into hundreds of communities across five Nigerian states, working through nearly 1,700 community volunteers. Ezekiel Abdullahi, a community volunteer since 2014, typifies the dedication of these volunteers.

“Initially I was notified by the head of the community that they needed someone to help,” Abdullahi said. “I’m a pastor, so I was ready to serve.”

Equipped with that passion, Abdullahi was trained by CRS in subjects like HIV awareness, child protection and household nutrition. With the support of partner agency ELSOPHI, Abdullahi took his messages into the community of Abocho in Kogi state, and found fertile ground for his instruction on everything from education to household gardening.

“In the course of my visits I use what I have been taught, especially in nutrition,” Abdullahi said. “I tell them how they can cook foods to preserve the nutrients, or how to prepare their gardens. I tell them the benefits of eating foods that are good for their bodies.”

As one of 43 volunteers working for ELSOPHI, the workload is not light. Abdullahi is responsible for 46 households and typically visits two to four homes per week, in accordance with the SMILE mandate of visiting every home at least once per quarter. By working closely with community improvement teams, local volunteers are able to bring vulnerable children to the attention of the community improvement teams and affect direct change. As an example, Abdullahi cites the case of 13-year-old Hassan Amodu, a disabled youth in Abocho who, because he was unable to walk, had never attended school.

“I knew Hassan because I live close to this community,” Abdullahi said.



David Snyder for CRS

“ I have been born to serve my community.”

— Ezekiel Abdullahi,
community volunteer in
Abocho, Kogi State

After visiting him personally, the team decided to act. They raised money through the community and purchased a wheelchair for Amodu. Recognizing that mobility was only one part of the solution, they then approached the local headmaster and asked that school fees be waived so that Amodu could attend school for the first time in his life. “Yesterday I came to see him and he was so happy,” Abdullahi said. “Before he was so discouraged that nothing good would come to him, but I kept encouraging him.”

For Abdullahi, it is precisely the type of outcome his presence in the community is supposed to engender. Quiet by nature, but with a clear resolve to help others, Abdullahi is typical of the volunteers who serve through SMILE.

“I have been born to serve my community,” Abdullahi said. “If there is something that needs to be done, I will not feel comfortable until I have done it.”

SMILE PARTNERS

Local Implementing Partners

Adolescent Action Pact (AAP)
Advocates for community vision and development (ACOVID)
Anglican Diocesan Development Society (ADDS)
Association for Grassroot Counsellors on Health and Development (AGCOD)
CARITAS Justice Development and Peace Commission (JDPC) of Abuja, Auchi, Gboko, Idah, Lafia and Uromi
Catholic Action Committee on HIV/AIDS (CACA) Archdiocese of Abuja
Catholic Diocese of Otuokpo
Centre for Better Health & Community Development (BHECOD)
Centre for Women Youth and Community Action (NACWYCA)
Community-Based Care and Support Program, Catholic Diocese of Lafia
Department of Health Service Providers (DHSP) Catholic Archdiocese of Benin
EFA-Eying Foundation for Family Health (EFFH) Vandeikya
ELOHIM Foundation (ELF)
El-Sophi Community & Child Care Initiative (ECCI)
Emmanuel Teryila Memorial Liberty Foundation (EMTMLF)
Environmental Development and Family Health Organization (EDFHO)

Family Health Care Foundation (FAHCI)
Foundation for Justice Development and Peace Commission, (FJDPC)
Girls Power Initiative (GPI)
Global Hope for Women & Children (GLOHWOC)
Hope Rising Foundation for the Less Privileged, Lafia (HRF)
Idah Diocesan Action Committee on AIDS (DACA)
Imade Foundation (IMF)
Initiative for Social Change in Africa (VOFCA)
Integrated Health Program Catholic Diocese of Makurdi (IHP)
Jireh Doo Foundation (JDF)
Katsina Ala
Kejie Health Foundation (KHF)
Kindling Hope Across Nations Initiative (KHAN)
Lift Up Care Foundation (LUCAF)
Otabo Caregivers of Otuokpo
Partnership for Survival (PFS)
Pearls Care Initiative (PCI)
Society for Community Development (SCD)
Teens & Youth Empowerment & Capacity Enhancement (TYECE)
Willi Johnson Foundation (WJF)
Women Children Health and Community Development (WOCHAD)

FOR MORE INFORMATION

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