

ICRC NIGERIA

FACTS & FIGURES

JANUARY- JUNE 2022



INTRODUCTION

In Nigeria, an estimated 3.1 million people have been displaced with over 2 million of the numbers recorded in the North East alone. The armed conflict in the North East and situations of violence like communal clashes and farmer/herder crises in the North West and South South, have resulted to huge humanitarian consequences for communities involved. The International Committee of the Red Cross (ICRC), in collaboration with the Nigerian Red Cross Society (NRCS), continues working in these areas providing emergency assistance, rebuilding livelihoods and engaging with relevant stakeholders towards protecting and assisting affected people.

EMERGENCY ASSISTANCE AND SUSTAINABLE SOLUTIONS



Through ICRC and NRCS interventions, more than **352,960** people received soap to improve hygiene in **19** camps.



More than **386,286** people were provided with access to clean water, sanitation and shelter through the rehabilitation and construction of more than six solar water supply systems, **69** hand pumps and **12** latrines. Over **352,960** IDPs, host community members and returnees had improved access to water in Adamawa, Benue, Borno, and Cross Rivers states. **25,662** individuals were assisted with **3,243** permanent and temporary shelters in Borno, Adamawa, Benue, Kaduna, Cross River, Plateau and Yobe states.



One Primary Health Care Centres (PHCC) was rehabilitated to improve access to health facilities in Benue.



The ICRC and the NRCS provided **85,014** people with food assistance, while in areas with functioning markets, **339,752** persons received multipurpose cash assistance and income support through cash for work activities, enabling them to purchase food and other essential items. Another **72,342** people received essential household items to improve their living conditions.



In collaboration with the NRCS, the ICRC provided conditional cash grants to **3,252** people, including Persons with Disabilities (PwDs) and young entrepreneurs to start income generating activities. In addition, **282,000** farmers benefitted from agriculture support (including vegetable seeds, staple seeds, cash crop seeds as well as agricultural tools such as rakes and hoes) through in-kind and seed voucher modalities to improve their household food production capacities. Moreover, **46,979** farmers received cash to purchase additional agricultural inputs not provided by the ICRC.



33,450 pastoralists benefitted from vaccination and treatment of their livestock (sheep, goats and cattle) against Contagious bovine pleuropneumonia and Peste des Petits Ruminants diseases in Adamawa and Borno states.



86 Community Animal Health Workers profited from animal healthcare services and disease detection refresher training, while **270** farmers benefitted from training in improved agricultural techniques.



Mike Daniel Okaba/ICRC

Bintu smiles as she takes her seeds home. Originally from Madagali but displaced to Maiha by armed conflict, Bintu is continuing her farming activity and received agricultural inputs and cash to increase her crop production. She says, “As a displaced person living here, I had a terrible harvest last year because I could not afford the best seeds. I look forward to a better farming season with these improved varieties you have assisted me and my community with”.

MAKING HEALTH CARE ACCESSIBLE



In the North East and North Central regions, the ICRC continued to deliver drugs and medical consumables as well as personal protective equipment (PPE) to **13** Primary Health Care Centres (PHCCs) and five supported MoU hospitals as commitment to bolstering the capacity of these facilities to respond to emergencies. The ICRC also donated **278** units of blood to other health partners in Maiduguri and offered ad hoc donations of medical consumables to two IDP camps to promote access to safe medical services.



237,749 consultations were carried out in **13** ICRC-supported PHCCs. **1,073** patients were referred to hospital care with ICRC supporting the cost of referral, inpatient costs and meals for the patients and caretakers during admission.



51,775 women attended Ante-Natal Clinics and **5,755** deliveries were conducted. Some **8,063** newborns were delivered in total at ICRC-supported health facilities or at home with ICRC-trained traditional birth attendants in areas where access to the health facilities was impeded.



Over **4,553** children under five afflicted by malnutrition received nutrition treatment (**3,781** children in outpatient nutrition centres, and **772** children in inpatient treatment centres).



The ICRC's surgical team at the Maiduguri State Specialist Hospital received **177** surgical admissions and performed more than **1,061** surgical interventions. **Six** critical patients were referred to University of Maiduguri Teaching Hospital for specialist care paid for by the ICRC.



438 persons with disabilities were treated through the ICRC's physical rehabilitation program at the National Orthopedic Hospital in Kano and University of Maiduguri Teaching Hospital. Rehabilitation services included customized fitting of **300** prostheses and orthoses while **78** devices were repaired and **2,410** physiotherapy sessions conducted, **71** walking aids and **10** wheelchairs provided.



In collaboration with NRCS Psychosocial Support staff and volunteers **2,625** persons affected by the armed conflict in Borno and Adamawa States attended **422** sensitization/sessions on mental health. Another **910** people received direct face-to-face psychosocial support through group or individual counselling sessions. **22** Health care workers from **five** Primary Health Care Centres in Borno State were also trained to provide Psychosocial Support to their patients.



834 weapon bearers and first responders including Community Joint Task Force (CJTF), Hunters, herders, farmers, transporters, vigilante groups, and faith-based organizations were trained in First Aid. **744** first aid kits were donated to participants for emergency response. All participants were sensitized on COVID-19 prevention protocols, managing casualties during the pandemic, and proper use of PPE.



In Borno State, **23** emergency room personnel from the Ministry of Health were trained in the emergency room handling of trauma victims. In addition, **seven** National Emergency Medical Service and Ambulance System Staff were taught to become trainers in a national Basic Emergency Care (BEC) Course while **45** staff of the Adamawa State Ministry of Health received BEC provider training, out of which **10** best candidates were trained to become trainers.



The Federal Ministry of Health contributed to a side event to the World Health Assembly on the protection of healthcare with support from the ICRC. Data on Health Care in Danger was integrated into the Nigerian Health Information System.



A young boy evacuated by helicopter from Ngala is treated at Maiduguri State Specialist Hospital by the ICRC's surgical team in June 2022.

The boy suffered a double leg fracture from an explosive device and was evacuated along with three other children for treatment in Maiduguri. Over a decade of armed conflict in Northeast Nigeria, the ICRC's surgical team in Maiduguri continues receiving and treating weapon-wounded people. They admitted **351** patients for surgery between January and December 2021 and have so far carried out **427** consultations in the emergency and outpatient departments in 2022.

REUNITING SEPARATED FAMILY MEMBERS



The ICRC and NRCS are searching for **25,161** people reported missing to the ICRC. **705** separated children who are looking for a missing relative and registered by the ICRC/NRCS continue to be closely followed up. **31** separated children/unaccompanied minor were reunited with their family members. And **1,250** Red Cross Messages with family news were exchanged to re-establish contact between separated family members with help from the ICRC and NRCS while **442** phone calls were provided to beneficiaries to maintain family contact.



Families of **72** missing people received information about the whereabouts or fate of their loved ones. And **61** families of missing persons received psychosocial, economic, legal and administrative support through the Accompaniment Program for Families of the Missing.



378 names of missing persons were broadcast on radio informing them that their family members were looking for them and requesting them to get in touch.



Messages on how to prevent separations were widely disseminated through posters, leaflets and social media raising awareness about the need to keep in touch with family members in uncertain times.



During ICRC visits to places of detention, **987** Red Cross Messages/Salamat were exchanged between detainees and their families.

The ICRC organized training on reunifying family members for **132** NRCS volunteers from two NRCS branches.

IMPROVING MANAGEMENT OF THE DEAD



In collaboration with the Federal Ministry of Health, the ICRC supported the assessment of mortuary facilities in **eight** State hospitals with the objective of developing national policy documents on Forensic Medicine. **Seven** training sessions involving **105** participants on the management of the dead were carried out for mortuary staff of private and public hospitals and representatives from State Ministries of Health. The ICRC supported the Forensic Working Group of Rivers state in drafting a new Coroner's law and donated **150** body bags and accessories to the University of Port Harcourt Teaching Hospital.

ENSURING THE PROTECTION OF CIVILIANS



In its efforts to limit the effects of the armed conflict or the other situations of violence in the country, the ICRC engaged with affected communities to understand their situation and adapt its humanitarian response. About **20** focus group discussions predominantly with internally displaced persons living in camps, settlements and host communities were organized in **five** affected states. Where relevant, the ICRC, together with the communities, identifies activities to help improve their resilience.



The ICRC also raised issues in a confidential and bilateral manner with the parties and stakeholders to improve the respect for the affected population and alleviate their suffering. Several meetings and about **30** dissemination sessions on Protection activities were conducted with weapon bearers and communities. The ICRC strived to promote the respect of children's rights by weapon bearers and other actors and encouraged their increased protection from recruitment and abuse (including sexual violence, violence and exploitation).

ENCOURAGING HUMANE TREATMENT OF DETAINEES



A total of **32** visits to nine places of detention were conducted to monitor the treatment and conditions of detention during which over **4,800** detainees were individually followed up by the ICRC. So far, **317** detainees in relation to the conflict in the North East were registered by the ICRC including minors and women.



Food distribution continued in two detention facilities and food supplements and drugs were provided to four places of detention (accompanied with capacity building for their health and catering officers).



The ICRC continued to support detention authorities in improving access to healthcare for all persons deprived of freedom. More than **7,636** detainees in **10** places of detention benefited from collective and individual hygiene items distributed on quarterly basis.



ICRC has launched two main projects: sewage system and bio-gas in two custodial centers which will have great impact on improving conditions of detention. Moreover, the ICRC improved the kitchen and the outing area in one detention facility.



Training and capacity building sessions were conducted for officers from Nigerian Correctional Service, Nigerian Army and Nigerian Police Forces on the respect of judicial guarantees, nutrition and food provision, maintenance, Dynamic Security and Modern Prison Management and health care in detention.

ENSURING AFFECTED PEOPLE CAN SHARE CONCERNS, COMPLAINTS AND GIVE FEEDBACK



In addition to feedback received from face-to-face interactions, meetings, information, and complaints desks set up during activities, community committees, the ICRC received **2,423** phone calls from communities relating to displacements, emergency relief and livelihood, health, water and sanitation, family separation and shelter needs. Feedback helps us to respond to and address concerns and also to adapt our responses based on these interactions with communities

PROMOTING RESPECT FOR INTERNATIONAL HUMANITARIAN LAW (IHL) AND INTERNATIONAL STANDARDS FOR LAW ENFORCEMENT



Sessions on IHL and international standards for law enforcement were organized for armed and security forces and community defence groups. This included **5,050** members of the Police Force and **50** Civilian Joint Task Force members and 263 members of the Nigerian Armed Forces. IHL training with the Armed Forces legal officers present in the North East resumed in 2022.



Several meetings with the Federal Ministry of Justice, the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, the National IHL Committee and the National Assembly took place to discuss the ratification and implementation of key IHL treaties.

The ICRC worked with the NRCS to build their knowledge and capacity on the protection of the Red Cross emblem.



The ICRC organized the 11th Moot Court Competition on IHL for students, opening the competition to all undergraduate students in Nigeria studying IHL. The final round was held in July in Abuja, on Nile University campus, with the best **eight** teams competing. The ICRC also organized in June its first in-person IHL Teachers' Conference since 2019, bringing together **70** IHL lecturers from all around the country to discuss and exchange on contemporary challenges to IHL.



In 2022, ICRC strengthened its relations with the ECOWAS Commission, undertaking its annual conference on International Humanitarian Law and continuing its engagement with the ECOWAS Regional Working Group against Gender Based Violence/ Violence against Children. Relations with the ECOWAS Standby Force resumed



University of Uyo, winners of the 2022 National Moot Court Competition on IHL for students in Nigerian universities

Erica Momoh/ICRC

SUPPORTING THE NIGERIA RED CROSS SOCIETY'S (NRCS) CAPACITY TO OPERATE



As part of the cooperation agreement in Nigeria to strengthen the structure of the NRCS for better efficiency, the ICRC has extended financial and capacity building support to NRCS headquarters and **16** branches (Adamawa, Bauchi, Benue, Borno, Cross River, Delta, Enugu, Kaduna, Taraba, Yobe, Rivers, Abia, Plateau, Zamfara, Kano and Nasarawa) which covers institutional running costs, critical Movement days celebrations and capacity building training and workshop cost.



To strengthen partnership, ICRC conducted **eight** regional and branch level coordination meetings between the various sub delegations and branches. This included Jos Sub-delegation (Bauchi, Benue, Kano, Kaduna, Nasarawa, Plateau and Yobe) branches, North West (Zamfara, Sokoto, Kebbi and Kano) branches, POH SD (Abia, Cross River, Enugu, Delta, Rivers) branches, Borno Branch (and **seven** Divisional teams), Yola SD (Adamawa, Taraba and Biu) branches.



NRCS branch management meetings coordinated by Cooperation were held for **five** branches under the Jos area of responsibility. In Yola Sub-delegation, a planning meeting was held with Community Health and NRCS Adamawa branch on the celebration of World Menstrual Hygiene Day with support from Community Health targeted project.



A meeting between the NRCS Adamawa Branch and ICRC weapon contamination team was conducted to bridge the communication gap on the implementation of Risk Awareness and Safer Behaviour regarding Weapon Contamination.



A total of **five** governance induction meetings were held in Maiduguri, Rivers, Kaduna, Bayelsa and Kano branches to strengthen NRCS Branch oversight. A National Joint Planning and Review meeting with **16** NRCS branches, National Headquarters and representatives from the various ICRC thematic departments was held in Abuja facilitated by the cooperation team. These meetings were aimed to review and proffer solutions to the joint activity's challenges informed by 2022 experience and to contribute to shared understanding of 2023 priorities to be implemented in partnership between ICRC & NRCS.



To strengthen NRCS capacities Cooperation together with the NRCS have reached **550** staff and volunteers of the NRCS. A Safer Access Framework Round table meeting was held for divisional teams in Kaduna based on the rapidly changing context. **24** Emergency First Aid Training (EFAT) teams (**15** members per team) in **eight** ICRC/NRCS supported branches were trained as part of general election preparedness. **12** EFAT teams (**12** members per team) in **two** NRCS branches were trained through ad-hoc support for election preparedness and response during by-elections in Ekiti and Osun States.






Workshops around Branch finance development for three staff from **10** assessed branches of Taraba, Enugu, Anambra, Rivers, Cross Rivers, Kano, Benue, Kaduna, Borno and FCT geared towards accelerated implementation of the earlier assessed outcomes. **22** computer sets were donated to **17** branches and **three** units of the NRCS NHQ to facilitate digitalization of financial transactions. To enhance central Governance accountability NRCS Risk and Audit Committee (RAC) training was conducted focused on integrity and ethics, internal control framework, risk management and oversight over internal and external audit.



Increased Red Cross Movement Coordination with implementation of three tier Mechanism; **1** Movement Platform and **7** thematic Technical working Groups held.

The ICRC supported sponsored **one** NRCS participant to attend the Council of Delegates conference in Geneva, Switzerland.

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Cover Photo: Lucien Christen/ICRC
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Cover photo:

Gilles Carbonnier, ICRC Vice-President, visits a young patient at Maiduguri State Specialist Hospital in January 2022. The young girl lost her left leg due to an explosion and was treated by the ICRC surgical team.

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