

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

NIGER

Appeal no. 05AA031

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes, objectives, and related activities to be implemented in 2005, and the corresponding funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text, or can be requested through the respective regional department.

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Click on the title below to go to the relevant text; click on the figure to go to the programme budget

Programme title	2005 in CHF
Strengthening the national society	
Health and care	166,547
Disaster management	37,769
Organizational development	100,913
Total	305,229¹

¹ USD 242,400 or EUR 196,600.

National Context

A predominantly rural population in a landlocked country, most of Niger's inhabitants are engaged in farming. Agriculture represents 45% of the country's economy. Cattle rearing and natural resources (uranium, coal and iron ore) also form major parts of the economy. A UNICEF survey in 2000 found that 70% of the children in Niger work, although only 3% are paid. The country continued to experience political instability throughout the 1990s, culminating in a coup in 1999, which led to the assassination of the president and the establishment of a military junta. Democratic elections were held in 1999 and the country now enjoys reasonable stability.



Niger, West Africa's largest country, ranked second last in the UNDP index of human development, second only to Sierra Leone. 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% have access to adequate sanitation facilities and 59% have access to potable water. Public expenditure on health was only 1.4% of the GDP in 2001 (UNDP). The country suffers from frequent food shortages, drought and flooding. Niger is part of the meningitis belt and is one of the last countries which still have the wild polio virus, a threat which continued to menace Niger even in 2004, despite three years of vaccination campaigns – mostly linked to refusal within neighbouring Nigeria to accept vaccinations.

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

Human Development Indicators at a Glance

Category	Niger	Sub-Saharan Africa	World
Total population (millions)	11.5	641.0	6,225.0
GDP per capita (USD)	190	469	5,174
Life expectancy at birth (years): Female - Male	46.3 - 45.7	n.a.	n.a.
Infant mortality rate, per 1,000 live births	156	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	1,600	n.a	n.a
Population (%) with sustainable access to an improved water source (2000)	59	57	82
HIV prevalence (% , ages 15-49) (2003)	1.2	7.7	01.1
Adult literacy rate (% , ages 15 and above) Female – Male	9.3 - 25.1	n.a	n.a

Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Refer to http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf Note: Data is 2002 unless noted above.

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For ease of reference, the table below lists the standard abbreviations and references used in this Appeal.

CAS – Cooperation Agreement Strategy(ies)	PEV – Programme élargie de vaccination (also EPI – Expanded Programme on Immunization)
CTA – Centres de transfusion	
IHL – International Humanitarian Law	PLWHA – Perons living with HIV/AIDS
MoH – Ministry of Health	PNS - Partner National Society(ies)
Movement - International Red Cross and Red Crescent Movement.	STI/ STD - Sexually-transmitted infections / diseases
ARCHI 2010 – refer to http://www.ifrc.org/what/health/archi/	
ERU – Emergency Response Unit(s) Refer to http://www.ifrc.org/what/disasters/eru/	
FACT – Field Assessment and Coordination Team(s). Refer to http://www.ifrc.org/what/disasters/fact/	
Strategy 2010 – refer to http://www.ifrc.org/who/strategy.asp	
Ouagadougou Declaration – refer to http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp	
Seville Agreement – refer to http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp	

Red Cross and Red Crescent Priorities

National Society Strategy/Programme Priorities

The Red Cross Society of Niger² is autonomous but maintains close relations with the government and particularly with the Ministry of Health. It is involved in the national policy on disaster relief and the government has seconded staff for Red Cross activities.

The Red Cross of Niger has worked with UNHCR on projects for refugees from Chad and Mali and with UNICEF on street children projects. The national society has been active in flood relief, drought operations and emergency vaccination campaigns against meningitis, despite lacking a formal disaster unit and staff for this purpose. The Red Cross of Niger has several health activities, including vaccination campaigns, HIV/AIDS training amongst youth in schools and commercial sex workers, and first aid and community health projects. The national society has actively paired with PLWHA for public advocacy and as part of its health programme training methodology. The national society also runs many successful social welfare activities including kindergartens, primary schools and income generation projects for women. It possesses several branches running relevant and successful programmes to improve health and well-being at community level, although many branches are weak and suffer from lack of adequate guidance and stimulation due to inability of the headquarters to reach out to all over such long distances.

In 2005, the regional finance and resource development program will continue to support the national society in its active engagement for finance development to meet the desire of a national society eager to sustain use and exploitation of the new tools and procedures now in place. The main challenge for the Red Cross of Niger in 2005 is to meet Federation standards regarding financial reporting, which in 2004 has already shown promising results. The progress in both finance and resource development sectors will allow the national society to capitalize on the improvements obtained since 2003 for better project management and administration.

Red Cross of Niger At A Glance

Activity	Year	Comment
Statutes	1993	Rewritten
National Disaster Plan	yes	
National Development Plan	2005-2008	Prepared in 2004
CAS	2005	
Self Assessment	2002	
Elections	2001	General Assembly
Yearly audit	no	Goal for 2005

² Red Cross Society of Niger - <http://www.ifrc.org/where/country/check.asp?countryid=127>

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Main Strengths

- ÿ Strong branches
- ÿ Ability to mobilize volunteers
- ÿ Good public image
- ÿ Good partnerships with partner national societies and in country agencies
- ÿ Officially integrated into the National Disaster Plan

Main Challenges

- ÿ Staffing
- ÿ Internal communications (headquarters to branches)
- ÿ Balancing external expectations with internal resources

The Red Cross of Niger prioritizes the following:

- ÿ Vaccine-preventable diseases, HIV/AIDS, and polio eradication via ARCHI 2010
- ÿ Disaster response
- ÿ “Professionalization” (engagement of full time paid staff vis-à-vis volunteers to manage programmes and activities)
- ÿ Resource development (human and financial)

Movement Context

The Federation

The Federation’s Sahel sub-regional office in Dakar has supported organizational and finance development, social mobilization campaigns, HIV/AIDS programmes and emergency relief for combating meningitis, polio, cholera and floods.

As adequate health care is still a very big challenge in a poor country like Niger; in 2005 the Federation will help the national society to expand its health programmes, including management of HIV/AIDS and emergency health programming. Support will also be provided to improve the national society’s ability at headquarters and branch level to assess risks, analyse needs, and respond to disasters.

To help the national society build capacity and attract partners, the Federation identified in 2004 support which allowed the national society to engage a first-ever executive secretary as part of the process of helping the national society to “professionalize” its staffing and programming into a more coherent and sustainable whole. The regional office also assisted the national society to review its previous development plan and develop a new strategic plan, projects from which form part of this Appeal. Based on extremely encouraging results in 2004, strengthening of financial management and resource development systems will continue.

It should be noted that this is a transitional year for the national society in that it now has much improved capacity to develop, implement, and report on its programmes. However, the current Appeal has been kept purposely low while the national society and the Federation are identifying partners both within and outside of the Movement to support the national society’s recently developed strategic plan and associated projects in order to truly scale up health/HIV programming and disaster preparedness/response according to needs and expectations. Complete strategic development plans with project log frames and detailed budgets are available upon request.

ICRC

Since 2004, the ICRC now has a full time legal advisor based within the national society’s compound to promote dissemination of IHL, conduct programmes with political detainees, and liaise with the Ministry of Justice. ICRC has also assisted the national society in training of emergency relief team members since 1997.

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Bilateral Partner National Societies

The Spanish Red Cross has been a consistent bilateral partner of the Red Cross of Niger, most recently providing funding for drought relief and food security. The French Red Cross in 2004 shifted its emphasis from income generating programmes for women, school water and sanitation projects (in collaboration with UNICEF) and financial management capacity-building at branch level, to HIV/AIDS programming, linked especially to the new walk-in clinic (CTA) it launched in 2004 with the Niger Ministry of Health.

Primary support to the Red Cross of Niger from the Movement in 2004

Partner	Health	Relief	Disaster Management	Humanitarian Values	Organizational Development	Other
ICRC				XX		XX
French Red Cross	XX					
Spanish Red Cross	XX	XX				XX
Federation	XX	XX	XX		XX	

Primary support through the Federation is provided by the governments of U.K. and Ireland, and the Danish Red Cross for Finance Development Technical Support.

Strengthening the national society

Health and Care

Background

- Ÿ Low access to health centres and health care.
- Ÿ Low vaccination coverage.
- Ÿ Presence of endemic and epidemic illnesses.
- Ÿ Presence of wild polio virus strain.
- Ÿ Second highest infant mortality rate in the world.
- Ÿ Vast country with nomadic populations.
- Ÿ Rapid spread of HIV/AIDS in the most productive age group.
- Ÿ Social-cultural factors favouring the propagation of HIV/AIDS/STI (multiple partners, prostitution, religious taboos).

Achievements

- Ÿ Successful participation in social mobilization for several specific National Immunization Days/Polio
- Ÿ Successfully applied for and received 200,000 meningitis vaccines (funded via Federation) through the ICG in 2003, to complement its social mobilization participation in the Ministry of Health vaccination campaign
- Ÿ On-going community sensitization programme (PEV) to improve basic vaccination coverage for infants and children in hard to reach areas.
- Ÿ Member of the Interagency Co-ordination Committee and good collaboration with partners in immunization campaigns.
- Ÿ Strengths in social mobilization at the local committee level.
- Ÿ Innovative and successful on-going HIV/AIDS programme with commercial sex workers and youth
- Ÿ Public advocacy against stigmatization of PLWHA and sex workers

Lessons learned

- Ÿ Need to reinforce the national society's human resources in health to meet programming expectations and participate actively in national forums.
- Ÿ Need to strengthen capacity to manage volunteers at the community level in order to sustain activities to improve vaccination coverage.
- Ÿ Improve communication at all levels.
- Ÿ Need to reinforce means of transport/travel due to vastness of country.

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This Appeal highlights vaccination and HIV/AIDS projects which form part of a comprehensive health programme including malnutrition, malaria and diarrhoeal diseases, as part of the national society's efforts to scale up its health programming for greater impact and coverage.

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 0-11 months as well as pregnant women.

Expected Results:

- Parents systematically bring children to routine PEV vaccination.
- Pregnant women are correctly vaccinated tetanus.

Objective 2: The propagation of the HIV/AIDS/STI in the regions of Maradi, Tahoua, Agadez and Dosso is reduced.

Expected Results:

- In-school youth and sensitized persons know and practise AIDS prevention measures through peer education
- The risk of contamination of traditional and modern health practitioners by infected material is limited.
- HIV/AIDS infected and/or affected people are provided nutritional, psycho-social, and vocational support at community level

<Refer to the Logical Framework Planning Matrix (in French): Niger Health and Care>

<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA031HC.pdf>

Disaster Management

Background and Achievements

The Red Cross of Niger is often called upon to respond to various natural and man-made emergencies such as famine, floods and civil unrest, and does work within a national early warning disaster preparedness system, but lacks a structured disaster unit, personnel and plans. The national society recognizes the need to develop its abilities to analyze, plan for disasters and coordinate with other intervening parties including those affected.

In 1999 and 2004, the national society organized contingency planning simulation training at national level which included representatives from the Ministries of Interior, Health, Social Development and Defense, and the police which proved to be useful in responding to events linked to presidential and municipal and legislative elections. The first training did however highlight the lack of communications means within two branches (which has since been rectified), weakness of planning abilities at branch level, and lack of hands-on simulation training opportunities. Two persons from the national society participated in the Federation's Regional Disaster Response Team (RDRT) training in 2003 and have acquired stronger capacities for helping to shape the national society's future disaster response.

The national society's 2005-2008 strategic plan, elaborated in 2004, has set up orientations related to Disaster Management and focused on reduction of risks and building response capacities. Through its program of disaster risk reduction, the national society will address food security as well as focus on preparation for floods, drought and fires.

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This Appeal targets to benefit the vulnerable region of Dosso and Niamey, while new partners are being identified to support other areas outlined in the national society's strategic plan.

Goal: The Red Cross 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.

Expected Results:

- Populations are sensitized as to risks linked to construction in flood zones and waterways.
- Sewers and other water evacuation structures are functional.
- Populations have been sensitized and take measures to protect themselves against water-based diseases.

<Refer to the Logical Framework Planning Matrix (in French): Niger Disaster Management>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA031DM.pdf

Organizational Development

Background and Achievements

Taking an unprecedented step forwards, the Red Cross of Niger committed itself to a process of professionalizing itself in the course of 2004 which involved the separation of governance and management. In this vein, the post of the executive secretary was created and the first ever professional manager hired, with Federation support. The national society then proceeded to develop a strategic plan covering 2005-2008 with the technical and financial support of the Federation's regional office. The plan is based on the Federation Strategy 2010, ARCHI 2010, and the priorities outlined in the Ouagadougou Declaration, namely community based health, HIV/AIDS and disaster response and prevention. The plan also defines certain measures which need to be accomplished for the national society to become truly well-functioning; strengthening of governance and management capacities, dissemination and communication for branch development, volunteer development and bolstering of financial and resource development. The plan also outlines monitoring and evaluation means under which the roles of management and governance are clearly defined.

Select elements of the organizational change support solicited by the national society are included in this Appeal, while awaiting the identification of new partners to accompany the national society in the expansion of its health and disaster programmes and in its process of organizational development. The full strategic development plan is available.

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

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

Expected Results:

- Management and governance bodies are strengthened.
- The ability of the national society to develop, manage and retain volunteers is developed.
- Motivated volunteers are engaged at community level in the health and disaster management programs

<Refer to the Logical Framework Planning Matrix: Niger Organizational Development>
http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA031OD.pdf

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

Expected Results:

- The quality of financial reporting is improved
- Finance staff develop their understanding of program budgeting cycle since the launch of the Appeal until the final narrative and financial reports
- The financial rules and procedures manual for the Red Cross of Niger is updated and implemented
- External consolidated audits are conducted on annual basis
- Finance Unit is strengthened and fully functional
- The activities and interventions of the Red Cross of Niger are disseminated actively and effectively through mass media country wide.

<Refer to the Logical Framework Planning Matrix: Niger Finance Development>
<http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA031FD.pdf>

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BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA031

Name: NIGER

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	13,248	0	0	0	0	0	13,248
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	29,256	6,900	0	0	0	0	36,156
Medical & first aid	9,292	0	0	0	0	0	9,292
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	51,796	6,900	0	0	0	0	58,696
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	7,500	0	0	7,500
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	0	0	7,500	0	0	7,500
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	23,112	133	0	430	0	0	23,675
TRANSPORT & STORAGE	23,112	133	0	430	0	0	23,675
Programme Support	10,826	2,455	0	6,559	0	0	19,839
PROGRAMME SUPPORT	10,826	2,455	0	6,559	0	0	19,839
Personnel-delegates	4,741	244	0	11,218	0	0	16,203
Personnel-national staff	24,749	3,728	0	25,273	0	0	53,749
Consultants	0	0	0	13,300	0	0	13,300
PERSONNEL	29,490	3,972	0	49,791	0	0	83,252
W/shops & Training	40,361	5,760	0	25,351	0	0	71,471
WORKSHOPS & TRAINING	40,361	5,760	0	25,351	0	0	71,471
Travel & related expenses	385	89	0	9,599	0	0	10,073
Information	7,360	12,650	0	0	0	0	20,010
Other General costs	3,217	5,810	0	1,683	0	0	10,710
GENERAL EXPENSES	10,962	18,549	0	11,282	0	0	40,793
TOTAL BUDGET:	166,547	37,769	0	100,913	0	0	305,229