NIGERIAN RED CROSS SOCIETY

ANNUAL REPORT

2018













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Muhammadu Buhari PRESIDENT, COMMANDER-IN-CHIEF OF THE ARMED FORCES FEDERAL REPUBLIC OF NIGERIA

(GRAND PATRON, NIGERIAN RED CROSS)

Foreword

he Legal basis of the Nigerian Red Cross Society (NRCS) is the Act of the Parliament of Nigeria, passed and signed in 1960. This Act creates a relationship between the NRCS and the Governments of Nigeria that confers on the Society the permanent status of an auxiliary to the public authorities in humanitarian services at all times, including normal or peace times and conflicts or war times. The Nigerian Red Cross Society therefore has the role of complimenting efforts aimed at alleviating the sufferings of the **weak**, the **needy**, and the physically, emotionally and psychologically **hurt**.

The NRCS fulfills the auxiliary role by working in autonomy as guided by the seven Fundamental Principles of the Red Cross Red Crescent Movement. These Principles enable the Society to win the confidence of the people and Governments in Nigeria and gain access to those in need wherever they are. The Governments in Nigeria clearly recognise the commitment of the National Society to these Principles.

The strength of the Nigerian Red Cross Society is its team of trained and experienced Volunteers who come from and reside within the communities across the length and breadth of the Country. Their courage, devotion, professionalism and presence everywhere make the National Society the actual First Responder to situations of need. We also deeply appreciate our members who by their giving and engagement are pillars of the National Society, providing support on our journey.

The Nigerian Red Cross Society is committed to becoming the pre-eminent first responder and caregiver to vulnerable persons and victims in Nigeria. 2018 was a positive step in this direction. Working with our Partners in 2018, we impacted over One million Seven Hundred (1.7m) persons across the country through our various operations, as presented in this report. A countrywide assessment of the humanitarian situation was concluded within the year to feed into the development of our response strategy, going forward.

The Society has worked to strengthen its policy, systems and procedures. Branches have worked to train and equip their Emergency First Aid Teams to ensure they are prepared to respond to all types of crises affecting the communities. Mother's clubs, school WASH clubs, community health workers have been supported to work tirelessly to promote sound health and hygiene practices.

The revised Statutes of the Nigerian Red Cross Society was adopted in December 2018 after almost three years of selfless work. The Joint Statutes Commission of the Movement, based in Geneva, had this to say about our Statutes: "After careful examination, the Joint Statutes Commission is pleased to confirm that the text of the adopted Statutes is in full conformity with the standards set forth in the Guidance Document for National Society Statutes".

A number of core policies and guidelines were adopted within the year. These include Authority Matrix, Human Resource Regulation, Resource Mobilisation Strategy, Health and Care Strategy, Communication Resource Document (a collection of policies and guidelines), etc. Our website was re-branded.

Partnership advocacy dialogues were extended within and beyond the shores of Nigeria in 2018. The investiture of the President of the Republic as Grand Patron of the NS and a number of State Governors as Patrons of their Branches took place in 2018. Pledges were obtained for strengthened relationships with Government Agencies, Corporate bodies and Partnering National Societies. A first Partnership Round-table towards sourcing Organisational Development support for NRCS was convened in Geneva within 2018. The gains of 2018 will be consolidated in 2019. We will do all we can to ensure that the needs of the weak, the needy and the hurt in Nigeria are met.



Bolaji Akpan Anani (Elder/Chief)

National President

Executive Summary

he Nigerian Red Cross Society (NRCS) is mandated to act as a leading organisation and to take part in national preparedness and humanitarian response, it is the foremost responder, providing humanitarian assistance needed to save lives, minimise suffering and reduce risks in a timely and effective manner across the country. The year 2018 was marked by incessant North East conflict with over 16 million people displaced and about 7.1 in need of humanitarian assistance. 2018 also saw resurgence in herdsmen vs. pastoral violence with over 20,000 persons killed. Climate change effects began playing out with prolonged droughts in the north leading to continued food insecurity exacerbated by the ongoing conflict.

A decade into the North East crisis, the protracted nature of displacement has eroded coping mechanisms, significantly weakened resilience, and heightened vulnerabilities. 2018 saw additional displacement of thousands of people every month, many coming from inaccessible areas to urban centres and IDP camps of the extremely vulnerable states.

In addition to widespread violations of International Humanitarian and Human Rights Law against affected people, the humanitarian community has also come under threat. Two female humanitarian aid workers were abducted and executed in September and October 2018.

Four male aid workers were also killed the same year. These events shocked the humanitarian community and resulted in global condemnation and continued calls for the immediate release of the nurse and the remaining school girl abducted from Dapchi, Yobe State.

The Red Cross One International Appeal (OIA) North East Operation that started on 24th April 2017 and closed on 31st December, 2018 was conducted by the National Society and IFRC supported by the ICRC. The operation reached 308,000 people with health messaging, 400,000 have improved access to health care through rehabilitation of facilities; 1,500 families received seeds to improve food production and livelihood opportunities and 17 disaster-resistant model houses were been built the NRCS trained community masons to help internally displaced people and returnees.

Following the escalating spread and increase in case load of the Lassa Acute Viral Hemorrhagic Fever affecting 21 states of the Federation, the International Federation of Red Cross and Red Crescent Societies (IFRC) supported the Nigerian Red Cross Society to launch a Disaster Relief Emergency Fund (DREF) to support response activities in 6 most affected states. The Nigeria Centre for Disease Control (NCDC) activated the National Emergency Operations Centre (EOC) on the 22nd January 2018, to coordinate the response of all emergency organisations and increase surveillance through collaborative response. Operation targeted 20 communities in 14 Local Government Areas in 6 states.

The NRCS focused on four strategies where volunteers were trained, equipped and deployed to carry out 1) social mobilisation and awareness raising campaigns at various level (schools, house to house, public places, etc), 2) community surveillance. (contact tracing, active case finding and referrals), 3) household level vector control activities and waste management (Support Households with vector control kits, community level and school distribution of waste management kits), as well as 4) Psycho-social Support activities.

In September 2018, heavy rains were experienced in Nigeria which caused severe flooding in 129 Local Government Areas (LGAs) of 12 States which affected 2,321,592 people according to the National Emergency Management Agency (NEMA) situation report.

An estimated 722,741 people were internally displaced, and 351,236 people needed immediate food, shelter, WASH and health assistance. The floods expanded to more states with 22 States having exceeded 1000 affected households.

The 2018 NRCS Flood operation in 22 most affected States delivered interventions in the following four key outcome areas; (i) Health, (ii) Water, Sanitation and Hygiene, (iii) Food and Household items, and (iv Livelihood and basic needs (through cash and voucher assistance) which will also continue in 2019. Over 2000 Volunteers deployed, 116 persons were evacuated, 18,000 person were provided with First Aid, Provided Psychosocial support to 800 families and oversea the management 84 IDPs Camps. NRCS was also supported with FACT Team from Malawi, Switzerland, Swedish, American, British, Netherlands sister National Societies and IFRC. ICRC supported with in kind contribution, NFIs and Aqua tabs with logistics and distribution.

The National Society also received financial Support from NEMA, the Netherlands RC, Japanese RC, Spanish Gov, ECHO, British RC, American RC and Shell. A total of 333,684 affected people were assisted directly with various types of emergency supports and recovery materials and over 1 million people were reached with life saving messages.

In 2018, Nigeria overtook India as the country with the largest number of extreme poor. At the end of May 2018, research suggests that Nigeria had about 87 million people in extreme poverty, compared with India's 73 million. In addition, Nigeria ranks 152 out of 187 in the Human Development Index (HDI) - reported by the UN Office for the Coordination of Humanitarian Affairs (OCHA 2018).

The Nigerian Red Cross through its core programmes (Disaster Management, Health & Care and Promotion of Humanitarian Values) in 2018 directly contributed to SDGs through activities such as disaster response operations, livelihood programming, shelter, community health programmes, WASH etc. Through its interventions, lives were rebuilt, awareness on prevention of communicable diseases (Lassa fever, Cholera and Meningitis) was raised and communities were supported with adequate information and to great extent resources to prevent further outbreaks.

The National Society launched a new strategy for Organisational Development. NRCS developed the OD road map (2018-2019). Some achievements under this road map included the review and development of HR regulations, travel and per-diem policy, fraud and anti corruption policy. In the same year, The National Society launched a new strategy for Organisational Development. NRCS developed the OD road map (2018-2019). Some achievements under this road map included the review and development of HR regulations, travel and per-diem policy, fraud and anti corruption policy. In the same year, the NRCS embarked on an innovative partnership between NRCS, Norwegian Red Cross and ICRC for Finance development.

The programme is designed to strengthen the Finance systems, procedures and structures in the NRCS for an initial one year period with subsequent possible extension. Further to this, Movement Partners (ICRC and IFRC), contributed to the capacity of NRCS in cash preparedness and programming including having a Focal Person for the programme. To facilitate the implementation of the OD initiatives, ICRC embedded three staff to provide technical support.

To strengthen partnership and accountability in country, Movement Coordination platforms were established both at strategic and technical levels. In order to strengthen partnership and accountability as well as advocate for more effective partnership with the government and private sector, several advocacy dialogues were held with different government Ministries, Departments and Agencies. We thank our partners and benefactors, our committed staff, members and indefatigable volunteers for all their hard work over the past year.



Abubakar Ahmed Kende Secretary General

Acronyms

ACF Action Contre La Faim (Action Against Hunger)

AFP Acute Flaccid Paralysis

AIDS Acquired Immune Deficiency Syndrome

ANC Antenatal Care

BOCA Branch Organisational Capacity Assessment

CAP Chapter

CDC Centre for Disease Control

CEA Community Engagement and Accountability

CFAT Community First Aid

Comité permanent Inter-État de Lutte contre la Sécheresse au Sahel (The

CILSS Permanent Interstate Committee for Drought Control in the Sahel)

CMAM Community Management of Acute Malnutrition

ComFA Commercial First Aid
CRS Catholic Relief Services
DBM Dead Body Management
DM Disaster Management

DREF Disaster Relief Em ergency Fund

DRR Disaster Risk Reduction

ECHO European Civil Protection and Humanitarian Aid Operations

EHIs Em ergency Households Items

FA First Aid

FAO Food and Agriculture Organization

FEWS NET Famine Early Warning Systems Network

FRSC Federal Road Safety Corps HCiD Health Care in Danger

HCF Humanitarian Country Forum HDI Human Development Index

HHs Households

IA- EPRWG Inter-Agency Em ergency Preparedness Working Group

ICRC International Committee of the Red Cross

IDPs Internally Displaced Persons

IEC Information, Education and Communication

IFRC International Federation of Red Cross and Red Crescent Societies

IHL International Humanitarian Law

Acronyms

IRC International Rescue Committee
IYCF Infant and Young Child Feeding

MHPSS Mental Health and Psychosocial Support

MSF Medecines Sans Frontiers (Doctors without Borders)

NBS National Bureau of Statistics

NCDC Nigeria Centre for Disease Control

NEMA National Emergency Management Agency NEODC National Emergency Operation Centre

NFIs Non-Food Items

NIPDs National Immunisation Plus Days NRC Norwegian Refugee Council NRCS Nigerian Red Cross Society

NS National Society

OD Organisational Development

OPV Oral Polio Vaccine

OTP Out Patient Treatment Centres

PASSA Participatory Approach to Safe Shelter Awarenes

PLHIV People Living with HIV

PMER Planning Monitoring Evaluation and Reporting

PNS Participating National Society

RFL Restoring Family Links

RUTF Ready-to-Use Therapeutic Food SDGs Sustainable Development Goal

SAF Safer Access Framework

SAM Severely Acute Malnourished

SEMA State Emergency Management Agency
SGBV Sexual and Gender Based Violence
SIA Supplementary Immunisation Activities

SNO State Nutrition Officer SOOR Safety on Our Roads

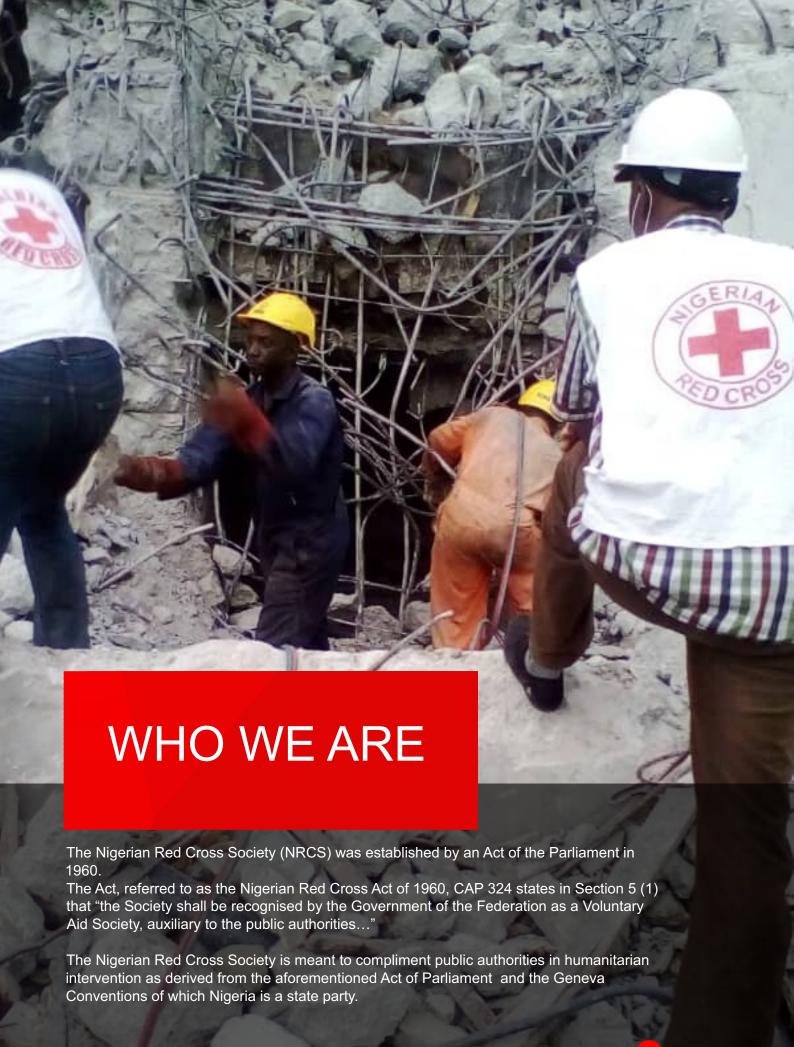
UNDSS United Nations Department of Safety and Security

UNFPA United Nations Population Fund

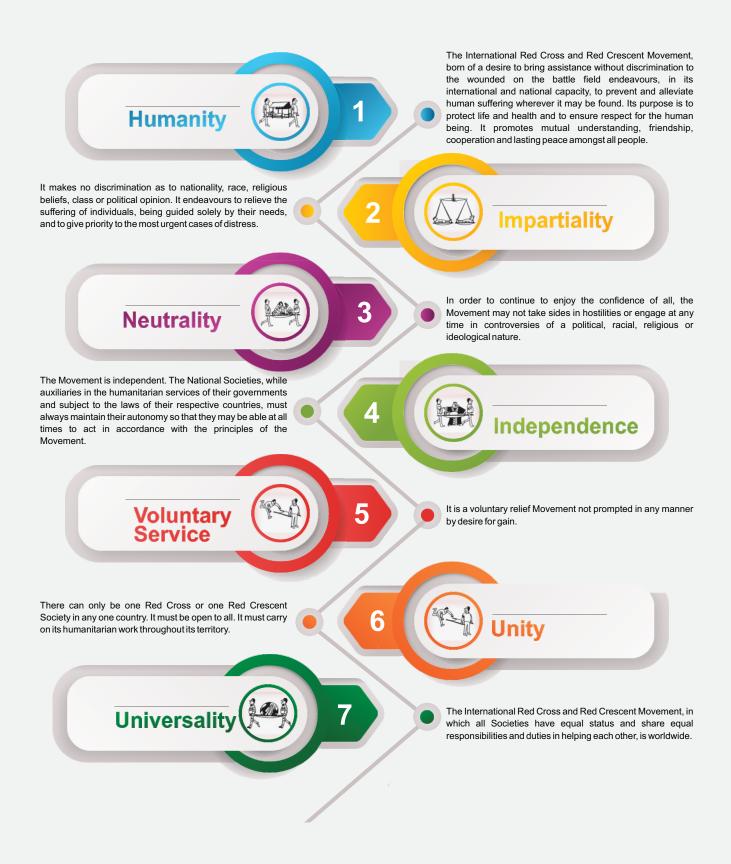
UNICEF United Nations Children Emergency Fund

UNOCHA United Nations Office for Coordination of Humanitarian Affairs

VIP Ventilated Improved Toilet
VPDs Vaccine Preventable Diseases
WFP World Food Programme
WHO World Health Organiastion



Fundamental Principles



WHAT WE DO

s an organisation with branches in all 36 States of the Federation and the FCT, and a huge volunteer base, we are often the first to respond to any disaster. As auxiliary to Government, we partner with other Government as well as Non-Government Organisations, UN Agencies and other relevant agencies to provide first-line emergency response services. We carry out search and rescue operations, evacuate the injured or people endangered by disasters and emergencies, manage shelters, restore family links, retrieve and evacuate dead bodies. Our volunteers are trained on First Aid, Emergency Preparedness and Response so they can bring life- saving assistance to people affected by disaster or emergency situations.





Our Vision

"To become a dynamic voluntary organisation that leads in the satisfaction of humanitarian needs and promoting human dignity of the most vulnerable groups"



Our Mission

"To provide timely, appropriate and acceptable humanitarian services to the most vulnerable groups through well managed programmes in Health Care and Disaster Management"





Strategic Aims & Enabling Actions

DISASTER HEALTH AND CARE MANAGEMENT Community-Based Health ◀ ► Disaster preparedness Emergency Health ◀ HIV and AIDS ◀ for Response Water and Sanitation < ▶ Response and Recovery Mental, Neo-natal and ▶ Disaster Risk Reduction Child Health Prison Sanitation < Programme **ENABLING ACTIONS** ► Building a Stronger National Society Pursuing Humanitarian Diplomacy ► Performance & Accountabilty ► Training & Capacity Building **HUMANITARIAN VALUES ORGANISATIONAL** ► Reduced intolerance, stigma & **DEVELOPMENT** discrimination Governance & Management -Reduced violence & ensured peaceful Development resolution of conflict & division within the Branch Development ◀ Membership & Volunteer Management ◄ Fuller integration of disadvantaged people Youth Development < into communities Decentralization





Investiture of the Grand Patron by the National President



igeria is a Federal Republic with thirty-six (36) States, a Federal Capital Territory (FCT), 774 Local Government Areas (LGAs) and some 9,572 political wards. The States and FCT constitute the second tier of government while the LGAs constitute the third tier of government. Nigeria is located in the Western region of Africa with a total land area of 923,768 square kilometres sharing boundaries with the Republic of Niger to the north; Chad to the northeast; Cameroon in the east; Benin in the west and the Gulf of Guinea in the south.

The democratic environment experienced by the country makes its race towards the SDGs more promising. The effects of the county's economic recession exacerbated the humanitarian crisis occasioned by the insurgency in the North East region which has affected an estimated 10 million people. It has also been propelled by the militancy and attendant environmental degradation in the Niger Delta region.

In a nutshell, the country faces many challenges in her efforts to meet the SDGs, including, but not limited to poverty, insecurity, social inequality, youth unemployment, gender inequality, limited funding, the absence of inclusive growth, as well as prevalent weak institutional capacities. (Implementation of the SDGs: A National Voluntary Review).

The Nigerian Red Cross in 2018 through her Health Care and Disaster Management programmes continued to work with eyes on the SDG benchmark. Her operations during the period were aimed at contributing meaningfully to these goals. Over a million people were reached with the life-saving assistance from her operations.

As a people centred Organisation, the Nigerian Red Cross Society played a significant role in the country's humanitarian response. Guided by the Strategy 2020, its core areas of focus (Disaster Risk Reduction, Shelter, Livelihood, Health, Water, Sanitation and Hygiene, Culture of non-violence and peace, Social Inclusion and Migration) all add up to the 5 themes and 17 targets that form the SDGs.

An integrated approach is continuously being adopted for better service delivery as operations are carried out bilaterally with Partners. The NRCS is not holding back in its effort to join hands with all stakeholders as it moves towards its strategic goals.

The NRCS will continue to place people at the centre of its operations in the most humane way possible while working towards our Strategy 2020 and the SDGs. This report shows how the NRCS impacted on the SDG in 2018.

Areas of Focus



Disaster Management

Strategic Aim 1 Disaster Management

Saving lives, protecting livelihood and preparing for recovery from disasters including implementation of risk reduction interventions



To meet this Strategic Aim of "saving lives, protecting livelihood and preparing for recovery from disasters, including implementation of risk reduction interventions", the NRCS carries out humanitarian work in times of peace, emergencies and conflicts. The Disaster Management Department in synergy with the Health Department adopts a holistic approach in providing humanitarian assistance to the affected. The three areas of the DM programme are Disaster Preparedness for Response; Response and Recovery; and, Disaster Risk Reduction.

Disaster Preparedness for Response: The NRCS disaster preparedness programs enabled the branches to respond to most disasters that took place. Some of the activities included first aid training, contingency planning, simulation exercises including pre-positioning of relief items.

Disaster response and recovery: NRCS with the support of her partners responded to disasters that took place across the country and met the basic needs of over a million people who were affected addressing not only their immediate needs but also provided sustainable solutions for the affected population.

Disaster Risk Reduction: NRCS worked with communities to draw up vulnerability and capacity assessment which helped identify hazards and vulnerabilities peculiar to the targeted communities. The communities were actively engaged to draw up mitigation measures and establish and or strengthen early warning systems.

Disaster Preparedness for Response

Focus in 2018 was placed on strengthening the Society's preparedness, particularly at Branch level, in order to effectively respond to emergencies in coordination with relevant stakeholders. The NS strengthened its disaster preparedness through First Aid Training, Safer Access Training and encouraging Branch multi-hazard contingency planning (which included pre- positioning of relief stock, equipping of trained volunteers and sustaining networking through increased partnership with other Emergency Response Partners and relevant stakeholders).

Disasters affect many people every year and the NRCS being at the forefront of most responses, continually seeks to strengthen its disaster preparedness effort which is key to save lives. Contingency Planning and Preparedness is a core activity for the NRCS. Multi-hazard contingency plans were prepared by Branches, including the election Contingency Plan ahead of the 2019 elections. The plans reflected high risks mapping of each identified hazard with each branch plan reflecting their areas of priorities. Based on this, a consolidated national plan was developed based on a risk matrix. Training and refresher training of EFAT response teams, were also conducted as well as simulations to rehearse procedures in readiness for emergencies.

re-positioning of relief items was also a critical component of the plan to achieve effective disaster response. During the 2018 flood and in preparation towards the 2019 elections, relief and operation items were prepositioned at warehouses and stores in strategic locations. The establishment of emergency stockpile was to support the life-saving operation going on during the flood's response. The distribution of both Food and Non-Food Items went a long way to provide support for affected persons.

Branch	Strecthers	First Aid Kit Type 1	Personal Kits	Total Kits Per Branch
Abia	3	3	48	56
Adamawa	4	6	53	59
Akwa Ibom	4	7	53	60
Amambra	1	0	48	48
Bayelsa	1	0	48	48
Bauchi	3	0	53	53
Benue	4	6	53	59
Borno	4	6	53	59
Cross River	1	0	48	48
Delta	1	0	48	48
Ebonyi	1	0	48	48
Edo	3	3	53	56
Ekiti	2	2	53	55
Enugu	1	0	48	48
FCT	1	0	48	48
Gombe	1	0	48	48
lmo	4	7	53	60
Jigawa	3	3	53	56
Kaduna	4	10	53	63
Kano	4	6	53	59
Katsina	3	0	53	53
Kebbi	1	0	48	48
Kogi	3	3	53	56
Kwara	4	7	53	60
Lagos	4	3	53	56
Nasarawa	3	3	53	56
Niger	4	0	53	54
Ogun	1	0	53	53
Ondo	1	0	48	48
Osun	1	7	53	60
Oyo	4	7	53	60
Plateau	3	3	53	56
Rivers	4	6	53	59
Sokoto	4	7	53	60
Taraba	1	2	48	50
Yobe	4	10	53	63
Zamfara	3	3	53	56
NHQS	0	0	94	94
38	91	120	2,000	2,120

Table 1: Election Preparedness Items

TOTAL



n order to achieve its aim of being the first responder, especially with the ongoing situations in the North East, North Central and some states in the South-South zones, the NRCS continually builds the capacity of its staff and volunteers through Emergency First Aid training (EFAT) to enable them deliver first line management to emergency cases. 443 EFAT trainings were conducted for EFAT members.

These teams of Emergency First Aiders are also trained on dead body management. In addition to the various trainings are simulations carried out to ensure that response procedures are based on standards.

Besides the core EFAT, community based volunteers especially in areas of conflict and hard-to-reach communities are trained to carry out First Aid through the Community First Aid (CFAT) Programme. The programme is aimed at enhancing communities' internal emergency response by training more community based volunteers to provide timely and effective response to conflict related emergencies. in 2018, 222 Community First Aid Training were held Commercial and Work place First Aid trainings were also carried out for companies and partners/ stakeholders/general population respectively.

In 34 branches of NRCS, Thirty-Six Thousand and Four Hundred and Twenty-Three (36,423) persons were trained on First Aid at all levels (i.e. EFAT, CFAT and ComFA).



S/N	Branch	First Aid					
		Male	Female	Total			
1	Abia	290	242	532			
2	Adamawa	2493	1409	3902			
3	Akwa Ibom	409	359	768			
4	Anambra	1465	1539	3004			
5	Bauchi	782	541	1323			
6	Borno	678	497	1175			
7	Benue	230	126	356			
8	Cross River	383	363	746			
9	Delta	1464	1076	2540			
10	Ebonyi	151	119	270			
	Edo	227	189	416			
12	Ekiti	344	297	641			
	Enugu	395	286	681			
	FCT	229	353	582			
15	Gombe	209	93	302			
16	Imo	309	289	598			
17	Jigawa	317	91	1 408			
	Kaduna	2848	2294	5142			
	Kano	410	349	759			
20	Katsina	67	56	123			
21	Kogi	101	102	203			
	Kwara	205	178	383			
	Lagos	715	493	1208			
	Nasarawa	117	87	204			
	Ogun	420	457	877			
	Ondo	796	692	1488			
27	Osun	492	385	877			
	Oyo	694	590	1284			
	Plateau	564	484	1048			
	Rivers	431	325	756			
31	Sokoto	116	97	213			
	Taraba	231	182	413			
	Yobe	1887	553	2440			
_	34 Zamfara		158	761			
Total 21072 15351 3				36423			

Table 2: Persons trained on First Aid at all levels

Table 2: Persons trained on First Aid at all levels



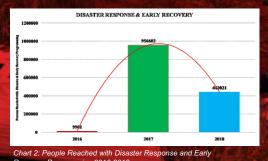
Chart 1: Persons trained on First Aid at all levels

Capacity of NRCS volunteers on First Aid has been built over the years. The chart above reveals that in 2016, 7,394 people trained in first aid were reported while in 2017, 12,614 people were reported. That represented a 171% increase from 2016 to 2017. In 2018, 36,423 persons were trained on First Aid at all levels which represented a 289% increase from 2017 to 2018.

Response and Recovery

very year, disasters put millions of Nigerians in dire situations of danger. Lives and properties worth billions of Naira are lost. But every year, the Nigerian Red Cross Society (NRCS) is on the job —as part of a team helping communities reduce risk, collaborating with other Emergency Response Partners to provide humanitarian assistance, and helping people get back on their feet after their lives are disrupted by disasters.

These life-saving aid helped stabilise living conditions for the vulnerable and affected populations. With support from Government and in-country Movement Partners and other PNSs, NRCS reached out to the vulnerable through the much needed support.



Movement Partners.

Chart 2 above indicates that in 2016, 9,901 people were reached by disaster response and early recovery programmes while in 2017, 956,602 people were reached. That represented a 9,662% increase. The trend however dropped in 2018 due to rise in insecurity in some areas in the North East states which led to a 46% decrease where 442,021 persons were reached compared to the 956,602 in the previous year. In spite of operational challenges which stalled response and recovery interventions especially in the last quarter of the year, NRCS still reached the most vulnerable with emergency and recovery programmes with great support from her Movement and Non

9



NRCS Volunteers Respond in an accident scene

Every four hours, no fewer than two lives are lost on Nigerian roads. And every year, about 20,000 of the 11.654 million vehicles in the country are involved in accidents (National Bureau of Statistics (NBS), Federal Road Safety Corps (FRSC).

According to the NBS and the FRSC, the number of lives lost to road traffic accidents from January 2013 to June 2018 are as follows: 2013 - 5,539; 2014 - 4,430; 2015 - 5,400; (FRSC): 2016 - 5,053; 2017 - 5,049; January to June, 2018 - 2,623. In the first quarter of 2018, the NBS said that 1,292 people died in 2,482 road accidents in Nigeria.

Speed violation was reported as the major cause of road crashes in Q1 and it accounted for 50.81 per cent of the total road crashes reported. Sunday Vanguard's tally indicated that between July and September 7, 2018, no fewer than 126 lives had also been wasted in road crashes.

Summation of these figures gives a heartrending total of 28,195 lives crushed in 68 months, an equivalent of 415 lives per month, 14 persons per day, and two lives every four hours. This makes Nigeria one of the countries with very high road fatalities in the world.



NRCS considers injury prevention a public health priority and road traffic accidents is important because of the prediction that in 2020, road traffic deaths and injuries will exceed HIV/AIDS as a burden of death and disability. NRCS Volunteers on a road walk to create road safety awareness.

Besides her response operations (which include provision of first aid services to casualties, referrals and evacuation to health facilities), NRCS also helped to reduce road accident related morbidity and mortality through its Safety on Our Road Activities (SOOR) where road users and transport unions are targeted with safety promotion and accident prevention messages disseminated through radio shows, road walks, sensitisation campaigns.



FRSC Officers receiving First Aid training from NRCS FA Trainer

NRCS also collaborated with the Federal Road Safety Corps (FRSC) to build the capacity of their officers to administer first aid. This was carried out in several branches including Anambra, Delta, Enugu, Kaduna, and Kano. This collaboration has enhanced response during rescue missions in road traffic incidences.

Based on the branches incidence reports collated from 13 States, 1,010 cases of Road Traffic Accidents were responded to and 2.906 casualties of RTA incidences were provided with first aid by NRCS response teams.



1,010
Cases of Road Traffic Accidents responded to
2.906
Casualties of RTA incidences provided with first aid





Akwa Ibom • Anambra • Borno • Delta • Enugu • FCT • Imo • Kaduna • Lagos • Ogun • Ondo • Osun • Rivers

Fire Outbreaks

Building Collapse



NRCS Volunters receiving training on the use offire extinguisher



NRCS Volunteers and other response partners on a search and rescue mission in a collapsed building site

There were cases of fatal fire incidences in homes and public buildings which resulted to loss of lives and properties. 2018, NRCS response teams worked with the Federal Fire Service to carry out fire safety activities in 11 branches.



745

cases of fire incidents were reported through 11 branches



1,706

first aid provided for persons affected by fire in both public and residential buildings.



Anambra • Borno • Delta • Ebonyi • Enugu • Kaduna • Lagos • Ogun • Ondo • Rivers • Sokoto

Building collapse carries the risk of human injury and death. Incidences of building collapse were recorded in 2018.



41

cases of building collapse reported through by 10 branches, NRCS activated search and rescue teams that responded to 36 cases,



288

Casualties were provided first aid for.

Branches

Anambra • Delta • Enugu • FCT • Imo • Kaduna • Lagos • Ogun • Rivers • Sokoto



n June 2018 different parts of the country witnessed torrential rain falls resulting in widespread flooding. Houses collapsed and farmers' livelihoods were affected when floods water washed away hundreds of hectares of farm lands with matured crops approaching harvesting.

The floods rampaged several communities in the affected States. Farmlands and farm produce were washed away in several communities.

As at July 13,279 persons were displaced, more than 300,000 people directly affected, 50 people hospitalised, 209 persons injured, 42 deaths and one person missing as well as damages to several hectares of farmlands.

With crops such as yam, cassava, millet, rice, maize, guinea corns, beans, onions and many other crops including domestic animals such as sheep, goats and birds from poultry farms were washed away. Critical infrastructure like roads, culverts, bridges, telecommunication masts, base stations, grid lines among others were damaged with some major roads becoming unpassable.

In response to the disaster, the Nigerian Red Cross Society mobilised over 2,000 volunteers and supported affected communities with evacuations, search and rescue, distribution of food and essential household items, provided first aid, psycho-social support and sensitised communities on good hygiene practices, also provided were cash grants through the Cash Transfer Program and Non-Food Distribution.



10,000

affected persons were provided with assistance by the NRCS including those in hard to reach communities.



NRCS worked with her Movement Partners; International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies, American Red Cross, British Red Cross, Norwegian Red Cross, Swedish Red Cross (all through IFRC) and non-Movement Partners (ECHO, UNICEF and Shell) to provide interventions during the response.

NRCS flood response partners











British Red Cross







							ds Assistanc	e Statistics	;					
S/N	States	LGAS	No. of Camps	No. of HH for Food	No. of HH for EHIs	Food +	Rice (50Kg)	Beans (24Kg)	Veg. Oil (10Kg)	CSB (36Kg)	Salt (1Kg)	Aqua tabs	EHIs (1/HH)	Distribution
1	Adamawa	3	3	500	60	560	25,000	12,000	5,000	18,000	500	45,000	60	Done
2	Anambra	-	4	1,000	1,000	2,000	50,000	24,000	10,000	36,000	1,000	90,000	1,000	Done
3	Bayelsa	3	7	500	60	560	25,000	12,000	5,000	18,000	500	45,000	60	Done
4	Benue	-	3	200	-	200	10,000	4,800	2,000	7,200	200	10,607	-	Done
5	Cross River	-	5	200	-	200	10,000	4,800	2,000	7,200	200	18,000	-	Done
6	Delta	-	8	1,700	1,700	3,400	85,000	40,800	17,000	61,200	1,700	153,000	1,700	Done
7	Ebonyi	-	2	100	-	100	5,000	2,400	1,000	3,600	100	5,303	-	Done
8	Edo	2	4	400	-	400	20,000	9,600	4,000	14,400	400	36,000	-	Done
9	Enugu	1	3	100	-	100	5,000	2,400	1,000	3,600	100	9,000	-	Done
10	Imo	2	2	100	-	100	5,000	2,400	1,000	3,600	100	9,000	-	Done
11	Jigawa	2	2	400	-	400	20,000	9,600	4,000	14,400	400	36,000	-	Done
12	Kano	2	2	400	-	400	20,000	9,600	4,000	14,400	400	36,000	-	Done
13	Katsina	-	3	200	-	200	10,000	4,800	2,000	7,200	200	10,607	-	Done
14	Kebbi	3	10	500	60	560	25,000	12,000	5,000	18,000	500	45,000	60	Done
15	Kogi	4	8	1,000	1,000	2,000	50,000	24,000	10,000	36,000	1,000	90,000	1,000	Done
16	Kwara	1	6	200	-	200	10,000	4,800	2,000	7,200	200	18,000	-	Done
17	Niger	5	16	1,000	1,000	2,000	50,000	24,000	10,000	36,000	1,000	90,000	1,000	Done
18	Oyo	-	5	100	-	100	5,000	2,400	1,000	3,600	100	9,000	-	Done
19	Rivers	2	6	500	60	560	25,000	12,000	5,000	18,000	500	45,000	60	Done
20	Sokoto	6	-	200	-	200	10,000	4,800	2,000	7,200	200	10,607	-	Done
21	Taraba	2	2	500	60	560	25,000	12,000	5,000	18,000	500	45,000	60	Done
22	Zamfara	1	3	200	-	200	10,000	4,800	2,000	7,200	200	10,607	-	Done
	22 States	39	104	10,000	5,000	15,000	500,000	240,000	100,000	360,000	10,000	866,731	5,000	Grand Total

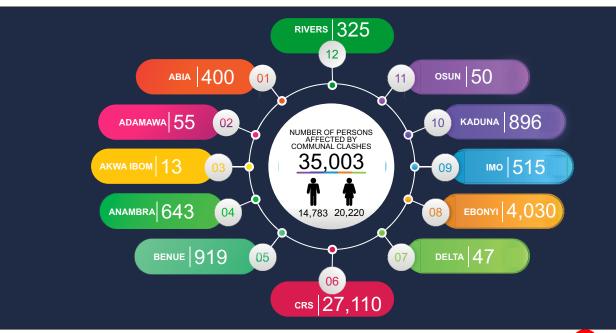
Table3: Flood Operation Assistance

Conflict Related Response

and remains central to communal clashes in Nigeria, especially in Adamawa, Akwa Ibom, Anambra, Benue, Cross River, Delta, Ebonyi, Nasarawa, Plateau and Taraba States. Benue state recorded 505 deaths.

Majority of the fatalities occurred in Guma and Logo LGAs, where New Year attack by suspected herdsmen claimed over 50 lives. Inter-state boundary conflicts were also reported in between Akwa Ibom/Cross River, Benue/Taraba, Cross River/Ebonyi and Delta/Edo. (Nigeria Watch: 8th Report on Violence 2018).

While building capacities of community members in conflict prone communities on first aid to provide first line management in emergencies, the NRCS also integrated alternative to violence messages in the 10 States were communal clash incidences were reported as well as promoting messages on its Fundamental Principles. Community First Aid (CFAT), was also used as an entry point in communities that were either prone to violence, hard-to-reach or not easily accessible to health care services. 2,063 trained responded to various emergencies.





Shelter

ccording to the 2018 Humanitarian Response Plan, displacement and destruction of homes and infrastructure have caused significant shelter needs in North East resulting in one third affected population living in emergency family shelter while another thirdlive in self-made or make-shift shelters. Short, medium and long-term shelter and settlement assistance were provided as well as technical support, guidance and awareness raising in safe shelter design, settlement planning and improved building techniques through its Participatory Approach to Safe Shelter Awareness (PASSA) method.

This approach aims to raise the awareness of everyday risk related to their environment and foster locally appropriate safe shelter and settlement practices It also offers a simple process (facilitated by Red Cross volunteers and technical advisors), through which affected communities can build upon their own insight, skills and leadership to attain improved living conditions and safe habitats. In 2018, 4,550 Households received shelter kits through the NRCS shelter programme. This meant a 143% increase compared to the number reached in 2016 (3,189) and a 2676% increase compared to the number of persons reached in 2017.

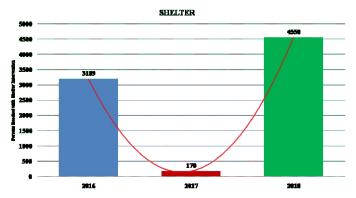
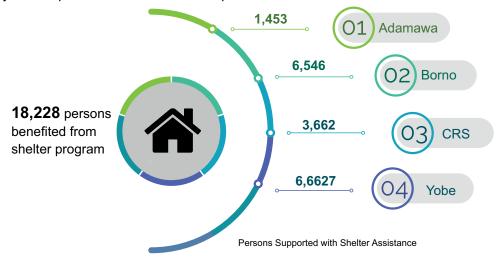


Chart 3: Persons Reached through Shelter Programming - 2016- 2018

3,038 HHs (approximately 18,228 persons) benefited from the housing units built under the shelter program in Adamawa, Borno, Cross River (due to the refugee situation), and Yobe states. Affected HHs benefited from both recovery and temporal assistance both in camps and IDP host communities.



Dead Body Management



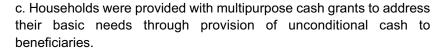
Conflict related deaths were recorded during the period. NRCS response teams used ICRC provided body bags and protective equipment to effectively handle the dead during emergency evacuations. This service was provided for 346 affected casualties



Livelihood

he livelihood programme of the NRCS helps communities, especially in disaster and crisis affected areas cope with and recover from the devastating effects of the crises, maintain or enhance their capabilities and assets and support their livelihoods. This was basically through:

- a. Basic needs assistance for livelihoods security including food provided to the most affected communities. Food distribution, clothes distribution and other relief items were provided in response to basic needs.
- b. Household livelihoods security enhanced through food production and income generating activities. Food production & income generation were achieved through seed distribution as well as cash transfer.





Beneficiary of NRCS Livelihood Programme

Food & Non-Food Items

Food production was also improved for targeted households through provision of agricultural inputs. 64,401 persons) benefited from agricultural support provided by ICRC through the NRCS in .Adamawa, Borno and Yobe States

Person Assisted with Agricultural Inputs for Enhanced Food Production



9,065 HHs (54, 389 persons) were provided with food items. Of this number, 5,963 HHs (35,777 persons) received food assistance through emergency food distribution especially in were not functioning properly and supply chain were disrupted while 3,102 HHs (18,612 persons) benefited from cash for food in areas where markets were functioning.

7,819 displaced and affected HHs (46,914 persons) both in the North East and flood-affected areas received Essential Household Items (EHIs) to improve their living conditions. The assistance was primarily one-off addressing the immediate needs of the affected population.

S/N	D	Food Distribution				
	Branches	Male	Female	Total		
1	Adamawa	1120	710	1830		
2	Anambra	589	411	1000		
3	Bayelsa	247	253	500		
4	Benue	110	90	200		
5	Borno	2784	3979	6763		
6	CRS	3488	4951	8439		
7	Delta	821	879	1700 100		
8	Ebonyi	49	51			
9	Enugu	201	799	1000		
10	Edo	169	231	400		
11	Imo	38	62	100		
12	Jigawa	230	170	400		
13	Kaduna	2346	2599	4945		
14	Kogi	270	1630	1900		
15	Katsina	89	111	200		
16	Kano	189	211	400		
17	Kebbi	203	297	500		
18	Kwara	180	220	400		
19	Niger	411	589	1000		
20	Oyo	48	52	100		
21	Rivers	219	281	500		
22	Sokoto	98	102	200		
23	Taraba	219	281	500		
24	Yobe	1500	1000	2500		
25	Zamfara	112	88	200		
Total 15730 20047 35				35777		

Table 4: Beneficiaries reached with Food Items



Beneficiary of Agricultural Input Support







displaced and affected persons both in the North East and flood- affected areas received Essential Household Items (EHIs) to improve their living conditions.





Adamawa • Anambra • Bayelsa • Borno • CRS • Delta • Enugu • Imo • Kebbi • Kogi • Niger • Ogun • Ondo • Rivers • Taraba

The assistance was primarily one-off Aged beneficiary being assisted by NRCS volunteer addressing the immediate needs of the affected population.

In consideration of global trend of using cash as a tool to respond to the emergency needs of affected populations, cash transfer programming (CTP) was used to serve the needs of the affected population. CTP availed beneficiaries with a range of advantageous options to benefit from such as the transfer power, choice of modality, dignity, flexibility amongst. Cash for food, cash for agricultural implements and unconditional cash transfer modalities stood out in the year under review reaching out to thousands of affected households.

This mechanism of cash transfer was used as an alternative to in-kind assistance where local markets were functioning and able to meet demand. It also proved to be flexible since beneficiaries had the liberty to choose what they needed.

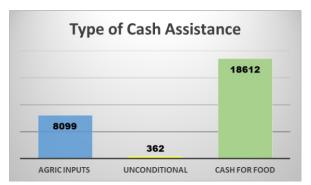


Chart 2: Persons reached with type of cash assistance

It was adopted to meet different purposes, Cash for food, cash for agricultural inputs and unconditional cash transfer. Through the cash transfer programming, 53,578 persons were provided with cash to meet different needs.

	D	CTP					
S/N	Branches	Male	Female	Total			
1	Adamawa	2221	1858	4079			
2	Bauchi	212	493	705			
3	Borno	5604	5745	11349			
4	CRS	4467	4009	8476			
5	Kaduna	Kaduna 823 4123		4946			
6	Katsina	266	60	326			
7	Niger	60	17	77			
8	Ogun	106	121	227			
9	Ondo	83	53	136			
10	Taraba	1992	4066	6058			
11	Yobe	9188	8011	17199			
	Total	25022 28556 5357					

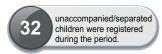
Table 5: Number of Beneficiaries who Cash Assistance



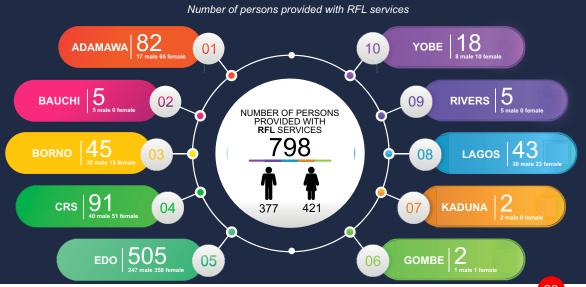
he conflict in the North East and other situations of violence across some other parts in the country have left a negative impact on family unity. In 2018, the NRCS supported by ICRC implemented RFL activities with the aim of connecting displaced family members who have lost touch with each other. 83 NRCS volunteers were trained on RFL in order to respond to the growing needs of separated/missing persons. These services supported affected persons through registration, active tracing of unaccompanied children as well as facilitated family reunification.











Disaster Risk Reduction

he overarching goal of DRR for the NRCS is for communities in high risk areas to be prepared for and able to respond to disasters. The NRCS in 2018 worked with communities to develop vulnerability capacity assessment and mapping. It also supported communities to conduct context specific disaster mitigation and preparedness activities at community levels. Disaster Risk Reduction messages were integrated into response operations as well as health interventions. Early Warning Sensitisation sessions were held reaching 50,039 persons.

Community awareness raising programmes on climate change risks, tree planting sessions, and environmentally responsible practices were conducted in targeted communities were supported to refurbish existing early warning mechanism especially at the onset of the floods. The activities contributed to SDG 13 (Green Action)

Number of persons reached with DRR programming



50,039



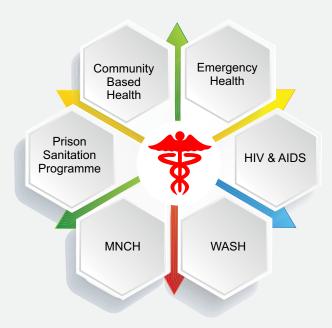
Persons reached with
Disaster Risk Reduction Programme

16 Branches Adamawa • Anambra • Delta • Ebonyi • Edo • Imo • Kaduna • Kano • Lagos • Nasarawa • Ogun • Oyo Plateau • Rivers • Yobe • Zamfara

Strategic Aim 2

Promoting an enabling healthy and safer living environment

Health and Care



trategic Aim 2 of the NRCS is Health and Care with the goal to "promote an enabling healthy and safer living environment". The health sector generally faced daunting challenges both in conflict and non-conflict areas. The situation is however worse off in conflict areas where community access to proper health care has been compromised as most health facilities have been either shut down or destroyed.

At the community level (in both host communities and IDP camps), there are risks of epidemics and other preventable diseases due to both low knowledge and capacity to address and prevent the impact.

NRCS provision of health services was to ensure that the health and dignity of the vulnerable was improved through access to appropriate health services including Maternal, Neo-Natal and Child Health (MNCH) programmes, Reproductive Health Services, Health Promotion, Voluntary Blood Donation, Nutrition and other health related prevention messages. These services helped communities identify and reduce health risks.

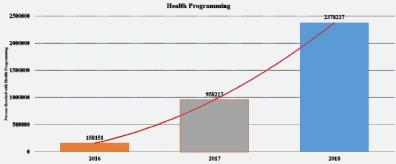


Chart 3:People reached with health programming 2016-2018

2,378,227 people were reached through the NRCS Health Programmes. The chart shows a steady increase in the number of people reached with this type of intervention. From an increase of 606% in 2017 (958,217 persons reached) to a 248% increase in 2018.

Maternal, Newborn, Child Health and Nutrition

hrough her Health Care programme, NRCS contributed to the SDG3 goals specifically 3(1) which seeks to "reduce the global maternal mortality ratio to less than 70 per 100,000 live births" and and 3(2) which seeks to "end preventable deaths of newborns and under-five children"

To respond to the health and nutrition needs of women, newborns and children under 5 years old, the NRCS implemented the Maternal, New-born and Child Health Programme which aimed to improve maternal, new-born and child health and routine immunisation by supporting the Ministry of Health through community mobilisation and awareness creation programmes, mobilised the community and created demand for routine services, screened for acute malnutrition in children and referred to health facilities as well as provided health education on key household practices.

Efforts were focused on addressing malnutrition, polio, measles as well as reproductive health of mothers. Through her Mother's Club Units, Mother-to- Mother sessions were used as mechanism to empower and educate women. During the sessions, the women's groups were encouraged to seek increased appropriate care seeking (including ANC and institutional delivery) and appropriate home prevention and care practices for themselves and their babies.

Polio



NRCS volunteers administering vaccines in partnership with MoH during RI rounds



NRCS volunteers supporting the medical teams during outreaches

With support from IFRC, NRCS supported four rounds of polio campaigns in Borno State, Nigeria between July 2017 and July 2018. 500 Red Cross volunteers were engaged in the October/November 2017 SIA, while 1000 RCVs participated in January and April SIAs rounds respectively. A total of 1,032,039 under five children were mobilised for OPV vaccination through these rounds.

The Red Cross reported 33 AFP cases in January 2018, where 22 cases were old cases. Five out of the 11 new AFP cases were true AFPs. In the April 2018.

SIA, 27 AFP cases were reported, of which 21 NRCS volunteers supporting the medicalteams during outreaches Medical outreach services were also conducted by the NRCS in partnership with the SMOH in the various health programmes carried out. The outreach services aimed to enhance access to health services in underserved areas as well as strengthen referrals and create demand for health services in rural and or hard-to-reach communities.



18,342

persons were reached during the medical outreaches.



1,7678,275

persons reached with Maternal Neo-Natal and Child Health. Male: 86,7045 Female: 90,1230

Number of persons reached with MNCH programmes



Adamawa • Anambra • Borno • CRS • FCT • Lagos • Nasarawa • Yobe • Zamfara



Nutrition

alnutrition and nutrition-related morbidity and mortality continue to be a problem of great public health importance. In recent years, some States particularly in the North Eastern Nigeria, have been embattled with various public health emergencies entangled with heightened insurgency and displacement of population. This has resulted in increased suffering of women/mothers' and under-five children deprived of basic health need like immunisation and nutritional foods.

With support from UNICEF Nigeria through the IFRC, needed services were provided to reduce the level of malnutrition among children in North East Nigeria. The main aim of the project was to reduce cases of malnutrition in children in the targeted communities through the provision of integrated health and nutrition services. The project was implemented in 6 wards of Gombi LGA in Adamawa, 4 wards in Fika LGA and 4 wards in Postikum LGAs both of Yobe State.



NRCS volunteers supporting health staff atfacility during MUAC screening for children

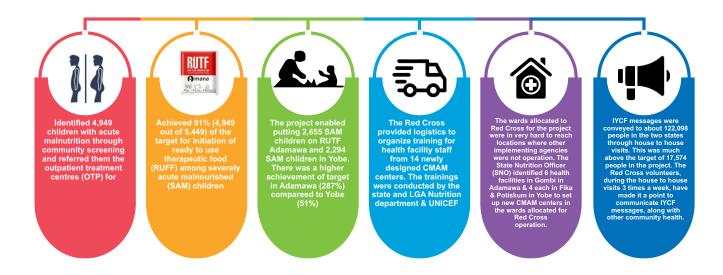


Mother-to-Mother Group Session

To strengthen the nutrition component, Mother-to-Mother groups were also formed to guide mothers develop context specific nutritional plans for children as well as build income generating capacity. **15,695** women were trained in nutrition activities and referrals through Mother-to-Mother group sessions.

Key Results

Provision of integrated Health and Nutrition (CMAM-IYCF) Service



Measles

easles ranks high among the diseases of epidemic potential in the world. Data from outbreak investigations reveal that less than 10% of cases are below age nine months due to the presence of maternal antibodies in children up to 6-9 months of age (WHO Epidemiological History).

Majority of measles cases occur among non- immunised children, and outbreaks occur in populations with low immunisation coverage. The measles campaigns, aimed at strengthening Routine Immunisation, contribute to the reduction of disease morbidity and mortality due to Measles and Rubella diseases among children <59 months old, especially those living within slum communities, and the education of mothers to accept health care delivery and immunisation as key to preventable diseases and to take their children to health facilities and outreach services to receive RI.

113,066 children (9-59 months) were visited and immunised under the measles project by the NRCS with support from American Red Cross through the IFRC. **82,536** persons were reached with immunisation promotion messages during NIPDs. Fixed and outreach social mobilisation sessions were also used to reach communities and encourage caregivers to actively participate and ensure children were immunised. **1,776** under one were line listed while those who defaulted were tracked and referred to health facilities.

Reproductive Health

NRCS in 2018 collaborated with UNFPA to reduce maternal mortality and morbidity through storage and distribution of Reproductive Health and Dignity Kits in the South-South and North East both at health facilities and at IDP camps. The partnership also strengthened community sensitisation and capacity building for Red Cross volunteers and community members to improve Sexual Reproductive Health Services and reducing Sexual and Gender Based Violence in the communities. NRCS in 2018 collaborated with UNFPA to reduce maternal mortality and morbidity through storage and distribution of Reproductive Health and Dignity Kits in the South-South and North East both at health facilities and at IDP camps. The partnership also strengthened community sensitisation and capacity building for Red Cross volunteers and community members to improve Sexual Reproductive Health Services and reducing Sexual and Gender Based Violence in the communities.

Community level activities under the reproductive health programme included demand creation on Reproductive Health services including Ante-Natal Care (ANC), treatment for under 5 children, as well as medical outreaches for the general population. HIV testing and counselling services were also provided for during the outreaches as well as psycho-social support, treatment of diarrhoea /gastroenteritis and malaria, including provision of mosquito nets for pregnant and lactating mothers.



Pregnant woman linked to Health Facility for ANC services by NRCS Volunteer

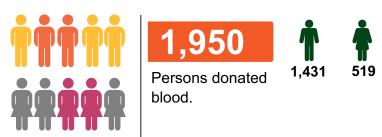


Reproductive Health kits delivered to health facilities by NRCS with supportfrom UNFPA

Blood Donation

s part of her life- saving programmes, the NRCS mobilises eligible volunteers for regular blood drive. The Red Cross considers blood donation as a gift of life as such worked with the Nigerian Blood Transfusion Agency as well as health facilities to carry out blood donation activities. **1,950** pints of blood were donated by NRCS volunteers in 2018.

Number of NRCS Volunteers who donated blood





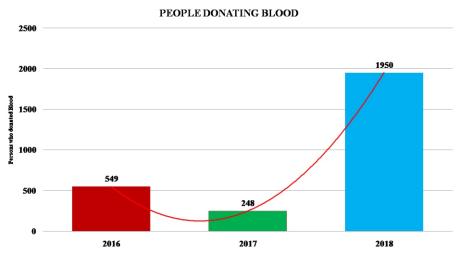


Chart 4: People donating Blood 2016 - 2018

Psycho-Social Support

The protracted conflict in the North-East has induced trauma, panic, and depression as a result of incessant attacks since 2009. The need for psycho-social support is growing as the affected people need support to help them recover from the loss of their family members; injuries to themselves, damage to property; displacements, family separation and loss of livelihoods. With support from ICRC and IFRC, communities and affected persons were supported to effectively respond to health and psycho-social needs.

Camp MHPSS	Number	Reached	1
Number of persons reached through group counselling sessions	332	636	968
Number of clients reached through camp psycho-education sessions	836	1992	2828
Total Reached in Camps	1168	2628	3796
Hospital MHPSS			
Number of clients reached through individual counselling sessions	549	225	774
Number of clients reached through psycho-educational sessions	1177	374	1551
Number of children reached through hospital psychosocial sessions	1144	961	2105
Total Reached in Hospitals	2870	1560	4430
Total reached in camps and hospitals	4038	4188	8226

Table 6: Number of persons reached with MHPSS services in camp and hospital settings



Health Care in Danger

cts and threats of violence against health care facilities, health care personnel, and other humanitarian workers are crucial issues that can no longer be ignored. Sadly in November 2018, the humanitarian community was plunged into mourning following the killing of Saifura Hussaini Ahmed Khorsa and Hauwa Mohammed Liman, midwives with the International Committee of the Red Cross (ICRC). Both were abducted from Rann town, Borno State on 1 March 2018 by a Non-State Armed Group following a deadly attack in which three aid workers were killed.

Both deliberate and accidental ("collateral damage") attacks on health care facilities and personnel disrupts health care and humanitarian aid service. This have left entire communities without access to adequate services and have a lasting impact on their future welfare.

In 2017 more than 788 health facilities were destroyed in the North East region. The 2018 OCHA report indicated that there was significant increase in insecurity and hostilities especially in northern Borno State, with serious implications on humanitarian operations and the civilian population.

The NRCS in partnership with ICRC implemented Health Care in Danger (HCID) activities. HCID is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, health workers, facilities and vehicles, and ensuring safe access to and delivery of health care in armed conflict and other emergencies. The NRCS contributed to strengthening this initiative by creating public awareness for the protection of health care through the Life & Death Campaign and equally highlighted the impact of violence against medical missions. The campaign sought to broaden public understanding of, and support for, national initiatives for the protection of health care. Safer access measures are also integrated during discussions with health personnel while advocacy dialogues are held with government agencies.

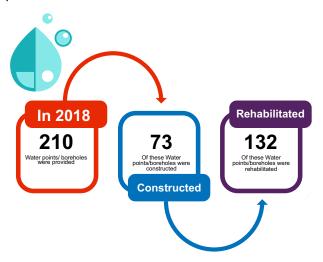


Water Sanitation and Hygiene (WASH)

Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services

s with the SDG 6 which seeks to ensure access to water for all (specifically 6.1 and 6.2) through universal and equitable access to safe and affordable drinking water for all; and access to adequate sanitation and hygiene for all, as well as end open defecation, the NRCS WASH intervention worked to ensure that vulnerable people had access to appropriate and sustainable water, sanitation and hygiene services.

a. Improve access to safe water: This was achieved through construction and rehabilitation of water points in both camp and non-camp settings. The provision of water helped reduce and or prevent the risks of illnesses and epidemics such as diarrhoea and cholera.





Children in an IDP camp accessing water from a rehabilitated water point

Sensitisation on hygiene aspects and the proper use of WASH facilities were achieved through various ways like group sessions, Focus Group Discussions, Meetings, Campaigns (using megaphones, posters and other IEC materials).

Dissemination of hygiene promotion messages as well as demonstration sessions were held during sensitisation. 553,897 persons were reached with hygiene promotion messages. 630 HHs were provided with buckets, 5,891 with soap, and 859 with water treatment tabs. To ensure sustainability of the programme, WASH committees were also formed in the communities reached.

Number of persons reached through WASH programming



Persons reached





26,2314 through WASH



Adamawa • Anambra • Borno • Delta • Ebonyi • Enugu • Bauchi • FCT • Jigawa • Kaduna • Kogi Kwara • Lagos • Nasarawa • Ogun • Osun Sokoto • Yobe

programming.



NRCS volunteers supporting in the construction of a water point

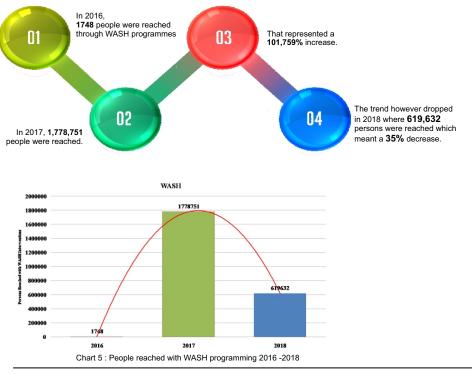


NRCS volunteer supervising sanitation exercise in an IDP camp

b. Provide communities with knowledge and best practice on WASH: NRCS places high priority on hygiene promotion both in camp management and other settings as this is closely related to health and health education. Getting the target population to understand the direct impact that adequate hygiene have on their physical well-being is always stressed during interactions with community members or camp residents.

NRCS appreciates the fact that merely passing information on hygiene promotion is not a substitute for proper sanitation and sufficient water supply. Therefore, in addition to providing soaps, sanitary materials and cleaning tools, NRCS also ensured that appropriate and regular use and maintenance of WASH facilities provided both by the Red Cross and other partners working in the WASH sector were optimally utilised.

c. Support communities to reduce open defecation: Open defecation is still a common practice in some communities. However, NRCS advocated for community members and camp residents avoid such practices especially close to their dwelling place and water points. Information on the risks of open defecation were also stressed during sessions with targeted population. In addition to educating community members on the ills of open defecation, VIP latrines were either constructed or rehabilitated. 1,014 latrines were constructed while 14 were rehabilitated in IDP camps and host communities.



Communication and advocacy Strategic Aim 3:

Communities are supported in efforts to promote a culture of non-violence and peace.

he actions of the Red Cross Movement is guided by its sevenFundamental Principles of Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality. Therefore dissemination of these principles is key in all heroperations as well as enhances social inclusion, culture of nonviolence and peace. To promote respect for human dignityeven in a situation of violence, armed conflicts or emergencies, the NRCS disseminates Fundamental Principles, Values and IHL as well as promote social inclusion of marginalised groups.

The NRCS besides being auxiliary to government, is also largely respected for its humanitarian work. Maintaining this confidence therefore is crucial in carrying out its mandate as well as keeping her staff and volunteers safe. The NRCS educates the public through its teeming volunteers as well other media platforms of its fundamental principles, humanitarian values and its emblem which if abused or misused could damage the humanitarian work of the Red Cross and hamper the safety of staff and volunteers who are often the first ones to come to the rescue of casualties which may consequently endanger the aid the Red Cross is trying to provide.

To enhance internal and external communication, staff and volunteers continually disseminate coordinated messages which will improve their ability to support affected persons during emergencies in accordance with the Fundamental Principles and strengthen perception of the Red Cross as a neutral, impartial and independent humanitarian actor. With support from ICRC, Branch Communication Coordinators were engaged in 17 states of Delta, Anambra, Enugu, Rivers, Plateau, Bauchi, Taraba, Benue, Nasarawa, Kaduna, Abia, Kano, Adamawa, Niger, Gombe, Yobe and Borno. Their role is to deliver effective and timely communication and reporting of the NRCS activities to members, volunteers, external stakeholders and the public in order to improve visibility of the NRCS.



In order to gain trust and acceptance of its programmes, NRCS pursued effective Community Engagement and Accountability measures during its operations. The CEA tool combined information as aid, behaviour change and participation and feedback to gain maximum participation of community members which improved trust and acceptance of its programmes. Feedback mechanisms used included hotlines, help desks as well as radio shows with phone-in sessions, giving beneficiaries opportunities to call and air their opinion on the programmes of the NRCS.

Challenges of social exclusion, lack of respect for the diversity of people, integration of disadvantaged people and levity for human dignity are sometimes blamed on the multi-ethnic and multicultural nature of Nigeria. The culture of dialogue and non-violence has not been fully imbibed and this perhaps has been responsible for violent conflicts between tribes and communities. To promote respect for human dignity even in a situation of violence, armed conflicts or emergencies, the NRCS disseminates Fundamental Principles, Values and IHL. Furthermore, the National Society promotes social inclusion of marginalised groups (albinos, leprosy patients, physically challenged, people living with HIV and AIDS (PLHIV) and others.

In line with her mandate to respect human dignity, NRCS drew the attention of opinion leaders, decision makers and gatekeepers to humanitarian challenges at the policy level and engaged them through advocacy dialogues on ways to address the identified issues while proffering practical ways to mitigate some of the challenges observed in the field and promoting social inclusion, tolerance and respect for diversity.

Advocacy dialogues were also used to engage policy makers as well as the media to educate and create awareness on the needs of marginalised and disadvantaged groups and advocate on their behalf so they can have greater access to available services.

NRCS also took measured steps to ensure that its auxiliary status is understood by relevant public authorities and the process to have its auxiliary role clearly articulated in domestic law and policy is ongoing.

Advocacy visit was also paid to President Mohammad Buhari to solicit organisational development support for NRCS. The occasion was also used to decorate the President as the Grand Patron of the NRCS in line with the provision of the Act of Parliament.

The NRCS Communication Resource Book which contains its Communication Policy, Manual, Strategy, Advocacy and IT guidelines were also adopted. The processing of the NRCS radio frequency licence which has received approval from the Ministry of Communication Technology is ongoing and the media mentions improved leading to greater visibility. Live weekly radio/TV shows were aired in Adamawa, Delta, Edo, Taraba and Yobe.

The processing of the NRCS radio frequency licence which has received approval from the Ministry of Communication Technology is ongoing and the media mentions improved leading to greater visibility. Live weekly radio/TV shows were aired in Adamawa, Delta, Edo, Taraba and Yobe.



Newspaper publications included:

- 1. https://www.dailytrust.com.ng/flood-nigerian-red-cross- targets-300000-affected-persons-for-assistance.html
- 2. https://media.ifrc.org/ifrc/2018/10/11/born-midst- disaster-new-babies-born-displacement-camps-following-devastating-floods-nigeria/
- 3. https://www.vanguardngr.com/2018/10/nigerian-red- cross-distribute-relief-materials-to-flood-victims-in-delta/
- 4. https://flashpointnews.com/2018/10/23/flood-red-cross- donates-relief-materials-to-over-170-displaced-families- other-idps-in-delta-state-as-ogwezzy-calls-for-more-support-for-victims
- 5. http://www.asabametro.com/?p=10318
- 6. https://www.vanguardngr.com/2018/11/red-cross-refutes-allegation-of-materials-diversion/
- 7. http://thepublisherngr.com/category/nigerian-red-cross/
- 8. https://theworldnews.net/ng-news/flood-red-cross-donates-items-to-anambra-victims
- 9. https://theworldnews.net/ng-news/flood-red-cross-donates-items-to-anambra-victims
- 10. https://www.tribuneonlineng.com/173143/

Safer Access



The aim of Safer Access for NRCS is to increase its capacities and preparedness to respond safely and effectively to humanitarian needs in sensitive and insecure contexts, including armed conflict and internal disturbances and tensions.

Owing to our neutral and impartial character and role as auxiliaries to the public authorities in the humanitarian field, NRCS is often uniquely placed to reach people affected by armed conflict or violence and to deliver urgent aid. However, working in situations of heightened sensitivity and insecurity has been known to place NRCS staff, volunteers and beneficiaries at considerable risk of harm. A case in point is the attack on NRCS volunteers in Rann in 2017 and in 2018, the abduction of Red Cross staff.

There can be no response in an unsafe environment. Inview of this, the Safer Access Framework has been used as a tool for the NRCS to sensitise staff and volunteers toenhance their effectiveness to deliver humanitarian response in cases of emergencies in their own specific context and particularly in situation where security and access may be compromised. The NRCS with the support of the ICRC in 2018 reached over 2000 staff and volunteers from different branches of NRCS on SAF and developed SAF Plan of Actions in 15 branches based on their context and realities.

NRCS Social media Tools



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Organisational Development

Strategic Aim 4:

NRCS capacity building and organisational development objectives are facilitated to ensure that NRCS have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform.

Statutory & Legal Framework

he NRCS took significant steps towards the development of its strategic framework by putting in place policies and guidelines. Some of these included the Resource Mobilisation Strategy, Health and Care Strategy, HR Document regulations and policy, Fraud and Anti- Corruption etc. The 2017 Annual General Meeting was held in 2018 and governance induction held in four zones, supported by Movement Partners.

Finance Development

The finance and account systems were also strengthened. A finance policy and handbook was developed and launched, an accounting software introduced to replace the paper based system. Dissemination of the policy is ongoing and Branches guided to ensure that the policies are well understood and implemented.

Branch Organisational Capacity Assessment BOCA ToT

The NRCS established a pool of Branch Organisational Capacity Assessment (BOCA) facilitators' to aid the branches gain useful insights for effective functioning of their operations and systems.

Branch Assessments

Branch Organisational Capacity Assessments were also held in 4 branches (Abia, Benue, Cross River and Taraba). After the assessment, a detailed but practical analysis of the assessment findings were documented in order to guide branches with technical support from the headquarters monitor progress against their own baselines in individual branches and follow up plans developed to bridge the identified organisational gaps in the assessed branches.





In the face of continued and increasing humanitarian challenges, the NRCS through its branches worked to save the lives of the vulnerable from disaster and public health emergencies. It has been obvious that scale up of programmes to meet the increasing demand for humanitarian assistance is inevitable which was why NRCS placed great emphasis on strengthening its institutional capacity which is essential for programme scale up.

Resource Mobilisation

ontinued efforts are being made in resource mobilisation – especially in the development of real estate and commercial first aid. Partners and funding have secured to grow a strong and viable commercial first aid business. The NRCS is on track towards its goal of sustainability and resource diversification.

Institutional Development and Support

The need for operational offices for NRCS branches is becoming inevitable in the face of increased humanitarian challenges. These offices are required to develop and implement programs meant to respond to humanitarian needs in a sustainable manner.

Hence the ICRC supported the NRCS in infrastructural development and support where some branches and or divisions had their offices constructed or renovated. 5 branches (Abia, Cross River, Enugu, Kano and Nasarawa), were also supported with operational vehicles by ICRC.

TYPE OF SUPPORT	BRANCH
Rehabilitation of Office Building	Enugu
Construction of NRCS Branch Office	Abia and Nasarawa
Construction of Meeting Hall	Borno



2018 Infrasructural Development



2018 Youth Camp

Youth Development

Youth activities were tailored to International Federation of Red Cross and Red Crescent Societies (IFRC)Youth Strategy which is a global, unifying strategic framework for youth engagement and is specifically linked to expected impacts of the Enabling Action # 1 'Building Stronger Red Cross Red Crescent National Societies National Societies. Thus, in line with Youth Engagement Strategy, the NS had an International Youth Camp in Lagos with the theme "Awakening Humanity in Youth and Fostering Generational Z Leaders". It was attended by **725** youth delegates from **37** Branches of the Nigerian Red Cross Society and Sister National Societies. The camp placed high premium on "Stronger Youth for Stronger Nations" raising youths as a foundation of goodwill to humanity by calling their consciousness to the humanitarian mandate of Red Cross Red Crescent Movement and reinforcing the power of humanity and volunteerism.

The camp also had a Convention that produced the National Youth Executive 10 members that will be leading the Youth for the next two years. At the branch level, over 10 states branches had their state Youth camps with an average of 200 campers in each of the camp. Both International and State level camps accorded the youth opportunities for shared knowledge and ideas on best practices and accorded them opportunities to build leadership skills required to make them better leaders

Planning Monitoring Evaluation and Reporting (PMER)

he NRCS made solid progress in strengthening its PMER system in 2018. In particular, progress has been made in the planning and reporting areas of PMER. There is now a basis on which to build in 2019, with a recommended focus on: monitoring, quality and downwards accountability to the people the NRCS serves.

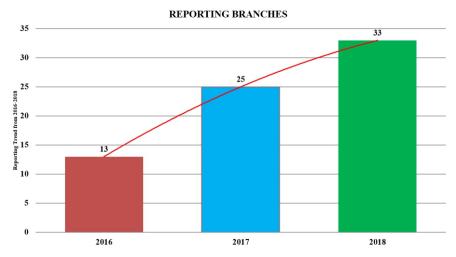


Chart 6: Reporting trends of branches from 2016-2018

PMER has been effective in furthering the planning and reporting agenda of the NRCS. The following is evidence of tangible achievements:

- * NRCS Operational Plan developed for 2018;
- * NRCS Annual Report developed for 2017;
- *24 branches out of 37 regularly reporting to the online platform, up from 13 in 2016.



Some good practices recorded during the reporting period included:

- * The finalisation of key organisational indicators in the form of the Data Summary Tool, reported through an online platform on a monthly basis.
- * The beginnings of developing a culture of learning and reflection at branch level through data review meetings.
- ^ Establishment of competition among branches through sharing of data reported by branches.

Partnership & Collaboration

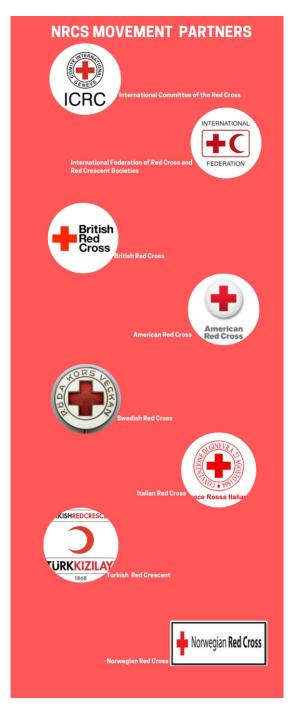
In the context of large scale emergencies NRCS together with her Movement and Non Movement Partners enhance their operational reach and effectiveness through new means of coordination.

he IFRC and ICRC are the primary partners of the Nigerian Red Cross Society. Other National Societies who partnered with the NRCS included the British Red Cross, American Red Cross, Swedish Red Cross, Norwegian Red Cross, Turkish Red Cross, and Italian Red Cross.

Non Movement and operational partners thus far have been United Nations International Children Emergency Fund (UNICEF), Centre for Disease Control (CDC), and others. In 2018, steps were taken to further strengthen and expand these partnerships through advocacies and dialogues.

As auxiliary to the public authorities, the Nigerian Red Cross works closely with the government authorities, as well as non-movement partners. At the apex of emergency coordination in Nigeria is the National Emergency Management Agency (NEMA) at the Federal level, and the State Emergency Management Agencies (SEMAs) at the State level. Other national coordination platforms are the Inter-Agency Emergency Preparedness Working Group (IA- EPRWG), Humanitarian Country Forum (HCF) and various sector working groups.

In the context of large scale emergencies the IFRC, ICRC and NS enhance their operational reach and effectiveness through new means of coordination.



NRCS Non Movement Partners

ther organisations actively working on protection and health, nutrition, and education include UNOCHA, UNICEF, UNFPA, Save the Children, ACF, NRC, IRC, and CRS. In addition to NEMA and SEMA, other government agencies include the Federal Ministry of Health, Ministry of Women Affairs, State Primary Health Care Centres, and Nigeria Bureau of Statistics.

The NRCS has a good working relationship with NEMA at national level and SEMA at branch levels, which provides the National Society an equitable humanitarian space to operate.

The NRCS also belongs to other partners who make up the various multidisciplinary sectors. The food security sector has a coordination framework both in Abuja that helps to analyse the food and nutrition situation of the States at LGA level, with special emphasis on conflict affected areas through the facilitation of the Cadre Harmonise Team (CILSS, FEWS NET, FAO, WFP) and others. As UNDSS engages in security incident monitoring, about 18 health sector partners support State Ministry of Health (MoH) facilities in the States.





OUR FALLEN HEROINES



Hauwa Liman



Saifura Khorsa

TRIBUTE

You will forever be heard; Your story though not completed will forever be told; And those who thought they had snuffed out your noble souls; will know that reaching out in violence had only placed a star in the sky. Shine on our sweet sisters; Your humanitarian spirit lives on.

2018 Audit Report



IBADAN OFFICE:

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№ 0807 707 7087, 0909 064 2563
E-mail: olusolaolojedeandco@gmail.com

LAGOS OFFICE:

77, Obafemi Awolowo Way, M-A-N House (4th Floor), Ikeja, Lagos, Nigeria 0802 532 5141, 0803 322 5666

ABUJA OFFICE:

13 Gwani Street, (1st Floor) Off IBB Way, Wuse, Zone 4, Abuja, FCT. 0805 506 2985

(Chartered Accountants)

NIGERIAN RED CROSS SOCIETY AUDITORS REPORT TO MEMBERS OF NIGERIAN RED CROSS SOCIETY

We have audited the Financial Statements of **Nigerian Red Cross Society** set out on pages 7 to 14 and have obtained all the information and explanations, which to the best of our knowledge and belief, were necessary for our audit. We have examined the accounting records, which have been properly kept in such a form as to explain and give a true and fair view of transactions that took place during the year.

RESPECTIVE RESPONSIBILITY OF CENTRAL COUNCIL MEMBERS AND AUDITORS

In accordance with the Companies and Allied Matters Acts, CAP C20 LFN 2004, the Central Council Members are responsible for the preparation of annual Financial Statements which give a true and fair view of the affairs of the Society as at the year end and also comply with the requirement Acts. These responsibilities include ensuring that:-

- 1 Adequate internal control procedures are instituted to safeguard the Society's asset as well as prevent and protect fraud including other irregularities.
- II Proper accounting records are maintained.
- III Applicable accounting standards are maintained.
- IV Suitable accounting policies are used and consistently applied.
- V The financial statements are prepared on a going concern basis unless it is

inappropriate to presume that the bank will continue in business.

It is our responsibility to form our independent opinion, based on our audit, on the Financial Statements prepared by the Central Council Members and to report our opinion to you.

BASIS OF OPINION

We conducted our audit in accordance with Generally Accepted Auditing Standards. An audit includes the examination, on a test basis of evidence relevant to the amount and disclosure in the Financial Statements, it also include an assessment of the significance estimate and judgement made by the central Council Members in the preparation of the Financial Statements, and of whether the Accounting Policies are appropriate to the Society's circumstance consistently applied and adequately disclosed.

We planned and performed our audit with a view to obtaining all the information and explanations, which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the Financial Statements are free from material mis- statements whether caused by fraud or other irregularities or error in forming our opinion, we also evaluated the overall adequacy of information in the Financial Statements. We have obtained all information and explanation we required for the purpose of the audit.

OPINION

In our opinion, to the best of our information and having regards to the explanation given to us. the Society's Financial Statements, which have been prepared on the basis of the policies, set out on page 5, agree with the accounting records and give in prescribed manner the information required by the Companies and Allied matters Acts CAP C20 LFN 2004.

Duro Olojede

PRC/2013/ICAN/00000001797

Olusola Olojede & Co.

(Chartered Accountants)

Ibadan.

January, 2020

A1 SGROE

Principal Partner: Duro Olojede, MBA. FCA, ACTI, MNIM, M.Inst.D

2018 Audit Report

NIGERIAN RED CROSS SOCIETY

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER, 2018

		2018	2017
INCOME	NOTES	N	N
Operating income	9	26,940,230	9,563,544
Financial Support	10	573,227,687	122,742,414
Trading Investments	11	68,604	39,835
	-	600,236,521	132,345,793
EXPENDITURE			
Operating Expenses	12	4,231,030	32,954,091
Programme Expenses	13	377,520,155	32,897,140
Admin. Overhead	14 _	239,692,095 621,443,280	85,729,180 151,580,411
Surplus/ (Deficit) of the year	=	(21,206,759)	(19,234,618)

NIGERIAN RED CROSS SOCIETY

BALANCE SHEET FOR THE YEAR ENDED 31ST DECEMBER, 2018

		2018	2017
FIXED ASSETS	NOTES	N	N
Net Book Value	1	38,977,914	43,721,914
CURRENT ASSETS	- details.		
Cash & Bank	2	53,760,838	60,161,938
	-		
Debtors & Prepayments	3	7.126,372	4,568,032
Loans & Advances	4	12,691,518	12,011,518
		73,578,728	76,741,488
CURRENT LIABILITIES			
Creditors & Accruals	5	1,066,340	766,340
Bank Overdraft	6	88,940,501	88,940,501
		90,006,841	89,706,841
Net Current Assets/(Liabilities)		(16,428.113)	(12,965,353)
Net Total Assets/(Liabilities)		22,549,801	30,756,561
FINANCED BY:	域在		
Accumulated Surplus/(Deficit)	7	(31.628.907)	(23,422,148)
Other Funds	8	54.178,707	54,178,707
		22,549,800	30,756,561

SECRETARY GENERAL

TREASURER

Nigerian Red Cross Society

audited financial statement 2018

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