

# NIGERIA



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

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 health services to respond to emergencies, particularly in the centre and north of the country and the Niger Delta. 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.

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ despite their progress in assisting vulnerable populations, Nigerian Red Cross Society and ICRC teams were unable to reach a number of communities in need, hampered by security-related restrictions
- ▶ inmates held in prisons run by the Ministry of the Interior and places of detention under the responsibility of the Nigeria Police Force began receiving visits from the ICRC
- ▶ wounded and sick people received timely care from community members, National Society volunteers and other first responders trained in first aid, and from local doctors trained and assisted by an ICRC surgical team
- ▶ households that had lost their main breadwinners met their nutritional requirements through a six-month food voucher programme launched in cooperation with two local widows' associations and the National Society
- ▶ Nigeria became the first African country to sign the Arms Trade Treaty

EXPENDITURE (in KCHF)	
Protection	1,076
Assistance	6,435
Prevention	2,589
Cooperation with National Societies	1,038
General	-

**11,139**

*of which: Overheads 680*

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>92%</b>

PERSONNEL	
Mobile staff	26
Resident staff (daily workers not included)	85

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	7
RCMs distributed	7
People located (tracing cases closed positively)	2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	5,943
Detainees visited and monitored individually	58
Number of visits carried out	37
Number of places of detention visited	20

ASSISTANCE	Targets	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	14,000	12,865
Essential household items	Beneficiaries	14,000	38,666
Vouchers	Beneficiaries	17,500	1,799
Water and habitat activities	Beneficiaries	30,000	12,305
<b>WOUNDED AND SICK</b>			
Hospitals			
Hospitals supported	Structures	4	24

## CONTEXT

The security situation in Nigeria remained volatile, with attacks and bombings occurring regularly in the central, northern and north-eastern sections of the country. In May, owing to the armed conflict between military forces and armed groups, the government declared a state of emergency in the north-eastern states of Adamawa, Borno and Yobe; in November, this was extended by six months. Intercommunal and inter-religious clashes fuelled by disputes over land, access to water or sectarian issues also increased, mainly in Bauchi, Kaduna and Plateau states. In the Niger Delta, despite the relative calm linked to an ongoing government amnesty for former fighters, incidents of kidnapping, crude oil theft and sea piracy were reported.

The fighting between security forces and armed groups resulted in casualties, destruction of property and displacement and, consequently, a rise in humanitarian needs. The security situation hampered the humanitarian response.

Nigeria remained a key player in addressing peace and security issues in the region through the Economic Community of West African States (ECOWAS), and regularly contributed troops to international peacekeeping operations.

## ICRC ACTION AND RESULTS

The ICRC, together with the Nigerian Red Cross Society, sought to respond to humanitarian needs resulting from the armed conflict/violence in Nigeria, mainly in the central and north-eastern states. It endeavoured to remind authorities and weapon bearers of their responsibility to respect and protect people not/no longer participating in the fighting and to allow medical/humanitarian personnel to safely reach those in need, while promoting neutral, impartial and independent humanitarian action in order to gain acceptance and support for its action. The ICRC made progress in assisting vulnerable populations, but security-related restrictions hampered its access to a number of areas.

ICRC/National Society teams focused on helping people endure the day-to-day effects of conflict/violence in the areas they reached. They provided people, including IDPs and host communities, with urgent assistance such as food and essential household items, while conducting assessments to further understand their needs and help them restore their livelihoods. Together with local organizations, they launched a food voucher programme to help vulnerable widows meet their families' nutritional needs. ICRC engineers, aided by trained National Society volunteers, responded to the water and sanitation needs of displaced communities and the health care facilities serving them.

The National Society/ICRC pursued efforts to build a countrywide network of people likely to be on the scene during an emergency and well-placed to administer first aid. The National Society, with ICRC support, provided basic, refresher or instructors' first-aid courses to community first-aid teams and its own volunteers, thereby enhancing the quality of pre-hospital care, especially during medical evacuations.

ICRC support to hospitals in conflict/violence-prone states focused on helping them strengthen their capacities to deal with mass-casualty situations. ICRC health professionals, including a fully staffed mobile surgical team, carried out on-site surgical interventions and trained local medical staff. They provided

emergency medical supplies to key hospitals and shared their expertise in weapon-wound management, including in triage, trauma surgery, physiotherapy and post-operative care. To help ensure that the deceased were properly identified and their families informed of their fates, the ICRC also trained hospital staff and National Society volunteers in the management of human remains.

ICRC delegates visited inmates held in places of detention in Nigeria for the first time. This was a consequence of two agreements: one in January 2012 granting the ICRC access, in principle, to people deprived of their freedom, and another in September 2012 authorizing the ICRC to visit people held in police stations. The organization carried out its first visits to inmates held in places of detention under the responsibility of the Nigeria Police Force and prisons run by the Ministry of the Interior, mainly in states affected by conflict/violence. Delegates monitored detainees' treatment and living conditions and provided them with some material assistance. Afterwards, the delegates shared their findings and recommendations confidentially with the authorities. They also sought access to people held by the armed and security forces in relation to the conflict in north-eastern Nigeria.

The ICRC worked with the Nigerian authorities and international bodies such as ECOWAS to secure support for IHL and for its implementation. It provided technical advice to representatives of ECOWAS States and to members of the national IHL committee and its sub-committees on ratifying and implementing IHL-related treaties, such as the Arms Trade Treaty, which Nigeria signed in August, and the Convention on Cluster Munitions. Events organized for that purpose raised awareness of IHL and other humanitarian norms and gained support for Movement activities among the authorities, armed/security forces and key members of civil society.

The ICRC helped to strengthen the capacities of the Nigerian Red Cross, particularly in emergency preparedness and response, in states affected by conflict/violence.

## CIVILIANS

The ICRC sought to remind the authorities, security forces and other weapon bearers concerned of their responsibility to respect and protect people not/no longer participating in the fighting, and to allow medical/humanitarian personnel to safely reach people in need. The ICRC was unable to monitor the situation directly in some areas because of insecurity or ongoing military operations; in such instances, it documented allegations of abuse, such as those reported by people who fled Borno state (see *Niamey*).

### People affected by conflict/violence receive emergency supplies, where possible

The security situation also hampered the assistance activities of the National Society/ICRC. For example, as IDPs in Plateau state had not returned to their homes, plans to help rebuild their shelters and livelihoods could not be implemented. Consequently, the Ministry of Agriculture and the ICRC identified some 400 farming households in other areas affected by conflict/violence who would benefit from a donation of fertilizer. In Borno and Yobe, insecurity hindered the implementation of initiatives to repair water supply infrastructure (see below) and build the capabilities of primary health care facilities.

In areas that National Society/ICRC teams were able to reach, conflict/violence-affected people met their immediate needs

following distributions of emergency supplies. In Borno, Kaduna and Plateau states, over 12,800 people – including children in an orphanage and a juvenile home – survived on food rations that lasted for about one month. Some 38,600 people improved their living conditions with essential household items.

Through a programme implemented jointly with two local widows' associations and the National Society, 253 households (1,799 people) whose breadwinners were killed during conflict/violence met their nutritional requirements by exchanging vouchers for six months' worth of food. Owing to the insecurity, plans to help them carry out income-generating activities were postponed to 2014.

#### **Clinics maintain services as access to safe water is restored**

Water infrastructure projects in some areas had to be put on hold because of insecurity. In places that the National Society/ICRC could reach, some 12,000 IDPs increased their access to water supply and sanitation installations following construction/rehabilitation initiatives carried out with previously trained National Society volunteers. For example, in Plateau, some 300 IDPs hosted in a school benefited from five newly-built latrines; several thousand people, including IDPs and their host communities, had their water supply improved following the rehabilitation/installation of wells, pumps and taps. In Kaduna and Plateau states, around 1,100 IDPs retained access to health care services, thanks to improved water and sanitation systems in five health care facilities serving them.

Around 162 volunteers from 10 National Society branches, some of them women, prepared for emergencies by learning to rapidly install or construct water and sanitation facilities and promote good hygiene practices in communities hosting IDPs. The National Society office in Bauchi state also underwent renovations to upgrade its facilities.

#### **Separated family members keep in touch**

IDPs, refugees, migrants and families of Nigerians detained abroad maintained contact with their relatives through the Movement's family-links services. The National Society and the ICRC discussed family-links issues and possible initiatives to further develop these services.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

#### **People held in prisons and police facilities receive ICRC visits for the first time**

In 2012, the federal government agreed in principle to grant the ICRC access to people deprived of their freedom, and the police inspector-general authorized the ICRC to visit people held in police stations. Following bilateral meetings and dissemination sessions on the ICRC's standard procedures, over 5,900 inmates held in places of detention under the responsibility of the Nigeria Police Force and in prisons run by the Ministry of the Interior began receiving ICRC visits. They included over 1,000 detainees held in police stations. Visits focused on detainees held in Abuja and in conflict/violence-affected states.

During these visits, conducted according to ICRC standard procedures, detainees' treatment and living conditions were monitored. Afterwards, the relevant authorities received confidential feedback and, as necessary, recommendations for improvements. Detainees saw their living conditions improve thanks to the distribution of hygiene and other essential items.

The ICRC continued its dialogue with the authorities to seek access to all detainees falling within its mandate, such as those held by armed/security forces in connection with the conflict in north-eastern Nigeria.

### **WOUNDED AND SICK**

#### **Weapon-wounded people receive life-saving care from trained first-aiders**

Casualties benefited from emergency care and transport to medical facilities carried out by first responders trained by the National Society/ICRC. In preparation for emergencies, some 260 military personnel and over 3,600 members of religious and civil society organizations participated in first-aid training, during which they also learnt about the Movement's neutral, impartial and independent approach. Similarly, some 3,000 National Society volunteers from 10 states, including Bauchi, Borno, Kaduna and Plateau, underwent basic/refresher courses in first aid and received first-aid kits. Some 30 trainees, including seven women, qualified as instructors and began to facilitate first-aid training sessions for isolated communities affected by conflict/violence. Follow-up visits to these communities showed that previously trained volunteers continued to actively assist the National Society during emergencies. Owing to other priorities, training for volunteers on providing basic psychological support did not take place.

During exercises simulating mass-casualty situations, local authorities, police officers, hospital staff, National Society volunteers and other first responders identified and discussed obstacles to the timely delivery of care.

#### **Hospital staff benefit from ICRC surgical team's expertise**

Some 380 weapon-wounded people (including 80 women and 35 children) received treatment at four hospitals, which increased their capacities with material support and training from the ICRC. Other health facilities, including those serving IDPs, treated casualties with the help of ad hoc supplies. In some instances, particularly after clashes in the northern states, local teams coped with influxes of patients with the assistance of an ICRC surgical team.

Staff at the four ICRC-supported hospitals in conflict/violence-prone areas in Bauchi, Kaduna and Plateau states benefited from training conducted by the ICRC surgical team, composed of a surgeon, an anaesthetist, an operating theatre/ward nurse and a physiotherapist. They enhanced their skills in emergency first aid, triage, trauma surgery, physiotherapy and post-operative care through a training programme encompassing all stages of the casualty-care chain. Over 60 surgeons and medical personnel from across Nigeria learnt more about weapon-wound management, and 20 other physicians about trauma care, at seminars held locally and abroad.

#### **Volunteers and hospital staff enhance their skills in managing human remains**

Human remains were often handled by National Society volunteers and hospitals receiving the deceased. In order to facilitate identification and inform the families, more than 200 National Society volunteers and hospital staff, such as mortuary attendants and emergency services personnel, received training in the management of human remains at ICRC workshops. The topics discussed included record keeping, the use of basic equipment and procedures for the collection of human remains, for which National Society volunteers received body bags and protective clothing.

## **AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY**

The ICRC sought to gain support for its work from the authorities and weapon bearers concerned. Contacts with them enabled the National Society/ICRC to gain access to some conflict/violence-affected areas, and to detainees (see *Civilians* and *People deprived of their freedom*).

### **Military officers familiarize themselves with IHL**

Nearly 9,000 military personnel, including peacekeepers, increased their knowledge of IHL and the Movement's work during ICRC presentations. At the request of the National Defence College, 130 senior officers learnt more about protection of civilians and concerns raised by the Health Care in Danger project at an ICRC seminar. Fifteen officers refined their IHL expertise at courses abroad (see *International law and cooperation*), and 28 others became IHL instructors after undergoing advanced training. During bilateral meetings and workshops with military advisers and other stakeholders, the Nigerian Armed Forces and the ICRC discussed how IHL could be better integrated into military doctrine, training and operations.

### **The police acquaint themselves with norms applicable to law enforcement**

More than 760 police officers bound for peacekeeping missions in Liberia, Mali, Somalia and Sudan, and 25 police instructors working with personnel involved in security operations, familiarized themselves with the ICRC's work and with norms applicable to law enforcement. Some 600 other police officers learnt more, at information sessions, about the ICRC's standard procedures for visiting detainees (see *People deprived of their freedom*). A team of police officers, academics and NGO representatives drew on ICRC advice in reviewing the Nigeria Police Force's draft manual on human rights. They received the ICRC's training manual for the police and key information on its detention-related activities.

### **Religious/traditional leaders learn more about IHL and the Movement's neutral and impartial work**

Developing contacts with religious/traditional leaders and community members remained vital for assessing humanitarian needs, particularly in remote areas, and for ensuring acceptance of the Movement's activities. Around 5,500 members of religious or civil society organizations better understood the Movement and its Fundamental Principles and the proper use of the red cross/red crescent emblems. Many of them also trained in first aid (see *Wounded and sick*).

Using National Society/ICRC information materials, local/international media reported on humanitarian concerns, including on the need to ensure safe access to health care, and on Movement activities. Materials translated into the Hausa language made IHL/ICRC information more accessible to journalists in the northern states and in Cameroon and Niger. Over 20 journalists learnt more about IHL at a seminar organized by the National Society/ICRC.

### **Nigeria becomes the first African country to sign the Arms Trade Treaty**

Regional and national authorities worked with the ICRC to foster long-term adherence to IHL through the ratification/implementation of IHL-related treaties.

Representatives of 15 West African States reviewed their progress in implementing IHL-related instruments at an ECOWAS/ICRC-organized seminar. ECOWAS and ICRC representatives discussed various issues, particularly in connection with the conflict in Mali and ECOWAS's humanitarian policy.

At a round-table on the Arms Trade Treaty organized by ECOWAS and the British High Commission, representatives of ECOWAS States, national authorities and civil society members exchanged views on the humanitarian consequences of the proliferation of small arms and light weapons in the region. This enabled them to agree on a common position ahead of the final negotiations for the Arms Trade Treaty, which Nigeria – the first African country to do so – signed in August. Subsequently, at a workshop organized with the Defence Ministry, over 30 legal experts from the National Assembly and relevant ministries discussed the technicalities of drafting a bill that would integrate key provisions of the treaty into national law. Drawing on ICRC expertise, the national IHL committee worked to define its priorities and developed its annual plan of action to facilitate the ratification and implementation of IHL-related instruments, including the Convention on Cluster Munitions.

Cooperation with universities helped to cultivate interest in IHL among future decision-makers. Thirty-six lecturers and 150 law students deepened their understanding of IHL and the Movement at ICRC workshops/presentations, complemented by publications donated to university libraries.

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Nigerian Red Cross Society remained the ICRC's main operational partner in providing vital assistance to violence-affected people.

Its headquarters, and especially its 10 priority branches located in violence-affected areas, continued to receive financial, material, technical and logistical support from the ICRC aimed at bolstering their operational capacities, particularly in emergency response (see *Civilians* and *Wounded and sick*). The National Society also received communication equipment to enable two priority branches to continue their activities in violence-affected areas where the means of communication were unavailable, as well as a vehicle to facilitate its operations to assist communities affected by the previous year's floods.

Movement partners met regularly to exchange views and coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		7		
RCMs distributed		7		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		27	9	9
People located (tracing cases closed positively)		2		
	<i>including people for whom tracing requests were registered by another delegation</i>	2		
Tracing cases still being handled at the end of the reporting period (people)		38	15	11
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
ICRC visits			Women	Minors
Detainees visited		5,943	270	15
Detainees visited and monitored individually		58		8
Detainees newly registered		58		8
Number of visits carried out		37		
Number of places of detention visited		20		

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	12,865	20%	60%
	<i>of whom IDPs</i>	12,865		
Essential household items	Beneficiaries	38,666	20%	58%
	<i>of whom IDPs</i>	23,601		
Vouchers	Beneficiaries	1,799	40%	60%
Water and habitat activities	Beneficiaries	12,305	70%	10%
	<i>of whom IDPs</i>	9,229		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,465		
<b>WOUNDED AND SICK</b>				
Hospitals				
Hospitals supported	Structures	24		
	<i>of which provided data</i>	4		
Admissions	Patients	26,432	12,269	7,662
	<i>of whom weapon-wounded</i>	381	80	35
	<i>of whom other surgical cases</i>	5,979		
	<i>of whom medical cases</i>	12,139		
	<i>of whom gynaecological/obstetric cases</i>	7,933		
Operations performed		4,306		
Outpatient consultations	Patients	52,525		
	<i>of which surgical</i>	12,057		
	<i>of which medical</i>	34,598		
	<i>of which gynaecological/obstetric</i>	5,870		