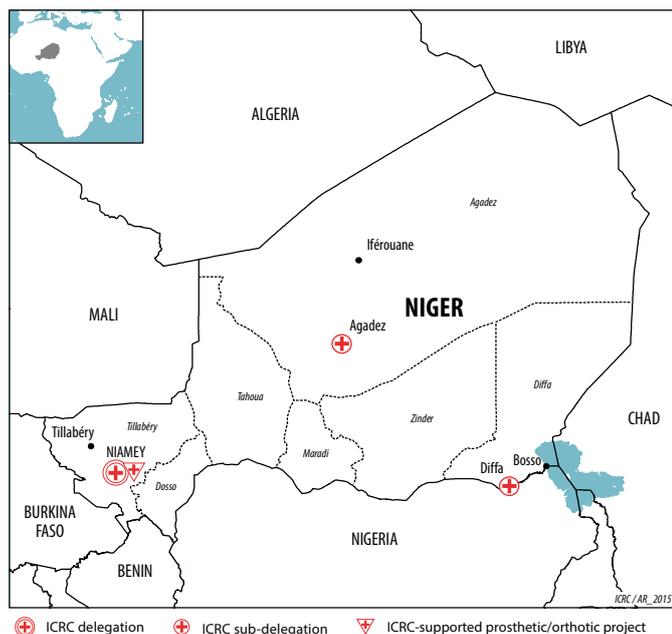


# NIGER



## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Conflict-affected people in the Diffa region met their most pressing needs for food, water and household items with help from the Movement, notably the Red Cross Society of Niger and the ICRC.
- ▶ Over 680 wounded people, including weapon bearers and displaced persons, received treatment from an ICRC surgical team that was assigned to the Diffa regional hospital within days of the outbreak of conflict.
- ▶ In 4 regions, pastoral households benefited from free vaccination/deworming services for their livestock, and farming households bridged the hunger gap period with reasonably priced food from cereal banks.
- ▶ Over 1,500 malnourished inmates in 3 prisons received food supplements from the ICRC. In these and other prisons, detainees had better living conditions following ICRC infrastructure upgrades.

## EXPENDITURE IN KCHF

Protection	2,690
Assistance	16,986
Prevention	1,480
Cooperation with National Societies	882
General	42
<b>Total</b>	<b>22,079</b>
<i>Of which: Overheads</i>	<b>1,301</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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## PERSONNEL

Mobile staff	26
Resident staff (daily workers not included)	147

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, as well as those affected by intercommunal violence. It monitors the treatment and living conditions of detainees; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. It works closely with and helps the Red Cross Society of Niger develop its operational capacities.

## YEARLY RESULTS

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Restoring family links	
RCMs collected	12
RCMs distributed	5
Phone calls facilitated between family members	2,459
People located (tracing cases closed positively)	110
People reunited with their families	4
	<i>of whom unaccompanied minors/separated children</i>
	4
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	4,329
Detainees visited and monitored individually	1,354
Number of visits carried out	81
Number of places of detention visited	15
Restoring family links	
RCMs collected	166
RCMs distributed	64
Phone calls made to families to inform them of the whereabouts of a detained relative	1,635

ASSISTANCE	2015 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	132,800
Essential household items	Beneficiaries	39,000
Productive inputs	Beneficiaries	45,300
Cash	Beneficiaries	7,500
Services and training	Beneficiaries	487,500
		817,511
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	91,300
		143,164
Health		
Health centres supported	Structures	6
		5
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	1
		2
Physical rehabilitation		
Projects supported	Structures	1
		3
Patients receiving services	Patients	300
		543

## CONTEXT

In early 2015, armed conflict spread to Niger after the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram) and its affiliates increased their operations in the country, and throughout the Lake Chad region (see *Chad, Nigeria and Yaoundé*). In the Diffa region of Niger, attacks by armed groups, for example on the town of Bosso and on islands in Lake Chad, and clashes between them and government forces resulted in casualties and damaged civilian infrastructure; security forces arrested hundreds of people. Tens of thousands of people – some who had been displaced multiple times – sought shelter in rural Diffa or in the Zinder region. Many State and humanitarian agencies stopped their work or moved away from conflict-affected areas. They gradually returned to and resumed their activities in Diffa, but persisting insecurity, combined with their limited means, restricted their ability to respond to the needs of people affected.

Communities in the Agadez, Tahoua and Tillabéry regions continued to be affected by communal tensions and cross-border security issues. Some of them also had to compete for already scarce resources with Malian refugees who lived outside UNHCR camps to look after their herds. Renewed tensions in Mali caused an influx of refugees into Nigerien border areas.

Despite fair seasonal rains, food production remained inadequate. This compounded the difficulties already being faced by farmers and herders recovering from past drought, people affected by conflict/violence and communities hosting displaced persons.

Migrants travelling to northern Africa or Europe passed through Niger's remote northern regions.

Political tensions rose during the run-up to the 2016 elections; the authorities foiled a military coup and arrested several alleged perpetrators.

## ICRC ACTION AND RESULTS

The ICRC delegation in Niger worked with the Red Cross Society of Niger and other Movement partners to protect and assist vulnerable people throughout the country. In Diffa, the ICRC focused on addressing humanitarian needs arising from armed conflict in the Lake Chad region, launching a budget extension appeal to this end, and delaying the use of resources for or diverting them from other activities in some cases. Movement components there formally recognized the ICRC as the lead agency in Diffa, enabling them to work in a more coordinated and effective way.

Conflict-affected people in Diffa met their most pressing needs with emergency assistance provided by the Movement in coordination with other humanitarian actors. National Society/ICRC relief distributions and upgrades to water infrastructure enabled displaced people and families hosting them to have enough food, obtain clean water and improve their living conditions. Health services drew on ICRC support to cope with the influx of patients: an ICRC surgical team assigned to the Diffa regional hospital helped staff treat wounded people.

The National Society/ICRC supported activities to help ensure that vulnerable and violence-affected households in Agadez, Tahoua and Tillabéry had sustainable sources of food and income. They expanded these activities in Diffa so that people could supplement/

restore livelihoods disrupted by armed conflict/displacement. Thus, herders maintained/improved the productivity and market value of their livestock with free veterinary services, and households bought grain and fodder at competitive prices from cereal and fodder banks supported by or set up with ICRC help. In these four regions, people also had access to preventive and curative care – delivered in line with government-approved baselines – at ICRC-supported health centres.

Members of families separated by armed conflict, detention or migration – particularly refugees from Mali and Nigeria – stayed in touch through the National Society's family-links network, maintained with ICRC financial and technical support.

Detainees in places of temporary and permanent detention received visits conducted in accordance with standard ICRC procedures. The ICRC continued to work with the authorities to improve inmates' treatment and living conditions, by rehabilitating infrastructure and through advocacy efforts among others. It provided food supplements for malnourished inmates at three prisons to improve their nutrition.

To foster support for IHL and the Movement, and facilitate the provision of humanitarian aid for vulnerable people, the ICRC sought regular interaction with the authorities, weapon bearers and members of civil society. It shared with the parties concerned documented allegations of abuse, and provided technical guidance for military forces to strengthen their IHL teaching capabilities. State forces, including peacekeepers bound for foreign missions, received tailored briefings. Efforts to establish formal dialogue with all armed groups, via contacts with community/religious leaders and the media, made little headway. The authorities drew on ICRC expertise to bring domestic laws in line with IHL and other applicable norms. Niger ratified the Arms Trade Treaty.

## CIVILIANS

### Refugees from Mali and Nigeria contact their relatives

People affected by armed conflict in Niger and the wider region reported to ICRC delegates abuses committed against them and the arrest of relatives (see *People deprived of their freedom*). To prevent the recurrence of abuses, including sexual violence, their allegations were documented and, where possible, shared with the parties concerned; however, formal dialogue had yet to be established with all armed groups (see *Actors of influence*).

Members of families separated by armed conflict, migration or detention stayed in touch through the National Society's family-links services, maintained with ICRC financial and technical support and provided in coordination with other National Societies in the region. Over 1,400 refugees from Mali and Nigeria contacted their relatives via telephone or RCMs. On their own or with the help of the Movement, 29 unaccompanied minors rejoined their families; ICRC delegates monitored their reintegration. Some families received news of missing relatives following the resolution of tracing cases. Along the migration route, 2,388 migrants called their relatives from National Society branches and an IOM-run migrant centre in Agadez, with support from the ICRC. Plans for other ICRC activities for these people were cancelled after the IOM took over management of the migrant centre in Agadez.

With a view to ensuring that the remains of people who had died in relation to the conflict could be identified and their families notified, government officials in Diffa and Agadez participated in training sessions on the topic and received body bags.

## People affected by the fighting in Diffa meet their most pressing needs

The rise in needs in Diffa (see *Context*) prompted the ICRC to expand its assistance for those affected, in some cases delaying the use of resources for or diverting them from other planned activities; insecurity in the region, however, sometimes affected the full implementation of these additional assistance activities. Coordination with Movement components and other humanitarian actors, notably the WFP, helped ensure the broadest coverage of needs possible, particularly after certain humanitarian agencies had to adjust their operations in response to the security situation. Close monitoring and direct contact with beneficiaries helped the ICRC adapt its activities.

Over 94,500 displaced persons (16,166 households), including IDPs and returnees/refugees from Nigeria, and 20,100 vulnerable residents (3,355 households) covered their daily dietary requirements with food rations distributed by the National Society/ICRC. Particularly vulnerable people – for instance, those who had been displaced multiple times and those who had shared their food with others – received rations on several occasions, enabling them to have a steady supply of food for up to nine months. Those with special dietary needs, such as children and pregnant women, maintained their health with enriched rations.

In rural Diffa, roughly 142,000 people – displaced persons and residents hosting them – obtained sufficient water for personal use from boreholes equipped with hand pumps and rehabilitated water systems. These additional water sources helped ease pressure on overtaxed systems and spared people from having to queue at public fountains.

Household essentials helped around 35,300 displaced people and residents (5,800 households) improve their living conditions. Notably, tarpaulins/bedding, hygiene items and cookware enabled them to set up shelters, maintain their hygiene and prepare food.

Some displaced people sought shelter in temporary accommodations built by the Luxembourg Red Cross. Several communities learnt how to protect themselves more effectively against waterborne diseases, such as cholera, at hygiene-promotion sessions conducted by the International Federation.

## Pastoral households increase the productivity and market value of their livestock

In rural Agadez, Diffa and Tillabéry, some 136,200 herding households (817,319 people) maintained/improved the health, and therefore the productivity and market value, of over 1.7 million heads of livestock with the help of free vaccination/deworming services provided by the authorities and animal health workers supported by the ICRC. Twice as many people than initially planned benefited because local partners assumed more responsibility for these services, allowing the ICRC to fund more vaccinations. Training enabled 12 veterinarians to strengthen their ability to treat livestock.

In Diffa, following the influx of conflict-affected herders and their livestock, 11 fodder banks set up by the ICRC and a partner NGO helped 1,896 herding households (11,565 people) to buy fodder at reasonable prices. These banks helped households feed their animals during the lean period, and contributed to decreasing the risk of pastures becoming overgrazed. By rehabilitating 25 hectares of pastureland in return for cash, 150 breadwinners in Agadez

earned income for their families (900 people) and also helped their communities resume/improve their livelihoods.

## During the hunger gap period, farming households save seed meant for planting

ICRC material support helped vulnerable households cope with the hunger gap period, in particular by reducing/eliminating their need to consume seed meant for planting. Up to 4,890 households (29,995 people) bought competitively priced food from 29 cereal banks in Agadez, Diffa, Tahoua and Tillabéry that stocked ICRC-provided millet. To help these cereal banks become more efficient, 157 of their members underwent training in accounting, pricing and stock management. Around 18,000 people (3,000 households) in rural settlements in Diffa and Tillabéry benefited from food rations distributed in two rounds, and seed for the planting season. Supplies/equipment helped farming households set up market gardens; the installation of irrigation systems in fields/market gardens helped some of these households increase their crop/vegetable yields.

To facilitate its own activities and those it carried out with the ICRC, the National Society extended its operational reach to cover the entire country; it constructed offices in Agadez and Tahoua with the ICRC's help.

## Expectant mothers benefit from specialized care

People obtained preventive and curative care that met government-approved baselines at five ICRC-supported health centres (see *Wounded and sick*). These centres improved their services with the help of medical supplies and training, notably in mother and child care. In Agadez, over 1,279 children were vaccinated against contagious diseases during a campaign conducted by the health authorities and the ICRC. Expectant mothers, as well as victims of sexual violence, had on-site care from 80 midwives and community health workers equipped by the ICRC and trained in reproductive health and infant care.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Nearly 4,400 detainees in places of temporary and permanent detention, including military/*gendarmérie*-run facilities in Diffa, received visits conducted in accordance with standard ICRC procedures. Vulnerable detainees, people arrested in relation to armed conflict and security detainees received particular attention; 1,307 of them had their presence registered by ICRC delegates, and were followed up individually. Discussions with the authorities, on drawing up an agreement to formalize the ICRC's access to people held in places of temporary detention, continued.

Some detainees were able to keep in touch with their families via the Movement's family-links services, such as RCMs and phone calls; foreign detainees requested the ICRC to inform their consular representatives of their detention. With the help of the authorities and the ICRC, 80 detainees sent news of their detention to relatives who had been searching for them (see *Civilians*).

## Malnourished inmates in three facilities improve their nutritional status

Findings from the prison visits mentioned above, and technical advice from the ICRC, guided the authorities' efforts to improve detainees' treatment and living conditions, particularly health-care services and infrastructure maintenance.

Over 1,500 malnourished inmates at three prisons received food supplements provided by the ICRC in response to the deteriorating nutritional situation there. Initial monitoring revealed that malnutrition rates among the detainees in those facilities had decreased, owing to the supplements and to the authorities' own response to the situation, for which the ICRC had advocated.

Approximately 3,000 detainees in seven prisons, including the three places mentioned above, had more dignified and hygienic surroundings following ICRC upgrades to basic infrastructure, such as water/sanitation facilities; refurbished kitchens and clinics also helped inmates maintain/improve their health. At the Koutoukalé prison, over 600 detainees coped with a water shortage and protected themselves more effectively against illnesses thanks to the ICRC trucking in water and helping organize a fumigation campaign. Hygiene and sanitation committees in four of these prisons, set up with ICRC support, helped promote hygiene practices among detainees; these efforts were supplemented by the distribution of hygiene items.

## WOUNDED AND SICK

### **Wounded patients in Diffa are treated by an ICRC surgical team**

In Diffa, the regional hospital and the Bosso health centre treated wounded and sick patients, including weapon bearers and displaced people. These structures handled the sudden influx of patients with medical supplies/equipment and infrastructure rehabilitation provided by the ICRC. The regional hospital benefited from the presence of an ICRC surgical team – composed of an anaesthesiologist, an operating theatre nurse and a ward nurse – that became operational within days of the outbreak of the conflict. Over 680 patients with weapon wounds and other surgical needs received treatment from the team, which also helped local medical personnel hone their surgical skills. No cases required the ICRC's medical evacuation service.

### **Victims of mines/explosive remnants of war obtain rehabilitative care**

Some 540 disabled people regained their mobility at the Niamey National Hospital, which received various forms of ICRC support, including polypropylene materials and technical input to help it become more sustainable. Eighty victims of mines/explosive remnants of war had their food, transport and accommodation costs covered by the ICRC. One technician joined the hospital after completing his ICRC-sponsored studies abroad.

A physical rehabilitation centre in Zinder began to receive ICRC material support.

The authorities and agencies helping disabled people received ICRC encouragement to include physical rehabilitation services in the new national health plan and to establish a network for coordination, respectively. With ICRC support, the National Association of Prosthetics and Orthotics organized a sporting event to mark the International Day of People with Disability.

## ACTORS OF INFLUENCE

### **Defence ministry takes steps to incorporate an IHL manual in the military training curriculum**

The authorities, weapon bearers and members of civil society – capable of facilitating humanitarian action or urging others to do so – learnt more about humanitarian issues arising from the conflict in Niger and the wider region through various activities/

events, which helped foster support for IHL and the Movement among them.

Members of government forces in Agadez, Diffa, Tahoua and Tillabéry attended briefings on IHL and the ICRC's mandate. More than 1,750 security officers bound for UN missions in the Central African Republic, Côte d'Ivoire and Mali deepened their knowledge of IHL applicable to peacekeeping operations and were urged to facilitate the Movement's neutral, impartial and independent humanitarian action in their places of deployment. Over 350 officer cadets, including some from other African countries, learnt more about IHL at information sessions organized jointly with three military institutions.

To standardize and improve the teaching of IHL in the armed forces, the defence ministry endorsed an IHL manual – completed by the Nigerien forces and the ICRC in 2014 – as its official reference for IHL training, and took steps to incorporate it in the military training curriculum. During advanced courses abroad, two IHL instructors broadened the range of subjects they could teach, and one official furthered his understanding of the rules governing military operations (see *International law and cooperation*).

The authorities, security commands and the ICRC discussed issues pertaining to law enforcement. At ICRC briefings, some 300 security officers were reminded of the international norms applicable to their duties, including those governing the use of force during arrests and detention. Penitentiary officials received informational materials on the ICRC's activities for detainees, and 20 magistrates-in-training learnt more about IHL.

### **Religious scholars and clerics from 13 African countries discuss the links between Islamic law and IHL**

Where security considerations hampered direct contact with armed groups – for example, following the outbreak of conflict in Diffa – the ICRC sought to establish dialogue with them via some community/religious leaders, although such efforts made limited progress.

During a regional seminar organized by the Islamic University of Niger and the ICRC, 30 Islamic scholars and clerics from 13 African countries talked about the links between Islamic law and IHL, and how they could contribute to the protection of victims of armed conflict. About 420 Nigerien community/religious leaders in six regions also discussed the points of correspondence between Islamic law and IHL at workshops and first-aid courses organized with university lecturers and the National Society, respectively.

Journalists, particularly radio broadcasters, kept abreast of Movement activities through public events and printed/audio-visual materials organized/produced by the National Society/ICRC; with ICRC sponsorship, one journalist attended a media workshop abroad (see *Dakar*). These activities sought to encourage journalists to report accurately on the humanitarian situation in Niger, and on Movement activities for vulnerable people.

### **University students demonstrate their grasp of IHL at a regional competition**

At a regional moot court competition, students from universities in Niger and 13 other francophone African countries demonstrated their grasp of such issues as the necessity of respecting IHL and of protecting victims of armed conflict.

State/humanitarian agencies, including Movement components, met regularly to coordinate their activities and discuss humanitarian issues of common concern. Members of 20 human rights associations, military/civilian medical personnel in Diffa and the ICRC discussed the provision of health care during armed conflict.

ICRC beneficiaries, including detainees' families, received briefings on changes in the organization's assistance strategy and on the Movement's neutrality, impartiality and independence; in turn, they provided information on their needs and challenges.

### Niger ratifies the Arms Trade Treaty

The authorities, aided by ICRC expertise, took steps to ensure respect for IHL and other applicable norms. They developed implementing legislation, for instance by revising the penal and criminal procedure codes; sought to comply with their obligations under the Anti-Personnel Mine Ban Convention; and ratified the Arms Trade Treaty.

## RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger – the ICRC's main partner in the country – drew on ICRC support to: provide first aid and train people in doing so; assist vulnerable people (see *Civilians*); promote humanitarian principles and the Movement (see *Actors of influence*); and strengthen its institutional set-up. A total of 120 volunteers in violence-prone and conflict-affected areas trained to conduct these activities in line with the Safer Access Framework.

Having formally recognized the ICRC as the lead agency in Diffa after the outbreak of conflict, Movement components in Niger coordinated their activities through it, thereby helping maximize impact, identify unmet needs and avoid duplication of effort. Movement components also discussed the need to maintain their neutrality, impartiality and independence, particularly in their public communication and while working with other actors.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SC*</b>		
RCMs collected	12	6			
RCMs distributed	5	1			
Phone calls facilitated between family members	2,459				
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families	4				
People transferred/repatriated	10				
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	177	12	22	9	
<i>including people for whom tracing requests were registered by another delegation</i>	24				
People located (tracing cases closed positively)	110				
Tracing cases still being handled at the end of the reporting period (people)	144	16	22	20	
<i>including people for whom tracing requests were registered by another delegation</i>	33				
<b>UAMs/SC*, including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	33	12			1
UAMs/SC reunited with their families by the ICRC/National Society	4				1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	25	9			1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited	4,329	120	212		
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	1,354	17	3	66	
Detainees newly registered	1,307	17	3	65	
Number of visits carried out	81				
Number of places of detention visited	15				
<b>Restoring family links</b>					
RCMs collected	166				
RCMs distributed	64				
Phone calls made to families to inform them of the whereabouts of a detained relative	1,635				

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	162,109	25%	49%
	<i>of whom IDPs</i>	94,899		
Essential household items	Beneficiaries	37,524	25%	47%
	<i>of whom IDPs</i>	35,150		
Productive inputs	Beneficiaries	147,858	25%	50%
	<i>of whom IDPs</i>	37,544		
Cash	Beneficiaries	900	20%	
Services and training	Beneficiaries	817,511	26%	49%
	<i>of whom IDPs</i>	15,726		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	143,164	25%	35%
	<i>of whom IDPs</i>	71,582		
<b>Health</b>				
Health centres supported	Structures	5		
Average catchment population		64,370		
Consultations	Patients	45,366		
	<i>of which curative</i>		15,873	21,816
	<i>of which ante/post-natal</i>		4,623	
Immunizations	Doses	18,648		
Referrals to a second level of care	Patients	172		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	1,541		
Essential household items	Beneficiaries	1,710		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	2,938		
<b>Health</b>				
Number of visits carried out by health staff		28		
Number of places of detention visited by health staff		4		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	1		
Admissions	Patients	754	12	7
	<i>of which weapon-wounded</i>	551	12	7
	<i>(including by mines or explosive remnants of war)</i>	23		
	<i>of which other surgical cases</i>	203		
Operations performed		1,125		
<b>Physical rehabilitation</b>				
Projects supported	Structures	3		
Patients receiving services	Patients	543	101	172
New patients fitted with prostheses	Patients	126	22	13
Prostheses delivered	Units	116	19	15
	<i>of which for victims of mines or explosive remnants of war</i>	53		
New patients fitted with orthoses	Patients	191	40	103
Orthoses delivered	Units	166	30	99
Patients receiving physiotherapy	Patients	183	34	22
Crutches delivered	Units	148		
Wheelchairs delivered	Units	24		