



QUARTERLY NEWSLETTER

Dear Colleagues and Friends - Welcome to the April 2014 edition of the quarterly Save the Children - Nigeria Country Office Newsletter. An opportunity to share updates and snapshots of Nigeria’s team activities which are Program Delivery focused around Advocacy, Campaigns, Maternal and Newborn Health, Nutrition and Links for Children, that supports the survival of Mothers, Newborns and Children across Nigeria. I wish to express my sincere appreciation to the entire Nigerian staff and to Susan Grant, Country Director for their contributions towards this edition. We hope the stories in this issue will inspire you to continue giving children a chance to survive and thrive to their fullest potential.

Grace Olomiwe
Social Media and Communications

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Progress Report

All eyes on Nigeria as we team up to join the *Ending Newborn Deaths* publication launch in United Kingdom

Globally, of the 6.6 Million Children under five who die each year from preventable causes, 44% are Newborns and over 250,000 Newborns die every year in Nigeria. In a report *Ending Newborn Deaths*, Save the Children called on world leaders, philanthropists and the private sector to meet and commit to the Five Point Newborn Promise. The report was launched on February 25th, 2014 and received Media coverage globally. Nigeria was a major role player in promoting Newborns both at home and internationally. The biggest hits were in the UK as Catherine Oluwatoyin Ojo, International Confederation of Midwives (ICM) and Save the Children's Everyone Campaign Midwife Award Winner and Grace Olomiwe, a Social Media and Communications Focal Person with Save the Children International, Nigeria country office were both present at the UK to support and launch the campaign.

As a part of her visit, Catherine also visited Leeds Infirmary. There, she was shadowed by a Midwife named Gemma Raby who gave her a tour around the health facility showing her the readily available equipment's and resources to provide Maternal and Newborn Health in the UK. This was an exciting experience as Catherine had an opportunity to compare the standards of Hospitals in the UK and in Nigeria. These also gave her valuable insights on how she could improve MNCH in Nigeria. After the visit to the Leeds Infirmary, Catherine reached out to people through Social Media, this include a Twitter Chat with Mummy Bloggers, a teleconference with Save the Children UK volunteers. She also featured on BBC Breakfast TV, BBC-Focus on Africa, BBC Radio, Aljazeera, ITV and BBC World TV, Save the Children's Magazine in the UK: Children Now and many other media houses where she shared insights on her job passion, challenges, progress and breakthroughs she faces on a day to day basis as a Skilled Midwife in Northern Nigeria. She was also a panellist at the Every Newborn Action Plan (ENAP) Consultation at The Royal College of Paediatrics, London and at the Parliamentary Roundtable in Westminster,

There, Catherine congratulated Save the Children for the timely launch of the Newborn Campaign and *Ending Newborn Deaths* report. She also made a call to Government officials all over the world to make Newborn health a priority by enacting the Newborn Promise which would save millions of lives. To round up their work, Grace and Catherine met with Save the Children London based Staff. They paid a courtesy visit to the CEO of Save the Children International, Jasmine Whitbread. Jasmine expressed her excitement and profound joy in having Grace and Catherine physically present to support the Newborn campaign launch and also signed the Newborn pledge board to call on the Government to take action on ending Newborn deaths.



Save the Children Nigeria Trains Association for Reproductive and Family Health on Child Safeguarding Policy

Child Safeguarding Policy (CSP) is essential for all organizations but in particular organizations working with children to protect Children from harm. The Child Safeguarding Policy is there to ensure that children who come in contact with Save the Children Staff, our Partners, Volunteers, Contractors and Service Providers are not exposed or a put at risk of further harm, exploitation or abuse through inappropriate behavior of staff or as a result of organizational process and program implementation. Save the Children, as a global movement has signed up international minimum standards to keep children safe. In line with the international best practices.

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Save the Children is committed to building the capacity of its partners in developing, understanding and implementing a child safeguarding policy. As part of this commitment, Save the Children Nigeria through the Links for Children (LFC) project supported its local partner, the Association for Reproductive and Family Health (ARFH) to develop its Child Safeguarding Policy. Save the Children Staff, Head of Human Resources & Support Services, Naomi Mutegeya, Senior Protection Advisor, Oge Chukwudozie, and provided technical support by facilitating a two day training in Akwanga, Nasarawa State, Nigeria on the 12th & 13th of March, 2014 targeting the management and other key frontline workers of ARFH.

The training gave the participants an opportunity to discuss and be more aware of child protection issues which exist in the communities where they live and work. In addition it provided a platform for staff to explore what the policy means in reality to them and how they will implement it in all aspects of their work irrespective of their positions. The participants committed themselves to ensure children are protected and are not exposed to further harm while in contact with ARFH or any of their partners in all of their projects.



Nigeria's Health & Nutrition Team attends Global Initiatives Programme Learning Group (PLG) Meeting in Nepal

Recently, staff of Save the Children Nigeria's Nutrition Programme attended the Health and Nutrition Global Initiative's Programme Learning Group (PLG) Meeting in Kathmandu, Nepal. The meeting was a global conference of all the members of Save the Children including the regional and country offices and it was a forum to learn from each other and review the Health and Nutrition Global Strategy and the Humanitarian Public Health Strategy as well.

The conference drew over 120 participants from 31 Countries and 9 members to Kathmandu from the 9th-14th March 2014. Participants had a feel of the mountainous terrain of Nepal for Field trips to Marming, Ichok and Thuloparkhar VDCs in Sindhupalchok District to observe and learn from the projects that are being implemented in the district. The entire period of the conference had lots of activities ranging from highly informative plenary sessions on Child Health, Maternal and Newborn Health, Nutrition, Campaign/Advocacy, Humanitarian response and so on to vast interactive concurrent sessions in the following areas: Newborn, Humanitarian, HIV, Child health, Nutrition and Maternal Health, Another learning platform was a session on poster presentation from the participating Countries of at most 2 of their Programmes that has demonstrated the Theory of Change.

The Poster from Nigeria was declared the overall winner of the competition and won a prize. This was because, not only did the MNCH and Nutrition Programmes demonstrate the Theory of change, but both programmes were linked with each other. At the end of the busy week, participants engaged in competitive games. And again, the Nigerian delegation had the floor; with the Nutrition Advisor, Adaeze Oramalu coming out as the last-woman-standing at the end of the competition.



Empowerment charts a brighter future

Sani Sadiq is a 14 year old boy from a family of 14 children and resides in Kofar Marusa Community in Katsina State. Sani was among the first batch of youths trained on vocational skills by Save the Children's Links for Children (LFC) project in 2013. Following the training, Sani saved and invested N200 to produce and distribute free samples of shampoo, liquid soap, petroleum jelly (similar to Vaseline) and air freshener; a strategy he used to invite buyers. As a result of Sani's initiative and in order to encourage him, his elder brother contributed N500 to boost the business, and Sani immediately re-invested and made N3,000 worth of profit. Sani has been able to achieve all these during weekdays after school and weekends.



Sani's parents and siblings were inspired by his new found skills and assertiveness that they supported him with an additional N5,000. With the additional funding and increased profit he was able to purchase a bicycle which he rides to school. He stated that "the days of late coming to school are over for me and I can also go to the market to buy my items to build my hobby without depending on anyone. I can now afford to buy clothes and school books. This makes me feel accomplished because I am an inspiration to my relatives and friends".

From Nepal to Nigeria: Lessons in taking Newborn Health interventions to scale: a blog by Dr. Abimbola Williams



Each year in Nigeria, more than 240,000 babies die in their first month of life, accounting for more than a third of all under-five deaths. Thirty percent of these deaths occur because of severe infections that are acquired soon after birth and during the first days of life, which is when babies are at most risk of dying. The Government of Nigeria has taken action to ensure no newborn dies from preventable causes. Considering that two-thirds of births take place at home in the absence of a qualified health worker, Nigeria is keen to introduce community-based approaches and interventions to prevent newborn infections. This is why in March, 2014, a delegation of 11 of Nigeria's most dedicated stakeholders traveled to Nepal, a country that has made remarkable progress in implementing Chlorhexidine at the community level.

Not only has Nepal made giant strides in ensuring the antiseptic is widely available in health facilities, it has also provided access to mothers and newborns in remote areas through community-based distribution through their Female Community Health Volunteer program (FCHVs). The delegation sought to learn from Nepal's successes and challenges in implementing Chlorhexidine in order to provide further guidance for those involved with the wide-scale introduction and implementation of Chlorhexidine for newborn cord care in Nigeria. The team included members from the Federal Ministry of Health, the National Primary Health Care Development Agency (NPHCDA), the National Agency for Food and Drug Administration and Control (NAFDAC), Jigawa State Ministry of Health, the State Primary Health Care Development Agency (from Jigawa and Katsina states), the Nigerian Society for Neonatal Medicine (NISONM), and Save the Children Nigeria's Senior Maternal and Newborn Health Manager, Dr. Abimbola Williams. To date, two states in Nigeria – Sokoto and Bauchi – have already initiated implementation of Chlorhexidine, supported by partners including USAID's TSHIP program, the Bill & Melinda Gates Foundation, and JSI.

The learning visit also provided a forum for our stakeholders to compare learning emerging from Sokoto and Bauchi, and inform Nigeria's plans to roll out Chlorhexidine within a broader community health program. Furthermore, the availability of Chlorhexidine will greatly facilitate progress towards Nigeria's Saving One Million Lives Agenda, the *Every Newborn* agenda, and the UN Commission on Lifesaving Commodities, which is co-chaired by the president of Nigeria. In Nigeria the policies are mostly in place; what is needed now is action at state and local level to increase coverage and quality of life-saving interventions, while closing the equity gap for the poorest families. We seek to extend the collaboration we made in Nepal among federal, state, and non-government stakeholders to Nigeria as a whole. Such collaboration will include targeted meetings with high-level federal and state officials to revise and finalize Nigeria's guidelines for Chlorhexidine application, formulating arrangements for the production and distribution of Chlorhexidine, state and national-level advocacy, and other efforts that will result in an effective nation-wide Chlorhexidine program.

You can watch this video by clicking http://youtu.be/zV_O3lqxv8U or <http://youtu.be/cIYttP9GBcY>

Nigeria Hosts 17th Regional Leadership Team Meeting

On March 17th, 2014 the Regional Leadership Team (RLT) met in Abuja to discuss talent management and resource mobilization for the region, with a focus on The Global Fund and President Emergency Plan for Aids Relief (PEPFAR). The RLT welcomed for the first time Francis Ntessani, Acting Democratic Republic of Congo Country Director and the incoming Country Director for Central African Republic, Robert Lankenau. The only missing country was Chad.

The Global Fund is a major donor concentrating on Malaria, Tuberculosis and HIV. Greg Ramm, Vice-President of HIV/AIDS and Child protection for Save the Children US led the sessions on these two key US donors. “We mapped out opportunities and determined the operational support required to access these funds. All countries should be participating in some way in the Global Fund Country Coordinating Mechanism,” said Regional Director Natasha Quist. Claude Diwouta-Loth, Regional Human Resources Director, led the sessions on leadership and talent management.

The focus was to improve team performance and develop a coaching culture, considering a cultural survey that was completed last year. Hussein Mursal from Save the Children UK led a learning session on Cash Transfer Programing as well. Having one of the largest cash transfer programs funded by Department For International Development, Save the Children Nigeria has acquired significant knowledge and best practices that will be shared with the rest of the region.



Communications Team Trains Staff

Considering the nature of the Save the Children’s programs in Nigeria, certain communication skills were identified to be necessary for staff who work in the field offices. Some of such skills which include compilation of Case Studies, Photography, use of social media etc. are absolutely necessary to effectively document the successes achieved in the course of implementation . They also provide qualitative evidence of the various degrees of impact that the project is having in the lives of beneficiaries.

These skills are also very important since Photos, Case Studies, use of social media etc. are a few of the many vital communication materials necessary for advocacy at various levels of Government. Bearing these in mind, members of the Communications Team, Wemimo Onikan and Grace Olomiwe deemed it necessary to train program staff in the field on some of these vital skills to enable us deliver maximally on generic program outputs. The training was targeted at staff involved in the day to day implementation of Working to Improve Nutrition in Northern Nigeria (WINNN) and included staff of other similar projects being implemented in the selected states such as Gates Advocacy and Child Development Grant Programme (CDGP). The trainings were conducted for two full days with a total of thirty-four participants from Kebbi, Zamfara and Katsina State.



Jasmine Whitbread's Advocacy Visit to Nigeria

On Thursday, 27th March, 2014, Jasmine Whitbread, the CEO of Save the Children International came into Nigeria, amidst excitement from staff. Jasmine was invited by the African Union to be a part of the High Level Panel Discussion on Child Stunting and its effects on the Development of Nigeria and Africa at large. The Panel discussion was organized as a side event to the Meeting of African Ministers of Finance and Economic Planning held in Abuja. As a part of her whirlwind visit, Jasmine met with staff of Save the Children in Abuja and connected over 100 staff from the various field offices via Skype with over 100 staff attending the meeting via Skype.

Afterwards, she visited Utako Market where she met with Market women who were part of the campaign calling for the signing of the National Health Bill into law. Jasmine had seen many of the women in a video that was produced by the country Programme on the advocacy work being done on the National Health Bill. Meeting with the women physically was therefore an exciting moment for her, as this provided a platform for her to hear the women share their live stories and the challenges they experience to access health care for themselves and their children. She ended the day with a cocktail with some of Save the Children's National and International partners. On March 28th, 2014 Jasmine started a busy schedule with a breakfast interview on Radio Nigeria. You can listen to her interview by clicking <http://youtu.be/IHG1wK3wTjo>

She also had interview sessions with various National and International Media such as Africa Independent Television (AIT), Channels Television, BBC, Daily Trust Newspaper, Guardian Newspaper and a host of other media organizations hosted in Save the Children Conference room. Jasmine spoke with passion at the high level panel on ending child stunting in Africa. Panelists including Children Investment Fund Foundation (CIFF) CEO Michael Anderson, Executive Secretary of the UNECA Carlos Lopes, and Finance Minister Kasajia of Uganda spoke on the need to view child stunting as an integral part of transformative growth for Africa, and an issue of not only moral and social implications, but also of great economic impact.

Jasmine focused on the necessity of a multi-sectorial approach in efforts to reduce child stunting, sharing her relief that the world is finally waking up to the issue of child stunting. Describing child stunting as "an emergency going unchecked" under the eyes of the world's leaders, she reiterated the need for a real political commitment from leaders of all levels of government and civil society to share the best practices and resources needed to make a dent in tackling child stunting. Jasmine also had a side meeting with the Honorable Minister of Finance, Ngozi Okonjo-Iweala and discussed some critical issues regarding the development agenda in Nigeria. During the meeting the minister discussed the importance of intention to adopting a holistic approach to addressing the extreme vulnerability of many Nigerians children and mothers through a sustainable social protection program. They also shared a valuable perspective on the Health Bill and agreed to work together in organizing a discussion forum with the relevant stake holders on how to finance the National Health Bill. Below are Media Links to Jasmine's Visit;

- <http://sunnewsonline.com/new/?p=58208>
- <http://www.premiumtimesng.com/news/157798-group-warns-child-malnutrition-stunting-africa.html>
- <http://www.9janewstimes.com/2014/03/11m-children-will-be-affected-by.html#more>
- <http://dailytrust.info/index.php/health/20406-cost-of-stunted-children-high>
- <http://m.allafrica.com/stories/20140312363.html/>
- http://www.bbc.co.uk/hausa/news/2014/03/140328_save_thechildren_nigeria.shtml



My Campaign Story by Hadiza Aminu

My name is Hadiza Aminu and I was the Campaign Manager for Save the Children in Nigeria. I have been campaigning for the past 10 years, starting with gender and women's rights, before moving to Newborn and Child health. I have supported other colleagues to campaign for issues like climate change, poverty eradication, girl child education and enforcing the ban on early marriage. Along the course of my work as a campaigner, I have received comments ranging from the motivational to the very sentimental. Of these, I have tried to capture what in my opinion are the top 10 things people say to a campaigner...so happy reading!

What exactly do you do?

As a campaigner, my job is to mobilize the general public to take specific action (such as lobbying, posting or speaking out) with the aim of putting pressure on a particular target (which may be a Government, an individual, a group or an organization) so as to influence that particular target to change, adopt or amend a certain position (which may be a law, a policy or a tradition) in a bid to create positive and lasting change within a constituency....The amount of people asking me what I do even after the above explanation has forced me to conclude that campaigning is as enigmatic as rocket science.

How do you know?

A good campaigner does not act without a premise. We know because we interact closely with the people most affected by the issue we are campaigning for. We document case studies and use data to inform the recommendations we are campaigning to achieve.

I thought you were....!

A campaigner must have sound knowledge of the issue campaigned on. For this reason, I receive comments like "I thought you were a doctor" (just because I am campaigning for child health), or I thought you were a lawyer (just because I am campaigning for the passage of a law). Someone even told me, oh I thought you were older!

How can I...?

Is a discussion I get from people who have recently aligned with my campaign issue and are trying to know more about how they can be a part of our movement. I usually direct them to sign a petition or invite them to a campaign event, I could also explain to them about how they can make a donation to the cause and what their donation will be used for.

What should we do next?

This comes from the more passionate supporters who are not satisfied with a few easy actions. They look up to the campaigner to engage them on deeper journeys for the cause they believe in. To such people, I usually turn the tables and hand over some of the ownership of the campaign, while I offer them technical support and guidance as we move the campaign together.

What if we don't succeed?

The truth is there is no mathematical way of knowing if your campaign will succeed or not. Certain things can increase your chances of success, like having a comprehensive campaign strategy, mobilizing enough resources for your activities, having a realistic campaign ask, knowing your targets and using the right approach to reach them and of course maintaining a good coordination between your supporters so that everyone is speaking with one strong voice.

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Is issue campaign similar to a political campaign?

Surprisingly yes. A development campaign is very similar to a political campaign. The political campaigner also tries to mobilize general public to take concrete action (i.e. vote) in support of his issue (the candidate) with the aim of providing positive and lasting change within that constituency. Like development campaigns, a political campaign also needs to have a good strategy, adequate funding and careful management and coordination of its supporters.

Do you actually...?

Yes we do...all that and more. We go to remote and rural communities where there are no roads and no technology to work with the people we are campaigning on their behalf. Back in the office, we sit for hours writing concept notes, minutes of meetings and reports to our donors and partners; we do a lot of thinking, a lot of meetings and a lot of team work to get things just right and many a times we get turned down by the people we are trying to influence.

I love your job.

I can't count the number of people that have told me they loved my job. I guess I am one of those lucky few who have the good fortune of being paid to do the things I love doing. I love being a voice for the voiceless, I love influencing people's destinies for the better. I love driving to work knowing I am contributing my quota to the Nations development, I love that I get to do all these things in fun, innovative and exciting ways.

Well done!

Are remarks I receive when a milestone has been achieved. Sometimes it comes from very unlikely sources like people who did not believe that our campaign will succeed, it also comes from people who are just realising I was part of the group that stirred the course of events. Whenever I hear a unanimous "well done" I am comforted in the knowledge that our efforts did not go in vain.



POEM: From A Child to a Mother by R. Knight Culled from: <http://www.familyfriendpoems.com/poems/life/inspirational/>

Slow down mummy, there is no need to rush, Slow down mummy, what is
all the fuss? Slow down mummy, make yourself a cup of tea.
Slow down mummy, come spend some time with me.
Slow down mummy, let's pull boots on for a walk,

Let's kick at piles of leaves, and smile and laugh and talk.
Slow down mummy, you look ever so tired,

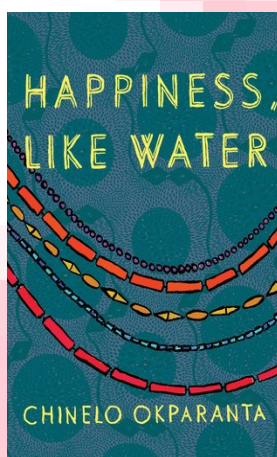
Slow down mummy, those dirty dishes can wait,
Slow down mummy, let's have some fun – bake a cake!
Slow down mummy, I know you work a lot,

But sometimes mummy, it's nice when you just stop.
Sit with us a minute, And listen to our day,
Spend a cherished moment,
Because our childhood won't stay



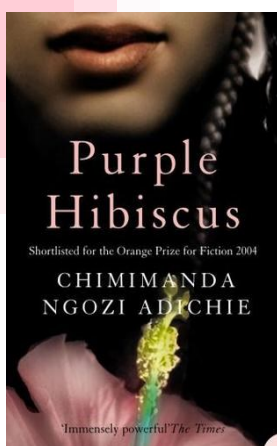
Recommended books to Read

Culled from: <http://www.naijastories.com/category/best-nigerian-books/>



Here are Nigerian women at home and transplanted to the United States, building lives out of longing and hope, faith and doubt, the struggle to stay and the mandate to leave, the burden and strength of love. Here are characters faced with dangerous decisions and children slick with oil from the river. Here is a world marked by electricity outages, lush landscapes, folktales, buses that break down and never start up again.

Here is a portrait of Nigerians that is surprising, shocking, heartrending, loving, and across social strata, dealing in every kind of change. Here are stories filled with language to make your eyes pause and your throat catch. *Happiness, Like Water* introduces a true talent, a young writer with a beautiful heart and a capacious imagination.



The limits of fifteen-year-old Kambili's world are defined by the high walls of her family estate and the dictates of her fanatically religious father. Her life is regulated by schedules: prayer, sleep, study, prayer. When Nigeria is shaken by a military coup, Kambili's father, involved mysteriously in the political crisis, sends her to live with her aunt. In this house, noisy and full of laughter,

She discovers life and love – and a terrible, bruising secret deep within her family. This extraordinary debut novel from Chimamanda Ngozi Adichie, author of *Half of a Yellow Sun*, is about the blurred lines between the old gods and the new, childhood and adulthood, love and hatred – the grey spaces in which truths are revealed and real life is lived.

CONTRIBUTORS:

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