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 communal violence. It monitors the treatment and living conditions of detainees; promotes IHL among the armed and security forces and other weapon bearers; and encourages IHL implementation by the national authorities. It works closely with the Red Cross Society of Niger and helps it develop its operational capacities.

### MAIN TARGETS FOR 2017

- **Conflict-affected people in the Diffa region**, including IDPs and refugees, improve their diet and living conditions with six-month food rations and household items from the Red Cross Society of Niger and the ICRC.

- **Vulnerable communities** hosting displaced people strengthen their economic security with agricultural supplies and equipment, donations of animal feed, and livestock health services from the ICRC.

- **Wounded and sick people**, including migrants, obtain medical services at facilities receiving various forms of ICRC support, such as funding, supplies and the deployment of medical teams at a regional hospital and a clinic in Diffa.

- **Inmates**, particularly security and other vulnerable detainees, benefit from better treatment and living conditions, including access to health care, owing to steps taken by the authorities with support from the ICRC.

- The authorities, weapon bearers and civil society leaders support the ICRC’s work and facilitate its access to violence-affected communities, as a result of dialogue with the ICRC, related briefings and other communication efforts.

- **Members of families dispersed by conflict, migration or detention** stay in touch through the Movement’s family-links services. First responders, aided by the ICRC, boost their skills in managing human remains.

### BUDGET IN KCHF

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount (KCHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>2,789</td>
</tr>
<tr>
<td>Assistance</td>
<td>26,175</td>
</tr>
<tr>
<td>Prevention</td>
<td>1,767</td>
</tr>
<tr>
<td>Cooperation with National Societies</td>
<td>1,137</td>
</tr>
<tr>
<td>General</td>
<td>220</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,088</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Of which: Overheads 1,958</strong></td>
</tr>
</tbody>
</table>

### PERSONNEL

- **Mobile staff**: 35
- **Resident staff (daily workers not included)**: 196

### ASSISTANCE Targets (up to)

<table>
<thead>
<tr>
<th>Type</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CIVILIANS (RESIDENTS, IDPs, RETURNEES, ETC.)</strong></td>
<td></td>
</tr>
<tr>
<td>Economic security (in some cases provided within a protection or cooperation programme)</td>
<td></td>
</tr>
<tr>
<td>Food commodities</td>
<td>114,000</td>
</tr>
<tr>
<td>Essential household items</td>
<td>39,000</td>
</tr>
<tr>
<td>Productive inputs</td>
<td>37,200</td>
</tr>
<tr>
<td>Cash</td>
<td>1,500</td>
</tr>
<tr>
<td>Services and training</td>
<td>531,860</td>
</tr>
<tr>
<td><strong>Water and habitat (in some cases provided within a protection or cooperation programme)</strong></td>
<td></td>
</tr>
<tr>
<td>Water and habitat activities</td>
<td>209,260</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
</tr>
<tr>
<td>Health centres supported</td>
<td>Structures 4</td>
</tr>
<tr>
<td><strong>WOUNDED AND SICK</strong></td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>Structures 1</td>
</tr>
<tr>
<td><strong>Water and habitat</strong></td>
<td>Number of beds 100</td>
</tr>
<tr>
<td><strong>Physical rehabilitation</strong></td>
<td>Projects 2</td>
</tr>
</tbody>
</table>
NIGER

CONTEXT

Niger continues to be adversely affected by the ongoing conflict between State forces in the Lake Chad region (see also Chad, Nigeria and Yaoundé) and the armed group that calls itself Islamic State's West Africa Province (ISWAP, also known as Jami'atu Ahlis Sunna Liddawati wal-Jihad or Boko Haram). The government contributes troops to the Multinational Joint Task Force, which conducts operations against the group.

In Diffa, clashes between ISWAP and government forces result in casualties, arrests and repeated displacement among civilians. Communities there struggle with the additional strain on their limited resources, as they host IDPs and the thousands of refugees who have fled Nigeria. Amidst restrictions on economic activities, food production remains insufficient for a growing population that is still recovering from past droughts and conflict. State and humanitarian agencies have limited access to these people, owing to the prevailing insecurity, and have inadequate resources for assisting them.

Communal clashes and cross-border security issues in Agadez, Tahoua and Tillabéry persist, often arising from the situation in Mali (see Mali) or from disputes over resources. Local elections will be held in January 2017.

HUMANITARIAN RESPONSE

In 2017, the ICRC’s delegation in Niger will continue to respond to the needs of people in Diffa, who are suffering the consequences of armed conflict in the Lake Chad region, and of those in Agadez, northern Tahoua and Tillabéry, who are affected by communal clashes and other violence. The ICRC will support the Red Cross Society of Niger in delivering assistance to these people. Coordination between Movement components in the Lake Chad region, and with other humanitarian actors in the country, will help maximize impact and prevent duplication of effort.

In response to the difficulty of accessing communities owing to the prevailing insecurity, the ICRC will further knowledge of IHL and the Movement among the authorities, weapon bearers and members of civil society through dialogue and information sessions, and by working with the media and reinforcing the National Society’s capacities. It will pay particular attention to the prevention of abuses against women and children, including sexual violence, and the protection of people seeking or providing medical care.

The National Society and the ICRC will distribute food and household essentials to IDPs, refugees and returnees to help them improve their diet and living conditions. Given the effects of security-related restrictions and climatic conditions on livelihoods, vulnerable households will bolster their food security and income-generating capacities, with the help of the National Society and the ICRC, which will provide them with: seed, agricultural equipment and fodder; cash for work on community-based projects; and/or, jointly with the livestock ministry, veterinary services for their livestock. Activities to upgrade or construct water systems will be stepped up, to help ensure a stable water supply for drinking and other purposes, such as raising livestock and farming.

In Diffa, the ICRC will continue assisting a regional hospital, notably through the deployment of an ICRC surgical team to treat the weapon-wounded, and the provision of supplies and equipment. Primary-health-care centres in four regions will receive technical and material support from the ICRC to help them provide preventive and curative care to communities and pay particular attention to the specific needs of women, children and victims of sexual violence. These centres will include a clinic in Diffa, where the ICRC will deploy a medical team composed of nurses and a midwife to assist in delivering mother-and-child care. During emergencies, the ICRC will evacuate casualties to hospitals other than those it regularly supports, and donate surgical supplies to these hospitals. Two physical rehabilitation centres will receive raw materials for producing assistive devices for disabled people; their staff will be given technical guidance.

The ICRC will visit people held in selected places of detention to monitor their treatment and living conditions, in accordance with its standard procedures. Findings and recommendations will be communicated confidentially to the authorities. The ICRC will encourage coordination among the ministries concerned in strengthening health care at these places. Donations of dietary supplements to malnourished detainees, infrastructure upgrades and distributions of hygiene items will reinforce these efforts and help improve inmates’ living conditions. The ICRC will sustain dialogue with the pertinent authorities, with a view to ensuring its access to all detainees within its purview.

Members of families separated by conflict, detention or migration will restore and/or maintain contact through Movement family-links services. The ICRC will provide the authorities with material and technical support to strengthen their ability to manage human remains in a way that facilitates the future identification of these remains.

Armed/police forces will receive various kinds of support for incorporating IHL provisions in their training and operations, notably through the sponsorship of their participation in courses abroad. The authorities will be supported in their efforts to ratify and implement IHL-related treaties or incorporate their provisions in domestic law.

HUMANITARIAN ISSUES AND ICRC OBJECTIVES

CIVILIANS

In areas affected by armed conflict and communal tensions, civilians and medical staff and facilities are at risk of attacks and other abuses, resulting in restrictions on people’s access to basic services and livelihood. Community-run cereal banks, where people can get food during lean periods, are often poorly managed and inadequately stocked. Influxes of migrants, IDPs and, in some areas, returnees stretch communities’ limited resources; public facilities like health centres lack supplies, equipment and trained staff, and water sources are inadequate. In Agadez, French Red Cross teams provide basic health and psychosocial care for migrant communities.

Members of families separated by conflict and/or migration usually lack the means to contact each other or obtain news of missing relatives. Local capacities in managing human remains are weak.

Objective

People are respected by the authorities and weapon bearers in conformity with applicable law. Those affected by armed
conflict and other violence are able to cover their basic
needs and obtain essential services. Members of dispersed
families, including vulnerable migrants and children, restore/
maintain contact and, where appropriate, are reunited.

Plan of action and indicators

PROTECTION

- particularly in Diffa and other areas affected by clashes,
distribute six-month food rations to up to 102,000
during disease outbreaks or other emergencies, provide
to help communities in Agadez, Diffa and Tillabéry
inform people seeking or providing medical care of their
through financial aid, reinforce the capacity of French
in Agadez, Diffa, northern Tahoua and Tillabéry, upgrade
extend emergency assistance to up to 1,500 households
through financial, material and technical support, help
renovate facilities at the Diffa regional hospital and at two
broaden awareness, among local authorities in Diffa and
help four clinics deliver primary health care – including
services conducted with the livestock ministry, and
assist up to 88,600 households (531,600 people) in
improving their livestock's health, through veterinary
services conducted with the livestock ministry, and
donations of fodder
- provide up to 1,400 households (8,400 people) with
seed and farming tools to increase their harvest
- upgrade/build livelihood infrastructure (see Water
and habitat)
- help to 250 households (1,500 people) cover their needs,
through support for income generating-activities or cash
in exchange for work on community infrastructure
- train National Society staff, cereal-bank managers and
community members in implementing projects to
enhance people's economic security

Water and habitat

- in Agadez, Diffa, northern Tahoua and Tillabéry, upgrade
water systems serving up to 175,000 IDPs, refugees,
returnees and residents so that they have a stable supply
for drinking and other household needs
- support the livelihoods of up to 4,200 households (25,200
people) by repairing/constructing infrastructure for
farming and raising livestock
- renovate facilities at the Diffa regional hospital and at two
clinics serving conflict-affected patients
- conduct information sessions for community members
on good hygiene; train National Society volunteers to do
the same for refugees
- extend emergency assistance to up to 1,500 households
(9,000 people), for example through water trucking and
installation of latrines

Health

- help four clinics deliver primary health care – including
immunization, mother-and-child care, and treatment for
victims of sexual violence – in Agadez, Diffa and Tillabéry,
by:
  - providing them regularly with material, financial and
technical support
  - deploying an ICRC team (two nurses and a midwife)
to the facility in Diffa
- with local health authorities, organize immunization
campaigns in violence-prone areas to help protect
children from disease
- through financial aid, reinforce the capacity of French
Red Cross teams to provide migrants in Agadez with
preventive/curative care and psychosocial support
- during disease outbreaks or other emergencies, provide
up to three clinics with medical supplies, equipment and
staff support for up to three months

PEOPLE DEPRIVED OF THEIR FREEDOM

Overcrowding continues to strain the resources of many
places of detention, adversely affecting detainees' living
conditions and the provision of basic services, such as health
care. High rates of malnutrition and disease outbreaks among
detainees are reported. Inmates, particularly migrants, have
difficulty in contacting relatives or getting material support
from them.

Objective

Detainees are afforded treatment and living conditions in
accordance with internationally recognized standards and
applicable law. Their judicial guarantees are respected.

Plan of action and indicators

PROTECTION

- visit people held by the authorities in at least five
places of detention, to monitor their treatment and living
conditions, in accordance with standard ICRC
procedures; pay attention to the needs of security and other vulnerable detainees, including migrants, women and children – for instance, by checking if minors and women are held separately from other inmates; urge the authorities to uphold detainees' judicial guarantees.

- after these visits, share findings on the treatment and living conditions of detainees confidentially with the authorities and urge them to take steps to address these allegations; help bolster their prison management capacities and health services for inmates, through technical and material support (see below) and round-tables on these subjects.

- through dialogue with the authorities, seek to visit all detainees within the ICRC's purview, with a view to monitoring their treatment and living conditions.

- help detainees, particularly minors, maintain contact with their families through RCMs, phone calls and family visits; at the request of foreign detainees, inform their families or consular representatives of their detention; shoulder transportation costs for security detainees returning home after their release.

ASSISTANCE

Economic security, Health and Water and habitat

- help inmates in up to three places of detention obtain health care in accordance with national standards; in particular:
  - support prison health personnel, through training and technical guidance, in conducting regular medical examinations of inmates, such as for malnutrition, and in referring severe cases to external facilities; cover treatment costs for the most vulnerable.
  - upgrade infirmaries and donate equipment and, during emergencies, supplies; urge the authorities to ensure that facilities are regularly supplied with medicines.
  - facilitate coordination among the health, interior and justice ministries in providing health care for detainees, notably through a round-table; urge the parties concerned to permit consultations with specialists.

- contribute to improving the health of 1,600 malnourished detainees in three prisons, by providing:
  - dietary supplements and, where necessary, cooking equipment.
  - additional supplies during emergencies.
  - technical advice on enhancing these prisons' food-supply management.

- to improve detainees' living conditions:
  - work with the authorities to upgrade water, sanitation, ventilation and lighting systems in three prisons (some 2,000 inmates), and train prison staff in operating these facilities.
  - donate hygiene items to some 3,700 detainees and promote proper hygiene through information sessions.
  - during emergencies, renovate basic infrastructure in places of temporary detention.

WOUNDED AND SICK

Clashes in Diffa (see Context) result in influxes of wounded patients, overwhelming hospitals that have limited equipment and staff. A number of deaths at hospitals are due to a lack of blood for transfusion. Financial and security constraints hinder people from obtaining proper care.

The few physical rehabilitation centres in the country lack qualified personnel. There is no national strategy for meeting the needs of disabled people.

Objective

Wounded patients receive adequate care. Disabled people have access to good-quality limb-fitting services and physiotherapy.

Plan of action and indicators

ASSISTANCE

Medical care

- to help the weapon-wounded in Diffa receive timely and good-quality medical care, support the regional hospital there by:
  - providing supplies and equipment, such as a generator for its operating room and laboratory.
  - reinforcing the capacities of medical staff through an ICRC surgical team while urging health authorities to assign more personnel to the hospital.
  - renovating sanitation facilities and other infrastructure (see Civilians).

- train and equip National Society volunteers to deliver emergency care; refer or evacuate critically ill or wounded patients to hospitals; make ad hoc donations of medical materials to these facilities.

- through information sessions, raise awareness among the authorities and health personnel of the goals of the Health Care in Danger project.

Physical rehabilitation

- to help disabled people obtain appropriate care:
  - support two physical rehabilitation centres by providing raw materials and training technicians.
  - cover transportation and treatment costs for some 100 vulnerable patients.
  - back efforts by the authorities to ensure the sustainability of the centres, notably through staff training aimed at boosting their production of assistive devices and enhancing the centres' management.
  - help enhance services, including physiotherapy, at the Diffa regional hospital, through technical and material support.

- with the pertinent government agencies and with organizations helping people with disabilities, develop a national strategy for disabled people's social reintegration, notably through sporting events.

ACTORS OF INFLUENCE

Military and police personnel, with support from regional/international forces, help maintain security, especially in border areas. They engage in operations against armed groups and detain people suspected of belonging to these groups. At times, hostilities result in limited access by humanitarian organizations to people in need. Nigerien troops participate in peacekeeping operations abroad.

The government is incorporating IHL instruments in domestic legislation and in military doctrine and training.
Civil society plays a role in disseminating information on humanitarian issues. Religious and community leaders and the media can relay messages to armed groups and people in remote areas.

**Objective**
The authorities and weapon bearers, particularly those deployed along Niger’s borders, understand and respect IHL and other rules protecting people during armed conflict and other violence, and incorporate them in their decision-making. The media, humanitarian actors and religious and community leaders help foster awareness of humanitarian issues and IHL among all those concerned, thus securing greater respect for human dignity. All actors understand the ICRC’s mandate and support the work of the Movement.

**Plan of action and indicators**

### PREVENTION

With the National Society:
- engage in dialogue with local government and security officials, representatives of countries with troops in Niger and, where possible, armed groups, to further understanding of IHL, international human rights law and the Movement and its emblems, and support for the ICRC’s mandate and its neutral, impartial and humanitarian work for violence-affected communities; stress the need to ensure safe access for people seeking or providing medical care, and to prevent sexual violence
- encourage respect for IHL and other applicable norms among weapon bearers, through:
  - briefings on IHL for Nigerien troops, including those being deployed abroad or in border areas, and for foreign forces operating in Niger
  - training for security forces in applying international human rights law – particularly provisions linked to the use of force in law enforcement, arrest and detention, and respect for civilians, including migrants – in their operations
  - various kinds of support to help armed/police forces incorporate IHL in their training and operations, for example through sponsorship of officers’ participation in courses abroad and financial and technical assistance for producing an updated IHL manual
- organize dissemination sessions for community and religious leaders and beneficiaries of ICRC assistance; conduct similar sessions, alongside first-aid training, for members of Islamic circles and security forces, to encourage them to help collect feedback from beneficiaries and to relay humanitarian messages to people inaccessible to the ICRC
- through conferences and competitions, cultivate interest in IHL among academics, enabling them to engage in scholarly debates and produce publications on the subject, particularly on similarities between Islamic law and IHL
- inform the wider public of humanitarian issues, including the goals of the Health Care in Danger project, via radio spots and printed materials, and by enabling journalists, particularly community radio broadcasters, to attend local and regional workshops
- by providing the State officials concerned with technical advice, conducting workshops for them and sponsoring their participation in local/international IHL events:
  - help them incorporate relevant provisions of IHL in domestic legislation protecting health-care services and in their penal code, and implement the Anti-Personnel Mine Ban Convention, the African Union Convention on IDPs, and the Economic Community of West African States Convention on Small Arms and Light Weapons

### RED CROSS AND RED CRESCENT MOVEMENT

Together with the ICRC, the Nigerien Red Cross delivers assistance to refugees, IDPs and host communities. Aided by Movement partners active in Niger, it is strengthening its financial, managerial and operational capacities. To this end, it signed a coordination agreement with other Movement components in December 2015 to better define the role of each component and enable better management of joint activities.

**Objective**
The National Society has a strong legal base and adequate organizational capacity for independent action. It carries out its core activities effectively. The activities of all Movement components are coordinated.

**Plan of action and indicators**

### COOPERATION

- together with the International Federation, provide technical, financial and material support to help the National Society:
  - respond to the needs of vulnerable communities during emergencies (see Civilians), in line with the Safer Access Framework
  - update its contingency plans for the 2017 local elections
  - promote IHL and the Movement and its emblems (see Actors of influence)
- strengthen its statutes, financial management and organizational development, including the recruitment and management of volunteers
- help enhance coordination among Movement components in Niger, in line with the Fundamental Principles and the coordination agreement signed in 2015, by promoting regular information sharing and consultations, particularly with regard to managing security concerns