

# ANNUAL REPORT



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

## NIGER

14 July 2006

### In Brief

**Appeal No. 05AA031; Appeal target CHF 305,000 (USD 248,000 or EUR 195,000); Appeal coverage: 46%.**

[<Click here to go directly to the attached Financial Report>.](#)

**Annual Appeal:** <http://www.ifrc.org/docs/appeals/annual05/05AA031.pdf>

**Programme Update no. 1:** <http://www.ifrc.org/docs/appeals/annual05/05AA03101.pdf>

**Programme Update no. 2:** <http://www.ifrc.org/docs/appeals/annual05/05AA03102.pdf>

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.*

*All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>*

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### Operational context

Niger is ranked 176 out of 177 countries in the United Nations Development Programme (UNDP) human development index. Only 48% of its 11 million people have access to health care, mostly those who live within 10 km of a health facility. Only 20% of the population has access to adequate sanitation facilities and 59% to potable water. In 2001, public expenditure on health was only 1.4% of the gross domestic product (GDP).<sup>1</sup>

The country suffers from frequent food shortages, drought and flooding. In addition, it is part of the meningitis belt and is one of the last countries that still have the wild polio virus, a threat which continued to menace the country even in 2004, despite three years of vaccination campaigns. This is mostly due to refusal to accept vaccinations by some members of the community.

According to the UN Joint Programme on HIV/AIDS (UNAIDS), Niger has an adult HIV/AIDS prevalence rate of 1.2 %. Many of the cases are migrant workers coming back from neighbouring countries that have higher prevalence rates. As a result of the conflict in the neighbouring Côte d'Ivoire, migrant workers have returned home Niger in high numbers, risking further spread of the disease to their partners. An increasing number of women are contracting HIV and passing it on to their unborn babies.

<sup>1</sup> UNDP, Human Development Index, 2004- [http://hdr.undp.org/reports/global/2004/pdf/hdr04\\_HDI.pdf](http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf)

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The 2004-2005 harvest in the Sahel region was seriously affected by the worst locust invasion in twenty years, compounded by low rainfalls. Crops were greatly reduced, as was the availability of grazing land in pastoralist areas. This resulted in serious food insecurity in a region already suffering from chronic malnutrition and endemic poverty. The 'lean' period or 'soudure', which occurs between April and October – when the harvest from the previous year has been exhausted and the current year's production is not yet ready – is always difficult in the Sahel, and proved particularly lengthy over 2005, leading in part to the food security crisis.

Due to serious food insecurity in the Sahel region, the attention of the Red Cross Society of Niger and the Red Cross/Red Crescent as a whole was on responding to the needs of the populations affected by the severe drought. In response to the situation, the International Federation launched an Emergency Appeal on 22 July 2005, for CHF 18,243,483, to assist 44,400 families (some 220,000 beneficiaries) in four countries in the Sahel region (for the Emergency Appeal, please refer to <http://www.ifrc.org/docs/appeals/05/05EA015.pdf>). Of the four countries suffering from food insecurity, Niger was the most affected – with over 2.6 million people estimated to have been at risk. Consequently, the response of the Red Cross/Red Crescent Movement to the food crisis in Sahel focused primarily on Niger.

## **Analysis of 2005 programmes**

### **Health and care**

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

**Objective 1: Community mobilization is sufficiently reinforced to bring about a change of behaviour favourable to the vaccination of children aged 0-11 months, as well as pregnant women.**

#### **Progress/Achievements**

- As a member of the Inter-agency Coordination Committee (ICC), the Red Cross Society of Niger (RCSN) assists in the National Immunization Days (NIDs) against polio through social mobilization, in collaboration with different partners such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Ongoing community sensitization activities were carried out to support the Expanded Programme on Immunization (EPI) and to improve basic vaccination coverage for infants and children in remote areas. The Federation, as a primary recipient, supported the NS in its role as a sub-recipient to implement all the social mobilization activities by using more than 2,000 volunteers. The regional delegation in Dakar, through its regional health officer and its financial department, assisted the NS to set up the programme.
- The RCSN took part in a door-to-door vaccination campaign through social mobilization and mass sensitization. 600 volunteers and 30 supervisors of the national society were part of the vaccination team, together with the Ministry of Health (MoH) staff. 18 integrated health centres benefited from the RCSN support. Approximately 250,000 children aged under five years received two doses of the oral polio vaccine each. The activities have been monitored with the support of the regional delegation's health officer and the NS's health coordinator.
- An integrated malaria/polio campaign was implemented in December 2005. The objective of the programme was to prevent child deaths and illness from malaria and poliomyelitis in Niger through the distribution of insecticide-treated bed nets (ITNs). Distribution of 2,000,000 ITNs was done by more than 3,000 volunteers. This translated to around 95% of the total beneficiaries, who included children aged under five years as well as vulnerable groups such as pregnant women. Community mobilization activities were conducted before, during and after the integrated health intervention.
- Monitoring and evaluation, accounting as well as reporting have been undertaken. The project has been co-funded by the Global Fund to Fight AIDS, tuberculosis and malaria (GFATM) and the Measles Partnership. With this project, the biggest one in the Africa region, an effective cooperation between the NS and the MoH has been developed.

**Objective 2: The propagation of the HIV/AIDS and sexually transmitted infections (STIs) in Maradi, Tahoua, Agadez and Dosso regions is reduced.**

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### **Progress /Achievements**

- Organization of an innovative and successful HIV/AIDS programme with sex workers and youths.
- Promotion of public advocacy against stigmatization of the people living with HIV/AIDS (PLWHA) and sex workers.
- Reinforcement of human resources in the health department to meet programming expectations and active participation in national forums.

### **Impact**

- During the five-day campaign, the Abuja objectives were achieved. As a result, the national society received several compliments from the African presidents during their meeting in Abuja.
- Enhanced public image through vaccination and HIV/AIDS projects which are part of a comprehensive health programme intended to boost the NS's image.
- The expanded community health programme has contributed to the improvement of the population's health.

### **Constraints**

- Inaccessibility to health centres and services ranks Niger as the second country with the highest infant mortality rate in the world.
- Low vaccination coverage in some areas because of vastness and nomadic lifestyles.
- Presence of endemic and epidemic illnesses as well as the wild polio virus strain.
- Rapid spread of HIV/AIDS amongst the reproductive age group.
- Socio-cultural factors favouring HIV/AIDS/STI propagation (multiple partners, prostitution, religious taboos among others).

### **Supplementary feeding programme (SFP)**

As part of the food security operation, a Red Cross/Red Crescent Supplementary Feeding Programme (SFP) was established in Niger beginning August 2005 in cooperation with the French Red Cross, the Spanish Red Cross and the Qatari Red Crescent; centres were in the Tahoua, Maradi, Zinder, Tanout and Agadez regions of Niger. The Federation health team worked very closely with Red Cross Society of Niger volunteers and with each of the Red Cross/Red Crescent partners, to ensure that national protocols were properly followed and to standardize the level of care provided. Additional training of volunteers and staff was given priority. Efforts focused on quality control of nutritional measurements and standardization of reporting procedures, with increased emphasis being put on providing additional training to volunteers in best practices.

By the end of November 2005, an estimated 47,566 children had been treated through the programme; nearly double the anticipated target. The programme has also been supplying 'protection' rations to the families of the malnourished children – for a total estimated beneficiary population of 285,396 people. Acute cases of malnourishment continue to be referred to therapeutic feeding centres and the Red Cross/Red Crescent worked in close coordination with Médecins Sans Frontières (MSF).

Malnutrition in Niger is not solely nor primarily food related. It is the subsequent and unavoidable result of the extreme poverty of the country, with lack of accessibility to potable water and highly inadequate sanitation forming the sorry cornerstones. Health care is out of reach for most people and communicable diseases (e.g. diarrhea) play a large part in malnutrition. As a result, emergency response through the provision of SFP is just one aspect to a more comprehensive approach for a lasting and sustainable solution to malnutrition. The Federation, therefore, begun to develop longer-term, community-based health care and water and sanitation (WatSan) programmes. Malaria was identified as one of the main causes for malnutrition treatment failure in CRENAMs<sup>2</sup> and a serious cause for child mortality in general. Indeed, the activities at the supplementary feeding centres coincided with the height of the malaria and diarrhoea seasons. Some of the programmes therefore began integrating training on diagnosis and treatment of malaria into their SFP activities.

A pilot Mobile Health Team (MHT) project was initiated in October in the Tahoua area and a Memorandum of Understanding (MoU) was signed by regional health authorities for the delivery of much needed basic health care to remote communities, with no access to even the most basic health services. MHT continued during November, providing logistical and medical support to local health teams, with an overwhelming response. At the end of

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<sup>2</sup> In French : Centre de récupération nutritionnelle ambulatoire pour modérés

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November, 2,212 beneficiaries had been assisted – of which 744 children under 11 months had been vaccinated, 947 children provided with de-worming, pre-natal consultations and anti-tetanus vaccinations provided to 266 pregnant women, 246 cases of malnutrition identified and first aid treatment administered to 9 individuals. An agreement in principle was entered into with the United Nations Children’s Fund (UNICEF) for the provision of vaccinations. Two cholera kits were also pre-positioned in areas of high risk. The Federation team is working in close consultation with government authorities, to provide support in the establishment of more permanent supplementary feeding programmes within the existing regional health facilities.

### **Disaster management**

This Appeal targeted the vulnerable region of Dosso and Niamey, while new partners were being sought to support other areas outlined in the NS’s strategic plan.

**Goal: The Red Cross Society of Niger reinforces its prevention and preparedness capacities at national and regional levels.**

**Objective: The impact of floods is mitigated in the region of Dosso and in Niamey.**

#### **Constraints**

No activity was implemented due to lack of human resources.

#### **Food security**

Within the framework of the Sahel food security operation, relief distributions in Niger, Mali and Burkina Faso had reached over 310,000 beneficiaries as of early December 2005. In addition, supplementary feeding programmes in Niger had exceeded anticipated needs by providing assistance to some 41,586 moderately malnourished children and their families (an estimated 285,396 beneficiaries). Furthermore, a one-off cash distribution project to over 34,000 beneficiaries was completed in Niger’s Tanout area. The focus shifted to activities with an emphasis on consolidation and ensuring longer-term impact, in line with the Red Cross Society of Niger Strategic Plan for 2005-2010 and post-emergency priorities. Post-distribution assessment and activity planning got underway in Tillabéri and Agadez once distributions had been completed.

As part of the overall transition from emergency to livelihood-based activities, the assessment teams examined the longer-term impact of the completed general distributions and the food security conditions after millet and sorghum harvests. A cash distribution project was successfully carried out and completed in late October and November 2005. Red Cross Society of Niger volunteers registered and distributed cash to over 5,700 households in 89 remote villages throughout the Tanout region in the space of four weeks. A monitoring programme was also set up and volunteers were trained in interview and assessment techniques.

### **Organizational development**

**Goal: To decrease vulnerability of people living in Niger through improved health and disaster management service delivery by the Red Cross Society of Niger.**

**Objective 1: The programme management capacities of the Red Cross Society of Niger are re-enforced.**

**Objective 2: The financial management and resource development capacities of the Red Cross Society of Niger at both headquarters and regional branch levels are strengthened.**

#### **Progress/Achievements**

- A four-year strategic plan (2005-2008) was developed with the Federation’s technical and financial support. This plan is based on the Strategy 2010, ARCHI 2010, and the priorities outlined in the Ouagadougou Declaration: community based health, HIV/AIDS as well as disaster response and prevention.
- A governance and management workshop, in which governing board programme coordinators and presidents of local branches participated, was organized. Issues addressed included understanding of the Movement policies, better planning, monitoring and evaluation, roles of the different bodies (governance and management), image building, reporting (narrative and financial), programme and branch development as well as volunteers’ management.

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- The NS also started developing a policy on volunteering. Terms of reference (ToR) were elaborated at regional level with input from other national societies. The recruitment of a focal point for volunteers' management is ongoing, with support from the Federation.
- The recruitment process and equipment of staff at branch level is also on course. The staff will be remunerated by the government while the Federation will support in the provision of basic equipment. A finance manager was also recruited.
- Within the framework of the Sahel food security operation, more than 360 volunteers of the RCSN were selected and trained in the areas of relief, health care and communications.

### **Impact**

- The RCSN is in the process of meeting some basic characteristics of a well-functioning NS and its OD programme base has improved.
- The knowledge of the volunteers trained within the Sahel food security operation, and their commitment to the Red Cross/Red Crescent Movement, has been enhanced.

*[Final financial report below; click here to return to title page and contact information.](#)*

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA031
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	166'546	37'770		100'913		305'229
B. Opening Balance	401	15'618		44'515		60'534
Income						
Cash contributions						
British Red Cross		12'565		55'937		68'502
Irish Government	40'256			8'051		48'308
C1. Cash contributions	40'256	12'565		63'989		116'810
Reallocations (within appeal or from/to another appeal)						
British Red Cross		-12'565		-7'898		-20'463
DFID - British Government		-16'754				-16'754
Norwegian Red Cross	-84					-84
C3. Reallocations (within appeal)	-84	-29'320		-7'898		-37'301
C. Total Income = SUM(C1..C6)	40'173	-16'754		56'091		79'509
D. Total Funding = B + C	40'574	-1'137		100'606		140'043

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	401	15'618		44'515		60'534
C. Income	40'173	-16'754		56'091		79'509
E. Expenditure	-40'574	1'137		-100'606		-140'043
F. Closing Balance = (B + C + E)	0	0		-0		0

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA031
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
<b>BUDGET (C)</b>		166'546	37'770		100'913		305'229	
<b>Supplies</b>								
Shelter		1'096				1'096		-1'096
Food	13'248							13'248
Water & Sanitation	36'156							36'156
Medical & First Aid	9'292							9'292
<b>Total Supplies</b>	<b>58'696</b>	<b>1'096</b>				<b>1'096</b>		<b>57'600</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	7'500				278	278		7'222
<b>Total Land, vehicles &amp; equipment</b>	<b>7'500</b>				<b>278</b>	<b>278</b>		<b>7'222</b>
<b>Transport &amp; Storage</b>								
Transport & Vehicle Costs	23'676	1'067	31		553	1'651		22'025
<b>Total Transport &amp; Storage</b>	<b>23'676</b>	<b>1'067</b>	<b>31</b>		<b>553</b>	<b>1'651</b>		<b>22'025</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	16'203							16'203
Delegate Benefits					22'085	22'085		-22'085
Regionally Deployed Staff					1'128	1'128		-1'128
National Staff	53'749	9'092			9'951	19'043		34'707
National Society Staff		4'246			16'762	21'007		-21'007
Consultants	13'300		-564			-564		13'864
<b>Total Personnel Expenditures</b>	<b>83'253</b>	<b>13'337</b>	<b>-564</b>		<b>49'926</b>	<b>62'699</b>		<b>20'554</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	71'471	20'934	1'984		10'773	33'691		37'781
<b>Total Workshops &amp; Training</b>	<b>71'471</b>	<b>20'934</b>	<b>1'984</b>		<b>10'773</b>	<b>33'691</b>		<b>37'781</b>
<b>General Expenditure</b>								
Travel	10'074	4'982			7'655	12'637		-2'564
Information & Public Relation	20'010	105			32	137		19'873
Office Costs	10'710	6'820			4'891	11'711		-1'001
Communications		4'057	110		1'002	5'169		-5'169
Professional Fees		2'481			3'600	6'081		-6'081
Financial Charges		5'532	-1'128		-634	3'771		-3'771
<b>Total General Expenditure</b>	<b>40'794</b>	<b>23'977</b>	<b>-1'018</b>		<b>16'547</b>	<b>39'505</b>		<b>1'288</b>
<b>Program Support</b>								
Program Support	19'840	2'637	-74		6'539	9'103		10'737
<b>Total Program Support</b>	<b>19'840</b>	<b>2'637</b>	<b>-74</b>		<b>6'539</b>	<b>9'103</b>		<b>10'737</b>
<b>Operational Provisions</b>								
Operational Provisions		-22'473	-1'495		15'990	-7'979		7'979
<b>Total Operational Provisions</b>		<b>-22'473</b>	<b>-1'495</b>		<b>15'990</b>	<b>-7'979</b>		<b>7'979</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>305'229</b>	<b>40'574</b>	<b>-1'137</b>		<b>100'606</b>	<b>140'043</b>		<b>165'186</b>
<b>VARIANCE (C - D)</b>		<b>125'972</b>	<b>38'906</b>		<b>307</b>	<b>165'186</b>		