

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

BURKINA FASO

15 August 2003

Appeal no. 01.35/2003; Appeal target: CHF 262,810 (USD 180,327 or EUR 178,684)

Programme Update No. 1

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: 90.3%; please refer to the Contributions List for this appeal on the Federation's website.

Outstanding needs: CHF 25,422 (USD 18,624 / EUR 16,411)

Related Emergency or Annual Appeals: Emergency Appeal no. 34/2002: Burkina Faso, Ghana, Guinea, Liberia, Mali & Niger: Humanitarian Response and Contingency Planning for Population Movements (launched 4 December 2002, revised 29 April 2003 for CHF 2,423,000)

Programme Summary: The Burkinabe Red Cross Society (BRCS) was quite active over the period in responding to the needs of returnees from Cote D'Ivoire with support from a Federation FACT team and International Red Cross and Red Crescent Movement partners (see separate update specific to emergency appeal 34/2002).

The BRCS responded to a meningitis epidemic, reaching nearly 366,000 people through social mobilisation and other awareness-raising interventions. The BRCS made progress in ensuring their independence through a resource-development programme which is restructuring its four income-generating units. Appeal coverage is good, at 90.3%; funds were received for both the general health and the resource development programmes. However, there has been no funding received for the HIV/AIDS programme.

Operational developments

The political and social crisis in neighbouring Côte d'Ivoire will continue to have major repercussions on Burkina Faso. However, the establishment of a government of national reconciliation in the neighbouring country has helped to ease tension between the two countries. If the peace effort collapses, the danger of wider regional conflict will increase considerably, with serious long-term consequences. The slow progress in re-establishing stability in Côte d'Ivoire will affect economic activity.

Government figures indicate that 118,000 Burkinabe migrants have officially returned from Côte d'Ivoire, primarily through the help of the government's repatriation campaign. Taking the official figure and adding on local officials' estimates of the number of Burkinabe returnees passing through borders, more than 242,000 repatriates are estimated as of mid-April. The short-term costs of this massive influx have been considerable, with UNICEF and humanitarian organizations covering the majority of those costs. The social costs are harder to quantify. In some provinces which have received a large proportion of returnees, local government officials have committed themselves to finding places for student repatriates. As most schools are already overcrowded, this has placed a serious additional strain on teachers' workloads, further eroding the quality of education.

In some locations, “villages” of returnees have begun to emerge, encroaching on established farmlands and contributing to local ethnic and land-tenure disputes. If such disputes are not resolved, both local government officials and traditional chiefs fear eventual ethnic-related violence.

Despite the progress made so far in meeting poverty reduction goals, a recent World Bank report (quoted by Economist Intelligence Unit in June 2003) noted a number of difficulties that may hamper the process in the near future: the prevalence of HIV/AIDS (which is the second highest in West Africa, at 6.5%), the economy’s vulnerability to trade shocks, the negative impact of the crisis in Côte d’Ivoire and the rapid rate of urbanisation.

Health and care

Goal: To contribute to the reduction of morbidity and mortality due to communicable diseases in Burkina Faso.

Objective: Mortality and morbidity linked to HIV/AIDS, endemic and childhood illnesses, have been reduced through BRCS health activities, promoting appropriate health behaviour at the community level in the rural zones.

Progress/Achievements

At the start of 2003, a meningitis epidemic broke out in Burkina Faso and neighbouring countries. The most affected districts were in the central south and east of the country (Batié, Manga, Pô, Bogandé, and Pama health districts). The most affected population was the 5-14-years age group.

The BRCS belongs to the inter-agency technical committee which includes the Ministry of Health, WHO, UNICEF, Plan, MSF, and PSF. The committee was reactivated to respond to this crisis, and met weekly throughout the period. The committee is comprised of five commissions: strategy, epidemiological surveillance, laboratory, resources, and social mobilization; the BRCS belongs to the latter commission.

The BRCS mobilized over 250 volunteers: 49 volunteers plus one supervisory coach for each of the five affected health districts. The volunteers were all well placed, given their role in the heart of local communities. All volunteers were provided with a bicycle; the coaches were provided with mobyettes (pedal/motorcycles) and megaphones. These were left over from the 2001 measles vaccination campaign. This demonstrates a good use of existing resources to build on previous interventions.

The BRCS organized the social mobilization activities in the five affected districts, in close collaboration with the government and other partners. To sensitize the affected populations, a two-day workshop was organized with each provincial committee. Complementary to social mobilization activities, the BRCS volunteers played a significant role in the detection of new meningitis cases.

In addition, the BRCS performed an important advocacy and dissemination role, through meetings with the High-Commission and those responsible for sensitisation in market places. Television and radio spots were diffused in French and local languages, and a press station was organized to allow communication specialists to have updated and accurate information.

BRCS headquarters staff completed five field missions to supervise activities at the local/district level. As part of its decentralized approach – in line with ARCHI 2010 tenets – the district coaches travelled extensively in support of the volunteers working at the village level.

Health districts covered by volunteers	BRCS volunteers	Volunteers recruited	Coaches	Families reached	Meningitis cases detected
Batié	9	40	1	5 880	10
Manga	49	-	1	23 500	25
Pô	49	-	1	20 000	15
Bogandé	28	21	1	8 820	5
Pama	39	10	1	15 000	2
TOTAL	174	71	5	73 200	57

Impact

BRCS volunteers reached 73,200 families (approximately 366,000 people) with meningitis-related health messages, and identified cases for referral to health structures. The volunteer capacity of the BRCS has been strengthened to better respond to potential health crises among rural populations, especially with regard to dissemination of health messages within communities. The Batié local committee has been restructured. Partnerships at local, national and regional levels have been reinforced. The BRCS has also benefited from the increased visibility.

Lessons learned include the realisation that if BRCS wishes maximum visibility, it should always ensure it is integrated into the Ministry of Health programmes. In addition, in order to ensure maximum integration of BRCS volunteers into the health system, strong collaboration between local BRCS committees and the MCD is required.

Constraints

- On-going and refresher training of volunteers is needed in order to be able to respond to health emergencies in a timely fashion.
- More timely dispersal of funds from the regional office is required. This will depend on early budget approval to enable early disbursement and transfer.
- No funds were received for the HIV/AIDS programme. It is hoped that the recruitment of a regional health officer at the Federation Dakar regional office would enable BRCS to be better supported to pursue global and other HIV/AIDS funding in the second half of 2003.

Organisational Development

For the BRCS, 2001 was a transitional year regarding its organisation; an extraordinary general assembly was held in July 2001. The BRCS has also been through a difficult period in its relationship with one of its long-term Movement partners, the Danish Red Cross (DRC). The DRC was dissatisfied with the quality of financial/information systems within the BRCS. Organisational development and financial resource mobilisation are now considered priorities of a five-year development plan adopted by the BRCS to become a well-functioning national society. The BRCS hired new professional finance staff to reshape financial management systems and procedures. The Finance Officer worked with professional software on consolidated budgets, revised the financial chart of accounts, and developed budget control rules and finance reporting documentation. A finance procedures manual has also been introduced. Although it has some small income generating projects, the BRCS is highly dependent on external support, mostly from other parts of the Movement. To guarantee sustainability, the management systems of different income generating projects - called economic units - are now run by BRCS staff, but require further strengthening.

The Federation has committed itself to seek support for this process; this programme is an important part of the overall strategy for improving management and accountability within the BRCS. Also planned is the purchase of stocks and capital equipment for four income-generating (economic) units: the laboratory, the pharmaceutical warehouse, the sewing centre and the cafeteria.

Goal: Strengthen income-generating units management for a better sustainability of the National Society

A first mission in June inaugurated a cycle of missions, which will allow for monthly follow-up on the profitability/sustainability of the four economic units.

A steering committee was created to manage the programming and the financial management of the project; it integrates one focal person responsible for each economic unit and includes representatives from the Board and management.

For each economic unit, the steering committee met with all relevant staff to discuss:

- the current organisation of the economic unit;
- financial management and stock delivery tools;
- the support proposed within the framework of the project; and
- the programming of the activities related to this support.

A plan of activities detailing capacity building programme for each economic unit for 2003 will be established for July-December.

The BRCS and the Federation regional finance and resources development (RFRD) delegate established different financial management tools. The BRCS Finance Officer is in charge of updating the monthly financial reports for each economic unit to follow up the management and the implementation of capacity building programme.

Objective 1: Strengthen laboratory service delivery systems and management procedures

Progress/Achievements

Human resources:

Laboratory examinations are currently provided by three persons with different background and professional experiences; the RFRD delegate is assisting the staff to define which kind of training sessions can optimise staff capacities.

Working capital:

The purchase of the reagents necessary for examinations is handled by the head of laboratory staff who gets supplies from different local representatives. These purchases are done according to criteria which are not in line with traditional procurement procedures. A list of potential suppliers will be established with the assistance of the Finance Officer, who will be involved from now in all the purchases carried out by this economic unit. The BRCS also wants to introduce and endorse procurement regulations as a precondition to providing the working capital to strengthen this economic unit.

Cash management:

A register is updated daily with information regarding the cash collected and examinations performed; following the example of the pharmaceutical deposit book, this tool is less dedicated to the structure than to a personal use. Management indicators and tools will be introduced to make it possible to gather useful information on a single document, which in turn would be checked on a regular basis by the Finance Officer

Regarding the three other economic units, the collected receipts need to be used to strengthen the laboratory unit; the laboratory can in turn envisage the ordering of reagents necessary for the continuation of service delivery.

Equipment:

The RFRD delegate recommended that the inventory of existing equipment be completed prior to the addition/purchase of any new equipment. The Finance Officer will participate in the purchasing process.

Objective 2 : Strengthen purchasing, storage and cash management procedures for the pharmaceutical store**Progress/Achievements**

The dispensary, the laboratory and the pharmaceutical store represent three interlinked structures offering services to the same patients. The fee for consultations is minimal and allows patients to be directed towards either the laboratory or the pharmacy. The BRCS dispensary was opened in 1986 with funding support from the Austrian Red Cross. The dispensary was staffed by a doctor until April 2002; today, the dispensary is functioning with five nurses.

Human resources:

Taking into account the current staffing levels, the BRCS option of hiring four people is to be reconsidered. The integration of new skills and a redistribution of duties are needed for optimal service delivery, before any training sessions can be envisaged.

Objective 3: Assist in implementation and management of a cafeteria linked to the BRCS guest rooms and conference hall**Progress/Achievements**

The BRCS has chosen the installation of a snack bar and the sale of drinks to staff of the BRCS, tenants of the guest rooms and participants of seminars held in the conference room.

Human resources:

Nobody was contracted for the management of this structure. A cook and a volunteer seem necessary from now on. The RFRD delegate awaits proposals from BRCS on the question of hiring of the cook and a volunteer.

Working capital and equipment:

A questionnaire has been circulated among BRCS personnel and volunteers, to gather information on the most profitable services to be provided.

Objective 4 : Strengthen sewing center with marketing, training sessions and equipment**Progress/Achievements**

The sewing center was built in 1987 with Danish Red Cross support. Sewing courses have been provided over three years, and new course fees are generating income.

Human resources:

Training proposals were to be sent to the RFRD delegate; however, this process is still pending, due to focal person's sick leave. A sales area has been identified; for the same reason, the equipment list is not yet available.

Marketing:

Danish Red Cross funding support covered core costs and teachers' remuneration up to December 2002. The sewing center would like now to organize a space for sales, managed by one of the teachers; the best pupils would provide the products and would be compensated based on their sales. The BRCS needs now to define where installations and necessary equipment can be implemented.

Impact

The National Society Governance members are now mobilised for the success of this programme. The BRCS President held a meeting on 17 June with all national society staff to increase individual awareness about the necessary introduction of management rules and tools. At management level, the arrival of an assistant Finance Officer should ease the follow-up and supervision of the capacity building related activities.

Constraints

- The personnel working in the four economic units have held their posts a long time, and some lack management background. The BRCS Finance Officer will need time to handle training sessions and to ensure that new professional tools are used appropriately.
- As relates to stocks' delivery and cash management, drug-storage information is recorded in tally cards ; it is neither updated nor filed on a regular basis. There is no easy access to necessary information.
- No proper stock register is maintained, but should be introduced during the RFRD delegate's next mission.
- As cash book has yet to be introduced too and an inventory of existing stocks was provided (format per generic drug and per speciality: product / quantity / purchase price / sale price /packaging).
- The lack of a medical doctor at the dispensary has had negative impact on the number of patients frequenting the dispensary.

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APPEAL No. 01.35/2003

PLEDGES RECEIVED

19/08/03

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

						TOTAL COVERAGE
REQUESTED IN APPEAL CHF ----->				262,808		90.3%
CASH CARRIED FORWARD						
BRITISH - GOVT/DFID (04)				50,000	24.02.03	HEALTH
FINNISH - RC		25,000	EUR	36,388	07/01/03	HEALTH AND CARE
CAPACITY BUILDING FUND ALLOCATION				131,000	15/05/03	PBF003
IRISH - GOVT				20,000	28.04.03	PRIMARY HEALTH
SUB/TOTAL RECEIVED IN CASH				237,388	CHF	90.3%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES						
				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT

Burkina Faso

ANNEX 1

APPEAL No. 01.35/2003

PLEDGES RECEIVED

19/08/03

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