INTRODUCTION

In collaboration with the Nigerian Red Cross Society (NRCS), the ICRC continues working in Nigeria to assist and protect people affected by the armed conflict in the Northeast where over 2.2 million people are displaced and in other parts of the country where situations of violence such as communal clashes and farmer/herder clashes present humanitarian challenges for communities living there.

“While our humanitarian work has various challenges, affected people in areas where we work face the brunt of suffering from the violence in armed conflict and other situations of violence. In the Northeast, displaced people have fled violence to live in makeshift camps, their families are often separated and loved ones go missing, they lose their means of livelihood, and thus their lives are devastated. We strive to assist them to meet their basic needs including medical services, shelter, water and sanitation, and to restore contact with their missing loved ones”. Yann Bonzon, Head of Delegation
Through ICRC and Nigerian Red Cross (NRCS) interventions, more than 197,000 people received soap to improve hygiene and reduce COVID-19 risks. 134,000 of them were in Monguno, Dikwa, Maiduguri and Damboa Local Government Areas (LGA) in Borno state. And over 150,000 people were provided with aqua-tabs (water treatment tablets) and attended hygiene promotion information sessions during the emergency cholera response in Mubi, Biu and Furore LGA in Adamawa state.

More than 579,000 people were provided with access to clean water, sanitation and shelter through the rehabilitation and construction of 12 solar water supply systems, 44 hand pumps, 385 latrines, 3,243 permanent and temporary shelters in Borno, Adamawa, Benue, Kaduna, Cross River, Plateau and Yobe states. Over 163,000 IDPs, host community members and returnees had improved access to water in Adamawa, Benue, Borno, and Cross Rivers states. Another 11,352 people received shelter kits consisting of roofing materials, door and window parts.

Six Primary Health Care Centres (PHCC) were rehabilitated and one PHCC constructed by ICRC to improve access to health facilities in Benue, Borno and Yola states. In addition, as part of the emergency cholera response, ICRC constructed a patient waiting area and hand washing facilities in Yobe state Hospital in Damaturu.

More than 121 patients admitted to the state Isolation Centre due to COVID and University of Maiduguri Teaching Hospital Centre in Borno state were supported with 3 daily meals.

The ICRC and NRCS provided 174,304 people with food assistance, while in areas with functioning markets, 288,048 persons received cash assistance to purchase food and other essential items. 6,294 pregnant and lactating women in ICRC-supported PHCCs received therapeutic food for the treatment of Moderate Acute Malnutrition. 115,344 others received essential household items.

16,812 people received income support through cash grants (cash for livelihoods, micro-economic initiatives and cash for work activities) in areas where the ICRC works in Nigeria.

In collaboration with the NRCS, the ICRC provided agricultural support to 383,164 farmers receiving seeds including; vegetable seeds, staple seeds and cash crop seeds. Agricultural tools including rakes and hoes were also distributed. In addition, 47,718 farmers received cash to purchase additional inputs not provided by the ICRC.

87,174 pastoralists benefitted from vaccination and treatment of 559,833 heads of livestock (sheep, goats and cattle) against Contagious bovine pleuropneumonia and Peste des Petits Ruminants diseases in Adamawa, Nasarawa and Borno states, while ICRC material support to the SAS Veterinary Hospital in Maiduguri contributed to improved animal health services for 102,468 livestock keepers.

126 Community Animal Health Workers profited from animal healthcare services and disease detection training, while 1,674 community volunteers received training on best infant-feeding practices and identifying signs of malnutrition. 212 farmers benefitted from training in improved agricultural techniques.

A displaced Widow in Mayo Raneiyo community in Hong LGA, sets aside some guinea corn seeds from last year’s ICRC seed distribution to plant in the next planting season. She says she likes them because they look bigger and grow faster than those she is used to.

Cattle vaccination by the Community Animal Health Workers in Maiha, during an ICRC-supported livestock vaccination in Sarao, Maiha LGA, Adamawa state.
Making Health Care Accessible

In the North-East, North-Central and South-South, the ICRC continued to provide standard Personal Protective Equipment (PPE) to supported healthcare facilities as part of the COVID-19 response. This included three-months’ supply of masks, gloves, hand sanitizers given to 16 PHCCs and seven hospitals with nutrition stabilization centers.

632,081 consultations were carried out in 16 ICRC-supported PHCCs. 1,038 patients were referred to hospital care with ICRC supporting the cost of referral, inpatient costs and meals for the patient and caretaker during admission. In addition, as part of the emergency cholera response, the ICRC supported the training of Ministry of Health staff and donated standard PPE and medical supplies to three Cholera Treatment Centers in Yobe, Benue and Adamawa states.

109,489 women attended Ante-Natal Clinics and 15,554 deliveries were conducted. Some 24,691 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.

74,210 children under the age of five years were diagnosed and treated using the ICRC-supported tablet-based Algorithm for the Management of Childhood illnesses known as the ALMANACH. Over 11,430 children under five afflicted by malnutrition received nutrition treatment (10,003 children in outpatient nutrition centres, and 1,427 children in inpatient treatment centres). 17,925 malnourished pregnant and lactating mothers (PLWs) were treated in 11 ICRC-supported health centres.

The ICRC’s surgical team at the Maiduguri State Specialist Hospital received 351 surgical admissions and performed more than 1,374 surgical interventions. 51 critical patients were referred to University of Maiduguri Teaching Hospital for specialist care paid for by the ICRC.

690 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 437 prostheses and orthoses, 131 devices repaired, 1,827 physiotherapy sessions, and 144 walking aids provided.

A beneficiary fitted with a prosthetic leg at the modern Physical Rehabilitation Centre built and donated to the University of Maiduguri Teaching Hospital by the ICRC. Many people have been affected by the protracted conflict in North East Nigeria, aggravating the need for physical rehabilitation services.

Six-year-old Abubakar from Rimi, Katsina, north-west Nigeria fitted with a prosthetic limb at the Dala Orthopaedic Hospital in Kano through the ICRC Physical Rehabilitation Programme, three years after amputation.
In collaboration with the NRCS, 5,036 people were sensitized on mental health issues while 508 who experienced conflict related trauma benefitted from face-to-face or tele-consultations. Another 423 people were counselled through group sessions.

About 1,450 weapon bearers and first responders including health workers and transporters were trained in First Aid. 1,418 first aid kits were provided with a further 1,600 donated to the NRCS Headquarters to support the emergency response for victims of a collapsed 21 storey building in Ikoyi, Lagos. All participants were sensitized on COVID-19 prevention protocols, managing causalities during the pandemic and proper use PPE.

With the support of 238 NRCS volunteers, 979,346 individuals from 158,031 households in Borno, Adamawa and Yobe states received hygiene promotion visits delivering messages on cholera prevention. 58,127 strips of aqua tabs were distributed, as well as 7,534 posters placed in affected communities. In addition, about 400,000 beneficiaries were reached through radio on cholera prevention and other hygiene messages. The ICRC is collaborating with the Norwegian Red Cross on this Community Health Program.

A one-day national multi-stakeholder roundtable meeting on the protection of health care in Nigeria was held in collaboration with the Federal Ministry of Health. Research on the compulsory care and treatment of victims with gunshot wound Act 2017, was conducted in collaboration with the Nigerian Association of Resident Doctors. Protection of healthcare training manual for medical undergraduates was launched in collaboration with the Association of Public Health Physicians.

REUNITING SEPARATED FAMILY MEMBERS

The ICRC and NRCS are searching for 24,877 people reported missing to the ICRC. 712 separated children who are looking for a missing relative and registered by the ICRC/NRCS continue to be closely followed up. Eight separated children/unaccompanied minor were reunited with their family members. And 343 Red Cross Messages with family news were exchanged to re-establish contact between separated family members with help from the ICRC and NRCS while 1,279 phone calls were provided to beneficiaries to maintain family contact.

Families of 233 missing people received information about the whereabouts or fate of their loved ones. And 70 families of missing persons received psychosocial, economic, protective, legal and administrative support through the Accompaniment Program for Families of the Missing.

167 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. Pictures of 825 persons looking for their missing family members in Adamawa, Borno, Gombe and Yobe were published in photo booklets to assist with the search process.

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.

90-year-old Alhaji Abdullahi was reunified with his family after five years of separation. Originally from Gumel, he traveled to another village for fishing activity. In 2017, this village came under attack, people fled and many were displaced. He arrived at an IDP camp in Ngala, 850 kilometers away from his home village. A year later, he approached the volunteers of the Nigeria Red Cross Society in Ngala, Borno state, northeast Nigeria to ask for support in locating his relatives in Gumel, Jigawa state, northwest Nigeria. Through the joint efforts of our RFL teams in both Maiduguri and Kano, we were able to locate his nephew and reunite them.
During ICRC visits to places of detention, 603 Red Cross Messages/Salamat were exchanged between detainees and their families.

The ICRC organized trainings on reunifying family members for 312 NRCS volunteers from 15 NRCS branches. It also provided technical support to the National Human Rights Commission (NHRC) to assist on a pilot project for the registration of missing persons in Borno state.

ENCOURAGING THE PROTECTION OF CIVILIANS

In its role to promote International Humanitarian Law (IHL) and to limit the effects of the armed conflict on the civilian population, the ICRC engages with affected communities to understand their situation. In cases of protection concerns, the ICRC raises issues in confidential and bilateral manner with the relevant parties and stakeholders to improve the respect for civilians and alleviate their suffering.

ENCOURAGING HUMANE TREATMENT OF DETAINES

ICRC visits to detention places improved detainees’ access to food, water, health care and hygiene and allowed the exchange of family news through Red Cross messages and Salamats. 52 visits to 16 places of detention were conducted to monitor conditions of detention and the treatment of detainees during which over 6,000 detainees were individually followed up by the ICRC.

More than 13,000 detainees benefited from regular hygiene items distributed throughout the year. Infection Prevention Measures were regularly followed up to the benefit of all. In addition, essential drugs were provided on bi-monthly basis as well as Food and Non-Food items to four detention facilities.

Training and capacity building sessions were delivered to officers on different topics such as respect of judicial guarantees, nutrition and food provision (Nutrition survey, Food Chain assessment), maintenance, Dynamic security and Modern Prison Management and health care in detention.

CREATING AWARENESS AND BUILDING CAPACITIES TOWARDS THE MANAGEMENT OF THE DEAD

3,000 posters in English, Hausa and Kanuri on Islamic burial of the dead resulting from infectious diseases, were developed and donated to the Nigeria Centre for Disease Control. 60 body bags and other forensic-related materials and guidelines were donated to the NRCS Headquarters for emergency preparedness. The ICRC continued its cooperation with the Federal authorities and other stakeholders on the elaboration of a national policy on the management of the dead in emergency situations and drafting of a revised coroner’s law for the Federal Capital Territory.

ENSURING AFFECTED PEOPLE CAN SHARE CONCERNS, COMPLAINTS AND FEEDBACK TO THE ICRC

The ICRC handled 3,165 phone calls from communities relating to health, water and sanitation, family separation and shelter needs. To receive feedback and improve key ICRC services, satisfaction surveys were run with 300 beneficiaries of the temporary shelters and surgical patients discharged from the Maiduguri state Specialist hospital.

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 over 3,600 armed forces personnel, 3,050 members of the Police Force and 50 Civilian Joint Task Force members.

Several meetings with the Ministry of Justice, the National Commission for Refugees, Migrants and Internally Displaced Persons, the Ministry for Humanitarian Affairs, the National IHL Committee and the National Assembly took place to discuss the ratification and implementation of key IHL treaties.
The ICRC facilitated several sessions for NRCS Branches to build their knowledge and capacity on the protection of the Red Cross emblem.

The ICRC organized the 10th Moot Court Competition on IHL for students, opening the competition for the first time to all undergraduate students in Nigeria studying IHL. The final round was held in October in Abuja, with the best four teams competing. The ICRC also organized its first virtual IHL Teachers’ Conference in December. Experts from the ICRC and the academic world were invited to discuss contemporary challenges to IHL with the network of IHL Teachers in Nigeria.

In 2021, ICRC continued strong relations with the ECOWAS Commission and became part of the ECOWAS Regional Working Group against Gender Based Violence/ Violence against Children, giving a presentation on Sexual Violence and Armed Conflicts at the October meeting.

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

As part of the cooperation agreement in Nigeria to support strengthening the structure of the NRCS for more efficiency, the ICRC has extended financial support to NRCS Headquarters and its 11 Branches (Adamawa, Bauchi, Benue, Borno, Cross River, Delta, Enugu, Kaduna, Taraba, Yobe, Rivers) to cover for staff salaries, office running costs and World Red Cross Day celebration (8th May).

The ICRC sponsored and organized regional coordination meetings with the NRCS branches in Abia, Anambra, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Ebonyi, Enugu, Imo, Rivers and in Borno state. These meetings aimed at strengthening coordination of joint activities, unifying working modalities, and to reinforce positive working relationship amongst partners.

The ICRC in collaboration with the Norwegian Red Cross is working on strengthening the NRCS financial system through assessment, coaching and training activities at the NRCS Headquarters and branch levels. Anambra, Borno, Enugu branches has been benefiting from a finance assessment done by the ICRC NorCross delegate, with a close collaboration with the HQ.

ICRC supported the Nigerian Red Cross on strengthening NRCS internal capacities and funding to implement grassroots Health Care in Danger projects in 21 States in Nigeria.

The Norwegian Red Cross and ICRC supported project on Emergency Preparedness Response has been extended to branches level. An Assessment workshop was conducted in Adamawa, Benue, Borno, Delta, Enugu, Kaduna and Taraba regions with the participation of the NRCS Headquarters.

Also, as part of capacity to operate safely, the ICRC has strengthened the capacity of over 120 NRCS staff and volunteers on Safer Access Framework through sensitization sessions in Adamawa, Bauchi, Benue and Rivers branches of the NRCS.

Emergency Preparedness and Response training of trainers session was delivered for 44 Disaster Management Officers and Branch Training Officers from 22 branches in cooperation with International Federation of the Red Cross and British Red Cross. Stepdown training was conducted for 14 branches reaching 38 Emergency First Aid Teams (EFAT) and Divisions reaching 555 NRCS staff and volunteers. EFAT kits were donated.

Over 1,000 NRCS volunteers in Adamawa, Bauchi, Benue, Borno, Damaturu, Delta, Enugu, Imo, Port Harcourt, and Plateau branches attended Safer Access Framework integration into ICRC thematic trainings (Communication, Restoring Family Links, Water and Sanitation).