

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

NIGER

14 August 2003

Appeal no. 01.39/2003; Appeal target: CHF 318,177 (USD 218,318 or EUR 216,328)

Programme Update No. 01;

Period covered: January to July 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.

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In Brief

Appeal coverage: 62.5%; please refer to the Contributions List for this appeal on the Federation's website.

Outstanding needs: CHF 119,322 (USD 87,415 or EUR 77,032)

Related Emergency or Annual Appeals: 2003 Annual Appeal no. 01.41/2003: Sahel sub-regional programmes

Programme Summary: The Red Cross Society of Niger (RCN) was a key player in the Ministry of Health's fight against the meningitis epidemic which struck the country. The RCN contributed 200,000 vaccines and syringes to the efforts and mobilized volunteers to help in the vaccination efforts which reached some 74,000 persons in Illela district. The RCN also contributed to a regional polio campaign, which vaccinated over 95,000 persons in this last of five countries in the world afflicted with polio. HIV/AIDS training and awareness in schools and amongst commercial sex workers in Niamey and Tahoua reached 2,500 youths, teachers, and sex workers and led to creation of a cadre of peer educators for on-going efforts. Progress was made in the finance development programme, which aims at re-enforcing the RCN's capacity to manage, report on, and develop its finances. Funds are still required to cover technical support for the RCN to evaluate its previous development plan and create a new one.

Operational developments

The crisis in Côte d'Ivoire has continued to affect activity in several sectors of the economy due to closing of the railway network linking Abidjan to Ouagadougou which is the main trading route for Niger imports. The most affected sector continues to be the onion and vegetable sector where prices have fallen sharply due to inability to export to Côte d'Ivoire. The harvest has been exported to other markets, including Benin, Burkina Faso, Ghana and Nigeria, but at lower prices. New strategies have also been put in place to diversify production with the introduction of fenugreek and other spices that can be conserved for over two years and, as a result, should be less vulnerable to similar crises in the future. The IMF has expressed concern at the effects of the crisis, as it has weakened—if only slightly—the collection of international taxes. In addition, private transfers from Côte d'Ivoire to Niger may be further reduced, although the extent of repatriation has been much lower than in Burkina Faso and Mali.¹

In the health sector, Niger was struck, like several neighbouring countries, by a meningitis outbreak in February. The WHO reported 3,518 cases of meningitis in 2002, including 308 deaths. The last major meningitis outbreak took place in 1996, with more than 25,000 cases reported in Niger alone. Niger is part of the "meningitis belt", with peaks occurring during the dry season between November and April. In addition to responding to this emergency, a regional polio vaccination campaign was conducted targeting the southern provinces of Zinder and Maradi, along

¹ www.ciu.com, June 2003.

the border with Nigeria, during the period. Niger is one of five countries that together account for more than 85 percent of new polio cases worldwide. The others are Nigeria, Afghanistan, India, and Pakistan; in Nigeria, all new cases have been in the north on the border of Niger. Two influential Islamic groups in neighbouring Nigeria urged Muslims to resist the government's immunisation programme aimed at eradicating the poliovirus; these groups alleged the polio vaccine was intended to sterilise children and control population growth by spreading HIV as part of a plot by the western world to reduce the population of Nigeria and other developing countries. Such allegations indicate the extent to which the people need more education on the essence of the polio immunisation effort. A national polio vaccination campaign will take place in the last quarter of 2003 in both Niger and Nigeria as part of national and international programmes to eradicate polio in Africa by 2005.²

According to UNAIDS, the UN body co-ordinating the fight against the disease, 64,000 Nigerians, including 3,300 children, were living with HIV/AIDS at the end of 1999; this is a relatively low proportion by West African standards. The measured HIV prevalence rate was put at 1.3% in 1993. However, recent press reports suggested that prostitution was flourishing in southern border towns, attracting Nigerian clients escaping the constraints of Sharia law; this traffic is likely to produce an upsurge in HIV/AIDS and other sexually transmitted diseases. A national committee to combat AIDS was formed in 1987; however, some Islamic groups continue to oppose official and non-governmental promotion of the use of condoms.³ At the beginning of April the World Bank approved a USD 30M programme to combat the spread of AIDS. The project's objective will be to support the implementation of Niger's Strategic Framework for the Fight against sexually transmitted infections and HIV/AIDS for the period 2002-2007.

The Federation Head of Regional Office and Regional Finance Development Delegate visited Niger to review programme progress to date and to discuss needs for additional support. They gave particular focus to needs within the field of organizational development as related to the national society's need to evaluate its former development plan, now completed, but not yet renewed; they will look at how to begin to develop more sustainable programmes and structures.

1. Health and Care

Goal: To contribute to the reduction of infant and childhood vaccine preventable diseases, and the spread of HIV/AIDS in Niger.

Objective: With the aim to reduce mortality and morbidity, with regard to HIV/AIDS and infant and childhood preventable diseases, in targeted zones, the National Society's social mobilisation and IEC activities are strengthened at the community level.

Progress/Achievements

Niger's health profile is alarmingly poor. Life expectancy at birth is estimated at 44.8 years, compared with an average of 48.8 years in sub-Saharan Africa. Illnesses affecting Niger's population include meningitis, polio, malaria, sickle-cell anemia, and increasingly HIV/AIDS. Health providers are particularly limited in Niger. According to UNDP, there were only four doctors per 100,000 people in the mid-1990s; given the continued squeeze on public resources, it is unlikely that these rates have improved since. Only seven percent of the rural population has access to health services, compared with 75% of the urban population.

Several components exist under this objective:

- Component 1: response to emergency public health crises that can be prevented through vaccinations;
- Component 2: sensitisation of communities in under-served and hard-to-reach areas on prevention of childhood preventable diseases; and,
- Component 3: HIV/AIDS education to youth and target groups such as commercial sex workers.

² www.irinnews.org, March 2003.

³ www.ciu.com, June 2003.

Component 1

Great effort was spent during the period on responding to the emergency meningitis outbreak in the region of Tahoua, in the district of Illela. Activities included the procurement of 200,000 vaccines for the Ministry of Health through the ICG mechanism, a first for the RCN. This procurement was made possible by vaccines pre-purchased by the Federation/Norwegian Red Cross for meningitis epidemics. The RCN also purchased syringes, trained 50 volunteers on meningitis detection and referral of cases, and organized them to mobilize populations for vaccination of 76,473 persons in 43 villages.

Impact

	Vaccination by age group				Vaccination coverage (%)		
	1-4 years	5-14 years	15-29 years	> 30 years	< 15 years	1-30 years	Total population
Numbers vaccinated	17,460	25,159	16,438	17,416	35.86 %	28.97 %	28.96 %
	Total vaccinated				76,473		

Constraints

The RCN has only one health professional with no assistant or staff. This makes it difficult to cover all programmes (emergency and on-going) at one time, including attending national coordination meetings at which the RCN must be represented. Some delays were encountered in preparing the ICG application due to the newness of the process to the RCN and availability of the application only in English language. Nonetheless, these constraints were overcome. Delays were also encountered in receiving a reply from the ICG in Geneva, all of which lead to delays in sending the vaccines from the supplier in France to Niger. It will be important to develop a better preparedness capacity to address future epidemics.

Component 2

In relation to National Immunisation and “Mop-Up” days, the RCN conducted polio vaccination social mobilization activities in Zinder and Maradi from 17-22 June, in collaboration with the Ministry of Health; six districts were covered and 368 volunteers mobilized.

Regular door-to-door social mobilisation activities will begin in August to increase broad vaccination coverage of children in urban communities of Niamey and the border zones of Tillabery and Dosso.

Impact

A total of 19,581 children aged 0-5 years were vaccinated at a cost of about 0.19 Euros per child. A National Polio Vaccination campaign will be conducted in October; the RCN is expected to participate in this planned campaign as well.

Component 3

To improve the knowledge level of its health trainers in HIV/AIDS and sexually transmitted diseases, a training of trainers was conducted in February during which 15 trainers were given additional training, including four persons living with HIV/AIDS (PLWHA).

As part of its information, education, and communication (IEC) activities in schools and amongst professional sex workers, RCN trained five school committees including 25 students and five teachers in five schools in Niamey, ten professional sex workers and eight PLWHA. Similar training took place in Tahoua where five school committees and five professional sex workers were trained; PLWHA were not included as none could be identified.

Activities included 32 discussions and debates in Niamey and five in Tahoua around the various themes of HIV/AIDS/STDs, six film projections in schools and with sex workers, four radio programmes, competitive games, and development of sales of cloth for income-generating projects with the commercial sex workers. Within the income-generating scheme, the sex workers – most in their 40s - signed legally-binding partnership contracts with RCN for repayable loans (approximately 90 Euros per worker) to enable them to purchase African fabrics for resale for the purpose of generating income. Most of the women had repaid their loans relatively quickly and many others

were anxious to participate in the scheme as well. This project is a major boost to the income of women whose daily income amounts to less than one Euro. It is expected that this project will enable them to withdraw from the sex trade.

Impact

Fifteen health education facilitators/trainers are available, 48 peer educators trained (38 in Niamey and 10 in Tahoua), two RCN committees possess peer educators, 10 schools reached involving 2,300 students (1,280 in Niamey and 1,020 in Tahoua), 286 professors reached (147 in Niamey and 112 in Tahoua), one income generating project involving 10 commercial sex workers launched with the aim of given them a means of survival outside sex-work.

Constraints

Health education sessions and activities were frequently delayed due to student and teacher strikes, or lack of availability of students during pre-exam periods. The execution of this project in schools and amongst commercial sex workers has incited a strong interest amongst these groups. However, the lack of means for testing and treatment, and availability of condoms within schools is a major drawback. As there are practically no school infirmaries or health services, many students have no access to regular health care.

2. Organizational Development

Goal: To decrease vulnerability of people living in Niger through improved service delivery by the RCN.

Objective: The RCN has (1) completed a comprehensive Strategic Development Plan, based on a national society capacity assessment, which is coordinated and agreed upon with key stakeholders both within and outside the Movement, leading to (2) a systematic development approach which will allow the National Society to progressively increase with strengthened financial management and resource development capacities its capacity to better meet the needs of the vulnerable.

Progress/Achievements: Sub-objective (1)

The Head of Regional Office visited the RCN in May to discuss their organizational development needs. The RCN has requested the support of a technical advisor to assist them with the evaluation of their previous development plan, now expired. Based on the results, the RCN will prepare another development plan for discussion with partners. Work to identify appropriate technical support has begun.

Impact

The RCN feels supported by the regional office and a clear understanding exists on the direction to pursue.

Constraints

Insufficient capacity within the regional office to progress on this objective has contributed to slow progress. The recruitment of a regional development officer should address this problem.

Progress/Achievements: Sub-objective (2)

Work to improve the RCN financial management systems began in 2002 and is on-going. Below is a description of the detailed objectives under this organizational development component.

During the course of 2002, the Federation regional finance and resource development (RFRD) delegate was working on drawing a precise financial management picture of the RCN. Systems, practices and procedures were reviewed and recommendations formulated regarding characteristics of a well-functioning national society. Different support scenarios were suggested to assist the RCN which already have human and technical resources in its finance department. The RFRD delegate proposed to work on updating the actual accounts management systems and thus recommended the selection, purchase and the installation of a professional management software. A Memorandum of Understanding is to be signed in August 2003 to that effect. This process is completed as well with the strengthening of management procedures with the introduction of an administration and financial manual.

Impact

Sound financial management systems and procedures have been developed and resource development capacities are coordinated and planned.

- Accounting and budgeting software has been installed.

The planning for finance package implementation process has been decided with the RCN. A competitive bid process was launched and quotations have been collected; the RCN will select both software and supplier.

Since the number of potential suppliers is rather limited in Niamey, the RFRD delegate's market research concludes that the major and well-known companies (Gamma, Synergie, Bull, Ucem, ITT, Totelec and Sodesi) propose three types of products: Sage SAARI, Ciel Compta, Tompro and different home-made softwares. With the issue of these meetings with the companies, the RCN finance staff expressed a need to visualize the products quoted and to meet users which was done during regional delegate's mission. A final meeting was organized with KMC (chartered accountants and management consultants) to solicit their professional advice as auditors.

- Budgets have been consolidated and chart of accounts revised and completed.

Since the RFRD delegate mission in July 2002, the current accounting systems proved useful for the management of the meningitis, polio and HIV/AIDS programs: it allowed the accountant to meet reporting requirements. [The accounting systems were installed with Federation support; the Federation funded the health programs in 2002 and 2003.]

The implementation of a new professional accounts package allowed a brainstorming session on the way in which the RCN would like to present all of its activities. The RFRD delegate shared some concerns regarding the different accountancies in place. The French Red Cross delegate uses Excel spreadsheets for her project and for the management of the community-based projects within the development program of the branches. A second system is carried out on Lotus 1.2.3 for the Federation-funded programs. A third system is used for the core-costs and for management of the kindergartens and primary schools. Different meetings were held to define the best way for the RCN and its partners to meet donor requirements and to present the most coherent and relevant accounting information for the all activities carried out by the RCN.

The RFRD delegate can rely on the French Red Cross regional delegate's local assistance; the French Red Cross representative - working with the RCN for several years – is seen as an asset for finance development process as she will assist the staff while the new tools will be introduced and has made available her own accountant for the RCN finance staff. This additional expertise will allow the RCN accountant to be assisted in various aspects; the accountant lacks a background in accounting, and has learned mostly on the job with the RCN finance section.

- Finance management staff have been involved in preparation and budget control, as well as finance reporting.

As a result of the RFRD delegate mission last year, the accountant participated for the first time in the preparation of end-of-year financial statements as well as 2003 budget projections.

- Rules and procedures have been introduced with finance procedural manual fully respected by the RCN.

A steering committee was organized to work on the drafting of the administrative and financial procedures and weekly meetings are taking place; the committee is comprised of the RCN general treasurer, head of programs and accountant, and the French Red Cross delegate. A version of the procedures manual would be implemented at the end of the year for the branches with training sessions funded by the French Red Cross. A questionnaire is currently circulating with questions and comments on job descriptions for the whole staff and various governance members involved in the management of the RCN.

- Professional skills of finance staff have been improved through training.

Training sessions at the time of the installation of the software will be completed with a monthly assistance visit for the closure of the accounts, as well as at year end to present the financial statements. If the choice of the software as Sage Saari is confirmed, it should be noted that this tool has also been chosen by the Senegalese Red Cross and is being considered by the Gambian Red Cross. The installation of this software in the national societies of Sahel

region would allow a harmonization of the tools and systems in place as well as capacity building at the regional level through knowledge sharing between the financial staff.

- By end 2003 one national resource development committee has been organized.

The RFRD delegate held different meetings regarding the RCN's activities undertaken in resource development. In September 2002, a National Resource Development committee was established. This structure worked out a plan of action endorsed by the RCN Board in October 2002. This plan details the activities, a timeline/chronology and the focal person for each activity. A follow-up session was held regarding the different actions of the committee

- By end 2003 one resource development plan has been developed (operational plan with measurable objectives and defined responsibilities) within overall goals development plan.

The steps taken by the RCN since September 2002 shows its willingness to structure and strengthen its own resources at headquarters and branch level. The RFRD delegate presented the activities supported during the second six-month period within the framework of the regional resource development project. Two key areas of focus that seem useful to strengthen are (1) an annual action plan for resource development and (2) the coordination of the committed activities with the idea to develop a precise message and a clear vision of RCN activities as regards resource development.

Impact

Better finance management systems and procedures as well as an effective fundraising policy will allow the RCN to strengthen its management towards matching the characteristics of a well-functioning national society and meeting the needs of most vulnerable. Progress so far is satisfactory.

Constraints

The RCN accountant lacks a background in finance and will doubtless need additional assistance for the use of the new professional management tool. Due to the limited number of persons in the RCN and timing constraints of the Federation and French Red Cross delegates, little progress was made in June and July. Moreover September and October correspond to a peak period for the accountant who will need to be fully available at the time of the installation and the setting up of the new management tools.

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All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

APPEAL No. 01.39/2003

PLEDGES RECEIVED

27/08/03

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

					TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				318,177		62.5%
CASH CARRIED FORWARD				67,195		
BRITISH - GOVT/DFID (04)				40,000	24.02.03	FINANCE DEVELOPMENT
FINNISH - RC		25,000	EUR	36,388	07/01/03	HEALTH AND CARE
IRISH - GOVT				47,716	28.04.03	ORGANISATIONAL DEVELOPMENT/FINANCE
SUB/TOTAL RECEIVED IN CASH				191,299	CHF	60.1%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
FRANCE	DELEGATE(S)			7,556		
SUB/TOTAL RECEIVED IN KIND/SERVICES				7,556	CHF	2.4%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT

Niger

ANNEX 1

APPEAL No. 01.39/2003

PLEDGES RECEIVED

27/08/03

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	