NIGERIA

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 violence-affected people, working with and helping boost the capacities of the Nigerian Red Cross Society to respond to emergencies, particularly in the Niger Delta and the centre and north of the country. It supports the National Society's tracing and IHL promotion activities. 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.

CONTEXT

Poverty and inadequate basic services continued to characterize everyday life for most Nigerians. Public interest focused on reports of embezzlement of State funds and the widespread flooding in 16 of Nigeria's 36 states, adversely affecting agricultural production and the lives of tens of thousands of people.

Armed confrontations in central, northern and north-eastern states resulted in many deaths and injuries, overstretching hospitals and emergency medical services.

In Bauchi, Benue, Kaduna, Nasarawa and Plateau states, intercommunal clashes caused casualties, while general insecurity persisted owing to attacks on public markets and on government, religious and university buildings. In Borno and Yobe states, heavy and frequent confrontations between the security forces and armed groups such as Boko Haram also took their toll on the population, some of whom had completely abandoned their neighbourhoods following attacks. In Kano state, government and security installations had also been targeted.

In the Niger Delta, calm prevailed thanks to the ongoing government amnesty for former members of armed groups, despite grievances over the slow implementation of the amnesty, drug trafficking and pollution.

Nigeria maintained its role as a key regional actor through the Economic Community of West African States (ECOWAS).

ICRC ACTION AND RESULTS

The ICRC, through its various programmes, responded to humanitarian needs resulting from violence in Nigeria, mainly in the central and northern states where few other humanitarian actors operated. It provided life-saving emergency assistance to IDPs, while carrying out capacity-building initiatives for communities, hospitals and the Nigerian Red Cross Society. Regular dialogue with the authorities and armed groups helped facilitate Movement activities.

The ICRC expanded its field presence by opening two new structures in Borno and Plateau states, enabling it to provide a more timely response to people's needs in violence-prone or remote areas. This broader operational reach also helped reinforce dialogue with the authorities and weapon bearers regarding humanitarian needs arising from situations of violence and their obligations/responsibilities towards the local population.

EXPENDITURE (IN KCHF)	
Protection	423
Assistance	4,566
Prevention	2,403
Cooperation with National Societies	1,455
General	-
	8,846
of which: Overheads	**540**

IMPLEMENTATION RATE	
Expenditure/yearly budget	86%

PERSONNEL	
Expatriates	19
National staff (daily workers not included)	62

KEY POINTS

In 2012, the ICRC:

- reinforced its operational presence, opening a new sub-delegation in Jos (Plateau state) and an office in Maiduguri (Borno state)
- with the Nigerian Red Cross Society, provided emergency assistance to over 32,000 IDPs, through distributions of food and essential household items and water supply and sanitation initiatives
- supported the casualty care chain in violence-prone states by helping the National Society improve first-aid care at community level and hospitals strengthen mass-casualty management
- concluded its primary health care programme in the Niger Delta, having conducted 23 medical outreach missions over a three-month period in Asari-Toru (Rivers state), the last location targeted by the programme
- started preparing for future visits to detainees, after obtaining authorization from the Nigerian federal government to conduct such visits

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		3		
RCMs distributed		17		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		18	11	2
People located (tracing cases closed positively)		5		
Tracing cases still being handled at the end of the reporting period (people)		11	8	
Documents				
Official documents relayed between family members across borders/front lines		1		

* Unaccompanied minors/separated children

The ICRC, operating in partnership with the National Society, focused on helping people withstand the effects of violence in their daily lives. To this end, it provided violence-affected people, including IDPs and host communities, with urgent assistance such as food and essential household items. It also trained National Society volunteers in emergency water response in anticipation of water and sanitation needs in places ill-prepared to host large-scale displacements.

ICRC technical and material support to the casualty care chain increased significantly.

The National Society/ICRC pursued efforts to build a countrywide network of people likely to be first on the scene in an emergency and therefore the best placed to administer first aid. The National Society thus provided basic, refresher or instructor first-aid courses to community first-aid teams and military first-responders, with a view to enhancing the quality of pre-hospital care, in particular during medical evacuations.

ICRC support to hospitals, in particular those located in violence-prone states, focused on boosting their capacities to manage injured patients in mass-casualty situations. On the basis of an earlier assessment of hospital capacities, the ICRC deployed a fully staffed mobile surgical team, which provided on-site surgical interventions or advice to local medical staff. Having formalized an agreement with the relevant health authorities to support its capacity-building efforts, the ICRC provided emergency medical supplies to key hospitals and shared its expertise in weapon-wound management to local practitioners in order to boost their treatment capacities.

The ICRC concluded its primary health care programme in the Niger Delta after its mobile health teams completed the last rounds of immunizations, along with other preventive and curative care, in Asari-Toru (Rivers state). In support of efforts to improve public health in that region, the implementation of some water and sanitation infrastructure projects enhanced the services provided by health facilities.

In response to an offer of services submitted in 2011, the federal government granted the ICRC permission to visit detainees. In preparation for such visits, discussions with the relevant detaining authorities and prison staff were ongoing. To improve the material conditions of detainees held in Jos police station, the ICRC lent support to the detaining authorities, undertaking projects to enhance ventilation and water and sanitation facilities there.

To boost support for IHL and its implementation, the ICRC worked with Nigerian national/state authorities and international bodies such as ECOWAS. Dedicated events raised awareness of IHL and support for Movement activities among key civil society sectors, armed/security forces and other weapon bearers.

ICRC support to the Nigerian Red Cross helped boost its capacities, in particular in the area of emergency preparedness and response in violence-prone states.

CIVILIANS

The ICRC opened a sub-delegation in Jos and an office in Maiduguri so as to be able to deploy more quickly in violence-prone central and northern states. This expanded operational presence also enabled it to intensify its dialogue with the relevant authorities, weapon bearers and other key actors regarding the humanitarian consequences of violence and their obligations under applicable laws to protect civilians and medical and humanitarian workers.

To address people's needs during emergencies, the National Society strengthened its capacities in several fields, with ICRC support. Thirty-two National Society staff/volunteers and ICRC field staff participated in a workshop on needs assessment and relief distribution in emergency situations, and 14 staff members learnt how to provide counselling and to teach stress coping mechanisms. To help improve basic facilities in shelters, 87 volunteers from 10 National Society branches trained in emergency water response, enabling them to rapidly install or construct water bladders, tap stands and latrines and to promote good hygiene practices in places hosting IDPs.

Separated family members keep in touch

People in Nigeria, including IDPs, refugees and migrants, maintained contact with relatives using Movement family-links services. More refugees/migrants availed of these services thanks to continued coordination between the ICRC and other organizations also assisting them.

Vulnerable communities are better able to cope

In central Nigeria, a total of 32,536 vulnerable people, mainly IDPs living in precarious conditions, received a one-month food ration, and 16,112 of them also received essential household items through distributions carried out with the National Society, relieving the burden on host communities/facilities. They included: over 15,000 IDPs from Benue and Nasarawa states; 3,350 IDPs, who also benefited from the installation of water and sanitation facilities in three camps in Plateau state; and 6,500 IDPs living in two villages (Ladduga, Kaduna state and Ryom, Plateau state) that also gained improved access to safe water through the installation of a new water supply system.

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	32,536	20%	60%
of whom IDPs		Beneficiaries	32,536		
Essential household items		Beneficiaries	16,112	20%	60%
of whom IDPs		Beneficiaries	16,112		
Water and habitat activities		Beneficiaries	11,167	22%	57%
of whom IDPs		Beneficiaries	9,897		
Health					
Health centres supported		Structures	1		
Average catchment population			2,000		
Consultations		Patients	816		
of which curative		Patients		114	360
Immunizations		Doses	3,054		
of which for children aged five or under		Doses	2,902		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat (in some cases provided within a protection programme)					
Water and habitat activities		Beneficiaries	200		
WOUNDED AND SICK					
Hospitals					
Hospitals supported		Structures	11		
of which provided data		Structures	4		
Admissions		Patients	2,894	914	428
of whom weapon-wounded		Patients	57	2	11
(including by mines or explosive remnants of war)		Patients	61		
of whom other surgical cases		Patients	1,471		
of whom medical cases		Patients	1,297		
of whom gynaecological/obstetric cases		Patients	69		
Operations performed			543		
Outpatient consultations		Patients	2,817		
of which surgical		Patients	2,224		
of which medical		Patients	590		
of which gynaecological/obstetric		Patients	3		
Water and habitat					
Water and habitat activities		Number of beds	327		

IDPs also benefited from improvements to water and sanitation systems in three health structures serving them, namely: Ladduga clinic in Kaduna state, and Albarka clinic and Murna hospital in Plateau state. Rehabilitation work at the Zonkwa medical centre (Kaduna state) was also nearly completed. In a school in Rahos (Plateau state), a broken hand pump was repaired and three volunteers trained in its repair/maintenance.

In response to a reported degradation of primary health care in communities in north-eastern states, particularly in Borno and Yobe, the ICRC initiated an assessment to determine prospective health-related activities there.

Niger Delta communities have easier access to health services and safe water

Through a primary health care programme co-implemented by the ICRC and local health authorities, some 2,000 residents of 20 remote creek communities in the Niger Delta gained better access to preventive and curative care thanks to a mobile health team that navigated the waterways, in coordination with local authorities. It provided some 800 consultations, while over 3,000 people (mostly children) from these communities and beyond were vaccinated against polio and tetanus. Some also received vitamin supplements, soap and deworming tablets; inhabitants of malaria-prone areas received mosquito nets.

Given the link between hygiene and health, some 1,200 people in two communities enjoyed improved access to safe water after the ICRC completed the construction of four shallow wells. Some health facilities also benefited from improvements to their water supply and sanitation, while a hospital in Port Harcourt had its roof and sanitation system repaired. Such structural support aimed to create a healthier environment for patients.

In Asari-Toru (Rivers state), the last location covered by the programme, 17 communities benefited from 23 medical outreach missions conducted over a three-month period. No referrals for advanced medical care were carried out from isolated creek communities owing to the lack of need for such a service and the modest size of the catchment populations. These were also the reasons why the programme was wound up in October after being implemented in four local government areas.

PEOPLE DEPRIVED OF THEIR FREEDOM

Continued discussions with the Nigerian authorities regarding ICRC visits to detainees produced positive results. The federal government accepted the offer of services submitted in 2011 and granted the ICRC access to people deprived of their freedom, in particular those arrested in relation to the security situation in the country. Ongoing dialogue between the authorities and the delegation aimed to iron out the practical details in advance of visits. To this end, the detaining authorities received in-depth briefings on the ICRC's standard procedures for visiting detainees.

People held in Jos police station benefited from ICRC support to the detaining authorities in improving detainees' material conditions. Inmates faced fewer health risks thanks to new showers, toilets and a septic tank, plumbing repairs, the installation of a water tower and submersible pump, and the creation of ventilation holes in two cells that had no windows.

WOUNDED AND SICK

In response to outbreaks of violence in the central, northern and north-eastern regions, the ICRC signed memoranda of understanding with the Federal Health Ministry and with the state Health Ministries of Bauchi, Kaduna and Plateau to formalize plans to co-implement a medical assistance programme encompassing the entire casualty care chain, with a view to building hospital and staff emergency preparedness and capacities.

Injured people benefit from improved first-aid capacities

During flare-ups, the injured received prompt attention from community, National Society and military first-aiders, who also evacuated seriously wounded patients to hospital.

To further expand the network of first-responders, National Society/ICRC teams engaged in extensive first-aid training countrywide, with a view to raising the quality of pre-hospital care, including during medical evacuations. In total, 712 National Society volunteers received first-aid training, and 20 National Society first-aid teams took refresher courses with simulation exercises. Some of them became instructors, who in turn trained community-based first-responders. Community volunteers obtained updated training support following a National Society/ICRC review of community first-aid services. An additional 1,000 volunteers from 40 communities trained in first aid and received 80 first-aid kits. Newly trained and equipped first-aiders formed emergency response teams, bringing the countrywide total to 102, and maintained their proficiency through regular simulation exercises.

Selected military personnel also increased their knowledge of first aid at two trainers' courses, creating a pool of 48 new instructors capable of training other officers/soldiers. Ongoing follow-up visits to previously trained communities in the southern region helped ensure that first-aid volunteers did not lose their skills.

Hospitals receive help in the management of mass casualties

A systematic assessment of the capacities of 58 Nigerian hospitals to manage weapon-wounded patients in mass-casualty situations determined the kind and extent of ICRC support necessary to help them in this regard. As a result, the ICRC deployed an emergency surgical team, composed of a surgeon, anaesthetist and operating theatre/ward nurse, and later, a physiotherapist, in order to reinforce second-level care in the country. During emergency deployments, people who sustained severe or complex injuries received expert care from the team, which provided direct surgical interventions or on-the-spot advice to local medical staff, staying for as long as requested by the affected hospitals. Four such hospitals regularly received dressing materials, body bags and other medical supplies; other hospitals received ad hoc material support.

With a view to providing longer-term/sustainable support, hospitals in the northern region, particularly those routinely experiencing surges in the arrival of weapon-wounded patients, were assessed in between emergency deployments. To boost staff skills, over 70 Nigerian surgeons underwent training in the emergency treatment of mass casualties at two ICRC-run seminars, which also sought to promote support for the goals of the Health Care in Danger project. Surgeons learnt proper triage – prioritizing the most severely wounded for treatment first – and tackled organizational issues and the management of dead bodies.

AUTHORITIES

Dialogue with national and state authorities, including the National Emergency Management Agency, and representatives of the international community, including ECOWAS officials, focused on domestic and regional humanitarian issues, broadening support for IHL and Movement activities.

Lawmakers and national IHL committee members attended briefings/meetings promoting domestic IHL implementation, helping spur Nigeria's ratification of the African Union Convention on IDPs and the Optional Protocol to the Convention on the Rights of the Child. With ICRC input, Nigeria deposited with the UN the mandatory declaration to the Protocol that children under age 18 would not be conscripted into the military/security forces. In a workshop for legal drafters, 28 ministerial/parliamentary officials learnt ways to incorporate IHL treaties into the formulation of domestic legislation. In another workshop, almost 30 legal experts received advice on the legal mechanisms for implementing the ECOWAS Convention on Small Arms and Light Weapons.

Regionally, ECOWAS officials and the ICRC shared views on common concerns regarding conflict/violence-affected contexts and explored ways of advancing IHL implementation. During the 10th annual ECOWAS/ICRC seminar on IHL in Abuja, experts from 15 countries discussed the ratification status of 11 principal IHL treaties. At their request, over 70 ECOWAS parliamentarians/representatives received ICRC input on similar topics; other representatives attended a round-table aimed at reinforcing a common position towards a future arms trade treaty.

In March, the ECOWAS member-States meeting in Benin adopted a Humanitarian Policy and Plan of Action, in support of the work of the ECOWAS Humanitarian Affairs Department.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Given the recurring violence in many areas, gaining the support of all weapon bearers for humanitarian principles, applicable law and Movement activities remained an ICRC priority.

Over 1,930 military personnel, including members of special task forces and peacekeepers, learnt about such topics at ICRC lectures/seminars. In the Niger Delta, briefings – some combined with first-aid training – for 45 members of the Joint Task Force and former armed opposition fighters helped secure safe passage for National Society/ICRC teams in creek communities. At the request of the National Defence College, which received an IHL curriculum proposal for military officers, 129 senior officers participated in an ICRC-organized seminar on the protection of civilians; two high-level military officials attended IHL courses abroad. A two-week IHL course produced 19 new military IHL instructors.

To spread awareness among the police of applicable standards in law enforcement, over 460 officers stationed in violence-prone states attended briefings on international human rights law. During an information session, 26 Abuja police officers learnt about the ICRC's standard procedures for visits to detainees (see *People deprived of their freedom*).

CIVIL SOCIETY

Religious/traditional leaders and the ICRC held round-tables/meetings regarding the humanitarian needs of victims of violence. Local/international media, using ICRC materials, helped

relay humanitarian messages by reporting on Movement activities. Such articles, together with a workshop on humanitarian reporting attended by 30 Nigerian journalists, helped spread awareness of humanitarian principles and promote support for Movement activities.

ICRC activities in schools/universities maintained and developed interest in IHL among students/lecturers. Over 1,500 law students deepened their understanding of IHL and the Movement at ICRC presentations, complemented by publications donated to libraries. Students prepared IHL-themed theses, while six law faculties participated in the third Nigerian moot court competition, co-organized by the ICRC with Benson Idahosa University. The winning team received ICRC sponsorship to participate in the regional moot court competition in the United Republic of Tanzania (see *Nairobi*). To keep IHL teaching updated, lecturers from 20 institutions discussed the relevance of IHL to contemporary conflicts at an ICRC workshop, and two senior lecturers attended an advanced IHL course in South Africa (see *Pretoria*).

Some 350 National Society volunteers received publications on IHL and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross adopted revised statutes in March, thereby strengthening its legal base. It continued to receive ICRC financial, logistical and material support to help bolster its operations and emergency preparedness/response, focusing on 10 priority branches in violence-affected areas. It remained the ICRC's main operational partner in providing vital assistance to violence-affected people (see *Civilians* and *Wounded and sick*).

Senior National Society staff attended an ICRC workshop to help them better respond to, as well as create, media interest during crisis situations. With ICRC support, the National Society also produced information materials to support such activities.

The ICRC regularly contributed to Movement coordination meetings.