



SMILE

SUSTAINABLE MECHANISMS FOR IMPROVING LIVELIHOODS AND HOUSEHOLD EMPOWERMENT

PROJECT SUMMARY

Sustainable Mechanisms for Improving Livelihoods and Household Empowerment (SMILE) improves the wellbeing of orphans and vulnerable children (OVC) and their caregivers through HIV and tuberculosis (TB) services, household economic strengthening (HES), health and nutrition services, access to education, and child protection and psychosocial support.

SMILE APPROACH

At the backbone of SMILE's service delivery to OVC and caregivers is a multi-level capacity strengthening initiative to improve Nigeria's social service system. SMILE strengthens the organizational systems and technical capacity of the five State Ministries of Women Affairs and Social Development and the Social Welfare Departments of local government areas (LGAs) for effective coordination of the OVC response. SMILE also empowers local civil society organizations (CSOs) through an umbrella grants mechanism, where CSOs receive sub-grants to bolster their technical capacity and deliver high-quality services at the community level. SMILE facilitates collaboration between CSOs and community stakeholders to promote local ownership and sustainability. To achieve this, SMILE establishes or supports Community Improvement Teams for the promotion of children's welfare and rights, HIV stigma-reduction, and resource mobilization for community development.

HIV and TB Services. SMILE facilitates access to and uptake of HIV services to reduce the risk of transmission and increase access of adults and children living with

QUICK FACTS

Project Type	Orphans and Vulnerable Children (OVC)
Funder/funding	USAID/\$41 million
Project location	Benue, Kogi, Edo, and Nasarawa States and the Federal Capital Territory in Nigeria
# of people served	423,740 OVC and 138,996 caregivers
Timeframe	2013-2018
Partners	CRS, ActionAid Nigeria and Westat

HIV to the HIV continuum of care. To promote client's retention in care and treatment, SMILE accompanies beneficiaries who are HIV positive to facilities for drug refill and clinical monitoring, among other services. SMILE also expands its core mandate to include community childhood TB case-finding (CTBC) programming, with a focus on highly vulnerable children and their caregivers.

Household Economic Strengthening. SMILE implements a mix of HES interventions including savings and internal lending communities (SILC), agriculture value chain and value addition, vocational training, financial education, and a cash and asset transfer program. The unconditional cash transfer program targets the most vulnerable households to support their recovery from shocks and

promote economic resilience. SMILE promotes pro-vitamin A fortified cassava cuttings, Orange-Fleshed Sweet Potato (OFSP) vines, and Quality Protein Maize (QPM) as part of the project's value chain development. These crops were selected because of their high nutritional value and potential to generate income.

Health and Nutrition Services. SMILE promotes health-seeking behaviors among vulnerable children and their caregivers through health education. The project supports beneficiaries with emergency funds for medical emergencies that they may not be able to afford. Nutritional Assessment Counselling and Support and Water Sanitation and Hygiene services are provided to address cases of malnutrition among adults and children living with HIV. Community members participate in Infant and Young Child Feeding support groups to support adequate nutrition for children in their first 1,000 days of life.

Access to Education. SMILE provides education block grants for schools where vulnerable children attend. Block grants are intended for teaching and learning aids, school desks and chairs, and other materials to nurture a child-friendly school environment. More so, the block grants allow these schools to provide school fee waivers for vulnerable children for 3-6 academic years. SMILE also promotes girls' access to education, encourages school retention, and facilitates their transition to secondary schools by engaging community leaders, members, and parents. Lastly, to promote the cognitive and developmental needs of young children, SMILE runs an early childhood development program (ECD) in selected communities.

Child Protection and Psychosocial Support. SMILE strengthens the coordination and networking mechanisms of child protection and social protection systems to increase reporting and management of cases of violence against children. More so, the project improves the structures' capacity to advocate for increased resource allocation for child protection and welfare in the four states and the Federal Capital Territory. At the household level, SMILE promotes positive parenting skills among caregivers of vulnerable children. Community volunteers also conduct routine home visits to sensitize caregivers on child rights and protection, provide counseling services, and facilitate recreational activities.

KEY RESULTS

As of June 2018, SMILE has achieved the following:

- Served 423,720 OVC and 138,996 caregivers with need-based services using a case management approach.
- Supported 174,023 children to access HIV testing services. Identified 3,026 HIV positive children and linked 99% of them to antiretroviral treatment.
- Identified 466 children with TB cases and linked them to treatment; of this, 68% completed treatment.



Glory Emmanuel and her family earn income to support their seven children by processing cassava in their community. She was able to purchase the machine by taking a loan from her SILC group. Photo by Michael Stulman.

- Formed 1,145 SILC groups with 24,753 members. The groups saved ₦124,000,000 (US\$405,000) and made profits worth ₦19,000,000 (US\$62,000) between 2015-2017.
- Provided unconditional cash transfers to the 23,114 most-vulnerable beneficiaries, each of whom received ₦20,000 (US\$60).
- Trained 3,500 youth and caregivers in high-demand vocational skills; of this, 246 received starter packs to jumpstart their own businesses.
- Supplied 105,000 most vulnerable caregivers with farming inputs such as pro-vitamin A cassava cuttings, OFSP vines, and QPM.
- Identified 162 malnourished children through routine growth monitoring; of this, 49 children were severely malnourished, referred to services, and successfully treated.
- Enrolled 552 children in 12 communities in the pilot ECD program.
- Provided education block grants to 84 schools, which enabled access to 8,089 vulnerable children.
- Issued birth certificates for 117,459 OVC, through strong collaboration between CSO partners and the National Population Commission.
- Improved coordination for the OVC response; institutionalized child protection systems at the community, LGA and state levels; improved budgetary provision for child well-being; and established functional referral mechanisms across project locations.

CONTACT US

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Cover photo: Eguaseki siblings are cared for by their grandmother who received a cash transfer from SMILE to expand her business and invest in her grandchildren's education. *Michael Stulman/CRS*
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