

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 people affected by violence and to boost the Nigerian Red Cross Society’s capacity to respond to emergencies, particularly in the Niger Delta and the north of the country. It supports the National Society’s tracing and IHL promotion activities. Working with the authorities, the armed forces, the police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

CONTEXT

The situation in Nigeria remained highly volatile. Various factors threatened to undermine the delicate co-existence of ethnic/religious interests characterizing Nigerian society. Elections in April, while returning the incumbent president to power, revealed a broadly north-south divide. Unequal wealth distribution was a source of growing frustration, with poverty and limited access to basic services causing hardship for many. Previous patterns of violence intensified, affecting an increasing number of states and triggering multiple arrests and casualties and displacement.

Intercommunal attacks and reprisals flared on several occasions, mainly in Bauchi, Kaduna and Plateau states, fuelled by mutual mistrust and tensions related to land/political control. The elections were marred by violence in some northern states (notably Kaduna and Kano), with political rivalry compounding existing social tensions. Meanwhile, representatives of Nigeria’s State institutions, religious buildings and popular recreational spaces were the target of frequent bomb attacks and other deadly incidents, initially concentrated in Borno state but progressively affecting states across the north. Abuja sustained similar attacks, including the bombing of the Nigerian Police Force headquarters and the UN country office. The armed group “Boko Haram” claimed responsibility in some cases. Nigerian armed/security forces were deployed to respond to these situations of violence.

In the Niger Delta, calm continued to hold, thanks mainly to a government amnesty for former fighters. Grievances persisted, however, over the slow implementation of a rehabilitation programme for such fighters, distribution of oil wealth and lack of government investment. An isolated confrontation between the government’s Joint Task Force (JTF) and alleged insurgents occurred in May.

Despite its domestic concerns, Nigeria continued to play an important role in addressing regional peace and security issues through the Economic Community of West African States (ECOWAS), particularly in relation to the armed conflict in Côte d’Ivoire.

ICRC ACTION AND RESULTS

In 2011, working from bases in Abuja, Kano and Port Harcourt, the ICRC stepped up its operations in violence-prone central, northern and Niger Delta states, with the Nigerian Red Cross Society as its primary partner. Together they responded swiftly to outbreaks of violence, while working to better prepare communities against such emergencies. These activities raised the profile of the National Society and the ICRC as key providers of humanitarian aid in Nigeria.

EXPENDITURE (IN KCHF)

Protection	320
Assistance	1,909
Prevention	2,018
Cooperation with National Societies	1,354
General	-

► **5,601**

of which: Overheads 342

IMPLEMENTATION RATE

Expenditure/yearly budget	64%
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PERSONNEL

Expatriates	13
National staff (daily workers not included)	49

KEY POINTS

In 2011, the ICRC:

- strengthened its field operations in volatile northern, central and Niger Delta states, facilitating a swift response to emergencies
- strengthened the National Society’s emergency-preparedness/response capacities, enabling it to expand its community-based first-aid programme and mobilize urgent water/sanitation initiatives
- with the National Society, provided medical aid, clean water, food and/or essential household items to help meet the immediate needs of people wounded or displaced by violence
- with local health authorities, launched mobile health services in remote, violence-prone parts of the Niger Delta, enabling vulnerable women and children to receive vital vaccinations
- developed its network of contacts with key stakeholders in violence-prone regions, including authorities, weapon bearers and religious leaders, to gain their support for the Movement and secure safe access to people in need
- assisted the police in mitigating hygiene-associated health risks for detainees in custody facilities overstretched following multiple arrests made in connection with violence

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		5	UAMs/SCs*	
RCMs distributed		2		
Phone calls facilitated between family members		1		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		2	Women	Minors
Tracing cases still being handled at 31 December 2011 (people)		2	1	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs collected		5		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food	Beneficiaries	27,021	54%	32%
	<i>of whom IDPs</i>	27,021		
Essential household items	Beneficiaries	2,946	18%	65%
	<i>of whom IDPs</i>	2,946		
Water and habitat activities	Beneficiaries	24,045	22%	57%
	<i>of whom IDPs</i>	12,700		
Health				
Health centres supported	Structures	5		
Average catchment population		5,183		
Immunizations	Doses	5,115		
	<i>of which for children aged five or under</i>	3,246		
	<i>of which for women of childbearing age</i>	1,869		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	155		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	20		

The ICRC developed its network of contacts with national/state authorities, weapon bearers, religious/traditional leaders and communities, helping build mutual understanding and support for humanitarian principles and the Movement's neutral, impartial and independent humanitarian action. This facilitated humanitarian coordination and helped ensure the smooth conduct of National Society/ICRC operations in volatile circumstances. Insecurity nevertheless restricted their activity on some occasions.

Given recurrent patterns of violence, the ICRC continued to strengthen the National Society's emergency-preparedness/response capacities. In particular, priority branches received training, financial, logistical and material support to expand the National Society's first-aid network and community-based first-aid training programme, conduct emergency water/sanitation initiatives and better promote the Movement.

To mitigate health risks during displacement, ICRC/National Society teams upgraded water/sanitation infrastructure in sites where IDPs commonly sought refuge, thus delivering long-term community benefits.

When violence flared in, for example, Bauchi, Borno, Kano and Plateau states, the National Society tended to the wounded while the ICRC donated medical/surgical materials to overwhelmed hospitals to ensure patients' care. Together they distributed initial supplies of food, drinking water and essential household items to IDPs, helping cover their basic needs until the national/state authorities mobilized their relief mechanisms. At high-density IDP sites, they installed water supply systems, ensuring displaced

families had sufficient clean water and reducing their exposure to water-borne diseases.

Having consulted relevant stakeholders, the ICRC, together with the state health authorities, launched a mobile health initiative in the Niger Delta creeks aimed at providing isolated communities with easier access to preventive care. This enabled vulnerable women and children to be immunized against major diseases. Delegates also discussed referral arrangements with nearby hospitals to help ensure that when necessary, creek communities could obtain hospital treatment, particularly ante/post-natal care.

The ICRC continued to work to enhance respect for IHL at national and regional level. It contributed training and expertise to Nigeria's government and national IHL committee to accelerate the ratification/implementation of outstanding treaties, while supporting ECOWAS in promoting IHL and humanitarian concerns among member States. Similarly, it continued to assist Nigerian military, peacekeeping and police training units in better integrating IHL/international human rights law into curricula, doctrine and operations, notably by providing tailored briefings/training to troops, including those involved in internal security operations. It organized several events for lecturers and students to stimulate IHL-related study and teaching at university level.

Besides welcoming ICRC training proposals, Nigeria's police command accepted practical support from the organization to mitigate hygiene-associated health risks for detainees in overcrowded custody facilities. In November, the ICRC submitted an offer of service to the government to visit detainees in accordance with its standard procedures.

CIVILIANS

A stronger operational presence in violence-prone areas enabled the ICRC to intensify its dialogue with authorities, weapon bearers and other influential actors with a view to better protecting civilians in accordance with applicable law. This provided an opportunity to alert them to the humanitarian consequences of fighting for civilians and to secure safe access by Movement personnel to people in need.

Victims of violence approached ICRC delegates to report allegations of arrests and abuses. Such allegations were documented and referred to during discussions with authorities and weapon bearers. Meanwhile, the National Society/ICRC took steps to better prepare communities to cope in situations of violence, concentrating their efforts in remote or volatile central, northern and Niger Delta states.

Vulnerable communities better prepared against emergencies

During violence, people commonly sought refuge in public/religious buildings, military/police barracks or safer villages, many of which were ill equipped to meet their water/sanitation needs, exposing them to health risks.

In Kano and Plateau states, communities likely to host IDPs saw improvements to local infrastructure, offering long-term benefits to existing residents while boosting their coping capacities in case of an influx. For example, three schools in Kano had their toilets, rainwater collection/storage and/or waste-disposal systems upgraded. Local residents undertook to maintain the new facilities, ensuring their durability. Similar works began, albeit more slowly than planned, to improve access to clean water for vulnerable communities in the Niger Delta.

To enable a prompt response to water shortages, National Society personnel acquired the skills to assemble and operate emergency water-supply kits and raise hygiene awareness at an ICRC workshop.

Over the year, these preparations meant that 24,045 people, including IDPs (see below), were assured of adequate water and sanitation.

In parallel, Nigerian Red Cross first-aiders, including instructors, upgraded their skills/equipment with ICRC training/funds, enabling them to broaden the National Society's first-aid network. Through a community-based initiative expanded since its pilot phase, 1,860 community members in eight violence-prone states learnt to administer first-level care independently. Newly trained/equipped first-aiders formed emergency-response teams, subsequently honing their techniques through regular simulation exercises. Besides preparing communities to cope in situations of violence, these activities contributed to wider acceptance of the National Society/ICRC, thereby facilitating their emergency operations.

Given recurrent violence in central and north-eastern states, the ICRC prepared to open offices in Jos and Maiduguri to better position it to respond alongside the National Society.

Violence-affected people receive immediate aid

As a result of clashes or attacks, thousands of people sought temporary refuge in improvised camps or with host families. Owing in part to careful preparation (see above), IDPs received immediate relief from the Nigerian Red Cross, working alongside the ICRC or with its support (see *Red Cross and Red Crescent Movement*). Their efforts, conducted in coordination with national/state emergency agencies, helped thousands of people survive in precarious conditions.

In total, 27,021 people (5,385 households), mainly IDPs, received food and 2,946 (568 households) essential household items, including mats and blankets, to cover immediate needs.

In particular, with the outbreak of election-related violence in April, 22,825 IDPs (4,565 households) sheltering in sites around Bauchi, Kaduna and Kano were given staples such as cassava, bread and sugar, and/or sachets of drinking water, to sustain them until national/state emergency agencies mobilized their relief mechanisms. In Bauchi's Bununu camp, the National Society contributed to camp management, registering new arrivals and, at the authorities' request, ensuring IDPs' access to adequate water, sanitation and hygiene. Where their number threatened to overwhelm on-site water infrastructure, IDPs could rely on a steady supply of clean water throughout their displacement thanks to the installation of high-capacity tanks replenished regularly with trucked-in water.

Over the year, a small number of people, including IDPs, refugees and migrants, sought National Society/ICRC help to reconnect with relatives with whom they had lost contact. Other organizations working with refugees/migrants maintained contact with the ICRC, ensuring dispersed relatives were aware of family-links services at their disposal.

Niger Delta communities gain easier access to health services

To improve access to primary health care in the remote Niger Delta creeks, where health infrastructure remained minimal, the state health authorities and the ICRC launched outreach activities, using a custom-built boat to navigate the waterways. Reaching 45 communities in five violence-prone, hard-to-access parts of Rivers state, these enabled 649 children and 868 women of childbearing age to be immunized (5,115 doses) against diseases such as tetanus and polio. Where required, people received vitamin supplements and treatment for worms. Prior consultations with local stakeholders (see *Authorities, Armed forces and other bearers of weapons and Civil society*) ensured the acceptance of health teams. Preparations were under way to broaden the services available, for example by providing antenatal consultations or distributing mosquito nets to combat malaria.

PEOPLE DEPRIVED OF THEIR FREEDOM

Multiple arrests made in connection with violence in Plateau state sometimes overstretched local police custody capacities. To support the detaining authorities in maintaining adequate sanitation conditions despite overcrowding, and with the agreement of the police command (see *Armed forces and other bearers of weapons*), detainees in affected facilities received ad hoc supplies of soap and cleaning equipment/materials. Some took the opportunity to contact their families using RCMs.

Based on observations made during its tours of police stations at such times, the delegation submitted an offer of service to the government in November aimed at visiting detainees throughout Nigeria to monitor their treatment and living conditions in accordance with standard ICRC procedures.

WOUNDED AND SICK

An assessment of hospital capacities in Abuja and volatile central/north-eastern states enabled the ICRC to identify facilities likely to admit weapon-wounded patients and determine how best to support them in cooperation with the National Society.

When violence flared, as in Abuja, Jos and Maiduguri, injured persons obtained prompt attention from first-aiders, who evacuated

the seriously wounded to hospital and conducted follow-up visits to monitor their welfare. Overwhelmed hospitals in both predominantly Christian and predominantly Muslim areas received donations of drugs and medical/surgical materials to ensure patients' care. Where necessary, the authorities had help to ensure the timely collection, identification and burial of the dead. Insecurity occasionally prevented access to victims, highlighting the need to increase respect for humanitarian principles and National Society/ICRC missions (see *Armed forces and other bearers of weapons* and *Civil society*).

In the Niger Delta, discussions with key hospitals progressed to facilitate referrals from isolated creek communities benefiting from new health authority/ICRC outreach services (see *Civilians*). One hospital undertook to offer free ante/post-natal care to women otherwise unable to afford it, backed by ICRC reproductive health equipment/supplies.

AUTHORITIES

National and state authorities and international community representatives, including Nigeria's National Emergency Management Agency and ECOWAS members, maintained contact with the ICRC regarding domestic and regional security/humanitarian issues, including the consequences of conflict in Côte d'Ivoire. These discussions broadened support for IHL and National Society/ICRC activities for civilians and detainees (see *Civilians* and *People deprived of their freedom*) while facilitating humanitarian coordination.

High-level meetings served to impress upon Nigerian officials the importance of national IHL implementation. At the justice minister's request, 26 officials, including IHL committee members, reviewed outstanding treaties and methods of incorporating IHL into national legislation at an ICRC workshop. A revised bill on the 1949 Geneva Conventions and their Additional Protocols and two bills on weapon-control treaties progressed through various stages of approval to await presidential/federal executive council endorsement.

At regional level, ECOWAS officials explored with delegates ways of reinvigorating IHL implementation among member States, requesting their input at ECOWAS-led events. Members of a potential ECOWAS emergency-response team, for example, learnt from delegates about applying IHL in complex emergencies. Relevant departments continued to benefit from ICRC expertise to assist implementation of the Small Arms and Light Weapons Convention. The 2011 ECOWAS/ICRC IHL seminar was cancelled owing to security concerns.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Gaining the support of all weapon bearers for humanitarian principles, applicable law and the Movement's distinctive role remained an ICRC priority, facilitated by a wider ICRC field presence and cooperation with Nigeria's military/police commands.

Over 450 Nigerian military personnel, plus departing peacekeepers, learnt about such topics during ICRC lectures/seminars, with units involved in internal security operations studying the proper maintenance of law and order. In the Niger Delta, briefings for JTF units and representatives of the former armed opposition, some twinned with first-aid training, secured safe humanitarian passage in the creeks (see *Civilians*).

Military/police training institutions welcomed ICRC support in better integrating humanitarian law into forces' curricula, doctrine

and operations, the army building on a directive issued in late 2010. Military/peacekeeping IHL instructors sharpened their teaching skills during ICRC courses at Nigerian academies, and ICRC-sponsored officers their IHL expertise during courses abroad. Nigeria's police hierarchy accepted ICRC proposals to support custody facilities in handling multiple arrests (see *People deprived of their freedom*) and to conduct tailored briefings for police units on international human rights law. A first such event targeted 18 instructors in Maiduguri.

The ECOWAS Standby Force similarly benefited from ICRC input to design/conduct a command post exercise.

CIVIL SOCIETY

Through round-tables and bilateral meetings, some incorporating first-aid training, influential religious/traditional leaders developed an open dialogue with ICRC delegates regarding their respective roles in protecting and assisting victims of violence. Besides building mutual understanding, such contact contributed to wider respect for humanitarian principles and the Movement's neutral, impartial and independent humanitarian action at community level. The media helped relay humanitarian messages further afield, taking up National Society/ICRC information materials to highlight Movement activities (see *Civilians* and *Wounded and sick*). Journalists improved their humanitarian reporting skills at ICRC workshops.

Helping stimulate interest in IHL and the Movement among higher-education circles, over 2,600 students of civil/sharia law deepened their understanding of these topics at presentations, backed by IHL publications donated to their libraries. Some had the chance to practise applying IHL through national/regional moot court competitions, while others preparing IHL-related theses benefited from ICRC expertise to support their research. To enhance IHL teaching capacities, lecturers from 20 such institutions gathered at an ICRC workshop to debate the relevance of IHL to contemporary conflict situations, while two ICRC-funded lecturers learnt ways of integrating such themes into their teaching during a course in South Africa (see *Pretoria*).

RED CROSS AND RED CRESCENT MOVEMENT

Besides gaining practical experience alongside field delegates (see above), the Nigerian Red Cross received ICRC training, financial, logistical and material support to help cover its running costs and to strengthen its emergency-preparedness/response, communication and family-links capacities.

Efforts focused on preparing branches in volatile areas to respond effectively to violence. Personnel from 17 branches learnt how to apply the Safer Access approach, and some to operate emergency water-supply kits. Branches also received relief goods, radio equipment to facilitate emergency communication and materials for properly handling human remains. Capitalizing on such support and its extensive volunteer network, the National Society provided vital assistance to victims of violence in coordination with national/state actors (see *Civilians* and *Wounded and sick*).

Aiming to broaden acceptance of IHL/the Movement and so facilitate assistance operations, communication personnel improved their presentation/media relations skills at ICRC workshops, while devising materials/events for different audiences.

Together with the ICRC, the National Society, while participating in Movement meetings, continued to develop its capacities in the areas of governance, management and coordination.