

# NIGERIA

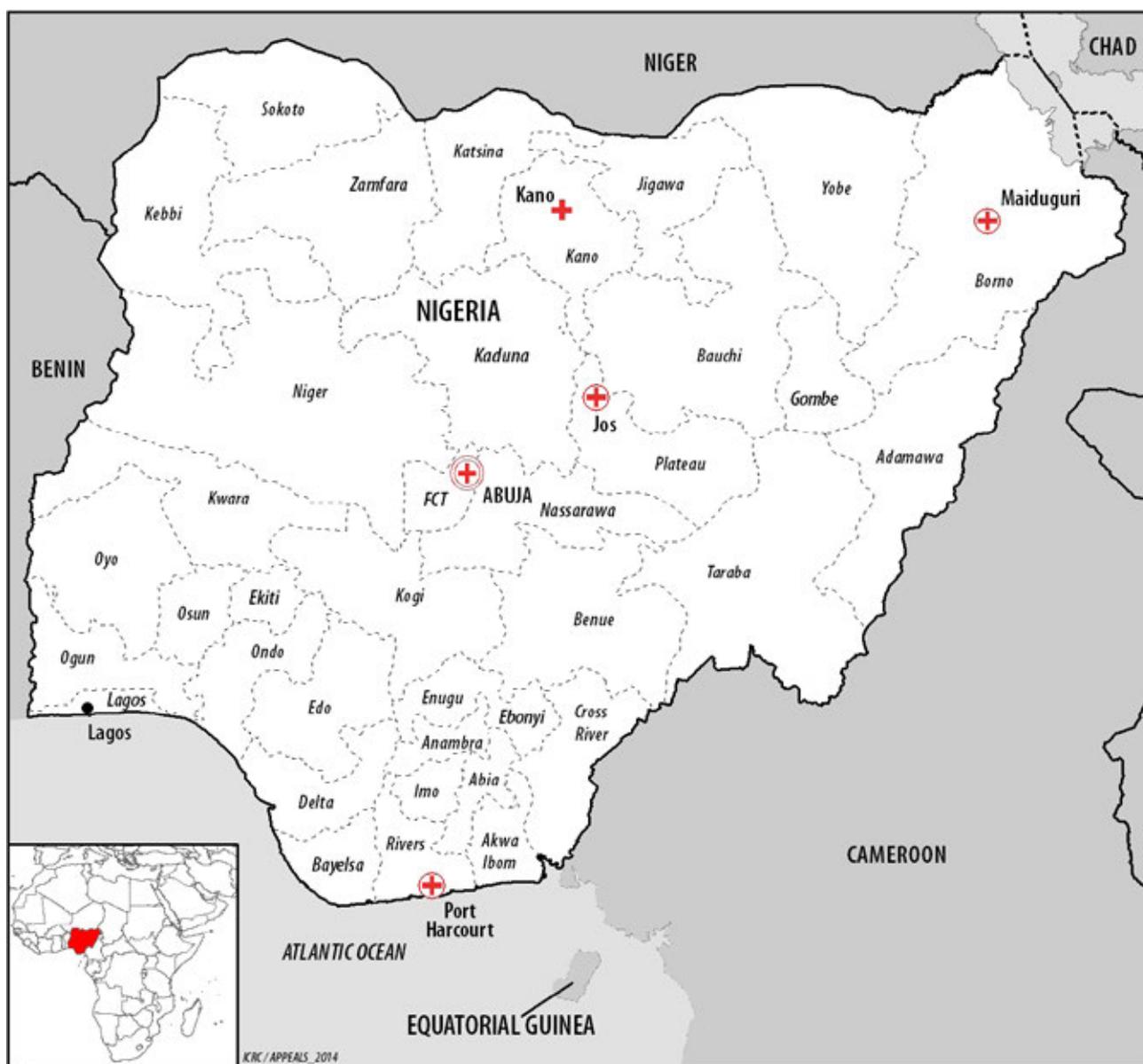
Active in Nigeria during the Biafran war (1966–70), the ICRC established a delegation in Lagos in 1988, relocating to Abuja in 2003. It seeks to protect and assist conflict/violence-affected people, visits detainees, and works with the Nigerian Red Cross Society and health services to respond to emergencies, 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.

## BUDGET IN KCHF

Protection	2,777
Assistance	8,798
Prevention	2,404
Cooperation with National Societies	1,029
General	-
<b>Total</b>	<b>15,009</b>
<i>Of which: Overheads</i>	<i>916</i>

## PERSONNEL

Mobile staff	31
Resident staff (daily workers not included)	117



 ICRC delegation    
  ICRC sub-delegation    
  ICRC office/presence

### MAIN TARGETS FOR 2014

- ▶ the authorities and weapon bearers take steps to ensure respect for and protection of violence-affected people and to facilitate their access to humanitarian assistance, medical care and other essential services
- ▶ victims of violence in 7 northern states obtain timely emergency medical care from National Society/community first-aid teams and from staff in health facilities equipped and supported by an ICRC mobile surgical team
- ▶ women and children obtain quality curative and preventive health care from ICRC-trained staff in health facilities in violence-prone areas
- ▶ inmates in prisons and places of temporary detention benefit from ICRC visits and subsequent recommendations and from work carried out with the authorities to improve their treatment and living conditions
- ▶ Nigeria and other member States of the Economic Community of West African States progress in ratifying the Convention on the Arms Trade Treaty and Cluster Munitions

ASSISTANCE		Targets (up to)
<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	18,000
Essential household items	Beneficiaries	18,000
Productive inputs	Beneficiaries	31,800
Vouchers	Beneficiaries	9,000
Water and habitat activities	Beneficiaries	45,000
<b>Health</b>		
Health centres supported	Structures	5
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	5



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## CONTEXT

The security situation in Nigeria continues to deteriorate. Attacks and bombings regularly occur in northern, north-eastern and central areas, with three north-eastern states (Adamawa, Borno and Yobe) under a state of emergency. Intercommunal and interreligious clashes fuelled by disputes over land, access to water or sectarian issues are also increasing, 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 are reported.

The violence and fighting between security forces and armed groups have resulted in increased casualties, destruction of property and displacement and, consequently, a rise in humanitarian needs. Humanitarian responses are limited, however, by the volatile security situation.

Nigeria remains a key player in addressing peace and security issues in the region through the Economic Community of West African States (ECOWAS). The country is a major contributor of troops to international peacekeeping operations.

## HUMANITARIAN RESPONSE

In 2014, the ICRC will seek to respond effectively to violence in Nigeria's northern, north-eastern and central states. It will endeavour to provide prompt assistance to violence-affected people, in particular by helping strengthen the casualty care chain, by visiting detainees of ICRC concern and by working to broaden support for humanitarian principles and the Movement's neutral, impartial and independent humanitarian action. It will operate in partnership with the Nigerian Red Cross Society, which will receive financial, technical and material support to strengthen its emergency response capacities, in particular those of its branches in violence-prone states, mainly in the fields of first aid, emergency relief, restoring family links and communication.

The ICRC will impress upon authorities, weapon bearers and opinion-leaders the need to safeguard civilians and facilitate the work of medical/humanitarian personnel, including by reinforcing the messages of the Health Care in Danger project. Similarly, it will nurture contacts with traditional/religious leaders, academics and journalists to enlist their support in promoting humanitarian principles, IHL and the Movement.

With the National Society, the ICRC will help violence-affected people restore/maintain contact with relatives and meet their basic needs. It will support health facilities in violence-prone areas in delivering quality curative and preventive health services, particularly for women and children. It will assist IDPs and returnees in restoring their livelihoods by providing them with agricultural inputs and vaccinating livestock. In the north-east, it will give food vouchers to widows and other vulnerable people affected by violence and run micro-economic initiatives to help them boost their incomes. It will also facilitate IDPs' access to adequate water and sanitation facilities.

In cooperation with the health authorities, the Nigerian Red Cross/ICRC will help improve access of weapon-wounded patients to medical care. Training and equipment will help expand the availability of first aid at community level and among security forces in violence-prone states. Likewise,

ICRC training, including on-the-job instruction by an ICRC mobile surgical team, will help surgical staff strengthen their capacities to treat weapon-wounded patients. In states contending with outbreaks of violence, medical facilities will receive medical materials and, when needed, the support of the mobile surgical team.

ICRC delegates will visit people held in prisons, police stations and places of temporary detention to monitor their treatment and living conditions. They will share their findings and, when necessary, recommendations confidentially with the authorities. In addition, the ICRC will work with the detaining authorities to upgrade prison infrastructure, including by helping rehabilitate water/sanitation facilities, and to improve detainees' access to internal and external health services, focusing on 15 regularly visited places of detention.

To help enhance respect for IHL/international human rights law, the ICRC will conduct briefings for military and police troops, including those with peacekeeping duties, as well as for other weapon bearers and community members with influence over them. It will also lend its technical support and co-organize courses to contribute to advancing the integration of IHL and other applicable norms into the training of the armed and police forces.

Through briefings for and technical support to the national IHL committee, the ICRC will continue to encourage the national authorities to ratify key IHL instruments and incorporate the provisions of ratified IHL treaties into domestic legislation. It will cooperate with ECOWAS in advancing the ratification and implementation of IHL treaties region-wide. The ICRC will also support IHL teaching in universities by enabling lecturers and students to participate in national/regional IHL events.

The ICRC will coordinate its activities with those of Movement partners and other humanitarian actors in fields of common interest, in order to maximize impact, identify unmet needs and avoid duplication.