

# NIAMEY (regional)

COVERING: Mali (see separate report), Niger



ICRC regional delegation   
 ICRC delegation   
 ICRC sub-delegation  
 ICRC-supported prosthetic/orthotic centre   
 ICRC office   
 ICRC logistics centre

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ upon their arrival or while in Niger, thousands of people, notably some 13,800 Malian refugees, met their urgent needs through the timely provision of food and other assistance by the Red Cross Society of Niger and the ICRC
- ▶ people who had fled violence in their home countries, as well as vulnerable migrants, reported IHL and human rights abuses to ICRC delegates, who discussed these with the parties concerned to prevent recurrence
- ▶ over 2 million herders maintained their livestock's health and productivity through free veterinary services, destocking activities and fodder production projects conducted by the authorities, the National Society and the ICRC
- ▶ thousands of vulnerable migrants, including minors, contacted their relatives through National Society branches along the migration route or a transit centre in Agadez also providing hot meals, health care and accommodation
- ▶ even as the armed conflict in Mali required the reallocation of resources, over 1,400 people held in Niger, including security detainees, still eased their living conditions after infrastructural upgrades by the authorities and the ICRC
- ▶ people wounded during an attack on a military base in Agadez obtained critical treatment at the regional hospital, which worked with rapidly provided medical supplies and with the help of a flown-in Health Ministry surgeon

### EXPENDITURE (in KCHF)

Protection	5,267
Assistance	61,354
Prevention	3,770
Cooperation with National Societies	2,677
General	-

**73,068**

of which: Overheads 4,430

### IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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### PERSONNEL

Mobile staff	57
Resident staff (daily workers not included)	307

Continually present in the region since 1982, the ICRC opened its Niamey regional delegation in 2010 in response to the consequences of fighting between government forces and armed groups and of other situations of violence in northern Mali and Niger. It seeks to protect and assist people affected by violence and adverse climatic conditions and visits detainees, providing them with aid where necessary. It also promotes IHL among armed and security forces and armed groups and encourages its implementation by the authorities of the region. It works closely with the region's National Societies and helps them develop their operational capacities.

## YEARLY RESULT<sup>1</sup>

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

## PROTECTION<sup>1</sup>

	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	120
RCMs distributed	44
Phone calls facilitated between family members	3,363
People located (tracing cases closed positively)	58
People reunited with their families	7
of whom unaccompanied minors/separated children	7
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	3,031
Detainees visited and monitored individually	102
Number of visits carried out	22
Number of places of detention visited	11
<b>Restoring family links</b>	
RCMs collected	35
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	8

## ASSISTANCE<sup>1</sup>

	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries	108,000
Essential household items	Beneficiaries	21,000
Productive inputs	Beneficiaries	42,000
Cash	Beneficiaries	78,937
Work, services and training	Beneficiaries	19,006
Water and habitat activities	Beneficiaries	1,290,000
		22,680
		94,664

### Health

Health centres supported	Structures	3	5
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### WOUNDED AND SICK

<b>Physical rehabilitation</b>			
Centres supported	Structures		1
Patients receiving services	Patients		374

### Comments

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

1. Niger only

## CONTEXT

While consolidating internal security, Niger experienced the spill-over effects of regional instability, primarily in its border areas. For example, in Diffa region, communities hosted people fleeing armed conflict in Nigeria; and in Tahua and Tillabery regions, communities hosted the many Malian refugees who lived outside UNHCR camps. The presence of these people and their livestock strained resources meant to cover their host communities' needs, and exacerbated intercommunal violence. In Diffa, the presence of weapon bearers was reported, as was the steady deterioration of security.

Niger deployed troops along its borders, resulting in arrests and weapon confiscations. It also contributed troops to regional operations, notably in Mali; afterwards, armed groups attacked a military base in Agadez, a mining site in Arlit, and the Niamey prison.

Uneven rainfall in Niger led to drought and heavy flooding, which caused widespread property damage and worsened chronic food insecurity by disrupting harvests. State and humanitarian actors worked to meet food, health and veterinary needs, but were less present in remote areas.

In October, the death of 90 migrants close to Niger's border with Algeria was widely publicized and underlined the difficulties faced by thousands of migrants who crossed Niger on their journey north.

## ICRC ACTION AND RESULTS

In 2013, the Niamey regional delegation helped vulnerable residents, refugees, returnees and migrants meet urgent needs and cope with threats to their livelihood. It responded quickly to renewed hostilities in Mali, increasing its budget and appealing for additional funds to support its activities in the country (see the separate report: *Mali*). By September, the ICRC had opened a separate delegation in Mali.

In Niger, the authorities and armed/security forces drew on technical support from the ICRC to implement IHL treaties and take steps to ensure weapon bearers' awareness and observance of IHL. The ICRC maintained dialogue – with the authorities, military commanders and, where security conditions permitted, armed groups – on the current situation, which ICRC delegates monitored closely, particularly in Diffa and other border areas (see *Context*). Through dialogue and information sessions, weapon bearers were reminded to respect IHL and people's basic human rights, notably the right to access humanitarian aid/medical care. Violations were documented and then discussed with the alleged perpetrators and other parties concerned, including community/religious leaders, to prevent recurrence.

Malian refugees living outside UNHCR camps and people fleeing armed conflict in Nigeria withstood their displacement thanks to regular food rations and essential household items provided by the Red Cross Society of Niger and the ICRC. Vulnerable migrants travelling through the Agadez region enjoyed hot meals/temporary accommodation and medical/psychological care in a National Society-run transit centre and in nearby health centres. These people restored or maintained contact with relatives through the National Society's family-links network, which had been expanded with ICRC technical/material support.

Communities affected by violence, recovering from past drought/armed conflict or hosting people fleeing armed conflict in Mali or Nigeria, enhanced their food production or earned more income to purchase food and other necessities with livelihood support from the National Society and the ICRC. For example, pastoralists in Agadez and Tillabery boosted their herds' overall health and market value through free veterinary services and destocking activities. Farmers – some of whom managed cereal and fodder banks – sold/consumed staple food/fodder crops that had been cultivated using ICRC-supplied seed and tools. Vulnerable people earned extra income by helping upgrade community infrastructure, which also helped ensure that communities and the people they hosted had sufficient clean water for themselves and their crops/livestock. Such efforts helped communities reduce the risk of violence arising from competition for scarce resources, and build their resilience to the harsh climatic conditions.

The ICRC provided hospitals with medical materials to treat people wounded during violence in Niger – such as the attack on the Agadez military base – or in neighbouring countries. People at different levels of the casualty care chain – National Society volunteers and other first responders, Malian and Nigerien surgeons, and physical rehabilitation technicians – added to their ability to respond to medical emergencies through training sessions or seminars jointly organized with the National Society. In isolated communities, women giving birth, victims of sexual violence, or others needing urgent care were treated in nearby health centres or on site by trained community workers.

ICRC delegates visited inmates, including detained migrants, according to its standard procedures, paying particular attention to security detainees. Drawing on confidential feedback on their treatment and living conditions and direct support, the authorities upgraded prison infrastructure, which helped improve detainees' overall health and living conditions.

Government bodies, UN agencies, humanitarian actors, Movement partners and the ICRC identified unmet needs and avoided duplication by coordinating their activities in areas of common interest, thereby maximizing impact.

## CIVILIANS

People who had fled violence or armed conflicts in neighbouring countries, as well as vulnerable migrants, reported abuse and arrests to ICRC delegates. Documented allegations were shared with the parties concerned (see *Mali* and *Nigeria*), including community/religious leaders, which helped ensure that they were informed and therefore able to act accordingly.

### People fleeing conflict in Mali or Nigeria and migrants meet their food, water and family-links needs

Nearly 13,800 Malian refugees (2,296 households) living outside UNHCR camps in Niamey and rural areas of Tahua and Tillabery, some 18,500 Nigerians and returnee Nigeriens (3,026 households) in the Diffa region, and 16,680 flood victims (2,780 households) met their urgent needs with two-month food rations; nearly 1,100 people in Tillabery were provided with clean water as well. Some also used household essentials they had received to improve living conditions/set up temporary shelters. Despite the surge in needs, people accessed adequate aid promptly, because the Red Cross Society of Niger and the ICRC increased their presence in these areas, particularly in Diffa, allowing trained volunteers and the ICRC staff to closely monitor and adapt to changes in the

situation. Some National Society branches also used emergency relief supplies pre-positioned by the ICRC.

Vulnerable migrants travelling through Niger's remote regions found relief in a National Society-run transit centre in Agadez. Over 7,500 migrants, including some deported from Libya, enjoyed hot meals, showers and temporary accommodation. About 100 of them also received medical/psychological care in nearby health centres, for which the French Red Cross provided financial support. Some 830 Nigerien migrants in the centre, including 260 minors, traveled home with ICRC transport assistance.

Families separated by armed conflict, migration or other circumstances restored/maintained contact through telephone calls and other Movement family-links services. The National Society, with ICRC help, constructed/upgraded three branches and trained 60 staff members and volunteers, helping ensure that people in Agadez, Diffa, Tahua and Tillabery, had ready access to these services; particularly, vulnerable migrants were able to contact their relatives through National Society branches along the migration route or the transit centre in Agadez. Seven unaccompanied children rejoined their families.

### **Vulnerable/violence-affected families access enough food and water during the hunger gap period**

The arrival and continued presence of people who had fled conflict in Mali or Nigeria strained local resources already depleted by drought and past armed conflict, thereby risking soured relations with host communities. Therefore, they – along with the host communities – pursued activities diversifying sources of food, income and water with ICRC/National Society help.

In Agadez and Tillabery, 6,283 households (34,229 people) purchased food at lower prices from cereal banks run by community members trained in cereal stock management. In the Tillabery region, 5,000 households (34,400 people) consumed/sold millet and beans that they had cultivated using ICRC-provided seed; some of them met their immediate food needs through an average of three-month rations per person, which helped them not to consume seed or harvest early. Some 1,500 families (10,000 people) in Agadez and Tillabery diversified their diet or increased their incomes by consuming/selling vegetables grown in ICRC-supported market gardens. These families also reduced their dependence on rainfall through ICRC-installed irrigation systems.

Over 3,100 households (19,000 people) covered food and other basic needs mainly through cash-for-work projects to upgrade infrastructure used by their communities. Through such projects and others, over 81,000 people in Agadez, Diffa, Tahua and Tillabery – of whom refugees and returnees – had enough water for personal consumption or for their animals/crops. A group of 51 vulnerable households, mainly headed by women, started small businesses.

### **Some 2 million people in Agadez and Tillabery increase productivity of their herds**

Roughly 1.9 million people (313,700 families) in rural areas had healthier and therefore more productive herds, following the vaccination/treatment of approximately 4.2 million of their animals during a campaign organized with the Livestock Ministry. Herders also enjoyed improved veterinary services overall, as

animal health workers benefited from training and new infrastructure; 12 local auxiliary veterinarians completed certification courses and six permanent vaccination parks (total capacity of 12,000 animals) were built.

About 8,000 herding households (72,000 people) increased their income and culled their weaker, less productive livestock through commercial/strategic destocking conducted with the pertinent authorities. Herders sold their animals at competitive prices by using ICRC-subsidized transport to markets or by selling directly to the ICRC; purchased animals were re-distributed or slaughtered. Over 14,165 vulnerable households (84,990 people) – including hospital staff/patients and schoolchildren – diversified their sources of food/income through the provision of live animals, meat or animal skins for crafts.

Around 3,100 herding families (21,000 people) in the drought-prone Air area of Agadez maintained their herds' productivity during the hunger gap period thanks to the provision of multi-nutrient blocks and fodder; some benefited from the doubled milk production of their livestock. As part of a pilot fodder production project, 330 families, managing 64 fodder banks, cultivated 500 tonnes of alfalfa, which supplemented their income and provided herders with an additional fodder source. Following these results, other actors expressed their interest in replicating the project in other areas.

### **In Agadez, women and children protect themselves against common diseases**

Isolated communities enjoyed government-approved levels of preventive and curative care under sanitary conditions in nearby ICRC-supported health centres. A total of five health centres enhanced such services through upgrades to water/sanitation infrastructure and regularly-provided medical equipment, and training, notably in cold-chain management. The three health centres initially targeted increased their maximum capacity to 215 patients per day.

Communities better protected themselves against common diseases thanks to vaccinations carried out by the supported centres (14,539 doses administered). In the Agadez region, some 1,720 young children and 9,130 women of childbearing age were vaccinated against common contagious diseases through a region-wide campaign conducted by the health authorities with ICRC help. Similarly expectant mothers, as well as victims of sexual violence, had access to timely, on-site care after 20 midwives and community health workers developed their skills in reproductive health care.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **People arrested in connection with conflict or regional insecurity have their presence registered**

Some 3,000 detainees, including migrants, in 11 places of detention received visits from the ICRC, conducted according to its standard procedures, paying particular attention to security detainees. Afterwards, the authorities received confidential feedback on detainee treatment and living conditions. Around 100 detainees – of whom 3 minors and 1 woman – had their presence registered by ICRC delegates and were followed up on an individual basis, including after their release. Meanwhile, dialogue with the authorities – on concluding a formal visiting agreement – continued.

Detainees contacted their families through Movement family-links services and, at their request, 39 foreigners had their consular representatives notified of their situation.

Based on the ICRC's recommendations and with its direct support, the authorities upgraded water/sanitation/electrical systems and jointly organized hygiene promotion activities in the Agadez, Bilma, Kollo, Maradi and Ouallam prisons. As a result, some 1,400 detainees had healthier and safer living conditions. Some of them also benefited from expanded cooking capacities and newly-constructed clinics. Despite the strength of the authorities' commitment, the original target of 2,400 detainees could not be reached, as some ICRC resources in Niger had to be reallocated to respond to urgent needs in Mali.

## WOUNDED AND SICK

### People wounded in Mali and Niger recover thanks to rapid medical and/or surgical attention

In Agadez, casualties of the attack on the military base were treated without delay at the regional hospital, which coped with the sudden influx of serious cases because of the speedy provision of surgical/anaesthetic materials and support from a Health Ministry surgeon, who had flown in from Niamey on an ICRC plane. Eight weapon-wounded patients were evacuated from Mali and underwent surgery at the Niamey National Hospital; two of the evacuees were flown to Niamey on an ICRC plane (see *Mali*).

Hospitals in or near places at risk of violence prepared for sudden influxes of wounded people by supplementing their emergency stocks with ICRC medical materials; thus, after their evacuation, four Nigerian soldiers injured during an attack by armed groups were adequately treated in the Diffa regional hospital. People at different stages of the casualty-care chain also strengthened their response to medical emergencies. Potential first responders, such as police officers, community leaders, students and Koranic teachers, learnt basic first aid from trained National Society volunteers, while several Nigerien and Malian surgeons reinforced their war-surgery skills at a seminar.

### Mine/ERW victims and patients injured in Mali undergo physical rehabilitation

With ICRC help, 374 patients – of whom victims of mines or explosive remnants of war (ERW) – underwent physiotherapy and/or received prostheses/orthoses at the Niamey National Hospital's physical rehabilitation centre, thereby regaining a measure of functionality; they included 27 patients referred from Mali. To help draw the public's attention to the importance of facilitating disabled people's integration into their communities, Paralympic athletes used 12 ICRC-provided sport wheelchairs in their competitions.

Prosthetic/orthotic technicians continued to hone their skills at the centre itself or through courses abroad. However, not all technicians attended these courses as planned, notably two physiotherapists who left the centre to pursue advanced studies elsewhere. The partner school also postponed some classes. Nevertheless, three members of the centre's staff received formal certification of training in polypropylene technology, expanding Niger's pool of qualified therapists.

With ICRC help, the centre also enhanced its logistical/management capacities and explored ways to establish sustainable support mechanisms for patients with limited means. In 2013, destitute

patients had their treatment/related accommodation costs covered by humanitarian actors.

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

### The authorities, military officials and influential civil society actors facilitate humanitarian action

The authorities and the ICRC discussed the prevailing security situation and humanitarian concerns, particularly with regard to people who had fled conflict in Mali and Nigeria and to those detained for security reasons. The military/security forces requested and received guidance from the ICRC on understanding and applying IHL principles. More than 1,000 military/security officers and other weapon bearers in Agadez, Diffa, Tahua and Tillabery, and around 2,000 peacekeepers deploying to Côte d'Ivoire or Mali, learnt more about their IHL-mandated responsibilities and the ICRC through dissemination sessions.

UN agencies, humanitarian organizations, including Islamic NGOs, and the ICRC exchanged views regularly during coordination meetings. Influential members of civil society – diplomats, lawyers, religious/community leaders and others – learnt more about humanitarian issues of specific concern to them through information sessions, training in first aid, conferences, and events marking important moments in Movement history. For example, health care personnel learnt more about the protection due to them in line with the goals of the Health Care in Danger project, while journalists were informed about specific issues in connection with reporting on humanitarian action. These efforts raised awareness of humanitarian needs and broadened support for Movement activities in Niger, northern Mali and elsewhere.

### Niger moves to ratify and implement international law on the use and sale of weapons

The military bolstered IHL training by drafting an instructor's manual with technical advice from the ICRC. Five of the instructors involved in that process refined their knowledge of IHL at a course in San Remo. More than 150 officers from various West African countries attending an officers' school in Niger, and about 160 officers at the national *gendarmérie* school, learnt about the basics of IHL and the ICRC's work through seminars. Students across the country – among them, students at a national administration and magistracy school – gained a deeper insight into IHL through information sessions and a national moot court competition. In addition, an instructor from the Islamic University of Niger enhanced his capacity to teach IHL by taking a course abroad (see *Lebanon*).

Niger advanced IHL implementation by moving to sign the Arms Trade Treaty and by submitting a draft law to the parliament aimed at implementing Protocol V to the Convention on Certain Conventional Weapons. Proposals amending the criminal code, the code of military justice and the criminal procedure code were under review at the Justice Ministry's technical services. Analysis and decision-making with regard to implementation of the Anti-Personnel Mine Ban Convention took into account the ICRC's views on the subject. Ministry officials, drawing on skills acquired at ICRC training sessions, reviewed and commented on bills related to cluster munitions and small arms. These officials shared their views and experiences with peers from other countries at workshops abroad on IHL treaties, particularly in connection with weapons (see *Abidjan* and *Nigeria*) and mine/ERW contamination (see *African Union*).

## RED CROSS AND RED CRESCENT MOVEMENT

### The Red Cross Society of Niger expands the coverage of its family-links network

As the ICRC's primary partner in delivering humanitarian assistance in the country, the National Society boosted its emergency response with the ICRC's financial, material and technical support. For instance, it replenished its emergency stocks, which helped ensure prompt response to needs generated by incidents of violence and natural disasters. Some 200 volunteers strengthened their first-aid skills, and were thus prepared not only to provide, but to teach first aid as well (see *Wounded and sick*). The National

Society also used various means – messages on the radio in the local languages, for instance – to remind the public and influential actors of the need to respect the emblem as well as neutral, impartial and independent humanitarian action.

The National Society expanded its family-links network (see *Civilians*) by upgrading/constructing three branches and training its staff. It also strengthened its statutes, drawing on the International Federation and the ICRC for technical advice. Movement components met regularly to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION <sup>1</sup>		Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>	
RCMs collected		120	17	
RCMs distributed		44	20	
Phone calls facilitated between family members		3,363		
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families		7		
	<i>including people registered by another delegation</i>	2		
People transferred/repatriated		824		
Human remains transferred/repatriated		1		
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Minors</b>
People for whom a tracing request was newly registered		121	17	20
People located (tracing cases closed positively)		58		
	<i>including people for whom tracing requests were registered by another delegation</i>	9		
Tracing cases still being handled at the end of the reporting period (people)		113	14	17
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>	<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		7	3	1
UAMs/SCs reunited with their families by the ICRC/National Society		7	2	3
	<i>including UAMs/SCs registered by another delegation</i>	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		8	3	
<b>Documents</b>				
Official documents relayed between family members across border/front lines		1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>
Detainees visited		3,031	98	75
Detainees visited and monitored individually		102	1	3
Detainees newly registered		82	1	3
Number of visits carried out		22		
Number of places of detention visited		11		
<b>Restoring family links</b>				
RCMs collected		35		
RCMs distributed		10		
Phone calls made to families to inform them of the whereabouts of a detained relative		8		

\* Unaccompanied minors/separated children

1. Niger only

MAIN FIGURES AND INDICATORS: ASSISTANCE <sup>1</sup>		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>				
Food commodities <sup>2</sup>	Beneficiaries	123,900	28%	43%
	<i>of whom IDPs</i>	5,817		
Essential household items	Beneficiaries	10,225	33%	45%
	<i>of whom IDPs</i>	4,708		
Productive inputs <sup>2</sup>	Beneficiaries	78,937	36%	40%
	<i>of whom IDPs</i>	477		
Cash	Beneficiaries	19,006	32%	43%
Work, services and training <sup>2</sup>	Beneficiaries	2,067,414	29%	46%
	<i>of whom IDPs</i>	332,595		
Water and habitat activities	Beneficiaries	94,664	30%	49%
<b>Health</b>				
Health centres supported	Structures	5		
Average catchment population		52,592		
Consultations	Patients	43,656		
	<i>of which curative</i>		7,649	22,800
	<i>of which ante/post-natal</i>		6,783	
Immunizations	Doses	14,539		
	<i>of which for children aged five or under</i>	12,269		
Referrals to a second level of care	Patients	161		
Health education	Sessions	348		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Water and habitat activities	Beneficiaries	1,440		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation<sup>1</sup></b>				
Centres supported	Structures	1		
Patients receiving services	Patients	374	74	126
New patients fitted with prostheses	Patients	68	16	4
Prostheses delivered	Units	67	16	4
	<i>of which for victims of mines or explosive remnants of war</i>	26		
New patients fitted with orthoses	Patients	60	8	42
Orthoses delivered	Units	56	6	41
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	153	37	14
Crutches delivered	Units	22		
Wheelchairs delivered	Units	12		

1. Niger only

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