

Appeal 2002-2003



International Federation
of Red Cross and Red Crescent Societies

NIGERIA (Appeal 01.03/2002)

Click on programme title or figures to go to the text or budget

	2002 In CHF	2003 ¹ In CHF
1. Disaster Preparedness	277,642	190,983
2. Health and Care	2,075,850	1,422,749
3. Organizational Development	291,051	286,751
4. Coordination & Management	186,736	198,668
Total	2,831,279	2,099,151



Introduction

National context

The Nigeria Red Cross Society (NRCS) was established by an act of parliament in 1960 and recognized by the Movement in 1961. The constitution was last revised in 1995 and will again be revised to reflect changes to the operating environment. The roles of governance and management are well-defined following recent structural changes in the society. The highest decision-making body is the central council which includes branch representatives and meets once a year. The executive committee meets quarterly and is made up of elected national officers and branch representatives.

The NRCS operates through its 37 branches, one in each of the 36 states and the federal capital territory Abuja. Within each branch, volunteers are organized on a divisional basis based on a local government area. These enable the national society to have the organization and competence to run activities and respond to disasters and emergencies in both urban and remote rural areas. The national society has extensive local knowledge and ready access to local communities with high public respect for the Red Cross emblem. Volunteers are involved in all activities of the national society. The NRCS employs twelve senior staff at headquarters with a further twelve staff placed in the six geopolitical zones of the country to bring decentralized support to branches. There are now full-time branch secretaries in all 37 branches. Training officers in the branches are generally part-time.

The NRCS works within a national context in which the military regime in Nigeria was replaced on 29 May, 1999, by a democratically-elected civilian government. The economy had been deteriorating for several years, with a large external debt and one of the world's lowest GNPs per capita, currently at CHF 403. This has led to a decline in the social and health conditions of the population, compounded by periodic outbreaks of

¹ These are preliminary figures for 2003, and are subject to revision in the course of 2002.

infectious diseases. Over 10,000 people died, for example, in the meningitis epidemic in 1996. Nigeria, the most populated country in Africa and the largest country in sub-Saharan Africa, has a population of 120 million and is comprised of 250 ethnic groups. The adult literacy rate is at 57 percent. Approximately 66 percent of the population has access to health services and only 39 percent has access to safe water (UNDP). According to the ministry of health, some one million Nigerians die each year from malaria; hospital statistics attribute 30 percent of child mortality and 60 percent of outpatients to malaria.

Nigeria's AIDS rate is 5.4 percent of the population over 18 years (1999 Sentinel). The highest prevalence, 21 percent, is in Benue State. UNFPA assessed that an estimated 30 percent of women are victims of some form of physical abuse. Within this context, the potential for political unrest and ethnic conflict is large. Nigeria is prone to flooding in the coastal states, landslides in the eastern part, drought and fires in the northern Sahel region, and rain and wind storms south of the Sahel. In the Delta region, disaffected youth regularly disrupt oil activities, and state governors from the region wage a constitutional battle with the federal government on the sharing of oil revenue and land use by oil companies.

National Society priorities

The NRCS stated mission is to improve the situation of the vulnerable through the four core activities of disaster preparedness, disaster response, health and care in the community (including HIV/AIDS), and promotion of humanitarian values. Programmes for organizational development and coordination and management are intended to support these areas of activity as outlined in the national society's revolving three-year strategic plan. The national society sees fund-raising and resource development as a means to achieve self-sufficiency for core activities; it is one of its priority aims. Visibility through print and electronic media is high in Nigeria, and the national society is seeking to further publicize itself and enhance its image as a reliable service provider for the most vulnerable.

Priority programmes for Federation assistance

The health and care, disaster preparedness, disaster response, and organisational development programmes are priorities identified within the country assistance strategy.

1. Disaster preparedness

Background and achievements/lessons to date

Over the past two years, the NRCS engaged in relief operations almost continuously in response to communal clashes throughout most parts of the country, pipeline explosions in the Delta and Lagos docks areas, flooding in the north and Niger River catchment, drought in Borno State, and widespread meningitis and cholera outbreaks.

More than 900 volunteers were trained nationwide at the branches between 1998 and 2000. However it was often difficult to mobilize trained volunteers when emergencies struck. Because the trained volunteers did not have an organized system, they did not have emergency contingency plans. In 2000, there was a revision of the disaster preparedness strategy with a focus on training, organizing and resourcing five disaster preparedness emergency teams in each of six branches per year, including a decentralized system of support with the deployment of zonal officers in each of the six geopolitical zones of the country. To date, there are 30 such teams organized in the Borno, Kaduna, Kwara, Osun, Delta and Anambra state branches, each of which has a contingency plan. A further 30 teams are to be operational by the end of 2001. The six zonal officers provide branches with the technical, managerial and monitoring support to ensure that emergency teams are organized to respond quickly to disaster; this system is found to be working well. There are currently 24 radio stations providing communication between the branches and headquarters. The NRCS has pre-positioned non-food relief materials in Lagos and is in the process of making some of this stock available to the Kano warehouse so that response preparedness for the northern states can be improved. ICRC also has emergency stock of non-food items for approximately 4,000 people.

The National Emergencies Management Agency (NEMA) is the government body responsible for coordinating relief; however so far its role has been restricted. NEMA relies heavily on the NRCS to provide information on emergencies.

As a member of NEMA, the NRCS is encouraging NEMA to take up a more active coordination role and has contributed to the national contingency plan. Although each state is to have a state emergency management committee, this has not yet been realized. Where they do exist, they are not staffed nor are they trained in relief operation; they lack the power to work other than under the decisions of state authority.

With a high risk for communal clashes, the NRCS has to be prepared to work in internal conflict situations and with large numbers of casualties and internally displaced persons (IDPs). Respect for the Red Cross emblem has proved effective so far in providing the protection required. Often the NRCS facilitates the involvement of others in relief operations such as medical doctors and even government officials. The NRCS is relied on by beneficiaries as an honest broker in dealing with hospitals and security authorities to ensure that casualties of such disasters as conflict or pipeline explosions are not singled out for prosecution and to advocate with state authorities on behalf of the internally displaced. With a do-no-harm approach, the NRCS is careful to ensure that its relief operations are non-discriminatory, are perceived as such, and where possible ensures that its action serves to connect factional communities to each other.

With both ICRC and the Federation assisting the NRCS to develop and respond to disasters, there is clear demarcation on international assistance provided. ICRC provides assistance in conflict preparedness including first aid and in conflict response. The Federation assists in natural and other non-conflict disasters and in the post-conflict and rehabilitation stage.

Both ICRC and the Federation support the emergency team and zonal decentralized support strategies and ensure that duplication of assistance does not occur. This programme is consistent with the NRCS strategic plan for 2002-2004 and the country and regional Federation assistance strategies. ICRC and the Federation have assisted the NRCS in developing its emergency preparedness and response capacities through operational management and technical advice, pre-stocking, training, transportation and communication assistance, and salary support.

The fear still exists for increased conflict, which would displace those affected. It is vital that the NRCS, as the only nationwide non-government agency, has a well-developed and resourced response capacity throughout the country. This programme seeks to strategically develop that capacity.

Goal To ensure that quick and appropriate relief assistance can be efficiently delivered to those suffering from emergencies and disasters throughout the country by trained volunteers. Volunteers must be organized into emergency response teams at the branch level and have technical and management support.

Objectives and activities

Objective 1 Train, resource and organize five emergency teams of fourteen volunteers in each of six states per year, and maintain a system of readiness and management support to existing teams. A total of 120 emergency teams will be operational in 24 states by the end of 2003.

Activities to reach this objective are:

- Zonal officers, together with the national emergency officer, visit six branches per year to orient them on programme and the disaster preparedness emergency team concept. They agree on a memorandum of understanding and agree on recruitment, organization, management and communication systems.
- Each of the six zonal officers work with one branch per year to ensure that divisional disaster preparedness emergency team selection and organization is completed satisfactorily.
- Each of six zonal officers gives disaster preparedness and emergency preparedness and response training to 30 team leaders, deputy leaders and disaster preparedness coordinators of two branches, each with five teams. There will be 60 teams total.
- Branch team leaders organize and train their teams.
- Equip the trained and organized teams with necessary operational materials such as bibs, helmets, gloves, masks, rescue tools and identification.
- Provide administrative support to six branches per year.
- Hold an annual disaster preparedness dry-run rehearsal and training exercise each year with six branch emergency teams.
- Update the disaster preparedness training manual and distribute to all teams.
- Print relief distribution materials, such as bin cards, beneficiary lists, beneficiary cards, volunteer lists.

Objective 2 Ensure that disaster preparedness and relief operations are responsive and appropriate to the needs of the most vulnerable people affected by or at risk from disaster by training all organized disaster preparedness emergency teams in needs assessments using the vulnerability and capacity assessment (VCA) technique.

Activities to reach this objective are:

- Hold one VCA workshop for steering group orientation, technical training and to plan the VCA process; determine the VCA task force and decide how the findings will be used for future planning and activity.
- Task force VCA orientation and training in details of technique.
- VCA orientation and training of branches on zonal basis.
- Collate VCA findings.
- Workshop for analysis of collated assessment and review of VCA process.
- Complete VCA report and review.

Objective 3 Develop a national NRCS disaster preparedness contingency plans in collaboration with NEMA and relevant government and non-governmental agencies consistent with branch contingency plans agreed at state and local government levels. Plans to be in a constant state of revision and updating.

Activities to reach this objective are:

- Work with each of the six branches to develop team and state contingency plans and further develop these into zonal and national Red Cross plans; engage NEMA in the consultation process.
- To participate in NEMA quarterly meetings.

Objective 4 Further develop the disaster preparedness capacity of the NRCS through technical, management and resource assistance for the national emergencies officer, the six zonal disaster preparedness

officers, and the programme branches. This will include regional delegation support, external training, government meetings and quarterly management meetings with zonal officers. Carry out programme monitoring and evaluation at the branch level.

Activities to reach this objective are:

- Hold quarterly zonal management meetings to ensure coordination, accountability by and support to zonal officers.
- Enable the national emergencies officer and zonal officers to attend training within the region.
- Country delegation and regional disaster preparedness technical assistance to be provided with the NRCS to be engaged in the formation of regional response teams. This to include staff salary support.

Expected results

- With a total of 120 emergency teams in 24 states, the NRCS will have established local and organized capacity at the branch level to respond to emergencies.
- There will be a disaster risk mapping and early warning network, and during down time the teams will provide first aid services and engage in disaster prevention activities.
- Relief assistance provided from the year 2002 onwards will be more appropriate due to developed skills in beneficiary engagement and recognition of the capacity of people affected by disaster.
- VCAs will provide the basis for future disaster prevention plans and work at a local level.
- With integrated disaster contingency planning, there will be practical activity from local to the national level in developing capacity and resources to improve and provide faster response to predictable disasters.
- Data on overall response capacity and organization will be readily available.
- The Red Cross role will be well understood and recognized in each of the 24 states and nationally by the end of 2003.
- The Red Cross example of disaster preparedness will influence government and others to be more strategic and organized for disaster response.
- The NRCS preparedness response management and organizational capacity will continue to be developed from the state to national headquarters level.
- The NRCS will make a significant contribution to the creation of a regional response team to be operational during 2002.

Indicators

- National headquarters will have a register of all emergency teams with membership and contact details.
- Programme quarterly reports will provide analysis of team, branch and zonal reports reflecting team organization and activity.
- There will be an evaluation of VCAs as applied to disaster preparedness and response provided by the end of 2003.
- The relief operation appeals and reports will indicate that the relief assistance proposed and provided took cognizance of the expressed needs and capacities of beneficiaries.
- There will be an accumulation of 120 team contingency plans, 24 state branch contingency plans, six zonal contingency plans, and one national integrated contingency plan by the end of 2003. At any stage of the programme, the number of completed and approved contingency plans will provide an indicator of progress.
- Programme quarterly reports and relief operation reports will provide qualitative information and quantitative data to show the effectiveness of the programme and of the technical assistance given.
- Accounts will be available to link expenditure with results achieved.

Critical assumptions

- Should civil disturbances and conflict take place, the programme will need to remain flexible to meet the demands of relief operations and not be derailed unless the situation becomes extreme.
- The programme, dependent on following a strategy of decentralized support to branches for development of local capacity to respond to disasters, needs funding commitment over a period of two to three years if the momentum is to be maintained and objectives achieved.

Monitoring and evaluation arrangements

The programme branches will be monitored by zonal officers under the direct supervision of the national emergencies officer. The secretary general of the NRCS will have overall responsibility for monitoring and evaluation. The Federation head of delegation will monitor and evaluate the programme on an ongoing basis while the Federation finance delegate monitors financial expenditure using the working advance system. As the sub- regional approach to Federation support is introduced, the proposed Federation office for the sub-region will take over these responsibilities. It is expected that supporting national societies will carry out field visits from time to time to provide input.

2. Health and care in the community

- Primary health care
- HIV/AIDS

Primary health care

Background and achievements/lessons to date

Poverty and a lack of government health services continue to make community primary health care a priority for the NRCS. The unstable nature of a civil service with low pay and poor working conditions does not engender optimism for this situation. The maternal mortality rate was more than 1,000 per 100,000 live births in 1990 (UNSD), and infant mortality for 1999 was 112 (UNDP, HDR 2000). Conditions in rural areas are worse than in urban areas; 1995 figures reveal 39 percent have access to safe water, and 48 percent have access to sanitation (UNSD). There is a lack of primary health care services and a low full-routine immunization rate of 17 percent for children at one year of age. Nigeria is a densely populated country with epidemics of meningitis, measles and cholera seasonally striking parts of the country. Sporadic but controlled outbreaks of yellow fever and Lassa fever cases have occurred during the last year. Road accidents are a major cause of high mortality and morbidity.

As one of the few countries in the world with wild polio virus, Nigeria participates in the Global Polio Eradication Initiative, immunizing 36-42 million children in each round. To eradicate the remaining virus, "mop-up" immunization days will be carried out in 2002 with the aim of obtaining a polio-free certification in 2005.

The prevalence of HIV is 5.4 percent, as measured in a 1999 Sentinel study. In some of the states and age groups it is higher; the peak is in Benue State (16.8 percent) and also among pregnant women in 'hot spots' (21 percent). In absolute figures, Nigeria will in a short period of time have the largest number of HIV infected people in Africa. An African summit on HIV/AIDS, tuberculosis and other infectious diseases was held in Abuja in April 2001 under the auspice of the Organization of African Unity (OAU) where heads of African states and representatives of international organizations and foreign aid organizations expressed their commitment and support for a plan of action for these diseases in Africa.

The community-based health programme (CBHP), started in 1997 and sponsored by the Swedish Red Cross and the British Red Cross, is well designed to compliment basic health needs provided by the government. The health programme is fully consistent with the ARCHI 2010 strategy and the Ouagadougou Declaration. The strategy is to develop three community service units: mothers' clubs, school units focusing on health prevention and road safety, and health action teams to be alerted in case of health emergencies and epidemics in local communities.

At the beginning of 2001, there were about 100 established mothers' clubs performing health education, promoting routine immunizations and breast feeding, and establishing self-sustaining activities. In 2001, new guidelines, health education materials and training modules were developed for mothers' clubs and used in training 24 new co-ordinators, 28 facilitators and 111 leaders. These newly-trained people are working with communities to establish 120 new clubs, each with a minimum of 15 members. Pre-printed flip charts designed for illiterate women are proving useful tools for informed discussion by members.

The strategy for establishing school units has been reviewed. Influenced by the high costs of training school unit leaders and with inadequate indicators of progress, it is now being proposed to develop stand-alone health education on hygiene, first aid, sanitation and road safety. Development and provision of well-designed educational material and an appropriate monitoring system will result in a more cost-effective program. First aid kits for covering the needs of accidents in schools and for road safety will be placed with select interested schools. Guidelines for treating common emergencies will be developed with input from the ministry of education, UNICEF, and other agencies working in this field. This information material for pupils will promote

health awareness and road safety. It is felt that the lack of school teaching and pupil material in Nigeria will work to the benefit of promoting health awareness and interest in the Red Cross among a new generation of Nigerians. It is proposed that strong linkages are established between school units and the Red Cross youth movement in Nigeria.

To better respond to health emergencies and epidemics, volunteers are retrained to form health action teams on site to assist local communities and health authorities in generating public awareness on common health hazards such as epidemic diseases, their prevention and control. The strategy for establishing systems of epidemic surveillance has also been reviewed. Again the approach of widespread training has not always proved reliable in providing skilled people organized to respond before, during and after emergencies and epidemics. To better respond to emergencies and epidemics, training is now being restricted to carefully selected and organized teams of five members per branch. This strategy is being followed in the six programme branches during 2001 and is being closely monitored for effectiveness. These health action teams are to work in close co-operation with the disaster preparedness emergency teams.

Early in 2001, a newly recruited member of staff was trained in the latest techniques of first aid by the British Red Cross Society. With a commercial as well as service approach, 24 of the 37 branches now have trainers with up-to-date skills. The British Red Cross Society continues to assist in developing a new first aid manual and provides ongoing support. It will be necessary to integrate this new first aid training into CBFA during the year 2002.

Due to increasing concern and demands from branches about road accidents, the proposal this year includes road safety promotion.

During 2001, with funding support from the Federation global polio appeal, the NRCS worked with the government and other agencies involved in the polio eradication consortium. The NRCS role was in social mobilization. During three polio immunization rounds, when almost 3,000 Red Cross volunteers were mobilized, the NRCS carried out over two million door-to-door mobilization visits and, with other public activities, was estimated at having generated more than seven million immunizations to children under five years of age. This activity was considered to have been a great success, and the NRCS received wide acclaim and recognition as a national society with good community linkage. It is proposed to continue this social mobilization activity in 2002 "mop-up" operations as part of the general health activity of this programme.

From June 2001 the capacity of the NRCS in health activities was greatly increased with the training and deployment of six zonal health officers, one in each of the six geopolitical zones of the country. This decentralized support to branches for programme implementation, technical and management advice, and monitoring has significantly improved programme implementation.

A water and sanitation feasibility study was carried out during the year with German Red Cross and British Red Cross assistance. If funding is received, this activity will be integrated into the wider health programme.

Goals To strengthen the capacity of vulnerable people in their daily lives by enabling them to address their priority health problems. By the end of 2003, the NRCS will expand and strengthen its health programme for the benefit of the vulnerable in the country. Through the networks of volunteers organized into community service units, the awareness of health risks, and preventive measures and actions needed will be disseminated to local communities and will have driven health development forward. The health programme will have reached new groups, especially women of child-bearing age, children targeted for vaccine-preventable diseases, school children for accident prevention, and students on HIV and populations at risk of epidemics. All volunteer activities will be implemented by the branches, which cover all states of Nigeria with their volunteer network.

Objectives and activities

Objective 1 Establish 60 new mothers' clubs in six states per year bringing the total to 280 by the end of 2003. Total beneficiaries for 2002-2003 are to be 216,000.

Activities to reach this objective are:

- Organize a national training workshop of five days for mothers' clubs coordinators and facilitators.
- Train 10 mothers' clubs leaders per branch in six branches.
- Provide support to branches to organize and establish 60 new mothers' clubs at the community level in six states.
- Provide zonal refresher training and meetings for mothers' clubs coordinators and facilitators in six zones.
- Participation in a regional seminar for one headquarters health officer and four coordinators.
- Continuous monitoring, reporting and on-site training visits by headquarters, zonal officers and coordinators.
- Organize a national mothers' clubs camp for coordinators, facilitators and leaders.
- Produce and distribute IEC materials and baby mannequins to mothers' clubs.

Objective 2 Develop stand-alone health and road safety awareness education material kits and selectively place them for use in 900 schools across six states to reach an estimated 81,000 pupils per year. Total beneficiaries are to be 340,000.

Activities to reach this objective are:

- Design and produce 1,000 health education, first aid and road safety awareness kits in co-operation with the ministry of education, UNICEF and others.
- Train zonal officers on the school unit system including selection and management of six branch school unit co-ordinators and assistants each year.
- Provide support and assistance to school unit co-ordinators and assistants for their school work.
- Monitor a sample of a minimum of 90 schools involved in the program to be performed by zonal officers.
- Organize one road safety public awareness event in each of six states per year to reach 250,000 drivers and pedestrians.

Objective 3 Improve response to public health hazards by utilising and further training volunteers to assist local communities in collaboration with the health authorities especially in epidemic prevention and control. Thirty volunteers to be trained and organised in teams in each of the six program branches to work closely with disaster preparedness emergency teams and other partners in six states. The total number of beneficiaries based on normal and relief activity are to be 275,000.

Activities to reach this objective are:

- Training of six branch health action co-ordinators, six assistants, and six zonal health officers from six programme branches on health emergency assessment, social mobilization, health education, early detection of cases, reporting and partner collaboration.
- Design of a training manual, IEC material and a reporting format for meningitis, measles, cholera and local public health hazards for volunteers in local communities.
- Training and organization of five teams in each of six branches in early detection of epidemic cases, health education activities, mobilization of the communities in case of mass vaccination and co-ordination with partners.
- Provision of first aid kits, relevant IEC material, reporting formats and protection material as necessary to the teams.
- Monitoring to be implemented by the zonal health and headquarters officers.

Objective 4 Contribute to eradication of polio in Nigeria through mop-up social mobilization by 2,000 volunteers in 12 to 16 states where wild polio virus still exists because of hard-to-reach and poor immunization coverage. The estimated number of beneficiaries is two million children under age five.

Activities to reach this objective are:

- Organize 2,000 volunteers for social mobilization in 12 to 16 states that have been declared by the government's National Programme of Immunization (NPI) to still have wild polio virus or an immunization coverage below 65 percent.
- Principal health officer to attend six NPI collaboration meetings in 2002.

- Zonal officers to provide technical support to 12 branches.

Objective 5 Develop and strengthen the national society's technical and managerial capacity at national headquarters, zonal branch and community levels. Promote networking with relevant government agencies, departments and other partners.

Activities to reach this objective are:

- Provide technical and managerial support to branches through headquarters staff and zonal health officers.
- Production of first aid and health educational materials for general use.
- Financial support and office equipment provided to programme branches.
- Support training of headquarters health officers and attendance at two regional meetings per year.

Expected results

- The maternal and child health of 5,400 new mothers' club member families per year will have improved with an impact from community activity for an additional 97,700 people per year. This will include increases in routine immunization, breast feeding, basic hygiene and strengthening girls' status in society by promoting girls' education and condemning female genital mutilation.
- Each year 60 mothers' club leaders and six branch mothers' club coordinators will have been trained as trainers in maternal and child health for work in their communities.
- A minimum of 30 mothers' clubs per year will have engaged in activity specifically to achieve self sustainability in child nutrition or through income generation for the group.
- The meeting of 100 mothers' club co-ordinators and leaders for an annual camp, exchange of experiences, a sense of belonging to the wider Red Cross and women's movement will have been achieved. The camp will also provide an opportunity for major stakeholders to set future strategy and direction and generate a new vision and dynamic.
- Each year 90,000 pupils will have an improved understanding of common health issues and will know how to perform first aid for simple school accidents.
- Eighty percent of the students from school units can correctly state the transmission route of HIV.
- There will have been a reduction in road traffic accidents.
- 81,000 pupils and teachers will have engaged in extracurricular activities on environmental sanitation and taken part in road safety campaigns or other related activities.
- One major public event promoting road safety will have been held in each of six state capitals per year.
- The alertness to and knowledge of local health hazards, especially epidemics of cholera, measles and meningitis in six programme states, will have increased among the population.
- Thirty volunteers organised in teams in each of the six program states will have received on-site training on local health hazards and will know how to perform health education, social mobilisation, detection of suspected epidemic cases, reporting and collaboration with partners.
- IEC material for dissemination on meningitis, measles and cholera will have been developed and used.
- At least two million extra children will have been immunised through social mobilization activities for the last two planned NID "mop-ups" during 2002. The NRCS will then have contributed significantly to the eradication of wild polio virus in Nigeria to be certified in 2005.
- Red Cross branches in six states per year will have benefited directly from focused programme implementation support from headquarters and zonal officers and be able to manage such health activities as core and sustainable branch activities in the future.
- There will be IEC and CBFA materials available for general use in health education.
- Branches will have the equipment necessary for programme implementation.
- Health officers will have a consistent approach with others in the region and with ARCHI 2010 and the Ouagadougou Declaration firmly in mind.

Indicators

- A record of functioning mothers' clubs with trained leaders and equipped with IEC material.
- A fifty-percent increase in routine immunisation coverage in 36 sampled communities where mothers' clubs have been active for more than six months.

- A record of schools' education-pack placements with names of teachers personally responsible for usage. Record to be provided by six school unit coordinators for 300 schools sampled for pack usage and activities per year.
- Results of the route knowledge of HIV/AIDS transmission evaluation in 36 schools to be available. To be summarized in six-month programme updates.
- Press coverage and reports of six road safety events.
- Monthly activity reports from the health action teams from each branch.
- The percent of the population at risk of epidemics receives health education by trained health action teams.
- The number of early detected cases and referrals by trained health action teams.
- The percent of 150 randomly-selected individuals reached by health education who can correctly recall the message given to them.
- Statistical data on children under age five that are immunized will be made available and reported using the well-established system. The national polio free certification will be available in 2005.
- The ability of branches to sustain activity will be evident from their financial quarterly returns and annual statements of account. Programme results reports against objectives with information on beneficiaries, progress and obstacles within a given time frame will be indicative of the management capacity of branches.
- Material stocks are available.
- The equipment provided to branches will be available for inspection.

Critical assumptions

The social and economic situation contributes to Nigeria's proneness to being devastated by epidemics and political, ethnic and religious clashes. The NRCS volunteer resources can be diverted from their normal duties and can impact on programme implementation. At the same time, such diversion from programme plans also provides an opportunity for fine tuning and verification of programme effectiveness.

Monitoring and evaluation arrangements

The NRCS secretary general is ultimately responsible for the programme. Day-to-day monitoring will be carried out by the two health officers, the six zonal health officers and the HIV coordinator. Federation monitoring and evaluation will be carried out by the Federation health delegate and the head of delegation.

At the branch level the branch secretary, supported by coordinators, will be in charge of the programme and projects. The NRCS accountant is responsible for financial accounting and monitoring. The Federation's finance delegate carries out financial monitoring and control through the working advance system. Monitoring visits to the programme branches are done by national health officers, zonal officers and Federation delegates.

The NRCS health advisor as the governance official shows an active interest in the programme and the governance health advisory committee has participated in project and programme planning and maintains a monitoring brief. Continuous evaluation of the programme is carried out at monthly programme management meetings. Regional delegation and supporting national society visits also provide opportunities for external monitoring and evaluation.

HIV/AIDS

Background and achievements/lessons to date

HIV prevalence in Nigeria, a country of 120 million people, has now reached the proportions of an epidemic. A sentinel study carried out in 1999 found the prevalence to be 5.4 percent in the population as a whole, and nearly 10 percent are in the 20-24 range. Some areas have a high concentration, such as Benue state which has a prevalence of 16.8 percent. More than 2.7 million people are estimated to be infected with the virus in Nigeria, which within a few years will have the highest number of HIV-infected persons in Africa.

The government has now made the fight against HIV/AIDS one of its priorities and has developed a three-year emergency plan of action, involving all tiers of government. All sectors of society are urged to get

involved. The National Action Committee on AIDS (NACA), of which the Nigerian Red Cross Society (NRCS) is a member, is responsible for executing the national HIV/AIDS emergency action plan. The National AIDS/STDs Control Program (NASCAP) coordinates the implementation of HIV/AIDS programmes.

International organisations such as UNAIDS, USAID and UNICEF have been targeting HIV/AIDS with the government and other NGOs. They performed enlightenment campaigns, performed peer education, and promoted human rights for people living with the infection. Some indigenous NGOs are also implementing programmes on a limited geographical basis.

NRCS has a nation-wide network of branches in all 36 states in addition to its headquarters in Lagos. The headquarters health department is staffed with two health officers and one HIV coordinator. The Branches are further structured into divisions located in most of the 774 local government areas. At the community level, there are NRCS detachments and units. The country is divided into six geopolitical zones, each of which zones is staffed by a zonal health officer to improve program implementation and monitoring.

The Nigerian Red Cross estimates there are 250,000 volunteers at the community level who can make an important contribution to the fight against HIV/AIDS. Out of these, 80 percent is youth and one-third is female. They are already trained in first aid. Many of them have also carried out social mobilisation promoting immunisation coverage and education for health.

The Federation and ICRC delegations, both based at headquarters, are working in close collaboration with and are supporting the national society. To strengthen NRCS capacity to contribute in the fight against HIV/AIDS, an HIV coordinator was employed this year who has generated a proposal, budget and plans for implementation of an HIV/AIDS project. Assessment of the capacity of 12 program branches was made, training of NRCS governance and staff carried out, governance encouraged to engage in advocacy work, and extensive networking established. Materials for information, education and communication (IEC) have been processed, and volunteer peer educators have begun to be trained as trainers.

The project proposal is consistent with the Ouagadougou Declaration and the ARCHI 2010 strategy.

Goal To contribute to the reduction of the spread of HIV, particularly among youth, and improve the quality of life of those living with HIV/AIDS. The project aims at creating awareness of HIV infection risks among youth, and promotes safer sexual behaviour to youth. To improve the conditions of life for PWLAs, volunteers will be trained to give psychological and physical support in their homes.

Objectives and activities

Objective 1 To improve knowledge and understanding of HIV/AIDS and sexually transmitted diseases among 1.4 million young people in 12 states, whose ages range from nine to 30 years, by the end of 2005, with an aim to encourage safe sexual behaviour. An awareness campaign will be performed by volunteer peer educators in primary and secondary schools and colleges to start with students from ages 13 to 17 years.

Activities to reach this objective are:

- Select and train 24 peer educator trainers, two per state branch, to train 110 peer educators per state per year and coordinate the project at the branch level. In total, 2,640 peer educators of both genders will be trained during 2002 and 2003 to work in teams of two to reach approximately 18,000 students per branch in year 2002 and 2003.
- Establish and obtain approval of multi-module educational material on HIV transmission, sexual risk behaviour, and risk situations for young people, and promote safe-sex skills, including assertiveness and correct condom use.
- Produce supportive IEC material to train trainers and peer educators.

- Liaise and negotiate with the ministry of education at central and state levels to promote inclusion of HIV/AIDS and sexually transmitted diseases at all levels of the educational system and to consent to the NRCS intervention.
- Produce general information material, such as pamphlets, stickers, posters, badges, t-shirts, and bulletins.
- Collaborate with Youth Friendly clinics for referral of sexual health problems and condom provision.
- Promote awareness of HIV/AIDS, sexually transmitted diseases, and safer sexual practices through drama and popular media work in 12 states.
- Conduct support meetings for the peer educators to be organised by the branch trainers.
- The zonal officers, HIV coordinator, and trainers will monitor and conduct a survey before and after the educational sessions on knowledge, attitudes and readiness for behavioural sexual change.

Objective 2 To provide basic home care support for 7,000 PLWAs in 12 states by the end of 2003.

Activities to reach this objective are:

- 600 volunteers from 12 states are to be trained by 24 nationally-trained trainers on HIV/AIDS, sexually transmitted diseases, related hygiene, nutrition, skin problems, diarrhoea, fever, cough, psychological support and referrals for medical care and counselling as necessary.
- Provide volunteer home facilitators with necessary organisation, management, support, and resources for each volunteer to carry out approximately four one-hour home visits monthly.
- Provide home facilitators with basic first aid kits and other material for use in each of the project branches.
- Hold quarterly branch meetings for volunteers for experience exchange and training.
- Set up a data base and reporting system at branch, zone and headquarters levels.

Objective 3 Through 36 trained counsellors working in three local government areas of 12 states, provide pre- and post-test HIV counselling in 36 primary health care centres, counselling for PLWAs either by self-referral or for those referred by volunteers or medical staff, and individual or group counselling as required for NRCS staff and volunteers working on the project.

Activities to reach this objective are:

- Liaise with the ministry of health on the selection of 36 staff from primary health care centres in local governmental areas for training as HIV/AIDS and sexually transmitted disease counsellors.
- Organise training for two master trainers.
- Train 36 counsellors by 2002, three from each project branch, for two weeks to perform counselling for clients and supporting volunteers working in the project.
- Counsellors to hold six branch seminars to inform and update staff and branch management, volunteers, and health and welfare officials on the concept and benefit of counselling.
- Provide counsellors with IEC material, condoms and first aid kits.
- Provide management and administrative support for the 36 counsellors including travel, subsistence, allowances, Red Cross uniforms and work kits.
- Headquarters' HIV coordinator to supervise the counsellors.

Objective 4 Enhance NRCS capacity in responding to community health problems generally. Strengthen the capacity of NRCS continuously to implement, manage and monitor the HIV/AIDS project.

Activities to reach this objective are:

- Continue on-the-spot training for six zonal health officers in program implementation, management, monitoring, and accountable narrative and financial reporting.
- Provide the zonal officers with travel allowances and vehicles for branch visits and salaries.
- Train and support 12 branch health coordinators.
- Upgrade the technical modalities of the headquarters health office.
- Keep key staff and governance updated on HIV/AIDS knowledge and project progress.
- HIV coordinator to participate in national and selected international conferences to be informed about HIV/AIDS development and ensure networking with governmental bodies, organisations and relevant partners.

Expected results

- Awareness of HIV and sexually transmitted diseases will have been raised.
- There will have been a change in sexual attitude and behaviour among most of the 540,000 young people reached each year by the 2,640 peer educators supported by 24 peer educator trainers.
- The quality of life for 7,000 PLWAs will have been improved through psychological and practical support in managing simple ailments at home and through referral to medical care as necessary by the 600 volunteers working in 12 states.
- There will be a reduction in the stigma associated with HIV/AIDS in the project implementation area.
- Counselling and psychological support will have been made available to those having HIV tests in 36 primary health care centres, and training and support will have been given to project volunteers.
- The capacity of NRCS to efficiently meet beneficiaries' needs in the local communities will have been enhanced through quality project management, resource development and accountability.

Indicators

- Monitoring reports on peer education activities detail the activities carried out and numbers of beneficiaries reached.
- Analysis of student questionnaires pre- and post-HIV education sessions indicate the degree of understanding and attitudinal change.
- Monitoring reports on trained home care facilitators detail PLWAs visited, support given and materials distributed.
- Documented personal evidence by at least 60 PLWAs about the care and support provided by volunteers.
- Reports from all counsellors on client numbers, categories and hours spent on counselling.
- Reports by supervisors from independent monitoring visits on counselling activities.
- Records of material such as condoms distributed.
- Project progress reports against objectives with information about beneficiaries, achievements and constraints within a planned time frame.
- Planned material for the project is produced, maintained and distributed in sufficient quantities. Stock records are available for inspection.
- Project files and documents, equipment distributed for transport, and offices at zonal and branch levels are maintained and kept orderly as found at supervisory visits.

Critical assumptions

The project will be implemented as above under the prerequisites that the civil society of Nigeria will remain relatively stable as of today and that the national society will continue to develop.

Monitoring and evaluation arrangements

National health officers, zonal health officers and the national HIV coordinator will monitor the project at all levels via internal monitoring reports and branch visits. The NRCS accounting department will monitor the project financially.

The secretary general has the ultimate responsibility and chairs monthly programme management meetings with NRCS health officers and Federation delegates to monitor and evaluate results against objectives and a plan of action.

The Federation office will monitor and advise on management and technical aspects. The Federation working advance system of financial control will be maintained.

The NRCS governance health advisory committee shows an active interest in the project and meets on a quarterly basis. The national health advisor, a governance appointee, is routinely involved in decision making advice.

Regional health delegates and health professionals from supporting national society visits will give further opportunities for monitoring and evaluation.

3. Organizational development

Background and achievements/lessons to date

The country and regional assistance strategy for Nigeria, based on the updated NRCS strategic plan for 2001-2003, has stated a goal “to develop the capacity of the national headquarters and branches to be a well-functioning national society and in particular run more effective programmes and provide a better and more professional service through its community-based health and disaster preparedness and response programmes.”

Over the past two years, the NRCS has gone through major changes in seeking to achieve this goal. The branch network was re-established with the appointment of branch secretaries, and progress was made in having properly constituted and elected executive committees. The organizational structure and systems have been further developed toward improving delivery of programme service and responding more effectively to disasters. A results-based system of programme planning and implementation is steadily being introduced. Monthly programme management meetings are now held with a management-by-objectives, results-based approach to improve coordination, control and accountability. Salary support and training of branch secretaries during 1999-2001 was important, however the need to develop branch local funding support for core and sustainable activities remains a major challenge. The number of key headquarters staff has increased and employment of a fund-raising officer and national training officer for commercial first aid has started the fund-raising process with the objective of financial self-sufficiency.

The German Red Cross donated a second-hand truck which is earning rental money toward core costs. Rather than increase the number of staff at headquarters, a decentralized strategy was introduced with six zonal health and six zonal disaster preparedness officers trained and deployed during 2001 to bring technical, management and monitoring support to programme branches.

An important intervention for the organizational development process was the holding of workshops in better programming initiative (BPI) and project cycle management for water and sanitation. The national society branch manual is under ongoing review to see that it provides a useful tool for branch management and administration. An experienced branch secretary was appointed as branch liaison officer in April 2001 and, together with his Federation organizational development counterpart, works on this organizational development programme.

The major constraints in programme implementation over the past year have been funding shortfalls, delays in the appointment of the branch liaison officer, ever-present demands for disaster response, field reporting difficulties, and the low capacity and resource base of branches relative to the needs of vulnerable people in states with an average population of 5.5 million people.

Developing the capacity of 12 branches per year consistent with the disaster preparedness and health programmes for six branches each per year will extend into 2002 and 2003 so that by the year 2003, all 37 branches will have been assisted in developing their organization and capacity.

Goal To strengthen the Nigerian Red Cross Society’s operational, organizational and resource development capacity to manage and deliver programmes, services and activities which are strategic and responsive to the needs of vulnerable people, sustainable, and of acceptable standards of performance and accountability to all stakeholders.

Objectives and activities

Objective 1 Orientation of newly-elected governance on the different roles and responsibilities of governance and management, revision of the constitution, the country assistance strategy, and to discuss proposed changes in financial management.

Activities to reach this objective are:

- Induction and orientation of newly-elected national society president and vice president in the Movement's organization, strategies and obligations relevant to a well-functioning national society. This to be provided through organized visits to Geneva and the regional delegations of ICRC and the Federation.
- Hold a seminar for the central council and branch chairmen to discuss revision of the constitution, the country assistance strategy, proposed changes in financial management and revision of the strategic plan for years 2002-2004.
- The NRCS constitution revision participatory process to be conducted and in consultation with local legal experts, ICRC and the Federation. Thereafter, the newly drafted constitution is to be approved, promulgated and disseminated.

Objective 2 To strengthen and sustain the national society human resource capacity for better management and performance of programmes and activities in 12 programme branches.

Activities to reach this objective are:

- Workshop to train headquarters managers and zonal officers in programme and activity performance culture, management by objectives, and develop systems of coordinated monitoring, reporting and accountability against SMART objectives. Follow-up from workshops with on-the-job-training and monitoring and evaluation work in headquarters and zones.
- Headquarters and zonal staff to support 12 branch secretaries with on-the-job-training in programme management and organizational development to include planning for and reporting of results against objectives, volunteer management, branch financial and administrative control and accountability, governance and stakeholders' engagement and ownership, and fund-raising for sustainability of activity.
- To give financial support to the national society's key headquarters staff with a minimum 50 percent salary support.
- To provide further training in vulnerability and capacity assessments and the better programming initiative to programme and zonal officers.

Objective 3 For the NRCS to continue development of efficient financial management, control and accountability with standardized systems, books of account, and audit procedures at branch level.

Activities to reach this objective are:

- Move from manual accounting to computer accounting at headquarters during 2002. This is to include software selection to provide management information, computer accounting training, and redesigning forms and printing them.
- Revise branch accounting and provide standardized accounting systems for improved transparency, accountability and financial control.

Objective 4 Improve the financial security of the national society by developing existing property for commercial rental, by supporting 18 branches in developing their fund-raising capacity and branch fund-raising plans, and by increasing fund-raising capacity of the national society fund-raising officer.

Activities to reach this objective are:

- Acquire the services of a property development consultant to assess and develop a viable business plan for existing property development and provide advice for private sector funding. This plan, once approved by governance, is to be proposed to banks, property developers and investors.
- A two-day fund-raising seminar to be held with 19 branch fund-raising advisors in attendance. Skills training to be provided by specialists in the field of event organization, media work, and income generation related to core Red Cross activities. During the seminar, each branch develops and commits to a branch-specific fund-raising plan.
- Fund-raising officer to visit 12 branches for on-the-job-training.
- Fund-raising officer to visit a partner national society with a record of fund-raising success and develop an action plan for fund-raising activities that can be replicated in Nigeria.

Objective 5 Branches to selectively recruit and manage volunteers for programme and other branch activities and to increase and broaden their membership base and involvement.

Activities to reach this objective are:

- Provide branches with membership promotion material, advice and assistance on membership recruitment and involvement.
- Branch liaison officer to work with programme officers at the branch level to give advice and training for selective volunteer recruitment and management for programme implementation, fund-raising and youth activities with gender consciousness in mind.

Objective 6 Further develop first aid capacity by providing equipment and materials to branches for first aid training on service and commercial basis.

Activities to reach this objective are:

- Supply of mannequins to branches with active first aid training activity.
- Promoting of first aid training through leaflet advertising and dissemination.

Expected results

By the end of 2002:

- The newly-elected president and governance will be well orientated and informed on the wider strategies and direction of the Movement, their national responsibilities for promoting and developing a well-functioning national society, and the functions and accountabilities of management.
- The NRCS constitution will have been revised, approved and disseminated.
- The management and staff of NRCS will be operating a results-based, management-by-objectives approach which will provide for improved programme performance measurement, control and accountability.
- Twelve branches per year will have developed capacity to manage projects and make them sustainable branch activities, recruit and manage volunteers, have a stronger and broader membership support base.
- Key staff will have benefited from financial support.
- Management and zonal staff will be skilled in the use of better programming initiative practices and vulnerability and capacity assessments to improve the relevance and appropriateness of plans and activities and to better respond to disasters.
- The national society will have systems of financial management to acceptable standards of accountability and transparency to stakeholders.
- There will be a viable national society property business plan for which investment can be sought to generate rental income toward financial security.
- The NRCS will have developed a more professional fund-raising capacity and plans at both branch and national levels.
- The membership base at the branch level will have been increased.
- Branches will be employing a more selective system of volunteer selection and, with improved management and involvement of skilled volunteers, programmes will be implemented more effectively.
- Up-to-date first aid training will be available commercially and as a service in all branches by the end of 2003 to provide income to branches and headquarters to make the service self-sustainable.
- The NRCS will have regained its position as the leading provider of first aid training

Indicators

- Written and verbal statements by governance will indicate their Red Cross understanding, motivation and commitment to influential leadership.
- A revised and approved constitution will be available.
- Health, disaster preparedness and response programme reports will give branch-by-branch analysis of results achieved which will indicate the degree of success by branches in managing their projects and in achieving sustainability.
- Analysis of quarterly branch reports will also be indicative of progress made.
- Monthly programme results-based reports will provide the basis for measurement of performance, control and accountability.

- Books of accounts, monthly reports and consolidated statements, central and branch annual financial accounts, and general up-to-date accounting will be indicators of achievements in improving financial management.
- A property business plan will be available for investors.
- Eighteen branches will have written and agreed on fund-raising plans.
- Membership records will indicate branch-by-branch success in increasing membership. Programme reports will reflect the improvement in volunteer management.
- Income from first aid will be shown to have increased from accounting records.

Critical assumptions

- That previous supporting national society partners will extend their commitment and that new partners will be encouraged to assist in this crucial year of national society development.
- That the senior management vulnerability of having an acting secretary general without an appointed deputy is resolved.
- That national society governance elections are successfully carried out.
- That the state and local government elections are peacefully executed in 2002 without conflict and disturbance and that relief operations do not divert resources away from capacity building and organizational development.

Monitoring and evaluation arrangements

- The NRCS secretary general and the head of federation country delegation will monitor the programme through monthly programme management meetings and evaluate the results achieved against the objectives set to determine any implementation changes necessary.
- The branch liaison officer, the Federation organizational development delegate, programme managers and zonal officers will carry out monitoring through branch visits for on-the-job-training and supply analysis of branch quarterly and programme reports.
- The NRCS accountant will be responsible for financial monitoring of the programme down to the branch level while the finance and administration delegate will be responsible for monitoring all programme expenditure through the Federation working advance system.
- Partner national societies and/or Federation regional delegates will be invited to perform evaluations during visits to the country.

4. Coordination and management

Background and achievements/lessons to date

This programme is consistent with the country and regional assistance strategy of the Federation designed to assist the NRCS “to develop the capacity of the national headquarters and branches to be a well-functioning national society and in particular to run more effective programmes and provide a better and more professional service through its community-based health and disaster preparedness and relief response programmes.” Federation assistance is based on the NRCS strategic plan for 2001-2003 and in direct response to the national society’s request for support.

There has been a Federation country delegation in Nigeria since 1997 with two delegates, a head of delegation and a health delegate. From November 1999 there were three delegates with an additional position for a finance and administration delegate, and this was increased to four with a branch development delegate from October 2000. ICRC has also been providing programme and institutional support to the national society, and the level of cooperation between the three arms of the Movement in Nigeria is considered to be a model for all.

The Federation delegation has been working with an agreed exit strategy since the beginning of 2001. The NRCS has accepted that the level of technical and management support provided by a country delegation cannot continue. As part of the Federation regional delegation plan for sub-regional support, Nigeria is to host one of the sub-regional offices, and the country delegation will be merged into this new system during 2002. The plan is therefore that 75 percent coordination and management support will be provided to the NRCS during 2002 and will be reduced to 25 percent by the end 2003. The next two years of coordination and management support to NRCS will therefore be crucial to NRCS as the level of support is reduced. As for previous years, branch development, good governance and accountability, results-based programme management, financial accounting and management, relief operations, and development of local fund-raising will be the major areas for country delegation input and support.

The financial accounting and management systems are still inadequate for increasing programme activity, and computerization of a proven manual system is an urgent priority. The standards of accountability and performance set by the national society itself, and in line with those of the Movement and donors or partners to which it relates, are in advance of standards for much of the commercial and public sector in Nigeria. Results-based programming has been introduced. However, much needs to be done particularly at the branch level if attitudes are to be changed and the necessary levels of performance and accountability are to be achieved. The process of change that started with the Tripartite Project during 1998 and 1999 continues. The expansion of the national society’s activity to include HIV/AIDS and polio eradication while improving performance and development of its community health, disaster preparedness and disaster response programs have meant that NRCS has been increasing its capacity at a fast rate during the past year. There has been an influx of new staff recruited on the basis of competence at both headquarters and zonal levels, and with them has come an increased demand on management.

During the past year the acting secretary general has carried the load without an assistant secretary general, and it has been important for the national society to have delegation support during this period. It is expected that this situation will be resolved early in 2002. A new president and central governance for NRCS are to be elected in January 2002 offering still more benefits of change and a new dynamic for the challenging years ahead.

Goals The NRCS will develop acceptable standards of technical competency, efficiency, accountability, transparency and results-based operational performance so that it can deliver effective, planned and sustainable services and programmes which are responsive to the expressed needs of vulnerable people.

- The NRCS fulfills the criteria of a well-functioning national society.
- The NRCS has a country assistance strategy that is well understood and has commitment from its Red Cross and Red Crescent, ICRC, government and UN operational and funding partners.

Objectives and activities

Objective 1 The NRCS is to have annually revised and agreed its revolving three-year strategic plan consistent with the priorities and strategies of Strategy 2010, programme proposals and budgets, and achieves optimum levels of funding so that by the end of 2003, the national society will be able to continue the process without external technical assistance.

Activities to reach this objective are:

- Federation head of delegation, regional delegation and the Secretariat are to give technical assistance on strategic three-year and annual programme planning from conception to finished written documentation.
- Finance delegate to give programme costing and budgetary advice.

Objective 2 Support NRCS programme officers to enhance their management skills and performance so that each officer plans, implements, financially controls, monitors, and provides analytical reports on their programmes. To have developed and maintained results-based implementation and reporting systems. All programmes - health, disaster preparedness, disaster response and organizational development - are to have related policies and guidelines approved by the end of 2002. By the end of 2002 all programme officers are to individually operate programme budgetary control and provide the necessary management information to the secretary general.

Activities to reach this objective are:

- The head of delegation is to provide overall programme co-ordination, management and support to the secretary general. The head of delegation will give technical support and advice to the national emergencies officer and co-ordinate international relief operation support for Federation-supported operations. The head of delegation is to liaise with ICRC for emergency response and relief operations.
- The health delegate is to give technical advice and support to the national health officers and zonal health officers on programme implementation, policy drafting, monitoring and control, management and reporting.
- The branch organizational development delegate is to give technical advice and support to the branch liaison officer and to programme officers on branch organization and management.
- The finance and administrative delegate is to work with the national society accountant to give programme financial management, training and advice to all programme officers.

Objective 3 Support the NRCS in revising, approving and disseminating a constitution by the end of 2002.

Activities to reach this objective are:

- The head of delegation is to work with the secretary general on the constitution and subsequently on the approval process with ICRC and the Federation.
- The head of delegation is to assist in the organization of a national conference of branch chairmen and central governance to deal with the differentiation of roles of governance and management, revision of the constitution, and agreement on the strategic plan.

Objective 4 Twelve branches per year are monitored and supported in all aspects pertaining to the operation of a well-functioning national society with the aim of developing sustainable core activities at the local level and contributing to the national society's support costs. By the end of 2003 all branches are to have benefited from organizational development aligned to programme implementation - health, disaster preparedness and disaster response.

The activity to reach this objective is:

- The organizational development delegate is to work with the branch liaison officer and programme officers on all matters concerning branch development, organization and management.

Objective 5 The NRCS is to have in place by the end of 2002:

- a system of auditable and computerized accounting accepted nationally and internationally.
- a management information and budgetary control system.
- an annual financial report which gives maximum transparency and reflects detailed activity costs.

The activity to reach this objective is:

- The finance and administrative delegate is to work with the national society accountant on the introduction and maintenance of a revised and computerized system of accounting and to assist the national society accountant in producing annual financial statements of accounts which provides for maximum transparency.

Objective 6 The head of delegation is to develop a country assistance strategy in co-operation with the NRCS, ICRC, supporting national societies, government and UN agencies involved.

Objective 7 The head of delegation is to negotiate a legal status agreement with the government so that importation tax benefits, travel and provision for Federation operation within the country can be officially recognized and agreed.

Objective 8 Transition from country delegation to sub-regional office is organized in cooperation with the regional delegation.

Expected results

By the end of 2002:

- The NRCS will have the capacity to develop strategy and programme proposals and budgets without external technical assistance.
- The NRCS will have programme officers who have planned, implemented, controlled and reported on their programmes with a results-based approach and without external technical support by the year 2003. Management information systems and policies will be in place by the end of 2002.
- The NRCS will have an up-to-date constitution in place by the end of 2002 which is well understood and applied to ensure organization unity and legality.
- By the end of 2003, all branches will have received professional advice and support to enable them to perform and operate effectively and sustainably.
- The NRCS will have a nationally and internationally accepted system of reliable transparent accounting in place which will make direct grant making more attractive and possible.
- Donor and operational partners, actual and potential, will have a country assistance strategy for NRCS which will be the basis for current and future support.
- A Federation legal status agreement will provide financial benefits and allow for Federation operations should the need arise.
- Support to sub-regional national societies will be enhanced by the establishment of a Federation office to coordinate and provide support.

Indicators

- Programmes, plans and budgets produced by NRCS will have little or no editing needed prior to approval and circulation.
- A monthly financial statement for Federation-funded programmes will be available from NRCS.
- A revised and approved constitution will be circulated.
- Branch quarterly activity reports.
- Monthly financial programme statements are generated by the NRCS and an annual report statement of audited accounts is published.
- A country assistance strategy document is approved.
- Copy of the legal status agreement is registered with the government and the Secretariat.
- Regional delegation reports.

Critical assumptions

- That there is not an escalation in disaster response demands to a degree that would inevitably draw the resources of the NRCS and the Federation delegation away from organizational development and create a situation of insecurity necessitating restriction of movement.
- That the supportive national society partners who have assisted NRCS in the past will extend their commitment, or new partners will be encouraged to assist in the process of capacity building and development over the next two crucial years.

Monitoring and evaluation arrangements

- The head of delegation will be responsible for general monitoring by checking written reports against programme activity and through staff management meetings, visits to branches and delegate feedback on their monitoring activity. This will include matching of financial expenditure against reported activity and developments. Verification of stated programme results will be closely monitored.
- Regional delegation, supporting national society and Secretariat working visits will all contribute to monitoring and evaluation of the programme.
- The programme working advance system to the national society will be operated by the finance and administrative delegate and will work with the head of delegation on oversight to provide tight financial control.

PROGRAMME BUDGETS - 2002

Delegation - Nigeria

PROGRAMME	Disaster Prep.	Health & Care	IDRD	Co-ord. & Mgmt	TOTAL
Shelter & Construction	0	0	0	0	0
Clothing & Textiles	0	0	0	0	0
Food & Seeds	0	0	0	0	0
Water	0	0	0	0	0
Medical & 1st Aid	0	32'800	0	0	32'800
Teaching Materials	0	30'033	25'167	0	55'200
Ustensils & Tools	0	0	0	0	0
Other Relief Supplies	3'000	3'000	1'500	0	7'500
Subtotal Supplies	3'000	65'833	26'667	0	95'500
Land & Buildings	0	0	0	0	0
Vehicles	0	275'000	0	0	275'000
Computer & Telecom	500	47'117	13'458	0	61'075
Medical Equipment	0	0	0	0	0
Other Capital Equipment	32'700	13'200	1'083	0	46'983
Subtotal Capital	33'200	335'317	14'542	0	383'058
Programme Management	18'713	139'912	19'617	12'586	190'828
Technical Services	5'608	41'932	5'879	3'772	57'192
Professional Services	6'219	46'499	6'520	4'183	63'421
Subtotal Programme Support	30'541	228'343	32'016	20'541	311'441
Warehousing/Inspection	0	0	0	0	0
Transport & Vehicles	11'400	34'450	20'580	8'400	74'830
Subtotal Transport & Storage	11'400	34'450	20'580	8'400	74'830
Delegates & Expatriates	63'500	212'280	39'921	93'290	408'991
National Societies and Local S	60'200	241'020	50'797	43'380	395'397
Subtotal Personnel	123'700	453'300	90'717	136'670	804'387
Travel & Related Expenses	11'817	70'527	11'180	5'300	98'823
Information	4'377	68'733	15'175	550	88'835
Consultants	0	0	3'333	0	3'333
General Expenses	27'600	163'072	20'267	12'150	223'088
Training Workshops & Semina	32'008	656'275	56'575	0	744'858
Security	0	0	0	3'125	3'125
Subtotal Training, Information & General	75'802	958'606	106'530	21'125	1'162'063
TOTAL BUDGET	277'642	2'075'850	291'051	186'736	2'831'279