

# NIGERIA



⊕ ICRC delegation   
 ⊞ ICRC sub-delegation   
 + ICRC office/presence

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ discussions with the authorities facilitated some access to conflict/violence-affected people, but activities in the north-east were limited by insecurity and by constraints in relation to dialogue with armed groups
- ▶ as the conflict in the north-east escalated, more IDPs benefited from food distributions than had been planned, while farmers/herders in Plateau state received support to restore their livelihoods
- ▶ people in Maiduguri obtained health care at a clinic that received ICRC support, though plans to support four other facilities were scaled back to focus on the Maiduguri clinic
- ▶ victims of violence were given first aid/evacuated by Nigerian Red Cross Society/ICRC-trained responders and treated at hospitals supported by the ICRC with a mobile surgical team, supplies and staff training
- ▶ detainees – including, for the first time, people at military-run facilities – received ICRC visits and essential items to help ease their situation, but projects to improve their living conditions had not materialized yet
- ▶ amid the escalation of the conflict in the north-east, members of the armed/security forces familiarized themselves with IHL and other applicable norms at ICRC dissemination sessions

### EXPENDITURE (in KCHF)

Protection	2,464
Assistance	10,780
Prevention	2,807
Cooperation with National Societies	1,012
General	-
<b>Total</b>	<b>17,064</b>

of which: Overheads 1,041

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>114%</b>
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### PERSONNEL

Mobile staff	30
Resident staff (daily workers not included)	112

Active in Nigeria during the Biafran war (1966–70), the ICRC established a delegation in Lagos in 1988, relocating to Abuja in 2003. It seeks to protect and assist conflict/violence-affected people, visits detainees, and works with the Nigerian Red Cross Society and local health services to respond to emergencies throughout the country. It supports the National Society's capacity-building efforts for its emergency preparedness and family-links services. Working with the authorities, the armed forces/police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	57
RCMs distributed	18
People located (tracing cases closed positively)	10
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	14,404
Detainees visited and monitored individually	2,414
Number of visits carried out	58
Number of places of detention visited	30

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 18,000	70,194
Essential household items	Beneficiaries 18,000	49,954
Productive inputs	Beneficiaries 31,800	
Cash	Beneficiaries	251
Vouchers	Beneficiaries 9,000	45,233
Water and habitat activities	Beneficiaries 45,000	68,334
<b>Health</b>		
Health centres supported	Structures 5	
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 5	29

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.

## CONTEXT

The conflict between Nigerian forces and armed groups continued in the north-eastern states (mainly Adamawa, Borno and Yobe), where a state of emergency remained in place. Clashes occurred as several cities were overrun by armed groups, particularly during the second half of the year. Reportedly, thousands of people were killed and hundreds, abducted. Several hundred thousand people fled to host communities and IDP camps, where resources were stretched. Tens of thousands sought refuge elsewhere (see *Chad, Niger and Yaoundé*); among them were people returning to neighbouring countries.

Bombings and attacks – some, reportedly connected to the conflict – led to hundreds of casualties in Abuja, Bauchi, Jos, Kano and other areas.

Intercommunal clashes fuelled by disputes over access to land/water persisted in the Middle Belt states (mainly Bauchi, Kaduna and Plateau), resulting in injuries, deaths, disrupted livelihoods and displacement.

Kidnapping, crude oil theft and sea piracy were reported in the Niger Delta, where a government amnesty for former fighters remained in effect.

Nigeria remained a key player in addressing regional peace and security issues through the Economic Community of West African States (ECOWAS), and contributed troops to international peace-keeping operations. Preparations began for the 2015 general elections.

## ICRC ACTION AND RESULTS

In 2014, the ICRC significantly stepped up its response to the growing humanitarian needs of people affected by the conflict in the north-east and violence in the Middle Belt. However, security constraints still hindered its work; notably, in the north-eastern states, activities were limited to major cities.

Nigerian Red Cross Society/ICRC teams provided aid to people in areas they were able to reach. They helped people affected by intercommunal violence in the Middle Belt meet their needs by distributing one-month food rations and essential items. Following the escalation of the conflict, they conducted large-scale relief operations for IDPs in the north-east, who also benefited from the construction of water/sanitation facilities in IDP camps. In Maiduguri, households headed by widows received food vouchers, which helped many of them reduce their expenses and have three meals daily; some of them went on to run small businesses with ICRC support. In cooperation with the Agriculture Ministry, the ICRC helped farmers/herders in Plateau state regain some self-sufficiency through material/technical input for their livelihood activities. Communities hosting IDPs had access to essential services after water pumps and primary-health-care facilities were rehabilitated by the ICRC. However, plans to provide these facilities with staff training and material support were scaled back; the ICRC concentrated on supporting one clinic in Maiduguri. At the ICRC's recommendation, the authorities also provided this clinic with equipment/supplies; they were also encouraged to provide an additional doctor.

Efforts to build a countrywide network of emergency responders via first-aid training courses continued, contributing to the likelihood of casualties receiving timely treatment. People wounded in relation to conflict/violence benefited from first aid and medical

evacuations carried out by National Society/ICRC-trained first-responders, and from treatment at ICRC-supported hospitals, some of which received donations of supplies following mass-casualty influxes. An ICRC mobile surgical team also helped some hospitals treat patients during emergencies, and trained staff at those hospitals. Emergency responders were trained in the management of human remains to increase the likelihood that the deceased were properly identified and their next-of-kin notified of their fate.

As a result of dialogue with the authorities, the ICRC gained increased access to detainees, including, for the first time, people in some military-run facilities. Delegates monitored detainees' treatment and living conditions, and subsequently shared confidential feedback with the detaining authorities, including recommendations for improvement when necessary. The ICRC provided detainees with essential items, but projects to improve their living conditions – particularly in terms of health care and water access – had not materialized yet. Supplementary feeding helped alleviate severe malnutrition for some detainees; during discussions, the authorities and the ICRC explored mid/long-term solutions.

Amid the ongoing conflict and despite some constraints – particularly, in relation to dialogue with some armed groups – the ICRC sought to remind all parties concerned of their responsibilities under IHL to respect and protect people not/no longer participating in the fighting, and to allow medical/humanitarian personnel to safely reach people in need.

ICRC dissemination sessions helped the armed/security forces learn more about IHL and other internationally recognized standards relevant to their operations. Contact with and events for the authorities and civil society actors such as community/religious leaders and the media helped raise their awareness of IHL and humanitarian issues, and facilitated the ICRC's work. The ICRC continued to work with the Nigerian authorities and international bodies such as ECOWAS to secure support for IHL and its implementation.

The ICRC supported the National Society in strengthening its capacities at headquarters and branch levels, particularly in terms of emergency preparedness/response, public communication and organization.

### CIVILIANS

Amid the ongoing conflict (see *Context*), the ICRC sought to remind all parties concerned of their responsibilities under IHL to respect and protect people not/no longer participating in the fighting, and to allow medical/humanitarian personnel to safely reach people in need. Such issues were raised during dialogue with the authorities, particularly during IHL dissemination sessions and meetings (see *Actors of influence*). While this enabled the ICRC to step up its assistance to conflict/violence-affected people, security constraints hindered a few activities, notably in the north-east, where they were limited to major cities.

### IDPs alleviate their situation through emergency relief distributions in Maiduguri and elsewhere

Emergency relief distributed together with the National Society helped conflict/violence-affected people meet some of their needs and cope with their displacement. Over 90,000 people (15,000 households) in the north-east and in the Middle Belt received one-month food rations and essential items. Among them were

some 51,000 people (8,500 households) in Maiduguri and some 12,000 people in Yola (2,000 households) who benefited from aid distributions that were conducted in the last quarter of the year in response to the acute deterioration of the situation in the north-east (see *Context*). Some of them also obtained access to water/sanitation facilities (see below).

Through a programme implemented with local widows' associations in Maiduguri, nearly 900 households (over 5,400 people) whose breadwinners were killed during conflict or other violence regularly received food vouchers for six months, enabling many of them to reduce their expenses and have three meals daily.

### **Farmers and herders in Plateau state begin to restore their livelihoods with ICRC support**

People were supported in undertaking livelihood activities to help them regain self-sufficiency.

In cooperation with the Ministry of Agriculture, nearly 2,000 IDP/returnee households (24,000 persons) in Plateau state with access to land – some of whom had negotiated such access with their host families – received maize seed and fertilizer, and training in effective use of the latter. This helped most of them to raise their yields to more than 40% of pre-crisis levels, and, in turn, have four to six months' worth of food. Moreover, some 2,000 IDP/returnee households (12,000 persons) had over 112,000 animals vaccinated against disease, which helped reduce their livestock's mortality rate.

With the help of the National Society, some 120 households headed by women (720 people in all) in Maiduguri – some of whom had savings as a result of the food voucher programme – received support for micro-economic initiatives, enabling more than half of them to increase their income by at least 30% and cover at least 70% of their living expenses.

### **IDPs and their host communities gain access to essential services**

Over 62,000 IDPs and residents of host communities – mainly in Kaduna and Plateau states – had access to water after the rehabilitation of hand pumps and other infrastructure by the ICRC. Furthermore, almost 5,300 people benefited from water/sanitation initiatives in response to acute emergencies: at a school in Kaduna that was being used as a temporary camp, around 2,000 people benefited from trucked-in water until a borehole was completed; at some IDP camps in Maiduguri and Yola, people had access to water/sanitation facilities after the ICRC finished constructing latrines and water points in December.

People in violence-prone areas had access to primary health care at five facilities that were improved by the ICRC. In Maiduguri, two clinics had their water/sanitation facilities rehabilitated. Medical waste incinerators were installed at clinics in Kaduna and Plateau, and patients at facilities in Bauchi and Jos had access to water after the construction of a water tank and a solar pump, respectively. However, plans to provide the clinics with training and material support were scaled back to focus on a clinic in Maiduguri. Through on-the-job training, the staff improved their knowledge of topics such as hygiene promotion and the management of common diseases. Community members were advised on the formation and operation of a maintenance committee. The clinic also received some material support. At the ICRC's recommendation, the authorities provided it with equipment/supplies; furthermore, they were encouraged to assign an additional doctor.

Around 60 National Society volunteers prepared for emergencies by learning how to rapidly install/construct water and sanitation facilities, and how to promote good hygiene practices in communities hosting IDPs.

### **Unaccompanied minors/separated children in the north-east are registered**

A few people maintained contact with their relatives through RCMs. In November, despite security and administrative constraints, the National Society/ICRC began taking steps to scale up their family-links services for people affected by the conflict in the north-east, focusing on the registration of unaccompanied minors/separated children and on tracing requests. National Society staff/volunteers boosted their ability to provide such services through on-job-training and an ICRC workshop for focal points from priority branches.

Elsewhere, similar efforts were underway for people who had fled from the north-east to neighbouring countries (see *Niger* and *Yaoundé*).

### **Volunteers assist in managing human remains after emergencies**

To help ensure that the deceased were properly identified and their next-of-kin notified of their fate, emergency responders received training in human remains management. The topic was tackled during all ICRC-conducted first-aid training sessions (see *Wounded and sick*); furthermore, over 800 Nigerian peacekeepers and some 200 National Society staff improved their knowledge of the subject at a pre-deployment lecture and at a one-day training session, respectively. National Society volunteers received body bags and protective clothing. At an event conducted by a regional association, African forensic scientists added to their expertise after members of the ICRC medical team shared best practices and experiences related to human remains management.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees held by the army in connection with the conflict in the north-east receive visits**

Through dialogue with different arresting and detaining authorities, the ICRC continued seeking access to all detainees within its purview, including those held in connection with the conflict in the north-eastern states. As a result, it was able to visit people in some additional places of detention, including some military-run facilities, for the first time.

Over 14,400 people countrywide – including those held by the police, the army, and the Ministry of the Interior – received visits to monitor their treatment and living conditions, conducted according to standard ICRC procedures. Among them, some 2,400 detainees were registered and followed up individually. Following these visits, the authorities concerned received confidential feedback from the ICRC, including recommendations where necessary, with a view to supporting them in their efforts to ensure detainees' well-being.

Though detainees' access to health care was assessed by delegates and discussed during meetings, projects to improve their living conditions – particularly in terms of health care and water access – had not materialized yet. Nevertheless, some 13,600 detainees eased their situation following the distribution of food and essential items such as hygiene kits and mats.

Several hundred severely malnourished detainees received supplementary rations to alleviate their condition; during discussions,

the authorities and the ICRC explored mid/long-term solutions. Detainees at one facility benefited from a general cleaning and hygiene campaign implemented by the authorities at the ICRC's recommendation.

## **WOUNDED AND SICK**

The volatile situations in the north-east and the Middle Belt generated large numbers of casualties, who were treated by first-responders and hospitals supported by the ICRC.

### **Wounded people receive life-saving care from National Society/ICRC-trained emergency responders**

Following bomb blasts and other violence (see *Context*), hundreds of wounded people benefited from first aid/medical evacuations carried out by National Society/ICRC-trained responders, who also helped manage several hundred sets of human remains (see *Civilians*).

To help increase the likelihood of wounded people receiving timely care, the National Society/ICRC trained people in first aid. At three-day training courses, some 2,000 civilians from various communities, around 130 military personnel and over 100 other weapon bearers in the Niger Delta boosted their first-aid and emergency-preparedness capacities, while learning about the Movement's neutral, impartial and independent approach (see *Actors of influence*).

Follow-up visits to some communities showed that previously trained volunteers continued to provide first aid during emergencies.

### **Nurses and surgeons hone their skills with the help of an ICRC mobile surgical team**

Thousands of people, hundreds of whom were weapon-wounded, were treated at ICRC-supported hospitals. During emergencies, ad hoc donations of supplies helped some facilities cope with mass-casualty influxes; furthermore, over 80 people were operated on by the ICRC surgical team, which consisted of a surgeon, an anaesthetist, an operating theatre/ward nurse, and a physiotherapist. The team was based in three ICRC-supported hospitals in Bauchi, Jos, and Kaduna, where they provided doctors and nurses with on-the-job training to help them hone their skills in weapon-wound and trauma management, and in post-surgical care and injury management, respectively. A seminar helped over 80 surgeons add to their knowledge of war surgery.

## **ACTORS OF INFLUENCE**

The ICRC sought to gain acceptance of/support for its work from key actors, including weapon bearers. Despite some constraints, particularly, in relation to dialogue with some armed groups, discussions with the authorities enabled the ICRC to gain some access to certain groups of people within its purview (see *Civilians* and *People deprived of their freedom*).

### **Military personnel enhance their knowledge of IHL and its relevance to their operations**

The situation in the north-east (see *Context*) underscored the need to promote respect for IHL and other applicable norms among all parties concerned.

Over 3,000 military personnel, including peacekeepers, learnt more about IHL and the Movement's work from ICRC presentations, which occasionally took place alongside training in first aid and human remains management (see *Wounded and sick* and *Civilians*). Via a seminar conducted by the ICRC at the National Defence College's request, 130 senior military officers from Nigeria

and abroad furthered their knowledge of IHL. During a seminar co-organized by the Justice Ministry and the national security adviser, government officials drew on ICRC expertise to increase their understanding of IHL, particularly as relevant to the conflict in the north-eastern states. At meetings and workshops, military officials and the ICRC discussed how IHL could be better integrated into the armed forces' doctrine, training and operations.

### **Nigerian security forces learn more about internationally recognized law enforcement standards**

At training sessions, hundreds of members of Nigerian security forces, including police at some military-run detention facilities and 50 instructors working with security/counter-terrorism personnel, learnt more about the ICRC's work – particularly its activities for detainees – and international norms on the proper use of force.

A team of police officers, academics and NGO representatives integrated ICRC input, including information on rules relating to detainee treatment and living conditions, into the police forces' draft manual on human rights.

### **Contact with key actors helps facilitate the Movement's work**

Developing contacts with various actors during meetings and other events remained vital in promoting acceptance of Movement activities. For instance, hundreds of people – among them, community/religious leaders and weapon bearers in the Niger Delta – learnt more about IHL and the ICRC during first-aid training (see *Wounded and sick*). Through dissemination sessions, 120 members of religious organizations became acquainted with the Movement and its emblems, the Fundamental Principles, and the compatibility of IHL and Islam.

Local/international media made use of ICRC informational materials – some of which were in the Hausa language, and therefore more accessible to parties concerned – to report on humanitarian affairs, such as the ICRC's response to the situation in the north-east and the work of the surgical team. At a workshop on humanitarian reporting, 26 journalists added to their knowledge of IHL and the Movement, as well as first aid.

### **Students familiarize themselves with IHL and the ICRC**

Cooperation with universities helped cultivate interest in IHL among young people. Over 580 students acquainted themselves with the ICRC and its work, including the goals of the Health Care in Danger project, during dissemination sessions. Students joined an ICRC-organized national moot court competition, whose winners went on to join a regional competition (see *Nairobi*). IHL discourse was encouraged through a national workshop for teachers; university libraries received relevant publications.

The national IHL committee's efforts to advance IHL implementation were slowed by administrative/financial constraints. Legal advisers enhanced their drafting capacities at an ICRC-organized workshop.

### **ECOWAS member States review progress in ratifying/ implementing the Arms Trade Treaty**

Regional bodies and national authorities worked with the ICRC to foster long-term adherence to IHL. At an ECOWAS/ICRC-organized seminar in Abuja, representatives of 14 West African States discussed the provisions of the Arms Trade Treaty and reviewed their countries' progress in ratifying it, or in implementing it through domestic legislation. The ICRC shared its expertise in these matters.

## RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross Society received financial/logistical/material/technical support at headquarters and branch levels, helping it bolster its operational capacities (see *Civilians and Wounded and sick*). During simulation exercises, nearly 1,100 volunteers from the National Society, as well as from various communities, enhanced their ability to respond to mass-casualty situations. National Society personnel underwent basic/refresher courses on first aid and received kits; in the north-eastern states, some of them trained to become instructors, and five of them went on to become trainers. Ahead of the 2015 elections, some staff/volunteers also attended a seminar on the Safer Access Framework. Furthermore, the National Society's facilities in Bauchi, Jos and Plateau were improved through a newly furnished training hall and new perimeter fences.

The National Society boosted its communication capacities through advice on internal/public communication and training to improve materials in this regard. ICRC support also helped it organize internal workshops/meetings on the Movement and the Fundamental Principles. Its communication head, its legal adviser, and its focal point for the Health Care in Danger project attended seminars abroad.

Movement partners met to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		57	48		
RCMs distributed		18			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		103	19	16	34
<i>including people for whom tracing requests were registered by another delegation</i>		2			
People located (tracing cases closed positively)		10			
<i>including people for whom tracing requests were registered by another delegation</i>		4			
Tracing cases still being handled at the end of the reporting period (people)		86	10	12	29
<i>including people for whom tracing requests were registered by another delegation</i>		11			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		69	16		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		66	15		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		14,404	413	166	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		2,414	29	7	159
Detainees newly registered		2,401	29	7	157
Number of visits carried out		58			
Number of places of detention visited		30			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	70,194	20%	60%
	<i>of whom IDPs</i>	70,194		
Essential household items	Beneficiaries	49,954	16%	47%
	<i>of whom IDPs</i>	49,954		
Cash	Beneficiaries	251	40%	60%
	<i>of whom IDPs</i>			
Vouchers	Beneficiaries	45,233	32%	58%
	<i>of whom IDPs</i>	27,458		
Water and habitat activities	Beneficiaries	68,334	40%	50%
	<i>of whom IDPs</i>	51,250		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	13,654		
<b>Health</b>				
Number of visits carried out by health staff		22		
Number of places of detention visited by health staff		14		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	29		
	<i>of which provided data</i>	3		
Admissions	Patients	28,702	10,701	10,500
	<i>of whom weapon-wounded</i>	322	58	67
	<i>(including by mines or explosive remnants of war)</i>	79		
	<i>of whom other surgical cases</i>	5,734		
	<i>of whom medical cases</i>	17,290		
	<i>of whom gynaecological/obstetric cases</i>	5,356		
Operations performed		3,056		
Outpatient consultations	Patients	69,061		
	<i>of which surgical</i>	21,197		
	<i>of which medical</i>	39,513		
	<i>of which gynaecological/obstetric</i>	8,351		

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.