



KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ in the Diffa region, tens of thousands of people fleeing armed conflict in Nigeria – 20,000 during a surge in violence at year's end – met their urgent food needs through the ICRC/Red Cross Society of Niger
- ▶ in the Agadez and Tillabery regions, herders maintained the market value and productivity of over 2.4 million livestock with the help of free veterinary services and feed from ICRC-supported fodder banks
- ▶ even during the hunger gap period, vulnerable farmers and market gardeners in Diffa, Tahua and Tillabery boosted their yields using seed and water infrastructure provided and upgraded by the ICRC respectively
- ▶ over 3,200 migrants called their relatives back home at National Society branches along the migration route or in the transit centre in Agadez which also provided hot meals, showers and temporary accommodation
- ▶ people held in relation to regional insecurity or for other security reasons in prisons and some temporary places of detention received visits from ICRC delegates
- ▶ over 3,200 troops and 1,550 religious/traditional leaders were encouraged to support neutral, independent and impartial action during information sessions on IHL and Movement activities in Niger

EXPENDITURE (in KCHF)	
Protection	1,558
Assistance	8,376
Prevention	1,279
Cooperation with National Societies	908
General	-

12,121
of which: Overheads 734

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%

PERSONNEL	
Mobile staff	16
Resident staff (daily workers not included)	126

The ICRC has been present in Niger since 1982; beginning in 2013, the Niamey delegation began covering only operations in the country. It seeks to protect and assist people affected by intercommunal violence and adverse climatic conditions, including migrants and others suffering the consequences of the fighting in neighbouring countries. It visits detainees, providing them with aid where necessary; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. It works closely with and helps the Red Cross Society of Niger develop its operational capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	89
RCMs distributed	84
Phone calls facilitated between family members	2,134
People located (tracing cases closed positively)	60
People reunited with their families	9
<i>of whom unaccompanied minors/separated children</i>	
	9
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,025
Detainees visited and monitored individually	171
Number of visits carried out	36
Number of places of detention visited	13
Restoring family links	
RCMs collected	91
RCMs distributed	45
Phone calls made to families to inform them of the whereabouts of a detained relative	54

ASSISTANCE	2014 Targets (up to)	Achieved	
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	64,800	89,902
Essential household items	Beneficiaries	12,000	18,535
Productive inputs ¹	Beneficiaries	361,500	33,865
Cash	Beneficiaries	13,800	2,580
Work, services and training ¹	Beneficiaries		856,788
Water and habitat activities	Beneficiaries	52,000	49,355
Health			
Health centres supported	Structures	5	6
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures		3
Physical rehabilitation			
Centres supported	Structures	1	1
Patients receiving services	Patients	348	475

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

CONTEXT

Military/security operations, conducted by Nigerien troops to secure Niger's borders, reportedly resulted in casualties and arrests. People in border areas felt the effects of regional insecurity most. Perceptions of collusion with armed groups aggravated intercommunal tensions; communities hosting displaced people struggled with the scarcity of resources, notably in Tahua and Tillabery, where many Malian refugees lived outside UNHCR camps to tend to their herds. In Diffa, including islands in Lake Chad, host communities and State/humanitarian actors risked being overwhelmed by growing numbers of displaced Nigerians and Nigeriens (see *Nigeria*). A sudden surge in violence at year's end caused a mass influx of thousands of people into Diffa; many of them left all their belongings behind in their haste.

Erratic rainfall in 2014 and in past years caused droughts and floods, seriously undermining food production. Hardest hit were farmers and herders recovering from past drought and the 2009 conflict, and communities hosting displaced people. State/humanitarian actors working in their behalf were less of a presence in remote or violence-afflicted border areas.

Migrants travelled through isolated frontier regions to go further north or to leave neighbouring countries, such as Libya. Algeria began to repatriate Nigerien migrants (see *Algeria*).

ICRC ACTION AND RESULTS

The ICRC, together with the Red Cross Society of Niger, focused its emergency assistance on people fleeing violence in Nigeria and the communities hosting them. In Diffa, the ICRC upgraded its presence to a sub-delegation and helped the National Society expand its operational capacities; this enabled close monitoring and timely response to changes in the humanitarian situation, such as influxes of people following surges in violence in Nigeria. In this way, tens of thousands of new arrivals in Diffa communities, including 20,000 people who entered Diffa *en masse* at year's end, received food and household essentials with the least possible delay, which helped tide them over until they found a stable source of food/income.

In Agadez, Tillabery and, to a lesser extent, Diffa and Tahua, the ICRC and the National Society helped vulnerable people recover from past drought/armed conflict and maintain food production during the hunger gap period. Herders and farmers, including those managing cereal and fodder banks, protected their livelihoods with the help of free veterinary services, agricultural supplies/equipment and rations; more people than initially planned received food, owing to erratic rainfall. Vulnerable people earned income by: selling products cultivated in ICRC-supported market gardens or processed using ICRC-supplied mills; or by participating in cash-for-work projects. Because of ICRC-upgraded water infrastructure in all four regions, these people and others had access to enough clean water for their livestock and crops, as well as for personal consumption.

Dozens of people wounded during violence in Nigeria hastened their recovery through specialized treatment at three health facilities in Diffa and Zinder, which received ICRC support in the form of medical supplies, staff training, and, in the Diffa regional hospital, short-term staffing support. Those disabled by mines/explosive remnants of war (ERW) or in other circumstances regained some mobility through physiotherapy services at

Niamey National Hospital. In Agadez, Diffa, Tahua and Tillabery, five health centres and ICRC-supported vaccination campaigns helped protect the health of thousands of people, including young children displaced from Nigeria.

People who had fled violence or armed conflict, as well as vulnerable migrants, reported abuses to the ICRC; whenever possible, these allegations were then shared with the parties concerned, with a view to preventing recurrence. Members of families dispersed by violence/armed conflict regained/maintained contact with each other through Movement family-links services, available at National Society branches along the migration route and at a National Society-run transit centre in Agadez. Detainees also used these services to contact their relatives or inform their consular representatives of their situation.

Security detainees and other inmates held by the Nigerien authorities received ICRC visits, conducted according to the organization's standard procedures. The Nigerien authorities drew on the ICRC's confidential findings and recommendations and, in selected prisons, on infrastructural, material and technical support, to improve detainees' treatment and living conditions. Progress was made in dialogue with the Nigerien authorities on concluding a formal agreement permitting access to all detainees: the ICRC was allowed to access people held at certain places of temporary detention.

The authorities and military commands advanced IHL implementation and its incorporation in the armed/security forces' training and doctrine. Parliamentarians worked on incorporating sanctions against IHL violations in the penal code, penal procedures and the military justice code and also reviewed draft legislation on regulating the trade in arms. The Defence Ministry approved an IHL manual drafted with ICRC technical expertise. Thousands of Nigerien troops, and members of civil society, such as religious/traditional leaders, learnt more about IHL and the Movement through first-aid training and information sessions, and through the media.

The ICRC coordinated its activities with government bodies, Movement partners, UN agencies and other humanitarian actors, to maximize impact, identify unmet needs and avoid duplication.

CIVILIANS

People who had fled violence or armed conflict in Mali and Nigeria, as well as vulnerable migrants, reported abuses committed against them, and the arrest of their relatives to ICRC delegates. To prevent their recurrence, abuses were documented and where possible, shared with the parties concerned (see also *Actors of influence*). Nigerien migrants repatriated from Algeria also had their situation monitored.

Thousands of vulnerable migrants contact their relatives from National Society facilities

Families separated by armed conflict, migration or other circumstances had access to family-links services, such as phone calls, RCMs and tracing, through the Red Cross Society of Niger's countrywide network, maintained with ICRC help. Vulnerable people in Diffa and other border regions, and in remote areas – including three children previously associated with armed groups – stayed in touch with their families; following the resolution of some 60 tracing requests, people received news of family members who had gone missing. Nine unaccompanied minors rejoined their relatives in Niger and had their reintegration monitored by ICRC delegates.

Migrants, including minors, called their relatives from National Society branches along the migration route and from a National Society-run transit centre in Agadez. At this centre, around 3,230 migrants, many of whom had fled Libya, were provided showers and temporary lodgings; hot meals were supplied by another actor. Some 1,750 migrants also sped their recovery from injuries/illnesses and psychological trauma with treatment financed by the French Red Cross. Around 90 of them, including some minors, travelled home with ICRC assistance.

In Diffa, over 20,700 people fleeing a sudden surge of violence in Nigeria meet their urgent needs

In Diffa, including islands in Lake Chad, over 44,000 people (some 7,330 households) – recent arrivals from Nigeria and some residents hosting them – consumed food rations from the National Society/ICRC to tide them over until they could find a stable source of food/income. Nearly 2,460 destitute households (over 14,750 people) improved their living conditions/set up shelters with ICRC-provided household essentials. Despite the rapidly changing humanitarian situation, aid reached those who needed it most: new arrivals, including over 20,700 people (3,455 households) who had come in at year's end (see *Context*), were assisted with the least possible delay; and 490 particularly vulnerable households received rations for a second time. Around 17,500 people (3,000 households) also obtained clean water for personal consumption from ICRC-upgraded/installed water points and the water network in Bosso repaired by the ICRC. Over 5,500 people (1,000 households) were also encouraged to take measures to safeguard themselves from water-borne illnesses during hygiene-promotion sessions.

The timely response in Diffa was facilitated by the National Society's greater operational reach, extended with ICRC infrastructural and logistical support, and the ICRC's upgrade of its presence in Diffa to a sub-delegation. Close coordination with other actors maximized efficiency: the ICRC assisted primarily new arrivals, while WFP focused on providing food to people displaced for longer periods of time, as per an agreement between the organizations in May. Funding from the Finnish Red Cross helped the ICRC cover the costs of the doubled food distributions.

People who had fled violence in Mali endured their displacement with ICRC help: nearly 400 people (66 households) received food rations shortly after their arrival in Tillabery, and around 290 households (1,700 people) set up temporary shelters in Tahua using ICRC-provided household essentials. Some people whose homes and farms were damaged by floods received similar assistance: over 230 households (1,350 people) made use of household essentials, and 2,600 people (170 households) consumed ICRC-provided rations.

Vulnerable agro-pastoralist families maintain food production during the hunger gap

In rural Agadez and Tillabery, some 142,800 herding households (856,788 people) maintained/improved the health, and therefore the productivity and market value, of over 2.4 million livestock with the help of free vaccination/deworming services provided by the authorities and 12 animal health workers equipped by the ICRC. Twice as many people as initially planned benefited from these services because local partners took greater charge of deworming treatment, and that subsequently allowed the ICRC to fund more vaccinations. The 12 animal health workers mentioned above were trained in a specialized school, like 24 others since 2012.

Over 3,000 households (19,000 individuals), mostly farmers in Tillabery, and some 3,800 households (22,900 people) managing 40 seed banks boosted their crop yields with ICRC-supplied seed; the distribution of rations helped ensure that seed stock was planted and not consumed as food. With ICRC-provided equipment, technical support and seed sourced partly from previous beneficiaries, seed and fodder banks in Agadez and Tillabery maintained/increased their stocks, ensuring that people had access to seed and livestock feed even during the hunger gap period. Cereal banks supported in 2013 reported stocking up to 10 tonnes of seed. Five fodder banks representing 250 households (1,500 people) produced enough fodder to feed up to 12,000 animals.

In Agadez, Diffa and Tillabery, more than 1,800 households (11,500 people) displaced from Nigeria and/or headed by women consumed or sold produce from ICRC-supported market gardens. These gardens were irrigated more efficiently with ICRC-provided motorized pumps, which reduced people's dependence on erratic rainfall. Market gardeners who had had their irrigation systems upgraded by the ICRC in 2013 spent less money on fuel and planted 20-30% more land. Another 180 households, including those headed by women, (1,050 people) consumed/sold flour, fodder and pepper ground in ICRC-provided mills.

The construction/upgrade of water points, particularly near farms and herding routes, supported these food-production projects and helped ensure adequate access to enough drinking water for over 31,600 vulnerable people (5,200 households) in Agadez, Tahua and Tillabery. In addition, around 430 households (2,580 people) supplemented their income by working on these water points and other communal infrastructure, such as dirt roads in Agadez and dikes in Diffa. Some resources were reallocated to help breadwinners boost/set up food-production activities (see above).

Over 31,000 children, including many displaced from Nigeria, protect themselves against diseases

People received government-approved levels of preventive and curative care at five health centres in Agadez, Tahua and Tillabery, and one in Diffa (see *Wounded and sick*), regularly provided by the ICRC with medical supplies and training, and infrastructural upgrades. The centre in Tillabery began operating without ICRC support by year's end. In addition, over 29,500 children in Diffa, most of whom displaced from Nigeria, and 1,300 children in Agadez better protected themselves against common diseases, thanks to vaccination campaigns conducted by ICRC-supported local staff. In Agadez and Tillabery, expectant mothers, as well as victims of sexual violence, could obtain on-site care from 80 community health workers equipped and trained by the ICRC to provide reproductive-health and mother-and-child care.

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees, including some held at places of temporary detention, receive ICRC visits

Some 3,000 detainees at 13 places of detention received visits from the ICRC, conducted according to its standard procedures; over 110 people held in relation to regional insecurity, and other security detainees, had their presence registered. Around 171 inmates were followed up individually by ICRC delegates. Dialogue on expanding access to all detainees progressed. While a formal agreement on detention visits had yet to be finalized, the authorities had already granted the ICRC access to people held at certain places of temporary detention.

Nearly 140 detainees contacted their families through Movement family-links services and 41 foreign detainees had their consular representatives notified of their situation. After their release, several particularly vulnerable detainees travelled home with ICRC assistance.

The authorities took steps to improve penitentiary services, based on confidential reports of detainee treatment and living conditions and insights gathered from joint projects at seven prisons, which included upgrades to water/sanitation infrastructure and, in five prisons, the implementation of disease-prevention measures implemented by hygiene committees supported by a partner NGO. In this way, around 1,880 detainees became less prone to hygiene-related illnesses. The construction of additional sanitation facilities also helped ensure that women and minors were separated from other detainees. The project to support the Maradi prison's vegetable garden did not increase yields, as planting was delayed.

WOUNDED AND SICK

People wounded in relation to events in Nigeria hasten their recovery with ICRC help

More than 70 weapon-wounded people, including soldiers, were evacuated with ICRC help to the Bosso health centre, the Diffa regional hospital and the Zinder hospital, where they received specialized treatment. Staff coped with surges in the influx of wounded people partly through ad hoc training and supplies from the ICRC. The Diffa regional hospital had help from an ICRC medical team for a month, and sent a surgeon to a war-surgery course abroad.

To help ensure that wounded people could be treated on site or stabilized until they could receive hospital care, the Red Cross Society of Niger, with help from the ICRC, expanded the pool of potential first-responders: emergency brigades composed of community-based volunteers were formed, and support provided for the creation of Red Cross clubs in schools.

Hundreds of disabled people regain a measure of mobility

Over 470 people received treatment at the ICRC-supported physical rehabilitation centre in Niamey National Hospital; some were fitted with assistive devices modified specifically for them. Around 40 mine/ERW-disabled patients obtained care more easily, as their expenses – accommodations, food and transport – were covered by the centre and the ICRC.

The centre continued to develop national physiotherapy capacities: a specialist from another centre completed training there, and one orthotic/prosthetic specialist resumed his duties after ICRC-sponsored studies abroad. ICRC-supported sports events on the International Day of Persons with Disabilities raised awareness of the needs of disabled people.

ACTORS OF INFLUENCE

Over 3,400 troops learn more about their duty to facilitate people's access to health care

Through information sessions, over 1,500 military/security officers deployed in Agadez, Diffa, Tahua and Tillabery furthered their understanding of IHL, particularly provisions granting safe access to health care and protection under Movement emblems. At similar sessions, some 140 security officers learnt more about international norms on arrest and detention, and were briefed on the specific vulnerabilities of migrants. Another 1,700 military personnel deploying to Côte d'Ivoire and Mali were briefed specifically on

IHL applicable to peacekeeping missions, and informed about the Movement and its activities, encouraging them to facilitate neutral, impartial and independent humanitarian action in their places of deployment. Selected military/security officers attended advanced IHL training abroad (see *International law and policy*).

Troops in training stood to benefit from an IHL manual drafted by their own officers – four of whom applied what they had learnt from advanced IHL courses in San Remo, Italy – and already approved by the Defence Ministry. Over 400 officers studying at two military institutions, some of whom were from other African countries, learnt more about basic IHL, human rights norms and the ICRC's mandate at information sessions.

Religious/traditional leaders discuss the common ground between IHL and Islam

Through information sessions and other means, influential members of civil society learnt more about humanitarian issues of specific interest to them, and were urged to facilitate people's access to health care and other humanitarian aid. Nearly 1,550 religious and community leaders discussed the common ground between IHL and Islam during sessions organized with university lecturers who had attended IHL training abroad (see *Lebanon*), thereby learning more about the protection due to civilians during armed conflict. Close contact with beneficiaries, including detainees' families, enabled the ICRC to inform them of changes in assistance strategies and to learn how they viewed the organization. State institutions, UN agencies, faith-based NGOs and the ICRC coordinated their activities and discussed contemporary challenges to humanitarian work regularly at meetings and at regional events, such as an ICRC-organized seminar for humanitarian workers (see *Dakar*). A national moot-court competition, an advanced course abroad (see *Dakar*) and first-aid training helped students and lecturers to expand their knowledge of IHL and the Movement.

The media covered assistance activities and public events organized by the Red Cross Society of Niger/ICRC: an ICRC-produced film was used to draw attention to the plight of irregular migrants and the humanitarian actors working in their behalf. The media raised awareness of and support for Movement action in Niger, as well as in Mali and Nigeria, among the public and the international community, and among influential actors inaccessible for security reasons.

Nigerien authorities move to advance legislation on regulating arms

The authorities and the ICRC discussed the situation of vulnerable people, particularly migrants, security detainees and those who had fled violence in Mali and Nigeria. With ICRC input, parliamentarians worked on ratifying/implementing IHL treaties and on incorporating sanctions against IHL violations and ill-treatment of detainees in the penal code, penal procedures, and the military justice code. The authorities also drew on ICRC expertise to review draft legislation pertaining to arms regulation – particularly laws prohibiting or regulating the use of anti-personnel mines, cluster munitions and small arms – and its compliance with relevant regional and international conventions. Justice Ministry representatives exchanged good practices for implementing the Arms Trade Treaty and for using private military/security companies with their counterparts at conferences abroad (see *Nigeria* and *Dakar*, respectively).

Some workshops did not take place owing to internal constraints.

RED CROSS AND RED CRESCENT MOVEMENT

As the ICRC's main partner in the country, the Red Cross Society of Niger drew on ICRC support to administer first aid, conduct economic-security projects and restore family links, and also to increase the availability of these services in remote areas (see *Civilians* and *Wounded and sick*). For example, National Society branches across the country supplemented their contingency stock with kits of household essentials, to ensure that volunteers had emergency aid at hand. In Agadez, this was put to use: some 50 families whose homes had been damaged by fire promptly received materials for building temporary shelters. The National Society also raised support for neutral, impartial and independent humanitarian action, and for volunteerism, through events commemorating Movement milestones.

Movement components operating in Niger signed a memorandum of understanding on humanitarian operations in Diffa; they met regularly to coordinate their efforts and thereby maximize impact, identify unmet needs and avoid duplication.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		89	3		
RCMs distributed		84			
Phone calls facilitated between family members		2,134			
Reunifications, transfers and repatriations					
People reunited with their families		9			
	<i>including people registered by another delegation</i>	1			
People transferred/repatriated		88			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		91		23	8
	<i>including people for whom tracing requests were registered by another delegation</i>	8			
People located (tracing cases closed positively)		60			
	<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases still being handled at the end of the reporting period (people)		106	11	19	13
	<i>including people for whom tracing requests were registered by another delegation</i>	18			
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		45	11		2
UAMs/SCs reunited with their families by the ICRC/National Society		9	4		1
	<i>including UAMs/SCs registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		21	8		1
Documents					
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		3,025	157	173	
			Women	Girls	Boys
Detainees visited and monitored individually		171	1		3
Detainees newly registered		114	1		3
Number of visits carried out		36			
Number of places of detention visited		13			
Restoring family links					
RCMs collected		91			
RCMs distributed		45			
Phone calls made to families to inform them of the whereabouts of a detained relative		54			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	89,902	27%	47%
	<i>of whom IDPs</i>	Beneficiaries	34,651	
Essential household items	Beneficiaries	18,535	25%	48%
	<i>of whom IDPs</i>	Beneficiaries	15,600	
Productive inputs ¹	Beneficiaries	33,865	26%	46%
	<i>of whom IDPs</i>	Beneficiaries	307	
Cash	Beneficiaries	2,580	37%	38%
Work, services and training ¹	Beneficiaries	856,788	27%	48%
	<i>of whom IDPs</i>	Beneficiaries	156,520	
Water and habitat activities	Beneficiaries	49,355	25%	35%
Health				
Health centres supported	Structures	6		
Average catchment population		68,013		
Consultations	Patients	51,107		
	<i>of which curative</i>	Patients	8,413	28,625
	<i>of which ante/post-natal</i>	Patients	8,216	
Immunizations	Doses	22,967		
	<i>of which for children aged five or under</i>	Doses	20,435	
Referrals to a second level of care	Patients	343		
Health education	Sessions	957		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items ¹	Beneficiaries	438		
Productive inputs	Beneficiaries	341		
Water and habitat activities	Beneficiaries	1,880		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	475	102	149
New patients fitted with prostheses	Patients	149	27	8
Prostheses delivered	Units	108	22	7
	<i>of which for victims of mines or explosive remnants of war</i>	Units	33	
New patients fitted with orthoses	Patients	223	51	110
Orthoses delivered	Units	163	33	101
Patients receiving physiotherapy	Patients	154	32	22
Crutches delivered	Units	176		
Wheelchairs delivered	Units	3		

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